

Implementing e-Prescribing: Lessons Learned



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Allina Hospitals and Clinics



- Allina has 55 Primary Care Clinics with specialty providers and 25 Hospital based clinics
- Soon all clinics will be using Epic Ambulatory as the electronic medical record (EMR)
- Allina Community Pharmacy has 15 locations metro wide
- Allina has 10 hospitals in Minnesota and 1 in Wisconsin

What is E-Prescribing?



- A form of prescription technology that provides the ability to transfer secure electronic prescription information between interested parties – prescribers, pharmacies, health plans and prescription benefit managers
- It transfers prescriptions from prescribers to pharmacies, refill requests from pharmacies to providers and prescription benefit and formulary information and patient prescription utilization information to prescribers.

E-Prescribing Overview



Benefits:

- Patient adherence – medication dispensing data to monitor patient adherence
- Patient Satisfaction - formulary info at point of care to ↓ delays & ↑ refill turn around
- Coordination of Care - medication reconciliation – other MDs prescribing
- ↑ Physician engagement - ↓ PA and formulary rework

Surescripts:

- E-prescriptions to pharmacy
- E-refill requests to clinic

RxHub (Surescripts payer):

- Prescription Benefit Design – formulary, copay, PA
- Medication dispense historical data
- E-prescriptions for mail order

What are MN's E-Prescribing requirements and when?



- Minnesota law requires that, “Effective January 1, 2011, all providers, group purchases, prescribers, and dispensers must establish and maintain an electronic prescription drug program that complies with the applicable standards in this section for transmitting, directly or through an intermediary, prescriptions and prescription-related information using electronic media” (Minnesota Statutes, section 62J.495).

Who does MN's E-Prescribing requirement apply to?

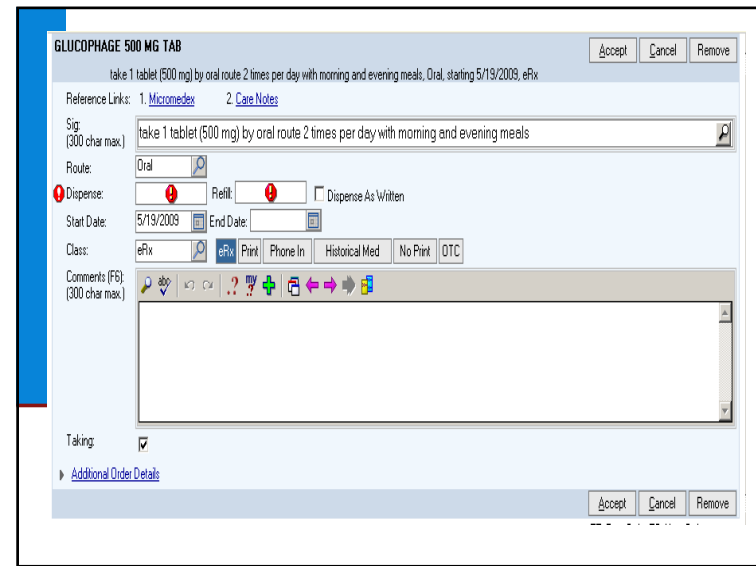


- Minnesota's law applies to *all* prescriptions and *all* professionals authorized to prescribe in Minnesota; unless otherwise prohibited by federal law. This means that any person or organization involved in prescribing, filling prescriptions or paying for prescriptions, including communicating or transmitting formulary or benefit information, must do so electronically using specified standards by January 1, 2011.

What advantages did Allina foresee with E-Prescribing?



