
CMS/AHRQ Long-Term Care e-Prescribing Pilot Study



NCVHS
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Presenters

Michael Bordelon – Talyst – EVP LTC Product Development

Shelley Grace – Achieve – Vice President Pharmacy Services



Thanks to all Sponsors

- AHRQ and Dr. Jon White
 - CMS
 - NCVHS
 - Evaluation Contractors
 - ASCP Foundation
 - NCPDP
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LTC e-Rx Project in Review

- Very Busy and Exciting 2006
 - Started year with no infrastructure in place
 - Focused development for H106
 - Implemented Phase I in June – SCRIPT, Formulary Benefits and Telecom 5.1
 - Phase II in October – Fill Status and ePA
 - All SCRIPT changes pushed through NCPDP processes
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Standards Tested

- Standards Testing:
 - ❑ SCRIPT 8.1 – NewRx, CanRx, Fill Status and ChgRx
 - ❑ Formulary Benefits and Eligibility
 - ❑ Prior Authorization
- Non Standards Testing:
 - ❑ Refills
 - ❑ Patient Safety Checks
 - ❑ Signatures
- Out of Scope:
 - ❑ Codified SIG
 - ❑ Medication History
 - ❑ RxNorm



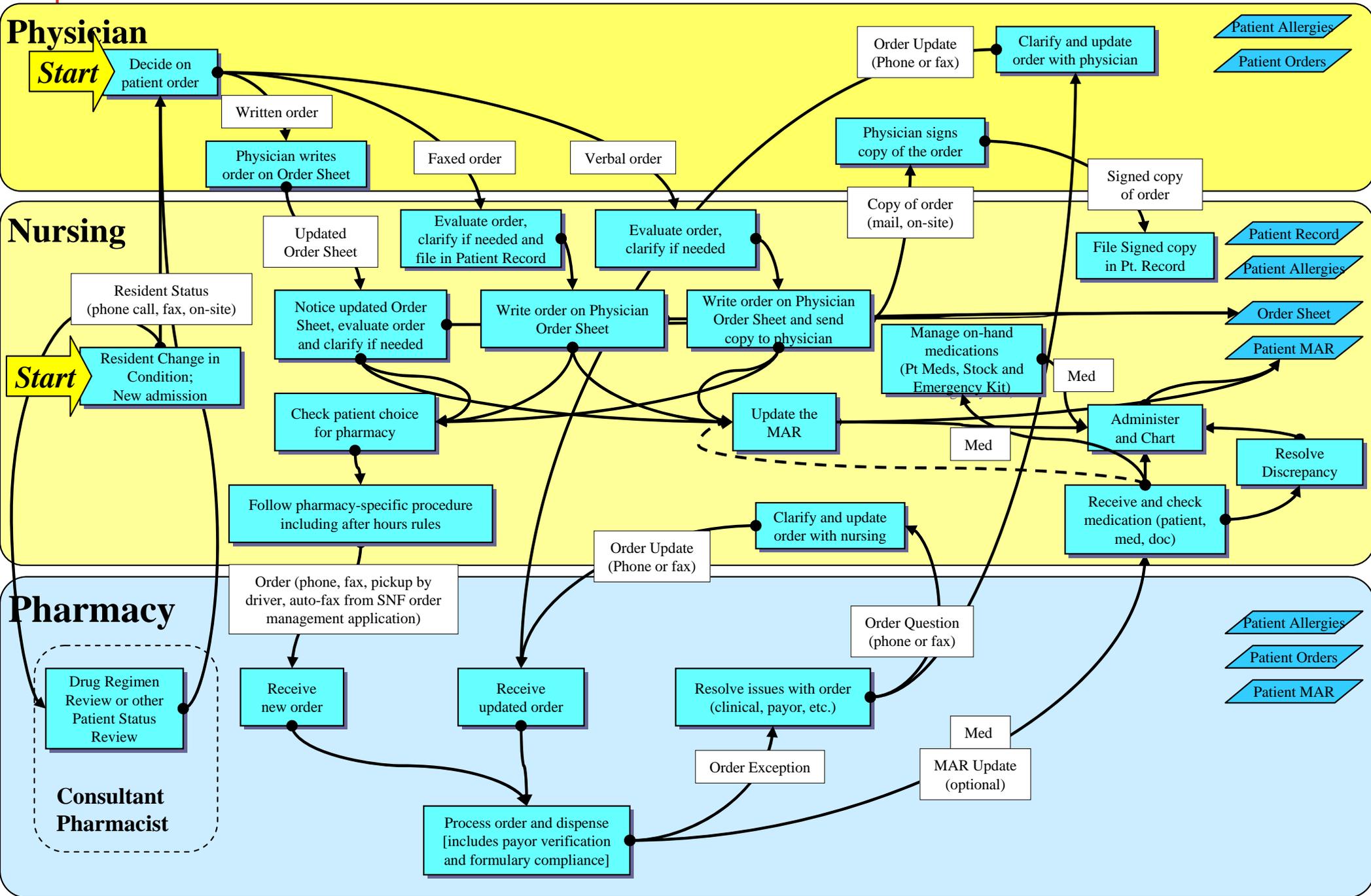
Purpose of LTC e-Prescribing Pilot

