

E-prescribing Toolkit 2011



A Practical Resource for Pharmacies

This document pulls together a variety of helpful e-prescribing resources, including information developed by RAND Health, Surescripts, the Health Information Technology Oversight Committee, and Witter & Associates. We hope this is a helpful tool whether your pharmacy is already enabled for e-prescribing or if you are in the planning stages.

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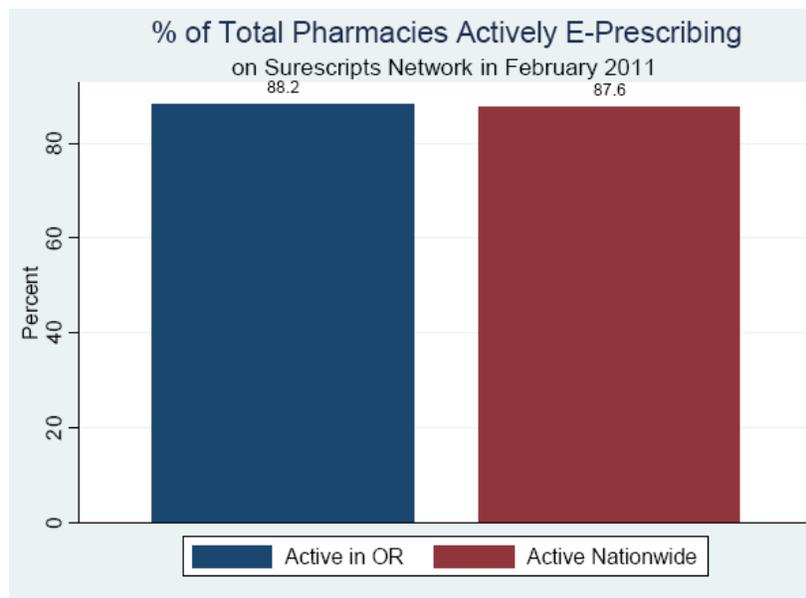
BRIEF STATISTICS

Who is e-prescribing?

- ❖ As of February 28, 2011, there were 250,987 e-prescribers in the United States.¹
- ❖ 90.1% of retail community pharmacies nationwide are able to receive and process electronic¹ prescriptions on the Surescripts network.
- ❖ 87.6% of retail community pharmacies nationwide processed at least one electronic prescription in February 2011.¹

Who is e-prescribing in Oregon?

- ❖ 88.2% of pharmacies are actively e-prescribing on the Surescripts network.¹
- ❖ The chain pharmacies in Oregon have an e-prescribing adoption rate of 96.5%.
- ❖ In a recent survey of independent pharmacies, approximately 70% reported they were not using e-prescribing.²



¹ The Office of the National Coordinator for Health Information Technology. Washington, D.C. A Picture of Electronic Prescribing in Oregon. February 2011.

² Witter & Associates for the Oregon Health Information Technology Oversight Council. HITOC Independent Pharmacy Outreach Survey, April-May 2011 Summary of Results.

BACKGROUND

What is e-prescribing?

E-prescribing is defined in a several ways depending on who is doing the defining. We will provide a few of these definitions for your background knowledge. As you begin to plan for implementation or if you are working to improve the use of e-prescribing in your pharmacy, this will help to lay the foundation. It is important for the success of your pharmacy that the entire pharmacy staff (clerks, technicians, and pharmacists) are all on the same page about what e-prescribing entails.

The Centers for Medicare and Medicaid Services (CMS) defines e-prescribing as “a prescriber's ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point of care” and describes it as an important element in improving the quality of patient care.³

A more complete definition from Surescripts includes e-prescribing's key functions: “E-prescribing occurs when a prescriber uses a computer or handheld device with software that enables a prescriber to”:

- **Electronically Access That Patient's Prescription Benefit:** Electronically accessing a patient's prescription benefit information - both formulary and eligibility - allows prescribers to choose medications that are on formulary and are covered by the patient's drug benefit. Prescribers can also choose lower-cost alternatives such as generic drugs. Dispensing pharmacies are less likely to receive prescriptions that require changes based on the patient's drug benefit, which, in turn, reduces unnecessary phone calls from pharmacy staff to physician practices regarding drug coverage.
- **Electronically Access that Patient's Medication History:** Electronically accessing a patient's medication history allows prescribers to receive critically important information on their patients' current and past prescriptions and to become better informed about potential medication issues with their patients (e.g., catching potentially harmful drug-to-drug and drug-allergy interactions). Prescribers can use this information to improve safety and quality. And - by understanding the cycle of dispensing related to a prescription - prescribers can gain insight into a patient's medication adherence.
- **Electronically Route the Prescription to the Patient's Choice of Pharmacy:** Exchanging prescription information electronically between prescribers and pharmacies improves the accuracy of the prescribing process and saves time. Time savings primarily result from reduced pharmacy phone calls and faxes related to prescription renewal authorizations as well as from a reduced need for pharmacy staff to key in prescription data.”

