

Forces Leading Towards the Adoption of ePrescribing

Presented by

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SureScripts-RxHub





E-Prescribing Overview

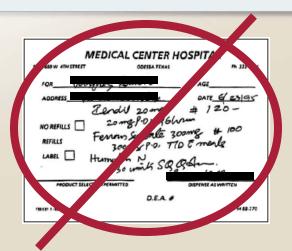


Definition of E-Prescribing



Prescribing without paper.

When a physician uses a computer or hand held device with software that allows them to:



- With a patient's consent, electronically access information regarding a patient's drug benefit coverage and medication history.
- 2. Electronically transmit the prescription to the patient's choice of pharmacy.
- When the patient runs out of refills, their pharmacist can also electronically send a renewal request to the physician's office for approval.

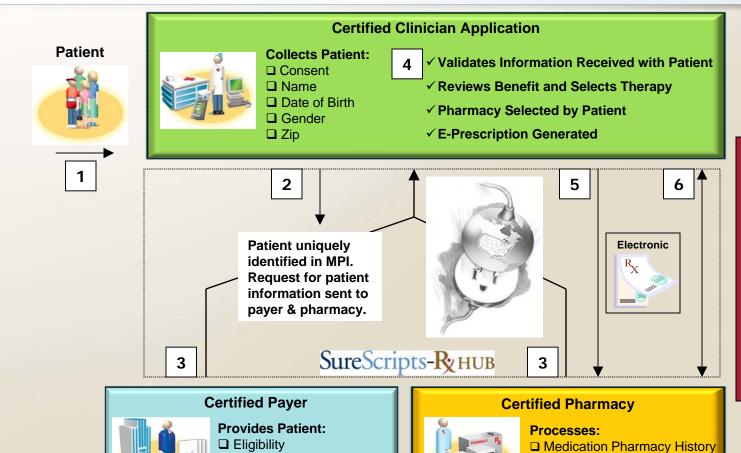


E-Prescribing - A Scenario

☐ Benefit & Formulary

■ Medication Claims History





E-Prescribing Benefits

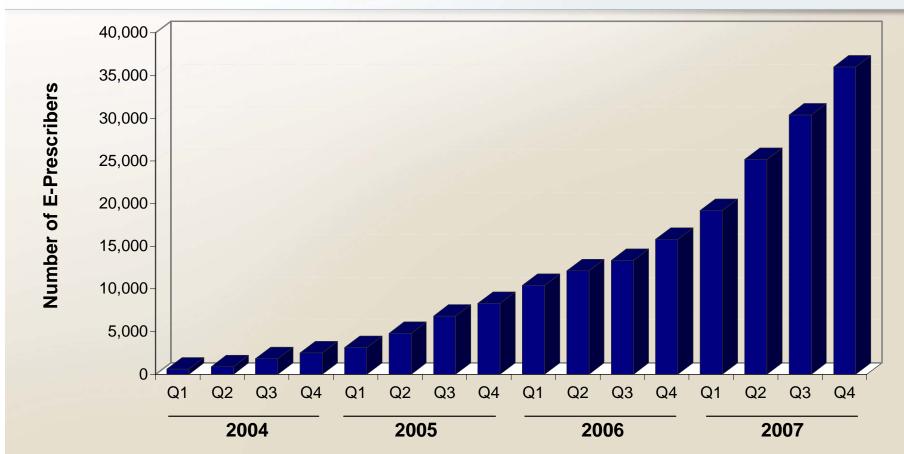
- ✓ More complete medication history
- ☑ Displays economic alternatives
- ☑ No illegible handwriting
- ☑ Reduces pharmacy callbacks
- ☑ More convenient for patients
- ☑ Reduces time spent on renewals

