

DHHS promotes electronic Rx use

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BANGOR, Maine - Aiming to hold down health care spending and medication errors, the federal Department of Health and Human Services this week announced it will begin paying doctors and other health care providers to give up their paper prescription pads and switch to electronic prescribing.

E-prescribing is already an accepted practice in Maine, but the Medicare incentives are expected to bring about wider compliance with the technology. About 250,000 Mainers are enrolled in the federal health care program for people 65 and older. Medicare also covers some disabled individuals who are not yet 65.

Beginning in 2009, providers who e-prescribe will receive a 2 percent "incentive payment" from Medicare, as a bonus based on their total annual Medicare billing. In 2011 and 2012, the payment will drop to 1 percent, and in 2013 it will drop to one-half percent.

Beginning in 2012, prescribers who have not made the switch will be penalized. That year, a penalty of 1 percent will be assessed against prescribers not using the new technology, increasing to 1.5 percent in 2013. For 2014 and going forward, a 2 percent noncompliance penalty will apply.

Still unresolved is the issue of whether the technology should be used for prescribing narcotic pain relievers, anti-anxiety drugs and other controlled medicines. Current federal Drug Enforcement Agency rules prohibit doctors from using electronic technology for prescribing these often-abused drugs, based on concerns about the security of the electronic systems. The agency recently has been taking public testimony and is thought to be considering a reversal of the regulation.

Electronic prescribing is more than simply using a computer to print out a paper prescription and then handing it to the patient or faxing it to a pharmacy. True e-prescribing uses specialized computer software that provides guidance for selecting appropriate name brand and generic medications; information about dosing and length of treatment; and warnings about patient allergies and other conditions that might cause serious complications.

In settings where an electronic medical record system is already in place, e-prescribing software can interface with that system to keep patient records updated and provide patient-specific information to the prescriber. A range of electronic equipment can be used, including desktop computers and handheld devices linked to the Internet.

According to Bangor pharmacist Paul Sevigny, support for e-prescribing is growing. Sevigny is the chief operations officer for Affiliated Pharmacy Services, a for-profit affiliate of Eastern Maine Medical Center. He said Tuesday that most Bangor-area retail pharmacies are set up now to receive the specially protected electronic prescriptions. He estimated that more than 200 area doctors, nurse practitioners and physician assistants are in the process of acquiring the training and software needed to e-prescribe.

Dr. Jack Forbush, a family physician in private practice in Hampden, has been gradually moving toward e-prescribing for the past few years. In April of this year, he said Thursday, he invested in the latest secure technology. "Now I e-prescribe virtually all of my prescriptions," he said.

Forbush spent about \$800 to get the specially protected password and other access information to use the e-prescribing technology. In addition, he has spent about \$10,000 on an electronic medical record system for his office. Come September, the two systems will be connected, so every time he

sends in a prescription from his computer or iPhone, the information will be updated automatically in the patient's record.

Forbush, 38, said he thinks he's ahead of the pack when it comes to using new technology in his practice. Many physicians, he said, are "hesitantly interested" but reluctant to invest while the technology is still young. But he already has saved much more than he has spent, he said, by dramatically reducing his need for transcription services and other administrative expenses.

"My savings are phenomenal," he said.

Gordon Smith, executive vice president of the Maine Medical Association, said Tuesday that there is now no way to know for sure how many Maine doctors have started e-prescribing. But the MMA's Quality Counts program is building a database of all primary care physicians in the state and soon will start surveying them about many of their practices, including how they write prescriptions, he said.

The MMA supports the change because e-prescribing has been shown to reduce errors, Smith said. He called the HHS incentive payment plan "a sweetener" that will make it easier for smaller practices to invest in the technology and training needed to be successful.

"Nobody's too excited about the penalty, though," he added.

In addition to the public Medicare program, private insurers also are getting on board with e-prescribing. According to spokesman Mark Ishkanian of Anthem Blue Cross and Blue Shield in Maine, the company is preparing to equip about 500 Augusta-area physicians with e-prescribing technology that will link to the electronic medical records of their Anthem-enrolled patients. Anthem has developed similar programs in other states, including New Hampshire and California, he said.

According to an article in the current issue of the New England Journal of Medicine, only about 7 percent of office-based physicians in the U.S. are e-prescribing, while about 73 percent of retail pharmacies already have the technology needed to receive electronic prescriptions.

By encouraging health care providers to use electronic prescribing, HHS expects to save an estimated \$156 million over the next five years in avoided costs related to medication errors.

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