

# Electronic Prescribing: *What You Should Know*



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## Electronic Prescribing: What You Should Know

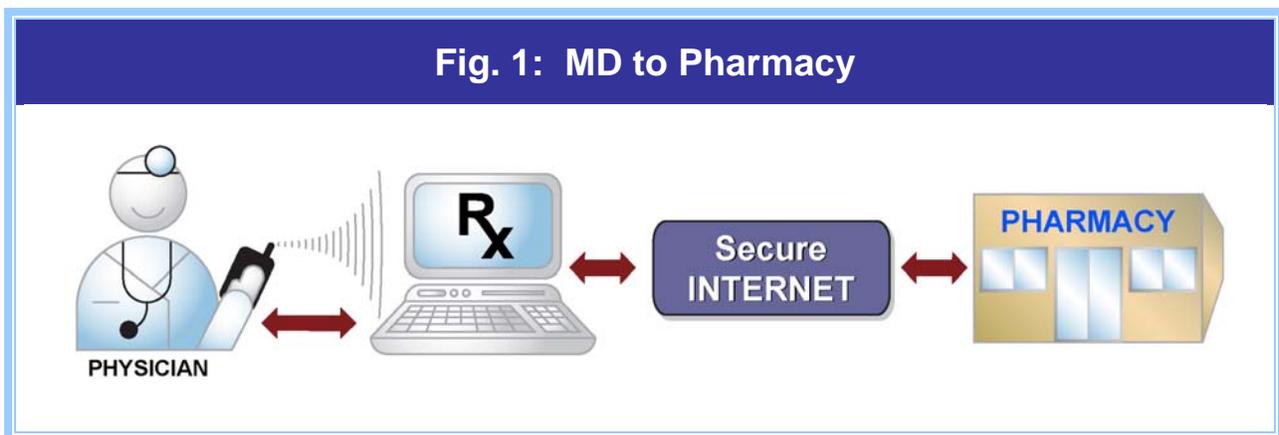
You may have heard a lot of talk about electronic prescribing (eRx) recently. If you are considering the option of switching to eRx for your practice or simply want to know more about it, this guide will help you to examine the pros and cons and to understand how to approach choosing an appropriate eRx system.

Remember that reliable, suitable eRx vendors should have anticipated most of your questions and should have the right answers ready for you to demonstrate how their system meets your needs. Don't be afraid to ask the questions and to question any answer that seems evasive or suspicious. It will require an upfront investment in dollars and time to bring eRx to your office: make sure that you are making the right choice and investing in a system that will enhance your practice.

Finally, a necessary word of caution: eRx systems are not the physician's office equivalent of iPods. They are not off-the-shelf items that can be plugged in and operational with just a simple software download. These systems are still in their infancy and come with all the complications and limitations of any technology at an early stage of development. Adoption of eRx will require research, investment and probably reorganization of office systems and policies.

