



L.A. Care
HEALTH PLAN®

E-Prescribing Pilot Project

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Accreditation of Medi-Cal, Healthy Kids
and Healthy Families Program.

L.A. Care Health Plan



- A locally organized Medi-Cal Managed Care Plan for Los Angeles County.
- Started in 1997 and enrolled 200,000 Medi-Cal recipients
- As of November 2008, 730,000 Medi-Cal recipients are enrolled with L.A. Care

Structure of L.A. Care Health Plan

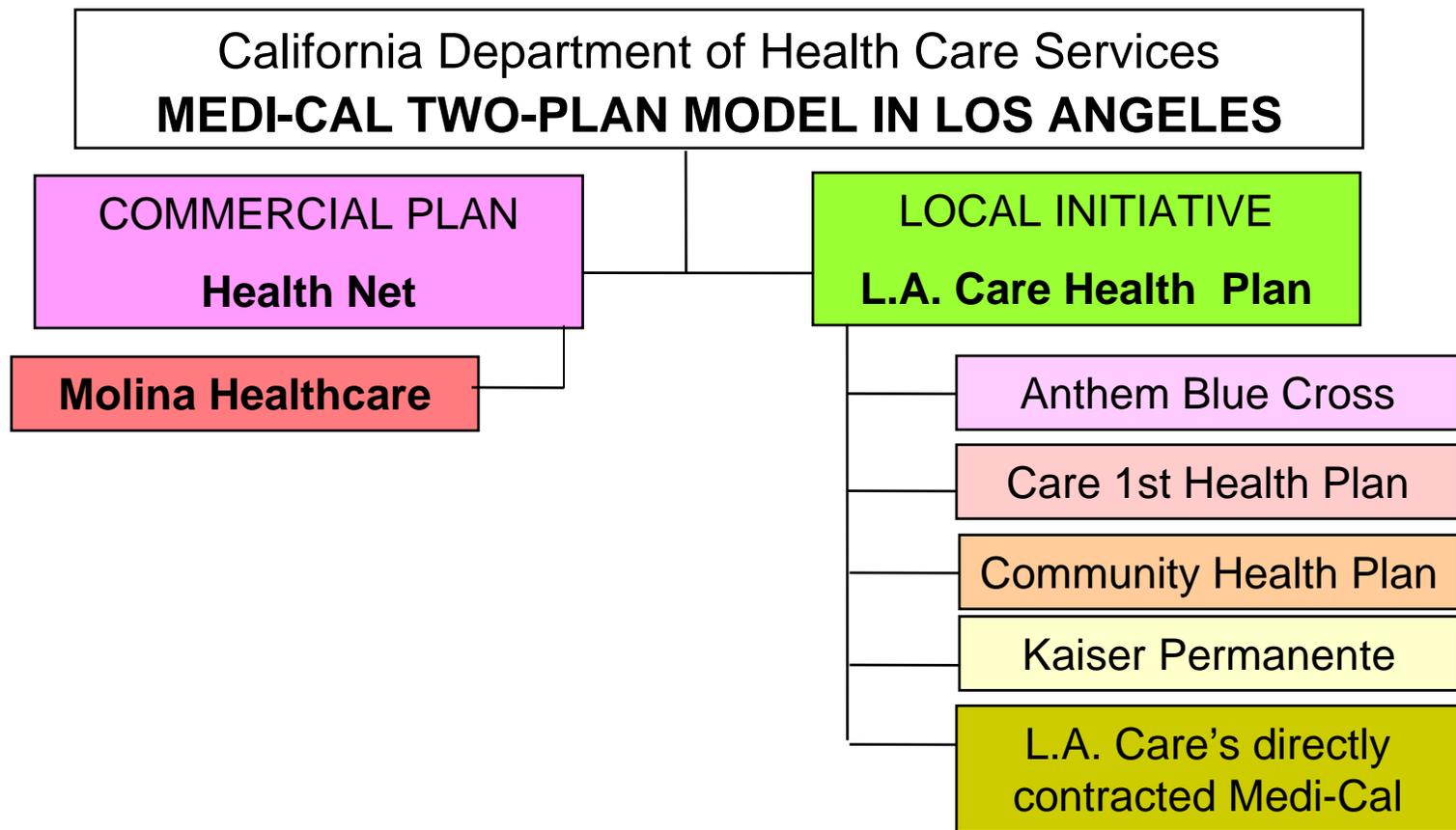


- Plan Partner Model
 - Most efficient way to begin operations quickly was through subcontracts with HMOs already operating in LA County
 - Seven Plan Partners in 1997
- Today, we have four Plan Partners:
 - Anthem Blue Cross
 - Kaiser Permanente
 - Care1st Health Plan
 - Community Health Plan

