



Introduction to ePrescribing Dinner and Learn Series

November 14, 2007

Hosted by: Orlando Regional Medical Center

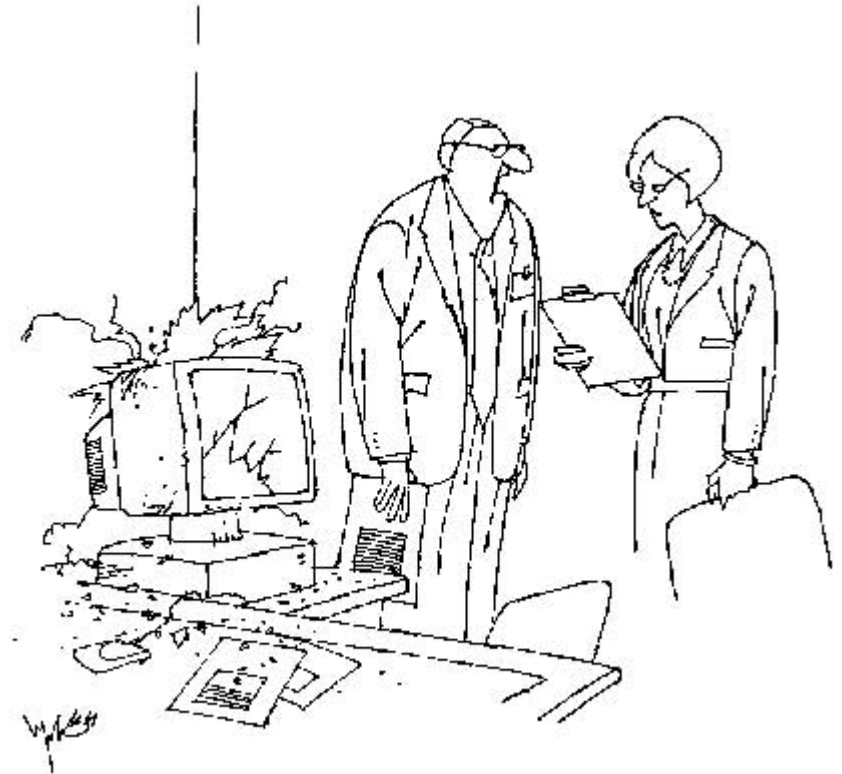
Sponsored by: FMA, OCMS, ORMC and BCBSF

Walt Culbertson

- CEO and President of HealthTransactions, Inc.
- Executive Director of ePrescribe Florida, a collaboration of Florida's leading healthplans, provider and pharmacy organizations, and electronic prescribing vendors
- Founding Chair of the Southern Healthcare Administrative Regional Process (SHARP), a regional collaborative workgroup alliance of private and public health care organizations and HHS, HRSA and CMS
- Founding Co-Chair of a CMS Sponsored Southern Insurance Commissioner Task Force
- Founding Security and Privacy Co-Chair for the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP)
- Executive Board of the HIPAA Conformance Certification Organization (HCCO)
- Data Interchange Standards Association (DISA), and DISA XML-EDI
- Healthcare Information Management Systems Society (HIMSS)
- Former Adjunct Professor of eBusiness, Florida State University

Agenda

- **Getting Started**
 - What is ePrescribing
 - Business Case
 - Other Impacts
- **ePrescribing Applications**
 - Basic Process
 - Functions and Features to Look For
 - Thoughts About Workflow Changes
- **Where to Get Help?**
 - ePrescribe Florida Background
 - Current Efforts, Resources and Tools
 - Fall Summit Conference



"We tried dedicating this computer to deciphering our doctors' handwriting."

