

Coalition Promises Free, Easy ePrescribing Access

BY JOEL B. FINKELSTEIN
Contributing Writer

WASHINGTON — Physicians who have yet to get on the health information technology bandwagon no longer have any excuses to maintain a low-tech approach to drug prescribing, according to members of the National ePrescribing Patient Safety Initiative, a coalition of health insurers and software companies.

The initiative—called NEPSI—is offering physicians' offices access to a secure, easy-to-use system that is compatible with software in 99% of the nation's pharmacies, coalition members said at a press briefing to announce the launch. NEPSI also includes regional organizations, university hospitals, and medical centers, which will act as a support network for physicians who choose to use the online tool.

"According to [the Institute of Medicine], 1.5 million Americans are injured and more than 7,000 die from medication errors every year. As a practicing physician, I find that unacceptable," said Dr. Nancy Dickey, a family physician and president of the Health Science Center at Texas A&M University in College Station.

In a report released last year, the IOM identified electronic prescribing as the single most significant step physicians can take to reduce drug-related medical errors. That report also found that many of

the errors are caused by illegible handwriting, unclear abbreviations, and miscalculated doses.

"More than 3 billion prescriptions are written every year, and even though we have the technology to make this problem virtually go away, less than one in five of my colleagues are using electronic prescribing," said Dr. Dickey, former president of the American Medical Association.

No More Excuses

Time and money have been major barriers for the adoption of electronic prescribing, despite the fact that widespread use of electronic prescribing could save the U.S. health care system as much as \$27 billion, as estimated by the Center for Information Technology Leadership. "Part of the problem is that the people who are being asked to take the time and to spend the money to put this in their offices—the physicians—are not necessarily the ones who get the financial benefit," she said.

That's why the coalition has come together to offer physicians an option that is not only free, but takes 15-30 minutes to learn, said Dr. Dickey.

"It is a truly easy system," said Dr. Azar Korby, a family physician in Salem, N.H., who has been testing the software. Even someone who is not computer savvy should be able to learn the system in under 40 minutes, Dr. Korby guessed.

There also is a growing incentive to adopt electronic prescribing, Dr. Mark McClellan said at the NEPSI launch.

Part D plans already are required to support electronic prescribing and Medicare Advantage plans are moving toward adoption of similar standards. Even in traditional fee-for-service Medicare, the Centers for Medicare and Medicaid Services is expanding efforts to boost reimbursement to physicians who report quality data, said Dr. McClellan, former CMS administrator and now a senior fellow at the AEI-Brookings Joint Center, a Washington think tank.

Patient Safety Is the Goal

To that end, the initiative is being wholly funded by the coalition of private stakeholders at an estimated cost of \$100 million for the first 5 years. That is in contrast to other free electronic prescribing software that requires physicians to market personal health records or other products to patients.

The companies that are supporting and paying for NEPSI see this as an investment in the future, said Glen Tullman, chief executive officer of Allscripts Inc., which is leading the effort.

"Down the road, we're very hopeful that this encourages adoption of full electronic health records, and Allscripts is a leading provider of those health records," he said at the briefing. "But I want to make

Who's on Board?

Members of the ePrescribing Patient Safety Initiative include:

Allscripts Inc.
Dell Inc.
Cisco Systems
Fujitsu Computers of America
Microsoft Corp.
Sprint Nextel
Wolters Kluwer Health
Aetna
WellPoint
SureScripts
Google
Twelve regional health care organizations

it very clear that our first objective is to equip every physician in the United States with electronic prescribing software that is absolutely free of charge," in an effort to improve patient safety, he added.

"The primary care system in England is virtually all electronic. The driving force behind that initially . . . was stand-alone prescription systems," he said. It is not clear how physicians in this country will feel about adopting an electronic prescribing system that is not integrated with electronic medical records, but "there's no question it's a step up from paper." ■

Arthritis Group Seeks More for NIH

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and Skin Diseases, keeping the institute's budget essentially flat at \$508 million.

