

ePrescribing Make the Connection!



Virginia HIMSS Annual Meeting

October 15, 2009 – Williamsburg, Virginia

Walt Culbertson

- CEO and President , HealthTransactions, Inc.
- President, ePrescribe America, Inc.

- Founding Executive Director of ePrescribe Florida, a collaboration of Florida's leading health plans, provider and pharmacy organizations, and electronic prescribing vendors
- Founding Chair of the Southern Healthcare Administrative Regional Process (SHARP), a regional collaborative workgroup alliance of private and public health care organizations and HHS, HRSA and CMS
- Founding Co-Chair of a CMS Sponsored Southern Insurance Commissioner Task Force
- Founding Security and Privacy Co-Chair for the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP)
- Executive Board of the HIPAA Conformance Certification Organization (HCCO)
- Data Interchange Standards Association (DISA), and DISA XML-EDI
- Healthcare Information Management Systems Society (HIMSS)

- Former Adjunct Professor of eBusiness, Florida State University
- Founding Chief Technology, Security and Privacy Officer, Webify Solutions (Subsidiary of IBM)
- Founding Chief Technology, Security and Privacy Officer of Availity, LLC
- Vice President of Healthcare for Computer Management Consultants
- Vice President of HIPAA Solutions for the TriZetto Group
- Consulting Director in the Healthcare Practice of PriceWaterhouseCoopers, LLC.

Agenda

- **Getting Started**
 - Healthcare Reform Pushing Healthcare Technology
 - Incentives and Business Case for ePrescribing
- **CommonwealthRx**
 - Why Collaboration
 - Who is CommonwealthRX
 - What is our Mission
- **Closing Thoughts**
 - Where to Get HELP!



**"We tried dedicating this computer to deciphering our doctors' handwriting."
Cartoon by Dave Harbaugh**

Getting Started



- Why the Push for HIT?
- ePrescribing Business Case

Healthcare Reform Pushing Healthcare Technology

THE WALL STREET JOURNAL. Digital Network [WSJ.com](#) [MarketWatch](#) [BARRONS](#) [All Things Digital](#) [More](#)

MarketWatch
Weekend Edition

Learn to build simple, winning portfolios - [Lazy Portfolio](#).

FRONT PAGE **NEWS & COMMENTARY**

Columnists First Take Special Reports Blogs Podcasts Industry News Economy & Politics

LATEST NEWS U.S. dollar rises to 106.62 yen vs 106.21 yen late Friday

SureScripts-RxHub Applauds House and Senate Passage of First Ever Medicare Incentives for Physicians to Use E-Prescribing
Place of Paper Prescriptions

Last update: 6:14 p.m. EDT July 9, 2008

HITECH Act: Reimbursement Schedule a Challenge
February 16, 2009 by John

The reimbursement schedule for EHR adoption is aggressive. Over the weekend, we spent more time pouring over the Stimulus Bill, (formerly known as the American Recovery and Reinvestment Act, ARRA), which Obama is scheduled to sign on Tuesday, Feb. 17th.



THE WALL STREET JOURNAL. Digital Network [WSJ.com](#) [MarketWatch](#) [BARRONS](#) [All Things Digital](#) [More](#)

THE WALL STREET JOURNAL

News Today's Newspaper My Online Journal Multimedia & Online Extras


HEALTH BLOG
WSJ's blog on health and the business of health.

< Side Effect Watch: Femur Fractures in Fo[...] - PREVIOUS | SEE ALL POSTS FROM THIS BLOG | HE

June 5, 2008, 8:00 am

Congress to Doctors: Start e-Prescribing or Take a Medicare Pay Cut
Posted by Jacob Goldstein

It's sounding more and more likely that a coming Medicare funding bill will push doctors to switch to electronic prescribing.



