

SCHC and E-Prescribing

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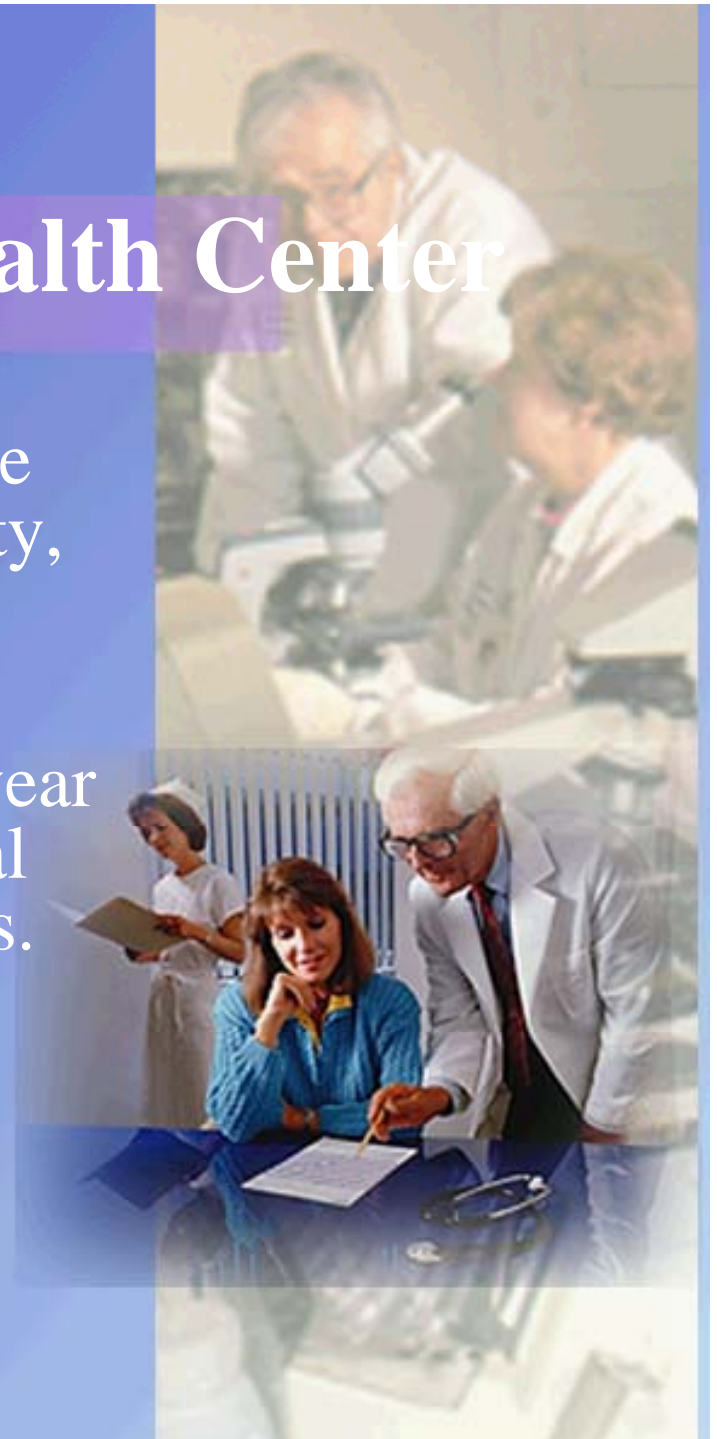


Shasta Community Health Center – Federally Qualified Health Center based in Shasta County, CA.



