



November 6, 2007

UPDATED AMERICAN COLLEGE OF PHYSICIANS’
POLICY ON E-PRESCRIBING

1. The College broadly supports the development and implementation of e-prescribing technology within the healthcare system. It recognizes the potential for benefits in care quality, patient safety, administrative efficiencies and lower costs associated with the introduction of this technology.
2. The College has specifically supported the Centers for Medicare and Medicaid Services (CMS) efforts to develop foundation standards for the primary e-prescribing functions, the creation of safe harbors to the Medicare Anti-kickback Act and exceptions to the Stark laws promoting donation of e-prescribing technology to practices, and efforts at the federal, state and private sector level to provide increased payment, loans and grants to facilitate e-prescribing adoption at the practice level.
3. The College recognizes that efforts to facilitate e-prescribing adoption at the practice level must address significant barriers. These barriers, which effect 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.

4. The College recommends that until these above mentioned barriers to e-prescribing adoption are adequately addressed, Congress should not pass legislation mandating e-prescribing adoption under Medicare. Implementation at the practice level should remain voluntary with facilitation through financial and related incentives until these barriers are adequately addressed.
5. The College similarly does not support the recent CMS proposed rule to eliminate the computer-based facsimile exemption to electronic prescribing standards since the rule doesn't address any of the barriers towards adoption. ACP believes that elimination of this exemption will result in physicians reverting to the use of paper-based prescriptions, which will only make it more difficult to move to electronic prescribing in the future
6. The College could support legislation mandating the use of e-prescribing under Medicare if the above mentioned barriers to adoption are adequately addressed. This legislation, at a minimum, should:
 - a. Specify a mandate that is limited to a defined set of e-prescribing functions that are supported by substantial "real world" evidence reflecting the presence of available, consensually agreed upon standards to support these functions and evidence that these functions are mature and "market-ready" and can be successfully implemented at the practice level for use on a daily basis.
 - i. The College recommends that the determination of consensually agreed upon standards be made by the Secretary of Health and Human Services (HHS) based on the input of the Health Information Technology Standards Panel (HITSP),
 - ii. The College recommends that the selection of functions be guided by 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). These pilot tests examined the capabilities of several leading e-prescribing standards to support a range of e-prescribing functions in both laboratory and 'real-world' settings. Analysis of the results found that some standards are capable of effectively supporting some functions, while support for other functions is not yet ready. The report identified the following functions as ready: Formulary and Benefit Information, Exchange of Medication History, and Fill Status Notification. The following functions were deemed not yet ready: Structured and Codified SIG, Clinical Drug Terminology, and Prior Authorization. Any proposed mandate should be limited to functions that have been determined by the Secretary of HHS, using methods similar to this pilot study, as ready

- b. Specify means of providing adequate financial support to physicians to acquire and implement an e-prescribing system prior to the imposition of a time certain mandate. Financial incentives may include increased payments for office visits coupled with e-prescribing use, low cost loans or grants, or tax credits. Note that the literature reflects that where cost barriers have been adequately addressed, adoption rates have been significantly higher. (e.g. the Massachusetts E-Prescribing Collaborative).
- c. Specify how utilization of e-prescribing will be determined and monitored. The method of defining utilization issue is most important if the mandate is “triggered” by physicians not reaching a defined adoption (utilization) rate by a time certain. This rate can be defined in multiple ways reflecting different outcomes.
- d. Recognize the increased burden of e-prescribing adoption on small and medium size practices and rural practices, and allow increased transition time for these practices.
- e. Establish an entity to certify e-prescribing products available in the market place that are functionally effective. The College recommends that this task be assumed by CCHIT.

7. The College believes that while efforts to facilitate e-prescribing implementation have significant benefits as outlined above, the providing of incentives for physicians to directly implement electronic medical record (EMR) systems with integrated e-prescribing functions would be a more effective means of promoting increased quality, patient safety and cost efficiencies within the healthcare system. The College does not support a federal mandate for EMR implementation at the practice level at this time. The passage of any legislation by Congress to mandate EMR implementation at the practice level within Medicare should not be attempted until the multiple complex barriers towards EMR adoption are addressed. These barriers include the high costs of implementation and maintenance, required practice workflow changes, current limitations in EMR technology (e.g., interoperability issues), the need for further standards development and unresolved security, privacy and liability concerns.