

Electronic Prescribing Is Gaining Momentum

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Medicare officials have proposed new uniform standards for electronic prescribing that will govern transactions between prescribers and dispensers of prescriptions.

Under the proposal, the standards would take effect in January, to coincide with the beginning of the new Medicare Part D prescription drug benefit.

The proposed standards would apply to transactions between prescribers and dispensers of new prescriptions, refill requests, prescription changes, and cancellation requests. In addition, the standards would govern eligibility and benefits inquiries between prescribers and drug plans and Part D sponsors.

The Health and Human Services Department was accepting comments on the proposal through April 5. Additional electronic prescribing standards will be devel-

oped by 2008. Electronic prescribing is voluntary for physicians, but the aim is to make it easier and more attractive for physicians to use the technology.

"These proposed e-prescription rules would set standards to help Medicare, physicians, and pharmacies take advantage of new technology that can improve the health care of seniors and persons with disabilities," HHS Secretary Mike Leavitt said in a statement.

One of the most successful strategies for

getting physicians to adopt electronic prescribing systems in their offices is to provide ongoing reimbursement, said Jonathan Teich, M.D., chief medical officer at Healthvision, an Internet health care company, who chaired the Electronic Prescribing Project of the eHealth Initiative.

Over the last few years, there's been a lot of work in both the public and private sectors examining what drives adoption of e-prescribing. What they have found is that there is money to be saved through the use of the technology, but it's usually saved by the payer, not by the physician, he said.

But payers and others can provide incentives to physicians by supplying the technology up front, giving increased reimbursement per visit for the use of electronic prescribing, or incorporating electronic prescribing into a pay for performance program, Dr. Teich said.

A group of health plans in Massachusetts has joined forces to cover the costs of electronic prescribing for physicians interested in integrating the technology into their practices. Blue Cross Blue Shield of Massachusetts, Tufts Health Plan, and the Neighborhood Health Plan have partnered with the technology vendor ZixCorp to provide physicians in Massachusetts with the hardware and software needed for electronic prescribing.

The project is called the eRx Collaborative, and from October 2003 through the end of 2004, nearly 2,700 physicians and their clinical staff members signed up to participate in the project.

At the end of last year, more than 1,500 doctors had incorporated the technology into their practices. The collaborative plans to cover the costs of the e-prescribing technology through the end of this year. The project uses ZixCorp's PocketScript e-prescribing system, which allows physicians to create new and refill prescriptions electronically and allows for real-time access to a patient's prescription history.

This year, physicians will also be able to choose to use DrFirst Inc.'s Rcopia electronic prescription management program.

Facilitating the adoption of electronic prescribing is a way to try to curb both high pharmacy costs and medication errors, said Robert Mandel, M.D., vice president of eHealth for Blue Cross Blue Shield of Massachusetts.

And electronic prescribing seems like a good solution because it would be easier to incorporate into the physician's workflow than an electronic health record, Dr. Mandel said. But he said he hopes that physicians will choose to move to a fully functional electronic health record in the future. "We do believe that this is a transitional technology," he said.

James Whitman, M.D., who is a pediatrician in Framingham, Mass., and was one of the physicians who received the electronic prescribing technology through the eRx Collaborative, said that it has shown him how easy it can be to use.

He and his colleagues plan to make the jump to full electronic health records when they replace their practice management system. "Our experience with this system makes it a little less scary," Dr. Whitman said. ■

The role of glycyrrhetic acid in the treatment of atopic dermatitis

In response to the urgent clinical need for nonsteroidal therapy to treat inflammatory skin diseases, scientists have focused on an anti-inflammatory agent with intriguing pharmacologic properties. Glycyrrhetic acid is part of the triterpene chemical family and is derived from licorice root. Contemporary research has identified anti-inflammatory, antiulcer, antiallergic, antiviral, antibacterial, and hepatoprotective effects demonstrated systemically by glycyrrhetic acid.¹⁻³