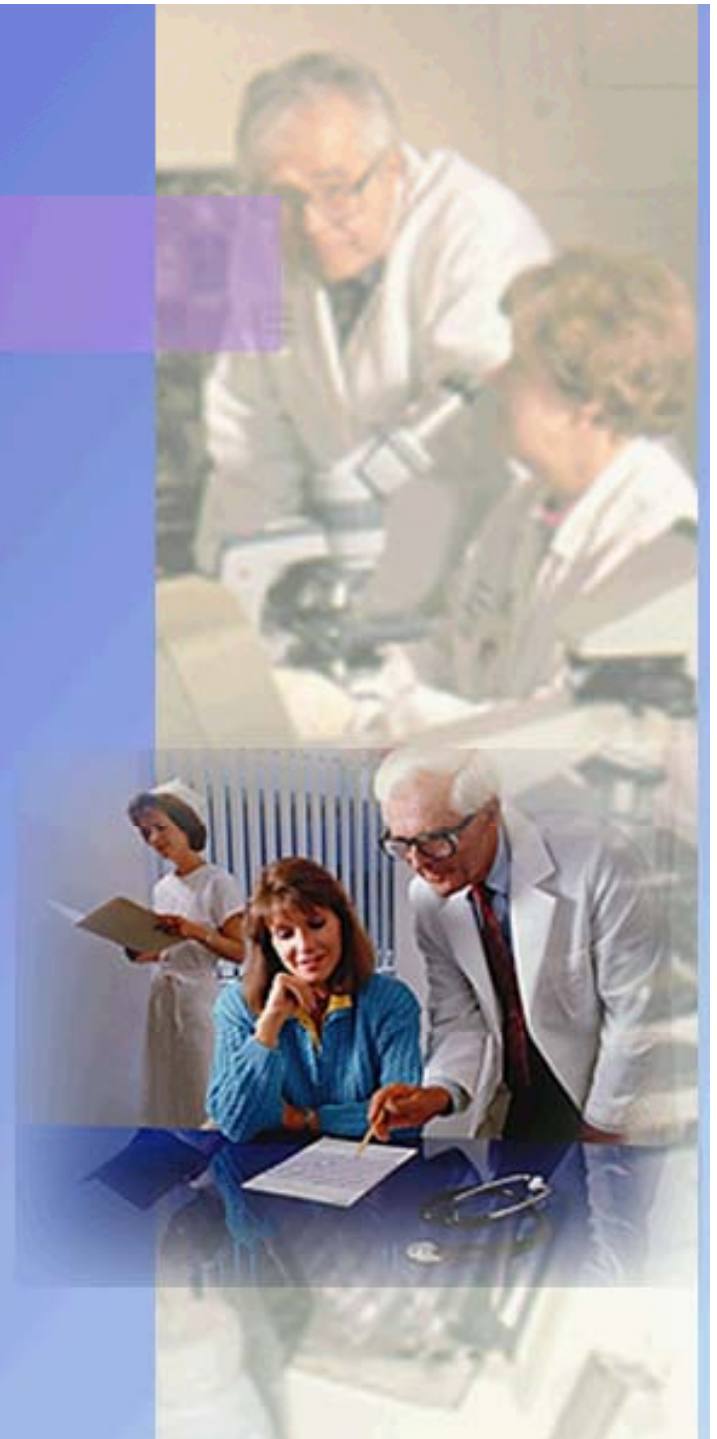
Shasta Community Health Center

- 40,000 unduplicated patients, one in four residents of Shasta County, CA.
- Over 130,000 patient visits per year providing primary, specialty, oral health and mental health services.
- Over 90% of those served live below federal poverty lines.



A little History

- SCHC went live on e-Prescribing in May 2007 – over 160,000 ERx scripts so far and counting!
- Platform: SureScripts and NextGen.
- Took a “phased approach.”
- It is today our “preferred” method for sending prescriptions and managing refills.



The Verdict thus far.....

- Relatively simple setup.
- Reliable – minimal downtime.
- Bodes well for coverage issues.
- Fast.
- Less than 1% failure rate. 3-5% for Fax.