Charles E. Grassley

We reported earlier this week that Max Baucus, the Democrat who chairs the Senate finance committee, had floated this outline by doctors groups, proposing to give doctors a Medicare reimbursement bonus if they switch to e-prescribing the next few years. In 2011, the carrot switches to a stick, with docs who have yet switched getting a cut in their Medicare reimbursement rates.

Now a powerful Republican, Sen. Chuck Grassley, has floated a similar proposal the WSJ reports.

Prescription errors are a huge problem in medicine and e-prescribing is a more sensible improvement. E-prescribing systems can flag dangerous errors and warn clinicians to potential drug interactions when a patient is taking multiple drugs. But, as with electronic health records, there hasn't been much of an economic incentive for doctors to switch to the new technology.

Both bill outlines would give docs who e-prescribe a 2% bonus in 2009 and 2010. Those who don't use e-prescribing would see their payments cut by 1% in 2011, and by 2% in 2013 and beyond. Some docs would be exempted by the bills.

Both measures are tied to broader bills that would block a 10% Medicare pay cut that's set to take effect on July 1.

GOVERNMENT HEALTH IT
a publication brought to you by...

Magazine Subscribe Webcasts Resource Center

Interest in health IT is high, but meaningful use will take time, experts say

Wednesday, September 16, 2009

By Diana Manos, [Healthcare IT News](#)

Experts and federal officials close to the issue of healthcare IT adoption and the promotion of meaningful use under the stimulus package say interest is high, but the actual work that lies ahead is monumental.

They were gathered at the 2009 Annual Conference of the Agency for Healthcare Research and Quality, held in Washington, D.C. this week.

Tony Trenkle, director of the Centers for Medicare and Medicaid Services' Office of e-Health Standards and Services, said adoption of healthcare IT by 2011 will be a tough task to accomplish, but "interest has never been higher."

will end up with zero penalties from CMS.

For the Medicare physician, it's not yet to look closely at the bill, which also allows for an additional 10% bonus for providing services in an area of professional shortage area. "Physicians that have already adopted meaningful use" will be grandfathered-

