E-Prescribing Discussion
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for Health Information Technology**

Importance

- As CMS expands coverage of drugs e-prescribing is a critical tool to improve safety, quality and efficiency of medication use

- Widespread adoption of e-prescribing with clinical decision support could:
  - Eliminate 2.1 million ADE's/year (136,000 life-threatening)
  - Enable appropriate use of medications
  - Reduce overall drug expenditures by $29 billion

What Efforts are Underway in the Government Sector?

E-Prescribing Standards and Medicare Part D
Regulation of e-prescribing standards included in MMA to achieve interoperability and encourage adoption.

E-Prescribing Pilots – Five Programs Involving Seven States
Will test standards, evaluate work flow and determine impact on patient safety.

Prescription Bar Coding
Set standards and requirements for unique product identifier for prescription drugs and biologics.

Structured Product Labeling
Requires labeling content be submitted to FDA electronically and will speed the approval of labeling changes.

Stark and Anti-kickback Exceptions
-Proposed exception to Stark law and safe harbor to anti-kickback law to allow certain entities to donate e-prescribing and EHR technology to physicians.
-Broader exception/safe harbor proposed for certified EHRs.

Grant Funds
HHS is authorized to make grants to physicians for e-prescribing in 2007 to 2009.

What Efforts are Underway in the Private Sector?

- E-prescribing programs are underway in 20 states/regions

- Some plans and physician organizations are giving free e-prescribing software and services to physicians
  - Under current law, pre-paid health plans and medical societies can give free technology to physicians i.e., Nevada and California

- Over 50 organizations offered reward or incentive programs for quality in 2004 – many include incentives for e-prescribing (source: Leapfrog compendium)

What are the barriers?

- Health IT products lack uniform standards and functions for e-prescribing
  - 80,000 physicians have EHR software from over 20 vendors with capability to e-prescribe BUT still have versions that fax

- Clinical decision support needed to realize the full value of e-prescribing is insufficient in most software packages

- Negative business case for many physicians
  - Cost prohibitive and work flow challenges reduce productivity

- States have different requirements for prescribing that hamper electronic transmission of prescriptions or prescription related information

Potential Accelerators in the Government and Private Sectors

- **Federal Government**
  - Evaluate additional standards to fully enable e-prescribing and coordinate with CCHIT
  - Consider guidance regarding additional state preemption based on evidence of State laws that are barriers to e-prescribing
  - Continue to develop EHR adoption strategies through Community work group
- **Health IT Industry**
  - Adopt NCPDP SCRIPT and install versions of software in the existing install base/physician offices
  - Get EHRs certified to meet key interoperability and functionality requirements
- **Physician Organizations**
  - Communicate benefits of e-prescribing to members include the need for software upgrades that will enable true connectivity to pharmacies and PBMs
  - Access implementation support from DOQ-IT, HITNRC, PERC, and regional organizations
- **Health Plans**
  - Continue to offer incentives for improved quality through use of health IT
  - Ensure compliance with regulated standards for e-prescribing under Part D
- **Pharmacies**
  - Small and independent pharmacies without capability to receive an electronic prescription should work with vendors and wholesalers to enhance existing software capabilities