

Health Information Technology Oversight Council

Oregon e-Prescribing Progress Report¹ November 2012

Executive Summary

The purpose of this Oregon e-Prescribing Progress Report is to provide the Oregon Health Information Technology Oversight Council (HITOC) and the Oregon Office of Health IT (OHIT) with an update on the status of e-prescribing (eRx) in Oregon, implementation of the eRx Plan (versions approved by HITOC in July and September 2011), and plans/recommendations for continued e-prescribing improvement efforts in 2013.

Background

Improving the adoption and functionality of e-prescribing is a priority for the Office of the National Coordinator for Health Information Technology (ONC) and HITOC. HITOC strongly believes in stakeholder and community engagement to improve the use of health information technology (HIT) and health information exchange (HIE).

The goal of Oregon's e-prescribing plan since its inception in June 2011 has been to increase adoption and ongoing usage of e-prescribing among pharmacies in order to improve patient safety and prescribing efficiency. The Office of Health Information Technology (OHIT) has provided the staff support and resources to execute this plan.

Oregon identified the following e-prescribing priorities through communication and direction from the ONC, OHIT staff and consultants, and pharmacy stakeholders:

- 1. Continue to monitor National efforts to enhance and improve e-prescribing*
- 2. Continue to closely monitor e-prescribing activity in Oregon*
- 3. Engage and collaborate with the community and stakeholders to learn more about the barriers to efficiency, accuracy and further adoption of e-prescribing functionality. Seek advice from stakeholders when needed*
- 4. Promote and support e-prescribing efforts as a high priority to improve care and patient safety in Oregon*
- 5. Improve the reliability and accuracy of use of e-prescription and EHR systems by prescribers*

¹ Report prepared by Nan R. Robertson, RPh and Rachel Firebaugh, PharmD, MPH, The Robertson Group LLC for the Health Information Technology Oversight Council (HITOC) and the Oregon Office of Health IT (OHIT).

Progress

The following activities have been undertaken in the last year and a half to encourage adoption, use, and meet the established e-prescribing priorities.

Continue to monitor national efforts to enhance and improve e-prescribing

Oregon has been an active participant in bimonthly e-prescribing Community of Practice (CoP) calls. The CoP has given Oregon the opportunity to exchange information with other states on best practices and challenges. The CoP calls were recently disbanded as of July 2012, however, the eRx CoP HITRC webpage will continue to host eRx resources which we will monitor on an ongoing basis and use as a tool to engage with other States as appropriate.

Continue to closely monitor e-prescribing activity in Oregon

Oregon has closely analyzed and monitored e-prescribing activity for both pharmacies and providers utilizing monthly Surescripts data made available by ONC to State HIE Cooperative Agreement grantees. Over the past year, OHIT has designed metrics that are in alignment with national standards. We have reported our progress towards e-prescribing metrics quarterly to ONC and have readjusted these metrics based on ongoing feedback. The Surescripts data has served as a tool to inform our outreach to both pharmacies and providers and to assess our progress. Finally, OHIT continues to look for opportunities where Direct Messaging services through CareAccord can be leveraged for pharmacies and providers in Oregon in order to provide more efficient and coordinated care.

Engage and collaborate with the community and stakeholders to learn more about the barriers to efficiency, accuracy and further adoption of e-prescribing functionality. Seek advice from stakeholders when needed

Two focus groups were conducted; one with independent pharmacies in November 2011 and then one with chain drug stores in January 2012.² Key stakeholders were involved in the process of developing an appropriate survey. The focus groups were valuable in identifying barriers and issues for “boots on the ground” pharmacists and technicians in Oregon—key themes emerged revealing considerable overlap between the pharmacies that participated. In July 2012, a phone survey of all the remaining pharmacies in Oregon not signed up (not “enabled”) with Surescripts was conducted. These not “enabled” pharmacies had yet to register for e-prescribing with Surescripts, and therefore were unable to receive e-prescriptions from providers on the Surescripts network. This recent outreach was conducted with the aim of providing resources to these pharmacies in order to assist them in the process of signing up for e-prescribing. We will continue to be available as a resource for pharmacies as needed.

Promote and support e-prescribing efforts as a high priority to improve care and patient safety in Oregon

In August 2011, e-prescribing toolkits were prepared for both providers and pharmacies and distributed to participants of the 2011 AIM conference.³ In addition, OHIT sponsored an Oregon State Pharmacy student to attend the conference. In June 2012, OHIT made a presentation to the Oregon Board of Pharmacy, which included discussion of current Surescripts data, e-prescribing outreach activities, and the potential for CareAccord to be used by pharmacists in Oregon.⁴ We will

² See Appendix 2 and 3 for summary reports for the independent and chain pharmacy focus groups, respectively.

³ See Appendix 4 and 5 for the 2011 AIM e-prescribing toolkits for pharmacies and providers, respectively.

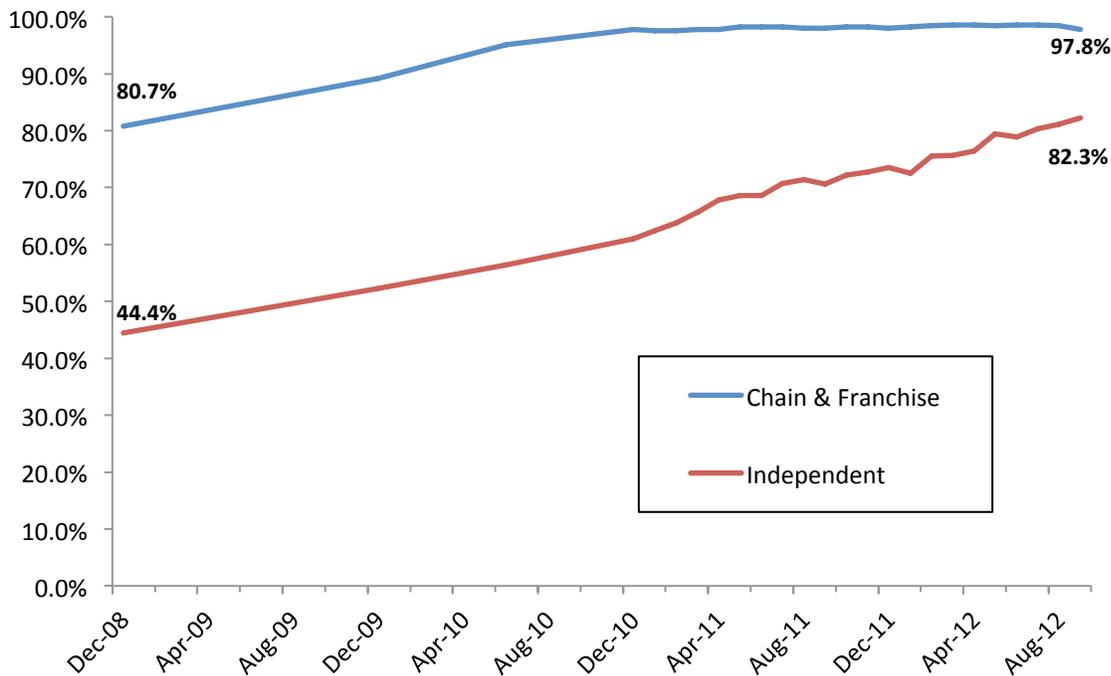
⁴ See Appendix 6 for the slides from the presentation to the Oregon Board of Pharmacy.

continue to stretch out to the Board of Pharmacy and other professional organizations, and promote opportunities for CareAccord to facilitate better healthcare and patient safety in Oregon.

Current State of e-Prescribing in Oregon

As of September 30, 2012, 92% of retail pharmacies in Oregon were connected to the Surescripts network and able to e-prescribe (enabled), including 98% of chain & franchise pharmacies and 82% of independent pharmacies.⁵ 99% of enabled pharmacies in Oregon processed at least one electronic prescription in September 2012 (active). Graph 1 shows the percentage of total pharmacies that are enabled to e-prescribe by pharmacy type.

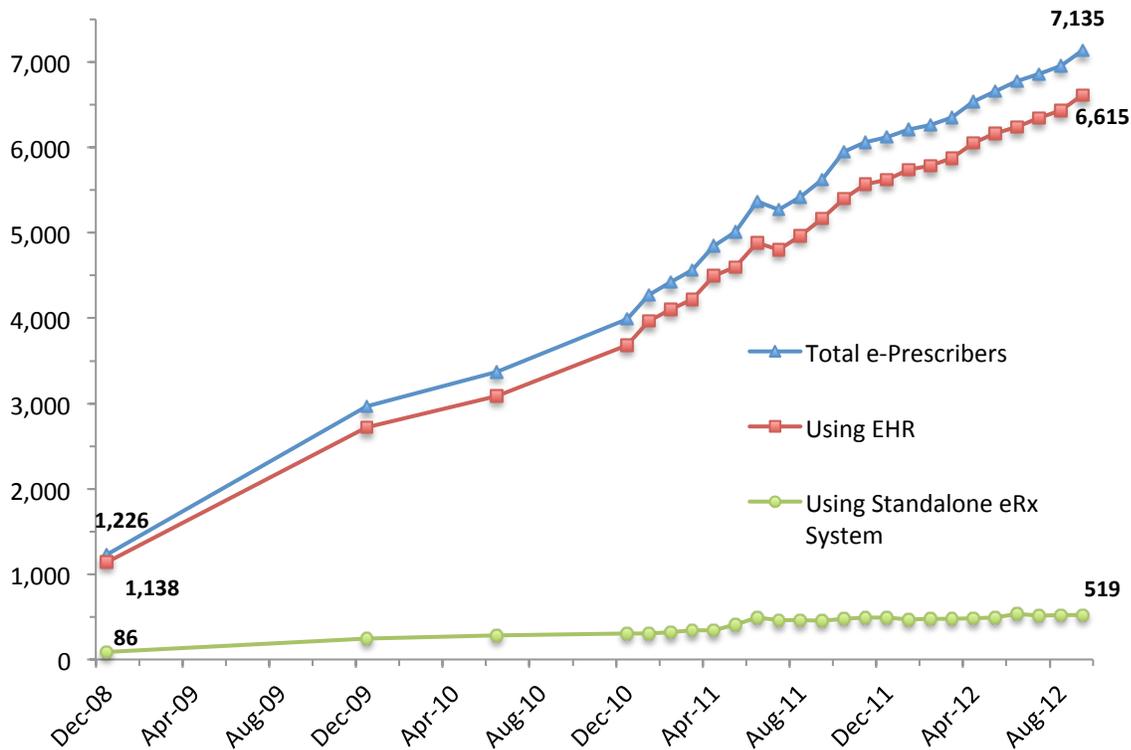
Graph 1. Percentage of Retail Pharmacies Enabled to e-Prescribe on Surescripts Network



In Oregon, the number of prescribers sending electronic prescriptions has increased significantly in the last three years, climbing from 2,970 in December 2009 to 7,135 in September 2012. This growth has been predominantly driven by adoption of EHRs, as shown in Graph 2. The share of prescribers using a standalone e-prescribing system has dropped since 2009, likely due to the movement toward EHRs.

⁵ Oregon e-prescribing statistics based on Surescripts data released monthly by ONC to State HIE Cooperative Agreement grantees.

Graph 2. Total e-Prescribers in Oregon on Surescripts Network



Appendix 1 contains additional graphs summarizing e-prescribing statistics for Oregon pharmacies and prescribers.

Barriers

Pharmacy Adoption of e-Prescribing

Several key barriers have been identified for the pharmacies that have not yet adopted e-prescribing on the Surescripts network. The majority of these pharmacies are independently owned and fall into one or more of the following categories: specialty pharmacies (e.g., infusion, compounding), they exist in a closed system (e.g., Kaiser Permanente), or implementing the new technology/system upgrades needed to enable e-prescribing are perceived as a financial hardship by the owner of the pharmacy.

Pharmacy Utilization of e-Prescribing

For the pharmacies that are actively receiving and processing e-prescriptions (both chains and independents), a number of common barriers to increased utilization exist (see below list). These barriers were identified through the previously mentioned focus groups conducted with pharmacists and technicians who process e-prescriptions on a daily basis or manage the process within their respective pharmacy or chain drug store.

