

# Prescription for a Healthier Future



ePRESCRIBING

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# Agenda

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WHAT IS A PRESCRIPTION  
DEFINE e-PRESCRIBING  
WHAT'S THE PROBLEM  
WHO CAN SOLVE THE PROBLEM  
WHY NOW

# 4 Step to Creating a Prescription

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## Pre-Scribing: (Physician-Patient)

*The access of vital information real-time, at the front end of the process to provide physicians and other caregivers with the right information for making clinically appropriate decisions.*

## Scribing: (Physician-Patient)

*The writing of an order for medication therapy based on physician and patient interaction.*

## Delivery: (Physician-Patient)

*The movement of an "informed" prescription to patient's choice of pharmacy at back end of the process.*

## Fulfillment: (Pharmacist-Patient)

*The pharmacy of patient's choice fills the prescription, generates label with instructions and refill information and dispenses the medication to the patient.*

# What is e-Prescribing

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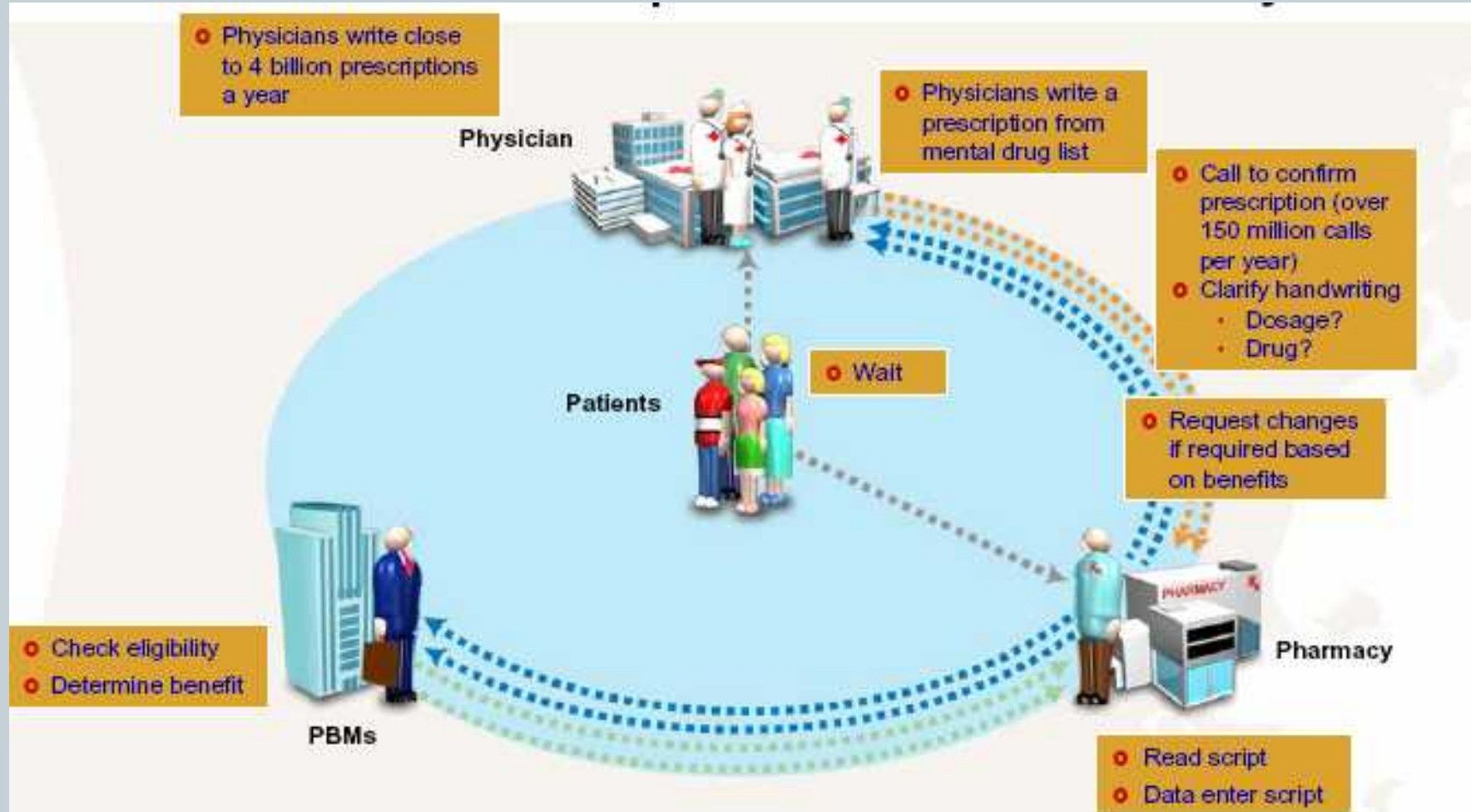
A process that goes beyond today's current "writing" of a prescription. It incorporates a more comprehensive approach that involves:

- Access to clinical decision support information at the point of care
- Sharing of patient history facilitating coordination of care
- Facilitating a safer care environment via systems that are actually or virtually integrated
- Increasing practice efficiency for physicians, pharmacies, and hospitals
- Providing an efficient business framework through which prescription drugs are made affordable for all Americans

It's all about the *information* and how it's utilized...

