



HIT Standards Committee Implementation Workgroup

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Presentation by Surescripts, LLC

Surescripts operates the Nation's E-Prescription Network which connects prescribers, through their choice of e-prescribing software, to the nation's leading payers, chain pharmacies, and independent pharmacies in all 50 states and the District of Columbia. Through our work in standards, certification, education, industry-wide quality programs, and collaboration at the national, regional, and state levels, we have established a national digital healthcare infrastructure for the exchange of prescription and related healthcare information. Interoperability is at the core of our mission, focus, and success. This infra-structure supports and enhances meaningful use of electronic health records.

BACKGROUND

Surescripts thanks the HIT Standards Committee – Implementation Workgroup for the opportunity to comment on our experience with driving adoption of e-prescribing. As you know, the Surescripts network connects over 156,000 prescribers, over 52,000 community pharmacies, 6 mail order pharmacies, and over 25 of the nation's largest PBMs for the purpose of exchanging prescription related information in the ambulatory setting.

The Surescripts network's success is grounded in its core principles, as follows:

- **Efficiency and Better Healthcare.** Surescripts' Prescription Benefit, History, and Routing services allow pharmacies, prescribers, and payers to exchange prescription information. The result is lower costs, improved safety, and higher quality decision making.
- **Transparency and Neutrality.** Surescripts' network is designed to support patient choice of pharmacy and prescriber choice of drug therapy. In other words, no commercial messaging is allowed on the network. Plus, our choice to focus on the certification of e-prescribing software — and not its development or sale — helps ensure a wide choice of solutions for pharmacists and prescribers.
- **Certification and Interoperability.** Surescripts implements and consistently applies objective and defensible standards for certification and implementation of technology systems that promote an open, neutral network and interoperability.



- **Quality.** Surescripts seeks to improve the end-to-end quality of the entire e-prescribing process by working with customers and other stakeholders to avert potential issues in order to promote patient safety and e-prescribing effectiveness.
- **Education and a Collaborative Environment.** Surescripts works throughout the healthcare community to develop educational programs, quality initiatives, and certification standards, and to promote dialogue, to support the future growth of e-prescribing and health information technology.

Surescripts has played a leadership role across the industry in operating the e-prescribing infrastructure, serving as an expert resource to assist with national and state programs and initiatives, disseminating e-prescribing best practices, and providing education, programs, and resources to improve the safety and efficiency of e-prescribing (for example, the Electronic Prescribing Resource Center, Get Connected Program, Large Clinic Program, physician vendor account management, PBM account management, pharmacy account management, quality, technology workshops, standards).

The adoption of e-prescribing has come a long way in recent years. Prescription benefit, formulary and prescription history information is available on over 220 million people or about 2/3 of the U.S. population through Surescripts because of the many pharmacy benefit managers and payers that are making information on their patients available to physicians through e-prescribing. There are more than 250 e-prescribing applications and electronic health record systems with e-prescribing functionality offering their technology solutions to physician practices. Over 90% of the nation's community pharmacies and many of the major mail order pharmacies are e-prescribing. As of November 2009, there are 156,000 actively e-prescribing physicians and other prescribers which amounts to about 25% of office based physicians. More than 70% of the 156,000 active e-prescribers are doing e-prescribing through a full electronic health record. At this time, about 18% of eligible prescriptions are being generated and sent electronically. The growth in electronic prescribing has been accelerating rapidly in the past 18 to 24 months and the trend is likely to continue.

ADOPTION AND BEST PRACTICES

There are, however, significant challenges related to workflow and change management that are experienced by physician offices and to some extent by pharmacy staff when implementing e-prescribing systems. It is difficult to transition from paper prescribing to electronic prescribing and to ensure that workflow is adapted to take full advantage of the technology. Physician practices must ensure adequate time for training and support. Otherwise they will struggle and it will impede their ability to get the benefits of e-prescribing. It is often difficult to find answers when physician practices run into

technical or workflow challenges and there tends to be confusion and misinformation about how to address issues. The following highlights best practices that we suggest to overcome many of the common barriers and challenges to successful implementation and adoption. Although these best practices are framed for the e-prescribing environment, they have applicability to the larger EHR adoption landscape.