2008 - MIPPA 2009 - ARRA

Bending the Curve Towards Transformed Health

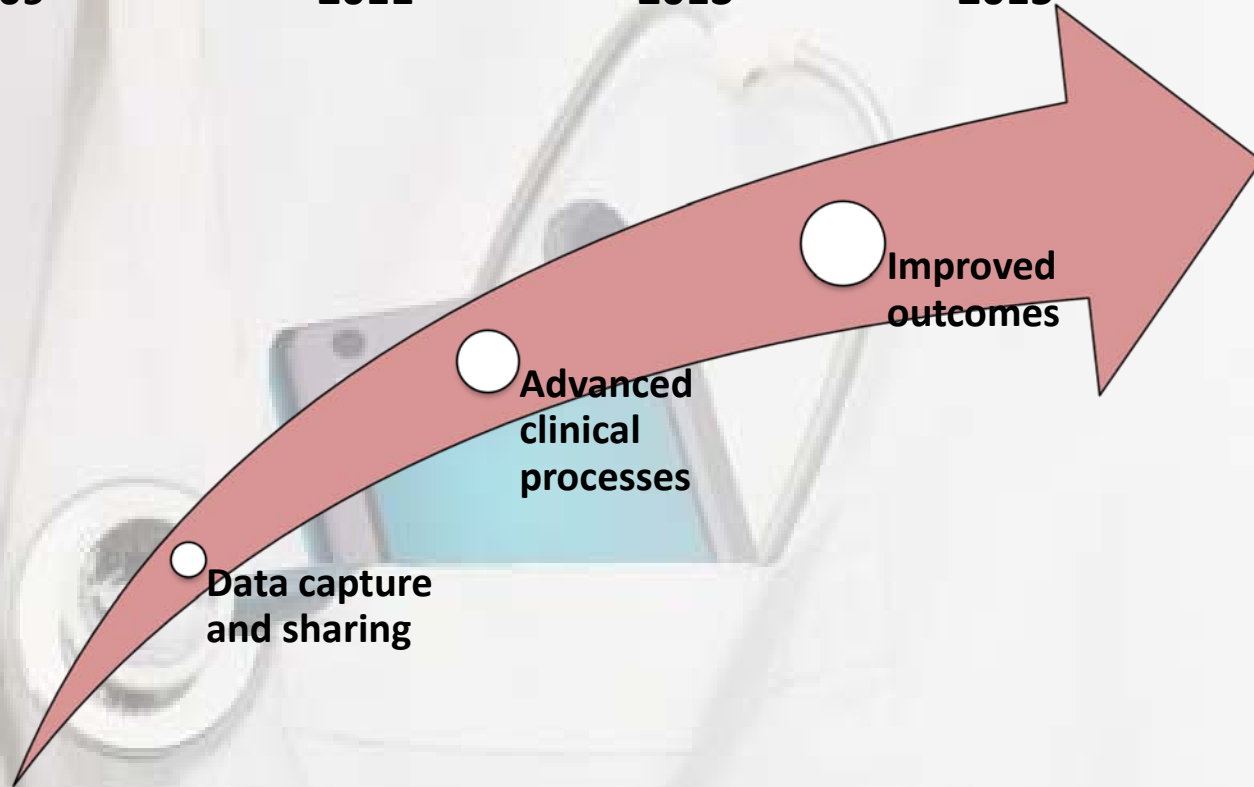
Achieving Meaningful Use of Health Data

2009

2011

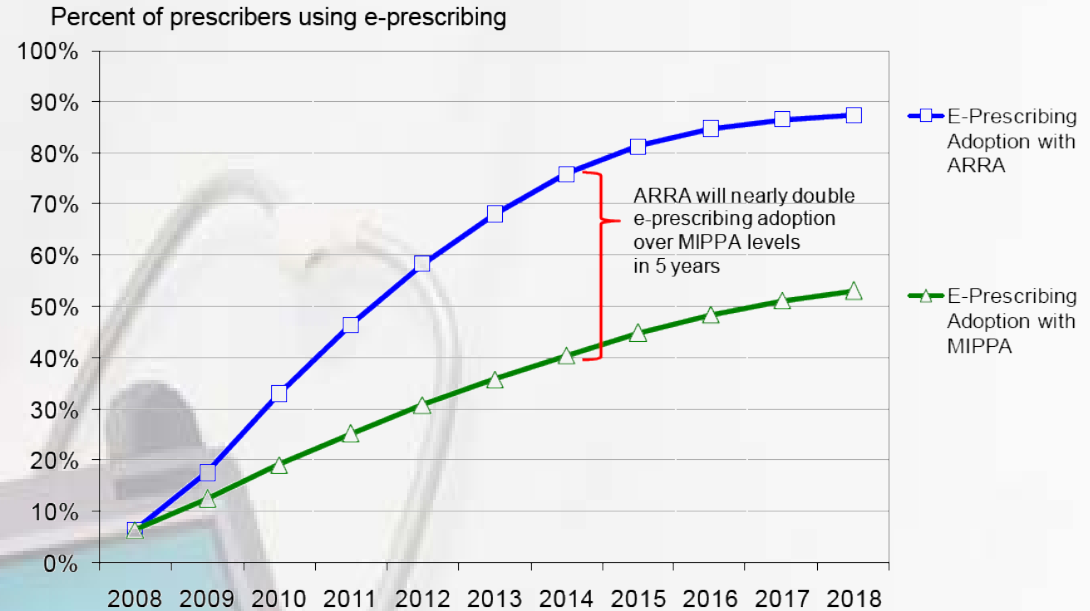
2013

2015



ARRA Helps and Complicates ePrescribing Adoption

ARRA Will Nearly Double E-Prescribing Adoption Over MIPPA Levels by 2014



Source: 2009 Visante study commissioned by the Pharmaceutical Care Management Association estimating the impact of health care provisions in the American Recovery and Reinvestment Act of 2009 (ARRA) on the adoption of electronic prescribing.