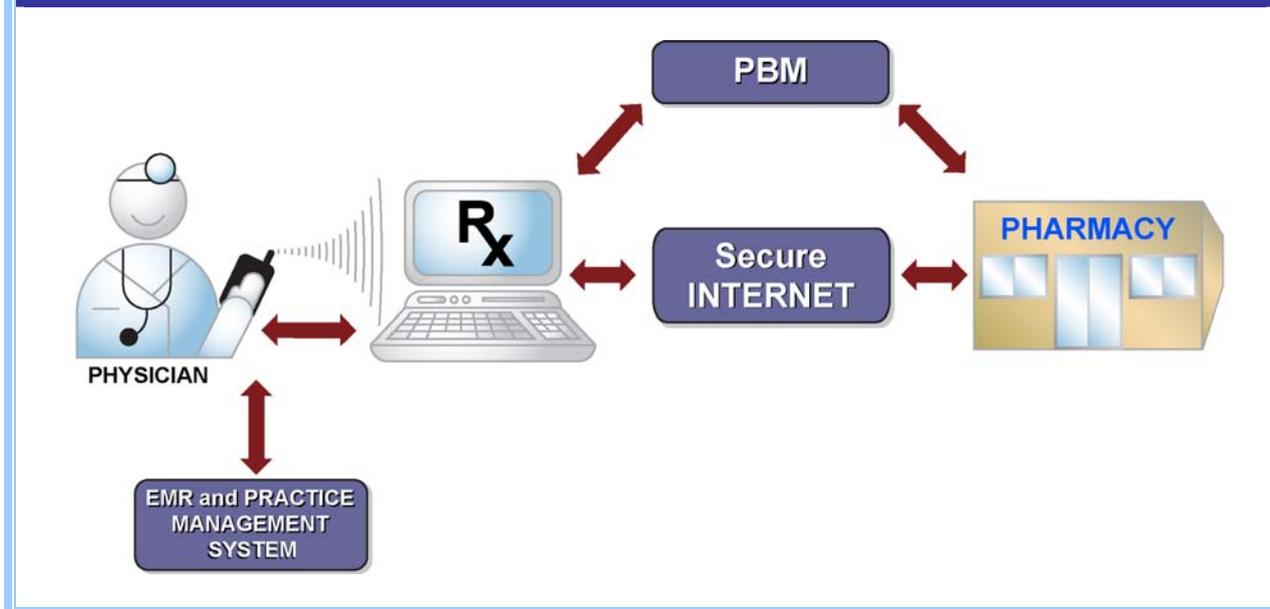
### Background

Electronic prescribing is the term used to describe the electronic entry and transfer of a prescription between the health care provider, pharmacist or health plan directly or indirectly and replaces the writing of a paper prescription. With eRx, the physician uses a computer or other Internet-ready device (such as a handheld PDA) to enter the prescription information, and then the prescription is securely transmitted electronically to the patient's choice of pharmacy to be filled.



In addition to the prescription going to the pharmacy, relevant information (prescribing histories, formularies, co-pays, etc.) may be exchanged electronically among physicians, payors (insurance company or other) and prescription benefit managers (PBMs). Some eRx systems are integrated with other computerized practice tools, such as an electronic medical record (EMR; sometimes referred to as an electronic health record, or EHR).

**Fig. 2: Fully Connected Model: MD, PBM, Pharmacy**



### Why It's Important to Understand Electronic Prescribing

Growing interest in eRx is driven by a number of factors, including increased computerization of medical offices, anticipated advancements in integrating different office systems (e.g. an eRx system with an EMR) and a specific focus on eRx in the *Medicare Modernization Act of 2003 (MMA)* and subsequent legislation. Underlying all of these changes is the federal initiative to develop a national health information infrastructure that will enable interoperability (how electronic systems built with different technologies and supported by different companies communicate with each other) among health information systems. This initiative envisions an end point at which all medical data including patient histories, individual prescribing data, and health plan information will be integrated seamlessly as electronic data. Obviously, we have a long way to go before that occurs.

Perhaps the single most influential issue behind the drive toward eRx is the belief that the move from hand-written to computer-generated prescriptions may reduce errors related to mis-reading instructions. In addition, the inclusion of other information about the patient may provide another level of safety by checking for drug contraindications, allergies and dosing errors would be identified upfront. It remains to be seen if there will be a significant change in prescription errors once eRx is more widely adopted since there have also been reports of new types of errors such as inadvertently choosing the wrong drug or dosage from a pull-down menu.

For now, we know that interest in eRx is growing and many practices are starting to ask “when is a good time to make the switch?” If you are asking this question, this information may be helpful to you in working through the issues and making decisions.

## The MMA and other Legislative Influences on eRx

*The Medicare Modernization Act 2003 (MMA)* exerted a strong influence on eRx and how it will work in practice. Prescription Drug Programs (PDPs) or payors for Medicare Part D are required to support electronic prescribing. Health care providers currently are not required to use eRx (for their Medicare Part D eligible patients), but if they do, they must comply with federally appointed standards. Under the MMA, a faxed prescription (even if generated by a computerized word processing program) is not considered an eRx, but CMS has indicated that this exception would be time limited. Initial standards for eRx under Medicare were announced in 2006 and must be used by all covered entities that use e-Rx for Part D medications prescribed for Part D eligible individuals. Pilots for eRx were also conducted in 2006, and reflected the readiness of additional standards regarding drug formulary, patient benefit and medication history functions. Final standards will be issued in 2008 after information from the pilots has been fully assessed and feedback from public comment is incorporated. . Your eRx vendor should be up to date on these standards and be able to show how they are ready to comply with these requirements now and in the future.

More recently, additional legislative actions have taken place to facilitate eRX adoption. In August, 2006 the Centers for Medicare & Medicaid Services (CMS) and the Office of the Inspector General (OIG) created new exceptions and safe harbors to the Physician Self Referral Law (Stark) and the federal Anti-kickback Law related to electronic prescribing as well as electronic health records systems. Hospitals, group practices, Medicare Prescription Drug Plans, and Medical Advantage organizations were provided increased capabilities to donate eRx technology that could include hardware, software, and information technology and/or training services that are necessary to receive and transmit electronic prescription information.