□ E-Prescriptions

☐ E-Refills/Renewals

E-Prescribers: Quarterly Growth

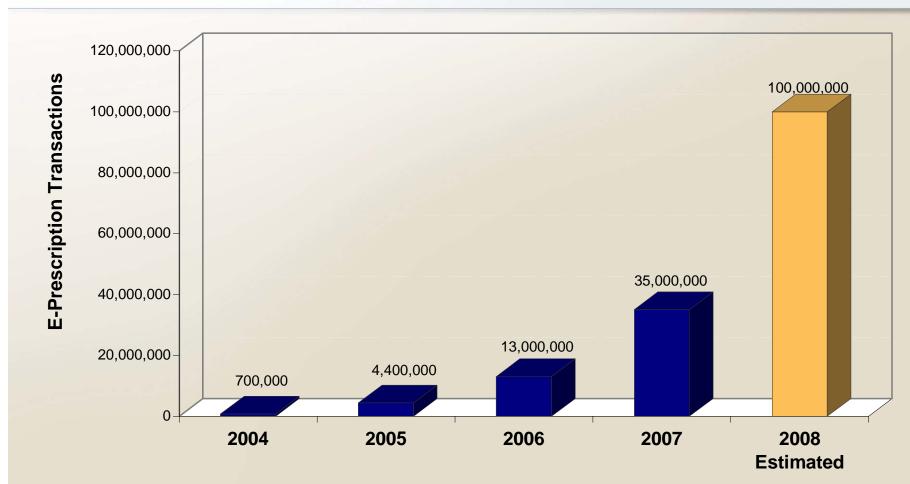






E-Prescription Transactions – Annual Growth

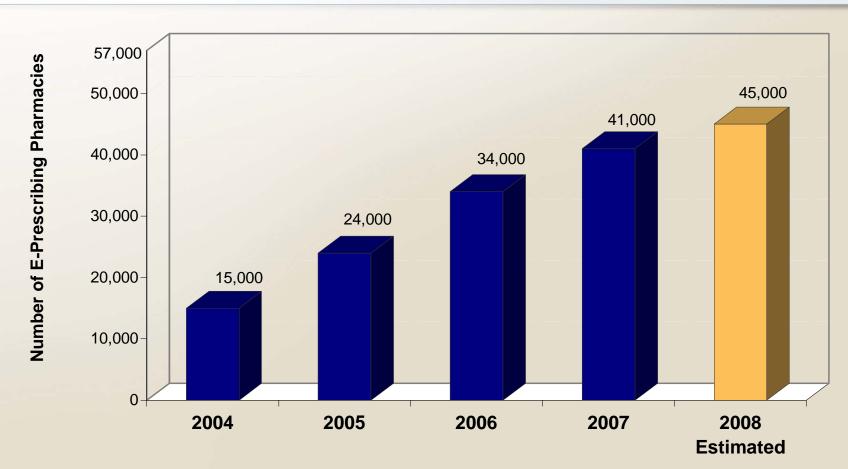






E-Prescribing Pharmacies – Annual Growth

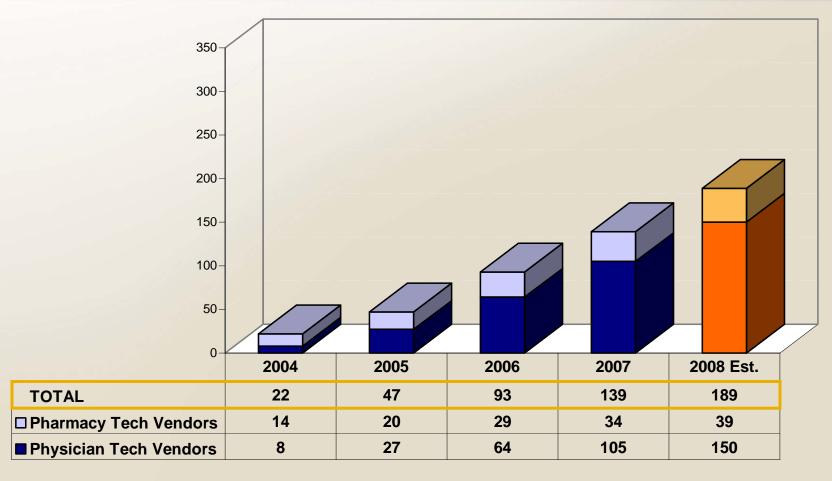






E-Prescribing - Certified Solution Providers







Progress Report





Starting at "0" in 2003...vs. estimates for full year 2008:

Member Records 200 million (66%)

Patient Visits* 70 million (14%)

E-Prescribers 85,000 (15%)

E-Prescribing Retail Pharmacies 45,000 (79%)

E-Prescribing Mail Order Pharmacies** 6 of the Top 10 (70%)

E-Prescriptions 100 million (6%)

*Patient eligibility, formulary and medication history requests. National Center for Health Statistics estimates 964 million patient visits per year.