- Lack of e-prescription accuracy is of primary concern because it increases labor costs and probability of error, risking patient safety

- e-Prescribing as it currently functions fails to support controlled substance prescribing
- There is a lack of consistent application of the specifications for meeting transmission standards across EHRs and pharmacy dispensing vendor software causing loss of e-prescription information, field population mismatches, and prescribing and dispensing errors
- Prescribers lack the opportunity for training and assistance in configuring their EHR to support accurate e-prescribing

Next Steps and Direction

In order to continue to support Oregon's goals for e-prescribing, we recommend that OHIT and HITOC focus on the following activities/priorities:

- Continue to monitor Surescripts data for both Oregon prescribers and pharmacies
- Continue to explore use cases to leverage CareAccord for pharmacies and providers. Collaborate and engage with The Oregon Board of Pharmacy and stakeholders as opportunities arise
- Continue to monitor and analyze the e-prescribing environment as relates to Meaningful Use, prescribing of controlled substances, EHR and pharmacy software functionalities, Oregon Board of Pharmacy rules and regulations, and CoP HITRC space
- Develop new outreach strategies to address barriers for pharmacies with a focus on pharmacists' and technicians' primary concern: patient safety
- Provide expertise and support to the Oregon State Board of Pharmacy when the Final Rule from the Drug Enforcement Administration for Electronic Prescribing of Controlled Substances (EPCS) is established

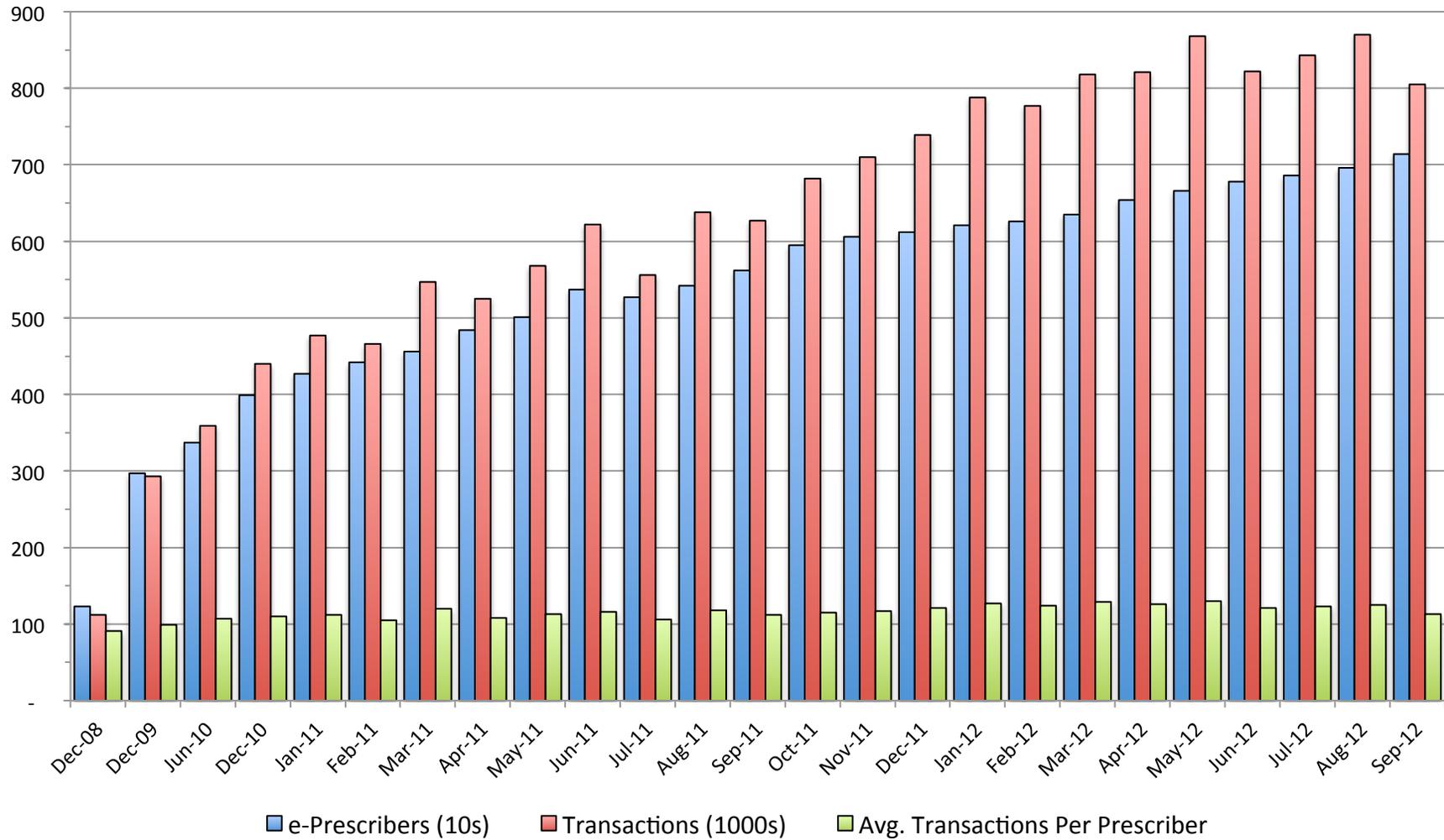
Appendices:

1. Additional Graphs
2. OHIT Independent Pharmacies – Focus Group Report
3. OHIT Chain Pharmacies – Focus Group Report
4. AIM Conference Resource. E-prescribing Tool-Kit 2011: A Practical Resource for Pharmacies
5. AIM Conference Resource. E-prescribing Tool-Kit 2011: A Practical Resource for Providers
6. Presentation to the Oregon Board of Pharmacy. Oregon E-prescribing: State and National Progress Toward Health Information Exchange (HIE)

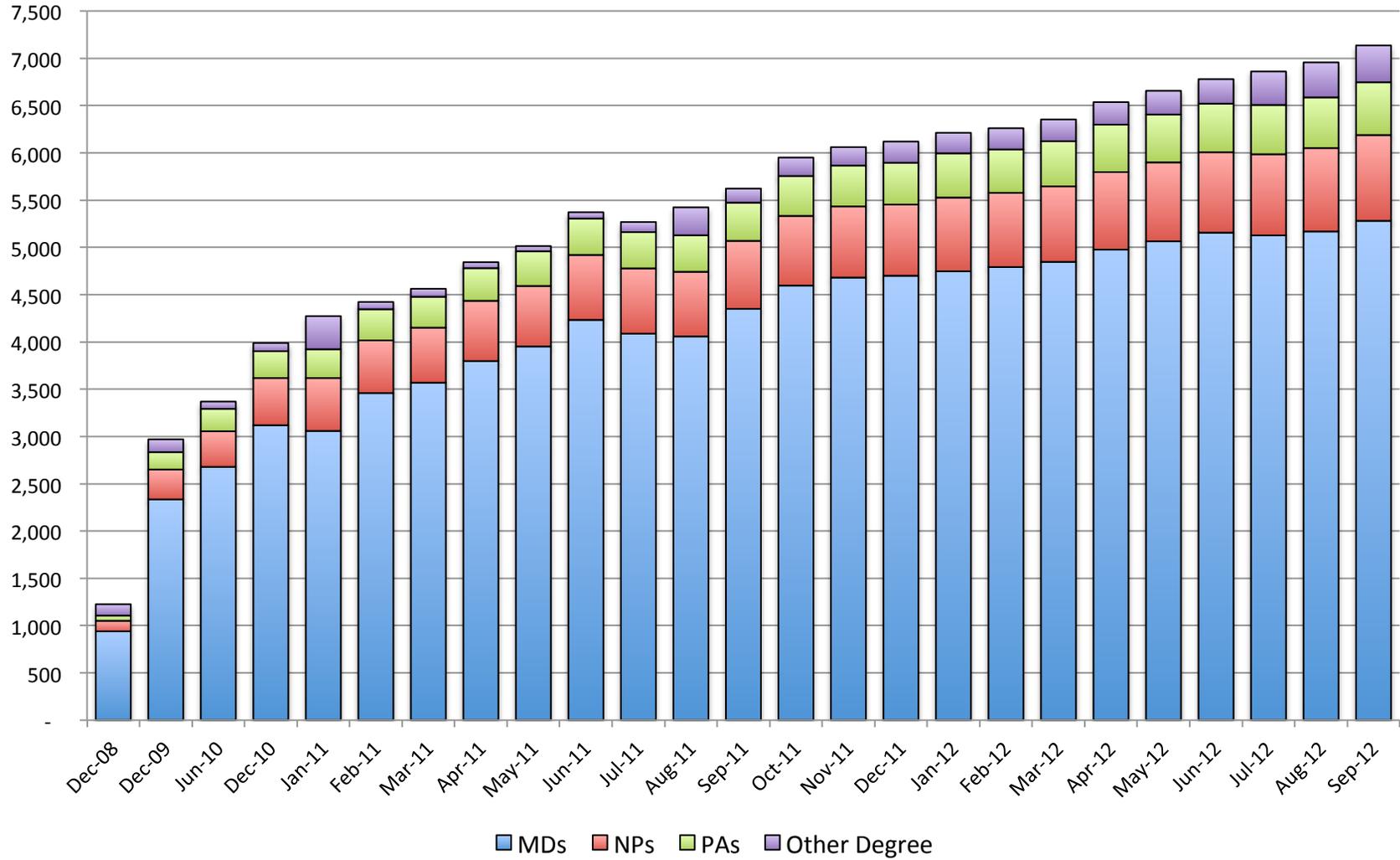
Appendix 1. Additional Graphs

The following appendix contains additional graphs that summarize the growth of e-prescribing adoption in Oregon between December 2008 and September 2012. These graphs rely on Surescripts data provided monthly by ONC to State HIE Cooperative Agreement grantees.