- Improving patient safety and quality of care
 - Illegibility, oral errors, alerts, EMR @ POC
- Reducing time spent on phone calls with pharmacies
- Improved efficiency by reducing time spent entering faxed prescription refill requests from pharmacies
- Automating the prescription renewal request and authorization process
- Increasing patient convenience, medication compliance and formulary adherence



GLUCOPHAGE 500 MG TAB

take 1 tablet (500 mg) by oral route 2 times per day with morning and evening meals, Oral, starting 5/19/2009, eRx

Reference Link: 1. [Micromedex](#) 2. [Case Notes](#)

Sig: (300 char max) take 1 tablet (500 mg) by oral route 2 times per day with morning and evening meals

Route: Oral

Dispense: Refill: Dispense As Written

Start Date: 5/19/2009 End Date:

Class: eRx Phone In Historical Med No Print OTC

Comments (FB): (300 char max)

Taking:

[Additional Order Details](#)

Accept Cancel Remove

Database Matches - Peterson, Saaz P [21594752]

Search Preference List (F5) Facility Pref List (F6) Database Lookup (F7)

Code	Name	Sig	Summary	Theraco	Formulary	Covered?	Copy	Route
14227	DIFLUCAN 10 MG/ML OR SUSP	2 TEASPOONFUL D		No	Tier 1	Yes		
2402	DIFLUCAN 100 MG OR TABS	1 TABLET DAILY		No	Tier 1	Yes		
13575	DIFLUCAN 150 MG OR TABS	1 TABLET 1 TIME ONI		No	Tier 1	Yes, other co		
2413	DIFLUCAN 200 MG OR TABS	1 TABLET DAILY		No	Tier 1	Yes		
14228	DIFLUCAN 40 MG/ML OR SUSP	1 TEASPOONFUL DA		No	Tier 1	Yes		
2414	DIFLUCAN 50 MG OR TABS	1 TABLET DAILY		No	Tier 1	Yes		
14980	DIFLUCAN IN DEXTROSE 200 M	200 MG DAILY		No	Not on Form	Yes		
14989	DIFLUCAN IN DEXTROSE 400 M	400 MG DAILY		No	Not on Form	Yes		
15953	DIFLUCAN IN SODIUM CHLORID	200 MG DAILY		No	Not on Form	Yes		
15952	DIFLUCAN IN SODIUM CHLORID	200 MG DAILY		No	Not on Form	Yes		
10044	DIFLUCAN (aka FLUCONAZOLE)	1 TABLET DAILY		No	Tier 1	Yes	Tier 1 (of 3)	Oral
13577	DIFLUCAN (aka FLUCONAZOLE)	1 TABLET 1 TIME ONI		No	Tier 1	Yes, other co	Tier 1 (of 3)	Oral
10045	DIFLUCAN (aka FLUCONAZOLE)	1 TABLET DAILY		No	Tier 1	Yes	Tier 1 (of 3)	Oral
14233	DIFLUCAN (aka FLUCONAZOLE)	1 TEASPOONFUL DA		No	Tier 1	Yes	Tier 1 (of 3)	Oral
10047	DIFLUCAN (aka FLUCONAZOLE)	200 MG DAILY		No	Not on Form	Yes		Intrav
10048	DIFLUCAN (aka FLUCONAZOLE)	400 MG DAILY		No	Tier 1	Yes		Intrav

Split View Medications Procedures Order Panels

Accept Selection Cancel

16 loaded. No more to load.

Preference List Lookup window

Alternative Selection

FLUTICASON PROPRIONATE 50 MCG/ACT NA SUSP has alternatives that could be cheaper or better therapy. Please review the list of possible alternatives below or continue with your original order.

FLUTICASON PROPRIONATE 50 MCG/ACT NA SUSP Pharmacy Coverage Summary

Not on Formulary

Manufacturer	NDC
DISPENSEXPRESS	12280-270-1E
PAR	49894-395-77
ALLSCRIPTS PHARM	54563-5700-0
PHYSICIANS TOTAL	54863-5545-0

Alternative Sig Source Copy Coverage Formulary

ANAFRANIL 50 MG OR CAPS (487)		Pharmacy Benefit		Yes	Not on formu
BECONASE AQ 0.042 % NA INHA [Pharmacy Benefit		Yes	Tier 1
KANTREX 500 MG OR CAPS (4191)		Pharmacy Benefit		Yes	Not on formu