^{**}Percent of prescriptions processed by these mail order pharmacies

E-Prescribing - What's working well?



Industry's Technical Readiness

- Pharmacy, Prescriber, and Network Solution Providers
- Transaction Standards and Organizations
- End User Pharmacies and Early Adopter Prescribers

Strategic Understanding of its Importance

- National Safety Organizations and Studies
- Federal & State Legislative, Financial, and Regulatory Support
- Investment in the Future by Private Industry

Momentum and Participation by Key Organizations

- Medicare Part D legislation which promotes e-prescribing
- Payor, Employer, and Health System Adoption Programs
- Competition among the States to be top in e-prescribing



E-Prescribing – What are today's barriers?



- Individual Understanding of Importance and Value
 - Thousands of prescribers and pharmacies have systems capable of e-prescribing but have not requested activation
 - Perceived disconnect between costs and benefits
- DEA Regulations on Controlled Substances
 - Dual workflow makes e-prescribing impractical for prescribers
 - July 2008 Proposed Rules from DEA still a barrier
- Concerns regarding Data Sharing
 - Patient Consent & Privacy
 - Sensitive Medication Regulations
 - Liability regarding Use of Data
- Variations and Changes in State Regulations
 - One national standard, but, potential for varying implementations
 - Coordination between Boards of Pharmacy & Standards Organizations







Importance of E-Prescribing: Saving Time/Money

MGMA

 E-prescribing with pharmacy interoperability can significantly reduce the \$10,000 spent annually per physician on phone calls with pharmacies related to prescription refills¹

SureScripts

- Refills management costs \$50,000 a year/per practice²
- Practices spend on average 4.78 to 4.92 hours/day² managing refills
 - Prescribers spend on avg.1.84 1.88 hrs/day
 - Staff spend on avg. 2.94 to 3.04 hrs/day

MMA E-Prescribing Pilots

 Average time spent per day on renewals was cut in half³





^{(2) 2006} SureScripts Get Connected Campaign Report





⁽³⁾ Brown University: 2006 MMA E-Prescribing Pilots

Importance of E-Prescribing: Saving Time/Money



- Drug Spending
 - Based on generic usage and formulary compliance, health plans could save between \$.75 and \$3.20 per prescription
- Henry Ford Health System
 - Improved Generic Use Rate
 - Henry Ford Medical Group = 20%
 - Health Alliance Plan = 71%
 - Reduced Administrative Costs
 - 2 minutes per script
 - \$.03 per script pad savings
- Blue Cross Blue Shield of Massachusetts (BCBSMA)
 - 81 percent of prescribers would recommend e-prescribing
 - 71 percent of respondents say e-prescribing saves time
 - Majority say 1 -2 hours per day





- Dr. Mark Fracasso, an OB/GYN specialist from Virginia
 - Staff now spends about 4 seconds per renewal authorization, down from 13 minutes prior to implementing electronic prescribing.
- Dr. Richard Olarsch, a Family Medicine physician from New Jersey
 - Saving as much as 5 hours a day by virtually eliminating prescription-related phone calls and faxes after he adopted an e-prescribing application.
- Dr. David Gorelick of Newport, Rhode Island
 - Estimates savings of roughly 10 hours each week, by having reduced the prescription-related phone and fax burden on the staff.
- Patricia Hernandez, PA-C of Richland, Washington
 - Electronic prescribing has taken a 15 minute process to approve a refill down to 15 seconds.
- Dr. Samuel Kelly of High Point, North Carolina
 - E-prescribing reduced the time spent managing prescriptions from 10% of total work hours to approximately 5%.