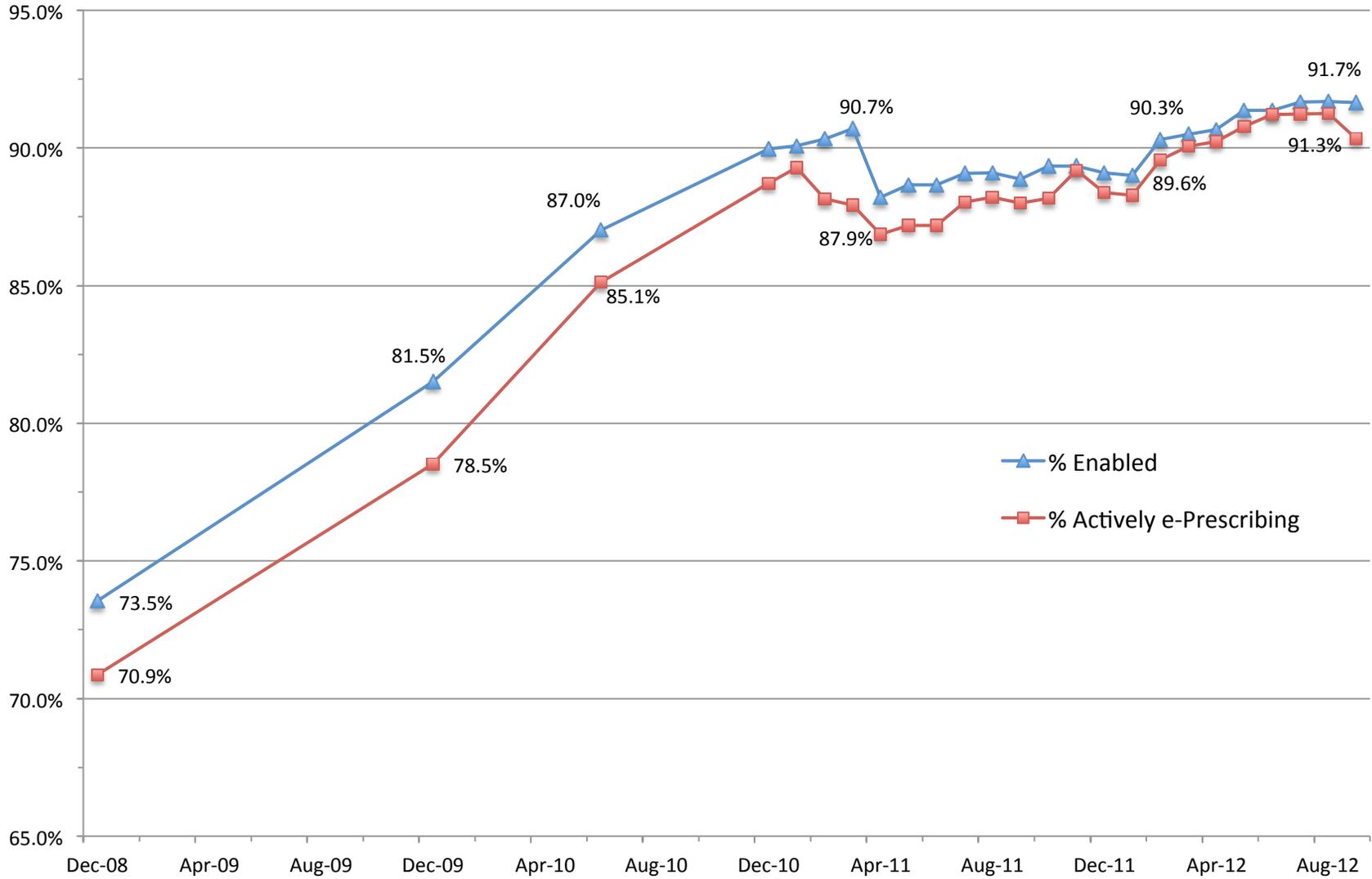
Oregon e-Prescribing Activity



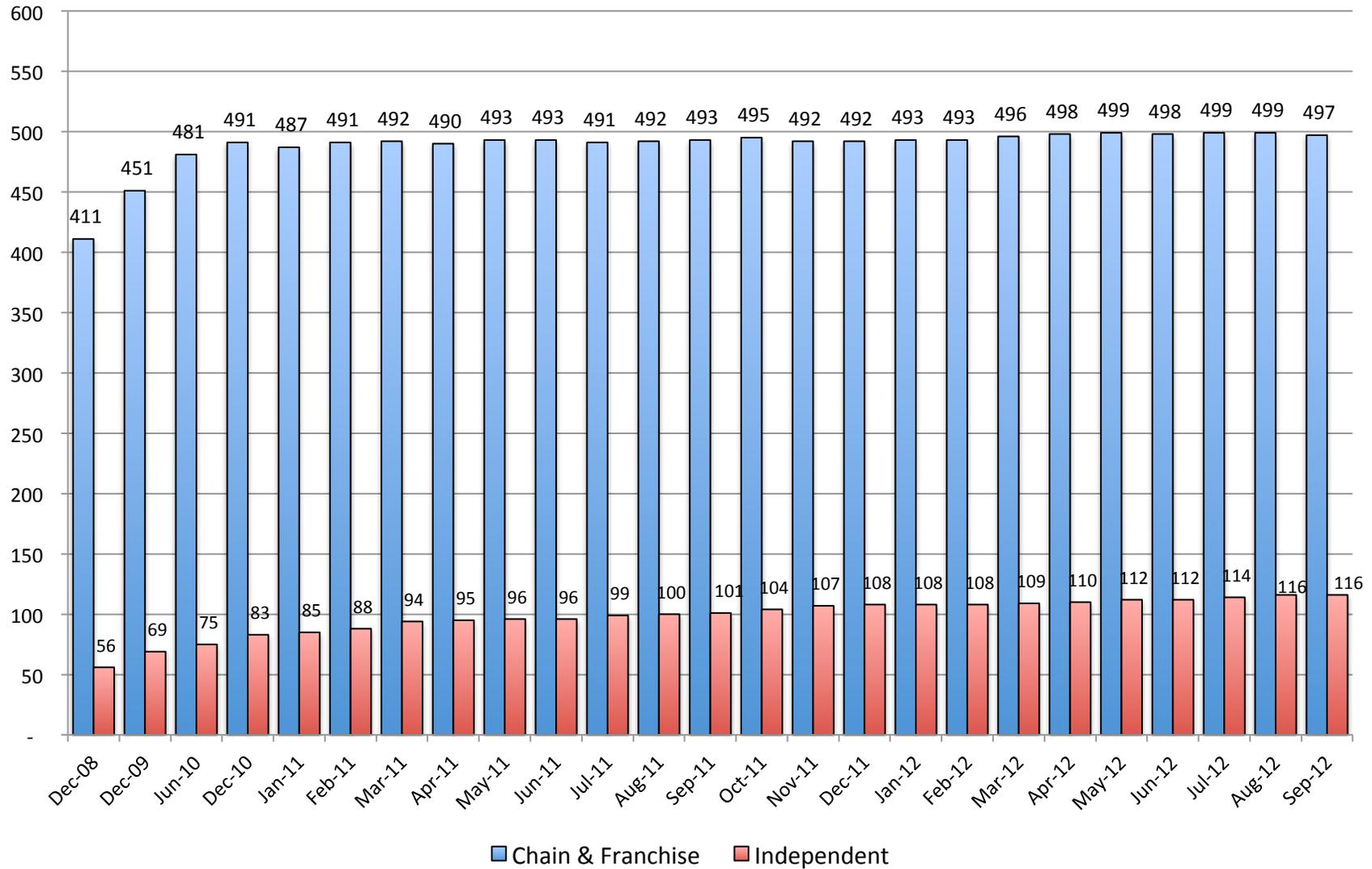
Oregon e-Prescribers by Profession



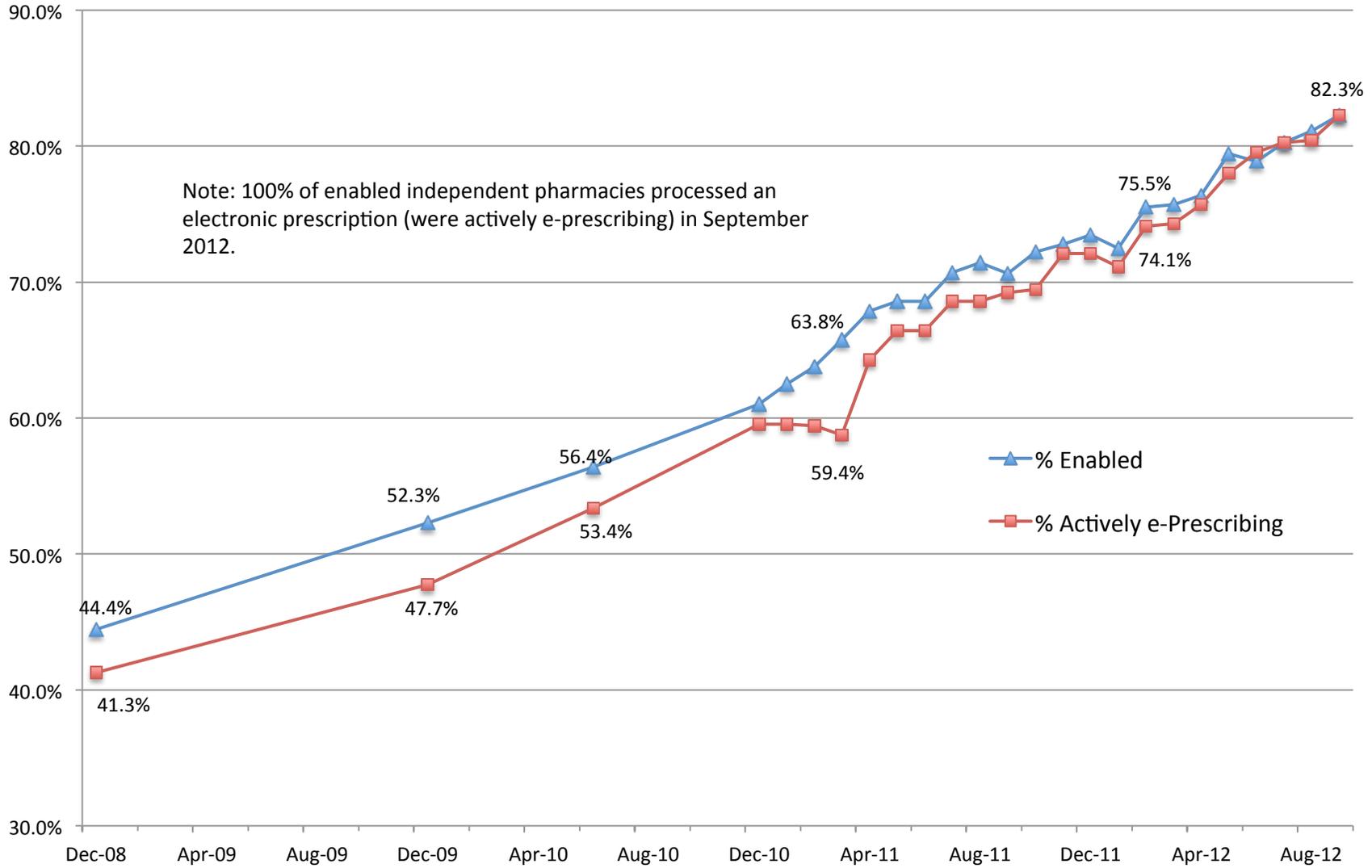
Percentage of Retail Pharmacies Enabled to e-Prescribe and Actively e-Prescribing on Surescripts Network



Number of Pharmacies "Enabled" to e-Prescribe with Surescripts by Pharmacy Type



Percentage of Independent Pharmacies Enabled to e-Prescribe and Actively e-Prescribing on Surescripts Network



Appendix 2. OHIT Independent Pharmacies - Focus Group Report

Oregon Health Information Technology (OHIT) Independent Pharmacies - Focus Group

Summary of Responses & Key Themes
Focus Group conducted November 4, 2011

Facilitators: Nan R. Robertson, RPh and Rachel Firebaugh, Pharm D, MPH
Participants: Pharmacists practicing in five independent pharmacies around Oregon

Note: Independent Pharmacy participants were assured that they would not be explicitly identified in the focus group report; therefore, the individual comments are not attributed. Attachment: Focus group questions provided to participants in advance of the session.

Participant Input

Pharmacy and Prescriber Demographics

- There were five independent pharmacies interviewed. Pharmacies are geographically spread across the State and include Clackamas, Jackson, Linn and Marion Counties
- One pharmacy is physically connected to an Urgent Care Clinic and is part of a three-site small, independent pharmacy group
- One pharmacy serves primarily the community's retired population (25%)
- One pharmacy receives 80% of their prescriptions electronically and processes the lion's share of their refills through electronic processing
- All pharmacies compete with chains in their community or the surrounding area
- Prescribers served are both primary and specialty care practitioners
- All pharmacies are in communities where some of the prescribers are using an electronic health record (EHR) to generate e-prescriptions

Prescription Characteristics and Processing

- The pharmacies report using the following pharmacy dispensing systems: QS1, Rx30, IPS and PharmaServ. No information regarding the version they are currently using was recorded.
- Each of the pharmacies receives a varied percentage of electronic prescriptions ranging from 15% to 80%. The majority of transactions were new prescriptions as there were issues with refill prescription e-processing.
- The majority of refill requests and approvals are conducted using fax; all reported that many prescribers are rejecting using electronic refill authorizations. Fax also works to avoid having the prescriber or their agent re-enter refills as another new prescription in the EHR. "The more times you enter something in, the more chances for error. All of the redoing is a potential chance for

error.” In addition, pharmacists cited that the multiple re-entries in lieu of approving an e-refill caused the patient’s medication record to reflect multiple entries of the same medication. The only exception was one pharmacy where 80% of the original prescriptions are electronic and therefore, the e-refill requests are easily managed through the same EHR (vendor was unconfirmed).