³ Centers for Medicare and Medicaid Services [Internet]. Baltimore (MD). Overview: e-prescribing. [cited 2011 August 25]. Available from: <https://www.cms.gov/eprescribing/>.

⁴ Surescripts. [Internet]. Arlington (VA): 2010. How e-prescribing works; [cited August 23, 2011]. Available from: <http://www.surescripts.com/about-e-prescribing/how-e-prescribing-works.aspx>

SURESCRIPTS

What is its role?⁵

Surescripts plays a big role in e-prescribing so it's helpful to have a little background about the company. Below is a brief description of how they fit into the e-prescribing picture. It is also important to note that DrFirst and Emdeon also provide e-prescribing networks, however they are not commonly used in our portion of the country. Therefore, in this summary toolkit we have chosen to include information about Surescripts since this is what you will likely be using.

How does Surescripts fit into the process?

Surescripts is a company that operates the nation's largest health information network. Surescripts' e-prescribing services allow physicians to electronically send prescriptions from their offices to more than 54,000 retail pharmacies and six of the largest mail order pharmacies. In addition, Surescripts provides physicians with electronic access to their patients' prescription benefit and medication history. These capabilities of e-prescribing help to improve safety and enable doctors to prescribe medications at the lowest cost to the patient.

It is important to point out that Surescripts does not develop or sell e-prescribing software. The company plays an intermediary role—meaning it works with existing vendors to certify their technologies to connect to the Surescripts network. This process ensures that electronic prescribing solutions are able to send and receive supported electronic messages and that the solution is providing open choice for medication selection and dispensing location. Additionally, the process ensures that the technology systems work in accordance with industry-accepted standards for the electronic exchange of prescription data between physicians and pharmacies.

⁵ Surescripts. [Internet]. Arlington (VA): 2010. Pharmacies connect; [cited August 24, 2011]. Available from: <http://www.surescripts.com/connect-to-surescripts/pharmacies-connect.aspx>

How does our pharmacy get set-up with Surescripts so that we can begin receiving e-prescriptions?

In order to connect your pharmacy to the Surescripts network you should begin with a call to your pharmacy management software vendor. If you determine that your pharmacy management system is certified to connect to the Surescripts network, then you simply contact your pharmacy software vendor and ask them to enable your e-prescribing functionality.

In order to determine if your pharmacy is certified to connect to the Surescripts network, go to the Surescripts website <http://www.surescripts.com/connect-to-surescripts/pharmacies-connect.aspx>

What questions should a pharmacy ask its vendor?

1. If any patches or upgrades to its system are required.
2. If any amendments to its contract are needed to cover transaction fees
3. What training is provided to get accustomed to the new or upgraded system

I have heard my pharmacy will have to pay transaction fees to Surescripts, is this true?

Your pharmacy will likely pay a set cost per transaction to your pharmacy management technology vendor (not to Surescripts) for each prescription renewal request you send or new prescription you receive over the Surescripts network. Your vendor sets this fee and can provide more detailed information when you call them. Refills attached to a new or renewed prescription do not incur a transaction fee.

