An E-Prescribing Implementation Toolset

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Need for E-Prescribing Implementation Assistance

- Many Implementation Barriers
  - Insufficient buy-in from all participants
  - Selecting from lists slower than handwriting
  - Insufficient work redesign
- Many adopters struggle
  - Some revert to handwriting
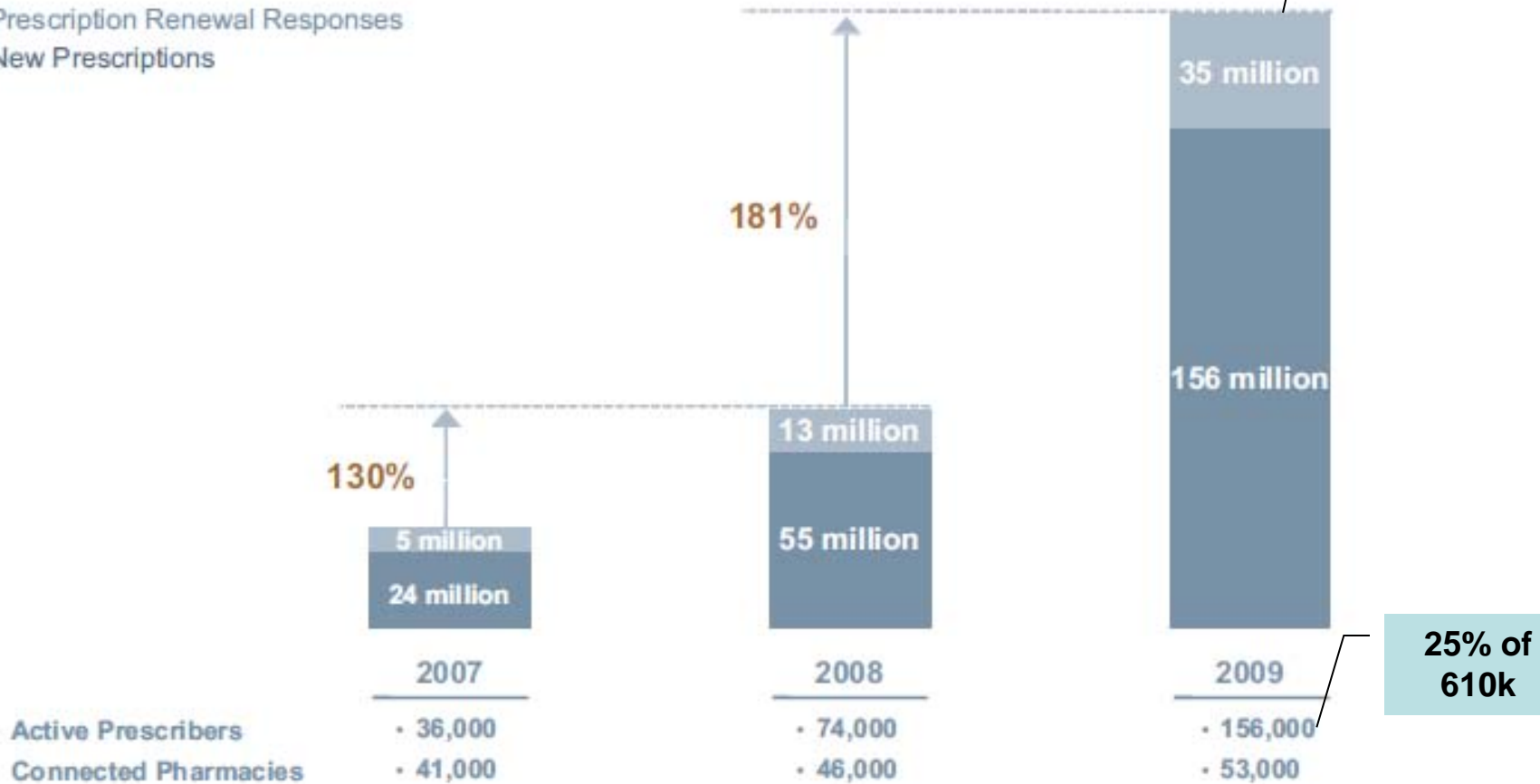
Many Fail to Achieve High Use