24 Year(s) Old Male

Status	Medication	Method	Start Date	Sig	Stop Date	Cr
Active	ASPIRIN	100% MISCELL POWDER	1/15/2009	Take 1 tablet by mouth monthly	04/08/2009	Ca:
Active	AMOXICILLIN (amoxicillin trih...	250MG/5ML ORAL SUSP RECON	1/15/2009	Take 1 teaspoon by mouth twice daily		Vox
Active	PRILOSEC (omeprazole)	20MG ORAL CAPSULE DR	1/15/2009	Take 1 tablet by mouth daily □□□□Prevacid DC'd...	02/08/2009	Ca:
Inactive	IBUPROFEN	100MG ORAL TABLET	7/11/2008	Take 1 tablet by mouth every twelve hours as nee...	10/02/2008	Sta
Inactive	ASPIRIN	325MG ORAL TABLET	5/1/2008	Take 1 tablet by mouth daily Testing Jeff	05/09/2008	Kit:

Print
 Erx
 Renew
 Stop
 Interactions
 Education
 Dose Range
 Delete
 Eligibility
 Medication History

(amoxicillin trihydrate) 250MG/5ML ORAL SUSP RECON

teaspoon by mouth twice daily [Remove Sig](#)

[blem...](#)

[ite...](#)

2009	Stop Date: <input type="text" value="01/20/2009"/>	<input type="checkbox"/> PRN	Reason: <input type="text"/>
<input type="text"/>	Duration: <input type="text"/>	<input type="checkbox"/> Sample	Lot # <input type="text"/> Exp: <input type="text"/>
<input type="text"/>	Refills: <input type="text" value="0"/>	<input type="checkbox"/> Limit Renewals	
<input type="text"/>		<input type="checkbox"/> Prescribe Elsewhere	Site: <input type="text"/>
DO, Rhett		<input type="checkbox"/> Prior Authorization	Auth Id: <input type="text"/> Date: <input type="text"/>
hasta Community Health Center		<input checked="" type="checkbox"/> Dispense As Written	Units: <input type="text"/>

Times Renewed: Full History

Dispense History

Advantages of ERx

Patient Safety	Reduced Costs	Increased Efficiencies
<ul style="list-style-type: none">✓ Reduce adverse drug events✓ Reduce drug seeking behavior✓ Medical history	<ul style="list-style-type: none">✓ Reduce prescription management time✓ Reduce potential malpractice issues due to adverse drug events✓ Reduce interface costs	<ul style="list-style-type: none">✓ Ease of use for refills✓ Reduce call backs from pharmacies✓ Reduce fax traffic and printing



