

'E-Prescribing' Concept Embraced, but Not Its Cost

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Most practices lack the technology to participate in Medicare's new "e-prescribing" standards under the Part D drug benefit, physician groups claim.

"Surveys vary, but the percentage of practices using [e-prescribing] ranges somewhere from 5% to 18%." The number is even lower for the typical small practice, Neil Kirschner, Ph.D., senior associate for regulatory and insurer affairs with the American College of Physicians, said in an interview. Further, most "will be unable to afford to implement this technology on their own, particularly with the projected cuts in Medicare physician payments of 4.4% in 2006 and a cumulative 26% reduction from 2006 to 2011."

The Centers for Medicare and Medicaid Services in a final rule established the set of standards for electronic prescribing, or e-prescribing, of drugs covered by Medicare's prescription drug benefit that started Jan. 1, according to the Federal Register.

E-prescribing is optional for physicians and pharmacies under the new standards, but Medicare required drug plans participating in the new prescription benefit to support electronic prescribing.

CMS also plans to pilot test initial e-prescribing standards, which may be included in a final rule to be issued by April 2008.

For the most part, medical organizations support the agency's e-prescribing initiative.

Having standards will provide a common language for anyone using e-prescribing, Dr. Mary Frank, board chair of the American Academy of Family Physicians, said in an interview. E-prescribing would also reduce errors, increase patient safety and, when it is fully interoperable, increase quality in health care as well. But without financial support to implement this technology, e-prescribing will not be widespread.

And even a physician willing to adopt e-prescribing "is at risk of purchasing a sys-

tem that might not integrate" with a future electronic health record system.

Dr. Kirschner noted that the recent release of safe harbor antikickback and Stark exception rules allowing hospitals, group practices, and Medicare Part D drug plan sponsors to provide necessary e-prescribing technology to physicians may help facilitate its use.

E-prescribing as an isolated technology, however, "just won't cut it," Dr. Frank said. "It is only a small piece in the safety-

quality continuum." While it may eliminate issues such as bad handwriting and sound-alike medications, it doesn't necessarily address issues such as drug-drug interactions, alerts about possible problems related to existing illnesses, or abnormal lab results.

"We really have to push for a more integrated approach if we really want to improve care," she said.

Jeff Trewhitt, a spokesperson for the Pharmaceutical Research and Manufac-

turers of America, said PhRMA supported the development of a standardized e-prescribing system. In addition to reducing errors and the administrative costs associated with health care, the system would also promote more effective drug therapies for chronic conditions.

He agreed, however, that such a system must be designed and implemented correctly. "Keep in mind that the systems needed to convert to an e-Rx system don't even exist yet."

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Program Specifics

CMS's new standards for e-prescribing include the following technology:

- NCPDP SCRIPT, Version 5.0, for transactions between prescribers and dispensers for new prescriptions, refill requests and responses, prescription change requests and responses, prescription cancellation requests and responses, and related messaging and administrative transactions.

- ASC X12N 270/271, Version 4010 and addenda, for eligibility and benefits queries and responses between prescribers and Part D sponsors.

- NCPDP Telecommunication Standard, Version 5.1, and supporting NCPDP Batch Standard, Version 1.1, for eligibility queries between dispensers and Part D sponsors.

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