Two-Plan Model in Los Angeles County



- Two-Plan Model Counties**
- Alameda
 - Contra Costa
 - Kern
 - Los Angeles
 - Riverside & San Bernardino
 - San Francisco
 - San Joaquin
 - Santa Clara
 - Tulare



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L.A. Care Health Plan's Mission Statement



- “To provide access to **quality health care** for Los Angeles County’s vulnerable and low-income communities and residents, and to **support the safety net** required to achieve that purpose.”

E-Prescribing Pilot Program



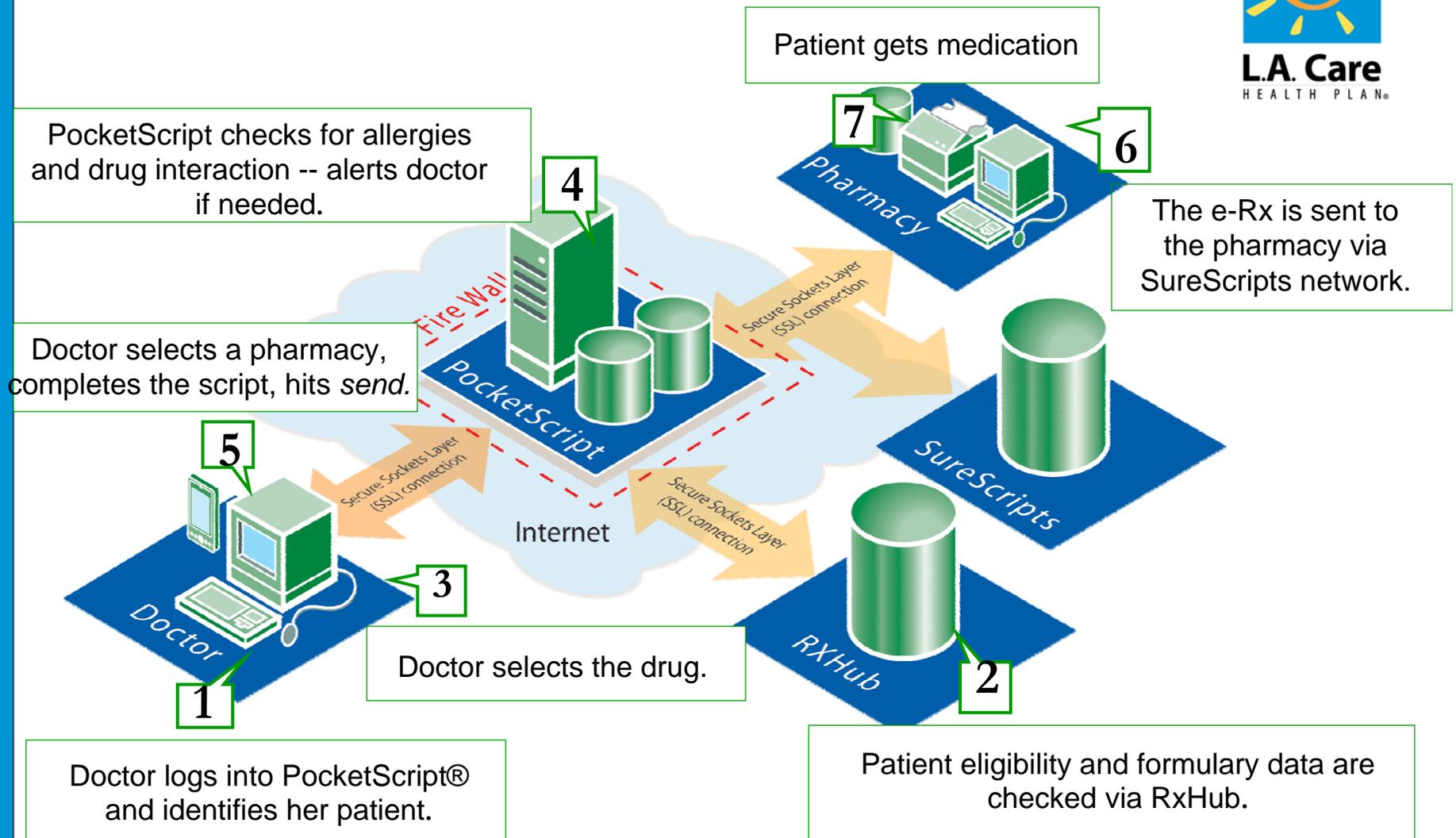
- **Objective**

To determine the **feasibility**, **benefits** and **barriers** to e-prescribing in a select group of Medi-Cal providers located in Los Angeles County.