# Today's Prescribing Process

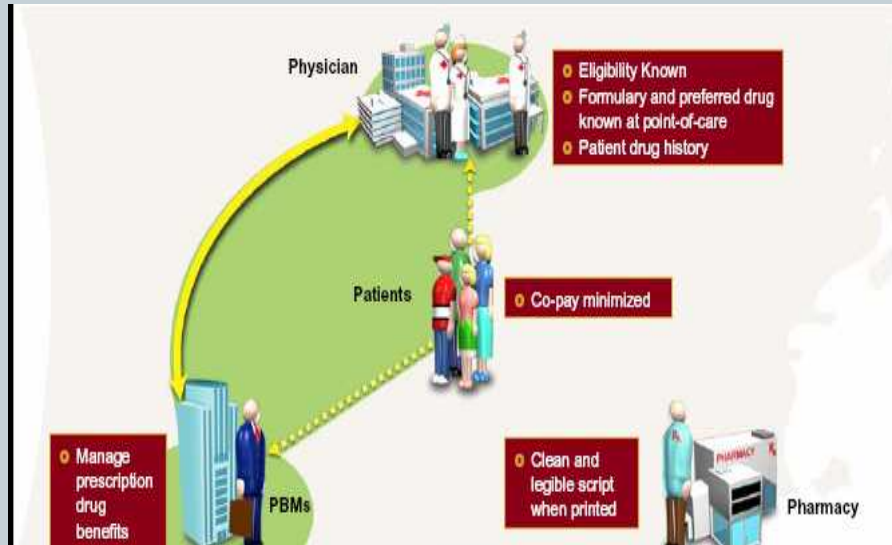
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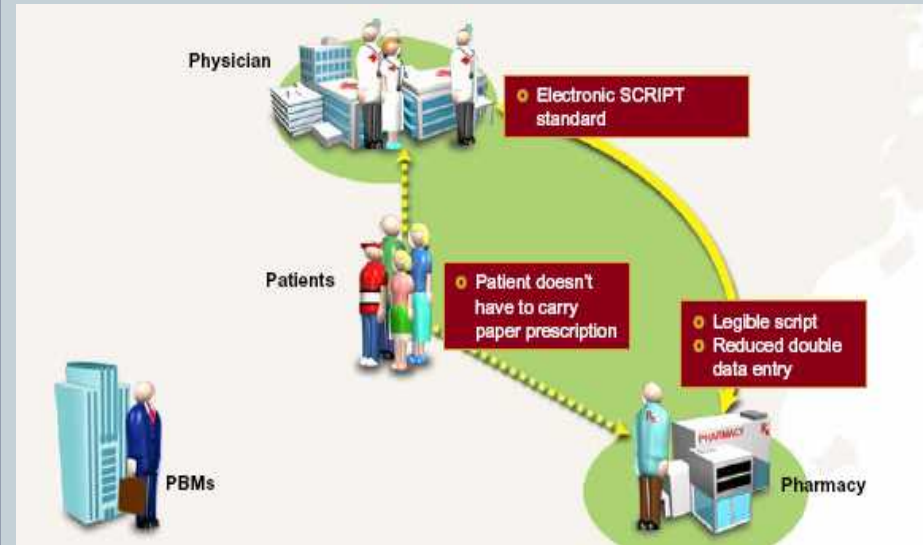
# Many Players, Many Moving Parts

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## Connectivity from Physician to PBM/Payer



## Connectivity from Physician to Pharmacy



*What is needed is an interoperable, real time, end-to-end solution*

# Current Status Should be Status Quo

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- Only 10-15% of physicians are using e-Prescribing but that number is ramping
- 45% physicians said it improved compliance with formularies
- 36% of physicians said e-prescribing improved efficiency
- 33% physicians said it had a major impact on quality of care

Source: Harris Interactive and Boston Consulting Group Poll, 2003

# Impact of Status Quo

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- Preventable errors in hospitals kill 44,000 to 98,000 people each year. *(Institute of Medicine)*
- According to a recent study more than 8.8 million Adverse Drug Events (ADEs) occur annually in ambulatory care of which over 3 million are preventable. *(Center for Information Technology Leadership)*
- More than 57,000 Americans die needlessly each year because they do not receive appropriate care. *(National Council Quality Assurance)*
- Over 7,000 deaths each year due to manual-process prescribing errors.
- Non Compliance with medication regimens causes more than 125,000 deaths annually. *(NACDS Annual Report, 2001)*

# Potential Drivers to Adoption

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- Medicare Prescription Drug Improvement and Modernization Act
- Public Sector Grants
- Federal Legislation-HIT & Patient Safety
- Pay for Performance Programs
- Regional Health Information Organizations

# Medicare Modernization Act

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- Defined e-Prescribing Program
- Uniform standards
- Safe harbor
- Grants
- Pre-emption

# The MMA Requires that...

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- All health plans and pharmacies participating in the new Medicare prescription drug benefit (Part D) support an e-prescription program,
- The Secretary of Health and Human Services (HHS) establish federal standards that all e-prescribers must follow for Part D patients. The standards are published specifications that establish a common language, contain technical specifications, and provide other specific criteria designed to be used consistently as rules or definitions, and
- Six “initial” standards are pilot tested to investigate their interoperability with “foundation” standards as well as clinical and economic outcomes associated with e-prescribing.

## CMS ePrescribing Pilot Results

Recommendations from the Secretary of HHS to Congress on the Pilot Results concluded that *three* of the six initial standards are ready for implementation, however, the quality of the implementation should be documented.

### Accepted

- NCPDP SCRIPT Medication History
- NCPDP Formulary & Benefits Standard
- NCPDP SCRIPT Fill Status Notification

### Need Further Evaluation

- Structure & Codified SIG
- RxNorm
- Prior Authorization

# Future Impact

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- PATIENT SAFETY-SAVE LIVES
- AFFORDABLE HEALTH CARE- SAVE COSTS
- CONVENIENCE & EFFECTIVENESS-SAVE TIME
- FACILITATES AN “EFFICIENT MARKET”

# Questions

