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# E-PRESCRIBING: IMPROVE PROFITS, INCREASE PRODUCTIVITY, AND DELIVER BETTER PATIENT CARE

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E-prescribing enables eyecare professionals (ECPs) to transmit prescriptions or prescription-related information through electronic media. ECPs can send both new prescriptions and responses to renewal requests to a pharmacy without having to write or fax the prescription. Some of the advantages are obvious—such as saving time, reducing paper consumption, enhancing the productivity of both the practice as well as the pharmacy—but at least one benefit is not so obvious, the opportunity to receive a bonus from the Centers for Medicare and Medicaid Services (CMS). The bonus amounts to 2% in 2009 and 2010, 1% in 2011 and 2012, and 0.5% in 2013.

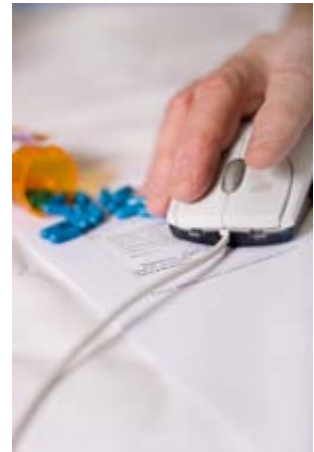
On the other hand, if you are not e-prescribing by 2012, you will be penalized by 1%, then 1.5% in 2013, and 2% in 2014, on all your CMS claims. This means if you have not implemented e-prescribing by 2014, you will only receive 98% of the CMS payable fees.

## Get Paid 4% More by E-Prescribing

E-prescribing incentives are a separate program from the Physician Quality Reporting Initiative (PQRI). Therefore, you can receive a 2% e-prescribing incentive payment and a 2% bonus, which means you could receive a total of a 4% bonus payment. To be eligible for the eRx incentive, ECPs must use a “qualified” e-prescribing system and must report sending eRx’s on at least 50% of applicable cases during the reporting year.

CMS has temporarily extended an exemption that will allow an Rx to be sent via a computer-generated fax to qualify for the eRx incentive. This exemption from 2005 was scheduled to end January 1, 2009, but it was extended to January 1, 2012. The fax exemption does not mean you can just fax an Rx from your fax machine and claim e-prescribing. It must be a computer-generated fax sent directly to the pharmacy.

There are two types of qualified e-prescribing systems—a standalone system or an Electronic Health Records (EHR) system with an e-prescribing function.



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### Qualified E-Prescribing Systems

- Generate a complete medication list that incorporates data from pharmacies and benefit managers (if available).
- Allow you to select medications, print prescriptions, transmit Rx's electronically using applicable standards, and warn the prescriber of possible undesirable or unsafe situations.
- Provide information on lower-cost, therapeutically appropriate alternatives (for 2009 tiered formulary information, if available, meets this requirement).
- Provide information on formulary or tiered formulary medications, patient eligibility, and authorizations requirements received electronically from the patient's drug plan.

#### **More Information about E-Prescribing**

[Allscripts ePrescribe—Free Electronic Prescribing Features and Benefits of E-Prescribing](#)  
[Medicare Incentives for E-Prescribing](#)  
[National ePrescribing Patient Safety Initiative](#)

#### **American Optometric Association on E-Prescribing**

[E-Prescribing Incentive Fact Sheet](#)  
[E-Prescribing Incentive Program Made Simple](#)  
[E-Prescribing: What Optometrists Need to Know](#)  
[Medicare's Guide to the E-Prescribing Incentive Program](#)

For ECPs who want to use a standalone system, free Web-based software is available, and it is not tied to a specific EHR program. Because standalone systems are not tied to a specific EHR program, there is no connection for the transfer of information, so data must be entered twice, which increases the potential for data-entry mistakes.

The ability to transfer information is, however, available with EHR-integrated e-prescribing, which eliminates the need to enter data twice. A single click launches the eRx system and loads the current patient's data. However, there is an additional cost for this type of system, and not all EHR systems have an e-prescribing function.

### **E-Prescribing Improves Efficiency**

There are a number of ways that e-prescribing improves efficiency. For example, instead of printing an Rx, then going to get it from the printer, then signing it, you can instantly and simply send the Rx electronically.

It also saves your patient time. Instead of handing the patient a piece of paper to take to the pharmacy, where they will wait 30 minutes or even longer, you can electronically send the Rx directly to the pharmacy while the patient is still in your exam chair. Often, by the time the patient arrives at the pharmacy after leaving your office, the Rx is already filled and waiting for them.

The less obvious but more significant time saver is that when you use e-prescribing it will tell you if a drug you are prescribing is on the patient's formulary.

This prevents the following scenario: You write an Rx for Mrs. Smith who then takes it to the pharmacy, turns it in, waits 30 minutes, then goes to pay for it, and the pharmacist says, "Mrs. Smith that will be \$130 today." Shocked, Mrs. Smith replies, "For that little bottle?! No thank you." Then the pharmacist must call your office, talk to your staff members, who then have to look at Mrs. Smith's record, find the doctor to ask to substitute a different Rx, and then call the pharmacist back. That scenario happens repeatedly in many offices without e-prescribing and creates a lot of wasted time and money.

With e-prescribing, when you prescribe a drug that is not on a patient's formulary and will therefore most likely be too expensive for the patient, the system will alert you to the fact that the drug is not on the patient's formulary, and it will then suggest a list of drugs from the same or similar classification that are on the patient's formulary. For example, if your Rx is for Vigamox<sup>®</sup>, it might suggest Zymar<sup>®</sup>, or vice versa.

## Improve Patient Safety

E-prescribing will also help you keep your patients safe by alerting you to duplicate drug therapy or potential drug interactions. It can also help you check on your patients' compliance.

When you are on the e-prescribing site you can see when an Rx was first filled, last filled, and how many refills are left. Obviously, a patient who has only filled a glaucoma medication once over the last six months is not being compliant, and this may explain a higher IOP. This will help you understand that it is not that the drug isn't working but that the patient isn't using it correctly.

Other Benefits of E-Prescribing Include:

- Increased productivity—it takes just seconds to generate a new prescription using easy-to-navigate menus, logical action sequences, and workflow designs.
- Eliminate faxes to pharmacies.
- Save time and money with fewer pharmacy callbacks and faxes. Respond to pharmacy questions and renewal requests quickly and efficiently. According to Medicare, almost 30% of written prescriptions require pharmacy callbacks.
- Improve patient safety and dramatically reduce medication errors by as much as 66%. A 2007 Health Services Report from Health and Human Services states that e-prescribing could reduce some 530,000 adverse events that occur annually.
- Obtain real-time information about potential drug-drug and allergy interactions.
- See a patient's dispensed drug history.
- See health plan formulary requirements (prior authorization, non-covered drug and drug tier) at point of care.
- Know when an FDA Safety Alert has been issued and obtain a report of all patients on that drug.
- Eyecare providers who successfully report eRx incentive information in 2009 may earn an incentive payment of 2% of their total allowed charges for covered Medicare Physician fee schedule services. Allowable charges are that portion of the submitted charges that is approved for Medicare payment (including the deductible and coinsurance).

The benefits for both the patient and eyecare professional are clear—safety, efficiency, and economy. It's just up to you to decide whether to use a standalone or EHR-integrated system and ultimately which program to use.

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