- Dr. Michael Randolph of Baltimore
 - Cites a tenfold increase in daily efficiency and ability to authorize and transmit 20-30 refill authorizations in a matter of seconds.
- Dr. Rebecca Andrews of New Britain, Connecticut
 - Dr. Kenneth Adler of Tucson, Arizona
 - Both report that e-prescribing has eliminated 2 hours a day previously spent managing charges and paper prescriptions.
- Dr. Gul Chablani in Rockville, Maryland
 - His practice formerly spent 3-4 hours/day to fulfill prescription refill requests, they now spend one hour/day. Clarification requests from pharmacies have been reduced from 6-10/day to nearly zero.
- Dr. Lorenever Po and Dr. Kenneth Aquilinio of Holyoke, Massachusetts
 - E-prescribing efficiencies allowed their practice to see an additional 3-5 patients each day, without having to work longer hours.
- Dr. Robert Resnik of Cary, North Carolina
 - In the last year alone, through a combination of reduced overhead costs and increased revenue (from being able to see more patients), his medium-sized practice saved roughly \$40,000.





Physicians using e-prescribing are vocal about the benefits they see for their practice and patients.

To read some first hand accounts, go to www.GetRxConnected.com.





About the merger:

SureScripts and RxHub



SureScripts and RxHub



SureScripts

- Formed in 2001 by pharmacy associations representing nation's 57,000 retail pharmacies.
- Focused on electronic prescription routing between physician practices and retail pharmacies.

RxHub

- Formed in 2001 by 3 largest PBMs and now provides access to more than 200 million patient records.
- Focused on patient pharmacy benefit and medication history information exchange between payers and physician practices.







SureScripts-RxHub Merger



Core operating principles remain unchanged:

- Based on industry standards
- No charge to physicians or software vendors
- Preserves patient choice of pharmacy (mail or retail)
- Preserves physician choice of therapy
- No advertising or commercial influence
- No data mining
- Require patient consent to access medication history
- Continue operating as a low cost utility



SureScripts-RxHub Merger



- Speeds the transition to paperless prescribing
- More comprehensive medication history information reduces possibility of medication errors
- Expanding access to benefit info will save more patients money and ensure that more clean prescriptions arrive at the pharmacy electronically
- Streamline process for technology vendors to integrate SureScripts-RxHub services





Regulatory Update



Deadlines Approaching



- January 1, 2009
 - Medicare E-Prescribing Incentives
 - Will provide Medicare payment incentives of up to 2 percent for practitioners who use qualified e-prescribing systems in 2009 through 2012.
 - The law permits the HHS Secretary to establish a hardship exception to providers who are unable to use a qualified e-prescribing system.
- April 1, 2009 E-Prescribing Standards
 - NCPDP SCRIPT 8.1 will be the primary CMS adopted e-prescribing standard, retiring NCPDP SCRIPT 5.0
 - The Medication History Standard will be an adopted standard
 - The NCPDP Formulary and Benefits Standard 1.0 will be an adopted standard
 - Prescription Fill Status Notification (RXFILL) will be an adopted standard
 - The National Provider Identifier (NPI) will be required to specify the identity of prescribers and pharmacies, but other identifiers (e.g., SPI) will still be able to be used for transaction routing
- January 1, 2012
 - Elimination of the "fax exemption"
 - Beginning January 1, 2012, all electronic prescriptions for Part D patients must comply with the NCPDP Script Standard



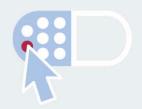


Once you get started...

...we are there to help you succeed!



High-Low Connected EMR Practice Evaluation



- The Center for Improving Medication Management has completed a project with the objective to enhance the understanding of why similar practices using similar connected EMRs experience different levels of success with e-prescribing in terms of:
 - Adoption
 - Utilization
 - Workflow
 - Physician, staff and patient satisfaction
 - And overall sense of how the technology can improve the practice's business performance and quality of care delivered
- Strived to identify key predictors of success and failure and translate those lessons learned into programs including best practices to implement and worst practices to avoid that can be disseminated by the Center, its founders, and other interested stakeholders



