# e-Tools Out of Hand

## Problems and Challenges

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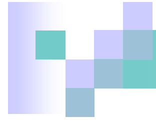
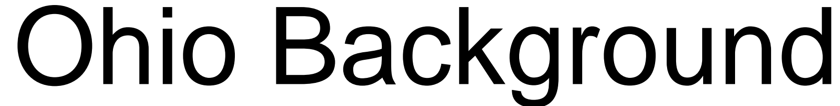


# Agenda

- Background
- E-prescribing process
- Retail Pharmacy Systems
- Examples good and bad



# Ohio Background

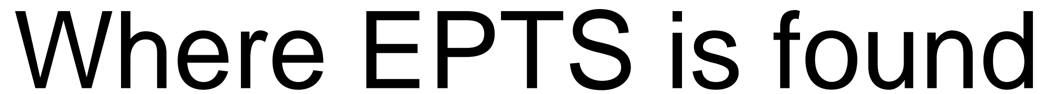
- Positive Identification OAC 4729-5-01(N)
- Process for approvable status
  - Office review (Macro view)
  - Board approvable pending field inspection
  - Inspection on site in production (Micro view)
- EPTS approvable status posted on web
  - Original e-fax EPTS returning for e-e status
- Began to identify poorly written software and dangerous circumstances
- Now reviewing print, e-fax, and e-e

# Prescriptions sent to pharmacy

- Prescription Pad with wet-ink signature
- Computer generated for wet-ink signature
- Phone or voice mail
- IVR  Integrated Voice Response
- Traditional Rx sent to fax machine
- Traditional Rx sent by fax, received as scan
- Hard copy Rx to scan performed in store
- e-fax  computer to fax or scan
- e-e   computer to computer

# Electronic Prescriptions

- e-fax
  - Prescriber's computer to pharmacy as a fax
    - Not necessarily via fax modem
    - Simply meant to be a piece of paper in a pharmacy
      - May include fax format to queue
- e-e
  - Prescriber's computer to a pharmacy computer
    - Data transfer
    - No paper unless pharmacy prints something
- E-Rx
  - All electronically transmitted prescriptions
  - Lots of stakeholders
  - E-refills, too



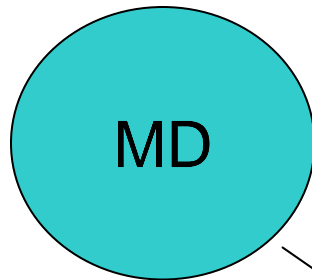
# Where EPTS is found

- Laptop, PC, Blackberry access
- Web-based or in-house application
- Integrated Electronic Health Record (aka EMR)
  - Also from inpatient systems at discharge
  - Includes Electronic Prescription Transmission System
  - Interfaces are sophisticated and seamless
    - One or more parts of each software make the whole
    - Pieces and parts-   GUI's, screens, 'functionality'

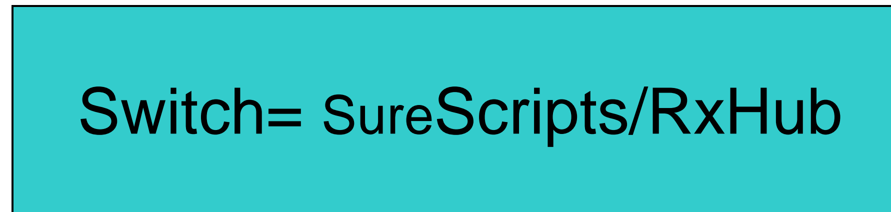
**THE EMR MAY FEED DATA TO THE EPTS.  IF THE EMR SET-UP IS INCORRECT, THE PHARMACY DOES NOT RECEIVE CORRECT PATIENT AND PRESCRIBER INFORMATION.**

# How the eRx is generated

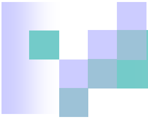
- Prescriber accesses EPTS software
- Fields set to standards by EPTS
- Transmitted by standards to Pharmacy
  - Via e-fax by EPTS
  - Via e-e by Switch(es)
    - Via aggregators and other switches
    - Via rejections of e-e to e-fax




**Switch checks for completion of required fields**



- **Switch sends to pharmacy as e-fax or e-e prescription**
- **Refills, too.**



MD

Prescriber Aggregator

PBM

MD

SureScripts/RxHub

“eRx Network”

Pharmacy Aggregator

Pharmacy

Pharmacy

# Pharmacy concerns

- Small font on e-fax Rx's
  - Scanned Rx's are hard to read
  - Vendor name larger than directions!
    - Same found on computer generated
- Deluge of unnecessary paper with e-fax
  - Multi-page fax for one Rx
  - Fax cover pages that mean nothing