Cartoon by Dave Harbaugh

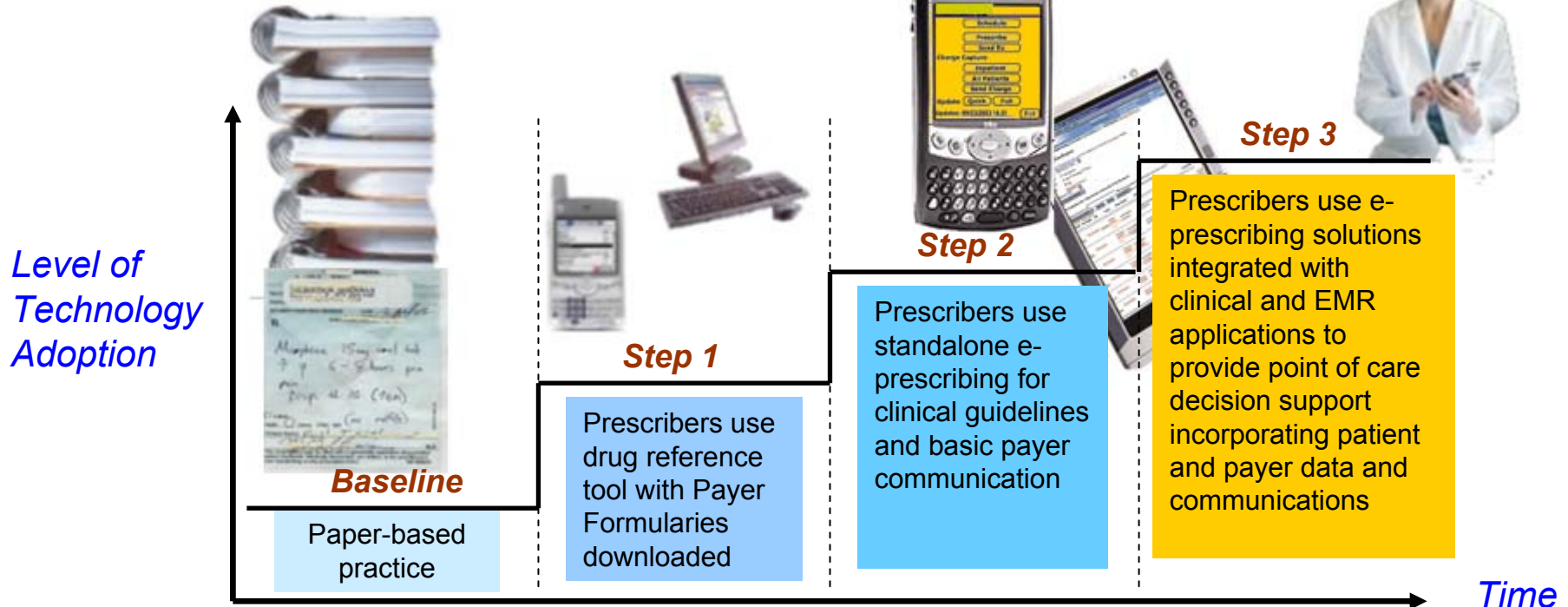


Getting Started

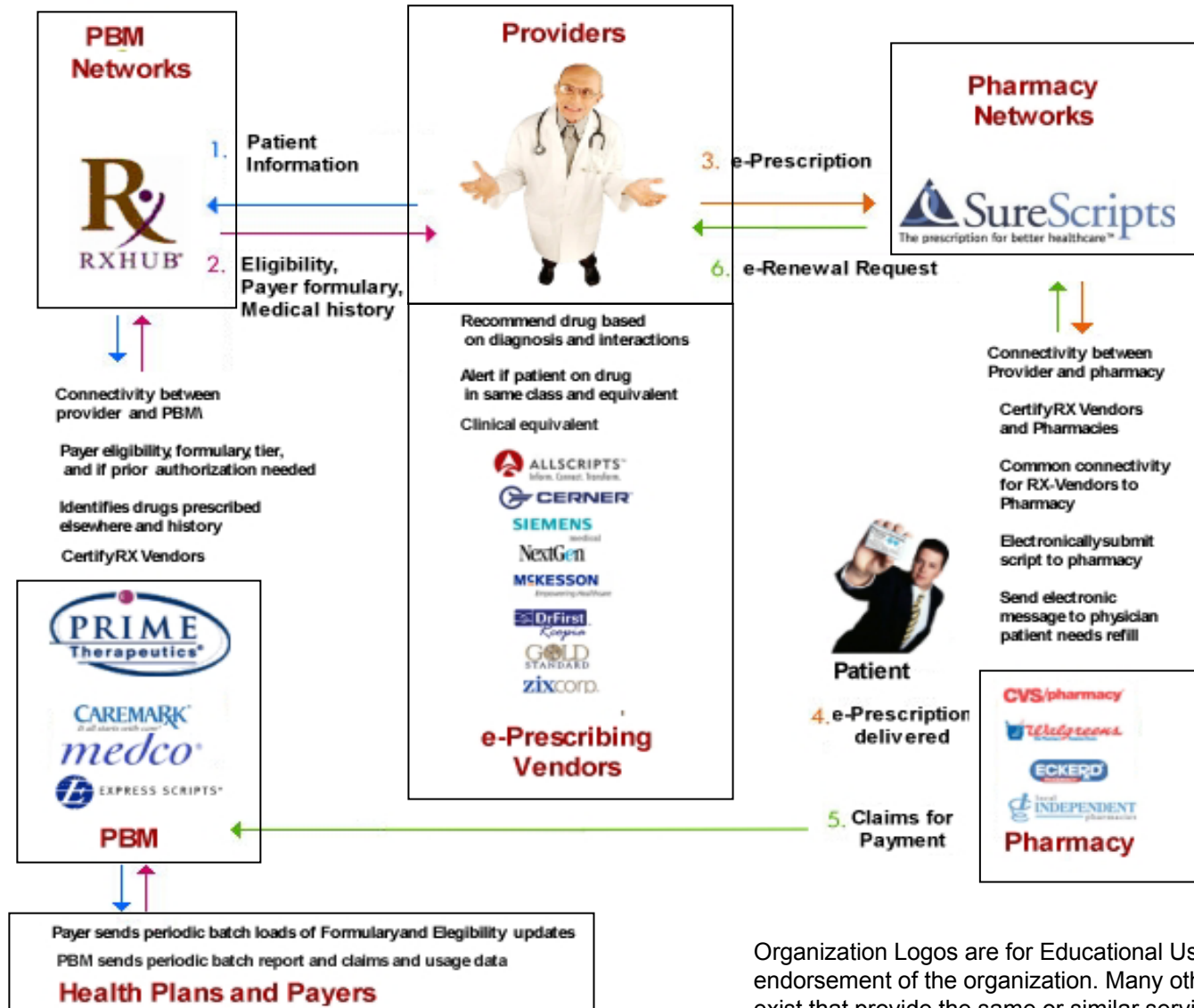
- What is ePrescribing
- Business Case
- Other Impacts

ePrescribing Foundations

- Ability to allow physicians to write and transmit prescriptions “**electronically**” while integrating formularies, patient medication histories and other messaging
- Opportunity is to enable electronic prescriptions to be transmitted the patient's pharmacy of choice, while also obtaining and integrating “**patient, pharmacy and payer information**” into an electronic medical record
- Multiple tools and options allow prescribers varying degrees of sophistication to start where they are comfortable and gradually or quickly move up the “**technology staircase**”



ePrescribing Today!



Organization Logos are for Educational Use Only and not an endorsement of the organization. Many other organizations exist that provide the same or similar services.

Standards: MMA Leads the Way!

- Voluntary for physicians and pharmacies
 - BUT - Part D plans must support e-prescribing, should their physicians and pharmacies desire to do it when prescribing
- If e-prescribing is done, must use standards promulgated now or future
- Announcement of Initial Standards - September 2005
- Pilot began - January 2006
- Report to Congress on Pilot - April 2007
- Additional Standards Final Rule - April 2008
- The timeline specifies standards to be implemented by April 1, 2009
 - BUT - CMS is now proposing to eliminate Fax Exemption in 2009