In late 2007, legislation was introduced by Senator's Kerry and Ensign mandating that physicians use eRx for Medicare prescriptions by 2011. The idea of mandating eRx use to increase patient safety and healthcare effectiveness and efficiency is supported by the Institute of Medicine, the American Health Information Community—a federal advisory body chartered to make recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) on how to accelerate the development and adoption of health information technology—and multiple other health care stakeholders. The Kerry bill includes the payment of a one time bonus to cover eRx start-up costs, an on-going bonus for evaluation and managements (E/M) services coupled to office visits in which eRx is used, and a penalty beginning in 2011 for E/M services connected to a prescription that could have been made through eRx, but was not made. This bill is receiving significant bi-partisan Congressional support, but has not yet passed into law.

## Considerations Before Selecting and Implementing an eRx Solution for Your Practice

### Potential Benefits and Pitfalls of Switching to eRx

- **Greater Efficiency:** eRx can make certain functions of your practice much more efficient, especially by implementing a prescription renewal process that allows you to minimize interruptions due to pharmacy calls and to write multiple prescriptions for a single patient. For those with integrated systems (e.g., an EMR with eRx capabilities), there is also the convenience of having prescribing and re-fill data automatically entered in the patient's health record. There are additional aspects of eRx that may also be beneficial: some of the functions associated with prescribing will be moved "up front" for the physician to manage. For instance, the automatic exchange of information among payors and physicians means that all supplemental information should be available at the touch of a screen as a prescription is being written. The availability of coverage and formulary information, co-pay levels and preferred alternatives, as envisioned under the MMA, eventually will provide the physician with the opportunity to take these considerations into account at the point of care. Therefore, the eRx process fundamentally changes the role of the physician from one who simply starts a chain of events with a pen and prescription pad to someone who, due to automation, is able to become directly involved in the entire process, from checking on all drug interactions to communicating with the pharmacy about compliance, medication therapy management and refills. This change places the physician as the appropriate central individual coordinating the patient's care, and given the availability of this information, appropriate support staff can help manage the process.
- **Efficiency Challenges:** Note that the change to the physician's role does place a greater immediate administrative burden on the physician. Since much of this burden occurs at the point of care, physicians should carefully weigh the additional time needed per appointment, and be prepared to make accommodations for these changes. Ironically, efficiency gains may also be off-set by the design of the features intended to make the process easier. For instance, if information on co-pays and alternatives is clearly presented, that can be very helpful, but if the eRx system also is designed to continually present the payor's preferred options, even after you have made your treatment selection, constant deletion of these competitive reminders can be time-consuming. A similar caution applies to other "pop ups" (see below for a more detailed discussion of these issues).
- **Quality Improvement:** Readily available information on patients and treatment choices may result in improved patient safety and better selection and management of medication therapy.
- **Potential Obstacles:** Much of the value of eRx relies on its connectivity so that the right information can be transmitted to and from the relevant parties. Until eRx is in use across the US, some of the benefits of the technology may not be realized. For instance, accessibility of real time information on formularies and benefits is not currently widely available. It will be important to check what health plans and pharmacies in your service area are actively participating. Most of the major pharmacies are connected with several eRx vendors, but there are still coverage gaps, and many independent pharmacies may come into the system later. If you are in an area where several pharmacies or health plans are not yet participating in eRx, you will have to maintain two systems, eRx and paper Rx

until the requisite businesses come on line. This dual approach may create administrative hassles that offset the value of eRx.

- **Performance Assessments:** Physicians may be practicing in environments where they are held responsible at some level for the overall costs of the prescriptions they write, and for reporting on clinical performance measures. In these environments, eRx may provide additional insights about the practice's formulary adherence, help facilitate reporting requirements and identify patients who require follow-up.
- **Medicare:** Although eRx is currently voluntary for physicians who participate in Medicare, the federal government plans for it to become the preferred, if not required, method before the end of the decade. Most systems currently available do not provide an eRx-mediated method to request and receive answers on prior authorizations. This means that for Medicare patients whose treatments require prior authorization requests, physicians will have to interrupt the eRx process, revert to paper work, and reconcile the records accordingly.
- **Other Issues:** Perhaps the most significant pitfall with eRx is that outside of the hospital environment, it is a relatively new concept and uses new technology. This means that on many levels, the kinks may not have been worked out. Many physicians who adopted earlier versions of eRx in the past five years found that the systems and vendors failed to deliver on the promises they made. It is expected that as federal standards continue to develop and vendors work through problems encountered by the early adopters, eRx systems will be much improved from every angle, including user-friendliness, compatibility with other technology, and vendor support for problems. Nonetheless, those physicians who decide to switch to this technology earlier than others may still find themselves acting as guinea pigs as issues come to light.

