

# e-Prescribing Survey Pinpoints Bottlenecks

BY FRANCES CORREA

FROM THE JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION

Electronic prescribing is getting better, but challenges remain related to e-renewals, mail-order pharmacy connectivity, and pharmacy processing of e-prescriptions, based on survey results from 114 individuals involved in e-prescribing in 97 health care organizations.

The survey included physician practices, community pharmacies, and mail-order pharmacies using the Surescripts e-prescribing network (J. Am. Med. Inform. Assoc. [doi:10.1136/amiainl-2011-000515]).

Respondents reported overall satisfaction with the system, but noted the need for improvements in technical standards, in network connectivity on the mail-order side, and in system and database design, lead author Joy Grossman said in an interview.

From the physician's perspective, the system often creates either duplicate prescriptions or faulty formatting, Dr. Yul Ejnes said in an interview. Dr. Ejnes, chair of the Board of Regents for the American College of Physicians and an internist based in Cranston, R.I., has been using e-prescribing systems since 2003.

"One thinks of electronic prescribing as [a] totally seamless, no-extra-effort-needed process but there does need to be some human intervention," he said.

The most notable problem, mentioned by 75% of the physicians responding to the survey, is unreliable transmission of prescriptions to mail-order pharmacies. Dr. Ejnes said resolving such inefficiencies takes up extra time for physician and pharmacists.

Another inefficiency noted in the survey is that 94% of retail pharmacies nationwide are registered users of the Sure-

scripts system, yet nearly half of participating local pharmacies and three national pharmacies do not send renewal requests electronically.

According to the survey, pharmacies said they didn't use the electronic systems because they either lacked the functionality or wanted to avoid Surescript transaction fees. Instead they relied on phone or fax systems.

Pharmacies using electronic systems reported challenges with inconsistent data fields for physician and pharmaceutical e-prescription programs, requiring editing and manual data entry.

As use of electronic systems increases in response to federal incentives, Ms. Grossman said stakeholders, including vendors and the federal government, will have to work together to address the challenges.

Surescripts spokesman Ron Cronin acknowledged in an interview that the technology related to the transmission of prescriptions between practices and pharmacies is a common concern that stakeholders will need to address.

With increasing financial incentives, e-prescribing has continued its expansion among office-based physicians, increasing from fewer than 10% in 2008 to 52% in 2011. Today, one in three prescriptions is routed electronically, according to Mr. Cronin, who attributed the increase to a greater comfort level with the technology.

In Dr. Ejnes' state of Rhode Island, every retail pharmacy had e-prescribing systems in place by 2009, according to the Rhode Island Department of Health.

And, despite the inefficiencies, e-prescribing helps more than it hurts, Dr. Ejnes said. His electronic system has saved him several hours per week that he previously devoted to handling prescription renewals. ■

# Texas Tort Reform: More Complaints, Lower Costs

BY ALICIA AULT

FROM THE ANNUAL MEETING OF THE SOUTHERN SURGICAL ASSOCIATION

HOT SPRINGS, VA. – Since tort reform in Texas, the number of lawsuits and associated costs have decreased, but patient complaints to the state medical board and board investigations of physicians have risen, according to an analysis presented at the meeting.

Dr. Ronald M. Stewart and his colleagues from the University of Texas Health Science Center at San Antonio obtained publicly available data from



The activity of the medical liability tort system has ebbed in Texas.

the Texas Medical Board and compared the 7-year period before tort reform (1996-2002) and the 6 years after the law was enacted (2004-2010).

The data were adjusted for the increase in the physician population; before reform there were about 170 physicians per 100,000 residents. After the law went into effect, the number rose to 195 physicians per 100,000, said Dr. Stewart, chairman of the department of surgery.

Before reform, about 125 complaints per 1,000 physicians were made to the medical board. That number increased by 13% after reform, to 140 complaints per 1,000 physicians, said Dr. Stewart.

The rate of investigations increased from 38 per 1,000 to 52 per 1,000, with 5% of physicians the subject of a medical board inquiry. Postreform, there were more disciplinary actions when compared to open investigations, at about 8 per 1,000 in the latter period. Before reform, 0.5 per 1,000 physicians were ordered to revoke or to voluntarily surrender their licenses; after reform, that value rose to 0.8 per 1,000, a significant increase, noted Dr. Stewart.

The most striking change before and after reform was the decline in financial penalties. The state collected a total of \$4.7 million in the postreform period. To put that figure into context, the San Antonio department of surgery alone spent \$4.8 million on liability settlements in the prereform period, he said.

It's not clear why complaints and disciplinary actions went up, Dr. Stewart said. Having access to electronic information and greater awareness of the ability to complain to the medical board probably spurred more patient reporting. The increases in investigations and disciplinary actions were mainly driven by the legislature, according to Dr. Stewart.

"It appears that tort reform in Texas has done what it was intended to do," increased the activity of the Texas Medical Board, and decreased the activity of the medical liability tort system, said Dr. Russell Postier, chairman of surgery at the University of Oklahoma, Oklahoma City, in discussing the paper.

Further, it appears to have increased the number of physicians practicing in the state, which could "make other states take notice and potentially enact tort reform," Dr. Postier said.

Dr. Stewart and Dr. Postier reported no financial conflicts. ■

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