- None of the pharmacies found the processing of controlled substances using e-prescribing to be satisfactory or workable currently given DEA requirements. All reported problems matching any transmitted controlled e-RXs with the patient-presented paper copy of the prescription.
- Faxing is the preferred method for communication with prescribers; it is a familiar process in the prescriber’s office and it oftentimes provides the pharmacy with a copy of the original document they sent to the office as well as the response from the prescriber or their agent.
- The majority of offices served by the five pharmacies use medication aids or medical assistants for the majority of refill request processing.
- All five pharmacies reported a challenge with matching all of the patient’s prescription order when there are variable transmission methods. For example, the patient may have three e-prescriptions that need approval and one controlled substance refill. Refills may be authorized electronically for the initial 3 and via fax or written prescription for the controlled substance. The patient runs the risk of getting home without all of their refilled prescriptions due to varying methods of approval.
- The table below summarizes the various processing methods per pharmacy:

	Pharmacy 1	Pharmacy 2	Pharmacy 3	Pharmacy 4	Pharmacy 5
Written	25%	15%			
Oral	10%	5%	20%		
eRX	15%	40%	50%	80%	Majority
Fax	35%	35%	30%		

- All pharmacies reported their transaction fee for e-prescribing as nominal versus overall labor costs required to correct e-prescription errors (call back to prescriber, matching original with refills, etc.). *All five pharmacies reported that they do not see the transaction fee as a barrier to promoting e-prescribing* but rather the increased labor required to process e-prescriptions due to inaccuracies (see further comments below). However, they did reflect the challenges of remaining a small, independent pharmacy: “Of course, it would be nice if the cost would be free, we are fighting costs in so many areas.”
- The dominant electronic health record used by providers was GE Centricity while some prescribers were using Greenway or NextGen; pharmacies had concerns about GE Centricity’s

configuration, transmission lag time and how the use of the applications by prescribers was contributing to selection errors and transaction issues.

- Many report prescribers have indicated they are overwhelmed by the amount of work in their electronic inboxes, including requests for e-refills.

Pharmacy Work Flows and Operational Issues

- All five pharmacists agreed that transaction fees are not their largest concern with electronic prescribing. Instead, they noted that *accuracy is their most significant issue with e-prescribing*. All reported a frequency of selection errors by prescribers when using EHR drop down menus and pre-populated sigs (instructions). One pharmacist commented that “electronic prescriptions cost more than just the transaction fees but it is also the extra labor time when they are incorrect”. Another pharmacist stated, “ we don’t want the fee to increase, but the big issues are the time delay, accuracy, and that we can receive but can’t always send requests electronically”. Many prescribers have had little to no training on how to generate an e-prescription accurately or how to configure their EHR to support accurate prescribing.
- There is a failure to accurately map the e-prescription fields in the prescribers’ EHR with the fields in many of the pharmacy dispensing systems causing the pharmacist to miss important information that the prescriber has sent e.g. comments. One pharmacist reported that they commonly see prescriptions where the prescriber has selected a pre-populated e-prescription and then written another sig in the comments fields, which can be missed depending upon how or if the pharmacy dispensing system has the comments field from the EHR mapped to their software correctly.
- The quantity of medication to be dispensed can be confusing; e-prescription quantities often reflect “1” when what the prescriber wants is one box of 12, for example. Pharmacists expressed a concern of being audited by Medicare or Medicaid when such discrepancies between what was ordered and what was dispensed are reflected.
- None of the five pharmacies utilize the Surescript’s network for benefit checking. The pharmacists’ agreed that they check the patient’s benefits before filling the prescription.
- It is common for the prescriber to electronically send the eRX to the wrong pharmacy. The pharmacies routinely “put on hold” newly transmitted e-prescriptions until the patient presents to avoid filling a prescription that will need to be returned to stock, adding labor costs and restocking expense.
- *All pharmacists reported the issue of delayed transmission time for e-prescriptions*, some citing specifically those e-prescriptions generated from GE Centricity; oftentimes the delay is so long that the patient has already arrived at the pharmacy to pick up their prescription and yet the e-

prescription has not arrived in the pharmacy queue. One pharmacist stated in regards to this, “the patients are often beating their prescriptions”. Two pharmacists were uncertain about which electronic health records their providers are primarily using that cause the delay.

- Pharmacists work primarily with the office’s medication aid or medical assistant to resolve inaccuracies in an e-prescription. All reported a concern that the *aid or assistant fails to update the patient’s electronic health record to reflect the prescription changes made to correct the error*, perpetuating an incorrect prescription for subsequent refills and an inaccurate patient medical record entry. In addition, the competency of staff entering the prescription was questioned. Participants expressed a concern that there is currently a lack of certification requirements for entering prescription information into an electronic health record.

Key Themes

- Transaction fees for e-prescriptions is not an issue for pharmacies
- Lack of e-prescription accuracy is of primary concern because it increases labor costs and probably for error, risking patient safety. All participants believe there are more errors with e-prescriptions than through other transmission methods. The goal for e-prescribing is not adoption; it is quality and patient safety.
- E-prescribing as it currently functions fails to support controlled substance prescribing
- Faxing is the preferred method for sending a prescriber a refill request
- Patient’s electronic medical records are not being updated to correct e-prescribing errors
- Electronic transmission lag time between the prescriber’s EHR generated e-prescription and the receipt in the pharmacy dispensing system of a Surescripts processed e-prescription is unacceptable
- There is a lack of consistent application of the specifications for meeting transmission standards across EHRs and pharmacy dispensing vendor software causing loss of e-prescription information, field population mismatches, and prescribing and dispensing errors
- Pharmacies do not see Surescripts as a source for patient prescription benefit information
- Medical aids and medical assistants processing refill requests in the prescribers’ offices may be operating out of their scope practice
- Prescribers lack training and assistance in configuring their EHR to support accurate e-prescribing; pharmacies would like to help them configure a formulary for prescribing.
- Many prescribers are overwhelmed by the volume of work in their electronic inbox

- E-prescribing needs further detailed refinement before pharmacists and prescribers can fully support adoption and prescribing errors are reduced
-

Future Collaboration

- All five pharmacies offered to consider future participation in a focused study of their electronic prescriptions. At the time of publication of this summary, two pharmacies have confirmed participation in a Surescripts Quality Program if conducted.



Oregon Health Information Technology (OHIT) Chain Drug Store Pharmacies - Focus Group

Summary of Responses & Key Themes

Focus Group conducted January 19, 2012

Facilitators: Nan R. Robertson, RPh and Rachel Firebaugh, Pharm D, MPH

Participants: Pharmacy managers, pharmacists, and technicians representing 2 chain drug stores with pharmacies around the State of Oregon

Note: Participants were assured that they would not be explicitly identified, either individually by name or by their specific chain drug store, in the focus group report; therefore, the individual comments are not attributed. Attachment: Focus group questions provided to participants in advance of the session.

Participant Input

Pharmacy and Prescriber Demographics

- There were two chain drug stores interviewed. Pharmacies are geographically spread across the State to include Lane, Clatsop, Multnomah, and Washington Counties.
- The pharmacy participants represented a wide range of backgrounds and positions throughout each chain drug store's organization including: corporate and store management, staff pharmacists, and technicians.
- All pharmacies are in communities where some of the prescribers are using an electronic health record (EHR) to generate e-prescriptions. The participants were unaware what EHR's were being used by their local providers.

Oregon e-Prescribing Chain Pharmacies Focus Group		
Demographic	Number	Comments
Invited Chain Pharmacies	4	
Participating Chains	2	A third chain was unable to attend at the last minute and was interviewed by phone after the focus group was conducted
Roles Participating:		
Pharmacists	0	Some managers and directors participating are also licensed pharmacists in Oregon
Technicians	3	
Pharmacy Manager or Director	3	
Other	0	
Geographic Representation:		
Portland Metro Area	3	Some pharmacy managers or directors represent chain across multiple geographic areas including areas that may not have been directly represented by a focus group participant
Willamette Valley	2	
Coast	1	
Central Oregon	0	
Eastern Oregon	0	

Prescription Characteristics and Processing

- The pharmacies report using the following pharmacy dispensing systems: PDX, Enterprise, and also one Corporate grown system. No information regarding the version they are currently using was recorded. Participants seemed to reflect that they had very little control over the dispensing vendor functionality, system selection or upgrades.
- The chain pharmacy participants reported an overall increase in the number of e-prescription transactions. They stated that the volume of e-prescriptions sent varies by community. Further, the majority of transactions were new prescriptions. Participants from certain communities report sending refill requests and receiving refill authorizations to a greater extent—the utilization seems

to depend on the compatibility between the pharmacy dispensing system and the physician's EHR, and upon the proximity of the pharmacy to the prescribers using e-prescribing. One participant described that their pharmacy's close proximity to a nearby acute care clinic resulted in the providers sending more prescriptions electronically.

- Participants describe a challenge with matching all of the patient's prescription order when there are variable transmission methods. Often a refill authorization request is sent over to the prescriber and then the prescriber sends a new prescription back to the pharmacy resulting in discontinuity. A pharmacy technician described the process that regularly happens with electronic refill authorization requests: "We will send them over and they will send it back over to the pharmacy as a new prescription" then it is necessary to "physically pull and match up the authorization with the request that is sent over". All participants indicated that this discontinuity increased their workload and impacted their work flows.

Pharmacy Work Flows and Operational Issues

- The participants agreed that transaction fees are not their largest concern with electronic prescribing. One manager commented, "No, transaction fees are not a barrier but nobody likes these fees," and further he is "not sure it is quite fair that pharmacies bear the weight of the cost". The chain drug store participants noted that their knowledge of these fees is limited because this is handled at the corporate level.
- Participants reported seeing many errors where the prescriber has selected the wrong medication or possibly the wrong pharmacy. One of the pharmacy manager's commented, " we see lots of selection errors lots and lots that require follow up". Selection errors were prevalent and noted in the independent pharmacy focus group also.
- None of the participants utilize the Surescript's network for benefit checking. The pharmacy participants agreed that it would be helpful to have benefit information readily available.
- None of the chain drug stores represented utilized the Surescripts's network for viewing a patient's medication history. The chain drug stores report using their own systems to access a patient's medication list. However, chain drug stores report different capabilities in accessing a patient's medication history. One chain had access to every medication filled at all their locations while another only had a record of medications filled at the patient's "home" store.
- There is a failure to accurately map the e-prescription fields in the prescribers' EHR with the fields in many of the pharmacy dispensing systems causing the pharmacist to miss important information that the prescriber has sent to accurately dispense the prescription such as comments. One pharmacy technician described that "10-15% [of e-prescriptions] come up with

errors that need to be corrected, most are easy fixes, but there are many "sigs" that are repeated and we get many e-scripts that are transmitted twice."

- A lack of continuity of form and format exists between what the pharmacy and the prescriber view on their computer screens. This leads to errors like the ones described above because what is entered by a prescriber or their agent (nurse, medical assistant) may not show up, may appear differently, or may be on a screen that the pharmacist or technician does not normally access during the dispensing process.
- The participants agreed that an electronic prescription would be a more efficient and safer way to process controlled substances. One manager noted it would improve efficiency because "then an accurate DEA number would have to be inputted and this would require less to be verified." A technician affirmed this statement by explaining that " We get a lot of people that are coming to visit, it would be easier if it was e-scripted because we don't know the Portland physicians if it was e-prescribed there DEA number would already be there and we wouldn't have to spend time tracking down the MD's information".
- Participants believe more education and training is needed for prescriber's and those in their offices. Prescribers lack training and assistance in configuring their EHR to support accurate e-prescribing. In addition, it was mentioned that when the pharmacists could get a brief orientation to what the prescriber sees, it would increase understanding and problem solving.

Key Themes

- Transaction fees for e-prescriptions are not a barrier for pharmacies adoption of e-prescribing.
- Lack of e-prescription accuracy is of primary concern because it increases labor costs and probability for error, risking patient safety. The goal for e-prescribing is not adoption; it is quality and patient safety.
- E-prescribing as it currently functions fails to support controlled substance prescribing leading to workflow issues. In addition, pharmacy participants believe e-prescribing controlled substances would be safer and more efficient if it worked seamlessly.
- There is a lack of consistent application of the specifications for meeting transmission standards across EHRs and pharmacy dispensing vendor software causing loss of e-prescription information, field population mismatches, and prescribing and dispensing errors.
- Pharmacies do not see Surescripts as a source for patient prescription benefit information or medication histories although they all agreed this functionality would be useful.
- Additional training and education during EHR implementation would help prescribers ensure the accuracy of their e-prescription transactions

- Despite the issues that remain with e-prescribing the participants agreed that e-prescribing is still easier and more efficient than the other modes of prescription transmission.

