L.A. Care's E-prescribing presentation to CA State Board of Pharmacy

E-Prescribing Pilot Project
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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

California Department of Health Care Services
MEDI-CAL TWO-PLAN MODEL IN LOS ANGELES

COMMERCIAL PLAN
Health Net

LOCAL INITIATIVE
L.A. Care Health Plan

Anthem Blue Cross
Care 1st Health Plan
Community Health Plan
Kaiser Permanente
L.A. Care’s directly contracted Medi-Cal

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

For a Healthy Life
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

1. Doctor logs into PocketScript® and identifies her patient.
2. Patient eligibility and formulary data are checked via RxHub.
3. Doctor selects the drug.
4. PocketScript checks for allergies and drug interaction -- alerts doctor if needed.
5. Doctor selects a pharmacy, completes the script, hits send.
6. The e-Rx is sent to the pharmacy via SureScripts network.
7. The e-Rx is sent to the pharmacy via SureScripts network.
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)
    - Clinic A (26 providers)
    - 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

For a Healthy Life
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)
Provider’s Feedback Regarding e-Prescribing Features (Post-Survey n=41)

<table>
<thead>
<tr>
<th>Feature</th>
<th>Strongly Agree/ Somewhat Agree</th>
<th>Neutral</th>
<th>Strongly Disagree/ Somewhat Disagree</th>
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</thead>
<tbody>
<tr>
<td>Formulary and Co-pay coverage information</td>
<td>37%</td>
<td>42%</td>
<td>7%</td>
</tr>
<tr>
<td>The prescription renewal application</td>
<td>66%</td>
<td>24%</td>
<td>0%</td>
</tr>
<tr>
<td>The patient’s medication history information</td>
<td>56%</td>
<td>42%</td>
<td>13%</td>
</tr>
<tr>
<td>The drug interaction alerts</td>
<td>71%</td>
<td>27%</td>
<td>0%</td>
</tr>
<tr>
<td>PocketScript satisfaction in general</td>
<td>90%</td>
<td>7%</td>
<td>3%</td>
</tr>
</tbody>
</table>
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
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.

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