Must address some of the questions "purchasers" need to answer:

- What should I do first, e-Prescribing or EMR or Both?
- What will it take to implement?
- How does my first decision relate to my long-term technology strategy?
- How do the vendors compare, and which one is right for me?
- What can I afford? How do I best leverage federal and regional incentive opportunities?

ARRA Strengthens HIPAA Privacy and Security

- HITECH requires the application of HIPAA security and privacy provisions and penalties directly to business associates of covered entities.
 - Before HITECH, the security and privacy requirements were imposed on business associates through contractual provisions with covered entities.
 - HITECH requires business associates to restrict the use and disclosure of protected health information (PHI) and subjects business associates directly to civil and criminal penalties for violating HIPAA requirements in the same manner as covered entities.
- Covered entities must honor a patient's request to withhold PHI from a health plan if the patient paid for the medical care.
- Covered entities must limit use or disclosure of PHI to a "limited data set" or, if needed, to the minimum necessary to accomplish an intended purpose.
- When requested, covered entities must provide patients with an audit trail of all disclosures of PHI made within the past three years.



The go-to place for management

HHS Office Will Be Funded Partly By The HIPAA Fines It Levies

By [Ken Terry](#) | Aug 19, 2009

Have you ever heard of a federal agency in charge of enforcing a set of regulations that is partly funded by the penalties it imposes on violators? I had not, until I began researching the provisions of the **HITECH Act** that are related to the **HIPAA** privacy and security rules. Part of the economic stimulus package that was passed in February, the HITECH Act focuses primarily on incentives for providers to adopt electronic health records and to use them to improve the quality of care. But it also stiffens the penalties for privacy and security violations by HIPAA-covered entities, which include most doctors and hospitals, and requires the **Department of Health and Human Services** (HHS) to periodically audit providers to make sure they're complying with the law.

Of course, in this era of yawning government deficits, the HITECH Act did not provide any money to HHS to step up enforcement of the HIPAA privacy and security rules. And the **Obama Administration** has not asked for a significant increase in appropriations for HHS' **Office of Civil Rights**, which now enforces these regulations. Moreover, [the OCR was just recently given responsibility](#) for the security rules, which had formerly been the province of the **Centers for Medicare and Medicaid Services** (CMS). But, conveniently, the HITECH Act did provide for transfer of the proceeds of any fines or settlements related to HIPAA violations to OCR, the very agency that decides which entities have broken the law.

ARRA – Get Paid to Adopt EHR that Supports ePrescribing

HITECH Act: Physician Reimbursement Plan					
	Adopt 2011	Adopt 2012	Adopt 2013	Adopt 2014	Adopt 2015+
	(\$)	(\$)	(\$)	(\$)	(\$)
2011	18,000	0	0	0	0
2012	12,000	18,000	0	0	0
2013	8,000	12,000	15,000	0	0
2014	4,000	8,000	12,000	15,000	0
2015	2,000	4,000	8,000	12,000	0
2016	0	2,000	4,000	8,000	0
TOTAL	44,000	44,000	39,000	35,000	0
Health Prof. Shortage Area	48,400	48,400	42,900	38,500	0

- Providers who do not adopt an EHR by 2014 will see there Medicare reimbursements reduced by :
 - 1% in 2015
 - 2% in 2016
 - 3% in 2017
 - 4% in 2018 (each subsequent year)

MIPPA - Get Paid to Adopt ePrescribing or Pay If You Don't

Providers who adopt e-prescribing early are eligible for the following incentives over the next 5 years:		Providers who fail to adopt e-prescribing by 2012 will have their Medicare payments reduced as follows:	
If e-prescribing for Medicare in this year	Receive this incentive payment	If NOT e-prescribing for Medicare in this year	Medicare payments reduced by
2009	2.0%	2012	1.0%
2010	2.0%	2013	1.5%
2011	1%	2014	2.0%
2012	1%	Subsequent years	2.0%
2013	.5%		



