

**Tennessee ePrescribing Acceleration Project  
Recommendations:**

**Executive Summary**

June 4, 2007

This document contains an executive summary of the recommendations prepared by the Tennessee ePrescribing Acceleration Project team.

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### Executive Summary

#### A. Project Objectives

The acceleration of ePrescribing in Tennessee represents a major initial application for the Tennessee eHealth Initiatives master road map. Built on a framework for trust and collaboration, the use of ePrescribing provides an ideal entry-level application for promoting the implementation of e-Health solutions in Tennessee.

*“ we need to reduce the size of the landscape that we are working with; to concentrate on one area and work through the problems there. I want to suggest the management of prescription medications—and ePrescribing in particular.”*

Governor Phil Bredesen  
HIMSS Conference Keynote Address 2/27/07

In January 2007, the e-Prescribing Sub-Group of the Tennessee e-Health Advisory Council was charged with developing and recommending a plan for acceptance, adoption, and implementation of e Prescribing in Tennessee. This charge included 7 specific goals:

- Increase adoption and utilization of technology
- Assisting practices to become more efficient in their health care delivery
- Enhancing the safety and the quality of that health care
- Improving the level of staff and patient satisfaction
- Helping practices achieve successful integration of their clinical and business systems
- Providing the tools and infrastructure that is necessary for e-Health commerce.
- Increase the level of automation and the use of technology across the State of Tennessee

This subgroup authorized an initial project to develop specific recommendations to be presented to the Tennessee e-Health Advisory Council by June 2007. Over 50 project team members and observers representing pharmacists, hospitals, physicians, payers, and state agencies were selected to participate in the project.

#### B. Project Approach

The ePrescribing subgroup consisting of 30 members representing pharmacists, hospitals, payers, physicians, and industry vendors met on January 22 to kick off the ePrescribing Acceleration project. Dave Goetz, Commissioner of Finance and Administration, outlined the State's perspectives on the ePrescribing project:

- Eprescribing is seen as on the key eHealth applications that will help drive the usage of the State's private broadband network – similar to the way email drove usage of the internet
- Tennessee spends more per capita on prescriptions than any other state

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- E-Prescribing will help Tennessee better control the large number of prescriptions

Subgroup Antoine Agassi and Baetenna Black presented an overview of the project approach:

- Adopt the definition of e-prescribing as the computer to computer non-paper two way transmission of prescription information – ePrescribing is not computer generated faxes, email, or scanning.
- Address the issue from all perspectives – technology is just one component
- Focus on partnerships and improved communications
- Engage individuals from each major stakeholder group – payers, physicians, pharmacists, and hospitals

From the kick off meeting, Richard Taylor was assigned as the project liason for the State. To accomplish the project objectives, the following project approach and tasks were developed:

- Part One: Developed preliminary recommendations by stakeholder perspective
  - Engaged key stakeholder experts
  - Divided into four subgroup teams – Physicians, Pharmacists, payers, and hospitals
  - Each subgroup was tasked to address these questions:
    - What are the risks to ePrescribing
    - What are the benefits to ePrescribing
    - What are the barriers to ePrescribing
    - What are some preliminary recommendations for accelerating ePrescribing in Tennessee
    - Held a statewide summit to analyze and discuss the preliminary recommendations (April 10)
- Part Two: Analyzed and refined preliminary recommendations into final recommendations
  - Divided the project team to address the three groups of preliminary recommendations:
    - Education and communications
    - Governance (accountability and management)
    - Phase I Deployment (pilot) projects
  - Held a statewide summit to discuss and finalize the recommendations (May 23<sup>rd</sup>)
    - Identified and analyzed associated risks with each recommendation
    - Developed high level implementation steps for each recommendation.
  - Presented specific recommendations to the Tennessee eHealth Advisory Council by June 5<sup>th</sup>.

### **C. Projected E-Prescribing Benefits**

The ePrescribing task force research identified the following projected benefits for accelerating ePrescribing in Tennessee:

- Value to Patients:
  - Reduces deaths – nationally 7,000 deaths a year occur due to medication errors
  - Reduces adverse drug events – nationally there are 1.5 million adverse drug events a year
- Value to Prescribers:
  - Frees time for more patient interaction
  - Provides ready access to electronic data for decision support
  - Facilitates improved patient safety and quality of care
  - Provides a foundation to support pay for performance programs
- Value to Pharmacists:
  - Improves efficiency of dispensing process
  - Reduces time spent on phone
  - Reduces medication errors
  - Increases patient satisfaction
  - Increases time for pharmacist/patient interaction
- Value to Health Plans/Payers:
  - Reduces costs (better accuracy, fewer errors) - \$15,700 a year per physician = prescription administration costs)
  - Reduces costs (increased adherence to preferred drugs)
  - Provides marketing advantage to subscribers and companies
  - Reduces administrative costs

