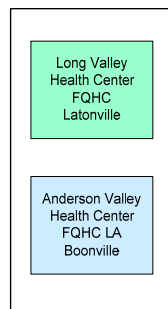




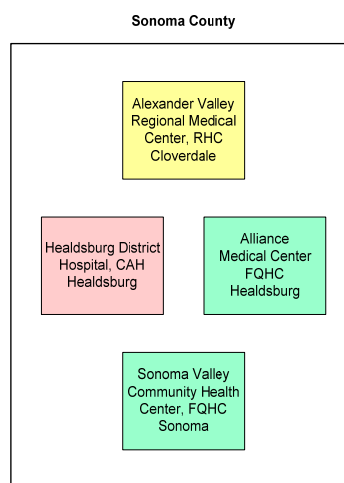
Building a Second Generation ePrescribing Network

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Participating Organizations



Mendocino County



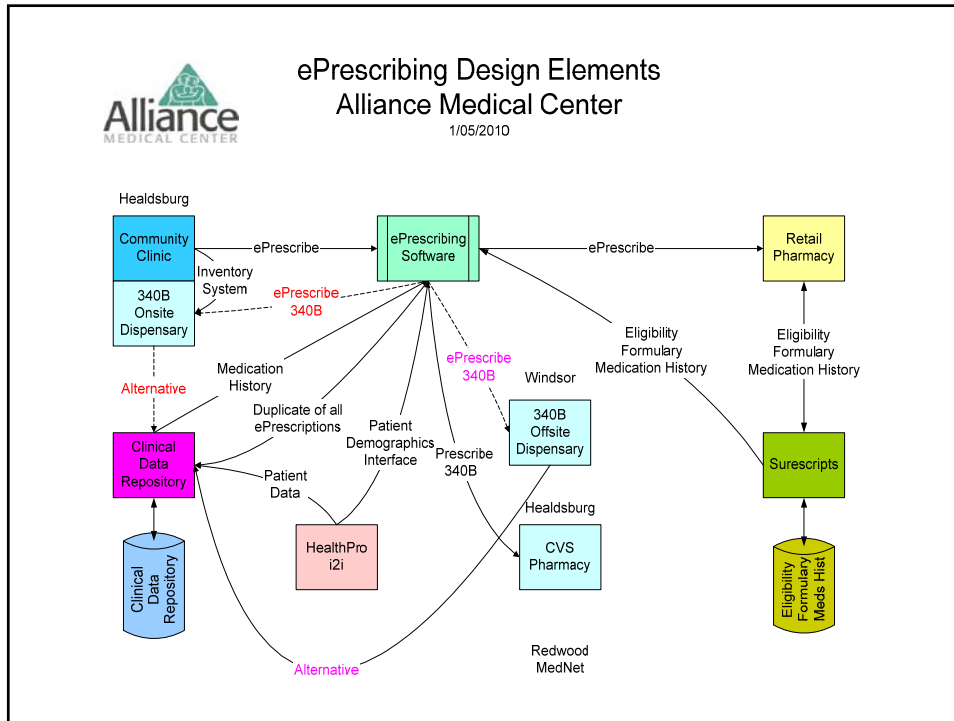
Sonoma (town) to Laytonville — 111 miles

Innovative Features

- Handheld, wireless ePrescribing
- Payer eligibility, formulary, interactions available (Surescripts)
- Drug look-up and dosage
- Support for 340B pharmacy program (or other dispensary)
- Prescription transmission to pharmacy (chain or independent)
- Clinical data repository
- Medication compliance feedback (pickup)
- Medication reconciliation at local hospital

Schedule

- Phase 1. Technology Selection – Oct 2009 to Dec 2009
- Phase 2. Development & Deployment at AMC – Jan 2010 to Sep 2010
- Phase 3. Deployment at Other Sites – Oct 2010 to Mar 2011



ePrescribing Software

- Allscripts
- **DrFirst**
- Emdeon ClinicianRx
- H2H
- Quest MedPlus
- **RxNT**

eRx Meaningful Use Requirements 1

- Show complete and active medication list
- Provide alternatives
- Show lower-cost therapeutic equivalents
- Support tiered formulary (step therapy)
- Support prior authorization

eRx Meaningful Use Requirements 2

- Drug-drug, drug-allergy, drug-formulary checks
- Generate and transmit permissible prescriptions
- Maintain active medication list
- Maintain active medication allergy list
- Electronically generate a patient reminder related to medication list
- Implement automated electronic clinical decision support rules

eRx Meaningful Use Requirements 3

- Enable user to create an electronic copy of a patient's clinical information including medication list, medication allergy list
- Provide patients with electronic access to medication list, medication allergy list
- Provide clinical summaries to patients in paper or electronic form including a medication list, a medication allergy list

eRx Meaningful Use Requirements 4

- Provide capability to exchange key clinical information among providers including medication list, medication allergy list
- Provide summary of care for each transition of care and referral including medication list, medication allergy list
- Perform medication reconciliation at relevant encounters and each transition of care

Current Steps

- Further determine system preferences
- Vendor selection based on interfacing
- Workflow of 340B dispensaries
- EHR implementation schedules
- Discussion with RAND about using the RAND E-Prescribing Toolset

Next Steps 1

- ePrescribing support at pharmacies used
- Surescripts arrangements
- Select eRx device
- Wi-fi device
- System for dispensary management (drugstore system or distributor or repackager supplied, e.g., Etreby)
- Formulary arrangements

Next Steps 2

- Decision support application
- Design medication history repository
- Design system interfaces
- Develop new software or software configuration
- Test ePrescribing system with interfaces
- Deploy system at AMC
- Deploy system at other sites

Financials

- Grant covers ePrescribing system for one year, about \$500 per provider per year (or less)
- Transactions fees to Surescripts normally paid by healthplans, vendors -- \$0.10 to \$0.25 per transaction. Surescripts coverage questionable.
- Grant covers handhelds; excludes telephone access if that function is included

Issues from Go-Lives

- Vendors do not support testing before go-live
- eCW has different data structure than Surescripts
- Surescripts has primarily PBM data (managed care)
- Need strong team on-site for go-live
- Different problems with each go-live installing identical systems
- Refills and faxes problematic

Issues from Go-Lives 2

- NCPCP coming out with new system for drug samples
- ePrescribing penetration in CA
 - 8% without Kaiser
- Controlled substances – schedules III, IV
- A cancelled prescription may have already been sent to the pharmacy
- Wall Mart prescriptions do not go to Surescripts

For further information

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