

E-Prescribing in Rhode Island: The success of multi-stakeholder collaboration

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E-Rx in RI Today

- Rhode Island awarded the SafeRx Award from SureScripts as the number one e-prescribing state in U.S.
 - High percentages of:
 - E-prescriptions
 - Physician E-prescribers
 - Pharmacies who are enabled to accept e-prescriptions

How did we get here?

- Multi-stakeholder collaboration
 - Key leader: Rhode Island Quality Institute
 - A statewide multi-stakeholder collaborative of hospitals, health care providers, insurers, consumers, business, academe, and government for the purposes of improving health care quality, safety, and value in RI.
 - 2003: RIQI collaborates with SureScripts to pilot-test e-prescribing network (SureScripts Messenger Services)
 - 2004: Lifespan Corporation and Coastal Medical, Inc. begin to go “live” with e-prescribing in physician offices
 - 2005: RIQI convenes the Statewide E-Prescribing Committee
 - 2006: Dept. of Health, RIQI, SureScripts, and others organize educational event to promote e-prescribing to RI physicians

Who are the stakeholders?

- Active members of the RIQI Statewide E-Rx Committee:
 - Dept. of Health – Co-chair
 - RI QIO – Co-Chair
 - Medicaid
 - E-prescribers (hospital CIO, physicians)
 - Blue Cross Blue Shield of RI
 - Pharmacists' Association
 - Representatives from major chain pharmacies (CVS, Brooks/Eckerd, Walgreens)
 - Representative of local independent pharmacies
 - Brown University health services researcher
 - SureScripts

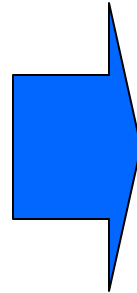
What do stakeholders accomplish through collaboration?

- Set goals – announce them publicly
- Identify challenges to achieving those goals
- Communicate challenges with one voice to multiple stakeholders (e.g., vendors, SureScripts, Dept. of Health)
- Identify stakeholder contributions to overcoming those challenges
- Hold each other accountable for making necessary contributions
- Coordinate individual organizations' strategies for increasing e-prescribing
- Test and monitor strategies for increasing e-prescribing

Challenge / Strategy #1

Technical challenges

- Provider systems
- Pharmacy systems



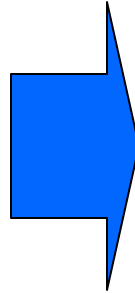
E-Rx Committee strategy

- Communicate to key players the importance of problem relative to other barriers
- Communicate solutions to stakeholders when issues are resolved
- Contact small number of unconnected pharmacies to determine what is needed to get them connected

Challenge / Strategy #2

Adaptive challenges

- Provider and pharmacy
 - E-prescriptions are relatively low-volume and are not managed consistently
- Patient behavior
 - Example: Encouraging patients to make renewals requests to pharmacies



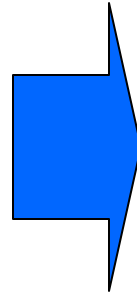
E-Rx Committee strategy

- Sponsor educational session for physicians & office staff
- Test and evaluate “patient notification cards” used by e-prescribers

Challenge / Strategy #3

“Value” challenges

- Some providers slow to adopt without “extra” benefits
 - Example: Providers want medication history, eligibility and formulary checks, etc.



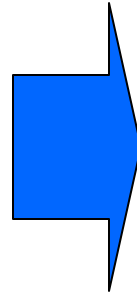
E-Rx Committee strategy

- Identified role Medicaid has in providing eligibility and formulary information
 - Medicaid participating in subcommittee with other insurers to find common solution

Challenge / Strategy #4

Policy challenges

- DEA position on controlled substances
- Uncertainty regarding state policy



E-Rx Committee strategy

- Board of Medical Licensure and Discipline position statement supporting e-prescribing

Key points for Medicaid

- **Know your vendors.**
 - Vendors of e-prescribing solutions are key partners in monitoring use of e-prescribing and resolving issues for prescribers.
 - Products that allow physician offices to pre-populate demographic information are used more quickly and more often.
 - Training and support during roll-out is key.

Key points for Medicaid (2)

- **Communicate to your participants.**
 - Patient education is important – when patients make renewal requests to pharmacy, pharmacy makes renewal requests to the physician electronically, and e-renewals happen more smoothly.

Key points for Medicaid (3)

- **Work with other stakeholders.**
 - Often, physicians respond to system-wide, rather than payer-specific, incentives.
 - Medicaid may be the missing link in initiatives started by other stakeholders.

Questions?

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