

Georgia Project Web Site:

"Advancement of Electronic Health Records, e-Prescribing and Connectivity"

CHT helping to Advance e-Prescribing in Georgia

CHT's Georgia e-Prescribing Working Group has met a couple of times during the past quarter and we wanted to provide a quick update on the things the working group is doing to accelerate the adoption of e-prescribing in Georgia. Members of the working group include: Bob Addleton (Medical Association of Georgia); Kate Berry (SureScripts); Dr. Jack Chapman (Medical Association of Georgia); Fay Fulton Brown (Georgia Academy of Family Practice); John DiNapoli (GlaxoSmithKline); Dr. Andrew Dott (Georgia OB-GYN Society); , Jerry Dubberly (Department of Community Health), Judy Gardner (Georgia State Board of Pharmacy); Caroline Holley (Blue Cross Blue Shield of Georgia); Jeff Lurey (Georgia Pharmacy Association); Phil Mask (Georgia Power Company); Dr. Bill McClatchey (Piedmont Healthcare); Kirk McGhee (Health Plans of Georgia); Dr. Jim Morrow (North Fulton Family Medicine); Amy Odom (WellPoint); Dr. Elizabeth Ofili (Morehouse School of Medicine); Margaret Quattrocchi (Pfizer); Rep. Ron Stephens (Georgia House of Representatives); Martha Thorne (Allscripts); and Sam Wilson (Walgreen's).

This working group was created as a follow-up to CHT's successful Georgia e-Prescribing Summit which was held on January 30, 2007. The working group meets to address the challenges and opportunities for the widespread adoption of e-prescribing including the importance of educational programs for healthcare professionals as well as health plan administrators; the development and implementation of incentives to drive adoption of e-prescribing strategies; the issues of high-speed internet availability particularly in rural Georgia; the costs of e-prescribing and who should bear those costs; and, the identification and selection of pilot project(s) for e-prescribing. Below is a brief discussion of the major issues:

- **The Importance of Provider Education:** Physicians, other prescribers and pharmacists need continuing professional education to help accelerate the adoption of e-prescribing. The overwhelming majority of community pharmacies are ready to begin accepting e-prescriptions; however, it appears that independent pharmacies may be lagging a bit behind the chain drug industry. Unfortunately, widespread adoption of HIT generally and e-prescribing specifically by physicians and other prescribers has not yet materialized. The Medical Association of Georgia and its Institute for Excellence in Medicine are conducting physician educational programs at local and regional medical meetings on e-prescribing, its benefits and value to patient care. The working group is assisting in the development of continuing education and other programs to highlight the need for a transition to e-prescribing. The working group will continue to work with MAG, other medical societies, pharmacy groups, and health insurance carriers to develop educational programs aimed at increasing

awareness and adoption of e-prescribing technologies.

- **Development of Incentives:** There are many benefits to e-prescribing including reducing medication errors, increasing compliance with prescription drug therapy, increased use of preferred drug products (formulary compliance), reduced liability exposure, increased efficiencies for physicians and pharmacists and reduced staff expense. While the benefits of e-prescribing are numerous, there are costs associated with implementing this technology. There are currently few incentives to reward pharmacists and physicians for adoption of this advanced technology. The working group is examining the development of incentives from health plans and employers to healthcare professionals in recognition of the added expense which is inherent with implementing technology solutions.
- **The Issues of Connectivity for Providers:** Many rural areas in Georgia may not have access to high-speed internet connectivity. This lack of coverage is a significant impairment to widespread adoption of e-prescribing in many areas of the state. The working group has invited the ISP/technology vendors to present to the group to discuss expansion plans for areas of the state with access issues.
- **The Cost of e-Prescribing:** Technology is not inexpensive. Practice management software with an e-prescribing component for private physician offices can cost \$50,000 to \$250,000. For many practices, such up-front costs make e-prescribing unlikely without the adoption of some sort of incentive package or increased third-party reimbursement rates for office visits. Pharmacies, on the other hand, are charged on a per transaction or per electronic prescription basis. These costs generally are between \$0.20 and \$0.50 per prescription transmitted. As indicated earlier, the working group is looking at incentives, including tax breaks, increased reimbursement methodologies, or other rewards/incentives to drive provider acceptance of e-prescribing.
- **Lessons Learned in Other States:** We are not interested in reinventing the e-prescribing wheel. Therefore, learning what strategies have been successful in other states is valuable. According to the experts, educating stakeholders is one of the most important issues when it comes to e-prescribing. Having CHT serve as the catalysis for all stakeholders in Georgia illustrates a strong commitment to e-prescribing and a clear indicator that Georgia is serious about accelerating e-prescribing. Another important ingredient to implementing widespread adoption of e-prescribing is the importance of having "strong leadership" directing and organizing all of the stakeholders. To make e-prescribing successful, it needs to be bi-directional (e.g.: communications go both ways from the physician to the pharmacy and from the pharmacy to the physician). A blueprint

for success in other states has included the development of a multi-disciplinary group which focuses on a specific goal or target. Our approach in Georgia appropriately includes physicians, pharmacists, employers, health plans, and other stakeholders. Several e-prescribing experts have warned the working group about setting appropriate expectations. More specifically, there needs to be a general recognition that there are going to be “bumps in the road” as technology becomes more widespread. However, it is important to note that physicians who implement HIT solutions are usually always happy 3-6 months after implementation, but those first few months are often painful for physicians and their staffs. Finally, different strategies and diverse approaches to adoption have worked well in other states. For example in Massachusetts and Florida, the health plans have helped significantly with advancing e-prescribing. In Michigan, the big 3 automakers were driving the change. In Las Vegas, one large inter-disciplinary practice changed e-prescribing in the state's largest city. In Rhode Island, the Medicare quality agency was the primary agent for change. In terms of having an immediate impact on e-prescribing, 20% to 25% of the physicians write 80% of the prescriptions, so the working group can target these practices as a means to rapidly bring about wide adoption.