- **New Jersey E-Prescribe Program, Jan – June 2006**
  - **293 prescribers who installed in CY 2005**
  - **Incentive for use up to $500/qtr**
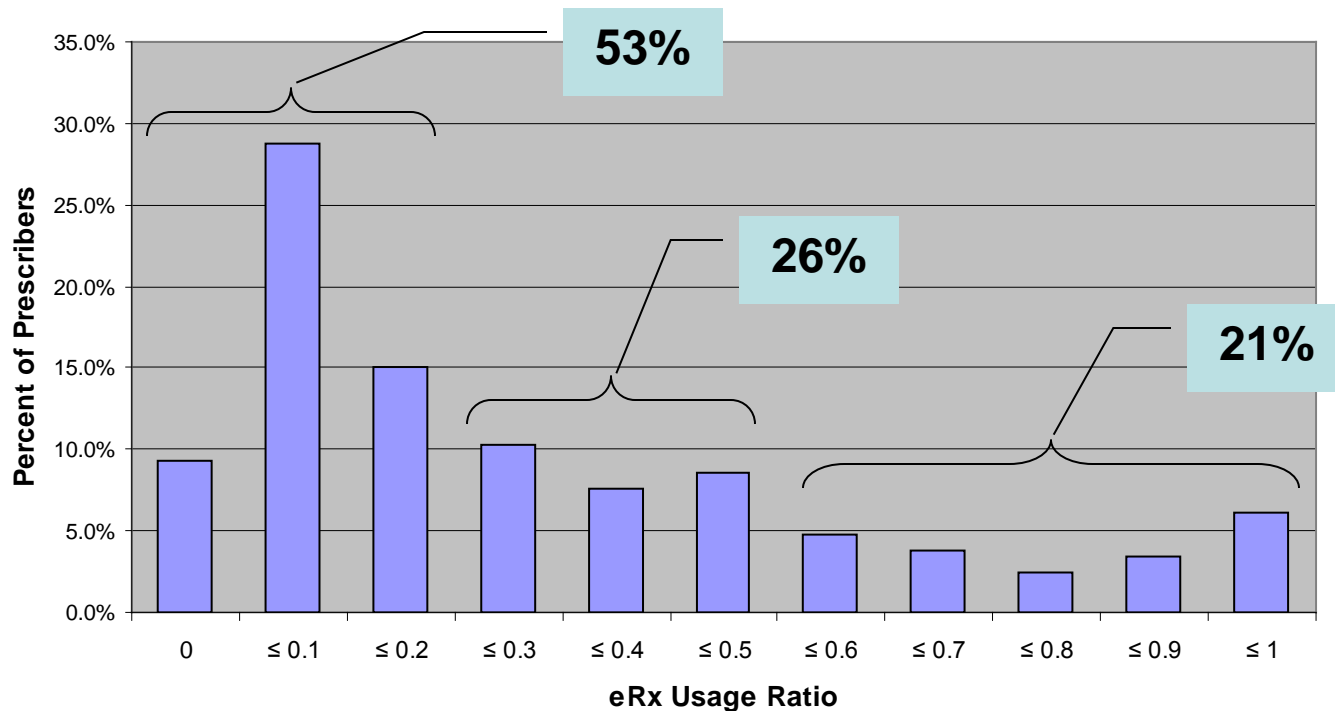
E-Prescribing is Growing…
but still underused

Prescriptions Routed Electronically

Legend:
- = Prescription Renewal Responses
- = New Prescriptions

2007 — 130%
- 5 million
- 24 million

2008
- 13 million
- 55 million

2009 — 181%
- 35 million
- 156 million

12% of 1.63B

25% of 610k

	2007	2008	2009
Active Prescribers	· 36,000	· 74,000	· 156,000
Connected Pharmacies	· 41,000	· 46,000	· 53,000

E-Prescribing Implementation Toolset

- Core Team
  - Susan Straus, Diane Schoeff, RAND
  - David Green, Point of Care Partners
  - Jesse Crosson, UMDNJ
  - Shinyi Wu, USC/RAND
  - David Eisenman, UCLA
  - Libby Sagara, Timi Leslie, Manatt

