E-Prescribing Offers a Carrot and a Stick

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The Institute of Medicine estimates that approximately 7000 deaths and 1.5 million adverse drug reactions occur each year in the United States as a result of medication prescription errors. These errors are largely attributed to a lack of communication between pharmacists and providers. These communication problems can be mitigated through a process called electronic prescribing, or e-prescribing. E-prescribing is defined as an electronic way to generate prescriptions through an automated data-entry process using e-prescribing software and a transmission network that links to participating pharmacies. This system automatically notifies the pharmacist filling the prescription of the patient’s medical history, including drug sensitivities and prescriptions the patient is currently taking.

In addition to improving the quality of care for patients, e-prescribing also creates a more efficient and cost-effective health care system. In a 2003, Medco Health poll, 88% of those surveyed said they or their staff spent almost one third of their time responding to phone calls from pharmacies regarding prescriptions. The duration of the phone calls were reported to last an average of 8 minutes, costing one practitioner an estimated loss of $200 per week. Furthermore, Medicare reports losing millions of dollars each year as a result of more than 530,000 adverse drug events.

The idea that e-prescribing has the potential for improving health outcomes was noticed and adopted by Congress in July 2008, with the passage of H.R. 6331, the Medicare Improvements for Patients and Providers Act of 2008. This act, starting January 1, 2009, calls for Medicare to provide incentive payments to successful e-prescribers. In turn, those health professionals will receive a 2% incentive payment in 2009 and 2010; a 1% incentive payment in 2011 and 2012; and a 0.5% incentive payment in 2013. However, starting in 2012, those who are not successful e-prescribers will receive reduced payment. An exception to this rule exists for eligible health professionals who can prove that compliance with this requirement would cause a significant hardship; if this burden test is met, they are not required to comply.

E-prescribing is taking the much needed first steps in bridging the communication gap between health professionals and pharmacists. This new method will aim at saving time, resources, and money for both private and public health care systems.

References

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