



## Say Good Bye to Script Pads and Hello to E-Prescribing

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E-prescribing has been described as one of the solutions to improved patient safety and reducing skyrocketing medication costs. It is estimated that approximately 7,000 deaths occur annually in the United States alone due to medication errors. These errors are predominately due to hand-writing illegibility, wrong dosing, missed drug-drug or drug-allergy reactions. With approximately 3 billion prescriptions written annually, making it one of the largest paper-based processes in the United States, the writing of prescriptions can be streamlined and made more efficient by implementing e-prescribing with the EpicCare® Ambulatory EMR.

### What is e-prescribing?

E-prescribing is the electronic interaction between prescribers, pharmacies, and pharmacy benefit managers (PBMs). To perform e-prescribing, an organization must interface with an e-prescribing vendor so that its prescribers can order prescriptions online that are then sent to pharmacies in the e-prescribing vendor's network. The vendor will also provide up-to-date pharmacy benefit information and medication dispense history so that users can see when a patient's prescriptions are being filled.

Currently, Epic provides functionality to interface with one e-prescribing vendor: SureScripts.

- By interfacing with SureScripts, users can send orders electronically to outpatient pharmacies and exchange refill request and authorization messages.
- By interfacing with SureScripts, users can also query for pharmacy benefit information and medication dispensing history. Plus, they can also send prescriptions to mail order pharmacies in the SureScripts network.

### Benefits of e-prescribing:

#### 1. Improved patient safety and overall quality of care:

- Illegibility** from hand-written prescriptions is eliminated, decreasing the risk of medication errors and decreasing liability risks.
- Warning and Alert Systems** are provided at the point of prescribing: It has been documented that medication errors are often the result of inadequate access to current drug reference information. The EpicCare Ambulatory EMR performs checks against the patient's current medications for drug-drug interactions, drug-allergy interactions, duplicate therapy alert, etc. and alerts the provider if interactions are found.
- Access to patient's medical history.** Knowing the patient's medical history at the time of prescribing can serve as an alert to drug inappropriateness.

2. **Reduces or eliminates phone calls and call-backs to pharmacies.** Physician offices receive over 150 million call-backs from pharmacies with questions, clarifications, and refill requests. According to an HIMSS article on e-prescribing under Topics and Tools at their website ([http://www.himss.org/ASP/topics\\_eprescribing.asp](http://www.himss.org/ASP/topics_eprescribing.asp)) almost 30 percent of the 3 billion prescriptions written annually require a call back. This equals 900 million prescription-related telephone calls annually<sup>1</sup>. Medco® Health Solutions, Inc. conducted a survey in 2003 of Boston area physicians and 88 percent of those surveyed said they, or staff, spend almost one-third of their time responding to phone calls from pharmacies regarding prescriptions. Medco reported that one practitioner in the survey indicated that in a time study of his four physician practice, the average phone call between a pharmacist and practitioner lasted eight minutes and was costing his practice more than \$200 per week in wasted staff time<sup>2</sup>. These call-backs interrupt office flow and reduce productivity related to chart-pulls, re-filing charts, follow-up calls, faxing prescriptions, etc.
3. **Eliminates faxes to pharmacies.** Saving time sending, verifying, and often paying for a fax line.
4. **Streamlines the refill's requests and authorization processes.** Refill authorization from the pharmacy can be a completely automated process and refills can usually be generated in one click. The pharmacy generates a refill request/authorization that is delivered through the network to the provider's In-Basket online, the provider then reviews the request, approves or denies the refill and the pharmacy system is immediately updated.
5. **Increases patient compliance.** It is estimated that 20% of paper-based prescription orders go unfilled by the patient. The EpicCare Ambulatory EMR system expedites the filling of prescriptions at the pharmacy, and drug literature can be printed from the internet for patients as well.
6. **Improves Formulary adherence.** By checking with healthcare formularies at point-of-care, generic substitutions and generic first-line therapy choices are encouraged thus reducing patient costs.
7. **Increases patient convenience.** By reducing patient trips to the pharmacy and reducing wait times.
8. **Improves reporting ability.** Query reporting may be performed which would be impossible with a paper prescription system. Common examples of such reporting would be: finding all patients who have had a particular medication prescribed to them during a drug recall, the frequency of medication prescribed by certain providers etc.