- Approach
  - Site-visit, analyze successful practices
  - Author and/or adapt tools, with explanatory narrative, for each stage of adoption
  - Pilot test with practices currently going through adoptions

Successful Practice Case Studies
Example Findings

- Messages to set expectations, get buy-in:
  - E-prescribing empowers you as a professional
  - Expect more intangible benefits, e.g. feeling more informed

- Setup
  - Keep favorites lists short to minimize search
  - Reach out to pharmacies to head off common problems
    - e.g. Setting expectations for refill response; prevent duplicates

- Workflow
  - Protocols for renewal authorization vs. tasking to prescriber
  - Centralize renewals for medical group
  - Confirm pt's pharmacy at check-in
  - Handout "Rx pad" patient reminder & pharmacy instructions

E-Prescribing Implementation Toolset

- Toolset narrative -- mirror the steps of adoption
    1. How to use the Toolset
    2. Understanding the building blocks
    3. Setting goals and achieving buy-in
    4. Assessing readiness & preparing for change
    5. Planning work process changes
    6. Selecting a system
    7. Scheduling & monitoring the implementation process
    8. Setting up the technology
    9. Training staff
    10. Launch
    11. Monitoring progress and remediating shortfalls

E-Prescribing Implementation Toolset

A **Tools** box describes documents, spreadsheets, or external websites that are recommended for use as part of the main implementation process. The most important tools are provided as appendices in the Toolset. Other tools can be accessed using a web link to the tool's original source.

The **Links** box can be used in two ways. In early chapters, it can indicate how the results from your work in the current chapter will be used later in the Toolset. In later chapters, the Links box can indicate how work from previous chapters can be used to complete the current step.

The **Case Study** box contains examples drawn from successful practices.

The **Details** box indicates where you can go for additional background or information.

The **Tip** icon highlights methods or approaches that you may find particularly useful in executing the implementation step.

Example Tools

- Chapter 3: Setting goals and achieving buy-in

E-Prescribing Team Roster

The Core Team

The implementation process should be initiated and driven by a core team that includes people in each of the following roles. This nucleus of people will carry out the tasks needed in the *planning* phases of implementation (Chapters 2-7), and in the later stages of implementation (Chapters 8-11), the latter of which may include supervising a larger team composed of technical support and training personnel.

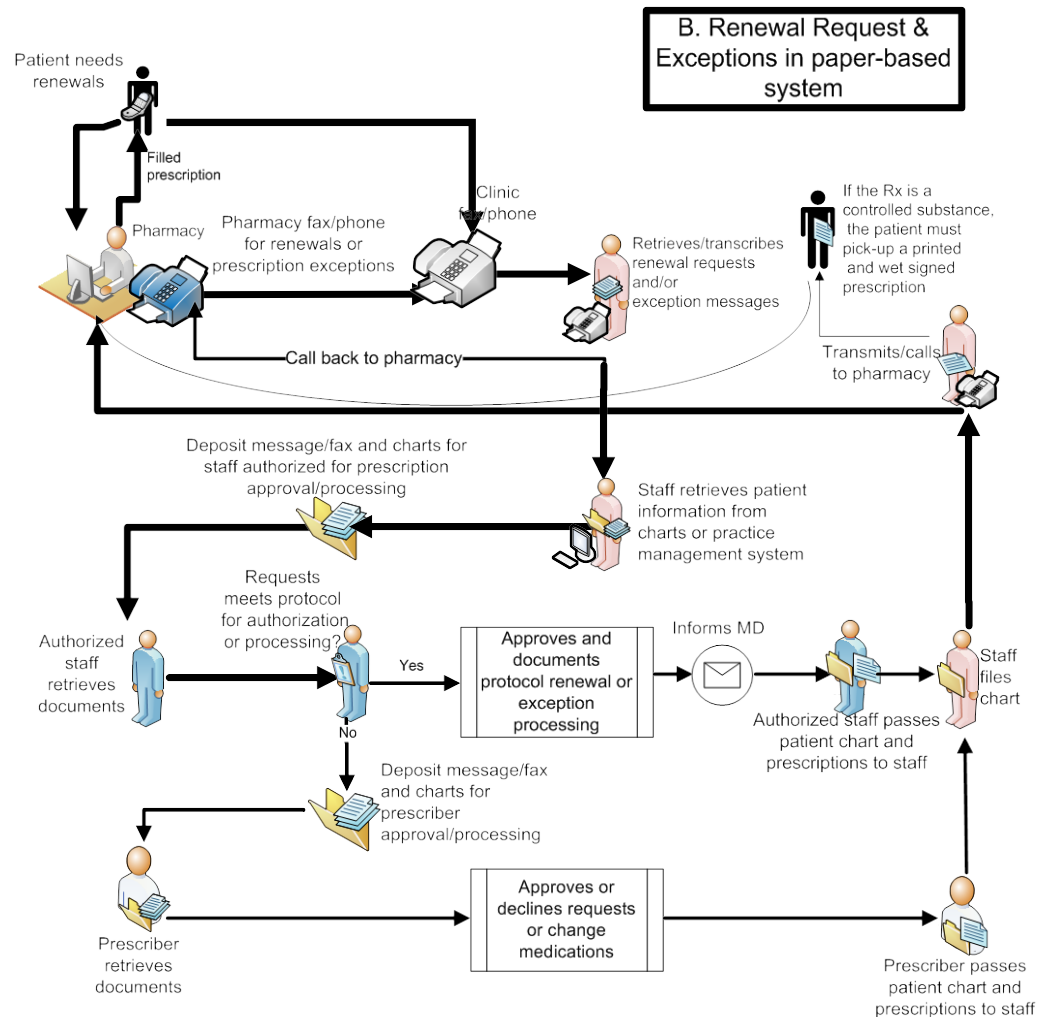| **E-Prescribing or EHR Implementation Leader**	Candidates:

■ **Role**: Has overall responsibility for the e-prescribing or EHR project and is typically selected by the executive sponsor. This person should have authority over project resources (e.g., equipment purchase, hiring or firing consultants).
 	
■ **Tasks**:
  ✓ Builds and leads implementation team
  ✓ Leads negotiation of goals with executive or owner stakeholders
  ✓ Develops and oversees plans for project financing
  ✓ Approves work of the implementation team, including system
	_____
	
	_____

Example Tools

- Chapter 4: Assessing readiness & preparing for change

Appendix 4.1 HIT Readiness Instrument.xls

	Readiness Area	Readiness Component	A	B	C	Response (A, B, or C)
1						
2	Finance and Budget[2] [3]	1. For HIT system acquisition, we are prepared to spend…	Nothing or very little	Approximately $3000 per prescriber[4]	Approximately $20,000 – $50,000 or more per full-time provider[5]	B
3		2. For ongoing maintenance and support of an HIT system, we are prepared to spend…	Nothing or very little	Up to $1000 per prescriber per year after the first year[4]	Up to $10,000 or more per full-time provider, per year after the first year[5]	C
4	Accountability	1. Clinical and administrative staff to analyze product options and contract terms and negotiate with the HIT vendor…	Do not have the skills, are not available, or are reluctant to fulfill these roles and responsibilities	Have some relevant experience, are available, and are willing to fulfill these roles and responsibilities	Are highly skilled, are available, and are eager to fulfill these roles and responsibilities	B
5		2. Clinical and administrative staff to plan the implementation and manage the system over time…	Do not have the skills, are not available, or are reluctant to fulfill these roles and responsibilities	Have some relevant experience, are available, and are willing to fulfill these roles and responsibilities	Are highly skilled, are available, and are eager to fulfill these roles and responsibilities	B
6						

