

# New Software Shows Patient's Prescription History

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**W**ant to see all the medications your patient is on before you write that next prescription? A pharmacy trade group is ready to help you—if 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 rolls 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."

The service is available initially in select areas of six states—Florida, Massachusetts, Nevada, New Jersey, Rhode Island, and Tennessee. SureScripts hopes to expand the service in the future.

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 mil-

lion to develop, physicians requesting the medication history of a patient will see all the new prescriptions and refills 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 future 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 include 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 this service in two ways, according to Mr. Hutchinson. "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 dif-

ferent physicians that a patient sees, Mr. Hutchinson said.

Like other medical information, prescribing data fall 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, especially since patients signing the HIPAA form at their doctor's office have given their physician permission to look at these types of data, he added.

Kirk Nahra, a Washington lawyer who specializes in health privacy issues, said this program is a good example of the tension between providing better health care and giving up some privacy rights. "With all of these e-initiatives—e-prescribing, electronic health records—the whole purpose is to give a lot more people access to a lot more information," he said. "In order to do that, we've got to recognize that this has an impact on privacy rights," he noted.

"There's this idea that HIPAA and other privacy rules are giving patients the ability to control their information. For the most part, it's not true." ■

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