E-prescribing Toolkit 2011



A Practical Resource for Pharmacies

This document pulls together a variety of helpful e-prescribing resources, including information developed by RAND Health, Surescripts, the Health Information Technology Oversight Committee, and Witter & Associates. We hope this is a helpful tool whether your pharmacy is already enabled for e-prescribing or if you are in the planning stages.

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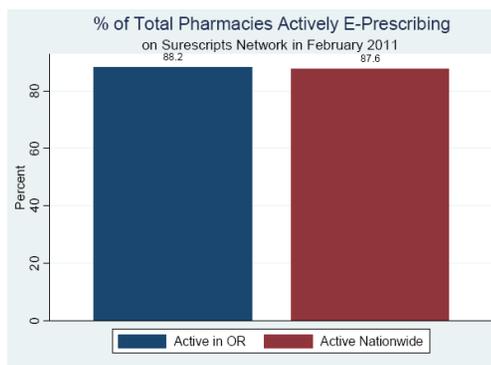
BRIEF STATISTICS

Who is e-prescribing?

- ❖ As of February 28, 2011, there were 250,987 e-prescribers in the United States.¹
- ❖ 90.1% of retail community pharmacies nationwide are able to receive and process electronic prescriptions on the Surescripts network.
- ❖ 87.6% of retail community pharmacies nationwide processed at least one electronic prescription in February 2011.¹

Who is e-prescribing in Oregon?

- ❖ 88.2% of pharmacies are actively e-prescribing on the Surescripts network.¹
- ❖ The chain pharmacies in Oregon have an e-prescribing adoption rate of 96.5%.
- ❖ In a recent survey of independent pharmacies, approximately 70% reported they were not using e-prescribing.²



¹ The Office of the National Coordinator for Health Information Technology. Washington, D.C. A Picture of Electronic Prescribing in Oregon. February 2011.

² Witter & Associates for the Oregon Health Information Technology Oversight Council. HITOC Independent Pharmacy Outreach Survey, April-May 2011 Summary of Results.

BACKGROUND

What is e-prescribing?

E-prescribing is defined in a several ways depending on who is doing the defining. We will provide a few of these definitions for your background knowledge. As you begin to plan for implementation or if you are working to improve the use of e-prescribing in your pharmacy, this will help to lay the foundation. It is important for the success of your pharmacy that the entire pharmacy staff (clerks, technicians, and pharmacists) are all on the same page about what e-prescribing entails.

The Centers for Medicare and Medicaid Services (CMS) defines e-prescribing as “a prescriber’s ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point of care” and describes it as an important element in improving the quality of patient care.³

A more complete definition from Surescripts includes e-prescribing’s key functions: “E-prescribing occurs when a prescriber uses a computer or handheld device with software that enables a prescriber to”:

- **Electronically Access That Patient’s Prescription Benefit:** Electronically accessing a patient’s prescription benefit information - both formulary and eligibility - allows prescribers to choose medications that are on formulary and are covered by the patient’s drug benefit. Prescribers can also choose lower-cost alternatives such as generic drugs. Dispensing pharmacies are less likely to receive prescriptions that require changes based on the patient’s drug benefit, which, in turn, reduces unnecessary phone calls from pharmacy staff to physician practices regarding drug coverage.
- **Electronically Access that Patient’s Medication History:** Electronically accessing a patient’s medication history allows prescribers to receive critically important information on their patients’ current and past prescriptions and to become better informed about potential medication issues with their patients (e.g., catching potentially harmful drug-to-drug and drug-allergy interactions). Prescribers can use this information to improve safety and quality. And - by understanding the cycle of dispensing related to a prescription - prescribers can gain insight into a patient’s medication adherence.
- **Electronically Route the Prescription to the Patient’s Choice of Pharmacy:** Exchanging prescription information electronically between prescribers and pharmacies improves the accuracy of the prescribing process and saves time. Time savings primarily result from reduced pharmacy phone calls and faxes related to prescription renewal authorizations as well as from a reduced need for pharmacy staff to key in prescription data.⁴

³ Centers for Medicare and Medicaid Services [Internet]. Baltimore (MD). Overview: e-prescribing. [cited 2011 August 25]. Available from: <https://www.cms.gov/eprescribing/>.

⁴ Surescripts. [Internet]. Arlington (VA): 2010. How e-prescribing works; [cited August 23, 2011]. Available from: <http://www.surescripts.com/about-e-prescribing/how-e-prescribing-works.aspx>

SURESCRIPTS

What is its role?⁵

Surescripts plays a big role in e-prescribing so it's helpful to have a little background about the company. Below is a brief description of how they fit into the e-prescribing picture. It is also important to note that DrFirst and Emdeon also provide e-prescribing networks, however they are not commonly used in our portion of the country. Therefore, in this summary toolkit we have chosen to include information about Surescripts since this is what you will likely be using.

How does Surescripts fit into the process?

Surescripts is a company that operates the nation's largest health information network. Surescripts' e-prescribing services allow physicians to electronically send prescriptions from their offices to more than 54,000 retail pharmacies and six of the largest mail order pharmacies. In addition, Surescripts provides physicians with electronic access to their patients' prescription benefit and medication history. These capabilities of e-prescribing help to improve safety and enable doctors to prescribe medications at the lowest cost to the patient.

It is important to point out that Surescripts does not develop or sell e-prescribing software. The company plays an intermediary role—meaning it works with existing vendors to certify their technologies to connect to the Surescripts network. This process ensures that electronic prescribing solutions are able to send and receive supported electronic messages and that the solution is providing open choice for medication selection and dispensing location. Additionally, the process ensures that the technology systems work in accordance with industry-accepted standards for the electronic exchange of prescription data between physicians and pharmacies.

⁵ Surescripts. [Internet]. Arlington (VA): 2010. Pharmacies connect; [cited August 24, 2011]. Available from: <http://www.surescripts.com/connect-to-surescripts/pharmacies-connect.aspx>

How does our pharmacy get set-up with Surescripts so that we can begin receiving e-prescriptions?

In order to connect your pharmacy to the Surescripts network you should begin with a call to your pharmacy management software vendor. If you determine that your pharmacy management system is certified to connect to the Surescripts network, then you simply contact your pharmacy software vendor and ask them to enable your e-prescribing functionality.

In order to determine if your pharmacy is certified to connect to the Surescripts network, go to the Surescripts website <http://www.surescripts.com/connect-to-surescripts/pharmacies-connect.aspx>

What questions should a pharmacy ask its vendor?

1. If any patches or upgrades to its system are required.
2. If any amendments to its contract are needed to cover transaction fees
3. What training is provided to get accustomed to the new or upgraded system

I have heard my pharmacy will have to pay transaction fees to Surescripts, is this true?

Your pharmacy will likely pay a set cost per transaction to your pharmacy management technology vendor (not to Surescripts) for each prescription renewal request you send or new prescription you receive over the Surescripts network. Your vendor sets this fee and can provide more detailed information when you call them. Refills attached to a new or renewed prescription do not incur a transaction fee.

WORKFLOW

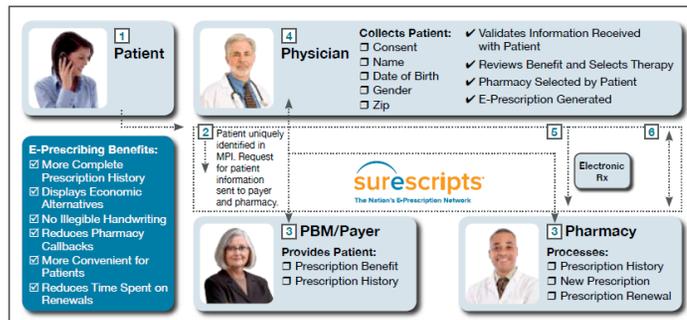
How does e-prescribing work?⁴

The first part of this section provides an overall description of the e-prescribing process with a diagram. Also, you may want to visit the Surescripts website and watch a short video describing the process: http://www.surescripts.com/flash/surescripts_solo.swf?width=497&height=200. Next you will find two schematics from RAND Health of the pharmacy workflow both with and without e-prescribing. These diagrams may help you think through the steps in both your current and future systems. Keep in mind your specific system may look a little different from this.

E-prescribing is made possible through a series of connections among different groups; these include payers and pharmacy benefit managers (PBMs), e-prescribing and EHR systems, and the nation's independent, chain, and mail order pharmacies.

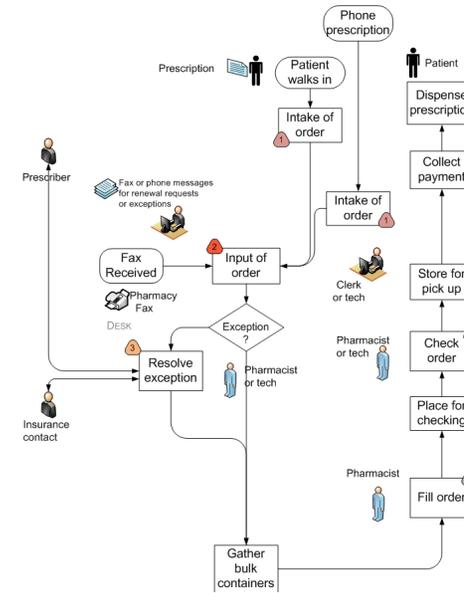
The typical steps in the e-prescribing process are:

1. A patient visits a physician. The physician's e-prescribing or EHR application collects the patient's consent and demographic information including name, date of birth, gender and zip code. The application, through its connectivity with the network, uniquely identifies the patient in a master patient index maintained by an e-prescribing network such as Surescripts.
2. Then a request for patient information is sent to connected payers, PBMs and pharmacies.
3. The payer/PBM then returns prescription benefit, formulary and medication history information to the physician's e-prescribing or EHR application.
4. The physician then validates the information with the patient, reviews the patient's eligibility and formulary information, selects the appropriate medication therapy, selects the patient's pharmacy, and generates the e-prescription.
5. The prescriber may modify the prescription depending on any drug-drug or drug-allergy alerts. The prescription is then sent electronically to the pharmacy system.
6. Bi-directional electronic connectivity between the physician's system and the pharmacy system also allows the prescription renewal process to be automated. In other words, when the patient's refills run out, the pharmacy can send an electronic message to the physician's application to request a prescription renewal authorization and the physician can reply electronically to authorize or deny the prescription renewal. This can save significant time in the practice by replacing time consuming phone calls and faxes – used to manage this process in a non electronic environment – with secure electronic messaging.



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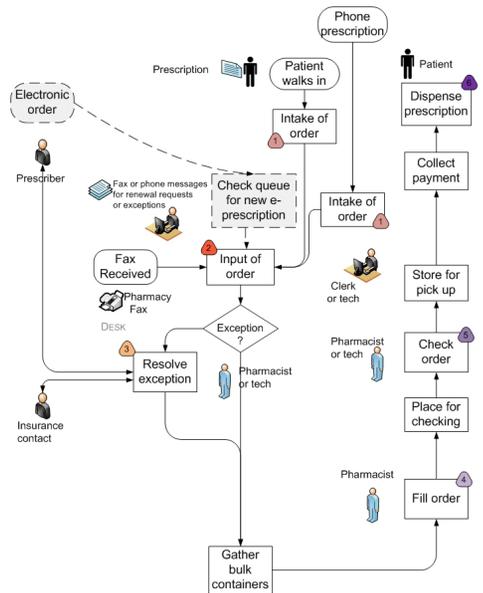
Pharmacy Workflow Diagram Without the Receipt of E-Prescriptions⁶



⁶ RAND Health. AHRQ-RAND E-prescribing Tool. February 2011.