Introduction & Instructions / T1 / T2 \ T3 / T4 \ Scoring Instructions /

Example Tools

- Chapter 5: Planning work process changes

B. Renewal Request & Exceptions in paper-based system

Example Tools

- Chapter 7: Scheduling & monitoring the implementation

	A	B	C
1		**Timeline for Stand-Alone E-Prescribing Implementation**	
2	**Week 5** **Pre-launch**	**TECH ASSESSMENT**	**PROCESS ASSESSMENT**
3		» Determine if baseline specifications are met	» Identify current Rx writing access and processes » Identify demographic data fields of interest for extract » Define training approach » Schedule data extract webex dates (2) & training date » Collect registration forms
4		**DELIVERABLES**	**DELIVERABLES**
5		» Prepare & provide IT needs summary	» Inform IM that PA is complete; IM will update scorecard » Provide to IM: -Process assessment summary -Completed registration forms
6	**Weeks 4 to 1** **Pre-launch**	**DATA CONVERSION**	**IT INSTALL**
7		» Contact practice to select/confirm webex date » Determine practice's access to data prior to webex » Coordinate needed staff for webex, if obtaining data directly from practice » Register practice & providers	» Install hardware & / or software identified on approved PO » Provide to practice: - Warranty information - virus protection information - system information - wireless & other passwords
8		**DELIVERABLES**	**DELIVERABLES**
9		» Advise IM: - agreed upon webex or data acquisition date - method of accessing data (through practice or PMS) - availability of desired fields - any unusual needs, costs, complications in data conversion » Provide data design document to practice, cc'ing IM » Provide error log of missing records » Complete data conversion within 2 business days of webex date	» Advise IM of scheduled install prior to install date » Provide practice wireless password to IM » Obtain practice signature on inventory of installed items, identifying install location for each item (e.g. front desk, physician's office, etc) » Advise IM when install is complete
10	**Launch Day**	**TRAINER**	
11		» Perform pre-training checklist items » Train practice members » Have practice complete "pre-training survey" » Provide application manual to practice	
12		**DELIVERABLES**	
13		» Provide feedback on training to implementation team	
14	**Post-Launch**	**TRAINER or IM**	
		» Provide onsite support to practice following training (1-3 days) » Make daily support calls for first week » Make weekly support calls for next 3 weeks	

Example Tools

- Chapter 10: Launch

<Clinic Name and Logo>

Dear Pharmacist:

My prescription(s) have been sent to your computer electronically, not by fax or phone. My doctor uses electronic prescribing for both my new prescriptions and for renewals. Please note that my doctor prefers all renewals to be sent electronically to the computer in order to respond to your request within 24 to 48 hours. Over 98% of electronic renewal requests are processed within 24 hours.

If your pharmacy is enabled for electronic prescribing, please check your computer system for my prescriptions. Even when you send a fax for a renewal request, my doctor will respond electronically. Please do not re-fax a request to my doctor unless it has been 48 hours since the original request was sent.

Thank you.

Toolset Pilot Testing

- Web meeting to introduce the Toolset

- Follow up web meeting after 2-3 weeks

  – Review your feedback

  – Provide more assistance with Tools, if needed

- You then proceed, using any Tools you find useful

- 4-6 weeks later:

  – Two field researchers conduct a 2-day, in-person site visit

    - Interview key staff about e-prescribing and any changes made using the Toolset

    - Observe prescription processes

Dissemination

- Project team to revise Toolset based on pilot testing results

- Online publication
  - Publicly available, probably via HITRC
  - Possible updating via wiki-type mechanism

- Regional Extension Centers
  - Use Toolset in achieving meaningful use
  - Personnel build expertise with repeated use

Percentage of Active Prescribers Using EMR vs. Standalone
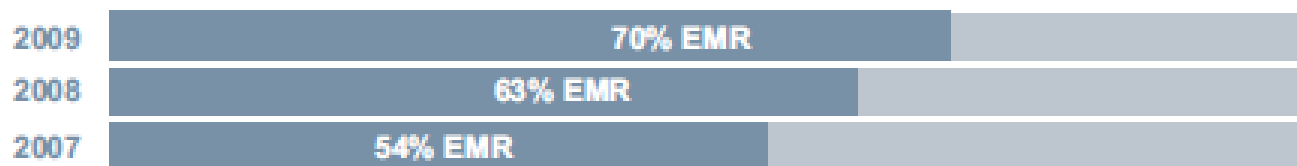
2009	70% EMR
2008	63% EMR
2007	54% EMR

Massachusetts Department of Public Health

Enabling e-Prescribing and Enhanced Management of Controlled Medications
(Grant #: RH18 HS 17157)

