

Reprint

ePrescribing: What Role Should Pharma Play?

By John Mack

A panel entitled “What Role Should Pharma Play in ePrescribing and the Point-of-Care?” at the ePharma Summit conference held on May 10-12, 2004, in Philadelphia, PA, focused on the issues facing pharmaceutical companies as electronic prescribing (ePrescribing or eRx) threatens to upset the “balance of power” between physicians, pharma companies, and payers at the point-of-care..

The panel was moderated by Anthony J. (Tony) Schueth, Managing Partner, Point-of-Care Partners, a consortium of independent general management and marketing health care IT consultants. Panelists included Mark Bard, President of Manhattan Research, a marketing research company, Michael Barrett, Principal at Critical Mass Consulting, a consultancy with a special focus on technology adoption by physicians, David C. Kibbe, MD, Director, Health Information Technology, American Association of Family Physicians, which represents over 95,000 U.S. family doctors, Christine Knoblauch, Director, eBusiness, U.S. Planning and Business Development at Pfizer, and Craig Richardson, Vice President, Health Care Connectivity & Alliances for the Managed Markets Division of Johnson & Johnson Health Care Systems Inc.

Questions for Pharma to Ponder

Schueth suggested a number of specific questions for panelists to consider, including the following:

- What makes the point of care so interesting to pharma? In another words, what are the risks and rewards for Pharma relative to the point of care?
- In January 2004, Wellpoint announced that they were investing \$40 million in technology and software at the point of care. What does it mean to Pharma when a health plan that manages its own prescription benefit makes this type of investment?
- Some pharmaceutical manufacturers think there's a lot of downside relative to electronic

prescribing, and don't want to encourage this technology. Others—particularly those with strong managed care formulary positions—see it as inevitable and an opportunity. Who has the right perspective, or is there another way to look at it?

- There is a great deal of discussion around encouraging adoption of technology in healthcare? Is adoption what we should concentrate on encouraging, or is it utilization? What's the difference?
- Who are the major electronic prescribing companies, and how do they fit into the bigger picture?
- What should the Pharmaceutical manufacturer eBusiness executive keep his/her eye on over the next 12-16 months?
- What are the principles around which an electronic prescribing solution should be developed? (See BOX, next page)

The panel, however, started out determining whether ePrescribing was “evolutionary or revolutionary.”

Appropriate Messaging

Barrett said he thought ePrescribing is “evolutionary if it remains truly neutral.” Knoblauch concurred and also suggested a definition of “neutral” in the context of ePrescribing. “Severe messaging,” she said, “to push docs down one path or another is inappropriate.” She gave as an example of severe messaging a scenario whereby a doctor would have to progress through 4 or 5 promotional screens before getting to the point where he or she can enter a prescription.

The subject of promotional messaging at the POC is sensitive and complex. As mentioned in the article [“Ready or Not: Gearing Up for the Expansion of ePrescribing.”](#) the Medicare Prescription Drug, Improvement and Modernization Act of 2003 includes specific language regarding Appropriate Messaging (PERMITTING USE OF

APPROPRIATE MESSAGING): “Such standards shall allow for the messaging of information only if it relates to the appropriate prescribing of drugs, including quality assurance measures...”

SureScripts Certification Requirements Regarding Messaging

“Aggregator shall not, nor permit any person or entity, directly or indirectly, to use ...advertising, instant messaging, and pop up ads, to influence or attempt to influence, through economic incentives or otherwise, the prescribing decision... of a physician at the point of care...”

“Notwithstanding the above, Aggregator or its affiliates may show information regarding a payer’s formulary so long as (i) all pharmaceuticals and pharmacies available are disclosed to the physician, and (ii) nothing is designed to preclude or make more difficult the act of a physician or patient from selecting any particular pharmacy or pharmaceutical.”

SureScripts, which provides an eRx network connection between prescribers and pharmacies, has no problem with commercial messages on ePrescribing devices using its system. Even commercial messages such as banner advertisements shown while the physician fills a script is OK. Kevin Hutchinson, CEO & President of SureScripts, says he does have a problem, however, if the ad is “triggered off a physician’s intent” and tries to influence a specific prescribing transaction. If a Lipitor Ad, for example, were to pop up triggered by the physician writing a script for Pravachol, that would be unacceptable (see BOX, “SureScripts Certification Requirements Regarding Messaging”). “Pharma companies may wish to support our guidelines for messaging,” suggests Hutchinson, “because it levels the playing field for all companies and it is the right thing to do.”

