

Fact Sheet

Benefits of ePrescribing

ePrescribing can reduce medical errors, decrease pharmacy costs, and increase efficiency. The eHealth Initiative reports that ePrescribing could reduce the nation's healthcare costs by \$2.9 billion.¹ The benefits of ePrescribing are spread across all participants in the healthcare system, including physicians, office staff, patients, pharmacies, and health plans.

Providers benefit from ePrescribing by:

- ▶ Obtaining real-time information about potential drug-drug and drug-allergy interactions. This minimizes calls from pharmacies and reduces potential adverse drug events.
- ▶ Reducing handwriting interpretation errors, estimated to cause 9% of all medication errors.²
- ▶ Seeing plan formulary requirements (prior authorization, quantity restrictions, non-covered drug, and drug tier) at the point of care, giving the patient faster access to cost-effective care.
- ▶ Seeing a patient's dispensed drug history, thereby enabling the prescriber to make clinically appropriate decisions at the point of care.
- ▶ Knowing when an FDA Safety Alert has been issued, and allowing them to generate a report of all patients on the drug without needing to pull patient charts.
- ▶ Having access to clinical decision support tools.
- ▶ Increasing the convenience and efficiency of the prescription-writing process.

Office staff benefit from ePrescribing by:

- ▶ Reducing calls from pharmacies regarding non-covered medications and handwriting questions.
- ▶ Speeding the prescription renewal process by reducing the need to pull patient charts. Case studies suggest a savings of 1-2 hours/day for office staff.³
- ▶ Eliminating calls from patients who are requesting an alternative covered medication or need the prescriber to request prior authorization.

Patients benefit by:

- ▶ Having lower out-of-pocket costs when prescribers respond to ePrescribing formulary messages
- ▶ Saving time at the pharmacy by having prescriptions sent prior to patient arrival, and reducing the potential for two trips because prescribers more frequently adhere to health plan requirements.
- ▶ Reducing potential for adverse drug events caused by drug-drug or drug-allergy interactions, mistaken handwriting, or incorrect dosage.
- ▶ Increasing compliance with prescribed treatment because care is cost-effective and convenient.

Pharmacies benefit by:

- ▶ Reducing phone calls to physicians regarding handwriting interpretation, non-covered drugs, and prior authorization requirements.
- ▶ Improving customer relationships by speeding the time it takes patients to obtain prescriptions.
- ▶ Reducing data entry when prescriptions are received electronically.
- ▶ Reducing potential errors caused by handwriting misinterpretation and keystroke errors.

Payers/Employers benefit by:

- ▶ Maintaining affordability by increasing utilization of generic and preferred brand drugs.
- ▶ Reducing costs associated with adverse drug events.
- ▶ Increasing patient compliance with prescribed treatment plan.
- ▶ Increasing provider efficiency by allowing providers to spend more time on patient care.

The MA eRx Steering Committee includes insurers, technology vendors, pharmacies, and organizations involved in the prescription process who are working together to promote and expand the adoption of electronic prescribing in Massachusetts. We believe that widespread adoption of ePrescribing is critical to improving health care quality and maintaining affordability for Massachusetts citizens.

Members of the MA eRx Steering Committee include:

- ▶ Blue Cross Blue Shield of Massachusetts
- ▶ Tufts Health Plan
- ▶ Neighborhood Health Plan
- ▶ Zix Corporation
- ▶ DrFirst
- ▶ Massachusetts Health Data Consortium
- ▶ SureScripts
- ▶ Brooks Pharmacy
- ▶ CVS
- ▶ Stop & Shop
- ▶ Walgreens

Questions?

If you'd like more information about the MA eRx Steering Committee, please contact:

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¹ The eHealth Initiative: "Electronic Prescribing: Toward Maximum Value and Rapid Adoption", April 2004.

² California Healthcare Foundation, July 2001

³ Case studies of eRx Collaborative participants conducted by Surescripts, presented in June, 2005