Michael Blackman, MD, MBA
Thomas Sullivan, MD

June 3, 2010
Washington, DC

Value to Practitioners

1) Advance e-Prescribing
   - Demonstrate that controlled medications can be e-prescribed safely with an efficient workflow
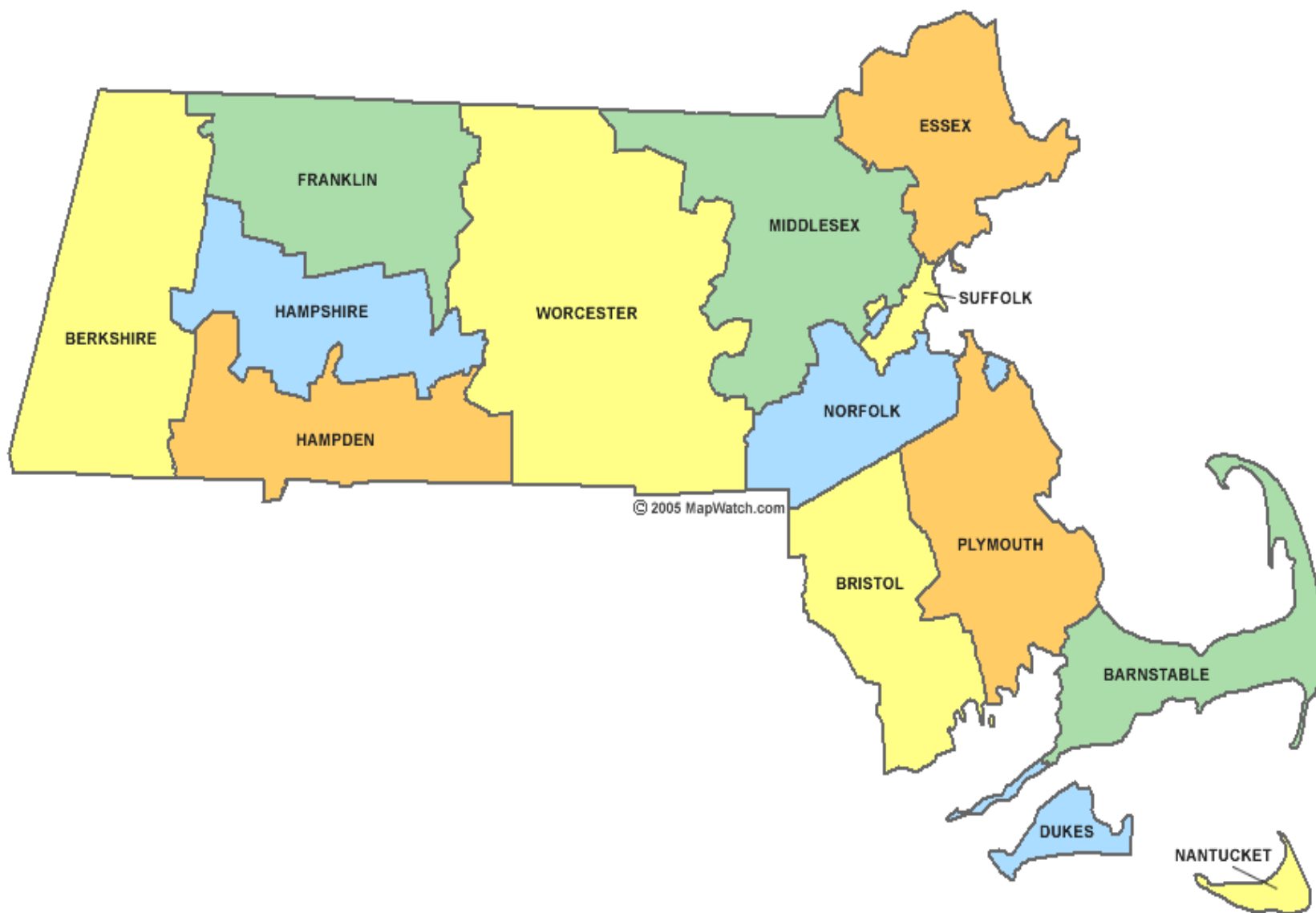
2) Improve medication safety
   - Enable consistent management of all medication types by presenting the prescriber with the most complete information available

Project Origins

Started in 2006

Community Pain Management Initiative

Based in Berkshire County Massachusetts

BERKSHIRE

FRANKLIN

HAMPSHIRE

HAMPDEN

WORCESTER

MIDDLESEX

ESSEX

SUFFOLK

NORFOLK

PLYMOUTH

BRISTOL

BARNSTABLE

DUKES

NANTUCKET

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Project Collaborators

MA Department of Public Health, Drug Control Program

Berkshire Health Systems, Inc.