Validate that the e-Prescribing standards work in a LTC setting

and

To study the effects of the **electronic prescribing** standards in **long-term care** on cost, quality and safety

The Infamous LTC Prescribing Slide



LTC ePrescribing Nuances

- Three way communication between
 - Prescriber – Nurse – Pharmacy
 - Less dependent on physician adoption
 - Nurse as an agent
 - Nurse Practitioners and Physician Assistants
 - Most orders have no end date or quantity
 - Refill requests represent 80% of orders
 - Renewals are different than in retail
 - Need unique formulary and benefit information
 - Part A, Part D and Medicaid
 - Little or no connected pharmacies
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LTC e-Rx Pilot Study Abstract

- The study included two geographically diverse treatment facilities (BHS) and two comparison facilities (non BHS)
 - Participants were chosen for demonstrated thought leadership in the areas of LTC technology adoption and electronic prescribing standards development
 - Study focused on standards most relevant to LTC
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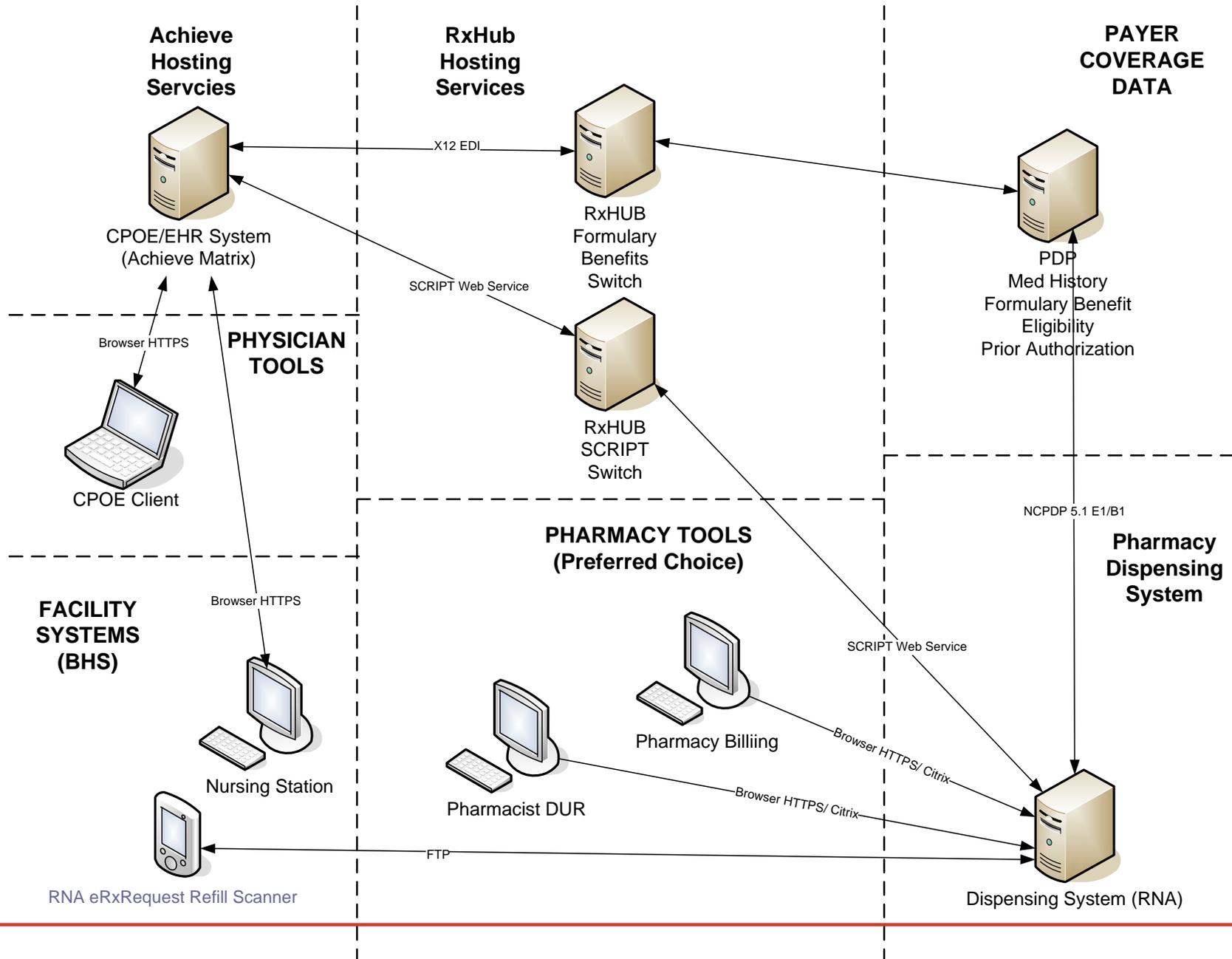
Facility Characteristics