e-Prescribing Standards

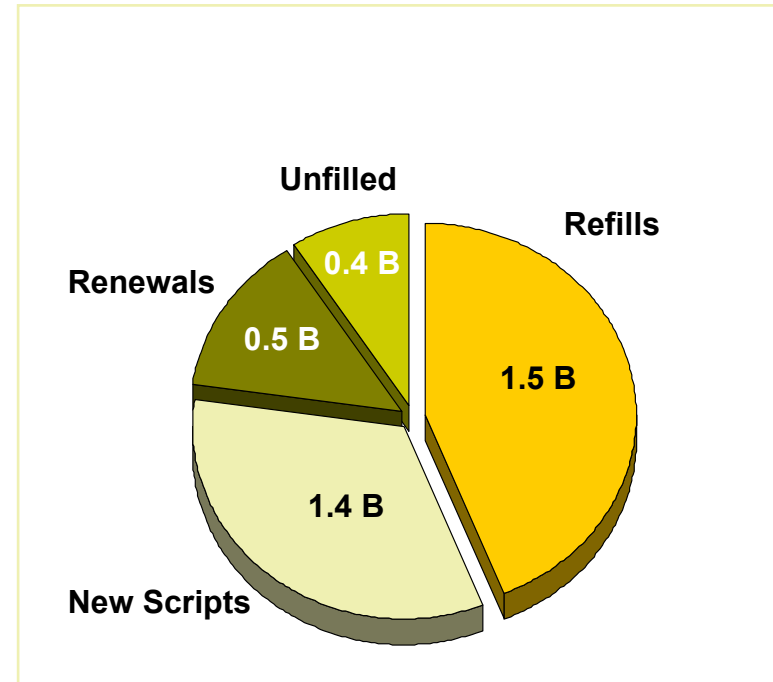
- NCPDP SCRIPT standard, Version 5, Release 0 (except for the Prescription Fill Status Notification Transaction) - for transactions between prescribers and dispensers for:
 - New prescriptions
 - Prescription refill requests and response
 - Prescription change request and response
 - Prescription cancellation request and response
 - Ancillary messaging and administrative transactions
- ASC X12N 270/271, Version 4010 and Addenda – for eligibility and benefits inquiries and responses between prescribers and Part D sponsors
- NCPDP Telecommunications Standard, Version 5.1 for eligibility and benefits inquiries and responses between dispensers and Part D sponsors

Standards to be Pilot Tested

- Formulary and benefit information - NCPDP standard using RxHub protocol
- Exchange of medication history –NCPDP standard medication history message using RxHub protocol
- Structured and Codified Sig – Test structured and codified SIGs (patient instructions) developed through standards development organization efforts
- Clinical drug terminology – Determine whether RxNorm terminology translates to NDC for new prescriptions, renewals and changes
- Prior authorization messages - New version of ANSI ASC X12 278

Volume and Errors Rapidly Increasing

- 823 million visits to physician offices in 2000 [1](#)
- 4 out of 5 patients who visit a physician leave with at least one prescription [2](#)
- 65% of the US population use a prescription medication each year [3](#)
- Over 3 billion prescriptions are dispensed each year and the number is expected to have risen to 4 billion by 2006 [4](#)
- The Institute of Medicine (IOM) reported in July 2006 that Medication errors harm at least 1.5 million patients every year resulting in billions of dollars in extra costs [5](#)
- Medication errors lead to 7,000 deaths per year [6](#)
- More than 8.8 Averse Drug Events (ADEs) occur each year in ambulatory care, of which over 3 million are preventable and account for 1 out of 131 ambulatory care deaths. [7](#)



3.5 Billion Total Filled Prescription Transactions in 2003 [4](#)

Pharma Marketing News, June 2004 Vol 3, No. 6

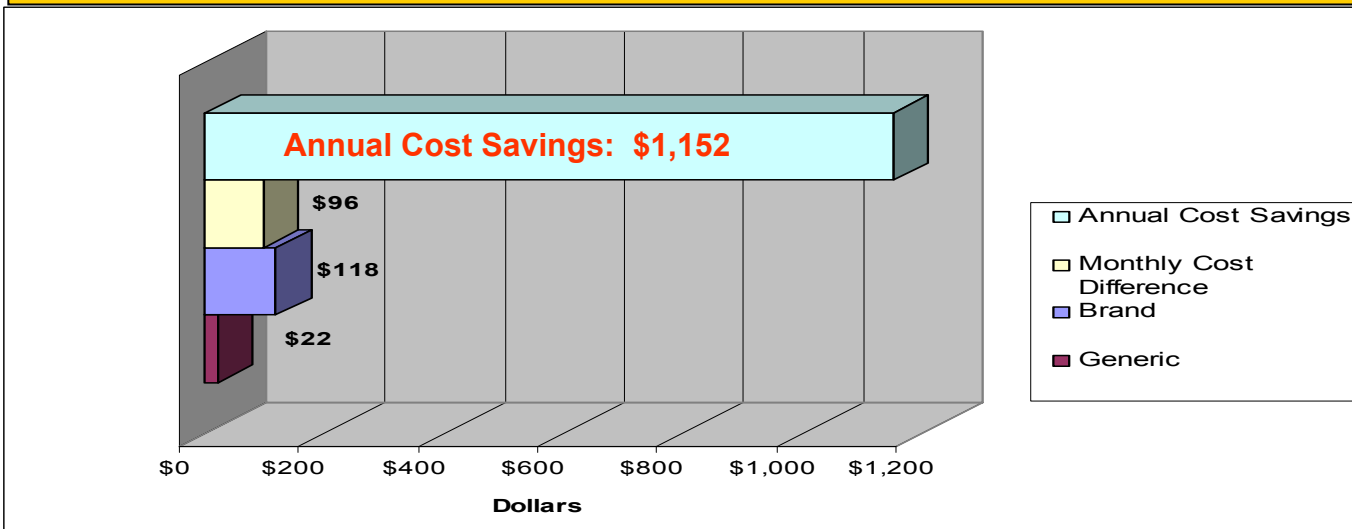
Impacts Make Business Case for ePrescribing

Medical Cost Implications of ePrescribing	
Study	Impact
Harvard / Zix	6.8% Improvement in GDR ¹
Milliman / RxHub	8-15% Reduction in Drug Spend
Henry Ford Foundation	7.3% Improvement in GDR
Medco Health Solutions	8% Increase in GDR and 3.4% Formulary Compliance
Sierra Medical Associates	4.8% Increase in GDR
Cap Gemini Ernst & Young	12% Increase in GDR

¹ Generic Dispense Rate

Center for Information Technology Leadership (CITL) estimates that the nationwide adoption of electronic prescribing would eliminate nearly 2.1 million ADEs and prevent 1.3 million visits to physicians' offices and more than 190,000 hospitalizations.