Officials at the Arthritis Foundation are also seeking more funding for NIH and the Centers for Disease Control and Prevention. For example, the Arthritis Foundation is seeking a 6.7% overall increase in the NIH budget, which would help to enhance agency-wide efforts on arthritis research, according to Dave Zook, interim chief public policy officer at the Arthritis Foundation.

Mr. Zook said he is optimistic that Congress will use the President's budget request as a starting point and add funding to federal research agencies.

The proposed budget, which was sent to Congress on Feb. 5, seeks about \$600 billion in net outlays to finance the Centers for Medicare and Medicaid Services including Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP), a \$29.2 billion increase over projected 2007 levels. However, the budget also includes legislative proposals that would trim about \$4.3 billion from the Medicare program for the fiscal year and \$252 billion over 10 years.

Calls for Medicaid reforms may save about \$28 billion in that program over 10 years.

The president's plan outlines a number of provider payment changes including reducing the update factor for inpatient hospitals, outpatient hospitals, hospices, and ambulance services 0.65% each year starting in fiscal year 2008; freezing the update for skilled nursing facilities and inpatient rehabilitation facilities in 2008; freezing updates for home health agencies in 2008; and reducing the update for ambula-

tory surgical centers for 0.65% starting in 2010.

The proposed budget does not address payments to physicians under Medicare, calling into question whether physicians will get relief from a projected 5%-10% cut in Medicare reimbursement slated for January 2008. However, Leslie Norwalk, acting administrator for the Centers for Medicare and Medicaid Services, said she has "no doubt" that proposals to address the sustainable growth rate formula—which is used to determine physician payments under Medicare—will be on the table for discussion with Congress.

But the fate of the Bush proposal already is in doubt in the Democrat-controlled Congress. "I doubt that Democrats will support this budget, and frankly, I will be surprised if Republicans rally around it either," Rep. John Spratt (D-S.C.), chairman of the House Budget Committee, said in a statement.

Officials at the American Medical Association noted: "Over the next 8 years, Medicare payments to physicians will be slashed by nearly 40%, while practice costs increase about 20%."

The president's plan would reauthorize SCHIP for 5 years and spend nearly \$5 billion on the program over that period. However, it would refocus the program to children at or below 200% of poverty, a smaller group than many states currently target with their programs. But that level of funding would actually reduce SCHIP spending in fiscal year 2008, according to the American College of Physicians. Officials at the ACP called on Congress to provide additional funds to SCHIP so that it could be expanded to reach more low-income children and their parents. ■

National Provider Identifier Sign-Up Deadline Is May 23

BY MARY ELLEN
SCHNEIDER
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The clock is ticking for physicians to sign up for a National Provider Identifier, the new 10-digit number that will be used by Medicare, Medicaid, and many private health plans to process claims.

The deadline for registering for an NPI number is May 23. Physicians who are not using an NPI after that date could experience cash flow disruptions, according to the Centers for Medicare and Medicaid Services.

The transition to a single identifier that can be used across health plans is required under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Most health plans and all health care clearinghouses must begin using NPIs to process physicians' claims in standard transactions by May 23. Small health plans have another year to become compliant.

"The NPI is the new standard identifying number for all health care billing transactions, not just for billing Medicare or Medicaid," said Aaron Hase, a CMS spokesman.

Physicians and other health care providers can apply for an NPI online or by using a paper application. In addition, organizations like hos-

pitals or professional associations can submit applications for several physicians in an electronic file.

Officials at CMS are urging physicians who haven't yet signed up to do so soon. A physician who submits a properly completed electronic application could have his or her NPI in 10 days. However, it can take 120 days to do the remaining work to use it, Mr. Hase said.

The preparation includes working on internal billing systems; coordinating with billing services, vendors, and clearinghouses; and testing the new identifier with payers, he said.

So far, the process of obtaining an NPI has been relatively easy, said Brian Whitman, senior analyst for regulatory and insurer affairs at the American College of Physicians. The application process itself takes only about 10 minutes, he said.

But one thing to be aware of is that you may already have an NPI. Because some large employers may have already registered their providers, physicians may be surprised to learn that they already have a number, Mr. Whitman said. ■

Physicians can apply for an NPI online at <https://nppes.cms.hhs.gov> or call 1-800-465-3203 to request a paper application.