| Characteristic | Test Facility A | Test Facility B | Comparison Facility A | Comparison Facility B |
|--|-----------------|-----------------|------------------------------------|------------------------------------|
| Type of Community | Suburban | Rural | Suburban | Suburban |
| Number of Beds | 75 | 109 | 94 | 105 |
| Preferred Choice Pharmacy | Yes | Yes | Yes | Yes |
| Electronic Medication Administration/Clinical Documentation System | Yes | Yes | Only MDS – Minimum Data Set | Only MDS – Minimum Data Set |
| Short Term Rehab Focus | Yes | No | No | Yes |
| Traditional LTC Focus | No | Yes | Yes | Yes |
| Extensive MD/Nurse Practitioner Involvement with Residents | Yes | Yes | Yes | Yes |

Participants



Flow of Information



Facility Impacts of ePrescribing

■ Workflow

- ❑ Facilities currently using electronic Physicians Orders will see little change or disruption to current workflow
 - ❑ Integration with Clinical System (EHR) is critical to facility adoption
 - ❑ Ability to transmit orders directly to pharmacy yielded benefits in reduced rework
 - ❑ Prescriber adoption is vital as the capability expands
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Pharmacy impacts of ePrescribing

■ Efficiencies

- ❑ Demographics pre-populated
- ❑ Straightforward new orders
- ❑ Discontinued orders
- ❑ Readmissions

■ New challenges

- ❑ Combination orders
 - ❑ Protocols
 - ❑ Transcription accuracy
 - ❑ Timely transmission on admission orders
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CMS Pilot Findings

- ❑ Nurse as an agent model works technically for e-prescribing
 - ❑ Prescriber adoption is critical
 - ❑ Leadership is critical for success – prescriber, facility and pharmacy
 - ❑ Formulary benefits standards work unchanged
 - ❑ Patient safety alerts are largely ignored when the nurse is the agent of the prescriber
 - ❑ ePA is technical viable and relevant in LTC but requires physician adoption to gain full benefit
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CMS Pilot Findings

- Observations (cont'd.)
 - ❑ Data entry errors can still happen
 - ❑ SCRIPT standard needs LTC enhancements including refills
 - ❑ There is a need for demographic (ADT) messaging in the NCPDP standards
 - ❑ Combination orders create a challenge
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CMS Pilot Feedback

- Bottom line
 - ❑ Multi-system communication works technically
 - ❑ Electronic prescribing will continue to evolve as the standards are defined, but the core concept is valid
 - ❑ New challenges created by the e-prescribing process will require resolution
 - ❑ Standards need revisions for LTC (Most changes have been approved by NCPDP or are in process)
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Closing Thoughts on LTC e-Rx

- Several non-standard projects are underway
 - Industry capital availability is limited
 - <10 LTC clinical software vendors represent >90% of technology implementations
 - <5 LTC pharmacy systems represent >95% of technology implementations
 - e-Rx standards are a key component of the larger EHR standard
 - “Nurse as Agent” model can help bypass traditional issues with physician adoption
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Closing Thoughts on LTC e-Rx

- CCHIT can use e-Rx standards compliance as a key element of EHR certification in LTC
 - Timely legislation will limit the number of non-standard e-Rx implementations
 - Government investment will help accelerate development by the ~15 key LTC technology vendors
 - Government investment and reimbursement will help accelerate adoption by providers and pharmacies
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