

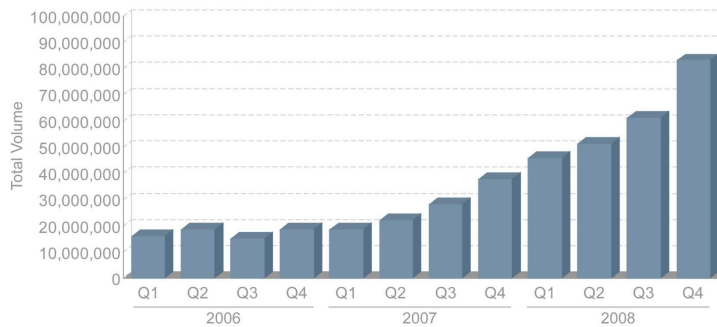
e-Prescribing with eScriptMessenger

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HealthSystems



Total E-Prescribing Message Volume

Total E-Prescribing Message Volume



Source: Surescripts and The 2008 National Progress Report on E-Prescribing (www.surescripts.com/report)



Why use ePrescribing?

- Computer-generated prescriptions for Medicare Part D must be transmitted electronically and not by computer-generated fax beginning January 1, 2012.
- Prescribers can earn a 2 percent bonus payment from Medicare in 2009 and 2010, a 1 percent bonus in 2011 and 2012, and a 0.5 percent bonus in 2013.
- Beginning in 2014, however, CMS will hand out penalties in the form of reduced Medicare payments to physicians and other prescribers who have not adopted e-prescribing.
- Critical part of HI-TECH act for “Meaningful Use”.
- eSM ver3.0 Advanced ePrescribing is the required version to meet the CMS definition of a “qualified” ePrescribing system.



Benefits of eSM

- Allows practices to report for the CMS 2% ePrescribing Incentive
- Script automatically sent securely to the selected pharmacy, and documented in the patient's chart
- Dramatically reduce incoming calls and faxes
 - Avoid lost faxes and processing disconnects
 - Refill requests sent from Pharmacy
- Streamline prescription workflows
- Increase formulary adherence rate
- Increased patient safety



ePrescribe – Basic vs. Advanced

- **Basic ePrescribing: eSM 1.0 or 2.0**
 - Electronically send and receive new and refilled prescription to the pharmacy
 - Electronically receive refill request from the pharmacy
 - Centricity ePrescribing / eSM 2.0
- **Advanced ePrescribing: eSM 3.0**
 - Generate a medication history list received electronically from the applicable pharmacy or PBM
 - Select medications, transmit prescriptions electronically and conduct safety checks
 - Provide information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient's drug plan
 - Provide information on lower cost alternatives



Advanced ePrescribing Schedule

- **Oracle EMR**
 - EMR2005 v6.1 – General Availability from GE (GA) in Q2 2009
 - EMR 9.2 (Adv. eRx – CCHIT08) – GA in Q4 2009
 - EMR 5.7 (Adv. eRx) – GA in Q4 2009
- **SQL EMR (CPS)**
 - CPS2006 v8.1 – GA in Sept/Oct 09
 - CPS 9.0.1 (Adv. eRx) – GA in Oct 09



e-Prescribing with eScriptMessenger Planning

- Identify an internal resource to manage eScriptMessenger (eSM)
 - Daily responsibilities not worked will impact the Clinical Practice
- EMR 2005 users prepare for SP 6.1 and CPS 2006 users prepare for SP8.1 – up to 30 GB of free space needed on DB Server
- Scheduled drugs cannot be sent over e-Prescribe as mandated by DEA. Newest version of eSM warns prescribers who order a scheduled drug.
- Clean up your pharmacy data, especially duplicates pharmacies, in preparation for running the e-pharmacy report and sending to SureScripts and Kryptiq
- Notify your e-Prescribing pharmacies in your area to expect receiving electronic prescriptions
- Review prescribers and delegates
 - A provider can only have one delegate
 - A delegate can be **associated** with multiple providers



e-Prescribing with eScriptMessenger Planning

- Mail Order prescriptions –now available
- If a local pharmacy is not currently accepting electronic prescriptions, we will work with the pharmacy and SureScripts to get them signed up.
- Pharmacies that are not electronically enabled will continue to receive prescriptions, as you are currently doing
- Patients should continue to check in advance with their pharmacy to confirm the prescription is ready before going to pick it up.
- Prescriptions that do not go thru to the pharmacy after 3 tries, will be sent automatically via fax from SureScripts



e-Prescribing with eScriptMessenger Planning

- Training
 - Web-based training available. GE has Web based training available for end users and e-Prescribing managers
 - GE also provides computer based training (CBT's) for end users and e-Prescribing managers. It includes a overview and a test.
- Plan your implementation to give the maximum amount of after business hours time to allow for drug formulary and eligibility syncing
- Do not underestimate technical time required to implement



Performance Update

- **Actions Completed**
 - The span of poor performance due to formulary (FMY) insert was minimized through the refactoring of the stored procedure that moves FMY's from staging to production. Implemented in EMR 2005 v6.1 patch 3
 - Integrated into EMR 9.2, CPS 8.1 and EMR 5.7
 - Eligibility request bottleneck at ESM Central resolved Eligibility timeout customization implemented by Kryptiq
- **What's Next**
 - GE/Kryptiq collaboration: Formulary Pre-load methodology is the next design change discussion. Requires product design change for ESM central, ESM Clinic and Centricity and process change from Surescripts



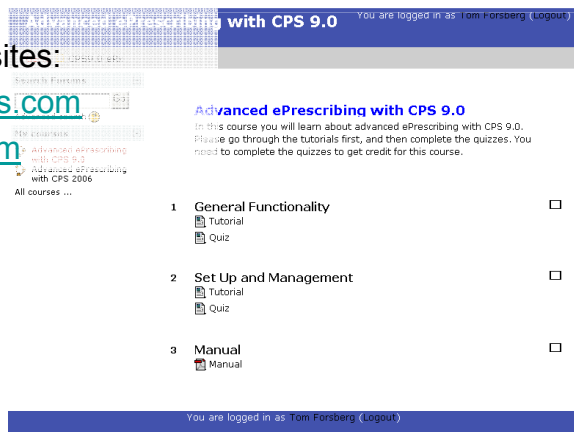
Demo of CBT

- <http://www.cpstraining-gehc.com>

- Other useful websites:

- www.surescripts.com

- www.kryptiq.com



Questions and Answers



Thank you for attending!

