Maximizing e-Prescribing Success

Save to myBoK

by **Lydia Washington** , MS, RHIA, CPHIMS

With fewer barriers and increased provider incentives, e-prescribing is currently poised to take off. More than just a means for doctors to transmit prescriptions to pharmacies, e-prescription systems can provide prescribers with a patient's medication history, drug plan information, lower-cost drug alternatives, and alerts to potential drug interactions or dosing problems. Pharmacies, technology vendors, pharmacy information exchanges, payers, and the government have all been working to increase adoption of e-prescribing.

Sound HIM practices can help organizations make the most of e-prescribing systems by managing the quality and control of the data.

Standards and Incentives to Drive Use

The benefits of e-prescribing are generally recognized and accepted by all major healthcare stakeholders, including physicians, payers, government, and the pharmaceutical industry. A shift to e-prescribing systems could avoid more than two million adverse drug events annually, of which 130,000 are life-threatening, according to the Department of Health and Human Services.[1]

E-prescribing also has enormous potential to create savings in healthcare costs by reducing adverse drug events and improving workflows. Health and Human Services estimates the potential savings at $27 billion per year in the United States.[2]

For these reasons, multiple efforts have been under way to facilitate and promote the use of e-prescribing. In April 2008 the Centers for Medicare and Medicaid Services (CMS) adopted transaction standards for medication history, formulary and benefits, fill status notification, and provider identification under Medicare Part D.

Although prescribers, dispensers, and other providers are not required to use e-prescribing under Medicare Part D, they must comply with these standards whenever they use e-prescribing technology. These standards will facilitate more efficient processes and support further development of technology in this area.

Section 132 of the Medicare Improvements for Patients and Providers Act, passed in July 2008, offers incentives for healthcare providers who use e-prescribing. Reporting under CMS's Physician Quality Reporting Initiative, physicians can receive an additional 2 percent incentive for successful e-prescribing, starting in January 2009 and continuing in 2010. However, beginning in 2011 and continuing through 2014, progressive penalties kick in for those not using e-prescribing.

Other provider incentives include free or reduced-cost software—either standalone programs or software that is part of an EHR system. These incentives, as well as other drivers such as the proposed lift on the Drug Enforcement Administration ban on electronic prescription of controlled substances and the merger of major e-prescribing health information networks, are projected to result in exponential growth in e-prescribing in the next few years.

HIM Touch Points

As with most health IT initiatives, effective health information management will play an important role in e-prescribing systems. Health data quality is of paramount importance in achieving increased safety and efficiency. Organizations should address the following HIM touch points when adopting and implementing e-prescribing systems.

Patient Matching and Accuracy of Information Contained in Pharmacy Information Networks

Pharmacy and provider systems can suffer from low rates of patient matching. Similar to other types of health information exchanges, pharmacy information networks rely on matching algorithms to match patients to their records, and these are set conservatively to avoid misidentifying patients.

In addition, some patients, such as the uninsured, may not be included in the network. While providers have no control over the completeness and accuracy of the pharmacy information network, it is important that they maintain their own practice management and other patient information management systems to ensure they are accurate and free of duplicates and overlays.

Adequate Clinical Information for Decision Support

E-prescribing software may be part of an EHR system or a standalone software product. When it is part of an EHR system, lack of complete and relevant documentation such as a problem list that captures chronic conditions, allergies, and medication history make it difficult, if not impossible, for physicians to receive meaningful drug-drug, drug-allergy, and drug-condition alerts and reminders.

This negates the significant benefits related to patient care safety, quality, and cost effectiveness. The EHR must contain adequate clinical information to realize the benefits of e-prescribing.

Some standalone systems offer clinical decision support using claims data provided by payers, but this information generally affords even less appropriate data than what is necessary for effective alerts and reminders. Standalone e-prescribing systems also offer the ability to obtain a complete list of medications from the pharmacy. However, providers find that the medication lists are often inaccurate because of the inability of the pharmacy systems to indicate which medications have been discontinued.

Whether using a standalone system or an EHR system that has e-prescribing, it is still necessary to collect information from the patient regarding what medications are currently being taken and update the drug information at each visit.

Access, Use, and Control of Information Contained in Pharmacy Information Networks

Concerns have been expressed that pharmacy information networks could potentially use the information they collect for purposes such as targeted drug marketing to physicians and patients. Patients and physicians may be unlikely to understand and agree with the secondary uses of the information collected. Like other health IT initiatives, the e-prescribing enterprise must have adequate privacy protections in place and apply the principles of data stewardship in order for benefactors to trust the system and realize its full value.

These actions will help provide a solid foundation for e-prescribing and significantly contribute to improvements in patient safety and quality.

HIM's Role in E-Prescribing

Sound HIM principles can help organizations make the most of e-prescribing systems. HIM professionals play a part by managing the quality and control of the data:

- Ensuring that health record documentation is sufficiently complete for the decision support required by e-prescribing, especially problem lists, allergies, medication list and history
- Serving as a resource for understanding data standards, rules, and regulatory issues relative to e-prescribing
- Establishing processes that facilitate data quality and accurate patient identification
- Collaborating with industry stakeholders to ensure appropriate access, use, and control of secondary data generated in the e-prescribing process

Notes

1. Department of Health and Human Services. “Pilot Testing of Initial Electronic Prescribing Standards Cooperative Agreements Required Under Section 1860D-(4) (e) of the Social Security Act as Amended by the Medicare Prescription Drug, Improvement, and Modernization Action (MMA) of 2003.” 2007. Available online at http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS_0_1248_227312_0_0_18/eRxReport_041607.pdf.
2. Ibid.

References

Burrington-Brown, Jill, Beth Hjort, and Lydia Washington. “Health Data Access, Use, and Control.” *Journal of AHIMA* 78, no. 5 (May 2007): 63–66.

Grossman, Joy M., et al. “Physicians’ Experiences Using Commercial E-Prescribing Systems.” *Health Affairs* 26, no. 3 (2007): w393–w404.

Lydia Washington (lydia.washington@ahima.org) is a practice director at AHIMA.

Article citation:
Washington, Lydia. "Maximizing e-Prescribing Success" *Journal of AHIMA* 80, no.2 (February 2009): 46-47.