WORKFLOW

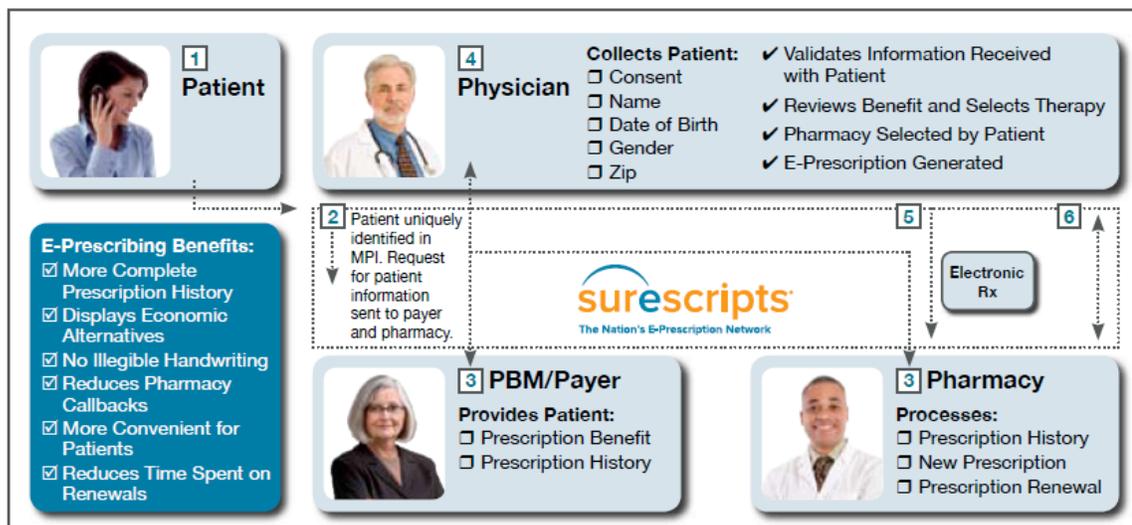
How does e-prescribing work?⁴

The first part of this section provides an overall description of the e-prescribing process with a diagram. Also, you may want to visit the Surescripts website and watch a short video describing the process: http://www.surescripts.com/flash/surescripts_solo.swf?width=497&height=200. Next you will find two schematics from RAND Health of the pharmacy workflow both with and without e-prescribing. These diagrams may help you think through the steps in both your current and future systems. Keep in mind your specific system may look a little different from this.

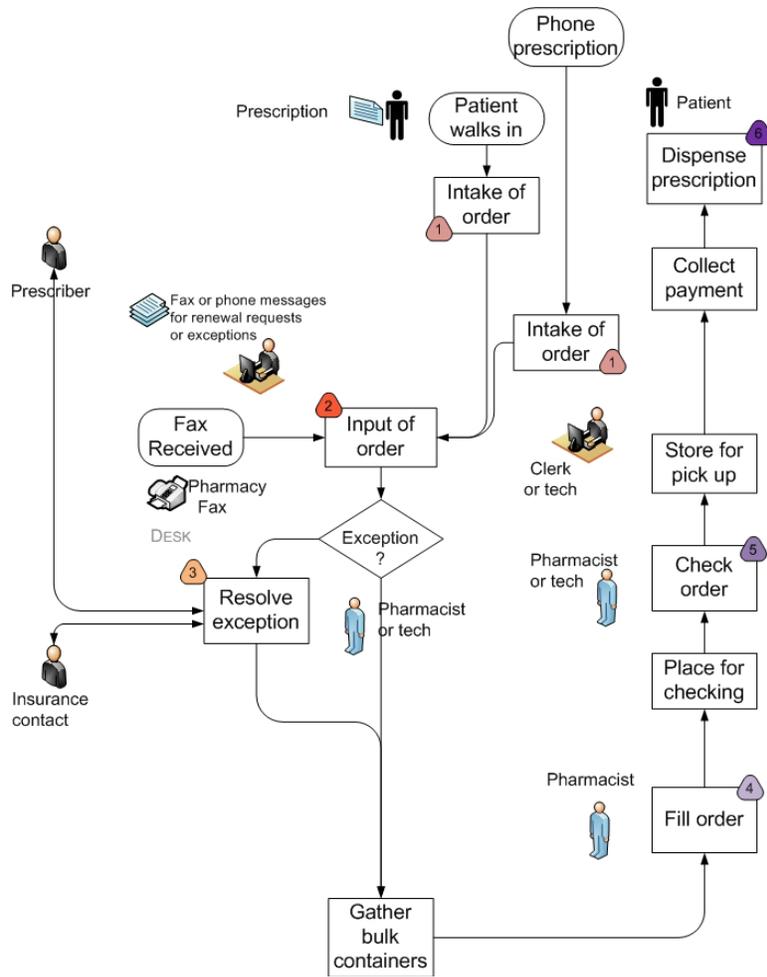
E-prescribing is made possible through a series of connections among different groups; these include payers and pharmacy benefit managers (PBMs), e-prescribing and EHR systems, and the nation's independent, chain, and mail order pharmacies.

