



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

December 10, 2007

Honorable John Kerry
United States Senate
304 Russell Building
Washington, D.C. 20510

Honorable John Ensign
United State Senate
119 Russell Building
Washington, D.C. 20510

Dear Senators Kerry and Ensign:

The American College of Physicians (ACP), the largest medical specialty society in the United States, representing 124,000 doctors of internal medicine and medical students, commends your leadership in promoting the adoption of e-prescribing technology within our healthcare system as reflected by your introduction of the Medicare Electronic Medication and Safety Protection (E-MEDS) Act of 2007. While the College cannot fully support all of the specific provisions in the legislation, we do broadly support the development and implementation of e-prescribing technology within the healthcare system and we recognize the potential for benefits in care quality, patient safety, administrative efficiencies and lower costs associated with the introduction of this technology. The College also cautions you to expect that the projected large decreases in patient deaths and injuries, and health system costs being discussed in the press as a result of e-prescribing adoption are highly inflated, since a significant number of preventable adverse medical reactions are not related to prescriber error and will not be affected by the increased, wide spread use of this technology.

The College contends that efforts to facilitate the widespread adoption of e-prescribing at the practice level must address a number of significant barriers. These barriers, which affect all practices, but have the greatest effect on small and medium size practices and rural practices, include:

- a. The significant software, hardware, implementation and maintenance costs to the practice.
- b. The substantial practice workflow changes that are required to effectively implement e-prescribing into the practice.
- c. The limited evidence for a “business case” to implement e-prescribing technology at the practice level. Most benefits and costs savings are received by the patient, the pharmacy benefit manager, the pharmacy and the payer.

- d. The significant technical difficulties being encountered in implementing current e-prescribing products in the market place being reported by our members and in the literature.
- e. The lack of a system to certify and ensure that the e-prescribing products available in the market place are functionally effective.

The E-MEDS legislation does recognize and attempt to address a number of these barriers. Specifically, it attempts to address the cost barriers by providing one-time grants to physicians to help offset the start-up costs of acquiring and implementing e-prescribing technology and on-going payment bonuses to physicians for the use of e-prescribing to help cover the maintenance cost of this technology. In addition, it initiates these incentives long before the onset of any penalty for non-adoption, which recognizes the transitional nature of this adoption. Furthermore, the legislation includes a provision that allows the Secretary of Health and Human Services (HSS) to waive the assessment of a penalty for not adopting e-prescribing by a time certain for those physicians that face particular difficulties in acquiring and implementing this technology. Thus, it offers a mechanism to recognize the additional burdens faced by physicians in rural areas and small practices.

The College, while recognizing the positive intent of the legislation and its positive response to some of the barriers toward e-prescribing adoption, cannot support the legislation as it is currently written. We believe the bill doesn't adequately address many of the substantial barriers that currently interfere in the adoption of this technology by our members. The following are areas we suggest be addressed in a revised version of this Act:

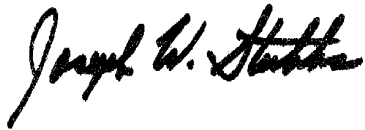
- **The inclusion of an evidence-based process to ensure that the financial incentives adequately cover physician practice costs to acquire, implement and maintain e-prescribing**—The College, through discussions with its members, other provider organizations and e-prescribing technology vendors has received multiple estimates regarding these e-prescribing costs; some a little below the monetary incentives used in this legislation and most substantially above. In this time when physicians in primary care are already facing significant financial pressures, and all physicians are constantly in threat of substantial fee cuts within Medicare resulting from the dysfunctional Sustainable Growth Rate (SGR) update methodology, the College needs to be sure that any legislation that mandates e-prescribing adoption with an accompanying severe 10 percent penalty for non-adoption is adequately funded. The College questions whether the funding to physicians in this act is sufficient to cover the necessary costs. We strongly recommend that a provision be added to the legislation calling for HHS to sponsor a methodologically sound research study to develop an accurate estimate of these e-prescribing costs (and the variables that affect these costs), and that the financial incentives provided to physicians be based on the results of this research.

- **The inclusion of a provision that ensures that any e-prescribing functions in the mandate are mature, “market-ready” and can be successfully implemented at the practice level on a daily basis**—The College strongly believes that any required e-prescribing functions be backed by research evidence reflecting its operability in the “real world” practice setting. The 2007 report issued by the Department of Health and Human Services titled, “Pilot Testing of Initial Electronic Prescribing Standards.” (Available at http://healthit.ahrq.gov/portal/server.pt/gateway/PTARGS_0_1248_227312_0_0_18/eRxReport_041607.pdf) provides an appropriate structure for the collection of this evidence.
- **The inclusion of a provision that provides technical support to practices to address the significant practice workflow changes required to effectively implement e-prescribing into the practice**—The implementation of an e-prescribing system within a practice requires substantial changes in office procedures for the physician, nursing and administrative staff. The College believes that these changes can be facilitated by employing the expertise of the Medicare Quality Improvement Organizations (QIOs) and this task should be included in their upcoming 9th Scope of Work.
- **The inclusion of provisions to facilitate the adoption of e-prescribing capabilities within all pharmacies**—It is estimated that approximately 30 percent of pharmacies nationwide do not currently have e-prescribing capabilities. This significantly interferes with e-prescribing adoption at both a system and practice level. At a system level, even if all physicians adopted e-prescribing, it could not be used for those beneficiaries who use a pharmacy without e-prescribing capability. At the practice level, this inability would require the practice to maintain a two-process workflow (one for e-prescriptions and one for more traditional faxed, phoned or paper prescriptions) that is administratively inefficient and unnecessary costly. The College recommends that the legislation should provide incentives to promote e-prescribing capabilities within all pharmacies.
- **The inclusion of a provision that establishes an entity to certify e-prescribing products available in the market place that are functionally effective.** The College has received multiple comments from members relating their unsuccessful attempts to implement within their practice an e-prescribing system available in the marketplace. Problems encountered ranged from the inability to integrate the equipment within their current office technology (e.g. printers) to difficulties communicating with the local pharmacy. These failures not only result in substantial financial loss to the practice, but also discourage the practice from considering the adoption of future health technology, e.g. electronic medical record (EMRs). The College believes that these failed experiences can be significantly reduced through the establishment of an entity that certifies the operability of e-prescribing products in the marketplace. The College recommends that the Certification Commission for Health Information Technology (CCHIT),

which already provides such certification for EMRs, would be an excellent candidate to fulfill this role.

The College again commends you on recognizing and attempting to address this important issue. We also look forward to working with you to effectively address the barriers towards e-prescribing adoption in the future. Please do not hesitate to contact Neil Kirschner on our staff at 202-261-4535 or nkirschner@acponline.org if you have any questions regarding this letter.

Respectfully,

A handwritten signature in black ink, reading "Joseph W. Stubbs". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Joseph W. Stubbs
Chair, Medical Service Committee