

Electronic Prescribing Projects Start to Take Hold

The aim of new federal standards is to make it easier and more attractive to use the technology.

BY MARY ELLEN SCHNEIDER
Senior Writer

Medicare officials have proposed new uniform standards for electronic prescribing that will govern transactions between prescribers and dispensers of prescriptions.

Under the proposal, the standards would take effect in January, to coincide with the beginning of the new Medicare Part D prescription drug benefit. The proposed standards would apply to transactions between prescribers and dispensers of new prescriptions, refill requests, prescription changes, and cancellation requests. The standards also would govern eligibility and benefits inquiries between prescribers and drug plans and Part D sponsors.

Additional electronic prescribing standards will be developed by 2008.

Electronic prescribing is voluntary for physicians, but the aim of the standards is to make it easier and more attractive for physicians to use the technology.

"These proposed e-prescription rules would set standards to help Medicare, physicians, and pharmacies take advantage of new technology that can improve the health care of seniors and persons with disabilities," HHS Secretary Mike Leavitt said in a statement.

One of the most successful strategies for getting physicians to adopt electronic prescribing in their offices is to provide ongoing reimbursement, said Jonathan Teich, M.D., chief medical officer at Healthvision, an Internet health care company, who chaired the Electronic Prescribing Project of the eHealth Initiative.

Over the last few years, there's been a

lot of work in both the public and private sectors examining what drives adoption of e-prescribing. What they have found is that there is money to be saved through the use of the technology, but it's usually saved by the payer, not by the physician, Dr. Teich said.

But payers and others can provide incentives to physicians by supplying the technology up front, by giving increased reimbursement per visit for the use of electronic prescribing, or by incorporating electronic prescribing into a pay-for-performance program, he said.

A group of health plans in Massachusetts has joined forces to cover the costs of electronic prescribing for physicians interested in integrating the technology into their practices.

Blue Cross Blue Shield of Massachusetts, Tufts Health Plan, and the Neighborhood Health Plan have partnered with the technology vendor ZixCorp to provide physicians in Massachusetts with the hardware and software needed for electronic prescribing.

The project is called the eRx Collaborative, and from October 2003 through the end of 2004, nearly 2,700 physicians and their clinical staff members signed up to participate in the project. At the end of last year, more than 1,500 doctors had incorporated the technology into their practices.

The collaborative plans to cover the costs of the e-prescribing technology through the end of this year.

The project uses ZixCorp's PocketScript e-prescribing system. This technology allows physicians to create new and refill prescriptions electronically and allows for real-time access to a patient's prescription

history, as well as formulary and eligibility information. Physicians can access the program either through a secure Web site or a handheld device.

This year, physicians will also be able to choose to use DrFirst Inc.'s Rcopia electronic prescription management program.

Facilitating the adoption of electronic prescribing is a way to try to curb both high pharmacy costs and medication errors, said Robert Mandel, M.D., vice president of eHealth for Blue Cross Blue Shield of Massachusetts.

And electronic prescribing seems like a good solution because it would be easier to incorporate into the physician's workflow than an electronic health record, Dr. Mandel said. But he said he hopes that physicians will choose to move to a fully functional electronic health record in the future.

"We do believe that this is a transitional technology," he said.

The project, which is the largest of its kind, could be a model for how to drive adoption of this technology, Dr. Mandel said.

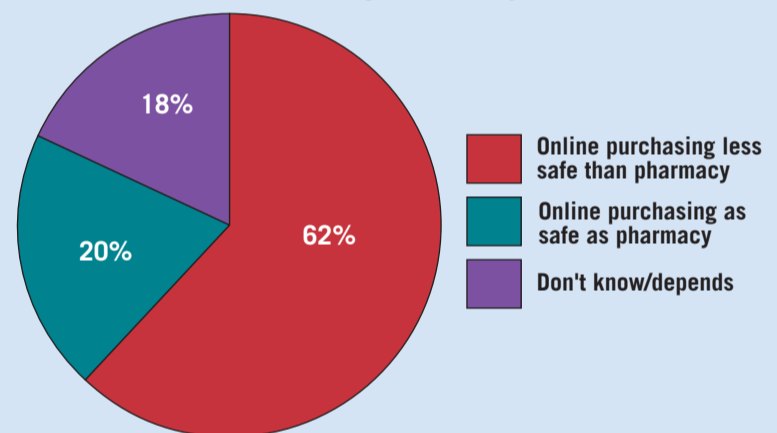
James Whitman, M.D., a pediatrician in Framingham, Mass., and one of the physicians who received the electronic prescribing technology through the eRx Collaborative, said it's shown him how easy it can be to use.

