

## Everything You Need to Know About E-Prescribing

*Kathryn Mackenzie, for HealthLeaders Media, October 14, 2008*

The practice of prescribing medications electronically has been getting a good amount of attention recently. Everyone from CMS Acting Administrator Kerry Weems to Senator John Kerry and Former House Speaker Newt Gingrich are pushing hard for greater adoption of e-prescribing among providers. During last week's National E-prescribing Conference in Boston about 1,400 people gathered to hear Centers for Medicare & Medicaid Services acting Administrator Kerry Weems outline an e-prescribing incentive payment program that promises physicians and other eligible professionals incentive payments of 2% or less of their billing fees from Medicare. That program gets underway in 2009, and by 2012 Medicare will start deducting a financial penalty to those doctors who fail to e-prescribe.

For those providers who either remain baffled by how e-prescribing works or aren't convinced the switch is worth the trouble, the [eHealth Initiative](#) last week announced the publication of a "how-to" guide for clinicians looking to make the switch. The group worked in collaboration with the American Medical Association, the American Academy of Family Physicians, the American College of Physicians, the Medical Group Management Association, and the Center for Improving Medication Management to help providers make the decision about how and when to transition from paper to electronic prescribing systems, says Janet Marchibroda, eHI's chief executive officer. "One of the things we learned when we were putting this together is that making this transition is not a cakewalk. It's challenging and support is needed. The incentives are terrific, we believe they are exactly what's needed to jump start adoption, but we also recognized that without some help and guidance, even that wouldn't be enough," says Marchibroda.

The 43-page guide is broken into two distinct sections. The first section is designed for clinicians and practices new to e-prescribing. It provides some basic information as to what exactly e-prescribing is, how it works, and who could benefit from it. The second section is geared toward office-based clinicians who have made the decision to transition to electronic prescribing, but aren't quite sure how to do it. What's interesting about the guide is that, although it was created by proponents of e-prescribing, it still spends a good amount of time preparing the reader for the inevitable pitfalls that will come with making the switch. In fact, there are nearly three pages dedicated to spelling out the barriers new adopters can expect to face.

The first (and probably one of the biggest) challenges listed are cost and ROI. "Even physicians receiving free e-prescribing systems may face financial costs in the areas of practice management interfaces, customization, training, maintenance, and upgrades as well as time and efficiency loss during the transition period," the guide says. Next up is the problem of change management, "It is important not to underestimate the change management challenges associated with transitioning from paper prescribing to e-prescribing. . . if some of the providers and staff are particularly technology averse, it can be difficult to get everyone onboard with such a dramatic change." The guide goes on to list 11 other potential stumbling blocks in a pretty straightforward way.

"What's different about this guide is that it was created with input from a number of different stakeholders. We consulted with health plans, the AMA, and AARP, just to name a few. It is not a marketing piece, it really reflects the insights of clinicians," says Marchibroda.

And, from what I can tell, she's right. Yes, the groups clearly want you to switch to e-prescribing, and the guide spends a good amount of time outlining the benefits. But it also offers up a step-by-step process for how to choose an e-prescribing program, when to do it, how to get buy-in from the rest of the staff, and a number of strategies and tools for integrating e-prescribing with current healthcare delivery practices.

The hope, says Marchibroda, is that this guide and the new incentives just around the corner will bump adoption up from its current paltry numbers. Of the 1.47 billion new and renewal prescriptions eligible for electronic routing, only about 2% or 35 million were transmitted electronically in 2007, with 35,000 clinicians using this technology, according to Marchibroda. Those numbers are expected to nearly triple in 2008, with e-prescriptions rising to 100 million, and the number of e-prescribers increasing to 85,000, or about 14% of office-based prescribers, she says.

If your hospital is considering making the big switch to e-prescribing and you have any questions about just how it all works, it is probably worth your time to download the guide and give it a quick read.

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