

e-Prescribing Today and Tomorrow: *A Step in the Digital Journey*

Daniel Z. Sands, MD, MPH
*Beth Israel Deaconess Medical Center
Harvard Medical School, Boston, MA
USA*



e-Prescribing at the Tipping Point

- Increased stability
 - Applications
 - Networks
 - Companies
- Recognition of benefits
- Successful large-scale deployments
- Integration with EHR
- Federal initiatives
- Evolving sponsorship and incentive models



Mass eRx Collaborative

- Three health plans working together:
 - Blue Cross Blue Shield MA
 - Tufts Health Plan
 - Neighborhood Health Plan
- Vendors:
 - 2003-present ZixCorp's PocketScript
 - 2005-present Dr. First's Rcopia
 - 2006+ others



eRx Collaborative Results (12/05)

- The numbers:
 - 3400 e-prescribers
 - > 3 million e-scripts
 - 2.6 million in 2005 alone
 - 80,000 e-scripts per week
 - Now over 100,000 per week
 - Volume up 900% from prior year



eRx Collaborative Results (12/05)

- Safety:
 - MDs change 5500 script/mo in response to clinical alerts
- Efficiency:
 - Practices save 1-2 hours per day



eRx Collaborative Results (12/05)

- Cost reduction:
 - Saves 1.5% on drug spending
 - Patients save \$20-25/month on drugs changed to lower cost alternatives



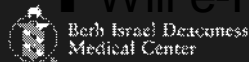
eRx Collaborative Results (12/05)

- Physician acceptance:
 - 20% cumulative attrition rate
 - ┆ Dropping over time
 - 1/3 of e-prescribers willing to pay
 - 3/4 would recommend to colleague



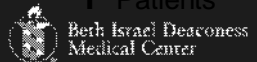
Role of Federal Government

- Medicare Drug Improvement and Modernization Act of 2003
 - Increased awareness
 - Increased need to prescribe to formulary
 - Pilot projects
- Stark and anti-kickback exemptions
- Will e-Rx be mandated?



More Players

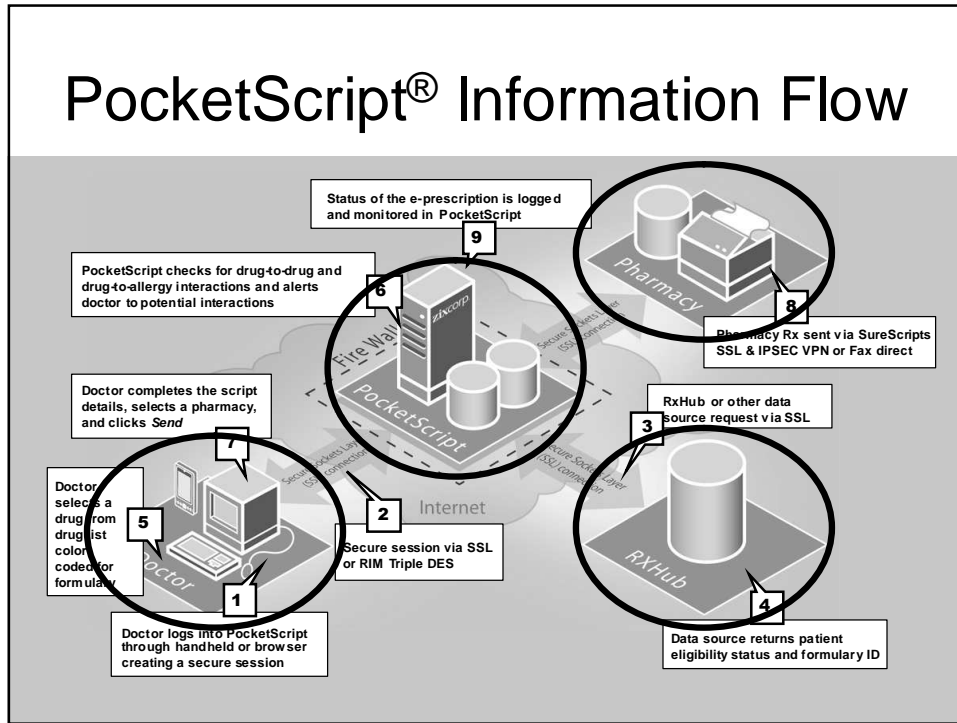
- EHR vendors
 - Enhancing e-Rx offerings
 - Integrating with e-Rx applications
- Vertical application vendors integrating with e-Rx:
 - Charge capture
 - Dictation
 - Results reporting
 - Reference
- Involvement of:
 - Payors
 - Communities
 - Patients



