



**Provider Outreach Workgroup
ePrescribe Florida
Jacksonville, Florida
April 23, 2009**

**Dr. Tom Lampone/Dr. Scott Latimer/Walt Culbertson
Workgroup Update and Strategy**

Vision and Mission

- **Vision**

All Florida prescribers have the information and tools necessary to understand and successfully transition to electronic prescribing .

Vision and Mission

Mission:

- To foster and gain physician implementation and key stakeholder support of electronic prescribing through:
- Providing a resource and conduit for solutions and information, through outreach programs, materials, forums, and partnerships.
- Promotional and educational programs
- Communication of best practices and industry standards,.
- Identification of barriers and opportunities from a stakeholder and industry perspective.

Goals and Objectives

- Begin Working with groups on adoption that have expressed an interest in e prescribing.
- Leverage existing programs to increase e prescribing (MIPAA/ARRA).
- Identification of physician groups in the various market areas that are ready to adopt e prescribing. “Target Market Campaign”.
(NW AND RURAL AREAS)
- Identification of physicians (groups) using EMR who don’t currently use the e prescribing function of their EMR system.
- Expand the membership and scope of the Provider Outreach Workgroup.

Specific Outreach

Engagement Types

Educational Lectures:

- Development of a Physician/Provider 15, 30, and 60 minute presentations.
 - 15 Minute Presentation with roundtable discussion completed July 29th in Orlando Florida. Florida Department of Health Medical Directors Meeting
- Targeted Seminars: Evening and Lunch Lectures: On going
- New Sessions being planned for Jacksonville, Tampa, Orlando, Pensacola, Miami Dade, Rural Areas (Rural Health PartnerShip)

www.eprescribeflorida.com

- Website upgrades: Educational forums, on line calculators, FAQ's Tool Kits: Web based. **Updated and expanded** On going. Most recent work is focused on Security and CMS incentives for e-prescribing.

Current Activities

- Continue to identify which tools/informational/educational gaps exist, and develop these based upon need and value.
 - Formal feedback/survey
 - Lecture Series evaluations (WellFlorida Survey)
- Creation of a Physician Advisory Panel
 - Two physicians have been added to the Provider Outreach Workgroup to date. On going Advisory panel is meeting ad hoc presently.
- Development of a Speakers Bureau (Physician and Non-Physician)
 - Based upon geographic opportunity and target audience. On going

Outreach With Duval County Medical Society

- Monday, September 15
[St. Luke's Hospital](#)
- Monday, September 22
[St. Vincent's Medical Center](#)
- Wednesday, October 1
[Flagler Hospital, St. Augustine](#)
- Tuesday, October 7
[Memorial Hospital](#)
- Wednesday, October 15
[Orange Park Medical Center](#)



Date	Hospital	# Registered
9/15	St. Luke's Hospital	10
9/22	St. Vincent's Health	26
10/1	Flagler Hospital	13
10/7	Memorial Hospital	19
10/15	Orange Park Medical Center	19
	Totals	87

Outreach With Rural Health Partnership and the WellFlorida Council



Date	Hospital	# Registered	# Attended
1/20/09	Gainesville	65	52
1/27/09	Lake City	25	28
	Totals	90	80

- Included both providers and staff



Program Agenda

- **Getting Started**
 - What is ePrescribing
 - Quality/Business Case
- **ePrescribing Applications**
 - Basic Process
 - Functions and Features to Look For
- **Where's the Beef?**
 - Addressing Usability
 - Addressing Workflow
- **Closing Thoughts**
 - CMS Incentive Program
 - Where to Get HELP!



ePrescribing
Make the Connection

Tuesday, January 27, 2009
6:30 - 8:30 PM

Holiday Inn Hotel & Suites
213 SW Commerce Blvd
Lake City, FL 32025

Target Audience: Physicians, Nurses and Office Staff

Objectives:

- Describe the basic functions and features of ePrescribing
- Clarify how office workflow may be affected
- Share resources and tools for successful implementation
- Address impending public/private mandates for ePrescribing

Presented by:
Walt Culbertson
Disclosure: President ePrescribe America, Executive Director, ePrescribe Florida & CEO/President, HealthTransactions, Inc.

Rural Health Partnership
A North Florida Health Foundation Program

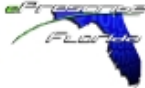
For more information or to RSVP, please CALL Rural Health Partnership at (352) 313-6500 Extension 130

"Get Connected" Today!

This activity is offered through the partnership and cooperation of Florida Medical Association, Rural Health Partnership & ePrescribe Florida (a collaboration of Florida's leading health plans, provider and pharmacy organizations, and electronic prescribing vendors) *Special thanks to HealthTransactions and the Rural Health Partnership for helping to sponsor this event!*

The Florida Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Florida Medical Association designates this educational activity for a maximum of ONE (1) AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Florida Medical Association is an approved provider of continuing nursing education by the Florida Nurses Association, an accredited approver by the Florida Board of Nursing, #50-3013.