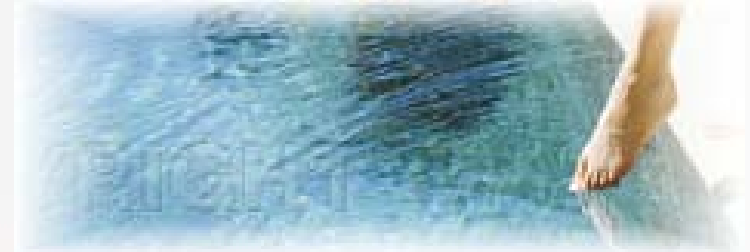
The Health Technology Challenge??



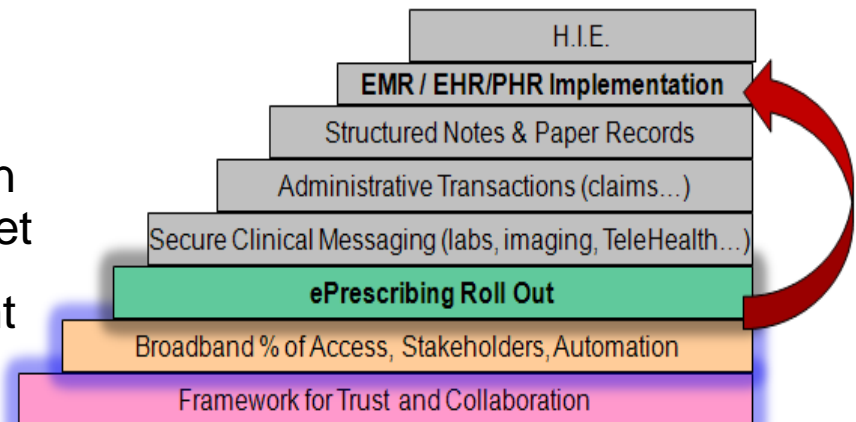
This is where many practices are starting from!

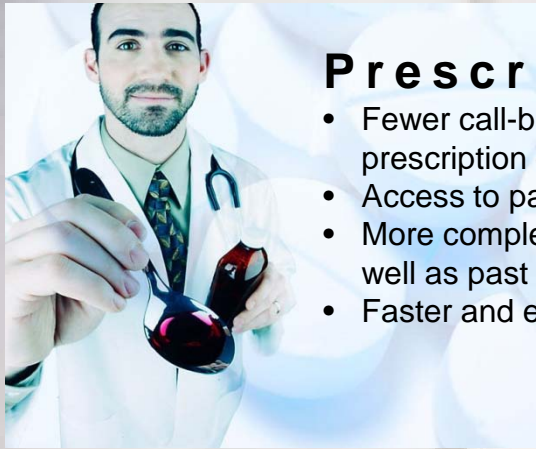
ePrescribing Adoption.. A Stepping Stone..

- ePrescribing is easier to implement than EMR with a more immediate ROI
 - BUT it is still a **disruptive** technology
- Engaging the **Physician** and **Staff** is critical to successful adoption
 - More likely to adopt **multi-payer** solutions with vendor **choice**
 - More likely to take an **incremental approach** to technology adoption
- ePrescribing.. The Gateway to EMR?
 - Already built network and connection to the outside world using the Internet
 - Allows for an incremental adjustment in workflow and POC technology