Projected Annual Medication Cost Savings (Patients, Purchasers, Plans)



Source: ePrescribe Florida UNF Presentation, Dr. William Kerr, CMO, BCBSF, July 17, 2007

Impact: Affordability and Patient Compliance

Design:

- Two Studies: Relationship between medication use and pharmacy benefit design
- Two Medication Classes: Antihypertensives and Lipid Lowering Agents
- Four Copay Designs: \$0, \$1, \$10 and \$25

Results:

- Compliance compared to \$25 copay
 - \$10 copay: 13% increase in compliance
 - \$0 and \$1 copay: 21% increase in compliance

Conclusion:

- Patients are more likely to continue drug therapy if medication is affordable

Pharmacotherapy, October 2006



Culbertson Family, January 2007

Security Impact: Paper Script vs. Electronic

Paper Prescribing

- Minimal Security

Prescribing by Fax

- Minimal Security

Prescribing by Phone

- Minimal Security



ePrescribing

- Prescribers are required to login to E-Prescribing Vendor system with unique usernames and passwords
- E-Prescribing travels through encrypted (128-bit minimum) and secure channels
- E-Prescribing Vendor routers and pharmacies perform regular internal security assessments of their servers
- **Must be compliant with HIPAA security guidelines**
- Risk of alteration is minimized and audit trail provides ability to find source of any alteration

Impact: Save Time.. Save Money.. Save Lives

● Save Time

- Tuffs Health Plan – Savings of up to two hours per day for physicians and office personnel ⁷
- Henry Ford Foundation - 85% of physicians agree that ePrescribing improved the practice of medicine at their clinic ¹⁰
- AHRQ - Estimated 30% of all non e-Prescriptions require pharmacy callbacks, e-Prescribing will reduce pharmacy callbacks by 80% ¹³
- Hewlett Packard - Estimated 2 hours per day per Physician reduction in time spent with prescribing and Rx issues ¹⁴




● Save Money

- Henry Ford Foundation - Of 1.7 million prescriptions sent electronically in 2006 Generic use rate improved from 57% to 68% which was calculated to have saved \$1.44 million ¹⁰
- Milliman / RxHub - Primary care physicians using electronic prescribing have the potential to generate annual generic drug savings of \$175 to \$260 per member per year ¹¹
- Hewlett Packard - 50% reduction in pharmacy callbacks ¹⁴
- America's Pharmacist, April, 2005 – The average per-prescription reduction in Pharmacy Labor costs from e-Prescriptions was \$.97 for new prescriptions and \$0.37 for renewed prescriptions ¹⁵

● Save Lives

- Tuffs Health Plan – 8.9 fewer safety errors per physician per year ⁷
- Henry Ford Foundation - 77% of physicians agree that ePrescribing improves the safety of care ¹⁰
- Institute of Medicine (IOM) - 1.5 million Americans are injured by medication errors. 25% of these injuries are preventable ⁵
- Journal of the American Medical Informatics Association - Over a 4-week period, 61% of the physicians who used clinical reference software believed that the use of the clinical reference prevented adverse drug events or medication errors 3 or more times ¹²
- ePrescribing systems can avoid more than 2 million ADEs annually, of which 130,000 are life-threatening ¹⁵

Impact: Stakeholder Value Clear

Patient		<ul style="list-style-type: none">● Reduced medication errors● Time efficiencies through better benefits communication● Cost savings due to physician adherence to formularies● Patient reminders of drug refills, lab work and physician appointments could be generated
Provider		<ul style="list-style-type: none">● Fewer call-backs from pharmacies for prescription clarification● Access to patient specific formulary information● More complete information on medical history as well as past and current medication usage● Faster and easier access to information
Pharmacy		<ul style="list-style-type: none">● Time saving through decreased physician call-backs● More time for patient consultation● Greater efficiency leading to more satisfied patients and pharmacists
Payer PBM		<ul style="list-style-type: none">● Reduced medication errors● Cost savings through formulary compliance● Fewer pharmacy call-backs● Improved data management of prescribing trends



ePrescribing Applications

- Basic Process
- Functions and Features
- Thoughts about Workflow Changes

ePrescribe Florida Functionality Checklist

Care Management

- Maintain and Manage Patient Record
- Manage Patient Specific Medication List
- Manage Medication Administration
- Manage Allergy and Adverse Reaction List
- Order Medication & Fulfillment of Rx

Communication & Connectivity

- Access to health plan eligibility and display real time formulary information
- Patient Eligibility and Coverage Determination
- Pharmacy Communication
- Practice Management System (PMS) Integration

Decision Support

- Dispensed Drug History (DDH)
- Drug to Drug Interaction
- Drug Utilization Review (DUR)
- Medication Recommendation
- Drug Reference
- Formulary Messaging

Security, Standards & Support

- Other Messaging Requirements
- Security
- Standards
- Reporting
- Training & Implementation
- Technical Support
- Disaster Recovery

Login & Authentication

Enter your User ID and Password

User ID:

Password:

OK

Primary Care Edition
Copyright ©2007 ZixCorp
Version: 6. 7. 0. 10419

zixcorp

File Help

Formulary Key

Color Key

- Preferred
- On Formulary
- Prior Authorization
- Non-Formulary
- Not Covered
- No Formulary Information
- Co-pay Tier
- Co-pay Percentage
- No Co-pay Information

Disclaimer: The following slides are Copyrighted by ZixCorp. They have been provided for educational use only and are not an endorsement of PocketScript or the vendor.

ePrescribing - Easy as 1..2..3..