### **The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)**

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorized the Medicare E-prescribing Incentive Program beginning in 2009 to promote adoption and use of e-prescribing systems. The program began January 1, 2009 and provided incentives for eligible professionals who are "successful e-prescribers" (read on to find out who qualifies as a "successful e-prescriber"). The E-prescribing Incentive Program used to be based on one e-prescribing quality measure that was included in the Physician Quality Reporting Initiative (PQRI). The PQRI is a reporting program that provides an incentive payment to eligible professionals who satisfactorily report data on a designated set of quality

measures for covered professional services furnished during the applicable reporting period. Beginning in 2009, the e-prescribing quality measure was removed from the PQRI, and it became the quality measure used in the E-Prescribing Incentive Program. For 2009, e-prescribing incentive amounts will be 2% of the total estimated allowed charges for professional services covered by Medicare Part B and furnished by an eligible professional during the reporting period (one calendar year).

**Note:** To be **eligible** for the incentive in 2009, your prescribers must be eligible professionals whose estimated allowed Medicare Part B charges for the e-prescribing measure codes are at least 10% of their total Medicare Part B allowed charges. These Healthcare Common Procedure Coding System (HCPCS) codes are in the denominator of the of the E-prescribing Incentive Program measure during the reporting period.

### **How to Participate in Medicare’s E-prescribing Incentive Program**

The program provides incentives to eligible professionals who are “successful e-prescribers” and who are authorized under their respective state practice laws to prescribe.

#### **Who is an eligible professional?**

In general, an eligible professional is one of the following:

- Physician
- Physical or Occupational Therapist
- Qualified Speech-Language Pathologist
- Nurse Practitioner
- Physician Assistant
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist
- Certified Nurse Midwife
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietitian
- Nutrition Professional
- Qualified Audiologist (as of 2009)

#### **What is a “successful e-prescriber”?**

As of 2009, to be a “successful e-prescriber,” your prescribers must report the e-prescribing quality measure through their Medicare Part B claims on at least 50% of applicable cases during the reporting year. MIPPA allows for future use of Part D data instead of claims-based reporting of e-prescribing quality measures. CMS is considering allowing this for future years.

#### **Using a Qualified E-prescribing System**

To participate in the E-prescribing Incentive Program, you must use a “qualified” e-prescribing system, such as the EpicCare Ambulatory EMR system. With the EpicCare Ambulatory EMR system, your

providers can do the following things (which are required in order to be a “qualified” e-prescribing system):

1. Generate a complete medication list that incorporates data from pharmacies and benefit managers (if available)
2. Select medications, transmit prescriptions electronically using the applicable standards, and warn the prescriber of possible undesirable or unsafe situations
3. Provide information on lower-cost, therapeutically-appropriate alternatives (as of 2009, tiered formulary information, if available, meets this requirement)
4. Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient’s drug plan

### **Differential Payment for Not E-prescribing Goes into Effect in 2012**

Eligible professionals who are not “successful e-prescribers” by 2012 will be subject to a differential payment (penalty) beginning in 2012. The differential payment would result in the physician receiving 99% of the total allowed charges of the eligible professional’s physician fee schedule payments in 2012, 98.5% in 2013, and 98% in 2014.

### **Summary**

Keep these key points in mind as you move toward making e-prescribing a part of your organization:

1. As of January 1, 2009, CMS provides an incentive to “successful e-prescribers”
2. The sooner you participate in the program, the greater your incentive payment. Beginning in 2012, if your prescribers are not a “successful e-prescribers,” they will be subject to a differential payment (penalty)
3. You will need a “qualified” e-prescribing system (such as the EpicCare Ambulatory EMR system) to participate

The Centers for Medicare and Medicaid Services (CMS) encourages e-prescribing adoption, and VCS looks forward to embarking on this initiative with you. If you would like more information about how VCS can help please contact us at (610) 444.1233 or [vcs@getvitalized.com](mailto:vcs@getvitalized.com). You can also learn more about our services and solutions by visiting our website at [www.getvitalized.com](http://www.getvitalized.com).

**References:**

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- 3) Medicare’s Practical Guide to the E-prescribing Incentive Program  
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