Incremental,
Achievable
Adoption





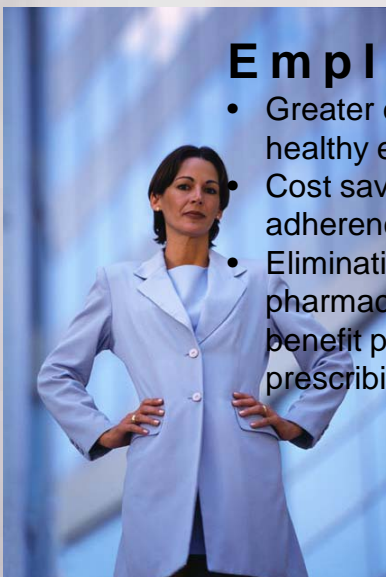
Prescribers

- Fewer call-backs from pharmacies for prescription clarification
- Access to patient specific formulary information
- More complete information on medical history as well as past and current medication usage
- Faster and easier access to information



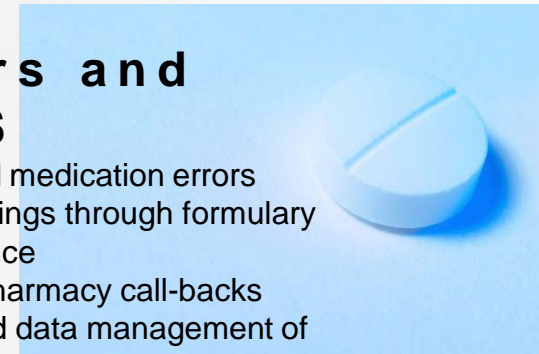
Pharmacists

- Time saving through decreased physician call-backs
- Increased prescription accuracy
- More time for patient consultation
- Greater efficiency leading to more satisfied patients and pharmacists



Employers

- Greater efficiency and more satisfied and healthy employees
- Cost savings through benefit plan adherence
- Eliminating employee wait time at the pharmacy by furnishing physicians with benefit plan details at the point of prescribing



Payers and PBMS

- Reduced medication errors
- Cost savings through formulary compliance
- Fewer pharmacy call-backs
- Improved data management of prescribing trends



Patients

- Reduced medication errors
- Time efficiencies through better benefits communication
- Cost savings due to physician adherence to formularies
- Patient reminders of drug refills, lab work and physician appointments could be generated

CommonWealthRx



- Why Collaboration
- Who is CommonwealthRx
- What is our Mission

Collaboration is Difficult but Essential




- Single stakeholder HIT execution is hard and has limited market and patient value.
- Multi-stakeholder alignment is essential to move a market:
 - Cost
 - Provider adoption and incentives
 - Resolve legal and privacy issues
 - Mitigate different strategies, orgs, cultures, process
 - Connect to the sources of information
- Compete where it makes *cents*...
- **BUT** collaborate where it makes complete *sense*...

Rising tide floats all boats!

The CommonwealthRx Opportunity

- Create a forum that encourages the necessary dialog among the state health care implementers for the benefits and adoption of electronic prescribing and HIT.
- Serve as the primary conduit to address health care opportunities associated with the successful implementation of e-prescribing and HIT.
- Educate the health care community about best practices through our internet website, conferences and coordinated industry outreach programs with the medical community.
- Embed e-prescribing education, outreach and support with other Virginia EHR and HIT efforts and programs.



I Need
HELP!

CommonwealthRx

- CommonwealthRx is striving to increase patient safety and meet the needs of the Virginia public by establishing a collaborative framework that helps achieve an understanding of the benefits of electronic prescribing, while fostering education and implementation efforts to accelerate physician adoption and cooperation among prescribing constituents.



Steering Committee Leadership

- Steering Committee Chair: Michael Matthews, CEO, MedVirginia, and Senior Advisor, Va. Office of HIT
- Acting Executive Director: Jeff Odell, Sr. VP, Mkt & Bus. Development, MedVirginia
- Steering Committee Consultant: Walt Culbertson, President, Health Transactions, Inc., and President ePrescribe America