Brandeis University

Dr. First, Inc.

eRx Network, an Emdeon company

U.S. Department of Justice, Drug Enforcement Administration

Global Sage Group (3rd party security analysis)

Supported by a grant from AHRQ

Project Purpose and Method

- Improve e-prescribing for end users

- Research, test and demonstrate the safety, security, quality, and effectiveness of e-prescribing of controlled substances (EPCS)

- Evaluate prescribers' experience with e-prescribing

Key Issues for EPCS

- Ease and convenience for users

- Law enforcement / regulatory requirements

- Schedule II vs. Schedule III-V
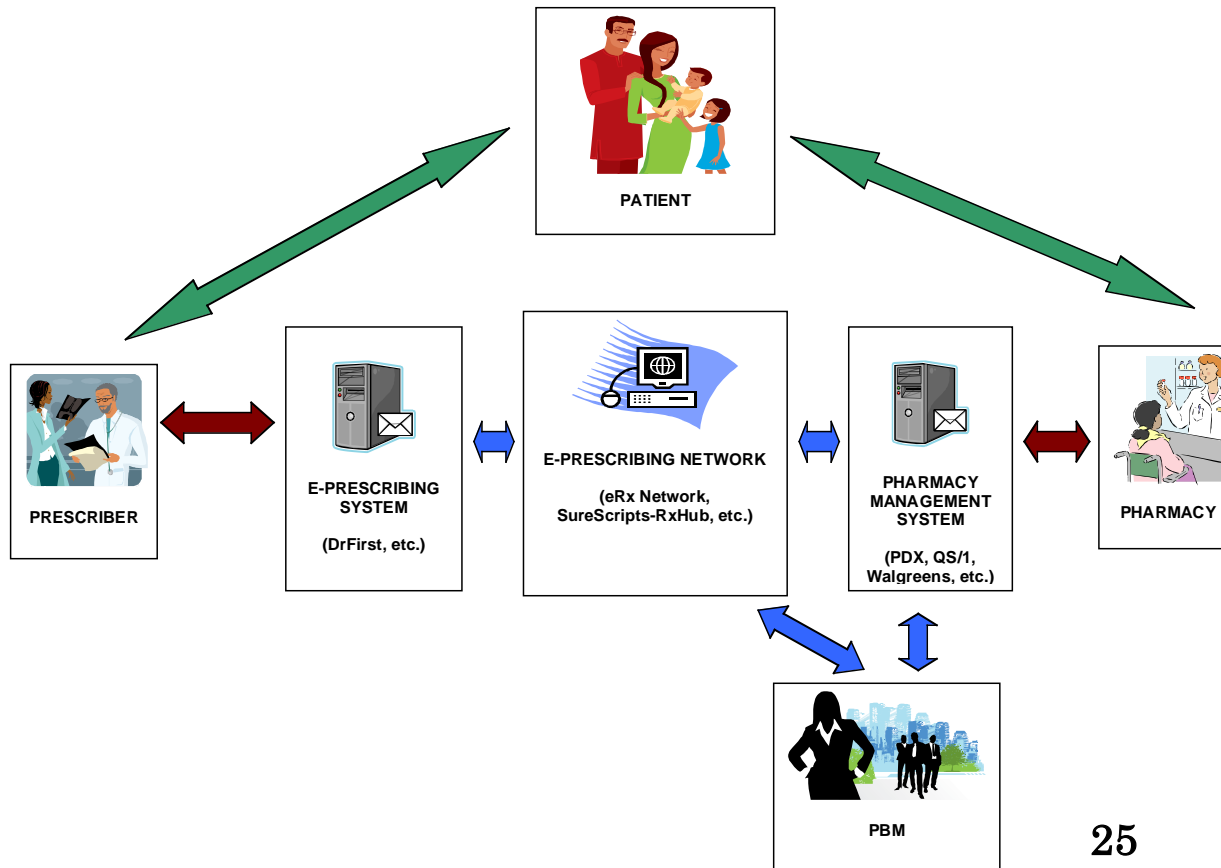
Benefits of a Solution