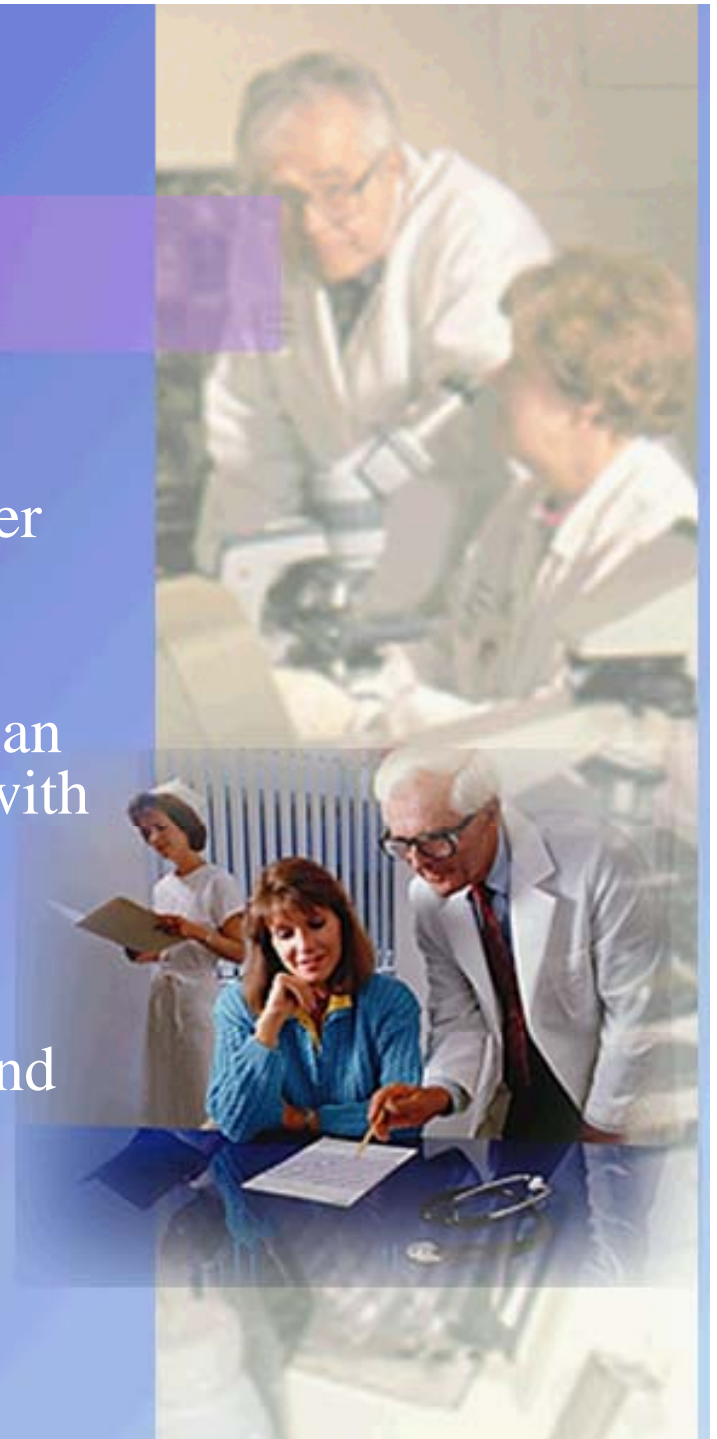
Other Advantages

- E prescribing software has built in checks for safety, precision/accuracy.
- We use RNs to assist clinicians in the refill process using standardized protocols.
- Software allows for group coverage assignments so that nothing gets missed or neglected.