8

Pharmacy Workflow Diagram with Receipt of E-Prescription⁶



ADVANTAGES

What are the benefits for your Pharmacy?⁷

E-prescribing has the potential to provide many benefits for your pharmacy including:

- Reducing the opportunity for medication errors,
- Offering prescribers access to patient prescription benefit coverage which means fewer rejected claims and less rework at the pharmacy, and
- Reducing paperwork and re-keying, which allows you to spend more time with patients or reallocate that time to activities such as medication therapy or inventory management.

Unlike traditional faxed or paper prescriptions, e-prescriptions go directly into your computer. Renewal authorizations can be managed quickly between the provider and the pharmacy—the need for multiple phone calls and faxes can be eliminated. It makes sense then that e-prescriptions would reduce staff time. This has been found to be true; 'when compared with all other forms of prescriptions, e-prescriptions reduce the amount of staff time needed to complete dispensing activities by 27% for new prescriptions and 10% for renewals (valued at \$1.07 and \$0.41 per prescription respectively).'

Patient compliance has also increased with e-prescribing. Research has shown that many prescriptions never even make it to the pharmacy; in fact it is about 20%⁸. A study conducted by Walgreens and Surescripts showed that once a practice starts e-prescribing, 11% more of their prescriptions get dispensed.

Independent pharmacies may be wondering if these benefits apply to them. The answer is yes, e-prescribing will allow your pharmacy to stay competitive with larger chain pharmacies and will reduce the time needed to process prescriptions. Finally, and perhaps most importantly for your bottom line, e-prescribing physicians prefer to do business with e-prescribing-enabled pharmacies because they no longer want to receive faxed refill authorizations.

⁷Surescripts. [Internet]. Arlington (VA): 2010. Benefits of E-prescribing for Pharmacists; [cited August 24, 2011]. Available from: http://www.surescripts.com/about-e-prescribing/benefits-of-e-prescribing_for-pharmacies.aspx.

BEST PRACTICES

How can your pharmacy get the most out of e-prescribing?⁸

The following are "Best Practices" and answers to critical questions provided by Surescripts. These "Best Practices" are drawn from real pharmacies experienced with implementing electronic prescribing. In addition, check out the "Pharmacist Peer Perspectives" section on the Surescripts website; this may help as you work through this process: <http://www.surescripts.com/about-e-prescribing/peer-perspectives/pharmacists.aspx>

1. Inform local physicians that you are enabled to accept prescriptions electronically, and that you can start sending renewal authorization requests immediately.

Once your pharmacy software vendor activates your connection to the Surescripts network, your pharmacy becomes visible to prescribers that use Surescripts certified e-prescribing software. You may review a list of which physicians in your area e-prescribe by visiting www.surescripts.com and using the "Find Physicians" tool.

It can be beneficial to contact prescribers that send a high volume of prescriptions to your pharmacy to inform them of your new electronic prescribing capability.

A letter or call from your pharmacy will prompt those physicians who are not yet connected to do so, and will remind physicians who are connected to respond promptly to your pharmacy's renewal authorization requests. Surescripts provides some sample faxes and letters [at this link](#) that you can download and customize to inform physicians about your new connectivity.

2. Educate your entire staff about electronic prescribing and how it works within your pharmacy management software.

As with any new technology, it is important that each member of your staff understands what e-prescribing does, what its benefits are, and how it works. This is important to help them understand how their daily workflow or responsibilities will be affected by e-prescribing and to also answer common questions from customers and practices.

Staff should be aware of how an e-prescription differs from a prescription that is fax based. If your pharmacy system places electronic prescription messages in a different queue from one your staff commonly uses, make sure you put a process in place to regularly check that queue for new prescriptions and renewal responses.

A list of common [e-prescribing questions and answers](#) is available on the Surescripts Web site.

3. Identify a staff member to become your local expert on your pharmacy's electronic prescribing ability.

Although everyone should be taught to use the software, having a thoroughly knowledgeable person on hand for other staff members to ask questions will help eliminate any confusion with the new functions, and, resolve any problems quickly.

4. Take full advantage of managing renewal authorization requests electronically.

Managing prescription renewals electronically is an important way to strengthen your relationship with e-prescribers in your area. Physicians that e-prescribe have a very strong preference to receive prescription renewal requests electronically. This is a key benefit of their e-prescribing connectivity and will help to significantly reduce the number of faxes and phone calls your pharmacy will need to initiate for this process.

5. If you do not receive a prompt response from a physician for a prescription renewal authorization request you've sent electronically, please do not resend another request for the same prescription within 24 hours.

Just as with faxed or called-in renewal authorization requests, sometimes a physician may not be able to provide a prompt response to an electronic renewal request. Duplicate electronic requests for the same prescription may cause additional review and confusion in both the physician's office and your pharmacy.

Prescriber training, and Surescripts messaging, encourages prescribers to respond to prescription renewal requests within 24 hours. Calling the physician's office to follow up on a delayed response in an emergency situation will be more effective than resending the request.

6. Communicate with practices that you believe are sending problematic e-prescriptions to your pharmacy

E-Prescribing supports a significantly more secure and accurate way of managing prescription information than on paper or by fax. However, prescribers may occasionally make an error when using their software to transmit an e-prescription. For instance, their software may incorporate a 'drop-down' menu of medications and a prescriber may inadvertently select a medication that is above or below the one they intended to prescribe.

If you believe that an e-prescription you have received contains an error please contact the prescriber's practice to confirm or correct the prescription you have received and then dispense as appropriate to your customer. It is important that practices are aware of issues as they develop so they can self-correct the problem if they are able.

⁸ Surescripts. [Internet]. Arlington (VA): 2010. Best Practices for Pharmacists; [cited August 25, 2011]. Available from: <http://www.surescripts.com/about-e-prescribing/best-practices.aspx>.

7. Report issues with e-prescriptions that are causing you concern

If there are ongoing issues with the e-prescribing functionality within your pharmacy software system, or if errors with e-prescriptions that prescribers send you are frequent enough to be a problem, it is very important that you report them to your pharmacy software vendor so they can help resolve them and prevent future occurrences.

When reporting errors related to an e-prescription that a prescriber has sent you, it is important to provide as much of the following information as possible to your vendor:

- o Transaction Date
- o Name of Prescriber
- o Message ID (noted within e-prescription)
- o Prescriber SPI (noted within e-prescription)
- o Your Pharmacy's NCPDP ID

Your vendor will then document the problem and, if necessary, open a case with Surescripts to help affect a resolution.

Specific to issues with a prescriber or practice, Surescripts will research the issue and present feedback to a practice's technology vendor as appropriate for resolution. Resolution can include adjustments to a prescriber's software, or training for the practice itself.

8. Communicate prescription fill-time expectations to local physicians and their staffs, as well as patients.

With the speed that electronic prescriptions reach the pharmacy, some patients and physicians mistakenly believe that the prescriptions will be ready for pickup immediately. It is helpful to inform your patients and physicians that adequate preparation time is still required along with the time frames they should expect. You can also remind the physician to note on the electronic prescription that a patient plans to come immediately to your pharmacy. They can do this by utilizing the free text or comment section of the electronic prescription.

9. Ensure that information in your pharmacy system about local prescribers is up-to-date.

Your pharmacy software vendor, who assisted you in connecting to the Surescripts network, should also work with you to keep your prescriber file up to date as new prescribers in your area become activated for e-prescribing. If you maintain files store by store, you should ensure that all data is updated in each store to be consistent.

As additional prescribers in your area become accessible through the network, you should institute a regularly scheduled process to update their information in your doctor file. Your vendor should provide updates on which physicians are eligible to receive prescription renewal requests. You can also obtain this information on our Web site at the following link.

10. Turn over every leaf before turning away a patient.

While electronic prescribing is not new, in some markets the volume of prescriptions received electronically may be low in comparison to your overall prescription volume. As a result, the staff may forget to look in the electronic prescription queue or check only the fax and phone queues when a patient arrives to pick up a prescription that has been sent electronically.

RESOURCES

Where should I go beyond this toolkit for additional guidance?

- ❖ Surescripts, <http://www.surescripts.com/>: This site contains many helpful documents such as the *Clinician's Guide to e-prescribing*.
- ❖ CMS, <https://www.cms.gov/>: This site contains the most up to date information regarding the provider incentive programs. The following is a link directly to the e-RX incentive page: <https://www.cms.gov/erx/incentive/>. The following is a link directly to the EHR incentive page: <http://www.cms.gov/ehrincentiveprograms/>.
- ❖ Oregon Board of Pharmacy, <http://www.pharmacy.state.or.us/>: This is a good site to monitor for updates about e-prescribing of Controlled Substances.
- ❖ DEA, <http://www.justice.gov/dea/>: This is also a good site to find the most current information about the requirements for e-prescribing controlled substances
- ❖ HITOC, <http://www.oregon.gov/OHA/OHPR/HITOC/>: The website for Oregon's Office of Health Information Technology is an excellent place to find out what work is being done in Oregon with regard to e-prescribing. Here you can keep track of the work of the governor-appointed members of the Health Information Technology Oversight Council (HITOC). They coordinate Oregon's public and private statewide efforts in electronic health records adoption and the eventual development of a statewide system for electronic health information exchange.

E-prescribing Toolkit 2011



A Practical Resource for Providers

This document pulls together a variety of helpful e-prescribing resources, including information developed by RAND Health, Surescripts, the Health Information Technology Oversight Committee, and Witter & Associates. We hope this is a helpful tool whether your pharmacy is already enabled for e-prescribing or if you are in the planning stages.

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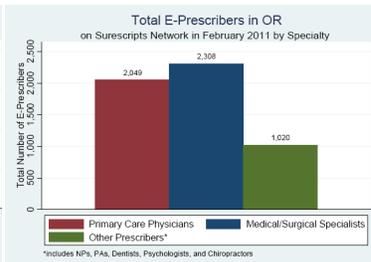
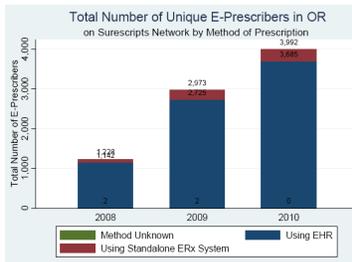
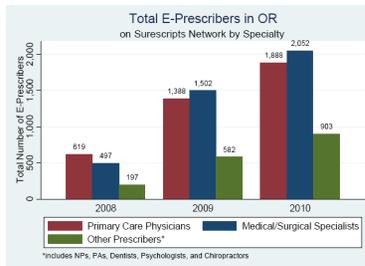
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BRIEF STATISTICS
Who is e-prescribing?

- ❖ As of February 28, 2011, there were 250,987 e-prescribers in the United States.¹
- ❖ 90.1% of retail community pharmacies nationwide are able to receive and process electronic prescriptions on the Surescripts network.¹
- ❖ 87.6% of retail community pharmacies nationwide processed at least one electronic prescription in February 2011.¹

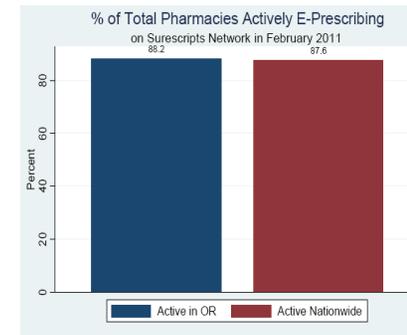
Who is e-prescribing in Oregon?



¹ The Office of the National Coordinator for Health Information Technology, Washington, D.C. A Picture of Electronic Prescribing in Oregon. February 2011.

Which Pharmacies are e-prescribing in Oregon?

- ❖ 88.2% of pharmacies are actively e-prescribing on the Surescripts network¹
- ❖ The chain pharmacies in Oregon have an e-prescribing adoption rate of 96.5%¹
- ❖ In a recent survey of independent pharmacies, approximately 70% reported they were not using e-prescribing²



² Witter & Associates for the Oregon Health Information Technology Oversight Council. HITOC Independent Pharmacy Outreach Survey, April-May 2011 Summary of Results.

BACKGROUND

What is e-prescribing?

E-prescribing is defined in a several ways depending on who is doing the defining. We will provide a few of these definitions for your background knowledge. As you begin to plan for adoption or if you are striving to improve the use of e-prescribing in your practice, this will help to lay the foundation.