BECONASE AQ 0.042 % NA INHA Pharmacy Coverage Summary

Preferred

Tier	Manufacturer	NDC
1	GLAXO SMITH KLINE	00173-0389-79

Not on Formulary

Manufacturer	NDC
STAT RX USA	16590-030-25
ALLSCRIPTS PHARM	54569-1729-01
PHYSICIANS TOTAL	54863-5545-0

Accept Alternative Continue With Original Order Cancel Filing Process

Alternative Selection window

Medication Dispense History

	Qty	Unit Strength	Unit Form
ACETAMINOPHEN			
10/15/2006	TYLENOL 325 MG ORAL TAB	30 325 mg	Tablet Add to Meds
ATORVASTATIN CALCIUM			
10/15/2006	LIPITOR 20 MG ORAL TAB	60 20 mg	Tablet
09/30/2006	LIPITOR 20 MG ORAL TAB	30 20 mg	Tablet
09/30/2006	LIPITOR 20 MG ORAL TAB	30 20 mg	Tablet
09/15/2006	LIPITOR 20 MG ORAL TAB	30 20 mg	Tablet
09/01/2006	LIPITOR 20 MG ORAL TAB	60 20 mg	Tablet
ESOMEPRAZOLE MAG TRIHYDRATE			
10/18/2006	NEXIUM 20 MG ORAL CPDR	30 20 mg	Tablet

Medication Dispense History section

Medication Dispense History

Consent Needed
Before medication information can be downloaded, the patient must provide consent. [Update Consent](#)

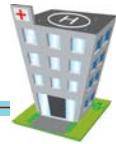
Medication Dispense History section (Consent needed)

What have been the challenges to E-Prescribing adoption?



- Financial cost and Return on Investment (ROI) – now think about incentives
- Change Management challenges
- Workflow changes and business impact
- Hardware and software selection – more difficult if lacking technology staff
- How to handle remote access to E-prescribing system
- Small / Rural Practice Challenges
- Patient Acceptance/ Usage Issues

Status of E-prescribing at Allina Hospitals and Clinics?



- E-prescribing with Surescripts went live for all Epic Ambulatory sites in January 2009
- RxHub (Surescripts payer) functionality being used in test environments and will be installed in June 09

E-prescribing Successes



- Refill request turn around was reduced by half – from two days after weekend to ½ to 1 day ~ e-refills was the key
- 98% of refills were responded to in 48 hours ~ communications and monitoring of refill response targeting outliers
- Installation created minimal changes in provider workflow ~ pilot approach identified workflow improvements for providers
- Providers satisfied – set eRx as default

E-prescribing lessons learned



- Need a physician advocate to drive organization need/(\$ discussions)
- Need a project manager assigned
- Need a dedicated team to implement
- Utilize EMR vendor to work thru step by step directions for implementation
- Utilize E-prescribing vendors implementation guides and test cases
- Need to review existing workflow and develop new E-prescribing workflow
- Required two implementations – Surescript and RxHub (Surescript Payer)

E-prescribing lessons learned - continued



- Need to strategize on the structure of the internal support processes
- Use pilot sites to understand e-prescribing workflow and issues
- Develop training materials in advance and modify after pilot
- Surescripts is rather inflexible and support response takes time
- Need to determine way to monitor network connection
- Need to test provider update and provider file functionality

E-prescribing and retail pharmacy



- Communicated implementation dates to local high volume pharmacies via fax blast
- Learned that this is new technology for retail pharmacy – training issues
- Larger chains still working thru technology issues – sending both e-refill and fax refill requests ~ improving
- Surescripts will work with pharmacies with issues
- Pharmacy data base needed updating to avoid duplicate records

Current limitations of E-prescribing



- Controlled substances are not allowed for e-prescribing of new prescriptions (18% of prescriptions are controlled substances), but e-refill requests of controlled substances are allowed (Schedule III – V)
- Independent pharmacies and smaller chains are not using e-prescribing, thus faxes from pharmacies still arrive ~ improving
- Prescription benefit and formulary information is available for Medicare benefits, but is seriously lacking for commercial benefits

Questions and Answers on E-prescribing?



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