



E-Prescribing

Building Community Health Information Exchange
Surviving Healthcare Reform

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February, 2010



Notes on Meaning Use

An eligible professional shall be treated as a meaningful EHR user...if each of the following...is met (Sect.4101 (2))

- ☉ (i) MEANINGFUL USE of CERTIFIED EHR technology...which **shall include use of ePrescribing...**

- ☉ (ii) INFORMATION EXCHANGE –The eligible professional...[using]...certified EHR...is connected...for the electronic exchange...to improve the quality of health care, such as promoting care coordination

- ☉ (iii) REPORTING ON QUALITY MEASURES –The eligible professional ...submits information ...on clinical quality measures...as selected by the Secretary

?? Why Us ??

Available

Safer --*covered by other speakers*

Better medication sharing opportunities

Paybacks

Availability

Lots of choices

- Here today for all offices via Clinical Messaging
- Included with nearly all EMRs
- Additional independent of EMRs by Lab companies and others

Pick wisely

Inclusion of Allergies

- ☉ All e-Prescribing systems include allergies
- ☉ Allergies can be put in systematically so they flow with the medications
- ☉ Be careful with free text—remember they are “only computers”—you can read it but human thought is not there

Sharing of Information

- ☉ Surescripts provides drug listings for providers so improved knowledge of total scope of medications
 - Limitations on sampling and self pay
- ☉ RxHub provides formularies for the many insurance companies and their plans
 - Saves time on call backs
 - Encourages generics so saves money

Paybacks in Time

- ☉ Reduction in phone calls from patients and pharmacists
- ☉ Less pre-approval calls to PBMs
- ☉ Physicians and staff can manage rx refills throughout the day instead of at end of day.

Paybacks in Money

ePrescribing-first step toward Meaningful Use

	Adopt 2011	Adopt 2012	Adopt 2013	Adopt 2014	Adopt 2015+
2011	\$18K	—	—	—	—
2012	\$12K	\$18K	—	—	—
2013	\$8K	\$12K	\$15K	—	—
2014	\$4K	\$8K	\$12K	\$12K	—
2015	\$2K	\$4K	\$8K	\$8K	0
2016	\$0	\$2K	\$4K	\$4K	0
2017	\$0	\$0	\$0	\$0	0
TOTAL	\$44K	\$44K	\$39K	\$24K	0
Health shortage area	\$48,400 (Additional 10%)	\$48,400 (Additional 10%)	\$42,900 (Additional 10%)	\$26,400 (Additional 10%)	Penalties begin

Who says so?

"If you wait until meaningful use is completely defined, you'll likely miss the incentive deadlines..."



And he does know!

John Halamka, MD,
CIO of Harvard Medical School and
CareGroup Health System
Chair of the Health Information
Technology Standards Committee