1. Select Drug

PocketScript 7:16

Patient: Janet Jones

Favorites: Select Favorite

FastRx: Crestor 20mg

Treatment: Crestor 20mg

Include In

- DIOVAN QD
- Entex PSE 600 mg-120 mg
- Erytho 500mg
- Fluoritab 1mg

A 08/07/07: Crestor - Qty:30 - Refills: 2

A 08/07/07: Lipitor - Qty:30 - Refills: 2

A 05/15/07: Prozac - Qty:30 - Refills: 2

Drug List Renew D/C Back

Key Cancel

File Tools Help Rx

2. Confirm Details

PocketScript 7:14

Patient Janet Jones

Drug Crestor (tablet)

Preg: Contraindicated in pregnancy

Brand Only: Dose: 20 mg

Quantity: 30 D/C Date:

Duration: Chronic Refills: 2

Inst: (s) orally once a day (at bedtime)

Pharm CVS ATTLEBORO, MA (PLEASANT ST)

Pt Wgt: .0 LB

Notes

Send Print History Cancel

File Tools Help Rx

3. Send to Pharmacy

PocketScript 7:15

Patient Name: Janet Jones

Patient Weight: .0 LB

Drug: 20 mg of Crestor (tablet)

Qty: 30 (Thirty)

Refills: 2 Brand Only: No

Pharmacy: CVS ATTLEBORO, MA (PLEASANT ST)

Sig: Take 1 tab(s) orally once a day (at bedtime)

Notes:

Print Patient Copy Print Prior Auth

Send

Additional Send Change

File Tools Help Rx

Selecting the Patient

PocketScript 7:03

Last: First:

Name Chart

jon, brian (09/09/1999) #
Jones, Brian () #
Jones, Janet (04/01/1921) #
Jones, John (02/01/1911) #
Jones, Mary (01/01/1901) #

DOB: 04/01/1921 -- Weight: .0
SSN:
Ins: Blue Cross Blue Shield of Massachusetts

File Tools Help Rx

PocketScript 7:05

Patient: Janet Jones

Favorites:

FastRx:

Treatment:

Include Inactive

Sort list by:

A 05/15/07: Prozac - Qty:30 - Refills:2
 A 05/15/07: Albuterol Sulfate - Qty:17

File Tools Help Rx

Selecting the Drug

PocketScript 7:06

Patient: Janet Jones

Drug:

By: All Brand Generic

Lipitor (tablet) [N-atorvastatin]

Pregnancy Warning:
Contraindicated in pregnancy

File Tools Help Rx

PocketScript 7:09

Patient: Janet Jones

Favorites:

FastRx:

Treatment: Include In

- Lipitor 10
- LIPITOR 10MG 90 DAY
- Lisinopril 40mg
- maxz-25mg
- Naprosyn 250 mg

A 05/15/07: Prozac - Qty:30 - Remis:2

A 05/15/07: Albuterol Sulfate - Qty:17

File Tools Help Rx

Decision Support

PocketScript 7:07

Current Prescription
Lipitor (atorvastatin) tablet - On Formulary - formulary alternatives are available

Consider Formulary Alternatives

- ▶ Lovastatin [G-lovastatin] tablet
- ▶ Pravastatin Sodium [G-pravastatin] tablet
- ▶ Simvastatin [G-simvastatin] tablet
- ▶ **Crestor [N-rosuvastatin] tablet**

Select Alternate Rx

Select Current Rx Cancel Back

File Tools Help Rx

PocketScript 7:10

Current Prescription
Lipitor (atorvastatin) tablet - On Formulary - formulary alternatives are available

Lipitor

generic HMGs, Crestor; StepTx for new starts, use lovastn, simvastn, or pravstn 1st-QCD per 30 days:30
Do you Wish to Prescribe Anyway?

Yes No

▶ Crestor [N-rosuvastatin] tablet

Select Alternate Rx

Select Current Rx Cancel Back

File Tools Help Rx

Decision Support



ALERT - Potential interactions with Erythromycin Base

Lipitor : Major Drug Interaction
Prozac : Moderate Drug Interaction

Select a Different Drug?

Yes

No, Use this One

Interaction
Details

File Tools Help Rx



ALERT - Potential interactions with Amoxicillin-Clavulanate

Allergy : Allergic Reaction
Allergy : Allergic Reaction

Select a Different Drug?

Yes





No, Use this One



Interaction
Details


File Tools Help Rx



Complete Script Details

 **PocketScript**   7:14 

Patient Janet Jones  

Drug Crestor (tablet) 

Preg: Contraindicated in pregnancy


Brand Only: Dose: 20 mg ▼




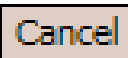
Quantity: 30 ▼ D/C Date:



Duration: Chronic ▼ Refills: 2 ▼

Inst: (s) orally once a day (at bedtime) ▼

Pharm CVS ATTLEBORO, MA (PLEASE ▼

Pt Wgt: .0 LB 

File Tools Help Rx  

Script Ordered & Successfully Transmitted

PocketScript 7:15

Patient Name: Janet Jones
Patient Weight: .0 LB
Drug: 20 mg of Crestor (tablet)
Qty: 30 (Thirty)
Refills: 2 Brand Only: No
Pharmacy: CVS ATTLEBORO, MA (PLEASANT ST)

Sig: Take 1 tab(s) orally once a day (at bedtime)

Notes:

Print Patient Copy Print Prior Auth

Send

Additional Send Change

File Tools Help Rx

PocketScript 7:15

Patient: Janet Jones

Favorites: Select Favorite

FastRx: Lipitor 10

Treatm Prescription Sent

Inc

Prescription Sent

- A 08/07/07: Lipitor - Qty:30 - Refills:1
- A 05/15/07: Prozac - Qty:30 - Refills:2
- A 05/15/07: Albuterol Sulfate - Qty:17