Best Practices

Different stakeholders at the point of care have divergent interests regarding messaging to physicians. The federal government (i.e., Medicare), for example, is interested in promulgating best clinical practice messages to physicians. Payers, CMS included, are interested

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in keeping costs in check and would like to encourage physicians to prescribe lower-cost

Pfizer's Principles for Assuring Quality of Care by Electronic Prescribing Systems

Electronic prescribing (eRx) is an increasingly valuable and important tool for protecting patient safety, enhancing patients’ health outcomes and improving the efficiency.

- Patients and physician needs should drive design of the eRx tools that will be used at point of care. A market-driven approach to eRx will best assure the adoption of systems aligned with the provision of quality of care.
- Electronic prescribing should be provided through a neutral and open platform. It should not be designed to advance the commercial interests of any particular participant (e.g., PBMs, Pharma, Pharmacy, Insurance, etc) to the potential detriment of patient care.
- Patient privacy must be protected.
- All messages transmitted to physicians and/or their staffs through eRx systems must be sourced, accurate, and fact-based.
- eRx should support greater access to data for better clinical decision making, including alerts to adverse events and access to formulary information. Data containing such information should not be selectively or competitively pushed to the physician, and the distribution of such information must not diminish the patient’s right to appeal.
- eRx must not subvert the protections offered to patients in other areas of Medicare.
- eRx systems must conform to prevailing quality and technical standards

drugs, such as when there is a generic alternative to a brand medication. No one is sure, however, what the commonly-acceptable best practices for ePrescribing will be (e.g., see BOX, page 8).

Clearly, pharma has a stake in promoting best practices that assure a level playing field for all stakeholders. A neutral and open ePrescribing platform, for example, would allay pharma concerns about messaging and control over formulary (would ePrescribing platforms connected to PBMs, for example, allow PBMs and payers to more easily switch their drugs on and off formulary and give PBMs more leverage over the prescribing process?).

Benefits to Pharma

Kevin Hutchinson offers the following benefits that ePrescribing gives pharmaceutical companies:

- Expands and enhances a customer relationship strategy with physicians
- Provides a foundation for:
 - Patient compliance
 - Persistency tracking
 - Abuse tracking
 - Electronic medical education
 - Electronic clinical trial recruitment
- Should speed the adoption of EHR, which enables health maintenance programs and evidence-based practices that more easily demonstrate efficacy of medication therapy

- Over time will reduce costs in the total prescribing system
- Provides the opportunity for pharma to be viewed as a leader in driving awareness and promoting adoption of the benefits of automating the prescribing process

According to Knoblauch, Pfizer supports ePrescribing and believes that “better patient compliance will be the result. We need to do what’s right.”

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ePrescribing Can Save Lives

The Center for Information Technology Leadership estimates that the nationwide adoption of electronic prescribing in the ambulatory setting could save the U.S. health care system about \$44 billion per year in reduced medication, radiology, laboratory and adverse drug events (ADEs), while preventing two million ADEs and 190,000 hospitalizations a year. The Leapfrog Group adds that studies show a computerized prescription system can reduce serious medication mistakes by up to 86 percent.

Experts Consulted and/or Cited In Articles

The following experts were mentioned or consulted in the preparation of articles for this issue.

- **Michael Barrett**, Principal, Critical Mass Consulting, mbarrett@cmass.us.
- **Kevin Hutchinson**, President and CEO, SureScripts (www.surescripts.com), 703-921-2101.
- **Christine Knoblauch**, Director, eBusiness, U.S. Planning and Business Development, Pfizer, christine.knoblauch@pfizer.com.
- **Tony Schueth**, Managing Partner, Point-of-Care Partners, LLC, 954-346-1999, tonys@pocp.com.

Resource List

The following resources were consulted in the preparation of this issue or cited within this issue.

- HARNESSING INFORMATION TECHNOLOGY TO IMPROVE HEALTH CARE, HHS Fact Sheet (May 6, 2004), <http://www.hhs.gov/news/press/2004pres/20040427a.html> (accessed 6 May 2004)

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Publisher & Executive Editor

John Mack
VirSci Corporation
www.virsci.com
PO Box 760
Newtown, PA 18940
215-504-4164, 215-504-5739 FAX
<mailto:editor@pharmamarketingnews.com>

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