The typical steps in the e-prescribing process are:

1. A patient visits a physician. The physician's e-prescribing or EHR application collects the patient's consent and demographic information including name, date of birth, gender and zip code. The application, through its connectivity with the network, uniquely identifies the patient in a master patient index maintained by an e-prescribing network such as Surescripts.
2. Then a request for patient information is sent to connected payers, PBMs and pharmacies.
3. The payer/PBM then returns prescription benefit, formulary and medication history information to the physician's e-prescribing or EHR application.
4. The physician then validates the information with the patient, reviews the patient's eligibility and formulary information, selects the appropriate medication therapy, selects the patient's pharmacy, and generates the e-prescription.
5. The prescriber may modify the prescription depending on any drug-drug or drug-allergy alerts. The prescription is then sent electronically to the pharmacy system
6. Bi-directional electronic connectivity between the physician's system and the pharmacy system also allows the prescription renewal process to be automated. In other words, when the patient's refills run out, the pharmacy can send an electronic message to the physician's application to request a prescription renewal authorization and the physician can reply electronically to authorize or deny the prescription renewal. This can save significant time in the practice by replacing time consuming phone calls and faxes – used to manage this process in a non electronic environment – with secure electronic messaging.

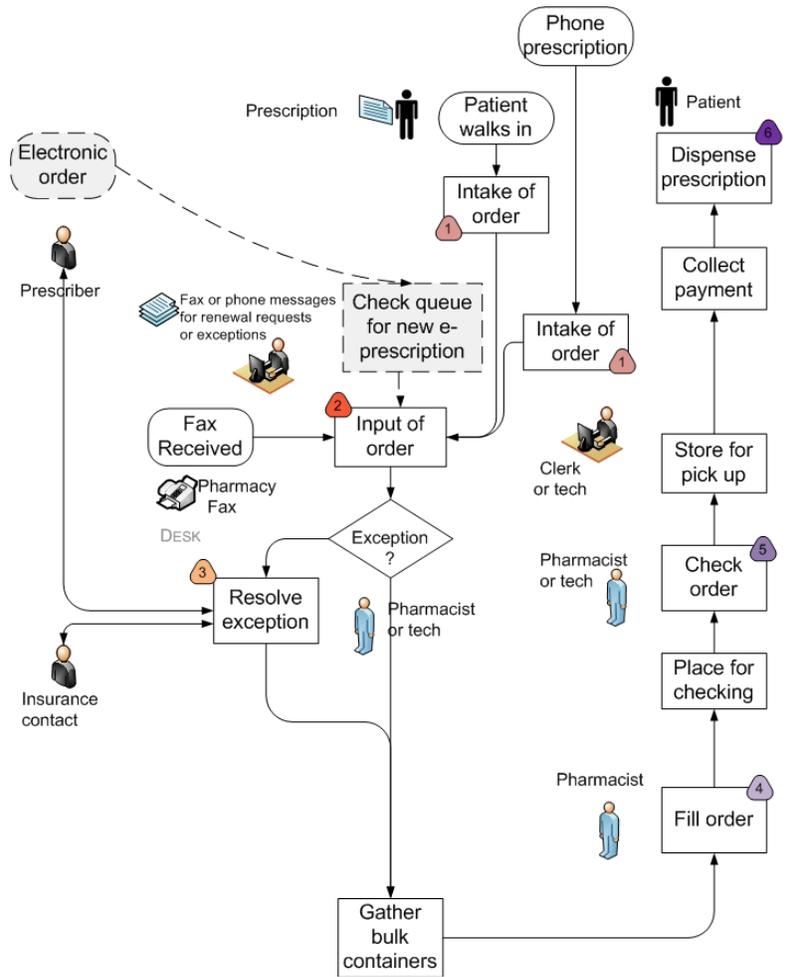


Pharmacy Workflow Diagram Without the Receipt of E-Prescriptions⁶



⁶ RAND Health. AHRQ-RAND E-prescribing Tool. February 2011.

Pharmacy Workflow Diagram with Receipt of E-Prescription⁶



ADVANTAGES

What are the benefits for your Pharmacy?⁷

E-prescribing has the potential to provide many benefits for your pharmacy including:

- Reducing the opportunity for medication errors,
- Offering prescribers access to patient prescription benefit coverage which means fewer rejected claims and less rework at the pharmacy, and
- Reducing paperwork and re-keying, which allows you to spend more time with patients or reallocate that time to activities such as medication therapy or inventory management.

