E-Prescribing Principles

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E-prescribing principles will be very important as Meaningful Use implementation ramps up this year. The principles below should help ensure that an e-prescribing system contains decision support and quality standards that are integrated into a fully functional EHR system. We believe the best way to conduct e-prescribing is through a full electronic health record (EHR) in the context of integrated health information exchanges (HIEs). The Principles below are based on the Principles that PhRMA developed for Medicare Part D discussions and on comments received by company members. E-prescribing standards that CMS adopted under

Medicare Part D were designed with the goal of integrating e-prescribing into EHRs.

1. An e-prescribing system should be designed to improve patient care and strengthen the physician-patient relationship.
   * Put the patient first.
     + The system should be designed to ensure patient safety (for example, by helping to avoid adverse drug-to-drug interactions), improve the quality of care, and promote the efficient delivery of prescription drugs.
   * Protect patient privacy.
     + Privacy and confidentiality are important concerns throughout the health care delivery system. An e-prescribing standard should ensure adequate security and privacy measures.
   * Promote physician-patient communication.
     + The system should facilitate a dialogue between the prescriber and the patient at the point of care. Patients have individual clinical needs, life circumstances, and personal values that influence their medical care. A dialogue at the point of care will help the physician choose an appropriate drug therapy and increase patient compliance with that therapy.
   * Preserve the physician’s choice/ physician’s role.
     + The system should support the clinical judgment of physicians (and other drug prescribers). Preserving the physician’s autonomy to select the right therapy for a patient is critical to preserving the physician-patient relationship and achieving quality medical care.
2. An e-prescribing system should provide information when it is needed.
   * Provide the information needed by physicians.

An e-prescribing system should provide physicians with the information needed to discuss drug therapy with the patient at the point of care. The system should also allow the physician to perform functions that will determine what drugs are available, such as prior authorization and eligibility verification, at the point of care. The system should also provide a process that allows for the approval of an exception to the plan formulary or other restriction(s) that may be in place. For example, dispense as written capabilities for allowing immediate requests for approval of an exception to the plan formulary.

* + - * Provide the information needed for beneficiary protection.
    - An exceptions and appeals process is an important protection that allows beneficiaries to access needed mediations. An e-prescribing system should enable the beneficiary to receive immediate notice of the right to request an exception or appeal, and the information required to do so.
  + Should be a function of a full EHR so that the prescriber has access to the patient’s complete medical record.
    - An e-prescribing system should be compatible with the electronic health record (EHR) systems that are currently being refined and standardized. This would allow information to be exchanged between the two systems. For example, the e-prescribing system could import information about prior drug therapies from an individual’s EHR to add to the individual’s medication history.

1. An e-prescribing system should be designed to reduce the overall cost of health care.
   * Consider the full range of cost savings.
     + The e-prescribing standards should promote a system design that serves to maximize all the potential savings available through the improvements in patient safety, quality of care, and cost-effectiveness. For example, using drug therapies more effectively will reduce inpatient admissions, which result in cost savings throughout the health care delivery system. Eliminating fraud and abuse likewise will reduce overall health care costs.
   * Provide a neutral and balanced platform.
     + Electronic prescriptions should be written electronically without unwanted advertising, instant messaging, pop up messaging, or other vehicle intending to influence or attempting to influence, through economic incentives or otherwise, the prescription decision of a health care professional at the point of care.  As part of this provision, all medications and all pharmacies with a National Council for Prescription Drug Programs identification number should be available and readily disclosed to the provider.
     + Messages to the prescriber and his or her staff should be consistent with the label, substantially supported by scientific evidence, accurate, up to date, and fact-based, including fair and balanced presentation of risks and benefits of clinical recommendations, and provide support for better clinical decision-making, such as alerts to potential adverse events and access to formulary information.
   * Provide value to all parties using the system.
     + The e-prescribing standards should not impose an undue administrative burden on health care professionals or dispensing pharmacies and pharmacists, or otherwise discourage them from using the e-prescribing system.
   * Cover the entire prescribing process.
     + The system should enable system participants to perform all of the significant steps in the prescribing process (such as prior authorization) more efficiently. Simplicity is likely to be a significant factor in determining whether prescribers embrace e-prescribing; they are less likely to do so if they still must resort at times to an alternative system that is not available at the point of care. The value of the system also would be enhanced if it supported “Fill Status Notification” transactions that allow prescribers to determine whether prescriptions that have been written actually have been filled and received by patients. Thus, standards should ensure that any platform used for e-prescribing be bi-directional between physicians and pharmacists in order to facilitate continuity of care and medication adherence.