### **D. ePrescribing Assessment**

Concurrently with the ePrescribing Acceleration project, the State of Tennessee sponsored a survey of eHealth in Tennessee. This survey identified the following current ePrescribing activity in Tennessee:

- Unique Physician Practices in Tennessee
  - Total 3,779
  - Percent using ePrescribing 14%
  
- Unique hospitals in Tennessee
  - Total 125
  - Percent using ePrescribing 32%

In addition to the state ePrescribing survey, the task force also reviewed a national survey conducted in 2006 by SureScripts that analyzed nationwide ePrescribing

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transactions on the SureScripts network as a percentage of total prescriptions eligible for ePrescribing. From this survey, the top three ePrescribing states are:

\* Massachusetts, Rhode Island, and Nevada

### ***E. Recommendations***

From the research analysis, the E-Prescribing Acceleration project team has developed specific recommendations for accelerating ePrescribing in Tennessee. These recommendations have been grouped into three parts – Governance, Education, and Pilot projects.

#### **1. Governance Recommendations**

- Establish a Steering Committee:
  - Members appointed by eHealth Advisory Council
  - 10-12 members
  - TMA, TPA, TNA, Payers, Mental Health, Health Dept, NCOA, Vendors, Dental, TennCare
- Provide oversight
- Employ project management team
- Recommend funding sources and set budget
- Determine metrics and outsource data aggregation and analytics
- Deliver progress reports to eHealth Council
- Engage Project Manager
  - Establish and coordinate shared services
    - Contractors
      - Help desk, web site, education provider
    - Phase I deployment sites
    - Change management best practices (e.g. Q-Source)
    - Monitor incident reports
    - Survey focus groups
  - Develop account for project sites

#### **2. Education Recommendations**

- Create Comprehensive Communications and Education Strategy, utilizing a variety of tools, that will:
  - Serve as a central informational resource
  - Create demand for ePrescribing
  - Provide a “one-stop-shop” for information and physician sign-up
  - Provide a support resource for all parties in the ePrescribing process
- Key Components:
  - Core messages must be consistent and up-to-date
    - Definitions
    - What’s in it for me?
    - What’s in it for patients?

- Need specialized targeted communication by stakeholder
  - Case studies
  - Specialized for physicians, pharmacists, dental, mental health providers, etc.
- Tools will vary, but message will not
  - Core tools will likely include website, e-newsletters, editorials, articles, brochures, flyers etc. May also include advertising.
  - Targeted tools may be specific to channel of delivery
- Risks and Risk Mitigation Strategies:
  - Dedicated resources to coordinate messaging will address risk of inconsistent or out-date messaging
  - Identifying upfront, in-kind resources for communications during pilot will maintain focus on evolving communications strategy and mitigate risk of neglecting funding for communications later
- Implementation Steps:
  - Identify and dedicate resources for consistent messaging
  - Identify team responsible for coordinating all messaging
  - Define solution for “How do I get started?”
  - Define “go-to-market” strategy (for pilot) to create demand for ePrescribing
  - Determine funding requirements to achieve deliverables
    - What will it cost to deploy desired tactics?

### 3. Phase I Deployment Recommendations

- Secure Initial State funding
- Define model
  - Realistic expectations (24% in 3 years?)
  - Statewide road map
  - Educational/staffing needs
  - Metrics of success
  - Central statewide help desk
- Convene focus group
  - 10 pharmacy practitioners actively receiving ePrescriptions
  - Document road map for their practice
    - Computer system, usage, safeguards, procedures
  - Develop models for Phase I deployment sites
- Define Phase I deployment site model
  - Site model initial funding needed
  - Educational/staffing needs
  - Metrics of success
  - Central statewide help desk
- Select 3 to 6 initial sites
  - Covering all three grand regions
  - Leverage existing ePrescribing efforts
  - Willingness to educate other sites later
- Risk mitigation
  - Project manager and steering committee for each site
  - Regular progress reports (every 3 months) – transparency

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- Incident reporting (help desk database)
- Document Results for Statewide deployment
  - Best practices mapped to unique community characteristics (e.g. rural, urban, suburban)
  - Actual ROI results
  - Refine success metrics
  - Lessons learned
- Potential Phase I Sites for the Tennessee e-Prescribing Project
  - East Tennessee
    - Kingsport
    - Greenville
  - Middle Tennessee
    - Murfreesboro
    - Manchester
  - West Tennessee
    - Huntington
    - Memphis – Loop Clinics

