

# Igniting The E-Prescribing Fire

By Ken Whittemore, RPh

Each time you turn the key in your ignition, be thankful to Charles Kettering for finding a better way to start your car than cranking the engine. So, despite all the difficulties of transitioning to Medicare Part D, be thankful that it will lead to a better prescribing system through e-prescribing.

The Medicare Part D prescription drug program encourages physicians to transmit new prescription and refill requests electronically to a Medicare patient's choice of pharmacy. It also supports a more effective electronic health care system. Under the auspices of the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS) pilot program, will test the standards that enable these existing services, as well as standards for new e-prescribing communications developed by SureScripts and others in the industry. The researchers for the pilot programs were announced in January.

The standards undergoing testing may ultimately be adopted as the final standards that will create a robust system of electronic transmission of prescription and other health-related information for the new Medicare Part D prescription drug program.

## Pilot Program Test Measures

Under the pilot project, four grantee teams will measure the impact of electronic prescribing data transmission standards and systems on patient safety and quality of care, such as whether and how they reduce adverse drug events and improve the appropriate use of medications. (See box at right.)

The project involves testing several systems of electronic data transmission standards and determining how efficiently and effectively prescriptions and prescription-related information can be sent to, and be received by, the prescribers and pharmacies that are participating in electronic prescribing for Medicare Part

D beneficiaries. It also will assess resulting changes in workflow in pharmacies and physician offices that may demonstrate a return on investment resulting from e-prescribing.

The standards that will be tested are termed "initial standards," which include NCPDP SCRIPT's new prescription and refill request functions, prescription fill status; the NCPDP formulary and benefit standard; prescription change and cancel

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transactions and the ability to transmit patient instructions (SIG information); drug product information (RxNorm); diagnosis and allergy data; alerts related to patient compliance; and, perhaps most important, patient medication histories. All will be tested for interoperability with three "foundation standards" adopted last November.

A report of these evaluations by CMS will be sent to Congress by April 1, 2007, as required by the Medicare Modernization Act. Based on the results of the pilot project, final uniform standards will be adopted in 2008, as directed by the statute. □

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## What the Four Pilots Test And Who Is Participating

### 1. Determine changes in drug use, clinical outcomes, and patient satisfaction as a result of e-prescribing.

Participants include: RAND Corp.; NJ E-Prescribing Action Coalition with RAND Health; Horizon Blue Cross Blue Shield of NJ; Allscripts; Caremark iScribe; InstantDx; Walgreen's; Caremark PBM and mail-order pharmacy; RxHub; and SureScripts

### 2. Conduct research into ambulatory drug safety and the impact of e-prescribing on physician workflows.

Participants include: Brigham and Women's Hospital; MA physician practices; eRx Gateway

### 3. Evaluate how the e-prescribing standards work in a variety of practice settings, geographic areas, and e-prescribing technologies, while assessing how prescriber and vendor characteristics influence e-prescribing adoption and what "best features" of vendor software improve medication-related safety outcomes.

Participants include: SureScripts, Brown & Midwestern Universities; Allscripts; DrFirst; Gold Standard; InstantDx; Medplus/Quest Diagnostics; ZixCorp; and physicians and pharmacies in six states.

### 4. Evaluate how the e-prescribing standards work in certain long-term care settings, while assessing the impact of e-prescribing on the workflow among prescribers, nurses, the pharmacies and payers.

Participants include: Achieve Healthcare Information Technology; Benedictine Health System nursing facilities; and Preferred Choice Pharmacy