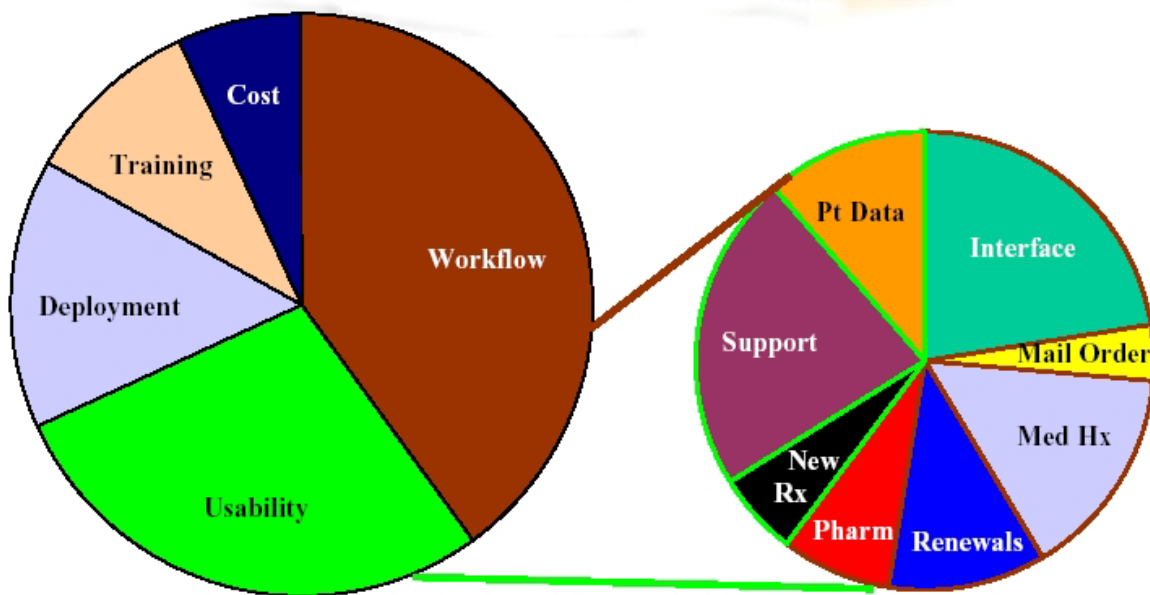
Drug List Renew D/C Back

Key Cancel

File Tools Help Rx

Prescription Workflow is Key

Where are the Problems?



Pitfalls: Workflow & Usability

• Workflow

- Interface
- Renewals
- Medication History
- Pharmacy List
- Allergy Lists
- Mail Order Pharmacy

• Usability

- New Prescriptions
- Patient Data
- Support

Avoid Problems in Workflow and Usability before they happen!

• Patient Demographic Information

- Demographic Upload (data dump) or live interface
- Ensure the patient data is correct (at upload & at visit)
- Establish procedures
 - New patients
 - Data change
 - Check data for accuracy when patient arrives
 - Pharmacy choice

Source: e-Prescribing From Paper to Powerful (without the Pitfalls)
National Conference on m-Health and EOE, December 2005
John Berger, MD, Peter N. Kaufman, MD (CMO, DrFirst)

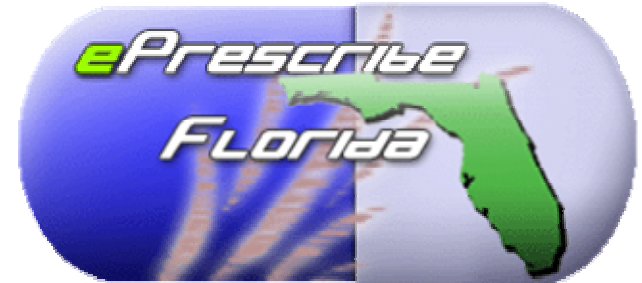


Where to Get Help!

- ePrescribe Florida Background
- Current Efforts, Resources and Tools
- ePrescribe Florida Summit

Opportunity Response: ePrescribe Florida

- ePrescribe Florida is striving to increase patient safety and meet the needs of the Florida public by establishing a collaborative framework that helps achieve an understanding of the benefits of electronic prescribing, while fostering education and implementation efforts to accelerate physician adoption and cooperation among prescribing constituents.



www.ePrescribeFlorida.com

Vision

- All Floridians have access to the benefits of improved health, safety, and affordability through ePrescribing.

Mission

- Promote collaborative state efforts toward successful adoption of ePrescribing.

Goals

- Create forums to encourage dialog for the benefits and adoption of ePrescribing
- Identify, evaluate, and establish industry best practices for ePrescribing
- Influence the development and adoption of standards for ePrescribing.
- Define requirements and criteria for ePrescribing solutions.
- Serve as a preferred information resource for ePrescribing solutions.
- Establish a baseline and develop a CQI program that effectively measures the impact of ePrescribing.
- Build proactive outreach programs to accelerate the successful adoption of ePrescribing.
- Collaborate with regional and national e-prescribing initiatives to further adoption of ePrescribing.

Current ePrescribe Florida Organization

ePrescribe Florida Chair

Catherine Peper, BlueCross and BlueShield of Florida

ePrescribe Florida Executive Director

Walt Culbertson, HealthTransactions

Steering Committee

- BlueCross and BlueShield of Florida
- Humana
- AvMed
- RxHub, LLC.
- SureScripts
- Florida Academy of Family Physicians
- Florida Medical Association
- Pharmacy Provider Services Corporation

Advisory Council

- Aetna
- Albertsons
- Agency for Health Care Administration
- CIGNA HealthCare
- CVS
- eRxNetwork
- Florida Drug Control Office of the Governor
- Florida Pharmacy Association
- Florida Hospital Association
- Florida Chapter of the American College of Cardiology
- Florida Chapter, American Society of Consultant Pharmacists
- Florida Osteopathic Medical Association
- FMQAI
- Health First Health Plans
- Publix
- UnitedHealthcare
- Walgreens
- Wal-Mart
- Winn-Dixie

ePrescribe Florida WorkGroups

Vision

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

Provider Outreach Workgroup

Dr. Thomas Lampone, BCBSFL, **Chair**
Dr. Scott Latimer, Humana, **Vice-Chair**
Rachael Alaniz, Florida Medical Association
Dr. Qammer Bokhari, BCBSFL
Emily Fritz, Florida Medical Association
Dr. Steven Lee, Humana
Scott McClelland, PharmD; BCBSFL
Dr. Robert Shaw, UnitedHealthcare

Vision

Florida pharmacists have the information and tools necessary to successfully process e-prescriptions and advocate e-prescribing.

Pharmacy Outreach Workgroup

Todd Hardman, SureScripts, **Chair**
Casey Kozlowski, Walgreens, **Vice-Chair**
Scott Barclay, CVS
Tim Bell, Winn-Dixie
Diane Chronis, FMQAI
Matt Cockrell, Wal-Mart
Maria Friedman, RxHub
Dale Houston, Publix
Savi Lenis, FMQAI
Michael Jackson, Florida Pharmacy Association
Bill Mincy, PPSC
Cyndi Mincy, PPSC
Miranda Rochol, Walgreens
Chris Urban, CVS
Darren Townzen, Wal-Mart

Vision

Provide all stakeholders access to information and tools that support the evaluation of electronic prescribing solutions consistent with the goals of ePrescribe Florida.

Vendor Solutions Workgroup

Beth Bridges, PharmD, Humana, **Chair**
Shawn Barger, PharmD, AvMed, **Vice-Chair**
John Higbee, AvMed
Savi Lenis, FMQAI
Scott McClelland, PharmD; BCBSFL
Fred Whitson, Florida Medical Association

Vision

The Legislative effort will focus on laws and regulations which impact ePrescribing.