Unlike traditional faxed or paper prescriptions, e-prescriptions go directly into your computer. Renewal authorizations can be managed quickly between the provider and the pharmacy—the need for multiple phone calls and faxes can be eliminated. It makes sense then that e-prescriptions would reduce staff time. This has been found to be true; ‘when compared with all other forms of prescriptions, e-prescriptions reduce the amount of staff time needed to complete dispensing activities by 27% for new prescriptions and 10% for renewals (valued at \$1.07 and \$0.41 per prescription respectively).’

Patient compliance has also increased with e-prescribing. Research has shown that many prescriptions never even make it to the pharmacy; in fact it is about 20%⁶. A study conducted by Walgreens and Surescripts showed that once a practice starts e-prescribing, 11% more of their prescriptions get dispensed.

Independent pharmacies may be wondering if these benefits apply to them. The answer is yes, e-prescribing will allow your pharmacy to stay competitive with larger chain pharmacies and will reduce the time needed to process prescriptions. Finally, and perhaps most importantly for your bottom line, e-prescribing physicians prefer to do business with e-prescribing-enabled pharmacies because they no longer want to receive faxed refill authorizations.

⁷Surescripts. [Internet]. Arlington (VA): 2010. Benefits of E-prescribing for Pharmacists; [cited August 24, 2011]. Available from: http://www.surescripts.com/about-e-prescribing/benefits-of-e-prescribing_for-pharmacies.aspx.

BEST PRACTICES

How can your pharmacy get the most out of e-prescribing?⁸

The following are "Best Practices" and answers to critical questions provided by Surescripts. These "Best Practices" are drawn from real pharmacies experienced with implementing electronic prescribing. In addition, check out the "Pharmacist Peer Perspectives" section on the Surescripts website; this may help as you work through this process: <http://www.surescripts.com/about-e-prescribing/peer-perspectives/pharmacists.aspx>

- 1. Inform local physicians that you are enabled to accept prescriptions electronically, and that you can start sending renewal authorization requests immediately.**

Once your pharmacy software vendor activates your connection to the Surescripts network, your pharmacy becomes visible to prescribers that use Surescripts certified e-prescribing software. You may review a list of which physicians in your area e-prescribe by visiting www.surescripts.com and using the "Find Physicians" tool.

It can be beneficial to contact prescribers that send a high volume of prescriptions to your pharmacy to inform them of your new electronic prescribing capability.

A letter or call from your pharmacy will prompt those physicians who are not yet connected to do so, and will remind physicians who are connected to respond promptly to your pharmacy's renewal authorization requests. Surescripts provides some sample faxes and letters [at this link](#) that you can download and customize to inform physicians about your new connectivity.

- 2. Educate your entire staff about electronic prescribing and how it works within your pharmacy management software.**

As with any new technology, it is important that each member of your staff understands what e-prescribing does, what its benefits are, and how it works. This is important to help them understand how their daily workflow or responsibilities will be affected by e-prescribing and to also answer common questions from customers and practices.

Staff should be aware of how an e-prescription differs from a prescription that is fax based. If your pharmacy system places electronic prescription messages in a different queue from one your staff commonly uses, make sure you put a process in place to regularly check that queue for new prescriptions and renewal responses.

A list of common [e-prescribing questions and answers](#) is available on the Surescripts Web site.

⁸ Surescripts. [Internet]. Arlington (VA): 2010. Best Practices for Pharmacists; [cited August 25, 2011]. Available from: <http://www.surescripts.com/about-e-prescribing/best-practices.aspx>.

3. Identify a staff member to become your local expert on your pharmacy's electronic prescribing ability.

Although everyone should be taught to use the software, having a thoroughly knowledgeable person on hand for other staff members to ask questions will help eliminate any confusion with the new functions, and, resolve any problems quickly.

4. Take full advantage of managing renewal authorization requests electronically.

Managing prescription renewals electronically is an important way to strengthen your relationship with e-prescribers in your area. Physicians that e-prescribe have a very strong preference to receive prescription renewal requests electronically. This is a key benefit of their e-prescribing connectivity and will help to significantly reduce the number of faxes and phone calls your pharmacy will need to initiate for this process.

5. If you do not receive a prompt response from a physician for a prescription renewal authorization request you've sent electronically, please do not resend another request for the same prescription within 24 hours.

Just as with faxed or called-in renewal authorization requests, sometimes a physician may not be able to provide a prompt response to an electronic renewal request. Duplicate electronic requests for the same prescription may cause additional review and confusion in both the physician's office and your pharmacy.

