

e-Prescribing in LTC

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**To study the effects of the
electronic prescribing standards
in Long-term Care on
cost, quality and safety**

and

**Validate that the e-prescribing
standards work in a LTC**

Participants



Study Hypothesis - Benefits

- Reduces Nursing Time Spent on Order Management
- Can Help Control Part A and Part D Drug Costs
- Eliminates Faxing
- Eliminates Legibility Errors
- Reduces delay related to DUR and Payment Issues
- Accurate Medication Administration Records
- Streamlines Workload for Prescribers and Nurses
- Reduces Billing Rejections at Pharmacy
- Increases Resident Safety

Goals of Research Study

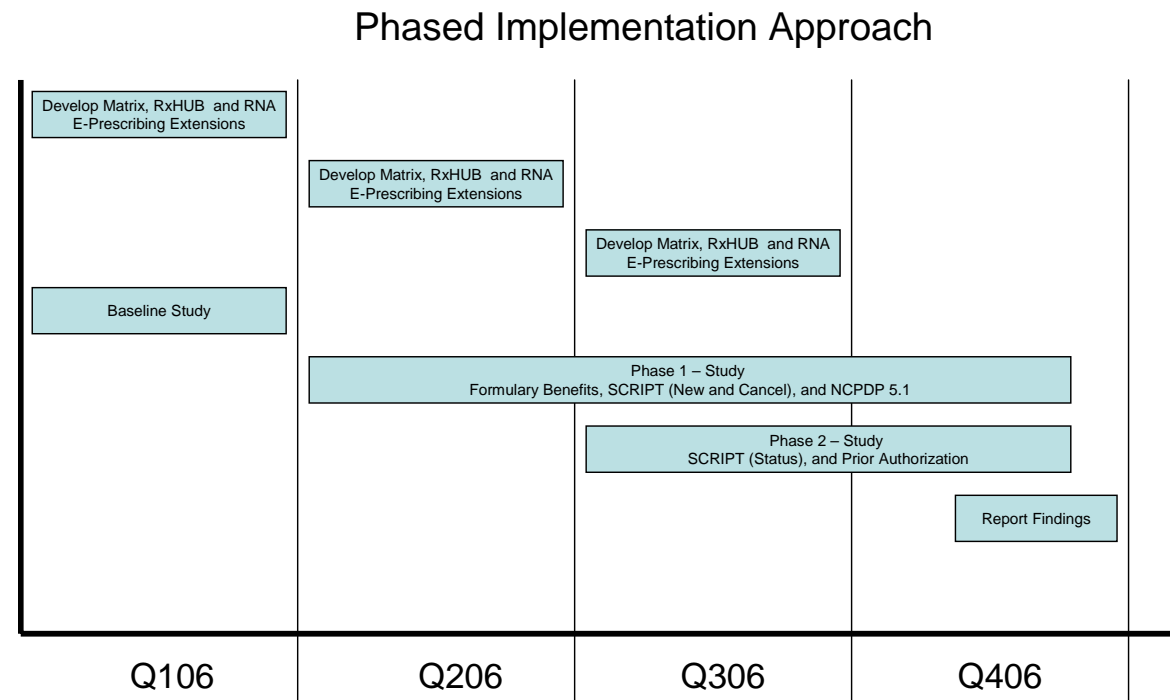
- **Functional:** Do the standards work?
- **Financial:** Do the standards yield cost benefits?
- **Quality:** Do the standards improve quality of care?
- **Safety:** Do the standards improve resident safety?

Study Design

- **2 Treatment Facilities**
 - 1 Rural (Normal Census)
 - 1 Urban (High Part A)
- **2 Comparison Facilities**
- **3 Phase Data Gathering**
- **Key Data Being Gathered**
 - Time to process new scripts
 - Time to process refills
 - Rate of non-formulary ordering
 - Time to process Prior Authorizations
 - 9 or more Medications
 - Beers list violations
 - Therapeutic Duplication
 - Satisfaction with Systems

2006 Implementation

- Baseline Study –
Q1 & Q2
- Phase I (June Start)
 - SCRIPT – New and Cancel
 - Formulary Benefits
 - Patient Safety
 - RNA Refill Tool Demonstration
- Phase II in Q3-Q4
 - SCRIPT – Fill Status and Resident Discharge
 - Prior Authorization
- Report Finding End of Q4



Research Result

- Admissions are dramatically streamlined
- Order processing is faster
- Formulary benefits standards work unchanged
- Prescriber adoption is critical
- Nurse as Agent model poses many problems
 - Patient safety alerts are largely ignored
 - Data entry errors can still happen
 - Added burdened on care environment
- SCRIPT standard needs LTC enhancements including Refills