Reporting will address the need to provide metrics for success.

Legislative Workgroup ^(New)

Fred Whitson, Florida Medical Association, **Chair**
Tad Fisher, Florida Academy of Family Physicians, **Vice-Chair**

Reporting and Analysis Workgroup ^(New)

Dr. Chris Sullivan, Agency for Health Care Administration, **Chair**
Tom Groom, RxHub, **Vice-Chair**

ePrescribe Florida Approach

- **Provide Education**
 - Prescribers
 - Stakeholders (Payers, PBMs, Pharmacies, Consumers)
 - Others (Media, Government, Law Enforcement, Academic Medical, etc.)
- **Promote Consistency**
 - Payer and PBM information delivery
 - E&B
 - Med History
 - Formulary
 - Pharmacy receipt and processing
 - Vendors
 - Applications Functionality
 - Training and Implementation Support
 - Prescribers
 - How to select an application
 - How to implement and make successful
 - How to seek funding and financing alternatives
- **Promote Incentives and Funding**

Members Login Home | About Us | Join Us | Contact Us | Site Map

Providers
Faster and easier access to information

Prescribers | Pharmacists | Health Plans | Vendors | Patients | Sponsors | Events | News | FAQs

Who we are!
Save Time! Save Money! Save Lives!
ePrescribe Florida was established to increase patient safety and meet the needs of the Florida public by establishing a collaborative framework that helps achieve an understanding of the benefits of electronic prescribing.
Offering **FREE** educational and implementation programs, our goal is to accelerate physician adoption and cooperation among prescribing constituents.

Q. What is Electronic Prescribing?
A: e-Prescribing is the use of healthcare technology to improve prescription accuracy, patient safety and costs. This is achieved by providing prescribers a secure means of electronically incorporating patient medical information with health plan formulary, patient eligibility and medication history at the point of care. The result is efficient prescribing processes with more accurate medication orders and less manual intervention with the prescription being electronic sent directly to the patient's pharmacy of choice.

Q. What is ePrescribe Florida?
A: ePrescribe Florida is a collaborative framework of industry stakeholders working together to help accelerate physician adoption of electronic prescribing by fostering cooperation and coordination among prescribing constituents.

Read More FAQs..

Help Us Help You – Check Out Our Workgroups
Currently ePrescribe Florida has two workgroup dedicated to helping your understand ePrescribing, what the options are and how to be successful in this important use of technology to enhance patient safety, reduce staff time while continuing to provide quality care.
Provider Outreach Workgroup – Dedicated to prescriber education.
Vendor Solutions Workgroup – Dedicated to successful ePrescribing.

What we do!
Electronic prescribing can improve prescription accuracy, increase patient safety and reduce costs, as well as enable secure, bi-directional, electronic connectivity between physician practices and pharmacies. Just one of the benefits of electronic prescribing is the ability to automate the renewal authorization process, which is extremely time-consuming and labor intensive for both pharmacies and prescribers in today's paper world!
Dedicated to Electric Prescribing Education!
ePrescribe Florida seeks to increase patient safety and meet the needs of the Florida public, by establishing and promoting an understanding of electronic prescribing through educational and outreach programs and promoting health plan and other incentives for adopting e-prescribing technology.

Watch and Learn!
Electronic Prescribing is efficient and easy to execute. Click on the video lesson and learn!
Lesson 1 – ePrescribing background and "How it Works!"
Lesson 2 – Step by Step demonstration of the Physicians view of using ePrescribing at the point of care!
Lesson 3 – How to Get Started and What to Look For!

Have a Question? Need an Answer?
Join our Listserv and share your questions and search our archives of answers. Learn from others who are asking the same questions!
Stay Tuned for our Education Sessions
Learn about our educational sessions to assist you and your practice and how to get started e-prescribing today. Check out our **Events**.
ePrescribe Florida – In the News!
Learn more about us through what others are saying. Check out ePrescribe Florida in the **News**.
We Can't Exist Without Your Support!
Learn about those supporting and contributing to our important efforts. Check out our **Sponsors** and the next time you see them say THANKS on behalf of Florida patients and the prescribing community!

Some links are to pdf format files and require Adobe® Acrobat® Reader to view

ePrescribe Florida | Webmaster | Privacy | Disclaimer | Site Help
Copyright 2007 All rights reserved.
Site best viewed with Internet Explorer 5.0+ or Netscape 6.0+ in 800x600 resolution with Flash

Prescriber Outreach Roadmap

- Establishing “Prescriber Roadmap” for learning and implementation
 - Modifying other Initiatives EMR and ePrescribing focused resources and tools for ePrescribe Florida
 - Goal is to not re-invent where possible just organize and focus

ePrescribe Florida Provider Outreach Workgroup

Review of Materials from FMQAI

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.

Websites to Review

1. www.Medqic.org and type “e prescribe” in the search box. Many links and resources will be displayed.
2. www.fmqai.com Click on Providers then, physician practice, then on DOQ-IT on the left

Documents to Review

IntroductionB.pdf
1e EHR Roadmap.pdf
1f (c) (d) EHR Roadmap.pdf
Onsite Practice Readiness Assessment with EHR.doc
Initial Readiness Assessment.doc
E-prescribing_Planning.pdf
Overview_1d1_PharmD_Students.ppt
Terminology in the HealthCare Records Industry.doc

Working Documents

The following documents are works in progress. Please review and provide comments to Dr. Lampone and Walt Culbertson.

ePrescribe Florida Provider Outreach Introduction
ePrescribing eRX Roadmap Overview
ePrescribing eRX Roadmap
Initial Readiness Assessment
Onsite Practice Readiness Assessment for eRX

- Prescriber Roadmap
 - Getting Started with ePrescribing: Practice Assessment
 - How to Select an ePrescribing Application: Functions and Features
 - Selecting an ePrescribing Vendor: RFI and Contract Process
 - A Successful Implementation: Workflow Changes and Overcoming Barriers to Success

ePrescribe Florida Summit “The Hilton at Disney”