Establish Vision and Objectives. It is important for a practice to set a clear vision and objectives for what they hope to accomplish through electronic prescribing. Examples include:

- Move toward paperless, well informed medication management process
- Commit to using the technology throughout the practice to ensure that the greatest benefits can be realized
- Improve patient safety by reducing medication errors and adverse events
- Reduce prescription costs by prescribing on formulary and selecting lower cost alternatives such as generics
- Save prescriber and staff time by reducing unnecessary calls and faxes related to medication management
- Improve patient convenience
- Improve patient adherence with needed medications
- Maximize bonus potential under Medicare e-prescribing incentive program

Use all Available Functionality. Prescribers should implement and use all e-prescribing services to realize the maximum benefit of e-prescribing and position for meaningful use. This includes generating a medication list (with information from PBMs or pharmacies if available); selecting medications, transmitting prescriptions electronically using the applicable standards, warning the prescriber of possible undesirable or unsafe situations; providing information on lower-cost, therapeutically-appropriate alternatives; and providing information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan.

Anticipate Workflow Changes and Adapt. Physicians and their staff should thoughtfully consider workflow changes in order to optimize e-prescribing. For example, medication management process and workflows may change once the practice implements e-prescribing. Roles and responsibilities related to medication management may change with automation. It is very important to commit time during implementation for training and workflow integration.

Integrate Patient Demographics. It is important to integrate patient demographic information from the practice management system with the e-prescribing software

before implementing e-prescribing. Not having this information integrated can be a major barrier because prescribers have to enter patient data one by one. Typically vendors can do an interface which can save a great deal of time but they may charge for this service. If for some reason the practice cannot automate the process, a staff member should preload the information into the system – either all at once, or before the next day's appointments. Integrating the data will increase efficiency and make it easier to start using e-prescribing.

Designate a Champion within the Practice. Designate an e-prescribing “champion” in the practice who can take responsibility for helping to make sure things go as smoothly as possible for everyone in the practice. The champion could be a physician, technician, or other staff member. This person becomes very proficient and is the go to person for all aspects of e-prescribing helping others in the office become comfortable with e-prescribing. This person can play a lead role in addressing technical and workflow related questions and should serve as the liaison with technology vendor, practice staff, and pharmacies. This person helps ensure full functionality is in place and that all prescribers and staff are appropriately trained.

Training. Complete and effective training is the best way to integrate e-prescribing into a physician practice. The physicians and staff most likely will not be able to learn all the features of the system in one session. It will be necessary to schedule multiple sessions over a few months because many questions will arise after there is experience with using the system. Request self-guided training materials such as webinars, online tutorials or implementation guides from the technology vendor. Be sure to ask about any costs associated with training, timing and method of training (i.e., web, phone, in-person, options for evening or weekend training to minimize disruption), how to use prescription benefit and prescription history functionality, specific training on managing electronic renewals, availability and cost of transferring patient information from the practice management system to the e-prescribing system.

Communicate with Patients. It is important to communicate with patients about e-prescribing and orient them to what it means to them. Patients typically respond very positively to e-prescribing and consider it to be state-of-the-art care that is safe, accurate, and more convenient. Signage, phone line messages, and patient reminder cards can help patients remember to come to the office prepared with their preferred pharmacy information and to encourage them to call their pharmacy rather than the physician office with requests for prescription renewals.

Report Support Cases. Finally, it is critical that users report support cases to their technology vendor. Everyone in the practice should be familiar with how to report support issues with the technology vendor and should do so timely and with needed details.



We offer to the Implementation Workgroup materials from Surescripts and the Center for Improving Medication Management that can be shared with the public. The first is a comprehensive, multi-stakeholder-informed “how-to” guide prepared by the Center for Improving Medication Management, the eHealth Initiative, AMA, AAFP, and MGMA to help clinicians make informed decisions about how and when to transition from paper to electronic prescribing systems. The first section of the guide targets office-based clinicians who are new to the concept of e-prescribing, and who seek a basic understanding of what e-prescribing is, how it works, what its benefits and challenges are, and the current environment impacting its widespread adoption. The second section of the guide targets office-based clinicians who are ready to move forward and bring e-prescribing into their practices. It presents fundamental questions and steps to follow in planning for, selecting, and implementing an e-prescribing system. The guide also provides a list of key references and resources readers may consult to help make the transition to e-prescribing as smooth as possible.

The second is an E-Prescribing Buyer’s Guide Worksheet prepared by Surescripts. This worksheet is designed to help practices evaluate different electronic prescribing technologies that they are considering for purchase.

MEANINGFUL USE AND INNOVATION

We applaud ONC’s multi-lever approach in the Notice of Proposed Rulemaking for Meaningful Use, using provider incentives, public early-stage funding for local exchange, on-the-ground support, and facilitation of accelerated growth in exemplary communities, to drive Meaningful Use.