Attendance Results

- **Some of the observations and questions asked at the recent sessions**
 - What about liability of information that is wrong or missing?
 - Medication history available in the system today is not worth the trouble.
 - What about medication history for cash pay, samples and other meds dispensed by the provider?
 - What about Inpatient Medication History?
 - What about medication history for Military/Retirees?
 - What about public health plans (Medicare/Medicaid)
 - Why not a Malpractice Insurance break?
 - Why can't Health Plans help with consistent incentive program – want something like CMS plan for all? Too confusing as it is now.
 - Why bother until I can prescribe all prescriptions electronically and all pharmacies are ready?
 - Still hearing from colleagues that e-scripts are routinely lost. What are we doing?
 - What is my liability for not acting on information or overriding an alert?
 - Use of off-label prescribing? How will this be reported and used?

Questions about MIPPA

- Will cost a lot of money to modify billing systems and office data and workflow to routinely capture ePrescribing activity and report it
- For most practices still not a lot of money given average practice volume of Medicare patients
- Penalties will drive more providers to drop Medicare

Dinner and Learn Survey Results



Below are the survey results from the trainings held in January with e-Prescribe Florida.

1. Was this training helpful for you to make a decision about implementing e-prescribing in your practice?

100% Yes
0% No

2. Do you plan to implement e-prescribing in your practice in the next:

37.5% 3 months
41.6% 12 or more months
20.8% Unsure

3. What do you think are the barriers for you to adopt e-prescribing in your practice?

(Check all that apply)

33% Cost
25% Staff Buy-in
29% Time to train staff
13% None of the above

Other barriers listed: additional equipment needed, planned staff turnover, work flow, time to input info, multi-specialty practice, Medicaid as dominant payer, IT support, security concerns, implementing system, getting MD on board, staff keying correct codes, learn new software, module for new EMR and type of practice

Dinner and Learn Survey Results



4. Would additional training for you or your staff be helpful in implementing e-prescribing in your practice?

54% Yes

46% No

5. If yes, what areas would you be interested in receiving more training? (*Check all that apply*)

20% evaluation of e-prescribe applications

8% readiness assessment of your practice

29% implementation process

42% of respondents did not check any of the above

6. Other comments on this training or future training needs?

"Thanks it was very helpful",

"Need to contact main employer to really get the answers to the above questions",

"Great summary for current requirements and path of future requirements and abilities", and

"extremely informative—speaker presented quite well and easy to understand—energetic and impassioned—thank you!"

Current Activities – Tool Analysis

- Continue working with other resources such as current efforts to adapt and update tools for ePrescribe Florida use.

- Current tools:

Assessment and Planning

General Contracting Guidelines

*Staff Skills Survey

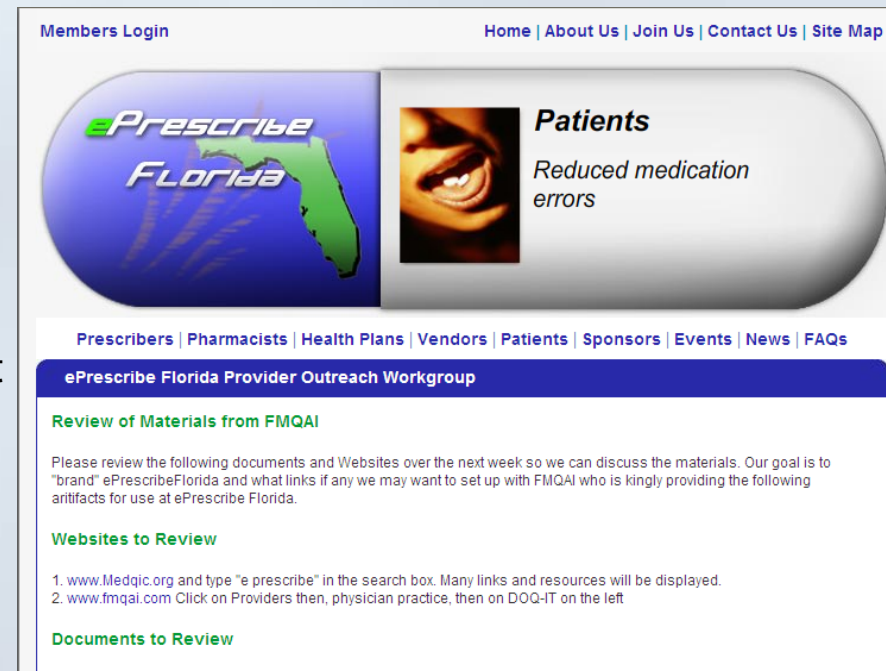
E-prescribing Functionality Checklist

*Quotation Guide

*Initial Readiness Assessment

ePrescribe Planning

*Update tool(s) with electronic entry and automated suggestions/reports



The screenshot shows the ePrescribe Florida website interface. At the top, there are navigation links: "Members Login" on the left and "Home | About Us | Join Us | Contact Us | Site Map" on the right. Below this is a large graphic with the "ePrescribe Florida" logo on the left and a close-up image of a smiling mouth on the right. To the right of the image, the text reads "Patients" and "Reduced medication errors". Below the graphic is a horizontal menu with links: "Prescribers | Pharmacists | Health Plans | Vendors | Patients | Sponsors | Events | News | FAQs". Underneath this is a blue header for the "ePrescribe Florida Provider Outreach Workgroup". The main content area features a section titled "Review of Materials from FMQAI" with a paragraph of text: "Please review the following documents and Websites over the next week so we can discuss the materials. Our goal is to 'brand' ePrescribeFlorida and what links if any we may want to set up with FMQAI who is kindly providing the following artifacts for use at ePrescribe Florida." Below this are two sub-sections: "Websites to Review" with a list of two items: "1. www.Medqic.org and type 'e prescribe' in the search box. Many links and resources will be displayed." and "2. www.fmqi.com Click on Providers then, physician practice, then on DOQ-IT on the left"; and "Documents to Review" which is currently empty.

Current Activities – Tool Refinements

- Evaluation and Selection:

- *Choosing an Electronic Prescribing application
 - Vendor Comparison Spread Sheet
 - ePrescribe Florida Functionality Checklist

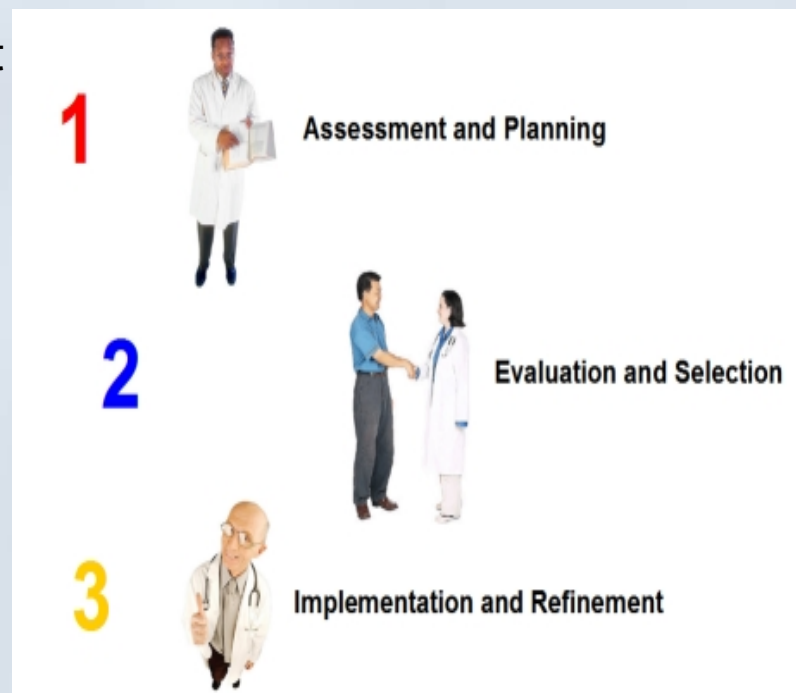
- Implementation and Refinement

- Implementation Guide

- *Implementation Checklist
 - Patient Notification
 - Support Protocol

- *Update tool(s) with electronic entry and automated suggestions/reports

Easy as 1..2..3..
The ePrescribe Florida Roadmap



Next Steps

- Continued Integration of efforts and outreach with organized Medical Groups and Associations in Florida. This would include Local Medical Societies, IPA's, FMA, FAFP, and FOMA.

Next Steps

- Training/Presentation materials for Provider Service Representatives with talking points.
- Web based listserv/on-line forum/chat room for e prescribe users. Completed but not yet fully promoted.
- Develop educational materials for those with EMR's.
- Stimulus (AARA) opportunities for physicians.
 - How to integrate either stand alone or EMR enabled eprescribing.
 - How to create a practice technology roadmap.

