

Coalition Promises Free, Easy ePrescribing Access

BY JOEL B. FINKELSTEIN
Contributing Writer

WASHINGTON — Doctors who have yet to get on the health information technology bandwagon no longer have any excuses, according to members of the National ePrescribing Patient Safety Initiative, a coalition of health insurers and software companies.

The initiative—called NEPSI—is offering physicians' offices access to a secure, easy-to-use system that is compatible with the software in 99% of the nation's pharmacies, coalition members said at a press briefing to announce the launch of the initiative.

NEPSI also includes regional organizations, university hospitals, and medical centers, which will act as a support network for physicians who choose to use the online tool.

"According to [the Institute of Medicine], 1.5 million Americans are injured and more than 7,000 die from medication errors every year. As a practicing physician, I find that unacceptable," said Dr. Nancy Dickey, a family physician and president of the Health Science Center at Texas A&M University in College Station.

In a report released last year, the IOM identified electronic prescribing as the single most significant step physicians can take to reduce drug-related medical errors. That report also found that many of the errors are caused by illegible handwriting, unclear abbreviations, and miscalculated doses.

"More than 3 billion prescriptions are written every year, and even though we have the technology to make this problem virtually go away, less than one in five of

my colleagues are using electronic prescribing," said Dr. Dickey, former president of the American Medical Association.

No More Excuses

Dr. Dickey said time and money have been major barriers for the adoption of electronic prescribing, despite the fact that widespread use of electronic prescribing could save the U.S. health care system as much as \$27 billion, as estimated by the Center for Information Technology Leadership.

"Part of the problem is that the people who are being asked to take the time and to spend the money to put this in their offices—the physicians—aren't necessarily the ones who get the financial benefit," she said.

That's why the coalition has come together to offer physicians an option that is not only free, but takes 15-30 minutes to learn, said Dr. Dickey.

"It is a truly easy system," said Dr. Azar Korbey, a family physician in Salem, N.H., who has been testing the software for the past year. Even someone who is not computer savvy should be able to learn the system in under 40 minutes, Dr. Korbey guessed.

NEPSI's efforts may be just the kickstart some physicians need, said Dr. Wilson Pace, director of the American Academy of Family Physicians' National Research Network and a member of the IOM committee that produced last year's report on medication errors.

"This appears to be a relatively safe way to try out something and get started for somebody who is not quite clear where they want to go," Dr. Pace said in an interview.

There also is a growing incentive to adopt electronic prescribing, Dr. Mark McClellan said at the NEPSI launch.

Part D plans already are required to support electronic prescribing and Medicare Advantage plans are moving toward adoption of similar standards.

Even in traditional fee-for-service Medicare, the Centers for Medicare and Medicaid Services (CMS) is expanding efforts to boost reimbursement to physicians who report quality data, said Dr. McClellan, former CMS administrator and now a senior fellow at the AEI-Brookings Joint Center, a Washington think tank.

"It all fits together in supporting the movement toward electronic prescribing to get to better quality care at a lower cost."

But this is not something that the government can achieve alone. Partners in the private sector are crucial, he said.

Patient Safety Is the Goal

To that end, the initiative is being wholly funded by the coalition of private stakeholders at an estimated cost of \$100 million for the first 5 years. That is in contrast to other free electronic prescribing software that requires physicians to market personal health records or other products to patients.

The companies that are supporting and paying for NEPSI see this as an investment in the future, said Glen Tullman, chief executive officer of Allscripts Inc., which is leading the effort.

"Down the road, we're very hopeful that this encourages adoption of full electronic health records, and Allscripts is a leading provider of those health records," he said at the briefing.

Who's on Board The eRx Express?

Members of the National ePrescribing Patient Safety Initiative include:

- Allscripts Inc.
- Dell Inc.
- Cisco Systems
- Fujitsu Computers of America
- Microsoft Corp.
- Sprint Nextel
- Wolters Kluwer Health
- Aetna
- WellPoint
- SureScripts
- Google
- Twelve regional health care organizations

"But I want to make it very clear that our first objective is to equip every physician in the United States with electronic prescribing software that is absolutely free of charge," in an effort to improve patient safety, Mr. Tullman added.

Such a large coalition of payers and vendors has the potential to put a real dent in the problem, said Dr. Pace.

"The primary care system in England is virtually all electronic. The driving force behind that initially ... was stand-alone prescription systems," he said.

It is not clear how physicians in this country will feel about adopting an electronic prescribing system that is not integrated with electronic medical records, but "there's no question it's a step up from paper," said Dr. Pace. ■

Interoperable Standards Are First Step to Retiring Clipboards

BY JOEL B. FINKELSTEIN
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WASHINGTON — Eliminating "the stupid clipboard" may be the simplest, most straightforward benefit that would come from electronic interoperability standards designed to allow physicians' offices to communicate with hospitals, labs, insurers, and each other, according to Dr. John Halamka, the chairman of the Health Information Technology Standards Panel.

HITSP delivered its first set of harmonization standards to the federal Office of the National Coordinator for Health Information Technology late last year. The panel was convened just over a year ago by the American National Standards Institute (ANSI) under a Health and Human Services department contract to assist in the development of a Nationwide Health Information Network (NHIN).

The panel is developing a series of interoperability specifications that offer a road map for every vendor, hospital, and other stakeholder who wants to implement electronic health records that con-

form to a nationally recognized standard, Dr. Halamka said at a health care congress sponsored by the Wall Street Journal and CNBC.

For this first set, the panel sifted through 700 standards, a veritable hexadecimal soup including X12, HL7, NCP, and the Continuity of Care record, whittling that down to 30.

It was an emotional process that incorporated the best of all of those standards in what the panel calls a Continuity of Care Document, he said.

Health information technology does pay for itself, and as reimbursement is increasingly pegged to quality, electronic records will be indispensable.

This is a work in progress, Dr. Halamka added. "As the industry begins to test these interoperability specifications, we know there are going to be refinements. There are going to be areas of ambiguity that we need to clarify."

"What's going on at the [American Health Information] Community, at HITSP, at the Certification Commission [for Healthcare Information Technology] are essential ingredients to successful trans-

formation of health care," said Dr. Michael Barr, vice president of practice advocacy and improvement at the American College of Physicians.

Unlike hospitals and other large institutions, small medical practices have not had the resources to adopt electronic health records or other information technology, he said.

"There are knowledge barriers, there are cost barriers. There is just so much information to digest," said Dr. Barr, adding that it is extremely difficult for these physicians to figure all this out while running their practices.

But health information technology does pay for itself, and as reimbursement becomes increasingly pegged to quality, electronic records will be indispensable for documenting measures expected by payers, he said.

Physician groups that have adopted EHR systems expect them to make it easier to adapt to new payment requirements in the long run, but they offer the near-term benefits as well, said Bruce Metz, Ph.D., chief information officer for Thomas Jefferson University in Philadelphia.

The University's 500-physician group practice has spent the past 3 years implementing an \$18 million electronic records system with an expected 16%-30% return on investment.

Insurance companies are not yet ready to pay the group a premium for the efficiencies the system brings, but because of improved documentation, the system has already allowed significant upcoding, he said.

Although more physicians are becoming convinced of the benefits of EHR adoption, the government may be moving forward too aggressively, Dr. Barr said.

Congress wants Medicare to implement pay for performance now, although the industry is still struggling to identify appropriate measures.

"The policy is well ahead of the practicality," he said.

If the experience with HIPAA Administrative Simplification proved anything, it was that having standards is only the beginning of the process, Dr. Halamka commented.

The next step is to work out a logical time frame for compliance, what are the incremental phases along the way and how to test compliance. ■