## **Initial Considerations: Planning, Compatibility Issues, and Training**

There are a lot of variables to consider in making any change that will significantly change a practice. Some of these variables are very specific to the circumstances of individual practices, but there are some elements that will be common to most practices. These are reviewed below.

### **Selecting a System:**

- Physicians may wish to consider first moving to a stand-alone eRx system and later to an EMR with eRx.
  - A stand-alone product is one that provides only the ability to issue and document prescriptions electronically. They are not electronically connected to other office tools.
  - Some internet-based eRx products can be integrated with registries, electronic lab order entry and retrieval and secure email.
  - EMRs are more comprehensive systems through which all patient data (medical histories, prescribing information, payor and benefit information, scheduling, etc.) are managed.
    - Some physicians favor stand-alone systems because the start-up and maintenance costs are much more affordable than full EMRs (based on a recent report, the stand-alone eRx systems cost between \$1,500 to \$3,000 in up-front costs and about \$50 in monthly service fees). However, there is also a concern that the push toward fully integrated electronic medical offices will render stand-alone systems obsolete over

the next decade. Those who are considering stand-alone systems should look for ones in which the data can be easily extracted and entered into other systems when a decision is made to move to an EMR. Stand-alone systems will also require parallel maintenance of paper records on each patient, including print-outs of all activity carried out on the eRx system. Alternatively, there are vendors who offer a range of modular products: stand-alone eRxs, EMRs, and practice management systems that can be installed individually or collectively over time.

- Some eRx products are integrated into EMRs or they are derivatives of products embedded in EMRs.
- Ideally, the eRx tool you decide to use should be compatible with other computerized systems in your practice such as those for billing and scheduling and any systems that are used to maintain information on patients.
- If you don't have a lot of computerized systems or if they are quite dated, it may be worth assessing the entire practice and deciding what other information technology support systems should be purchased or upgraded at the same time as the installation of eRx.
- Since the majority of patient calls are received by office staff, think about what kind of access you want them to have to the system so that they can answer patients' questions and ask the vendor how they can help you with these features on the system.

### **Readiness Assessment**

- Perform an in-office readiness assessment
  - Assess your colleagues' willingness to switch to eRx: some may already be technology savvy; for others this could be a totally new venture. You will have to take this into consideration and devise appropriate strategies to assist in the transition.
  - Don't forget that staff will need training not just on systems, but also on any new processes that they may have to follow to ensure the practice remains within HIPAA guidelines
  - Review of your technical infrastructural ability to support a computerized system (high-speed Internet, etc.). It is not recommended that an eRx system be installed with the intention of using a phone-based connection to the Internet.
    - If your current process is entirely paper-based, then the move to eRx may require installation of new computer work stations for you and support staff who play a role in the prescribing process; you will need to consider using high speed internet.
    - Also bear in mind that if you are looking at a system that includes hand-held devices such as PDAs, you will need a wireless system (provided through installation of a router) in addition to a high-speed Internet connection.
  - These changes will also require that procedures be put in place to back up your data and keep it safely and securely.
  - Don't forget that staff will need training not just on systems, but also on any new processes that they may have to follow to ensure the practice remains within HIPAA guidelines, as well as policies on who can handle renewals and call-ins from patients.
- Importantly, the additional up-front work for physicians referenced above could have a significant impact on your personal work flow and that of your colleagues. Make sure that

you plan for these changes and the adjustments that will be needed in terms of time management and scheduling.

### **Transfer of Practice Data (Patient Medical Records, etc.) to the New System**

- It can be time consuming to enter patient information especially while making sure that it is accurate. Decide which staff members will be responsible for data transfer based on their training, familiarity with systems, their ability to do this task efficiently and accurately, and their availability to take on this task. If no staff member is appropriate, you may have to hire temporary data entry support, but make sure that all patient privacy standards are upheld while data are being transferred.

### **Technology Literacy**

- You and your colleagues should be comfortable with the use of computers and/or PDAs. You must carefully assess your staff's computer skill level and use that assessment to plan for basic skills training as necessary and to set expectations about how long it will take for your staff to become proficient. You also will want to use this information to match the tools you consider with the range of capabilities within your practice.