- Safety

- Ease of use

- Tracking

- Reduce fraud and abuse
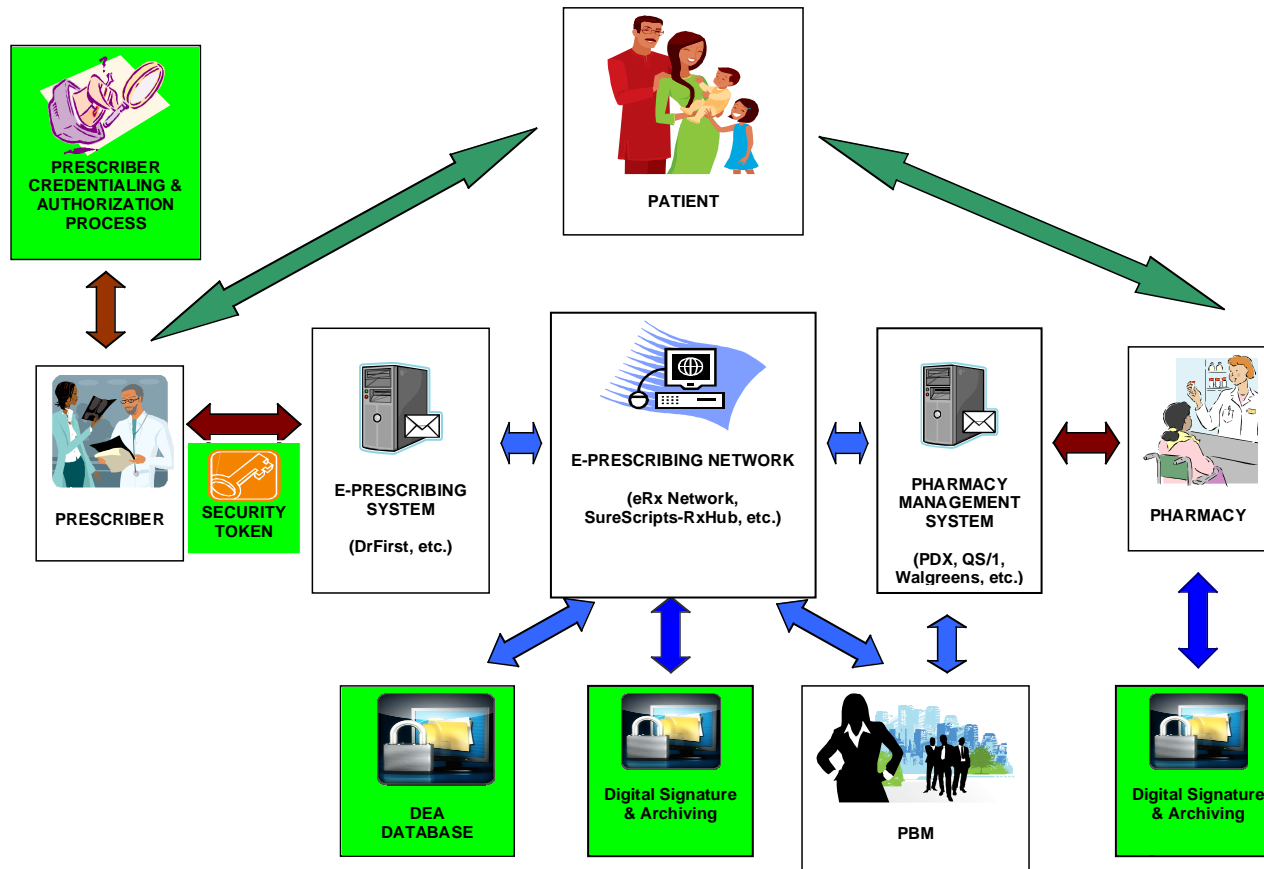
Controlled Medication Prescribing

- Controlled Substances Act

- Drug Enforcement Administration

  Memorandum of Agreement

  Notice of Proposed Rulemaking vs. Interim Final Rule

e-Prescribing – non EPCS Transaction

25

e-Prescribing – EPCS Transaction

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EPCS Demonstration