Through electronic prescribing, he and his office staff have saved time, and his patients like it because they don't have to carry around prescriptions, he said.

Dr. Whitman and his colleagues plan to make the jump to full electronic health records when they replace their practice management system. "Our experience with this system makes it a little less scary," Dr. Whitman said. ■

DATA WATCH

Most Americans Do Not Trust Online Prescription Drug Market



Note: Based on a survey of 2,200 adults conducted May 14 to June 17, 2004.
Sources: Pew Internet & American Life Project, Princeton Survey Research Associates

KEVIN FOLEY, RESEARCH

New Federal Law Expected to Limit Class-Action Lawsuits

BY JOYCE FRIEDEN
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WASHINGTON — People who have suffered adverse outcomes because of drugs or medical devices may face more delays in suing manufacturers for damages now that federal class-action lawsuit legislation has been signed into law.

The law, known as the Class Action Fairness Act of 2005, would move from state court to federal court any class-action lawsuit in which the amount of damages claimed was greater than \$5 million and involved citizens in different states. The law also outlines circumstances in which federal courts can decline to hear class-action cases.

Proponents of the law, which passed in both the House and Senate in record time, say that it will help decrease the number of "junk lawsuits" that are clogging up the state courts.

"America's employers and consumers are the big winners," Tom Donohue, president and CEO of the U.S. Chamber of

Commerce, said in a statement. "Reform of the class-action lawsuit system will reduce frivolous lawsuits, spur business investment, and help restore sanity to our nation's legal system."

Critics of the bill, however, say that it will deprive citizens of their right to sue when they are injured by a defective product. "There are only 678 federal trial judges in the system, but there are 9,200 state judges in courts of general jurisdiction," said Jillian Aldebron, counsel and communications coordinator for Public Citizen's Congress Watch, a citizen watchdog group.

"So you're talking about cases ordinarily divided up among 9,200 judges and squeezing them into the courtrooms of 678 judges. Even if they are willing to hear the cases, it's going to take years, and these cases take years in state court [already]."

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Many physician organizations, including the American Medical Association and the American College of Physicians, have declined to take a stand on the bill; their efforts are more focused on tort reform legislation affecting medical malpractice cases. A few consumer groups, however, such as the Campaign for Tobacco-Free Kids, lamented the effect that the bill would have on health care-related cases.

"Class-action lawsuits have been an important tool in efforts to hold the tobacco industry accountable," the group's president, Matthew L. Myers, said in a statement. "This bill will deprive citizens of a state of the right to have their cases heard in their own courts, further overburden the federal courts, and make it more difficult for tobacco companies to be held accountable for years of mis-

leading Americans about the dangers of tobacco."

Senior citizens' lobby AARP also opposed the bill. "We felt that there wasn't an adequate basis for consumers no longer having the option of bringing a multistate case in state court," said Larry White, senior legislative representative. "We acknowledge there are abuses on both sides in the system, but when you in essence say that the federal courts will have jurisdiction of these cases... knowing the federal courts oftentimes don't certify those cases, you're in essence saying people who have been genuinely harmed don't have options."

According to the Bush administration, the law will help consumers. "The bill will remove significant burdens on class-action litigants and provide greater protections for the victims whom the class-action device originally was designed to benefit," the administration said in a statement.

The law will affect only those cases filed after the bill was signed, noted Ms. Aldebron. ■