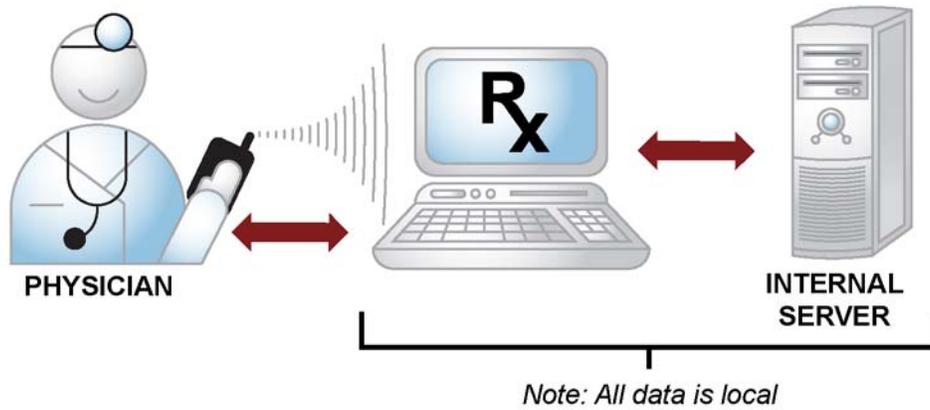
### **Data Entry**

- For those who type well, typing combined with a pointing device such as a mouse or stylus is an efficient way to enter data and navigate through an application. But typing doesn't always fit into an ambulatory setting. Fortunately many eRx systems allow you to use 'pick lists', customized lists which will minimize the need to type.
- Take the time to understand your options. Take a careful look at the overall proficiency of your colleagues and staff to determine how flexible the tool you use might need to be. This is especially true if you are planning on issuing prescriptions from a handheld device. They are handy but they require "thumb-typing" which may cause typographical errors.

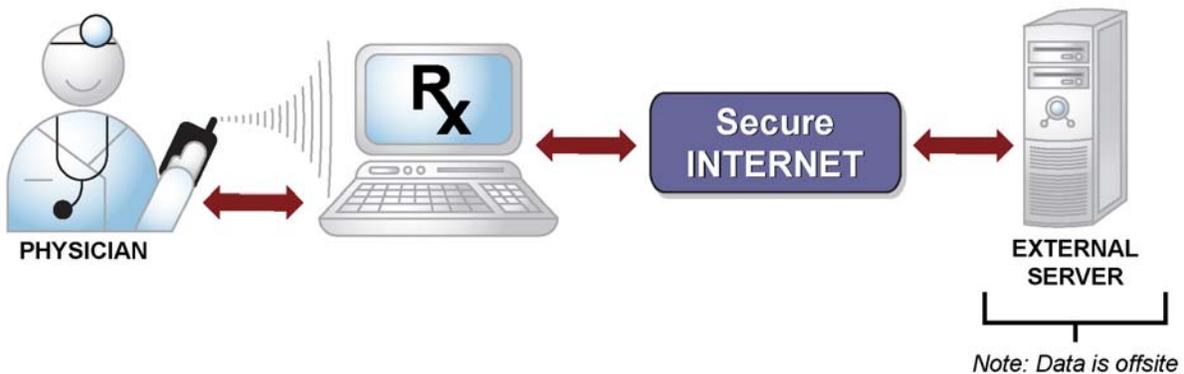
### **Ability to Support an Information Technology (IT) Infrastructure**

- Practices that have good in-house IT support may be comfortable with full ownership of a system that they can customize and manage independently (Fig. 3). But for many small practices and those that do not have savvy technical people in-house, an alternative model is to out-source support of the technology to an Application Service Provider (ASP). In the ASP, or hosted model, your internal support requirements are limited to the device you use to access the application and an Internet connection (Fig. 4). The ASP option will have less upfront cost but will incur additional ongoing costs (most likely a monthly fee) as accountability for operations and maintenance of your system will be placed with trained personnel managed or certified by the vendor. Keep in mind, however, that data will be stored beyond the confines of your practice. Therefore, the ASP option introduces some serious data ownership and control issues that need to be addressed contractually, with a provision also made for physical back-up of data under your control.