The Centers for Medicare and Medicaid Services (CMS) define e-prescribing as "a prescriber's ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point of care" and describes it as an important element in improving the quality of patient care.³

A more complete definition from Surescripts includes e-prescribing's key functions: "E-prescribing occurs when a prescriber uses a computer or handheld device with software that enables a prescriber to":

- **Electronically Access That Patient's Prescription Benefit:** Electronically accessing a patient's prescription benefit information - both formulary and eligibility - allows prescribers to choose medications that are on formulary and are covered by the patient's drug benefit. Prescribers can also choose lower-cost alternatives such as generic drugs. Dispensing pharmacies are less likely to receive prescriptions that require changes based on the patient's drug benefit, which, in turn, reduces unnecessary phone calls from pharmacy staff to physician practices regarding drug coverage.
- **Electronically Access that Patient's Medication History:** Electronically accessing a patient's medication history allows prescribers to receive critically important information on their patients' current and past prescriptions and to become better informed about potential medication issues with their patients (e.g., catching potentially harmful drug-to-drug and drug-allergy interactions). Prescribers can use this information to improve safety and quality. And - by understanding the cycle of dispensing related to a prescription - prescribers can gain insight into a patient's medication adherence.
- **Electronically Route the Prescription to the Patient's Choice of Pharmacy:** Exchanging prescription information electronically between prescribers and pharmacies improves the accuracy of the prescribing process and saves time. Time savings primarily result from reduced pharmacy phone calls and faxes related to prescription renewal authorizations as well as from a reduced need for pharmacy staff to key in prescription data."

³ Centers for Medicare and Medicaid Services [Internet]. Baltimore (MD). Overview: e-prescribing. [cited 2011 August 25]. Available from: <https://www.cms.gov/eprescribing/>.

⁴ Surescripts. [Internet]. Arlington (VA): 2010. How e-prescribing works; [cited August 23, 2011]. Available from: <http://www.surescripts.com/about-e-prescribing/how-e-prescribing-works.aspx>

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I have heard our practice has to pay transaction fees to Surescripts, is this true?

There are no transaction fees for prescribers to access or use the networking services provided by Surescripts. However, prescribers must use an electronic prescribing system that is certified to connect to the Surescripts network before they can send and receive prescription information. A practice may be using a certified application already or it may need to acquire a new certified application. Costs for these systems are set by the companies that provide them. The only time your practice would incur transaction fees for e-prescribing would be if the vendor you select charged your practice a transaction fee. Most vendors do not charge practices a transaction fee, but be sure to ask your potential vendors about this during system selection.

⁵ Surescripts. [Internet]. Arlington (VA): 2010. Pharmacies connect; [cited August 24, 2011]. Available from: <http://www.surescripts.com/connect-to-surescripts/pharmacies-connect.aspx>

WORKFLOW

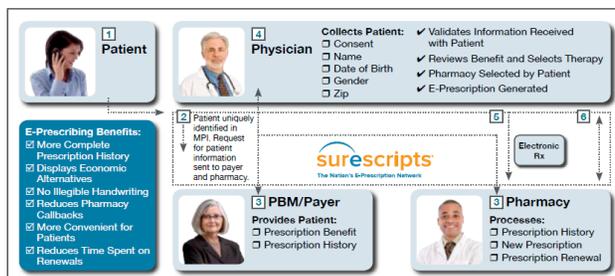
How does e-prescribing work?⁴

In addition to the information provided below you might find the brief video from the Surescripts website helpful: <http://www.surescripts.com/about-e-prescribing/how-e-prescribing-works.aspx>. Also, the American Medical Association (AMA) has an interactive "e-prescribing Learning Center" you may find particularly useful as you and your office navigate through a new workflow, <http://www.ama-assn.org/ama/pub/eprescribing/how-it-works.shtml>.

E-prescribing is made possible through a series of connections between different groups; these include payers and pharmacy benefit managers (PBMs), e-prescribing and EHR systems, and the nation's independent, chain, and mail order pharmacies.

The typical steps in the e-prescribing process are:

1. A patient visits a physician. The physician's e-prescribing or EHR application collects the patient's consent and demographic information including name, date of birth, gender and zip code. The application, through its connectivity with the network, uniquely identifies the patient in a master patient index maintained by an e-prescribing network such as Surescripts.
2. Then a request for patient information is sent to connected payers, PBMs and pharmacies.
3. The payer/PBM then returns prescription benefit, formulary and medication history information to the physician's e-prescribing or EHR application.
4. The physician then validates the information with the patient, reviews the patient's eligibility and formulary information, selects the appropriate medication therapy, selects the patient's pharmacy, and generates the e-prescription.
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7

BENEFITS

Consider the goals your practice can reach by adopting e-prescribing⁶

The implementation of e-prescribing is an opportune time for your practice to refocus and develop new goals. The following are a suggested group of goals your practice can work towards in order to experience the full benefits of e-prescribing. E-prescribing can increase the quality of patient care, improve efficiency, and help you qualify for incentive payments, among other benefits. The following material was developed by RAND Health and can be found in its comprehensive document, "AHRQ-RAND E-prescribing Tool". Each practice will contend with a unique set of challenges and circumstances, so it is important for both providers and office staff to work together to develop appropriate goals.

- 1) **Reduce medication errors.** There are many ways e-prescribing can reduce medication errors and the adverse drug events that may result. At its most basic, e-prescribing can eliminate problems with illegibility from hand-written prescriptions and problems of selecting invalid dosages. Oral miscommunications regarding prescriptions can also be reduced, as e-prescribing decreases phone calls between prescribers and pharmacies. Warning and alert systems are provided at the point of prescribing. E-prescribing systems can enhance medication management through clinical decision support systems that check the patient's current medications for drug-drug interactions, drug-allergy interactions, body weight, age, and correct dosing.
- 2) **Reduce the time spent on phone calls, faxing, and callbacks to pharmacies.** E-prescribing can reduce the volume of pharmacy callbacks related to handwriting legibility, mistaken prescription choices, or questions about formulary and pharmacy benefits. Prescribers can save time and resources spent on faxing prescriptions. Available dose forms are readily apparent, and this can potentially prevent callbacks.
- 3) **Streamline prescription renewal authorization.** With e-prescribing, renewal authorization can become more automated. With only a few clicks, prescribers (or, in some cases, their assistants) can complete renewal authorization tasks, document that activity, and create related staff orders.
- 4) **Increase patient convenience.** By eliminating or reducing the time involved to drop off and pick up a paper prescription, e-prescribing may help reduce the number of unfilled prescriptions.
- 5) **Increase the use of more-affordable medication options.** E-prescribing can help to identify generic and other lower-cost therapeutic alternatives at the time of prescribing. Patient compliance with medications may be improved as a result.
- 6) **Reduce prescription drug misuse and abuse.** E-prescribing gives the prescriber access to the patient's external prescription history and information at the point of care. This can improve identification of cases of potential prescription drug misuse and abuse.
- 7) **Prescribe on the go.** Improved prescriber convenience can be attained when using a mobile device (laptop, PDA, etc.) and wireless network to write or authorize prescriptions.
- 8) **Qualify for incentive payments.** The Medicare Improvement for Patients and Providers Act (MIPPA) provides incentive payments to eligible practitioners who have adopted a qualified e-prescribing system and report to the CMS on its use. Also, the Health Information Technology for Economic and Clinical Health (HITECH) provides for financial incentives to hospitals and eligible professionals through both the Medicare and Medicaid Electronic Health Record Incentive Programs.

⁶ RAND Health. AHRQ-RAND E-prescribing Tool. February 2011.

8

FINANCIAL BENEFITS

What financial incentives are available for providers?^{7,8}

In the following section you will find a brief overview of the federal incentive programs—MIPPA and HITECH—that are available for providers; however, for more detail and the most current information you should visit The Centers for Medicare and Medicaid Services website on a regular basis <https://www.cms.gov/>.

There are two main government programs that provide both incentives and penalties related to the adoption and use of e-prescribing:

1. Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
2. Health Information Technology for Economic and Clinical Health (HITECH)

⁷ Surescripts. [Internet]. Arlington (VA): 2010. Clinician's Guide to E-prescribing; [cited August 24, 2011]. Available from: http://www.surescripts.com/media/800052/cliniciansguidee-prescribing_2011.pdf.

⁸ Centers for Medicare and Medicaid Services [Internet]. Baltimore (MD). [cited 2011 August 25]. Available from: <https://www.cms.gov/>.

MIPPA Overview

CMS offers an incentive program for eligible professionals to facilitate the use of electronic prescribing (e-prescription). This program delivers additional Medicare payments for prescribers that qualify as successful e-prescribers per program requirements. The incentive program was authorized under MIPPA and was implemented in 2009 and 2010. The following changes were made to the program for 2011 in comparison to 2010.

- The amount of the incentive has changed from 2 percent to 1 percent of total allowed charges for professional services covered by the Medicare Part B Physician Fee Schedule during 2011.
- A payment adjustment (penalty) has been introduced for eligible professionals that have not implemented and employed a qualified e-prescribing system by June 30, 2011. The penalty is 1 percent of total allowed charges submitted throughout 2012 and a 1.5 percent payment cut for 2013 for the failure to e-prescribe.
- Practices that successfully participate in the HITECH Act's electronic health record (EHR) incentive program will not be eligible for the MIPPA incentive, but will still be eligible for imposition of the e-prescribing payment adjustment.

The incentive is limited in 2011 to eligible professionals whose estimated allowed charges for "e-prescribing measure" procedural codes (defined below) are at least 10 percent of their total Medicare Part B Physician Fee Schedule allowed charges for the reporting period. Most office-based general internal medicine physicians and subspecialists should easily meet this 10 percent threshold.

Eligible professionals must use a "qualified" e-prescription system defined as a system that meets the following criteria. Prescribers should ask the vendor that provides their e-prescribing system if it is qualified per CMS E-Prescribing Incentive Program requirements.

- ✓ Generate a complete active medication list incorporating electronic data received from applicable pharmacies and benefit managers (PBMs) if available.
- ✓ Select medications, print prescriptions, electronically transmit prescriptions, and conduct all alerts defined as "written or acoustic signals to warn prescribers of possible undesirable or unsafe situations including potentially inappropriate dose or route of administration of a drug, drug-drug interactions, allergy concerns, or warnings and cautions.
- ✓ Provide information on lower-cost, therapeutically appropriate alternatives if there are any. (The availability of an e-Rx system to receive tiered formulary information electronically would meet this requirement).
- ✓ Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan if available).
- ✓ Convey the above information using the messaging and interoperability standards currently in effect for the Medicare Part D e-prescription program

HITECH Overview

The HITECH Act passed in early 2009 seeks to improve American healthcare delivery and patient care through an unprecedented investment in health information technology. The law provides for financial incentives to hospitals and eligible professionals through both the Medicare and Medicaid Electronic Health Record Incentive Programs.

In Oregon, hospitals and eligible health care providers who serve Oregon's most vulnerable individuals have access to these federal funds to help support the implementation and use of certified electronic health record systems in clinics and hospitals across the state.

HITECH introduced the concept of meaningful use of EHRs to ensure that use of the technologies adopted under its incentive program could be measured. Many of the HITECH programs are designed to continue to drive e-prescribing adoption and successful use within the broader context of EHRs and health information exchange. E-prescribing is an important component of meaningful use.

How does e-prescribing fulfill 'Meaningful Use' Stage 1 Requirements?

- ✓ 40% of prescriptions must be transmitted electronically
- ✓ Drug-drug and drug-allergy interaction checking must be performed
- ✓ Active medication lists must be maintained
- ✓ Allergy list must be maintained
- ✓ Medication reconciliation must be performed (menu option in Stage 1, may be required in a later stage)
- ✓ Capability to electronically exchange key clinical information must be maintained
- ✓ Formulary checking (menu option in Stage 1, may be required in a later stage)

TIPS FOR SUCCESS

Habits prescribers and practices need to ensure safe and efficient e-prescribing^{6,7}

The following section contains a combination of the best practices for prescribers and practices—these were developed by both Surescripts and RAND Health. This component of the toolkit is meant to provide some practical tips for ensuring that prescribers and practices succeed with e-prescribing!