Steering Committee Members

- Colin Korschak, RPh, MBA, CPHIMS, FHIMSS, Partner, Divurgent, and Immediate Past President VA HIMSS
- John Beckner, RPh, Director, Pharmacy Health Services, Ukrops
- Jeff Buthe, Senior Policy Analyst, Medical Society of VA
- Doug Gray, Exec. Director, VA Association of Health Plans
- Kate Berry, Sr VP Business Development. Surescripts
- Laura E. Joyner, MSHA, CMPE, Chief Operations Officer, Lakeview Medical Center, President-Elect VMGMA
- Tim Musselman, PharmD, Exec. Director, Virginia Pharmacists Association
- Dev J. Nair, Ph.D., Director of Prevention & Internal QI, VHQC
- Faiz Oley, RPh, Westbury Pharmacy
- Bryan Tomlinson, Director Health Care Services Division, Virginia DMAS
- Alan Wynn, MD, FACP, Primary Care Associates of Potomac, representing the Medical Society of Virginia

Opportunities to Jump-Start Physician Adoption

- CommonwealthRX to establish a series of education offerings including free dinner and lunch and learn seminars and audio-conferences:
 - Partner with Virginia hospitals and other care delivery systems to provide the training space.
 - Partner with Virginia health plans, pharmacy, and the employer community and other stakeholders to sponsor the meals or conference lines.
- Offering continuing education credits for pharmacists, physicians, nurses and other staff is critical to the success of the program. Medical Society involvement is instrumental in achieving this objective.
- Actively promote MIPPA incentives that started in 2009 and “prime-the-pump” for successful provider community support for the opportunities presented through ARRA for broader HIT adoption.
- Piggyback off of existing Virginia healthcare speaking engagements:
 - Embed ePrescribing education, resources and support in with other state HIT efforts and initiatives
- Offer physicians help and support:
 - Blog
 - Help Line
 - Connection to experts who can help

Where to Get Help!

Tools for Success

A core provider outreach tool is our websites featuring:

- Three-step Provider Roadmap
- Educational material and videos
- Information links on Vendor Solutions and Information
- Blog providing support help for prescribers
- Events Calendar and information
- Local and national e-prescribing news
- Future tools created collaboratively

Information about educational events:

- Summits
- Seminars
- Lunch-and-learn, dinner-and-learn sessions
- Audio-conferences
- Other venues as established

Where to find information on Vendors featuring information about vendors who are certified

The screenshot shows the CommonwealthRx website with a three-step roadmap: 01 Assess, 02 Select, and 03 Implement. The page includes navigation tabs for Prescribers, Pharmacists, Health Plans, and Vendors. A sidebar on the right contains sections for 'In the News', 'Got Questions? Get Help', and 'Get Paid to Adopt an EHR to ePrescribe'. Red arrows point from various parts of the website to callout boxes.

Assessment and Planning

Q: What is Electronic Prescribing?

A: E-prescribing is the use of healthcare technology to improve prescription accuracy, increase patient safety and reduce costs, as well as enable secure, bi-directional, electronic connectivity between physician practices and pharmacies. This is achieved by providing prescribers a secure means of electronically accessing health plan formulary, patient eligibility and medication history at the point of care and securely transmitting the prescription electronically into the pharmacy's computer system.

The result is more efficient prescribing processes, more accurate medication orders and less manual intervention and rework at the pharmacy. Another benefit of electronic prescribing is the ability to automate the renewal authorization process, which is extremely time-consuming and labor intensive for both pharmacies and prescribers in today's paper world.

Eliminating paper and handwritten prescriptions from the prescribing process can significantly help reduce fraud and abuse. Patient safety is improved and the estimated 3.3 million adverse drug events that occur each year can be reduced. Prescribers and their staff are able to spend more time

News and Events

National and state Blog

National and state Blog

Questions?

Contact:

Jeff Odell

Senior Vice President Marketing & Business Development

Central Virginia Health Network/MedVirginia

804.359.4500 x227 fax 804.359.1021

www.CenVaNet.com www.MedVirginia.net

jodell@cvhn.com

“Save Time.. Save Money.. Save Lives..”

“ ePrescribe America!”

THANKS FOR ATTENDING!!