E-Prescribing:
Facing the Challenges of Today’s Technology

Much like electronic medical records, e-prescribing solves some problems but also creates new ones. E-prescribing solves illegibility and oral miscommunication issues, but creates new challenges such as alert fatigue and additional costs. E-prescribing systems may be stand-alone (for e-prescribing only) or integrated with an electronic medical record (EMR). The primary challenges associated with e-prescribing are the costs of software and time spent on training, maintenance, customizing, upgrades, and interfaces. Some stand-alone e-prescribing systems are free, but some may cost as much as $2,500 per physician. Office-based EMRs with e-prescribing capability can cost from $25,000-$45,000 per physician.

Risk Management Challenges

- **CHOOSING A SYSTEM**
  Be sure to obtain physician input and review of the software prior to purchase to ensure it meets the needs of your practice. Consider talking to other medical practices already using the software, not only to assist in your decision, but to anticipate flaws or errors existing users may have encountered. Lastly, establish a process to address problems discovered after implementation.

- **ALERT FATIGUE**
  Physicians may ignore e-prescribing alerts for a variety of reasons (e.g., excessive alerts or alerts that are not clinically useful). Again, input from physicians prior to implementation can help prioritize and choose alerts appropriate to the practice.

- **ADDITIONAL FEATURES CREATING RISK**
  For example, some software programs require a diagnosis listed with each prescription. Consider the following: a patient is on Depakote for bipolar and seizure disorders, but the e-prescribing system only notes bipolar disorder because of its one-diagnosis limitation by design. Subsequently, the patient becomes manic and the on-call psychiatrist starts the patient on lithium for the bipolar disorder. Checking the e-prescribing system, he notes Depakote was prescribed for bipolar disorder so he titrates the Depakote to discontinuation. The patient has a seizure during the titration which leads to death.

  The on-call psychiatrist assumed the patient was on Depakote solely for bipolar disorder and not seizures. If the diagnosis feature had been more extensive or had not been used with the software, the on-call psychiatrist might have explored further before discontinuing the Depakote. Again, input from physicians prior to implementation may help prevent potential risks.

- **INTEROPERABILITY**
  Another issue is whether your e-prescribing system fully integrates with pharmacy systems. Using the previous example, what if the diagnosis was changed in the psychiatrists’ system, but the pharmacy system did not automatically update this information? Be sure to investigate the compatibility of your system with others in your area. Not all pharmacies have e-prescribing capabilities. Many rural areas do not have the broadband internet access required.

- **RECONCILIATION**
  Physicians and pharmacies may find it difficult to trust the completeness and currency of the medication history and reconciliation, since medication histories often derive from multiple sources. Continue to verify medication histories with patients, and update records accordingly.

- **INDEMNITY OR HOLD HARMLESS AGREEMENTS**
  Finally, be cautious about entering into hold harmless agreements with software vendors. Your ProAssurance policy excludes from coverage liability assumed under any contract or agreement, unless the liability would be imposed by law in the absence of the contract or agreement. It covers only the insured’s professional liability and not the liability of another party that the insured may assume through an indemnity agreement. If you are asked to sign such an agreement, you should have your attorney carefully review the agreement and your insurance policy.

Medicare’s E-Prescribing Incentive Program

Physicians may wish to investigate incentives to help recoup the costs of an e-prescribing system. In 2009 Medicare initiated a program offering financial incentives for physicians using “qualified” e-prescribing systems. A qualified system must:

1. Generate a complete, active medication list incorporating electronic data received from applicable pharmacies and pharmacy drug plan(s), if available;

2. Select medications, print prescriptions, electronically transmit prescriptions, and conduct alerts (which include automated prompts offering information on the drug being prescribed, potential inappropriate dose or route of administration, drug-to-drug interactions, allergy concerns, warnings, or cautions);

3. Provide information related to the availability of lower cost and therapeutically-appropriate alternatives, if any;

4. Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient’s drug plan (if available); and

5. Meet the Part D specifications for messaging that were implemented April 1, 2009.

Continued on page 4
Continued from page 3

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For more information on the incentive program, go to the Centers for Medicare & Medicaid Services web site at: http://www.cms.hhs.gov/eprescribing.

Conclusion

Regardless of the e-prescribing software you choose, conduct a thorough investigation, obtain physician input and review, verify medication histories, and be sure to use software to supplement (not replace) medical decision making.

Sources


How the New Medicare Reporting Requirements Impact You!

The new Medicare reporting requirements take effect January 1, 2010. The law imposes mandatory reporting on persons or entities that make any payment (settlement, judgment, award, or other payment) to Medicare beneficiaries. Any person or entity that makes such a payment after this date (excluding payments solely for property claims) is required to report the payment to Medicare. This includes liability carriers, hospitals, and physicians. Whether physician or hospital write-offs of medical bills or provision of gift cards requires reporting is still under consideration by Medicare. If you are insured by ProAssurance and we make a payment under your policy to a Medicare beneficiary, ProAssurance will handle the reporting obligations. If you settle a matter with a Medicare beneficiary outside of your policy, you may have reporting responsibility and must meet your own reporting requirements under the law.