Prescriber training, and Surescripts messaging, encourages prescribers to respond to prescription renewal requests within 24 hours. Calling the physician's office to follow up on a delayed response in an emergency situation will be more effective than resending the request.

6. Communicate with practices that you believe are sending problematic e-prescriptions to your pharmacy

E-Prescribing supports a significantly more secure and accurate way of managing prescription information than on paper or by fax. However, prescribers may occasionally make an error when using their software to transmit an e-prescription. For instance, their software may incorporate a 'drop-down' menu of medications and a prescriber may inadvertently select a medication that is above or below the one they intended to prescribe.

If you believe that an e-prescription you have received contains an error please contact the prescriber's practice to confirm or correct the prescription you have received and then dispense as appropriate to your customer. It is important that practices are aware of issues as they develop so they can self-correct the problem if they are able.

7. Report issues with e-prescriptions that are causing you concern

If there are ongoing issues with the e-prescribing functionality within your pharmacy software system, or if errors with e-prescriptions that prescribers send you are frequent enough to be a problem, it is very important that you report them to your pharmacy software vendor so they can help resolve them and prevent future occurrences.

When reporting errors related to an e-prescription that a prescriber has sent you, it is important to provide as much of the following information as possible to your vendor:

- o Transaction Date
- o Name of Prescriber
- o Message ID (noted within e-prescription)
- o Prescriber SPI (noted within e-prescription)
- o Your Pharmacy's NCPDP ID

Your vendor will then document the problem and, if necessary, open a case with Surescripts to help affect a resolution.

Specific to issues with a prescriber or practice, Surescripts will research the issue and present feedback to a practice's technology vendor as appropriate for resolution. Resolution can include adjustments to a prescriber's software, or training for the practice itself.

8. Communicate prescription fill-time expectations to local physicians and their staffs, as well as patients.

With the speed that electronic prescriptions reach the pharmacy, some patients and physicians mistakenly believe that the prescriptions will be ready for pickup immediately. It is helpful to inform your patients and physicians that adequate preparation time is still required along with the time frames they should expect. You can also remind the physician to note on the electronic prescription that a patient plans to come immediately to your pharmacy. They can do this by utilizing the free text or comment section of the electronic prescription.

9. Ensure that information in your pharmacy system about local prescribers is up-to-date.

Your pharmacy software vendor, who assisted you in connecting to the Surescripts network, should also work with you to keep your prescriber file up to date as new prescribers in your area become activated for e-prescribing. If you maintain files store by store, you should ensure that all data is updated in each store to be consistent.

As additional prescribers in your area become accessible through the network, you should institute a regularly scheduled process to update their information in your doctor file. Your vendor should provide updates on which physicians are eligible to receive prescription renewal requests. You can also obtain this information on our Web site at the following link.

10. Turn over every leaf before turning away a patient.

While electronic prescribing is not new, in some markets the volume of prescriptions received electronically may be low in comparison to your overall prescription volume. As a result, the staff may forget to look in the electronic prescription queue or check only the fax and phone queues when a patient arrives to pick up a prescription that has been sent electronically.

RESOURCES

Where should I go beyond this toolkit for additional guidance?

- ❖ Surescripts, <http://www.surescripts.com/>: This site contains many helpful documents such as the *Clinician's Guide to e-prescribing*.
- ❖ CMS, <https://www.cms.gov/>: This site contains the most up to date information regarding the provider incentive programs. The following is a link directly to the e-RX incentive page: <https://www.cms.gov/erxincentive/>. The following is a link directly to the EHR incentive page: <http://www.cms.gov/ehrincentiveprograms/>.
- ❖ Oregon Board of Pharmacy, <http://www.pharmacy.state.or.us/>: This is a good site to monitor for updates about e-prescribing of Controlled Substances.
- ❖ DEA, <http://www.justice.gov/dea/>: This is also a good site to find the most current information about the requirements for e-prescribing controlled substances
- ❖ HITOC, <http://www.oregon.gov/OHA/OHPR/HITOC/>: The website for Oregon's Office of Health Information Technology is an excellent place to find out what work is being done in Oregon with regard to e-prescribing. Here you can keep track of the work of the governor-appointed members of the Health Information Technology Oversight Council (HITOC). They coordinate Oregon's public and private statewide efforts in electronic health records adoption and the eventual development of a statewide system for electronic health information exchange.