

Electronic Prescribing

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- E-Prescribing implemented in 2002
- Standalone application – Rcopia from DrFirst
- Internal Medicine Teaching Clinic, associated with Prince George's Hospital Center, Cheverly, MD

Electronic Prescribing

- Ground rules
 - Ownership by All Staff and Providers
 - Must equip and train everyone
 - Electronic list is “the truth” about all patient's medications
 - Without completeness, drug interaction checking is not valid
 - Compliance with all HIPAA requirements
 - Individual passwords, all work attributable with audit displayed to all users

Electronic Prescribing

- Workflow Redesign
 - Replace paper documents with E-Rx screen shots for both Staff and Providers
 - Staff acceptance is good, less work and no transcription errors
 - Updating of E-Rx system is good when paper output FOLLOWS updating data in the system
 - *Use this method for internal documents as well as medication lists to give to patients to carry with them*

Electronic Prescribing

- Formulary Compliance
 - E-Rx can support prescribing in compliance with insurance formularies, avoiding
 - Call-backs from pharmacies
 - Call-backs from patients
 - Gaps in treatment
 - Hours of Staff and Provider time wasted on redundant tasks and/or preauthorization requests
 - Most formularies available (including Medicaid)

Electronic Prescribing

- Communication with Pharmacies
 - Getting Started
 - For first Rx sent electronically for any given patient/pharmacy send a written message with the patient as well as a back-up paper Rx
 - Move to two-way electronic transmissions ASAP (med renewal requests without phone calls)
 - Pharmacists benefit from this efficiency too, and adopt quickly
 - Refer any pharmacy issues that can't be resolved quickly to your E-Rx vendor