As an exercise for a moment, I would like to talk about innovation and meaningful use through the lens of the small-office physician. As we know, the small-office physician setting drives the vast majority of drug spend in this country. It’s where the majority of Americans receive their care, including the chronic patients that drive the majority of US health care spending. When you consider this provider environment and the technologies available to them a year ago, it becomes obvious, based on adoption and utilization statistics at that time, that even profound financial incentives will not be sufficient to drive successful critical mass usage of iron-heavy, monolithic, certified systems as they existed in early 2008 into that small office practice setting.

So we think the public and private capital being deployed to drive meaningful use will lead to both incremental and disruptive innovation in the form of new products and tools leveraging new and expanded networks of interoperable information.



Based on both our own experience as well as our study of other industries that have come before HIT, Surescripts believes there are a few core components to innovation in this type of environment.

First, there needs to be functional modularity, which is best leveraged when it is tied together through open standards-based interoperability, which is furthered by increased data liquidity on the key data sets necessary. And, once patient information is flowing and appropriately available and used, all in a setting of trust that ensures privacy and security, we find care providers, with their adopted technologies, can both coordinate care more effectively as well as identify gaps in care and new opportunities for effective, quality-based treatment. The tools of the future combine both design usability on the front end and clinical decision support on the back end.

All of these components, if done well, will combine to result in both incremental and disruptive innovation with new products, features, and interventions that solve problems. We think Meaningful Use will be best realized if these components - modularity, interoperability, data liquidity, usability, and decision support - are clearly encouraged and fostered.

To support these innovation components for the future of Meaningful Use, we believe networks have an important role to play. Based on Surescripts' experience to date, networks, when designed effectively:

- Drive collaboration & standards to enable semantic interoperability
- Provide increasingly efficient and high-quality transaction processing
- Focus on systemic end-to-end quality, both chasing real-time problems to their root cause, as well as systemically driving continual improvement
- Align and create business model innovation, appropriately balancing economic cost allocation
- Promote best practices and provide information and impetus for continual end-node improvement
- Systemically identify gaps in the end-to-end experience and drive collaboration to fill them
- In sum, create and support a holistic ecosystem of both operational excellence and incremental and disruptive innovation

GOING FORWARD

What is Surescripts' go-forward role in supporting meaningful use innovation?

First, as e-Prescribing is a critical component of meaningful use, we will be doing everything we can to drive its success. We will continue our programs and operations



that promote quality, drive implementation, provide education, encourage collaboration, and pass along the benefits of efficiency through lower prices.

Second, Surescripts is responding to the call for secure data liquidity by enabling patient-centric medication history. Today, we provide this to the prescriber through the course of e-prescribing for free. We also enable hospital based medication reconciliation. Recently we announced our intention to facilitate the delivery prescription history from data sources to HIEs for clinical care.

Third, we are increasingly applying our unique assets and principles to interoperability use cases beyond e-prescribing. For instance, our network is now being utilized to support new interoperability use cases like the transmission of continuity of care record (CCR or CCD) documents across the network to streamline documentation for transitions of care.

Finally, last week we announced a collaboration between Quest and Surescripts to pioneer the formation of an integrated service to make laboratory and prescription information broadly and easily accessible to physicians. Together, we intend to create a neutral, low cost network to provide access to lab and prescription information at the point of care, including EMRs/EHRs, HIEs, and other care providers to enable meaningful use. Like all of our initiatives, this strategic alliance endeavors to enable streamlined, low-cost communication that drives system costs lower and improves patient safety and outcomes.

As a network, Surescripts can deliver these innovative use cases and consider future modes of interoperability because of a set of relatively unique assets - already built, deployed, and successful - that we think can be helpful:

- Scalable, secure real-time administrative and clinical connectivity directly with providers
- Robust physician, pharmacy, and PBM directories
- A robust Master Patient Index (MPI)
- Trust and security
- Program, tools, and processes for end-to-end Quality
- Core principles as assets: neutrality, collaboration, open-standards, & security

We envision and are currently planning for a future that is rapidly approaching thanks to the leadership and vision of the Administration and many thoughtful partners and stakeholders in the HIT ecosystem. In this vision, there is a light, national network, with many partners and stakeholders, working together in a vibrant environment of innovation that is complimentary to many local nodes and networks. This environment



would encourage an open platform of standards-based collaboration, enabling patient-centric health data liquidity passing through an authenticated trust highway, in the end providing the right data and insights to the right care provider at the right time. Ultimately, we believe in the power of information and the power of innovation to change behavior, leading to both the improved patient care and systemically lower costs our nation so badly needs.