Technology, government incentives drive electronic prescribing

One EMR-based function sends a prescription to a pharmacy electronically or by fax, depending on the pharmacy's e-prescribing capability.

Portable computer terminals, dedicated software packages and networks enable health care providers to integrate electronic prescribing into their practice management routines. In addition, federal incentives provide a strong financial impetus for physicians to adopt e-prescribing.

E-prescribing is a function of electronic medical records or electronic health records. In e-prescribing, patient and prescription information is transmitted directly from the physician's office to the pharmacy.

In January, the Centers for Medicare and Medicaid Services launched an incentive program to encourage e-prescribing. Participants can earn up to 2% of total estimated Medicare Part B allowable charges.

The financial incentive is an ample enticement for physicians to adopt e-prescribing, Laurie K. Brown, COMT, COE, OCS, practice administrator at Drs. Fine, Hoffman and Packer in Eugene, Ore., said in an interview with *Ocular Surgery News*.

Laurie K. Brown

"It's definitely something that no one has a choice about," Ms. Brown said. "Right now, you're leaving significant money on the table if you're not doing e-prescribing. In addition, the amount goes down and becomes punitive by 2012 or 2013. We don't view it as elective anymore."

Incentives and other factors have led to the number of active e-prescribers surpassing 100,000 in the first quarter of 2009, according to Surescripts, the largest e-prescribing network in the United States. In a press release, Surescripts announced that the number of active e-prescribers rose from 19,000 to 103,000 in 2 years. In addition, the number of electronic prescriptions jumped from 29 million in 2007 to 68 million in 2008, the release said.

The precipitous growth of e-prescribing was attributed to federal and state policy initiatives, national e-prescribing programs, and higher adoption rates among private payers and Medicaid plans, prescribers and pharmacies, the release said.

Still, only about 10% of eligible prescriptions are sent electronically, the release said.

Transition to e-prescribing

Ms. Brown said her practice completely transitioned to e-prescribing in early 2009. The practice, which uses the GE Centricity EMR 2005, previously faxed prescriptions to pharmacies.

The system's built-in e-prescribing function sends prescriptions and receives refill requests via the Pharmacy Health Information Exchange operated by Surescripts.

The system is certified by the Certification Commission for Healthcare Information Technology (CCHIT), a nonprofit federal government contractor that certifies EMR systems. CCHIT requires e-prescribing capability for certification of ambulatory or office-based EMRs.

"It's been very seamless for us," Ms. Brown said. "In our EMR medication module, it appears the same way it did before, when we were faxing. We get more pop-ups about formulary notes and things like that, but it looks basically the same. It hasn't been a big learning curve at all."

Practice personnel can access the EMR's e-prescribing function on any workstation, whether thin client or PC, Ms. Brown said.

"In the old days, we used to call thin clients dumb terminals because they were so limited and didn't have a lot of brainpower on their own," she said. "But thin clients are now fully functional and when you're logged in as a user, you have access to all of the functions and programs that you need as a user of the entire set of practice systems: EMR, practice management, Outlook, Word, Excel, everything. Our terminal server enables this and makes inexpensive thin clients work like a PC."

The Centricity EMR sends prescriptions electronically to pharmacies that accept e-prescriptions and faxes prescriptions to pharmacies that do not have e-prescribing capability, Ms. Brown said.

"Should a pharmacy not be able to accept electronic prescribing for some reason, then it will default to faxing," she said. "Our system is capable of doing everything that meets the requirements for meaningful use for electronic prescribing, so we report that we have it available and are using it whenever we write a prescription."

Incentives

The eRx Incentive Program from the CMS is separate from the Physician Quality Reporting Initiative (PQRI), which offers incentives for physicians to report on various quality measures. The PQRI also offers a payment of 2% of estimated Medicare Part B charges.

Participation in the PQRI program is not a prerequisite for participation in the eRx Incentive Program, according to a notice posted on the CMS Web site.

The eRx Incentive Program requires participating practices to report prescription measures in at least 50% of office visits in which the measure is reportable, the CMS notice said. The PQRI requires practices to report on quality measures for 80% of office visits.

"The fact that you need to report 50% of your eligible visits is a nice bar to be able to hit," Ms. Brown said. "It's much better than the 80% bar that we have to hit in reporting with PQRI. … Because the prescribing threshold was so much lower than PQRI, a lot of practices are feeling better about doing it."

In her practice, most reports do not include prescribing data because most office visits do not generate prescriptions, she said.

"We also need to report when we have e-prescribing available but don't use it during a visit because we didn't generate a prescription," she said. "That is the majority of the reporting that we do. We understand in 2010 the proposed reporting rules may be even simpler, only requiring positive use reporting for a limited number of encounters to earn the full incentive."

Reporting functions for the eRx Incentive Program and PQRI may be performed on the same thin client or personal computer used to write an electronic prescription.

"When we're done with our visit and the doctor or his scribe is entering the charge orders, you need to pick your code to denote that you have e-prescribing available and whether you used it or not," she said. "That's also meshed pretty seamlessly in our workflow because we're in that screen anyway to put the charge order in, so we've just added a section that follows the charge order for our reporting." – *by Matt Hasson*

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Laurie K. Brown, COMT, COE, OCS, can be reached at Drs. Fine, Hoffman & Packer, LLC, 1550 Oak St.,
Suite 5, Eugene, OR 97401; 541-687-2110; fax: 541-484-3883; e-mail: lkbrown@finemd.com.