- **Potential benefits**

- Improve patient safety
- Enhance prescribing process efficiency
- Reduce costs
- Increase provider satisfaction

How E-Prescribing Works



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Selection of E-RX vendor



Zix Corporation

- Provided strong technical support for our participating providers.
- PocketScript enables MDs to create both new & refill prescriptions electronically using a handheld wireless device or secure Web site and submit to any participating pharmacy.
- Able to review patient's medication history, access drug formularies and check for drug interactions.

Provider Recruitment



- 100 members or more
- General Practice, Family Practice, Internal Medicine, Pediatrics.
- Express interest in adopting health information technology (HIT).
- Evaluation Period: August 2006 to September 2007
- 56 prescribing providers participated

Participating Providers Sample



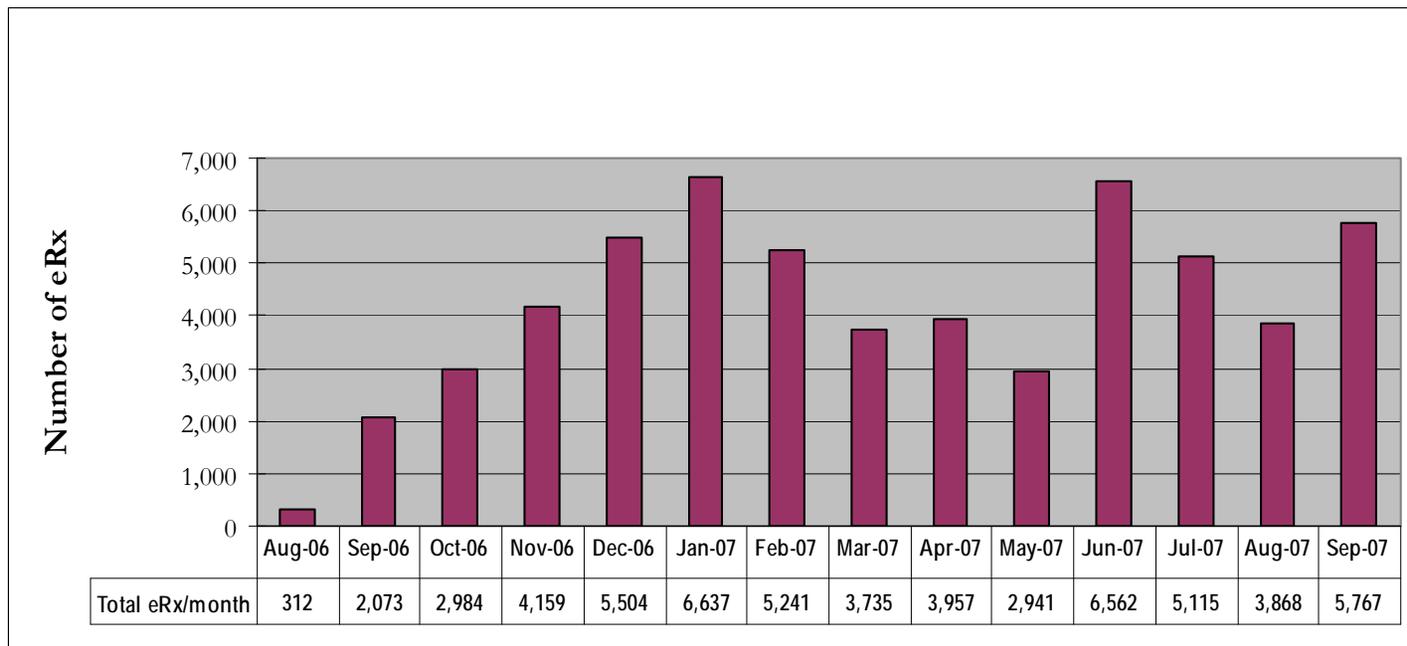
- 56 providers in 10 practices
 - 2 safety net clinics (39 providers)
 - o Clinic A (26 providers)
 - o Clinic B (13 providers)
 - 8 small/solo practices: 17 providers
 - Included physicians, physician assistants, nurse practitioners.

