

# Technology & Information

## Adoption of Electronic Health Records Slow

Only 1 in 4 doctors (24.9%) uses electronic health records (EHRs) to improve how they deliver care to patients. Less than 1 in 10 are using what experts define as a “fully operational” system that collects patient information, displays test results, allows providers to enter medical orders and prescriptions, and helps doctors make treatment decisions.

More information from the *Health Information Technology in the United States: The Information Base for Progress*, a joint project of the Robert Wood Johnson Foundation and the federal government’s National Coordinator for Health Information Technology, is available at: [www.rwjf.org](http://www.rwjf.org).

## Can EMRs ease malpractice costs?

According to a survey from the Boston-based Medical Records Institute, 45% of physicians credit electronic medical records (EMRs) for reducing their vulnerability to malpractice suits. Nearly 20% said EMRs had provided documentation when they were involved in a malpractice case. What’s more, 20% of respondents said their malpractice insurers offer a discount for EMR usage. For more information, see: <http://healthdatamanagement.com/html/news/NewsStory.cfm?articleId=15571>.

## CMS Testing Personal Health Records

CMS has been working on a project with 3 health plans and an academic medical center to encourage Medicare beneficiaries to use Internet-based tools, accessible through [www.mymedicare.gov](http://www.mymedicare.gov), to track their person health records (PHRs) so they can better communicate with their providers.

The pilot is expected to run for 18 months. CMS will collect quantitative and qualitative data to assess use, usefulness, usability, and feature preferences of the tools. Limited use of PHRs may result from perceptions that records are not private. This pilot program may set standards for privacy and security requirements for PHRs, which some experts believe should be as strict as those of HIPPA.

## Massachusetts Top State in e-prescribing (eRX)

The second annual Safe-Rx Award, given each year to the nation’s top 10 eRX states, goes to Massachusetts. The National Association of Chain Drug Stores, the National Community Pharmacists Association, and SureScripts created the award to raise awareness of eRX. The remaining 9 top eRX states are (in order): Rhode Island, Nevada, Delaware, Maryland, Michigan, North Carolina, New Jersey, Ohio, and Washington.

## Study Identifies Barriers to e-prescribing

The Center for Studying Health System Change (HSC), with funding from the Agency for Healthcare Research and Quality (AHRQ), reports numerous obstacles to physicians’ use of advanced eRX features. One third of physicians use a stand-alone system rather than an eRX module of an EMR system. Obstacles to obtaining and maintaining complete medication lists include need for manual entry and consultation with each patient to update individual records, out-of-date paper medication lists, limited networking with other physicians in the same practice, limited access to medications prescribed outside the practice, and failure of some eRX systems to provide information on drug contraindications and drug allergies. About 50% of practices studied did not have electronic access to patient-specific formulary data when they wrote an eRX. Only practices with stand-alone eRX systems used electronic data interchange (EDI) to send prescriptions to the pharmacy, whereas only those using eRX modules of EMR systems were able to access patient medication lists.

Some of the HCS study findings are particularly

pertinent to CMS's implementation of eRX for Medicare because many beneficiaries are in stand-alone Medicare prescription drug plans. To support formulary use, eRX systems must be designed that use patient health plan identifiers to match patients to formulary information. Physicians will need to collect part D information from patients. Resolving the barriers to electronic transmissions with mail-order pharmacy benefit managers (PBMs) has become even more important, since many Part D plans give beneficiaries financial incentives to use mail. (See *HHS Road Tests eRX Standards* on page 25 of this issue.)

## Success in e-prescribing at HAP

The Health Alliance Plan (HAP), which has provided eRX for employees of General Motors Co. since 2005, reports results of its program to date:

- More than 2.4 million eRX have been written.
- More than 200,000 prescriptions have been canceled or changed due to drug-drug interaction warnings.
- More than 15,000 prescriptions have been canceled or changed due to drug allergy warnings.
- More than 80,000 prescriptions have been canceled or changed due to formulary warnings.
- Generic drug use has increased by more than 20% to 72.7%.
- Estimated savings are more than \$4 million a year.

## PCMA Asks Congress for e-prescribing Incentives

The Pharmaceutical Care Management Association (PCMA) is urging Congress to provide physicians with both incentives and requirements that would prompt widespread use of eRX technology with Medicare patients. Suggested options for achieving greater use include requiring doctors to use eRX as a condition of participation (CoP), and mandating government financial incentives over 10 years to offset costs of software, hardware, training, and technical support. According to PCMA, data from a recent study of eRX conducted for PCMA by Gorman Health Group, LLC, show that this technology could prevent nearly 2 million medication errors and save the federal government \$26 billion over the next decade (even after providing funds for equipment, training, and support) if physicians were required to use the technology for Medicare patients.

The report concludes that eRX could approach 80% of all prescriptions filled by 2017 as a result of physician incentives starting in 2008, combined with a Medicare CoP requirement in 2010. More information can be found at: [www.pcmnet.org](http://www.pcmnet.org).

## Tennessee Top State in Prescription Use

In Tennessee residents use more prescription drugs than residents of any other state in the nation—an average of 17.3 prescriptions a year for each individual, compared with 11.3 prescriptions per individual nationwide. BlueCross BlueShield of Tennessee is working on several state initiatives—including an eRX repository and a program aimed at increasing eRX—which it hopes will help bring the state's per-capita drug usage closer to that of the rest of the country.

## EHR Adoption Tools Available

The Healthcare Intelligence Network (HIN) is offering *Essential Elements for Physician Practice PFP Success: Key Steps in EHR Selection and Implementation, an Audio Conference on CD-ROM*, which can be purchased at: <http://store.hin.com/>. The company claims that this road map for physician practices on selecting and implementing an EHR supports quality reporting for success in pay-for-performance programs and recoups the initial investment.

## CMS Changes Ruling on Computer-generated RX Faxing

In 2005, when HHS published its final rule that requires providers to use eRX for Medicare Part D by 2008, it allowed continuation of computer-generated faxes for transmitting prescription information to pharmacies. HHS viewed the intermediate technology of faxes as “electronic pump priming” for more complete eRX technology to come. However, according to a background statement in a proposed new CMS rule, “Comments received from the healthcare industry indicated that this would cause computer-generated faxers to revert to paper prescribing.” Hence CMS has revised its strategy, now outlawing faxing of prescriptions, effective 2009. For more information, see: <http://www.cms.hhs.gov/apps/media/press/>. MPM