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LTC Panel - Pharmacy perspective

The American Society of Consultant Pharmacists represents pharmacists practicing in the long-term care setting. ASCP's 8,000+ members manage and improve drug therapy and improve the quality of life of geriatric patients and other individuals residing in a variety of environments, including nursing facilities, through their dispensing and consulting services.

ASCP has been actively involved in the various initiatives pertaining to health information technology (HIT) in the long-term care (LTC) setting, including the development of a LTC-specific electronic health record (EHR) functional profile, e-prescribing standards, and electronic medication administration standardization. We have also participated each year in the LTC HIT Summit, mentioned earlier. We feel strongly that HIT has the potential to improve the quality of care in LTC while also improving efficiencies and workflow for providers and staff. More specifically, we are hopeful that e-prescribing will reduce medication errors, prevent medication-related problems, and improve overall medication management. For example, consultant pharmacists, who are charged with reviewing the drug regimens of every nursing facility resident and providing recommendations to the physician and facility per CMS regulations, will have insight into alerts and warnings that the physician has already encountered and dealt with during the e-prescribing process. This will not only provide them with valuable information to take into consideration during their review, but it may also prevent duplicative or contradictory efforts. As another example, e-prescribing has been shown to improve efficiency and productivity of the pharmacy during the dispensing process as demonstrated in the results of the LTC e-prescribing pilot. Pilot time studies showed a saving of an average of 1 minute per prescription order sent by electronic prescribing instead of faxing. For the pharmacy, there was no significant time saving difference in receiving

electronic prescription orders instead of faxes. The LTC e-prescribing pilot results noted that over time there was a decrease in time spent by the pharmacy for fax sorting, and processing new admissions and new orders.

Medication management is one of the most complex health care issues dealt with by providers and patients and for this reason, pharmacies and facilities are looking for solutions to electronically communicate because they see the efficiencies that technology brings. While technological solutions for medication management can and is becoming an impetus for HIT adoption, it is also becoming a barrier, to some extent. A potential barrier in adopting e-prescribing standards in the LTC setting is the use of proprietary interfaces that already exist and are rapidly being developed as electronic order communication between the LTC pharmacies and facilities. Prior to the recent modifications in the NCPDP SCRIPT standard, proprietary interfaces were a working response to a deficient standard that did not sufficiently support all of the LTC setting's order fulfillment activities. These proprietary solutions are in the form of electronic medication administration records; and web based portals for communicating prescription re-supply, census, and formulary information. Without some mandate for e-prescribing standards in the LTC setting, system vendors write proprietary solutions to meet the immediate needs of their customers. These expensive proprietary solutions once in place are difficult and costly to change. These costs are absorbed by the providers.

As for how long it will take the LTC pharmacy industry to implement e-prescribing, the LTC pharmacy system vendors are already in the process of certifying their systems with the NCPDP SCRIPT version 10.1 or higher for use in the LTC setting. Getting the system vendors and the intermediaries (RxHub and SureScripts) to certify the systems at an NCPDP SCRIPT version higher than 8.1 has been difficult, because LTC setting is currently exempt from the e-prescribing standards. Once pharmacy and facility systems are certified with NCPDP SCRIPT version 10.1 or higher with an intermediary, implementation can begin. Although it is not necessary for LTC e-prescribing, having a fully integrated facility EHR would maximize the workflow and productivity of an e-prescribing process in the LTC setting. LTC facility EHR certification following the Certification Commission for Health Information Technology (CCHIT) should begin sometime in 2009. Since the NCPDP SCRIPT standard has been identified as the e-prescribing process in the LTC EHR Functional Model, implementation should begin with LTC CCHIT EHR certification. It is critical for the success of LTC EHR industry adoption to lift the LTC e-prescribing exemption prior to LTC CCHIT certification.

We understand that educating providers about these e-prescribing initiatives is critical to their development and implementation. E-prescribing will never work

until providers learn about it and feel comfortable using it, and ASCP will continue to do its part in educating pharmacists practicing in the LTC setting about e-prescribing. To that end, it takes each spoke of the wheel to make e-prescribing work, meaning prescribers, facilities, and pharmacies all have to be on board. We are pleased to be a part of the LTC industry, which is working together to further HIT adoption in the LTC setting.