Drivers of Success with High Users



- Vision of paperless prescribing process
- Strong belief that technology will make it safer and more efficient so they stick with it
- Someone in charge of making it work who is the expert and problem solver, others willing to follow that leader, all use
- Financial incentives profit sharing, subsidies, incentives for use, pay for performance
- Share e-prescribing utilization data with practice so there is peer pressure to e-prescribe rather than fax or print
- Good communication on e-prescribing within practice, with patient, with pharmacies, with vendor
- Proactively reach out to pharmacies and escalate issues for resolution



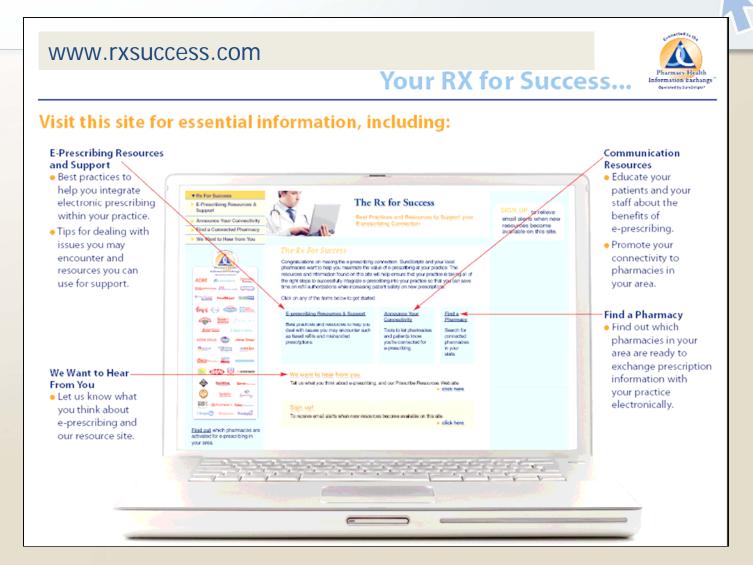
Problems Low Users Struggle With



- Inadequate training and information on e-prescribing from vendor
- Overwhelmed with implementation of EMR as a whole
- Do not know where to turn to address technical and workflow issues
- Accurate, timely pharmacy directory is critical and often practices are unaware
- Loss of physician / staff confidence in electronic transmission as a result of "script not found" and patient complaints so they print prescriptions
- Pharmacy Fax Refill Requests
- Vendor applications have awkward workflows and systems design, e.g., too many clicks, write/renew one prescription at a time
- Not all mail order is connected
- Very much want to make e-prescribing work but desperate for help and don't know where to turn for answers



Rx for Success





Rx For Success Program: E-Prescribing Resources and Support



Best Practices

- Purpose enhance practice deployment of electronic prescribing
- Encourage identification of practice champion
- Set expectations for refill response.
- Allow practices to better leverage benefits of connectivity
- Incorporated into material, provided through website, technology provider training....

So you want to e-prescribe?

We applied your decision to establish a secure two-way electronic connection between your practice and pharmacies in your area. This connection will allow your practice to achieve new levels of efficiency by replacing phone calls and faxes with the secure electronic exchange of refill authorizations and new prescription information.

To help, we've collected what we think are the most critical "Best Practices" to make electronic prescribing a success at your practice.

Please note that, once you start to send new prescriptions electronically, using your prescribing application, pharmacies will recognize your connectivity and will begin to sendyou prescription refill requests electronically instead of by fax or phone. It is important then that you, and your staff, are prepared to respond to these incoming requests.

For more information about electronic prescribing, or to ask questions about the way your practice can integrate this connectivity, please contact the SureScripts Electronic Prescribing Resource Center at 1-866-RoReady (866-797-3239), on visit www.sursucripts.com. SureScripts' operates the Pharmacy Health Information Eschanges", which provides the connectivity that allows the secure two-way exchange of prescription information between physician practices and the nation's largest network of pharmacol.

Implement the following Best Practices to get the most out of electronic prescribing.

 Get the most benefit from your computer-to-computer connection with pharmacles by consistently sending new

Your connectivity to pharmacies allows you to both receive and respond to prescription refill requests electronically, and send new prescriptions directly to the computers at pharmacies in your area. This can greatly improve the efficiency of your practice through reduced phone calls and faxes. Plus patients benefit from a more secure and accurate prescribing process.

