



# Health Care Digitization Is Transforming Practices

By Bill G. Felkey



WE ARE WAY PAST THE TIPPING point of U.S. health care becoming a digitized field. This is what happened during my workday on March 31, 2010: I woke up and wrote an article for *Hospital Pharmacy*

on how executives (including pharmacy directors) in health systems are now being financially rewarded only if they appropriately respond to the Joint Commission requirements for ensuring that drugs such as aspirin and beta blockers are prescribed for patients who are diagnosed with acute myocardial infarction. These drugs must be prescribed upon arrival and discharge. Patients who are admitted with pneumonia must be directed on and maintained on influenza and pneumococcal vaccines upon discharge.

The Joint Commission required core measures that represent and report the percentage of eligible patients who receive care according to evidence-based guidelines that clearly demonstrate the benefit of a particular practice in a specific patient population. It is my position in this article that the “churning” going on in your local health system presents a perfect opportunity for independent pharmacists to be at the table, helping plan how the contribution of their practice will improve health outcomes in their community. The ability of pharmacists to work on patient adherence with these proven medication regimens, and to continue the advocacy for recommended immunizations, are just two opportu-

nities where cooperative and collaborative practice can become a win win for everyone.

My next to do list activity was preparing a presentation for a meeting of nurse executives in Indianapolis on April 11. I addressed about 2,500 nursing leaders who are interested in helping their health systems receive all of the stimulus money offered by the federal government for achieving phase 1 requirements that demonstrate what is being called “Meaningful Use” of information technology systems. The obvious places where this activity will become an opportunity for pharmacy involvement include the requirement that provider order entry take place by 2011–2012 at least at the 10 percent level. Then, an active medication list must be maintained throughout the inpatient care of patients and at discharge. A list of active allergies (including medication allergies) must be maintained in 80 percent of the eligible patients.

Meaningful use criteria also require that 80 percent of patients have an electronic copy of their health information provided, along with discharge instructions at the 80 percent level and upon request. Medication reconciliation must also occur at the 80 percent level upon admission, transfer and discharge from the hospital. All these electronic documents can be made available to a patient’s designated pharmacy by the discharge planner employed by the hospital. Hospitals must also communicate with public health registries such as immunization and lab results databases. What I am describing are all opportunities for pharmacists to contribute and receive critical data needed at the point of care to achieve maximum desired outcomes in every patient who comes through the door of the community pharmacy.

Still on the same work day, the next e-mail that hit my inbox had the latest update for the volume of electronic prescriptions that have been processed by Surescripts from 2007 through 2009. I get a daily update called iHealthBeat from the California HealthCare Founda-

tion that keeps me apprised of new developments in the world of health IT. You can Google this organization and receive their free e-mail as well (ihealthbeat.org).

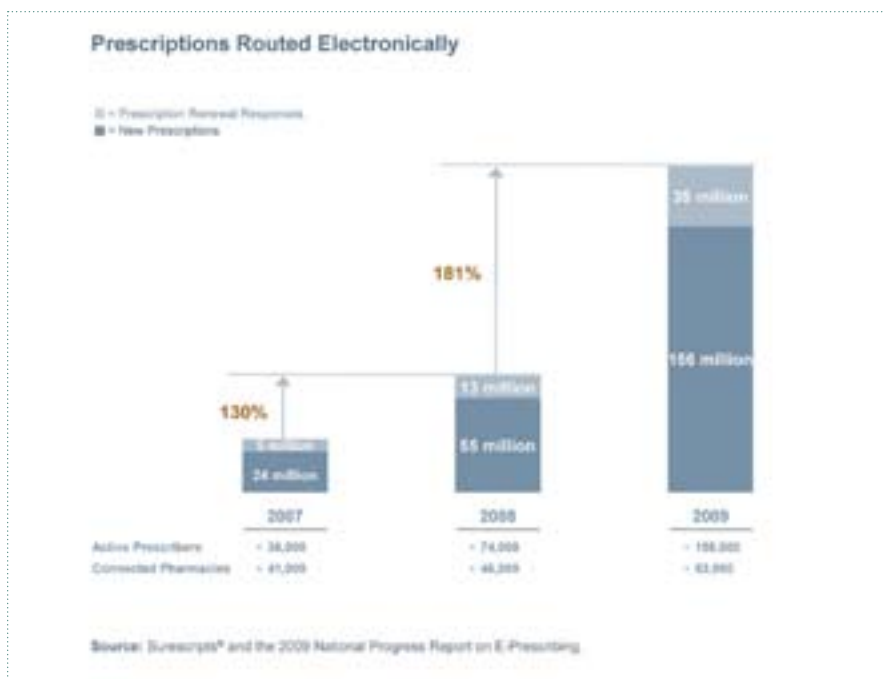
The electronic prescription data from 2009 showed that 156 million new prescriptions and 35 million prescription renewals were done electronically. This compared with 2008 data, showing 55 million and 13 million, respectively. My own personal physician now has a laptop computer in every exam room and makes negative comments about any pharmacy that can't receive his prescriptions electronically. I thought he was going to be

one of the last to adopt this technology, despite my nagging, and he now can't believe he waited so long to incorporate this time saving technology into his practice.

I was sitting at dinner when a reporter from *Pharmacist Letter* called my cell phone to ask me to make a comment on the Drug Enforcement Administration's new allowance of controlled substances to be prescribed and processed for dispensing as electronic prescriptions. This will overcome the objection of many doctors who, according to the DEA, prescribed controlled substances at an approximate 10 percent level of all prescriptions nationally. From a workflow standpoint, one system can be used to do all prescribing required. Refinements to this process are still emerging, but this is good news for all stakeholders.

Just before going to bed, I received an e-mail associated with this change from the DEA; it stated that hospital administrators were calling for no dual systems for e-prescribing. This means that the same software used for prescribing and order entry while rounding in a hospital would be employed in ambulatory care. Thus, errors from switching between prescribing applications that have different "look and feel" attributes can be avoided.

Although I know that record levels of distribution pressure are slamming your practice, I want to call your



According to iHealthBeat, in 2009, 191 million prescriptions were routed electronically by Surescripts, compared with 68 million in 2008 and 29 million in 2007, according to a new report. Meanwhile, the number of prescribers transmitting electronic prescriptions increased from 74,000 at the end of 2008 to 156,000 by the end of 2009.

attention to how quickly the environment you knew yesterday will be changing tomorrow. As I was writing this article, one more e-mail landed in my inbox. A workgroup representing all the national pharmacy organizations will be doing regular conference calls to make sure that your practice stays appropriately connected and your interests are represented in the health care marketplace. The group is working so that you will be able to use your relationship with your patients to collaborate and cooperate with other disciplines and specialties for their benefit. Please feel free to contact me with your thoughts or comments by e-mail to felkebg@auburn.edu. I am excited to see the next wave of whitewater change that is upon us all. Am I happy about all of the changes? Absolutely not! However, I am ready to get rid of the illegible, handwritten little pieces of paper currently being employed in this information age. **ap**

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