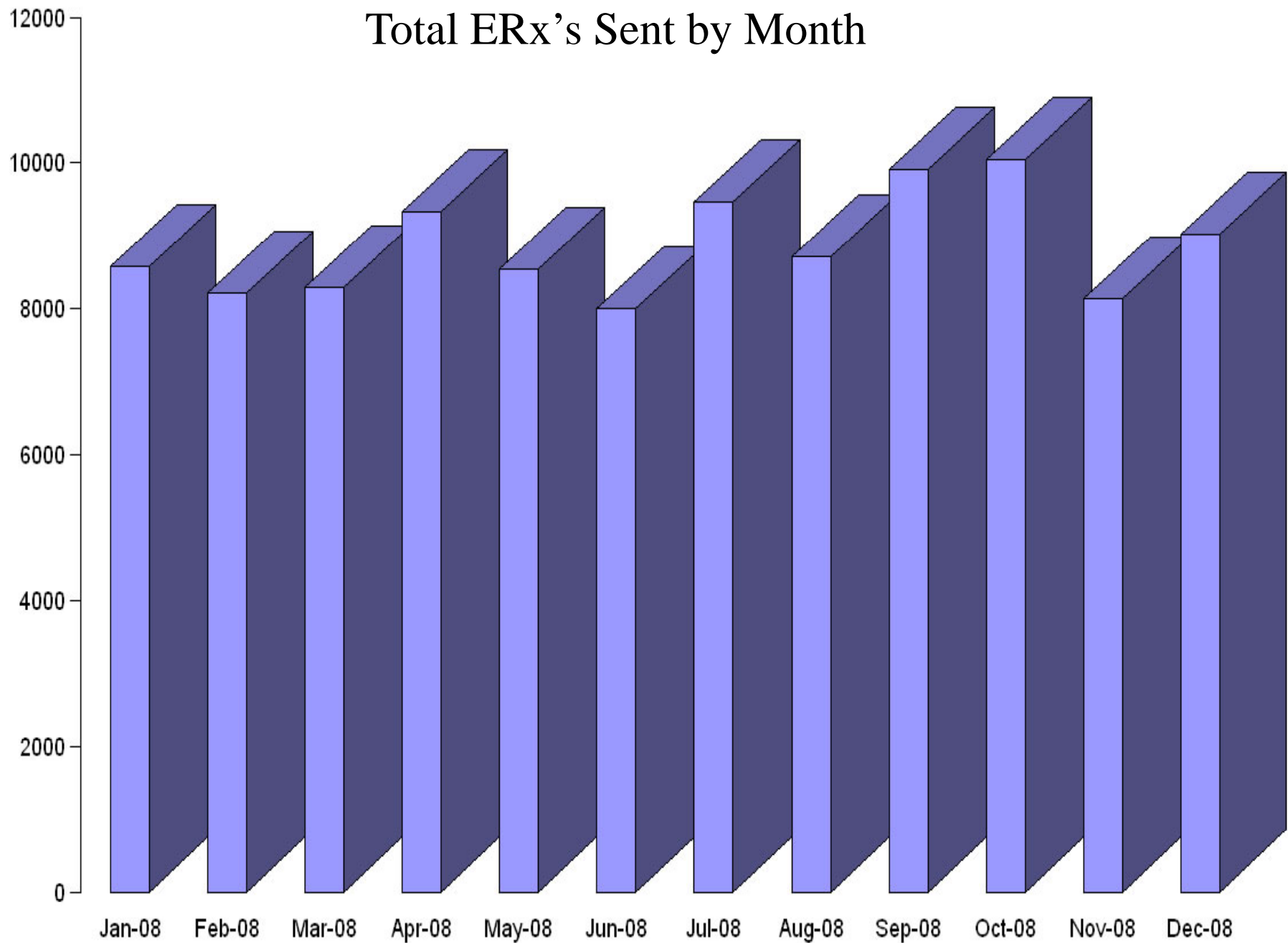


Other Advantages

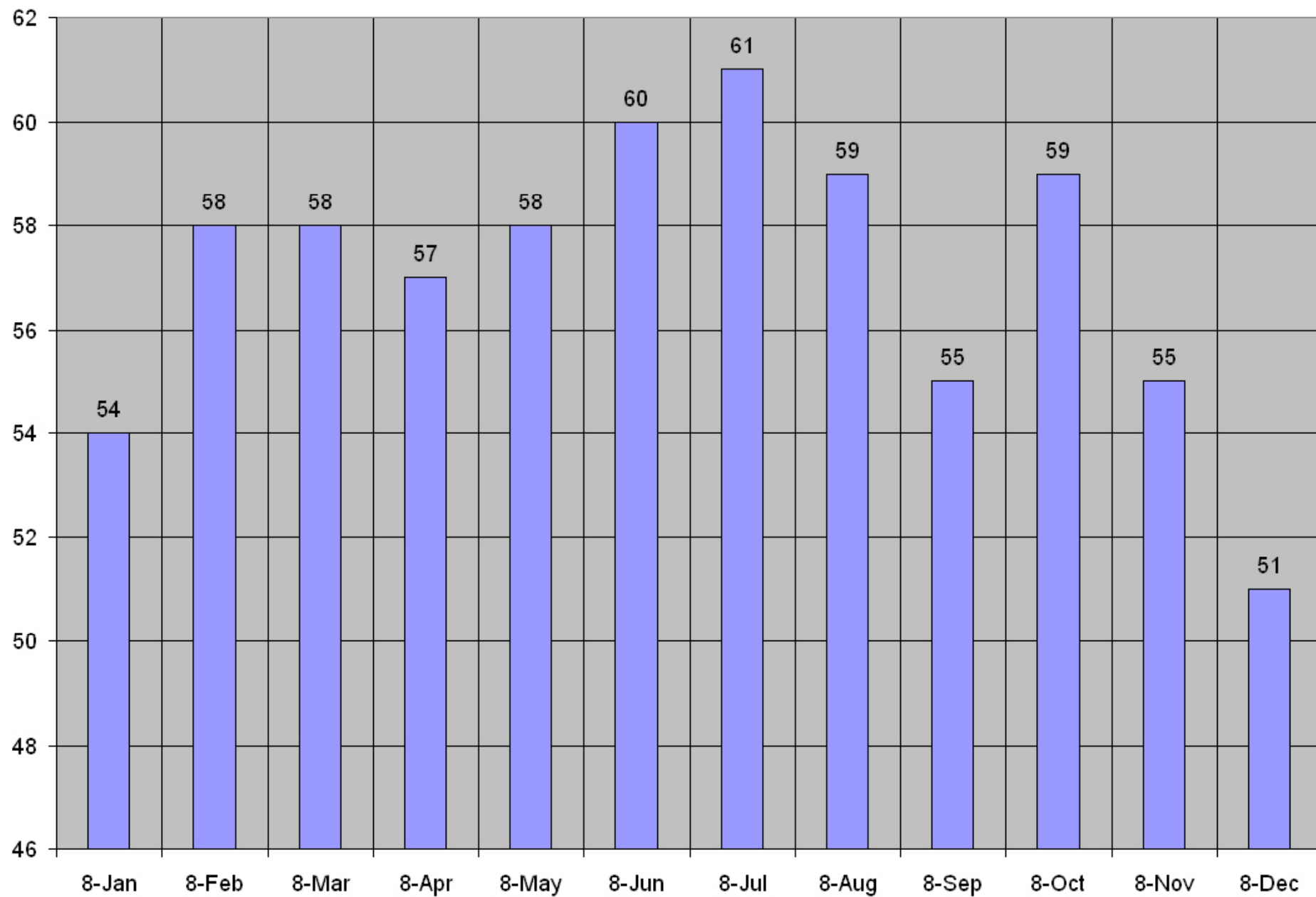
- Once clinicians gain command of the ERx capability they much prefer it over paper systems.
- The RN refill process is a great clinician satisfier in that it increases face time with the patient.
- Patients seem to have noticed the improved turn around time of refills and we receive less complaints from late refills.