2009 Outreach Strategies

- Continuing “Get Connected” Dinner-and-Learn Seminar Series
- Starting “Get Connected” Lunch-and-Learn Audio Conferences
 - Focus on the Staff
- How to identify and target “high prescribers” with the “Get Connected” message
 - Format and scope of outreach
 - Candidates for the Lunch and Dinner Seminars

2009 Outreach Strategies

- “Low Hanging Fruit” strategy - Targeted Campaign addressing those providers who are connected but not utilizing their ePrescribing capability
 - Leverage the SuresScripts “Activated” But “Not Active” Report
- Outreach to the Vendor Community
- Identifying larger delivery systems that are not yet connected
- ePrescribing Safety Campaign
 - Preventing new errors

2009 GOALS SUMMARY

PROVIDER EDUCATION

- Refinement/Automation Tools (Include more information on EHRs and HIE)
- Staff Skills Survey
 - Initial Readiness Assessment
 - Quotation Guide
 - Choosing an Electronic Prescribing Application
 - Implementation Checklist
- Continue integration and outreach efforts with ePrescribeFlorida advisory council members including but not limited to FOMA, FMA, FAFP, and Medical Societies (year long effort)
- Development of a Speakers Bureau (On going)
 - Regional Market Area Based (2 or more in each RMA)
 - Statewide Speakers
- Development of a PowerPoint library of presentations that speakers can use for presentations. (On going)
- Schedule speaking engagements in each of the market areas. Venues: Medical Societies, Small group lunch/dinner, Hospital noon conferences (On going)

2008 GOALS SUMMARY

PROVIDER IMPLEMENTATION

- Identify at a minimum 3 primary care groups in the regional market areas of Florida (NW, NE, WC, Central, South) ready to adopt e-prescribing and collaborate with ePrescribe Florida using ePrescribe Florida tools and resources.
- Groups Identified: 2 in the NW region; Health First Network (Pensacola) and Physicians First (Tallahassee). North Region Duval Medical Society (Jacksonville) Next target region planned is West Coast (Tampa/St. Petersburg)
- Development of a recognition program for physicians who implement an e-prescribing solution in their practice. On going
- Identify sources providing various forms support and incentives for physicians to implement an e-prescribing solution. On going.

Preventing New Errors Campaign

- Making certain that our training highlights that EHR and e-prescribing are only tools and do not replace due diligence
- Don't create new errors trying to stop the old ones!
 - Clicking on Wrong Drug
 - Wrong Sig
 - Text Message usage to override Sig
 - Wrong Quantity
 - Wrong # of Refills
 - Sending Controlled Substances

What the Pharmacies Are Seeing

Main concerns of pharmacists with eprescribing:

1. Wrong drug is being ordered:
 1. Occasionally, the name is similar, indicating they may have ‘clicked’ on wrong drug
 2. Very often the “form” of the drug is wrong, perhaps a liquid when tabs intended
 3. On rare occasion, the drug appearing on the pharmacists screen is not the one that the physician sees on theirs... indicating programming problem
2. Wrong SIG or directions for use
 1. Often, the “prepopulated” directions are left in place, then the prescriber goes to “comments” to say what they really want. This is totally against the design, and could injure patients. The comments may not appear until the pharmacist scrolls through 3 screens, and may not pick up the change.
3. Wrong number of refills
 1. We are sometimes seeing unreasonably high numbers (like 30), when 3 intended. Have no idea why this is happening.
4. Controlled substances coming through, although illegal
 1. DEA does not currently allow controlled meds to be electronically transmitted, but it is happening. This could lead to the pharmacist inadvertently filling, and large fines occurring.
5. No “feedback loop” – physician gets no confirmation that pharmacy received rx, and no assurance of what drug was ordered

From: Ernie Boyd, Ohio Pharmacists Association April 22,2009

What the Pharmacies Are Seeing

6. No transmission of diagnosis – This is the main way a pharmacist can tell that a wrong drug was ordered. The physician should transmit the diagnosis, or included it in the sig, e.g. take twice daily for infection.
7. Some EMR providers are not updating systems
 1. Do not have latest drugs
 2. Do not update pharmacy phone numbers, fax numbers or other info
8. We are being charged for each prescription, even when they are wrong
 1. If it takes 3 transmissions to come thru correctly, we are charged for each
 2. We're being charged for controlled drugs, even though they are illegal
 3. Some patients immediately transfer scripts to store with a coupon.
9. We are only provider charged in the system. The costs must be split equally with PBMs, insurers, employers, physicians, and others benefiting from eprescribing
10. Physicians make many more mistakes with handheld devices, should use tablet-sized devices to prescribe
11. Prescribers SHOULD NOT received full drug interaction information, but just the ones that have high significance. The overload of data cannot be handled by most prescribers. Some of the midlevel prescribers don't have the information to deal with them. Pharmacists are the ones trained in assessing these issues, and should be given full access to patients list of medications, and a software program that assesses the problems should be employed.

From: Ernie Boyd, Ohio Pharmacists Association April 22,2009

Questions

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