- **Leveraging Other Players:** To have even a larger impact in Georgia, CHT should partner with CHT members and friends of the Center. For example, DCH has applied for a CMS grant which will focus on the top 100 Medicaid prescribers and would provide them with technology solutions and training as well as survey tools to enable the department to have a significant impact in a short period of time. A WellPoint/Blue Cross -- Blue Shield initiative which was implemented at the request of GM in the State of New Hampshire focused on “transparency” but also included an e-prescribing solution. The program allowed physicians to link to a secure web site which provided drug specific information including drug-drug interactions. BC/BS provided financial incentives for the utilization of the site and allowed patients to access a personal health record which was populated with claims data. Leveraging the good works of other groups will help our working group increase the utilization of e-prescribing technologies.
- **Identify Potential Pilot Project Sites:** One of the valuable lessons learned in other states is the importance of pilot projects for e-prescribing. By targeting specific geographic areas or employer groups or pockets of employees, a pilot project could demonstrate the value of e-prescribing to patients, physicians, pharmacists, health plans, community leaders and employers. The results of the pilot project could then be used to further advance the adoption of e-prescribing as a strategy to improve the quality of healthcare. The working group continues to assist in identifying possible e-prescribing sponsors as well as identifying possible locations for a pilot.

The working group also received a “live” demonstration of e-prescribing and EMR solutions at the Cumming, Georgia office of Dr. Jim Morrow with North Fulton Family Medicine. Dr. Morrow who has been recognized as a technology leader in the physician community. He is the recipient of the 2006 Physician IT Leader of the Year by HIMSS and the 2004 HIMSS Davies Award of Excellence. Dr. Morrow provided a comprehensive demonstration of the Allscript’s EMR with e-prescribing capabilities. After the demonstration, Dr. Morrow also led the group on a physical tour of his medical offices. He pointed out the importance of workflow as it relates to the EMR system. He also demonstrated the elimination of inefficiencies with the systems and how e-prescribing is integrated into the office. After the tour, Dr. Morrow answered questions and further demonstrated the capabilities of the EMR.

A friendly challenge has been issued regarding e-prescribing. CHT’s Jim Frogue and Michael Ciamarra who is vice president of the Birmingham-based Alabama Policy Institute wrote an editorial entitled “e-Prescribing Can Stop Errors,” which was published in several newspapers in Alabama. This editorial indicates that “medication errors kill 7,000 Americans annually, injure 1.5 million people and cost billions of dollars in emergency room visits and other complications. That is the equivalent of 100 Alabamians killed, 22,000 injured and tens of millions of dollars wasted each year. Virtually all of this pain and cost is unnecessary.” The editorial offers the following challenge: “It is in everyone’s interest from a health and cost perspective that we move aggressively to electronic prescribing and away from illegible handwriting that invites medication errors. To hasten that process, we propose a contest to see which state, Alabama or Georgia, can be the first to arrive at 100 percent e-prescribing.” To read the entire editorial, click here:

http://www.healthtransformation.net/news/cht_articles_and_op_ed/7003.cfm.

CHT Project Director Wayne Oliver and Georgia State Representative Ron Stephens co-authored a response entitled “e-Prescribing: The Race is On.” The editorial accepts the Alabama challenge stating, “Georgia should encourage the creation of incentives – both public and private – for Georgia physicians and pharmacies to embrace e-prescribing. The Institute of Medicine has called on all physicians across America to adopt e-prescribing by 2010 as a key solution to improving health outcomes and lowering cost. As patients, we should ask our physicians and our pharmacists why they are not using solutions which clearly save lives and improve healthcare. We should encourage our employers, health insurers, and health plans to develop incentives to rapidly accelerate e-prescribing. We should also urge state leaders to consider offering tax breaks or other incentives to healthcare professionals and facilities that utilize e-prescribing.” To view the entire editorial, click here:

http://www.healthtransformation.net/news/cht_articles_and_op_ed/7538.cfm

The working group also discussed the importance of understanding the true definition of e-prescribing. Many physicians and others view e-prescribing as using a computer to generate a prescription. The general consensus of the working group is that e-prescribing is the electronic transmission of a prescription drug order from physician to pharmacy. This definition does not include faxing or the generation of a hard copy which is then subsequently given to the patient. The efficiencies and safety measures can only be achieved when e-prescribing use all aspects of technology to electronically transmit the prescription to the pharmacy.

The working group is committed to creating an environment where physicians and pharmacist want to embrace technology as an enhancement to patient care. Clearly the studies indicate that e-prescribing is safer and more efficient than traditional prescriptions. The working group is likely to meet next in September 2007. For more information on the Georgia e-Prescribing Project, contact Wayne Oliver at woliver@gingrichgroup.com or Laura Linn at llinn@gingrichgroup.com.