Evaluation of E-Prescribing



- Surveying participating providers
 - Before starting pilot (Pre-Test Survey)
 - After completing 1 year of utilization (Post-Test Survey)
- Pharmacy claims data
- E-prescribing utilization data from Zix

Monthly e-Rx Utilization Among 56 Providers



- Nearly 60,000 e-Rxs were sent by these 56 providers during the pilot period
- Decline in March, April, May was due to a clinic relocation

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Survey & Utilization Results



Patient Safety

- 91% of providers believed e-Rx reduced pharmacy calls from illegible handwriting
- Alerts made providers aware of potential drug-drug interactions & drug allergies
- Providers reported the number of Adverse Drug Events dropped from 53 to 39

Factors Affecting Prescribing Process

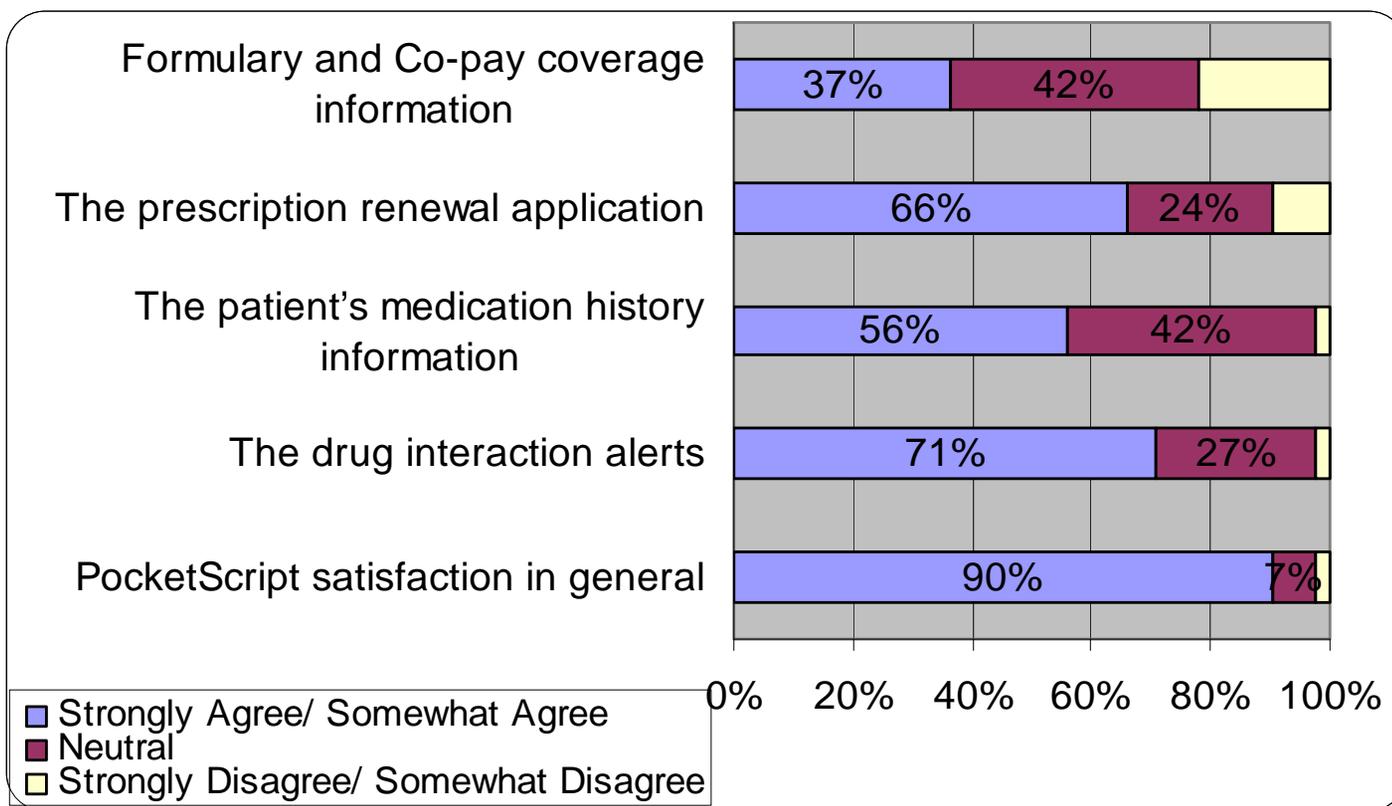
- Significant reduction time spent on pharmacy calls regarding illegible handwriting (-3 min., $p=0.0104$) & dosing changes (-1.83 min., $p=0.0162$)
- 67% believed the e-Rx renewal feature saved provider and staff time
- But increased time spent on pharmacy calls regarding formulary clarification & prior authorizations