Total ERx's Sent by Month

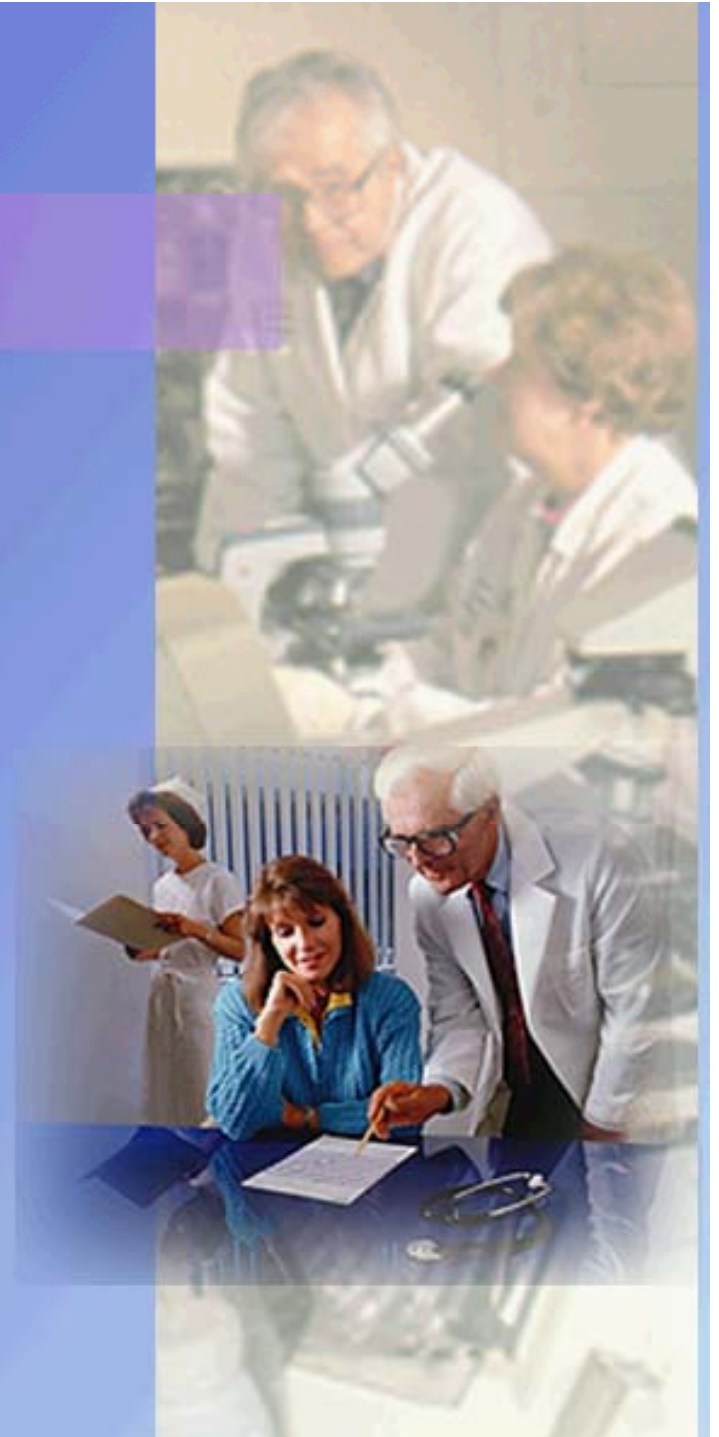


% of Total Prescriptions eRx'd



Considerations

- Smaller pharmacies
 - Can they handle this?
 - Often they will have to do major upgrades to manage ERx effectively.
 - Adjustments to your processes may be necessary.