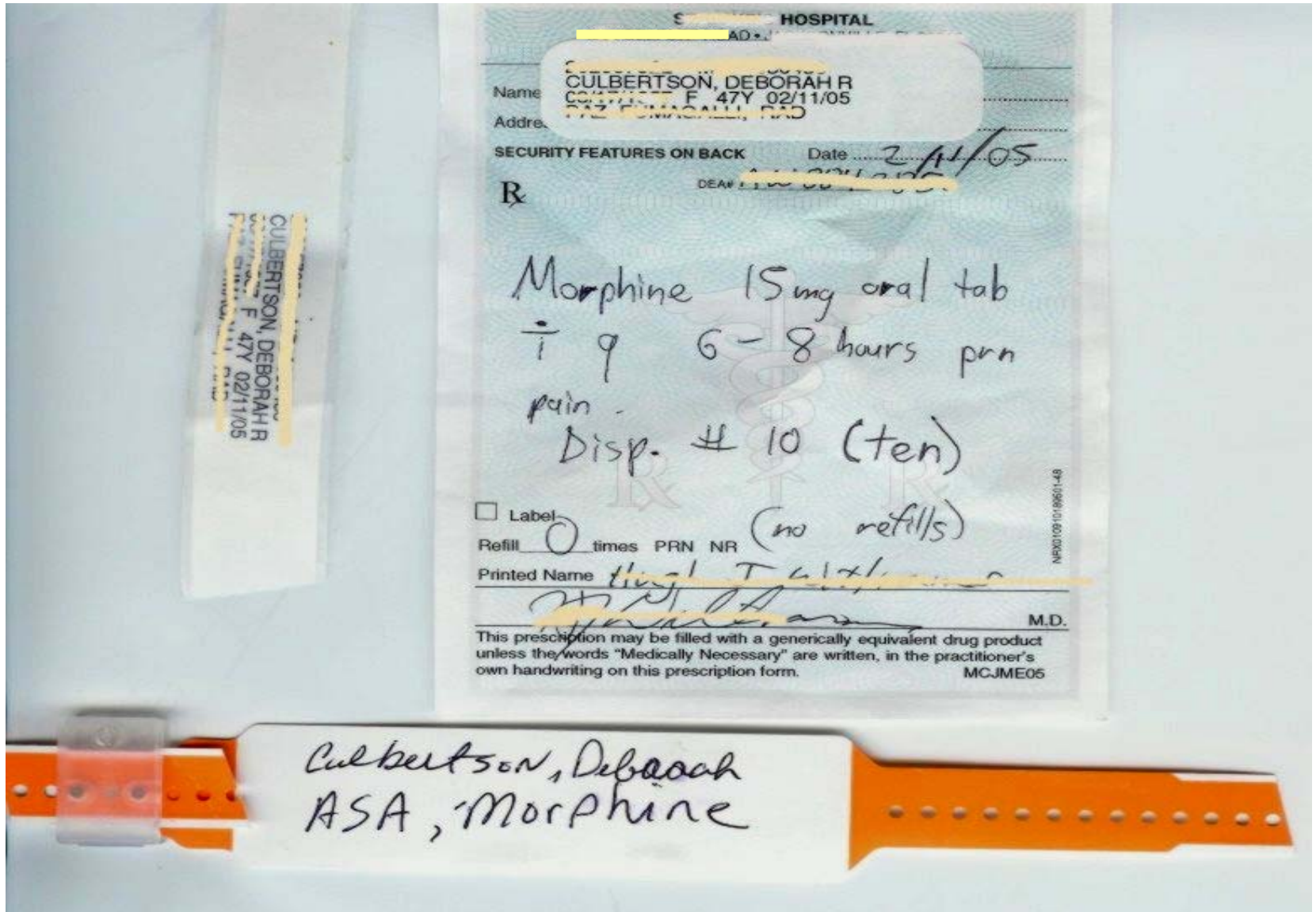
- November 30 – Dec 2, 2007
- Target Audience:
 - Prescribers and office staff
 - Vendor Community (interact and educate prescribers)
 - Health Plans and PBMS (support prescribers outreach)
 - Pharmacy Community (learn how to support prescribers)
- Focused “How to” sessions:
 - **How to:** get started and leverage ePrescribe Florida tools
 - **How to:** select an application and interact with vendors
 - **How to:** implement and optimize workflow for success
 - **How to:** find ePrescribing funding sources and incentives
- Family, fun and education



- Recently completed 2 year renovation
- Across from Downtown Disney
- Disney park perks included, incl. transportation
- New health club, pool
- Wireless internet in public areas
- 7 restaurants and lounges



Final Thoughts



Resources

1. Pastor PN et. al. Chartbook on trends in the health of Americans. Health, United States, 2002. National Center for Health Statistics. 2002.
2. The Chain Pharmacy Industry Profile. National Association of Chain Drug Stores. 2001.
3. Agency for Healthcare Research and Quality. MEPS Highlights #11: distribution of health care expenses, 1999.
4. Estimates - NACDS Economics Department
5. Institute of Medicine (IOM) Report: Preventing Medication Errors. July 2006
6. Institute of Medicine (IOM). To Err is Human: Building a Safer Health System. National Academy Press. (2000).
7. Center for Information Technology Leadership. The value of computerized provider order entry in ambulatory settings. 2003
8. Tuffs Health Plan – Published 2004 - Conducted a study of 113 e-prescribers in 15 practices over a 12-month period starting in 2003
9. Harvard / Zix Published 03/07 18 month study with control group of 14,391 physicians (1,035 wrote e-prescriptions)
10. Henry Ford Foundation Published - 2006 Study
11. Milliman / RxHub: Impact of e-Rx on Medicare Prescription Drug Spend. (05/06)
12. Journal of the American Medical Informatics Association, Nov/Dec, 2006
13. AHRQ - Findings from the Evaluation of E-Prescribing Pilot Sites. AHRQ Publication April, 2007
14. Hewlett Packard Study, 2/22/06
15. America's Pharmacist, April, 2005

THANK YOU!

Questions? Contact Walt Culbertson
WaltCulbertson@ePrescribeFlorida.com

THANK YOU TO OUR SPONSORS!



Orange County
Medical Society

www.ocms.org



BlueCross BlueShield
of Florida
An Independent Licensee of the
Blue Cross and Blue Shield Association

www.bcbsfl.com



www.ePrescribeFlorida.com



Physicians Who Care

www.medone.org