Broader Connectivity / Higher Utilization

- e-Rx standards maturing
- Pharmacy connectivity will overcome barriers:
 - Not yet all pharmacies
 - Bi-directionality still nascent
 - Pharmacy workflow still problematic
 - Currently an open loop system
- PBM and payor connectivity evolving
- Patchwork of state regulations will slowly





Deeper Functionality

- Deeper clinical decision support
- Additional functionality will include:
 - Charge capture
 - Results reporting
 - e-Communication
 - Documentation
- Expanded use of e-Rx, including:
 - Physician education
 - Recruiting for clinical trials
 - Recruiting for disease management
 - Alerting patients and physicians about drug adherence



Massachusetts General Hospital
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e-Rx Becoming Strategic

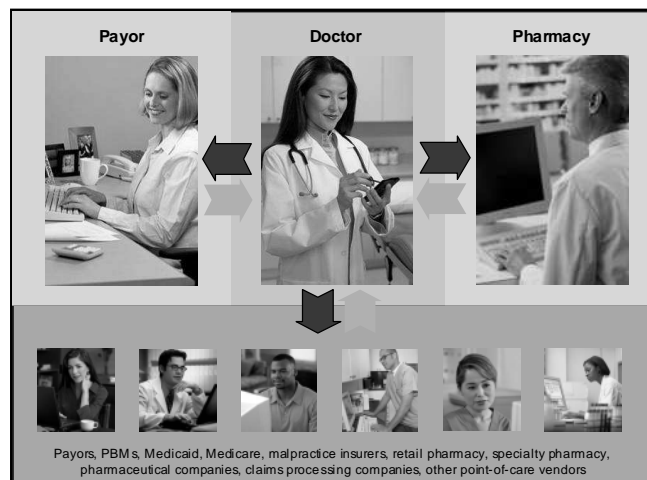
- Payors and PBMs
 - See value in reduced drug spending
- Physicians and medical groups
 - When responsible for drug spending
 - As a competitive advantage
 - Improve efficiency
- Malpractice carriers
 - Premium reduction to influence adoption
- Regional health data exchanges

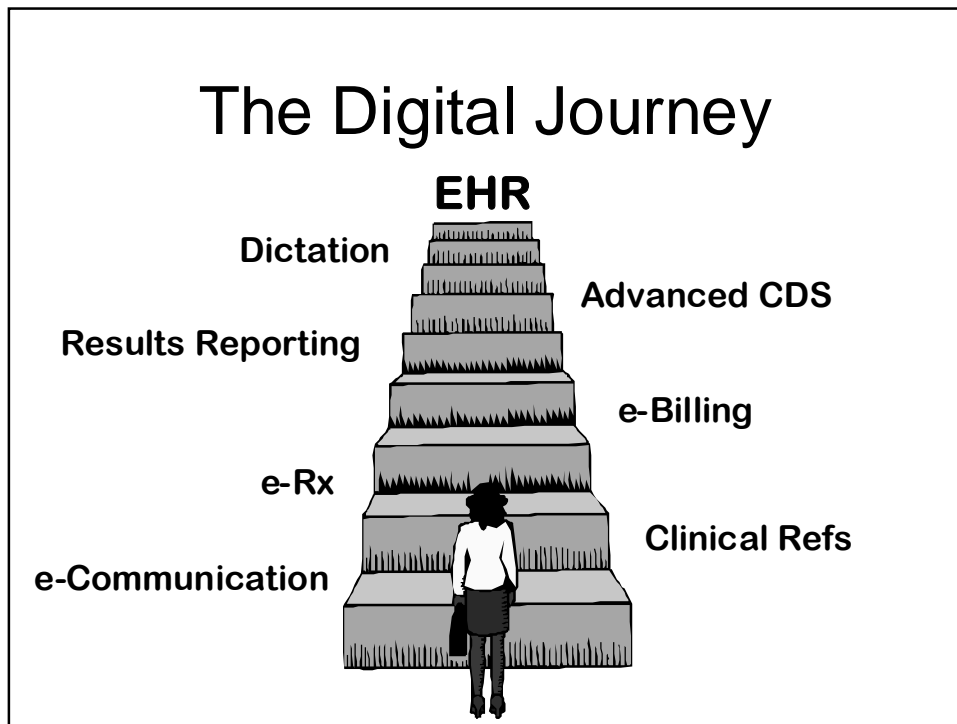


e-Rx as important data source



Excitement and Momentum!





Conclusions

- e-Prescribing adoption is growing
- Many factors contributing
- Networks and applications increasingly:
 - Robust
 - Sophisticated
 - Interconnected
- Important step in the digital journey
- e-Rx increasingly *strategic* to stakeholders

Questions?

`dsands@bidmc.harvard.edu`