New Software Tracks Full Prescription Data

BY JOYCE FRIEDEN
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Want to see all the medications your patient is on before you write that next prescription? A pharmacy trade group is ready to help you—provided you have electronic health record or e-prescribing software.

New software from SureScripts, a technology offshoot of the National Community Pharmacists Association and the National Association of Chain Drug Stores, will allow physicians to view information on all prescriptions filled by a patient at a wide variety of major retailers and pharmacies.

The purpose of the software is to get more physicians interested in e-prescribing, according to Kevin Hutchinson, CEO of SureScripts, which planned to roll out the new service this month. "By providing a medication history, we start making e-prescribing more attractive to the 75% of physicians who are not using anything today. It gives them a 'business case' to provide an EHR or a stand-alone e-prescribing application."

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The service is available initially in select areas of six states—Florida, Massachusetts, Nevada, New Jersey, Rhode Island, and Tennessee—with plans to expand as soon as possible.

SureScripts was founded in 2001 by the National Community Pharmacists Association and the National Association of Chain Drug Stores. Its goal is to improve electronic connectivity between physicians and pharmacies by providing the behind-the-scenes network that makes the two-way electronic exchange of new prescription and renewal information possible, according to the company. Its revenues come entirely from pharmacies that become members; any income generated is redistributed to members.

Under the program, which cost $6 million to develop, physicians requesting the medication history of a particular patient will see all the new prescriptions and refills that the patient has obtained at Walgreen's, CVS, Wal-Mart, and other large pharmacy chains.

"The prescribing process doesn't stop at sending the prescription to the pharmacy," Mr. Hutchinson said. "We have to give more clinical information to providers—physicians as well as pharmacists—so they can take better care of patients and know what they're taking that the doctors might not have prescribed themselves. It's really about driving adherence and compliance."

SureScripts is working on getting mail-order pharmacies to sign on to provide data. "We've had expressions of interest and commitment, but they won't be part of the pilot," he said. Other data sources could include insurers, pharmacy benefit management companies, and pharmacies in hospitals and long-term care facilities.

The good thing about using pharmacy data rather than just relying on insurance claims is that the pharmacy data includes the date the patient picked up the medication, not just the date that a claim was approved, Mr. Hutchinson said. That information will help physicians "track their patients' compliance and figure out, for example, how many of their diabetic patients are not taking their medications as prescribed. They can pick people they need to focus in on and see why they're not taking their medications."

Physicians will be able to use the service in two ways, Mr. Hutchinson said. "Some may prefer to send a request at night looking at their patient schedule for the next day" so that they'll have the medication history in front of them before each patient even gets to the office. For walk-ins, "there will be a button that says 'Get medication history,' which the front desk can do prior to the patient going back to the exam room."

With data coming from many different sources, patient verification is an important part of the process, he noted. The company is using a master patient index from Initiate Systems Inc. to verify records.

"Think of it as a record locator service," Mr. Hutchinson said. Initiate Systems will send SureScripts the patient's demographic information and other distinguishing data elements, and SureScripts will match it up with the pharmacy data and decide whether to send the information on to the physician, based on how confident the software is of the match.

"We set thresholds based on what constitutes a more accurate match than nonaccurate," he explained. "We err on the side of caution, so if any patients may not match who we think they are, we don't send that information. Absent a national patient identifier, this is the only way you can do the matching."

Since many physicians have their own identification numbers for patients, SureScripts is looking at eventually using those numbers to provide accurate prescribing information. This might entail having pharmacies electronically store the patient identifier numbers for each of the different physicians that a patient sees, Mr. Hutchinson said.

Like other medical information, prescribing data falls under the Health Insurance Portability and Accountability Act (HIPAA). Because SureScripts is considered a "business associate" of both the physician and the pharmacy under the law, its data transmission does not present a problem; patients signing the HIPAA form at their doctor's office have given their physician permission to look at this type of data, he added. ■

Health IT Leaders Working on Goals for Personal Health Records

Over the next year or so, leaders in the health information technology community will work on ways to make medication history and some general demographic information available to consumers in a portable health record.

Experts at a Webcast meeting of the American Health Information Community agreed that this is the "low-hanging fruit" that could eventually pave the way for widespread access to portable, consumer-controlled personal health records. The American Health Information Community is an advisory committee to the Department of Health and Human Services.

The development of portable electronic demographic information, or registration information, would be a way to do away with the medical clipboard, HHS Secretary Mike Leavitt said.

"The timeliness of access to medical information is critical to patients," said Nancy Davenport-Ennis, CEO of the National Patient Advocate Foundation and a member of the American Health Information Community. Today, most patients feel they own their medical record but when they go to get lab results from their physician, it can often take days or weeks, she said.

But one of the major hurdles in creating secure and portable patient health records is authentications, said Dr. Reed Tuckson of UnitedHealth Group, who presented information to the group.

Other obstacles include the inability to locate patient information across multiple settings, segmentation of the consumer market, privacy concerns, low levels of consumer trust, few electronic health records to connect to, and the lack of an established business model.

But there have been some successes, said David Lansky, Ph.D., of the Markle Foundation, who presented information to the group. For example, the Department of Veterans Affairs set up a patient portal, and the Department of Defense has a similar program. And some health plans offer prepopulated personal health records.

"We're not starting with a blank slate," Dr. Lansky said.

—Mary Ellen Schneider

FDA, European Drug Agencies Will Extend, Intensify Cooperation Pact

U.S. and European drug regulators have announced "intensified" information sharing and dialogue aimed at increasing cooperation in drug approval and surveillance activities in the world's two largest pharmaceutical markets.

At a March meeting in Brussels, Food and Drug Administration, European Medicines Agency, and European Commission representatives judged as a success the implementation of a confidentiality agreement that has enabled greater transatlantic information sharing and dialogue on pharmaceutical regulations protecting 753 million people in 26 countries. The three agencies hope to particularly strengthen joint activities on vaccines in preparation for potential pandemic flu outbreaks, as well as cancer, children's, and orphan drugs, and pharmacogenomics. Future activities will address counterfeit medicines.

The original agreement, signed in September 2003, paved the way for quarterly exchanges on information on new drug applications, regulatory guidance, and inspections of manufacturing plants, which began in 2004. The pact also authorized ad hoc exchanges of information on drug safety and public health, including advance notice of significant regulatory actions such as pulling drugs from the market.

Such an exchange prevents other agencies from issuing contradictory advice when one agency takes significant regulatory action. The ad hoc exchanges also have enabled "parallel" scientific guidance for drug applicants seeking the advice of the three agencies on how to proceed with research at such milestones as the conclusion of clinical trials. The first such parallel scientific meeting occurred in September 2003, and as part of the initial confidentiality arrangement a 1-year pilot project was initiated in 2005.

The focus of those parallel meetings is breakthrough drugs, those for rare conditions, medication for children, or other new medicines considered important.

The three agencies agreed to extend the pilot project; the document released by the agencies did not say for how long.

—Jonathan Gardner

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