**Fig. 3: Office-based Server**



**Fig. 4: ASP Model**



## The Vendor

### It Will Be Important to Ask Questions About the Vendor, Not Just About the eRx Tool

- Stability of the company is an essential feature of any eRx product you consider. Initially, many companies entered the marketplace but left the business after a few years leaving their customers with unsupported systems. Ask if the company is well-established or a start-up venture. Ask how many installations they have done and over what period of time, and for a description of their support network and officers. Also ask if the company has any background or history in providing technical support services specifically to the health care

sector. It's especially important that vendors have an understanding of the regulations that govern the provision of health care in the U.S. today.

## **Company Funding and Sponsorships**

- External revenue sources can help defray the costs of eRx applications to you, the end-user. But they can also change the nature of how the tool is designed. So it is important to understand the relationships the company has with outside parties. If the vendor plans to sell data about your prescribing activities to third parties, such as payers, pharmaceutical companies or data aggregators, you'll want to understand what kind of data they sell and decide if you want your information being used in this fashion. Some of it could be used for designing clinical research, for example; other information could be used for marketing strategies or analyzing your formulary compliance.
- Similarly, a vendor may offer your practice a free or deeply discounted product that is sponsored by a third party such as a health plan. Note, although such activities would normally be prohibited under "kick-back" rules, Federal law does permit health plans and PBMs to assist physician offices with the deployment of eRx applications. Nonetheless, we recommend close scrutiny of a discounted offer to ensure that it is made in good faith and that it does not oblige physicians to accept any system features that may be undesirable. It is recommended that physicians seek counsel to determine the legality of any proposed offer.
- If offered a heavily discounted product, look carefully to see how these tools are designed to determine if there are any components that may try to unduly influence your prescribing behavior to the sponsor's advantage. For example, some eRx tools may require that a diagnosis code be entered into the system before you can do anything else so that payer-preferred drugs are offered first. While some physicians may find it useful to start with a diagnosis code, others may find this method an impediment to their own prescribing process.
- Some vendors may enable their products to send commercial messaging to you whenever you are using their tools. Unwanted messaging may offset productivity gains at the point of care and detract from time with patients. If commercial messaging is permitted, find out what kind of messaging will be allowed, how and when it will be delivered, if it can be turned off and what the relationship is between the vendor and the sponsor of the message.
- If the company is publicly traded, you can obtain information about its assets and track record. Even if it is privately held, you can request to see financial information, though you may have to sign a nondisclosure agreement.

## **Adherence to Federal and Nationally-Recognized Standards for eRx**

- A process to develop standards for eRx has been underway for quite a while, through organizations such as the National Council for Prescription Drug Programs (NCPDP) or Health Level 7 (HL7). These standards cover many aspects of eRx from how different electronic systems should communicate with each other to what kind of information should be shared with payors and other third parties. Reliable vendors should be aware of the standards development process and optimally, should be participating in the process. Minimally, they should be able to demonstrate that their systems will adhere to the standards that are emerging.

## Vendor HIPAA Compliance

- It is very important to understand who, on the vendor's side, has access to the data. The vendor side of the system should be as secure and HIPAA compliant as your side. Companies that are actively pursuing safe harbor certification to ensure that they are HIPAA compliant will be happy to tell you that they are working on this issue. Others should be able to tell you what safeguards they have put in place (such as training and auditing) to ensure that patient data will be handled appropriately by support technicians and others who may have access to it while supporting your application.
- Remember that most vendors are taking federal standards as their guide for how to operate, but state laws and regulations apply also, and your vendor should be knowledgeable of the laws in your state.
- It is also useful to note that the DEA is concurrently working to revamp its regulations governing the prescribing of controlled substances. As the DEA and individual states may require very specific prescribing methods, your eRx tool must be able to address these requirements once they are put in place.

## The Application

### Pharmacy Compatibility

It will be important to verify that the pharmacies most used by your patients (including mail order) can exchange information freely with your system.

### System Security

This is clearly one of the most important issues to address with any tool you are considering. The fundamental benefits of eRx revolve around the ability to exchange medical information on patients across different systems and with many individuals working with those systems. While this may appear so obvious that it would be a feature of any system, the question should still be on your check list. Reports of inadvertent release of private information emerge daily involving even the most sophisticated large companies. Any worthwhile eRx tool should be designed to ensure that information can be exchanged with appropriate parties while protecting against unintended information leakage or intentional intrusion. The system should protect data not just while it is being exchanged but also while it is stored, whether on your office system or on any remote databases.

### Real Time Prescription Transfer

Does the system transfer each prescription to the fulfilling pharmacy in real time (i.e., as soon as you choose to send it) and notify you about transmission and delivery status? These features are important in terms of service to patients and efficiency. Systems that group prescriptions to send in a batch every couple of hours, or that don't identify delivery failures will leave you with disgruntled patients whose prescriptions are not ready when they show up at the pharmacy and offset any efficiency gains if you end up having to phone them in anyway and then delete the originals from the system.