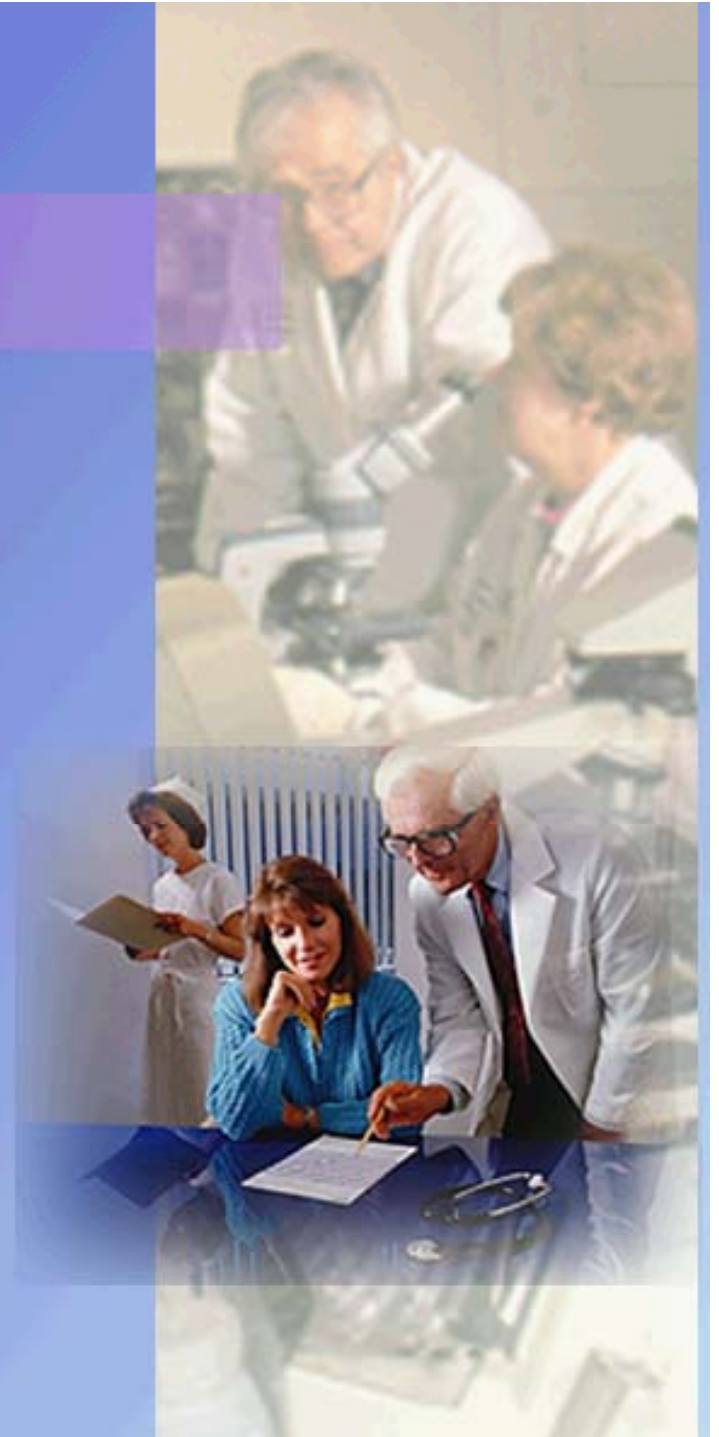
More Considerations

- Proximity
 - In-house pharmacies may experience delays.
 - Scripts must pass validation.
 - This can take up to 10 minutes.
 - Often patient can arrive before script.
 - Not an issue for outside pharmacies.



Network Traffic

- Peak times can slow delivery.
- Lunch and end of the day are typical slowdowns.



Limitations

- Schedule II medications are not supported by ERx because of federal law prohibiting it.
- Requires separate work processes for Schedule II meds.
- Specialized paper (expensive, require special security).



Implications of Schedule II ERx Limitations

- Require separate work process.
- Increases costs.
- Tend to put all meds on same security pad thereby defeating the purpose of ERx.
- No evidence that ERx is any less secure than paper system.
- Limits advantages of the ERx refill processes.



Rx Hub and Medi-Cal Historical Data

- Future advantages include: getting accurate medication history e.g. elderly patients; patients seen by other clinicians.
- Helps to prevent drug seeking behavior.
- Helps to identify potential drug interactions when medications are prescribed by multiple providers.



Rx Hub and Medication History - Limitations

- Limited number of participating payers.
- No process or law requiring pharmacies to upload cash paying patients into e-prescribing reporting system—avenue for drug seekers to hide.
- Medi-Cal is requiring a special consent by patients for us to access medication data.



Policy Implications

- Work with DEA and federal legislation to allow ERx to be used with Schedule II meds.
- There should be software standardization among platforms for pharmacies and ERx vendors (e.g. Allscripts, Surescripts, etc.).



Policy Implications

- Within a reasonable time frame (say a year) all pharmacies licensed in California must be ERx ready and willing to participate with clinicians/practices.
- Consent process should not be a barrier but follow good medical practice HIPAA guidelines – re: continuity of care and patient safety – no artificial barriers.



Policy Implication

- ERx can be the first step in a “Community EMR” portal system by which health information can be shared in a HIPAA compliant way between several clinicians/organizations (e.g. ERs, medical groups, public health, etc.) in a community.

