

EHR and ePrescribing Adoption Remains Sluggish



By Stephen Barlas

June 17, 2008 | ARLINGTON, VA—The use of digital health records by physicians is expanding, but numerous roadblocks still constrain that growth. At least, that was the consensus from speakers at the “HIT/EMR/PMR Advancing Patient Care” conference held here last week and co-sponsored by the National Association of Chain Drug Stores’ Foundation and the eHealth Initiative.

The conference was also the venue for release of a new report called “E-Prescribing: Becoming Mainstream Practice.” The report states that the number of active users among physicians has grown from near zero at the end of 2004 to 35,000 at the end of 2007 and will hit 85,000 by the end of this year.

“Recent growth patterns have been rapid, and yet the vast majority of prescribers have not adopted ePrescribing for a variety of reasons,” the report states. “Adoption at the end of 2007 represented approximately 2 percent of the 1.47 billion prescriptions eligible for electronic prescribing.” The report was prepared by the eHealth Initiative and the Center for Improving Medication Management.

While adoption has been slow, optimism remains high. “This is the year we move past the tipping point. The providers get it, Congress gets it,” said Robert Kolodner, national coordinator for health information technologies. He noted progress by the Nationwide Health Information Network, an HHS-sponsored network of pharmacies, hospitals, and major medical clinics which are being tied together into an interoperable *national* network. Major players such as the Cleveland Clinic have recently joined. In September, members of the NHIN will start exchanging electronic records.

Kolodner, like the other speakers, counseled patience. He cited the need for consumers to gain confidence in the security of the health information technology (HIT) system before flood gates to the flow of electronic health records (EHRs) open up. Kolodner compared the state of HER acceptance to that of the Internet in 1994. “How many of you used credit cards [online] back then?” he asked, implying that consumers were unsure of the security granted their numbers.

Bob Beckley, SVP of alliances and product strategy at SureScripts, likened the current period for ePrescribing to the early days of AOL, where many people would phone in to receive a floppy disk but throw it away when it arrived. “We have some traction problems.”

SureScripts was founded in 2001 by the NACDS and operates the Pharmacy Health Information Exchange which links electronic communications between pharmacies and physicians. To date, SureScripts has 45,000 active ePrescribers although 100,000 physicians have registered.

Beckley indicated he believed getting refills and renewals could be huge drivers of adoption. However, he also sketched a worrisome scenario in which a patient needs a refill, and calls his physician or pharmacy, neither of which is likely to have an electronic system tied to its phone where a patient can initiate a refill e-prescription by easily punching in numbers on the dial.

Beckley, like the other speakers, also cited the refusal of the Drug Enforcement Administration to allow electronic prescriptions for level 3, 4, and 5 controlled substances as a major roadblock to ePrescribing. "The DEA is a huge challenge," he said.

Scott Barclay, senior portfolio manager of innovation and strategy and CVS Caremark, agreed. He called the DEA "the big problem." But Barclay disputed conventional wisdom which holds that the cost of hardware and software is a barrier to physician adoption. "I want to challenge that a bit," he said, referring specifically to the E-MEDS bill—which he hastened to add he supports—being considered by Congress. That legislation would give payments to physicians as an incentive to adopt ePrescribing. He said Caremark's iScribe subsidiary has already given away PDAs, wireless access points, printers, installation, training, and support to physicians, "and the take up on that tool has been very low."

He said the cost of adoption is a "perceived" barrier, and that the notion that "if we give them \$200 [incentive] this goes away" is off the mark.

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