## **Speed**

Some tools are designed with user efficiency as their most important characteristic. If you have a fairly common set of drugs and dosages you most frequently prescribe, it will be important to have a “favorites” list that you can easily access. Most tools offer this feature, but you should test them out as some may do so more consistent with your way of practice.

## **Dose Calculators**

If you deal with a population with dosing sensitivities such as patients with renal failure, the elderly, and others, dosing calculators can help speed the prescribing process while reducing errors.

## **Safety Alerts**

Alerts are often cited as a positive feature of products because of their ability to provide valuable real time reminders of contraindications and other warnings (e.g., potential drug-drug interactions and drug-allergies), but in practice they often are ignored or shut off entirely because they either provide too many alerts to be useful or aren't contextually sensitive enough. Safety alerts should be relevant and efficiently displayed. Find out how much control the tool gives you to set the right threshold for alerts. Ask if you can acknowledge specific alerts for individual patients so that you're not reminded every time they come up. Also inquire if you can turn off an alert for a period of time if it's something you're already aware of.

## **Benefit and Formulary Access**

Ask the eRx vendor if you will have convenient online access to your patients' drug benefit information (formulary status, co-pays, deductibles, etc.). Find out if the tool performs real time benefit checks on your patients to ensure that you are looking at the right formulary for the right patient. This information should be updated regularly to ensure that what you see on a screen reflects the current status of the patient's health plan benefit.

## **Efficiency Obstacles**

Will you be forced to click through additional screens and reminders if you select a non-preferred product? Additional clicks and pop-up warnings are often aimed at driving prescribers down the path of least resistance to a preferred decision. Determine the source(s) of the information and learn if and how you can exert control over potentially disruptive processes and messaging.

## **Prior Authorization Assistance**

Many tools are not yet set up to facilitate real time prior authorization requests. Ask about plans to update the system once standards governing this process are in place and health plans are adjudicating prior authorization requests online.

## **Drug References**

Most vendors license drug knowledge databases from drug compendia companies such as First DataBank, Medi-Span, and Gold Standard Multimedia. Others build their own reference database and try to maintain it. Updates to these databases should be frequent enough to

ensure that you have timely information available. Minimally, updates should be quarterly, but updates that occur automatically as new treatments and new information on treatments become available are preferred. What's most important is that the editorial staff of the database maintains its independence and can provide you with up-to-date, relevant insights on best prescribing practices.

## **Decision Support Tools**

Other than the major drug compendia, you may have a favorite decision support tool that would be helpful such as ACP's own PIER (<http://pier.acponline.org/info/>). Ask what other tools can be integrated into the system.

## **Audit Trails**

There are no formal standards as to what an audit trail should include. Minimally, it will be necessary to know who is accessing and using the information, how and when. If the tool has prescription monitoring capabilities that are sent to health plans (on prescribing behavior such as how you adhere to prescribing guidelines or quality performance measures), can you access the data also and can you pull data for your own practice evaluation studies?

## **Real Time Data Transfer and Backup**

Real time transfer and back-up of data is very important. If the eRx tool is integrated with your other office systems (patient records, scheduling and billing, etc.) it should update information real time and perform data back-ups regularly so that you are confident that the information appearing on screens is accurate and up to date. The back-up system should permit for quick and easy restoration of data if your office system is lost or damaged. Ideally, there should be an alternate access route to the back-up data that allows you to access the data if the network goes down. Most importantly, you must understand what processes are required to keep your office functioning in the event of a system failure.

## **Terms of the Deal**

### **IT Requirements**

Make sure that you understand from the vendor what the exact hardware and software requirements will be to support the system and enable integration with your other office components.

- Ask about any additional hardware or software separate from the application that may be required.
- Ask if you will you have to increase the Internet connection speed to your office in order to make the tool work at its optimal speed.
- Get a list of all compatibility requirements (information about each system component and those of your existing systems to ensure that it's possible to exchange data among them

and synchronize data regularly without creating glitches or system failures) AND any known incompatibilities that have come to light through testing or use in other practices.

## **Costs of Ownership**

- Cost assessments should factor in the actual system costs as well as any extras (back-up fees, maintenance fees, license agreements, update fees, etc.) that will be required and consider the costs of productivity losses while training and system implementation takes place.
- The cost of the equipment and installation account for the initial outlay may be the accepted cost of keeping up to date, but what will the periodic costs be to ensure peace of mind (see questions on the service package below)? Which vendor can best address these issues and provide the practice with a sense of confidence about the future?

