

Technology



I e-Prescribe, Do You?

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By now you have probably heard that Medicare will soon be pushing electronic prescribing, or e-prescribing. Starting in January 2009, Medicare will have a 2 percent bonus for practices that use e-prescribing; this bonus will be slowly phased out and by 2014, there will be a 2 percent reduction for physicians not using e-prescribing. If you are already using an electronic health record, then this will be a very easy transition for you; however, if your practice is like mine, now is the time to start planning for a change.

I am part of a four-family physician, private practice in a rural community. We have millions of pages of paper charts and, until recently, have had fairly limited usage of computers within our practice. We have used Mysis Tiger practice management software for scheduling and billing for many years, but it has only been about two and a half years since we put computers into physician offices. We have no plans to implement electronic records, but are currently in the process of implementing e-prescribing in our practice, which has been a surprisingly simple process. This article will explore the experience of my practice in implementing e-prescribing using the free e-prescribing application from the National e-Prescribing Patient Safety Initiative, www.nationalexrx.com. This article will not delve into the general topic of e-prescribing, since there have been other good articles on the topic, including a *Family Practice Management* article entitled “E-Prescribing: Why the Fuss?” that is currently available at <http://aafp.org/fpm>.

The product offered by the National e-Prescribing Patient Safety Initiative is based on Allscripts e-Prescribe. It is Web-based, meaning that it can be accessed from any Internet connected device including personal digital assistants (PDA) and desktop computers, regardless of operating system; it is possible to use the application from anywhere – including the office, hospital or from home. The application is completely free for any physician. The application sends prescriptions over the Internet using SureScripts-RxHub, which is the standard for e-prescribing and is in all major chain pharmacies, as well as some independent pharmacies. When a prescription is sent electronically, it directly enters the pharmacy computer, meaning that there is no opportunity for mistakes in understanding or copying scripts. It also means that there will not be calls for scripts by the patient. While federal law does not allow for the transfer of narcotics electronically, there is a proposed rule

change in process that would allow for even schedule II drugs to be prescribed electronically.

In our office, we are using our existing desktop computers and both physicians and nurses are entering data and prescriptions. Before we started implementation, we decided that it was well worth our money to pay for the interface between our practice management software and the e-prescribing application; for Mysis, the cost was \$295 up front and \$20 a month for a real time interface. Having an interface with our practice management software means that we do not have to enter the name, date of birth and contact information for every patient in our practice. For prescriptions that cannot be sent electronically, it is possible to print them from the application, but special paper is required, so for now we have chosen to hand write prescriptions that can not be sent electronically.

The application simplifies the prescription writing process by obtaining patients’ medication histories from their insurance benefit history when available. All prescriptions written are checked against a patient’s allergies, checked for drug-drug interactions and can be checked for dosing errors. The application also pulls formulary information and mail order pharmacy information for patients in some participating health plans. The application tracks all of a patient’s previous prescriptions as well as all of a prescriber’s most common medications and dosing, so when a new prescription is written it will search these lists before searching from the list of all medications; this saves a great deal of time once you have been using the system for a little while. The application can also produce a medication list for a patient, prescription history for a patient or a provider, or a list of patients taking a particular medication. The application also accepts refill requests from pharmacies electronically so that they do not need to be sent by fax or phone.

While each physician does things a little differently, the work flow that seems to work best at this point is to have the physician and the nurse both using the system. After a patient is checked in and put in the exam room, the nurse looks up the patient in the e-prescribing system, which involves typing at least the first three letters of the name, then searching and selecting the patient from the list of our practice’s patients who meet the search criteria. The nurse then enters their pharmacy of choice, again selecting by searching a list which contains all of the pharmacies in the United States. The nurse also makes sure that the allergies list is

up to date. When the physician finishes with the patient visit, they are able to select the patient from the active patients list (which shows the patients from the current day), then select their new medications and refills. Refills require one click; new prescriptions from the commonly used list require typing the first few letters of the medication name, then two clicks; and totally new prescriptions require the name search, several clicks to add the signature, typing in the number of pills and refills, then sending the script. Once all of the prescriptions are entered, they are reviewed and sent to the pharmacy.

Even though we have only been using the e-prescribing system for a short period, we are already beginning to see the benefits. While writing new prescriptions takes as much or even a little more time than writing them on paper, the refill process is much faster. We also have saved many calls and faxes from pharmacies, and are able to respond to pharmacy requests more quickly and efficiently. As we get all of our patients' medication and allergies into the system, we will have access to that information when we are on-call outside of the office. For us, e-prescribing has been an easy, inexpensive way to reduce the risk of medication errors and improve patient care, while improving our efficiency and slightly improving our reimbursement.

Educational Highlights

Due to the high volume of submissions and limited editorial space, the winter 2008 Educational Highlights can be found on the OAFP Web site at http://www.ohioafp.org/news_publications/ofp.php.

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