However these benefits cannot be realized to their full potential unless you consistently and frequently usey correlations prescribing application to send new prescriptions to pharmades. In that way, pharmacies can recognize your practice's commitment to electronic prescribing communication and, in turn, will be more responsive to your communications and can provide higher levels of service to your pratients.

Designate one primary dinician or staff
person to retrieve and manage responses
to authorization requests from pharmades.
That staff membes, by becoming increasingly
adept at using the electronic prescribing
system, will elicit additional value from your
meestment by making the Continued —

process run more smoothly. They will also serve as a champton for e-prescribing in your practice ensuring everyone gets on board. This person would also streamline the process by pulling charts and recommending whether to approve ordeny the request. The physician or other authorized prescriber them, has only to provide final approval or rejection.

Communicate prescription fill-time expectations to your staff and patients, and make certain that both the pharmac and patient know that your practice handles prescriptions electronically Inform patients that while the prescription is transmitted directly into the pharmacy's computer system, it does NOT necessarily mean it will be filled faster. Prescriptions are typicallyfilled on a first-come, first-served basis. There is an advantage to electronic prescriptions in that a patient doesn't have to make a trip to the pharmacy to drop off the prescription and another to pids itup. Patients should call the pharmacy to confirm that their prescriptions are ready before. going to pick them up. Patients may also wish to mention that their prescriptions were sent electronically, rather than by telephone, fax: or paper prescription.



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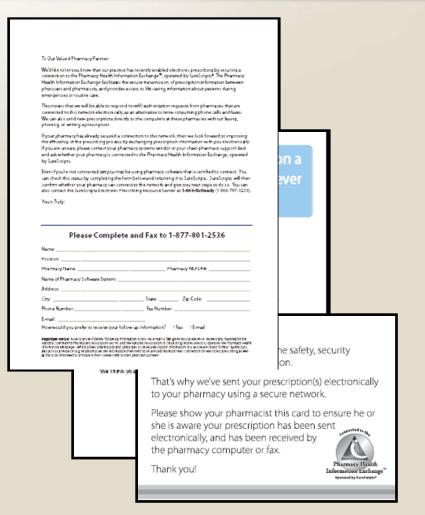


Rx For Success Program:

Communication Resources



- Essential to familiarize practice staff about new communication capability
- Also important, and beneficial, to involve pharmacies and patients.
- Rx for Success Program provides communication resources for all three
 - Talking Points, FAQs
 - Announcement letter to pharmacies
 - Patient notification cards
 - Patient Flyer.







In closing...



E-Prescribing – What's Next?



Expanded Transaction Set and Utilization

- Widespread implementation of ChangeRx and CancelRx
- Support for LTC, Compound Scripts, Queries to Doctors...
- Take advantage of Codified Sig, RxNorm, NPI in transactions

High Value uses of Pharmacy Related Data

- Integration with Personal Health Records
- Adherence, Compliance, and MTM Programs

Higher Level Healthcare Interoperability

- Sharing lab results, medical histories, not just pharmacy data
- Between Providers (In-store Clinic, Primary Care, Specialist)
- Between Healthcare Organizations and Exchanges
- Integrated through Continuity of Care Records (CCR)



The Big Picture



- Technology has made it so much easier to securely share information
- This has dramatically improved so many parts of everyday life
 - Paying bills and taxes
 - Managing personal finances
 - Reserving a flight, hotel, car
 - Shopping
 - Enjoying movies, music, games
 - Staying in touch with friends and family

Q: Why shouldn't something as fundamental as our healthcare benefit in the same way?

A: It can...and will...with your continued support.



For More Information



- Prescribers
 - GetRxConnected.com
 - RxSuccess.com
- Pharmacists
 - SureScripts.com
- Policymakers
 - SureScripts.com/Safe-Rx
- Consumers
 - LearnAboutEPrescriptions.com
- Media
 - SureScriptsRxHub.com/mediaguide
- All
 - TheCIMM.org



Today's News

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Thank You!