## **The Service Package**

- Inquire about all aspects of support and licensing. Find out how support is provided. For instance, some providers will send technicians onsite to address problems while others may offer only remote telephone support or lists of frequently asked questions on their web sites. Also enquire if support is limited to specific hours or available 24 hours a day, seven days a week.
- Always check what services are built into the package costs and which ones will come at an extra charge. Typical components of service packages include product updates, technical support and remote data back-up. As in the example above, onsite support may be a fee-based option or your contract may limit you to a specific number of service visits after which a fee will apply for additional visits. Ideally, service packages and licensing for additional users should be built into the up-front fees, but if they require additional fees; be sure you know about them.
- Licensing should cover enough users (physicians, nurse practitioners, etc.) so that your practice can run efficiently regardless of whether you have multiple offices and/or add new physicians or staff.

## **So what else should you consider before signing on the dotted line?**

Get it in writing. Have the vendor write every part of the package in your contract, including service agreements, training, privacy guarantees, etc.

Consider termination strategies. Even the best vendors can let you down or go out of business (consider catastrophic situations that affect businesses such as the New Orleans floods). Look at what you might need to support a system if the vendor cannot help you.

## **Conclusions**

The Center for Practice Improvement and Innovation (CPII) has written this eRx guide to provide ACP members with an overview of the current forces driving eRx, a description of the application itself, potential benefits and pitfalls, and guidance on vendors and contracting

issues. If you find that you need further assistance, you may contact CPII for direct personal assistance using the convenient email contact box appearing on ACP's webpage.

[http://www.acponline.org/running\\_practice](http://www.acponline.org/running_practice).

We wish to conclude with the following observations:

- Installing an eRx system is doable!
- It may not be as simple as ABC but it can be done and can provide significant and growing benefits to a practice.
- Where do you start?

To get you started on the process, a checklist is provided at the end of this guide that will help you go through the necessary steps.

Consult with colleagues, local, state, and national medical societies, area pharmacies, and other trusted sources for recommendations on vendors and tools. Don't forget to check the vendor out with your local Better Business Bureau. You may also call the CPII directly at (800) 523-1546.

## eRx Checklist

This checklist, though not comprehensive, provides a basic review of the steps necessary for a successful eRx implementation. The specifics of implementation may vary significantly depending on the vendor solution selected. For example, depending on the size of your practice, you may choose to bring various members of your practice online over time rather than all at once.

### Get Ready (Before you buy)

- Colleagues are committed to change
- Staff understands the changes involved and are an active, engaged part of the process
- Practice's eRx evaluation and implementation team ("**eRx EIT**") is operational
- Colleagues and staff have all been assessed as to their baseline user capabilities (e.g., computer savvy, ability to type)
- A technical review shows that the practice has all the necessary infrastructure and technical capabilities to support eRx
- eRx EIT has a comprehensive criteria set for evaluating eRx vendor solutions
- eRx EIT has a budget that includes financial resources, grant opportunities and calculated potential savings

### Get Set (eRx vendor selection and installation)

- Initial review of potential solutions narrowed to six to ten potential candidates
- Remote demonstrations and product reviews conducted on first round candidates
- Selection of three to five candidate vendors for more comprehensive assessment
- Evaluation of final candidates and formal bid proposals by eRx EIT and ancillary support (e.g., legal counsel, IT support)
- Vendor selection
- Contract finalized and approved, including implementation plan and timing
- Detailed implementation plan completed
- All necessary hardware ordered, installed and tested
- Pre-launch training of physicians and staff completed
- All necessary software installed and tested, including backup mechanisms, connectivity with pharmacies and payers, as well as audit and security protocols
- Internal campaign to raise awareness among physicians and staff of eRx go-live date completed

### **Go! (Implementation)**

- Additional resources ready to assist physicians and staff for go-live.
- Physicians and staff brought live onto the system according to implementation schedule
- eRx EIT reviews initial data from implementation and makes any necessary adjustments to workflow process
- Remaining physicians and staff brought online
- Implementation phase completed

### **Go Further (Beyond implementation)**

- eRx EIT reviews implementation results and user feedback
- Backup system tested according to maintenance schedule
- eRx EIT converts to eRx Process Improvement Team to evaluate new data streams resulting from eRx implementation and executes on strategies for continuous process improvement