# Pharmacy Concerns

- Data on hard copy, not on screen
- Agent not transmitted or received
  - Has the prescriber truly issued the Rx?
- Data on screen, not on hard copy
- DEA suffix dropped, if sent
- Priority of prescriber ID
  - CTP mandated, SPI required
  - NPI and DEA

# Pharmacy concerns

- Expect e-e, receive e-fax
  - Surescripts/RxHub and eRx Network
- E-Fax followed by exact e-e
  - Connectivity issues result in e-fax
  - e-e should not be sent, but is
  - Duplication and confusion in pharmacy
- Multiple e-e transfers clogging queue
  - 57 of same Rx within a few minutes
    - RPh must open and review each one

# Commonly missing from Rx's

- Title- MD, DPM, DDS, DVM, APN, PA
  - Not transmitted
  - Not received
  - Matched into registration databank?
    - Most often, not anywhere to be found
      - When asked if prescriber is a dentist, pharmacists answer probably not, I know the local dentists.
      - When asked if prescriber is a DVM, RPh claims the patient name would be 'canine'
      - When asked how they know the scope of the practitioner, they get very quiet.

# Duplicate Rx's- Be aware!

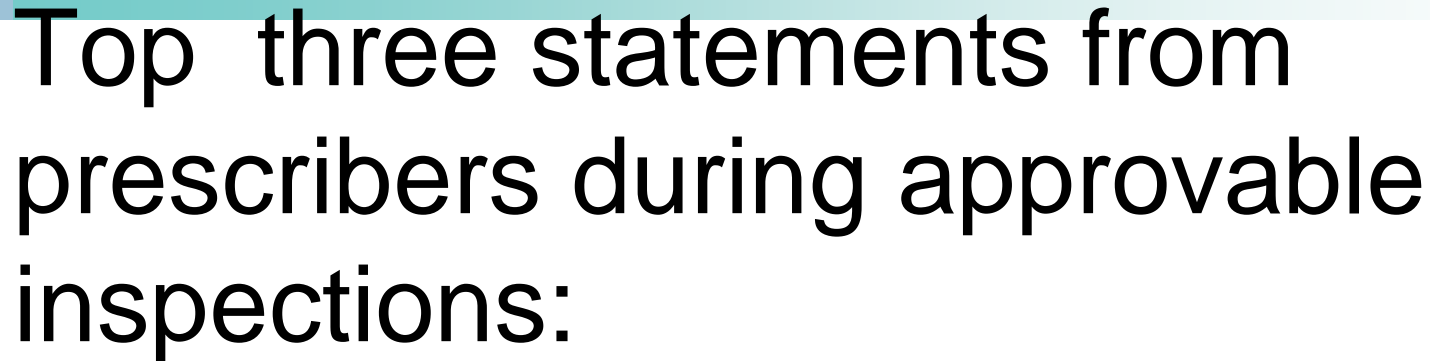
- Never ending prescriptions (print, e-fax, e-e)
  - Ohio permits only if prescriber made aware
  - End of day reports reviewed by prescriber
  - Computer generated duplicate or chart copy clearly marked as such with watermark, etc.
  - EMR shows multiple same entries-doc gets confused and refuses to write Rx mistakenly 'too soon'
  - EMR must create 'false' encounter for new Rx since not an actual visit- billing may be compromised
  - PBM refuses payment if dated as of re-issuance (even if first not dispensed) due to EPTS interface with PBM.

# Compounded prescriptions

- Most vendors permit one drug choice only

- Use “Notes” to list part/all ingredients
  - If notes not limited, incomplete ingredients
  - Pharmacies do not accept notes in computer
  - Pharmacies do not accept notes on paper

- Sneaky way to send controlled substances as compounds or misspelled words
  - “Norcoa”- ‘…Correct spelling?’ Yes will transmit



# Top three statements from prescribers during approvable inspections:

- “I’ve never had pharmacists call me as often as they do now….”
- “The pharmacist should know (what I meant)……”
- “I’m not touching that computer. That’s why you’re working with her. If I’m at home, I’ll call her and she can type it in….”

# Conclusion-Problems and Challenges

- Poorly designed EPTS
- Poorly trained and ill advised prescribers and staff
- Integration and Interface problems with EMR
- Other than Surecripts, some ‘conduits’ losing data
- Pharmacy systems not fully prepared for e-e
- Pharmacy personnel ‘assume the correctness’ of the eRx
- Pharmacists are gatekeepers of an invisible gate
  - Pharmacists ‘should know’…….