### Profiles of Two Potential Phase I Deployment Sites

- **Huntington Profile**
  - Located in Carroll County, West Tennessee
  - Population: City: 4,500, County: 29,000
  - Community Pharmacies
    - City Drug – Independent Community Pharmacy
    - Wal-Mart – Chain Drug Store
    - Freds – Chain Drug Store
  - Hospital - Baptist Memorial Hospital Huntingdon - 72 beds
  - Physician Practices
    - R.B. Wilson Medical Center – 6 M.D. & 6 N.P. or P.A.
    - Jackson Clinic of Huntingdon -1 M.D. & 1 N.P.
    - Huntingdon Medical Associates – 2 M.D. & 2 N.P.
    - Tri-County Family Medical Center – 1 M.D.
  - Within 1 hour of Jackson-Madison County Hospital
  - Pharmacy & Medicine champions for e-prescribing
  
- **Kingsport Profile**
  - Located in Sullivan County (upper east Tennessee)
  - Population (25,000 to 50,000)
  - Physician Practices
    - Holston Medical Group
      - 132 medical provider group
      - 52% ePrescribing
      - 47% fax
      - 02% written prescriptions
      - Committed to 100 % e-prescribing
      - Willing to serve as a training center for other health care providers

- Has a Medication Therapy Management Center in partnership with the UT College of Pharmacy (3 full-time clinical pharmacists and an educational training center
  - Within an hour of a health science center
  - Pharmacy and Medicine champions for e-prescribing
  - Chain and independent community pharmacies

### ***G. Proposed Next Steps***

“If we want to do what I have argued for today—let’s say specifically to get an ePrescribing 1.0 system up and running — we have to establish some clear incentives to do so. Health care is just too big and diverse to have any hope of depending on a voluntary model, or on arguments about patient care, or what happens if there is another Katrina.

Governor Phil Bredesen

HIMSS Conference Keynote Address - 2/27/07

To implement the recommendations shown above, the ePrescribing Acceleration project team offers the following next step considerations:

- Form Statewide steering committee – (10-12 members)
- Obtain seed funding (State) (\$500k – 2 years)
- Secure project manager and team
- Develop website
- Continue to track ePrescribing research and activities
- Select Phase I deployment focus group
  - Already involved in ePrescribing
- Select 3-6 Phase I sites (three grand regions)
  - Document results and best practices by community type

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### **Appendix A: List of Tennessee ePrescribing Acceleration Project Participants**

The following individuals served as members and observers on the Tennessee ePrescribing Acceleration Project (observers noted with an \* asterisk).

Tennessee Pharmacists Association	Rick Sain Baetenna Black Kam Nola
Tennessee Medical Association	George Woodbury, Jr
Tennessee Academy of Family Physicians	Charles Ball Mike Hartsell Tim Linder
St. Thomas Hospital	Stuart Dunn Marty Kelvas * John Pirolo *
Tennessee Nurses Association	Diane T. Pace
TennCare	David Beshara
SureScripts	Todd Hardman
Vanderbilt University Medical Center	Mark Frisse
HCA Healthcare	David Archer
BCBS-TN	Terry Shea
SharedHealth	Bruce Taffel Kathy Lovin
RHIO / Holston Medical Group	Jerry Miller
QIO	Dawn FitzGerald Jennifer McAnally
National Association of Chain Drug Stores	Michele Vilaret
Regional Chain Pharmacy:	Jimmy Sykes
CIGNA	Yi Zheng

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UT College of Pharmacy	Dick R. Gourley
Medical Group Manager's Association Representative	Randy Galler
Allscripts	Jill Helm
Dell	Renée M. Bradford
NextGen Corporation	Charlie Jarvis Kara Erlandsen
RxHUB	J.P. Little Ken Majkowski
Caremark/Iscribe	Jeffrey T. Smith
South College	Walter Fitzgerald
State of Tennessee Dept. of Mental Health and Developmental Disabilities	Jason Carter
Freds, Inc.	Mike Kinzer *
State of Tennessee TN Board of Pharmacy	Terry Grinder *
Covenant Health	Mike Ward *
Caremark	David Lorber *
State of Tennessee CoverTennessee – CoverRX	Kendra Gipson *
Pharm MD	Sam "Bo" Bartholomew, III * Scott McDaniel *
Informatics Corporation of America	Gary Zegiestowsky *
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