- ✓ Submit prescriptions during each patient's visit; don't "batch" submissions to complete later in the day
- ✓ Bundle multiple prescriptions for a single patient
- ✓ Process renewal requests in a timely manner
- ✓ Enable decision support tools, such as alerts and error checking
- ✓ Limit e-prescribing to prescribers or other appropriate staff, and monitor activity reports regularly
- ✓ Assess your practice's readiness for e-prescribing
- ✓ Set a clear vision and objectives for what you hope to accomplish
- ✓ Integrate patient demographic information from practice management system into the e-prescribing application
- ✓ Implement and use all e-prescribing services
- ✓ Follow DEA regulations and refrain from sending controlled substance prescriptions electronically
- ✓ Think through workflow changes; understand how prescriber and staff roles and responsibilities may change when automating medication management
- ✓ Designate a practice expert for e-prescribing

- ✓ Ensure complete and effective training
- ✓ Encourage independent pharmacies in your area to become enabled for e-prescribing
- ✓ Inform your e-prescribing software vendor of any technical issues through their support process
- ✓ Orient patients to e-prescribing

RESOURCES

Where should I go beyond this toolkit for additional guidance?

- ❖ Surescripts, <http://www.surescripts.com/>: This site contains many helpful documents such as the "Clinician's Guide to e-prescribing".
- ❖ CMS, <https://www.cms.gov/>: This site contains the most up to date information regarding the provider incentive programs. The following is a link directly to the e-RX incentive page: <https://www.cms.gov/erxincentive/>. The following is a link directly to the EHR incentive page: <http://www.cms.gov/ehrincentiveprograms/>.
- ❖ Oregon Board of Pharmacy, <http://www.pharmacy.state.or.us/>: This is a good site to monitor for updates about e-prescribing of Controlled Substances.
- ❖ DEA, <http://www.justice.gov/dea/>: This is also a good site to find the most current information about the requirements for e-prescribing controlled substances
- ❖ HITOC, <http://www.oregon.gov/OHA/OHPR/HITOC/>: The website for Oregon's Office of Health Information Technology is an excellent place to find out what work is being done in Oregon with regard to e-prescribing. Here you can keep track of the work of the governor-appointed members of the Health Information Technology Oversight Council (HITOC). They coordinate Oregon's public and private statewide efforts in electronic health records adoption and the eventual development of a statewide system for electronic health information exchange.

Appendix 6: Presentation to the Oregon Board of Pharmacy. Oregon E-prescribing: State and National Progress Toward Health Information Exchange (HIE)

**Oregon E-prescribing:
State and National Progress Toward HIE**

Oregon Board of Pharmacy
June 6th, 2012
Portland State Office Building
Carol Robinson, Director,
Administrator, Oregon Office of Health Information Technology
State Coordinator, Health Information Technology
Nan Robertson, RPh
Rachel Firebaugh, PharmD, MPH



What we will Share

- ONC national initiative to promote e-prescribing
- Oregon's e-prescribing targets and timeline to promote adoption, support meaningful use, and facilitate HIE
- E-prescribing outreach: the pulse of e-prescribing in pharmacies and with prescribers
 - Prescribers
 - Pharmacies-Chains, Independents
- Metrics to measure adoption: Surescripts data
- Barriers to adoption: call for collaboration
- Oregon HIE: CareAccord



ONC National Initiative to Promote E-prescribing

The goal of this plan is to increase adoption and ongoing usage of e-prescribing in order to improve patient safety and prescribing efficiency

- Coordinating National activities through OHIT
- Participating in National Community of Practice (CoP) calls
- Reporting Quarterly to the ONC
- Sharing our data and findings with other States



E-prescribing Activities To Date

- Formation of stakeholder group
- Held stakeholder meetings through 2011
- Chain pharmacy outreach
 - 3 calls to chain management by chain store stakeholder rep
 - Focus group
- Independent pharmacy outreach
 - Telephone survey conducted by PharmD student, -62 independent pharmacies identified who had not implemented eRX
 - Focus group
- Collect and report data
- Investigate State HIE opportunities



E-prescribing Outreach: Current Pulse Among Pharmacies?

Independent Pharmacy Phone Survey

Barriers identified:

- transactions costs
- security
- lack of internet access
- lack of e-prescribing standards for long-term care/compounding



E-prescribing Outreach: Focus Groups

When?

- Independent Pharmacies: 11/4/2011
- Chain Drug Store Pharmacies: 1/19/2012

Why?

- To learn more about what specific barriers/operational issues exist for pharmacists and technicians that drive workflow issues, patient safety concerns, and further adoption of other e-prescribing functionalities
- Improving the adoption and functionality of e-prescribing is a priority for the ONC, OHIT and HITOC



E-prescribing Outreach: Focus Groups

What did we learn?

- Lack of e-prescription accuracy is of primary concern--participants believe there are more errors with e-prescriptions than through other transmission methods
- There is a lack of consistent application of the specifications for meeting transmission standards across EHRs and pharmacy dispensing vendor software (leads to missing information, errors, etc.)
- Transaction fees for e-prescriptions are not a barrier for pharmacies



E-prescribing Outreach: Focus Groups

What did we learn?

- Pharmacies do not see Surescripts as a source for patient prescription benefit information or medication histories
- E-prescribing as it currently functions fails to support controlled substance prescribing creating workflow issues
- Additional training during EHR implementation would help prescribers ensure the accuracy of their e-prescription transactions
- The findings from both focus groups are aligned with barriers identified by other States and the ONC



Summary:

ONC and OHIT Approved 2012 Strategies for Oregon

- Retrieve and collate data about current e-Rx capabilities in Oregon
- Increase adoption and ongoing usage of e-prescribing in Oregon to improve patient safety and prescribing efficiency
- Enhance Oregon healthcare community' s understanding of e-prescribing
- Improve reliability and accuracy of e-prescribing use, encourage providers and pharmacists to use the full functionality of e-prescribing



2012 Tactics

- Utilize Surescripts data to track e-Rx utilization by prescribers and pharmacists
- Participate in biweekly ONC community of practice calls. Share Oregon experience with the ONC and other States
- Share information with Oregon stakeholders
- Leverage findings from Independent and chain focus groups to motivate safer e-prescribing practices in collaboration with O-HITEC
- Present e-prescribing progress and issues to the Oregon Board of Pharmacy



Oregon Targets and Timeline

Below is the 2012 timeline for when the projected tactics, milestones, and performance measure are due to ONC

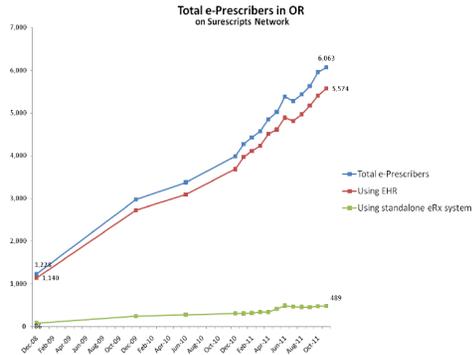
Period Covered	Due Date
2012 Q1 (January 1 thru March 30)	December 30 2011
2012 Q2 (April 01 thru June 30)	March 15 2012
2012 Q3 (July 01 thru Sept 30)	June 15 2012
2012 Q4 (Oct 01 thru Dec 30)	Sept 15 2012
2013 Q1 (Jan 01 thru March 30)	December 17 2012



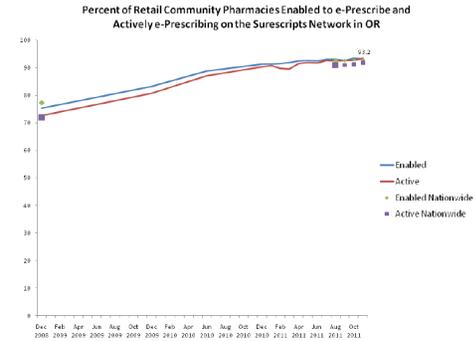
Milestone Name	Expected Completion Date	Timeline	Status/Notes
Increase number of prescribers e-prescribing through Surescripts by 5% (from 6,060 in Nov. 2011)	4/16/2012		On Track
**Note: Waiting on March Surescripts data to verify this milestone is complete			
Reduce share of chain and franchise pharmacies not registered for e-prescribing with Surescripts by 20% (from 10 of 501 pharmacies in Nov. 2011)	4/16/2012		On Track
**Note: Waiting on March Surescripts data to verify this milestone is complete			
Reduce share of independent pharmacies not registered for e-prescribing with Surescripts by 20% (from 30 of 147 pharmacies in Nov. 2011)	4/16/2012		On Track
*Note: Oregon is nearly at the practical limit of pharmacy participation in eRx due to (a) the specialized nature of the remaining pharmacies (e.g., compounding, veterinary, long-term care) and (b) the limited benefits of eRx for some independents as confirmed by focus group feedback.			
**Note: Waiting on March Surescripts data to verify this milestone is complete			
Increase number of prescribers e-prescribing through Surescripts by 3% (from 6,260 in Feb. 2012)	7/1/2012		On Track



Across the nation, the number of prescribers sending electronic prescriptions has skyrocketed since 2008. Recently, in correlation with the roll-out of Meaningful Use, this growth has been particularly driven by adoption of EHRs. Standalone e-prescribing has actually dropped slightly, likely due to movement towards EHRs.



Nationwide, 93.0% of retail community pharmacies are connected to the Surescripts network and able to e-prescribe (enabled) as of November 30, 2011. 91.7% of retail community pharmacies nationwide processed an electronic prescription in November 2011 (active).



*Note: Denominator of pharmacies is provided to Surescripts by the National Council for Prescription Drug Programs and includes all pharmacies self-reporting a pharmacy class of "chain," "franchise," or "independent," and a dispenser type of "retail," "HMO pharmacy," "mail order," "clinic pharmacy," "specialty pharmacy," or "unknown."



Oregon eRx Statistics & Targets

Pharmacies registered to E-prescribe with Surescripts

Pharmacies	Current	Target End of yr.
Chain & Franchise	98.8%*	99.6%
Independent	79.9%*	85%

Prescribers actively E-prescribing using Surescripts

Current	Target
6,353*	6,500

*Surescripts data provided by ONC to state HIE Cooperative Agreement grantees



Barriers to adoption: Call for collaboration

- Electronic prescribing of controlled substances
- Independent pharmacy e-prescribing adoption
- Improve accuracy of e-prescriptions through education/outreach
- Increasing the percentage of eRXs generated by prescribers
- Establish an ongoing method for sharing information and making collaborative decisions with OHIT and CareAccord






Direct Secure Messaging Overview

Provided by:




Direct Secure Messaging Overview

- Secure, encrypted email service available to health care organizations and professionals within the state of Oregon
- CareAccord Direct Secure Messaging can be used for treatment, payment and operations
- Available to individuals with a CareAccord Direct Secure Messaging account
- Accessible over the internet
- Provided at no cost to Oregon health care providers and organizations through the ONC Cooperative Agreement
- Compliant with HIPAA security guidelines




Using Direct Secure Messaging

- Enables sending and receiving of secure email messages and attachments containing patient clinical data
- Allows a provider or organization to rely less on fax, telephone, regular mail or couriers to transfer patient clinical information
- Can be used whether or not a clinic or organization has a EHR system
- Send information securely
 - Within an organization or between affiliate organizations
 - Between health care professionals
 - Between practices, pharmacies, labs and providers within the medical community for referrals, transfer of care, receiving tests/results, clarifying e-prescription information, communications with pharmacies, etc.




For more information

Visit www.CareAccord.org

Contact the CareAccord Engagement Team

If you want to request a demo or if you would like to help other health care providers in your community find out more about CareAccord Direct Secure Messaging, please contact the CareAccord Engagement Team at CareAccord.Info@state.or.us.

CareAccord Help Desk

If you are already registered or are in the process of registering for Direct Secure Messaging and need technical or customer support, please contact the CareAccord Help Desk by email at CareAccord@harris.com, or call 1-888-810-1078. We are available Monday through Friday, 8 a.m. to 5 p.m. Pacific Time.