The active compound, 18- β -glycyrrhetic acid, demonstrates anti-inflammatory and antiherpetic actions after topical application.² Experimental models in skin demonstrate anti-inflammatory activity comparable to that of the potent, nonsteroidal agent, indomethacin.² Glycyrrhetic acid inhibited the intensity of the inflammatory response by 74% and inhibited leukocyte infiltration.² In the past decade, clinical studies have defined a role for glycyrrhetic acid in the treatment of atopic dermatitis.^{4,5}

Clinical efficacy in atopic dermatitis

Patients exhibited a clinically meaningful response to the skin-calming, anti-inflammatory effects of glycyrrhetic acid in a clinical trial published in 2003.⁴ The trial evaluated the effect of glycyrrhetic acid 2% topical gel on flare symptoms of atopic dermatitis. The randomized study of 108 patients showed significant reduction in scores for edema (-84%), itching (-73%), and erythema (-61%) from baseline. Glycyrrhetic acid significantly reduced symptoms vs placebo at both 1 week and 2 weeks ($P < 0.01$) after treatment. No adverse events were reported.

Synergistic activity with corticosteroids

The mechanism of anti-inflammatory activity exhibited by glycyrrhetic acid is under investigation. It primarily acts on enzyme metabolism, inhibiting the enzyme 11- β -hydroxysteroid dehydrogenase (11- β -OHS). In the

skin, this enzyme is known to convert the active hormone cortisol to the biologically inactive product cortisone.⁵

A study combining topical glycyrrhetic acid with hydrocortisone yielded important results.⁵ By blocking 11- β -OHS, glycyrrhetic acid delayed the conversion of hydrocortisone to its inactive state, thereby extending its presence and activity in the skin.⁵ The ability of glycyrrhetic acid to potentiate the activity of a low-potency corticosteroid has implications for clinical practice and warrants further investigation.

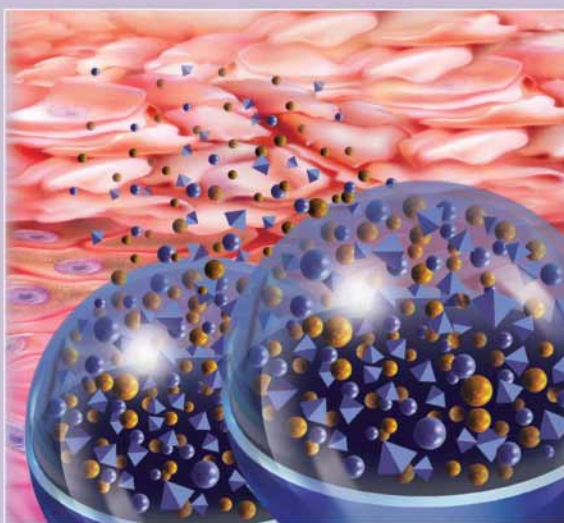
Maximizing the clinical benefit for patients

Currently, there is a need for new treatment options with anti-inflammatory properties to safely manage the chronic symptoms of atopic dermatitis. Chester Valley Pharmaceuticals recognizes the clinical value of glycyrrhetic acid, based on its demonstrated ability to calm irritated skin by relieving painful itching and edema.⁴ With a safe and mild nonsteroidal, anti-inflammatory profile, glycyrrhetic acid may have utility for long-term control of the itch-scratch cycle.

Chester Valley Pharmaceuticals is committed to a new approach to disease management that focuses on both symptom relief and simultaneous restoration of normal skin-barrier function. A model

topical therapy for atopic dermatitis would provide relief of inflammatory symptoms with glycyrrhetic acid while also providing key lipids and hydrating components to help restore skin-barrier function. Under the management of a physician, a single therapy that calms, restores, and protects skin could fill a gap in the current management of atopic dermatitis.

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Treatment model: Relief of inflammatory symptoms with restoration of skin-barrier function via a formulation of glycyrrhetic acid, key lipids, and hydrating components.