Costs Impact

- Increased generic utilization rate from 65% to 78% ($p=0.013$, $n=20$)

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Provider's Feedback Regarding e-Prescribing Features (Post-Survey n=41)



Barriers to e-Prescribing (Post-Survey n=41)



Technical Barriers

- 73% of providers reported problems with e-Prescribing connections
- 68% reported trouble with office's Internet connection
- 68% reported problems with printing their prescriptions
- 44% reported the PDA had technical problems
- 24% reported the PDA screen was difficult to read

Provider Workflow & Commitment Issue

- 66% reported they were too busy to e-prescribe
- 32% reported e-Prescribing took too much time

Institutional Support Barriers

- 61% reported patient info not in the PDA relating to formulary & eligibility
- 44% reported pharmacies didn't reliably receive and/or process the e-RXs

Training

- 32% reported the training did not cover the problems they encountered

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Other Identified Issues



- Formularies
 - Not updated
 - Other formularies not available
- Pharmacies
 - Only 27% of independent pharmacies process e-Rxs †
 - L.A. Care received numerous complaints from participating providers that some chain pharmacies had problems processing their e-Rxs.
 - The transaction fees charged by SureScript and pharmacy management software vendor are barriers (\$0.25 - \$0.32/eRx)

NOTES: If pharmacy could not process an e-RX, the system would generate a fax prescription to the pharmacy. However, if the pharmacy's fax machine was not working & providers were not notified, a written RX will be necessary.

† Source from SureScript, *National Progress Report on E-Prescribing*, December 2007.

Conclusions



- **E-Rx is feasible for a motivated cohort of providers**
 - By September 2007, 46 providers* were sending over 5,000 e-Rxs per month.
- **E-Rx appears to deliver benefits**
 - Improved patient safety by eliminating illegible handwriting
 - Reduced call-backs from pharmacies
 - Increased generic utilization

*10 providers stop participating due to unrelated reasons such as leave of absence or no longer part of the clinic or practice

Conclusions



- **Safety Net clinic providers adopted at higher rates than solo and small practice providers**
 - Community clinics reached active user rates of 91% vs. 50%
- ***Motivation is key to provider adoption***
 - Many providers are not willing to work through the hassles
 - Many providers apparently don't see enough benefit for their practices
- **IT and management support is important**
 - Most private/solo providers don't have adequate IT infrastructure to support e-prescribing
- **Provider training is important**
 - More training may be needed for some providers

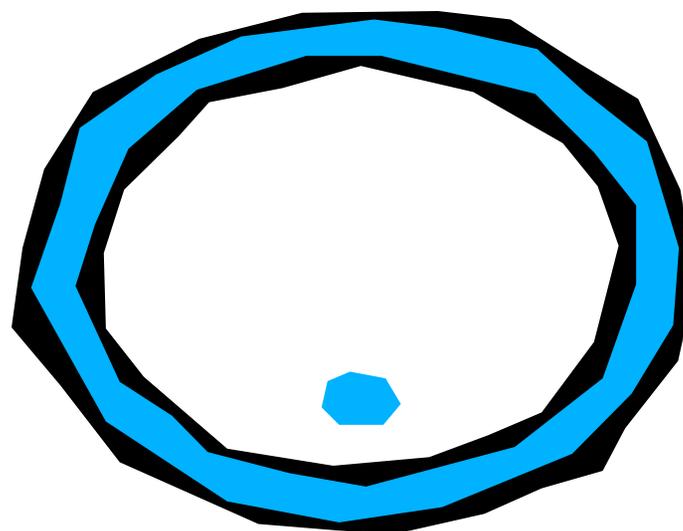
Conclusions



- **Community-wide support is needed**
 - More pharmacies, especially independent pharmacies, must participate
 - Pharmacy staff needs to be trained and gain experience with receiving and processing e-Rxs
 - More health plans/payers need to make their formularies available thru RxHub



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