

New Mexico's Stakeholders Unify on E-Prescribing Initiatives

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As a part of its Medicare Part D work, the New Mexico Medical Review (NMMRA) initiated the New Mexico Prescription Improvement Coalition (NMPIC). NMPIC is charged with encouraging e-prescribing to address patient safety and rising prescription costs, which in turn provides quality, cost-effective health care to patients. Currently, 158 organizations have joined the coalition since its inception in February 2006.

NMPIC created four workgroups, each led by coalition members: the Clinical Workgroup, the Data Workgroup, the Education and Communications Workgroup, and the Health Information Technology (HIT) Workgroup.

The HIT Workgroup is responsible for leading the e-prescribing pilot in the state, which includes developing a statewide e-prescribing strategy and validated tools that encourage the adoption of new prescribing technology to enhance medication therapy management. The HIT Workgroup is led by a member of the corporate e-prescribing council at Blue Cross & Blue Shield of New Mexico. Workgroup members include health plans, NMMRA, the University of New Mexico (UNM) College of Pharmacy, UNM Hospital, the New Mexico Heart Institute, the New Mexico Human Services Department Medicaid Assistance Division (MAD), the New Mexico Pharmacists Association (NMPHA) and Walgreens.

The statewide, physician-centric, multi-payer e-prescribing strategy and work plan to promote the adoption of e-prescribing in New Mexico (see diagram that follows) was recently approved by the HIT Workgroup. This model is financially self-sustaining, utilizing physician-generated "credits" funded by plans to cover implementation and subscription fees.

To assure adoption, all major health plans and lines of business (Medicare, Medicaid and commercial) are included in the pilot. Participating health plans' formularies will be available through the e-prescribing application for all participating physicians. It is critical that all health care stakeholders collaborate in encouraging the adoption of the technology to assure quality, cost and efficiency benefits are realized. Incentives are being linked to health plan pay-for-performance and quality initiatives. Pilot implementation costs are funded by participating health plans and the state MAD. Health plan market shares, financial relationships with physicians, and physician prescription volume were reviewed to define equitable sharing of implementation costs.

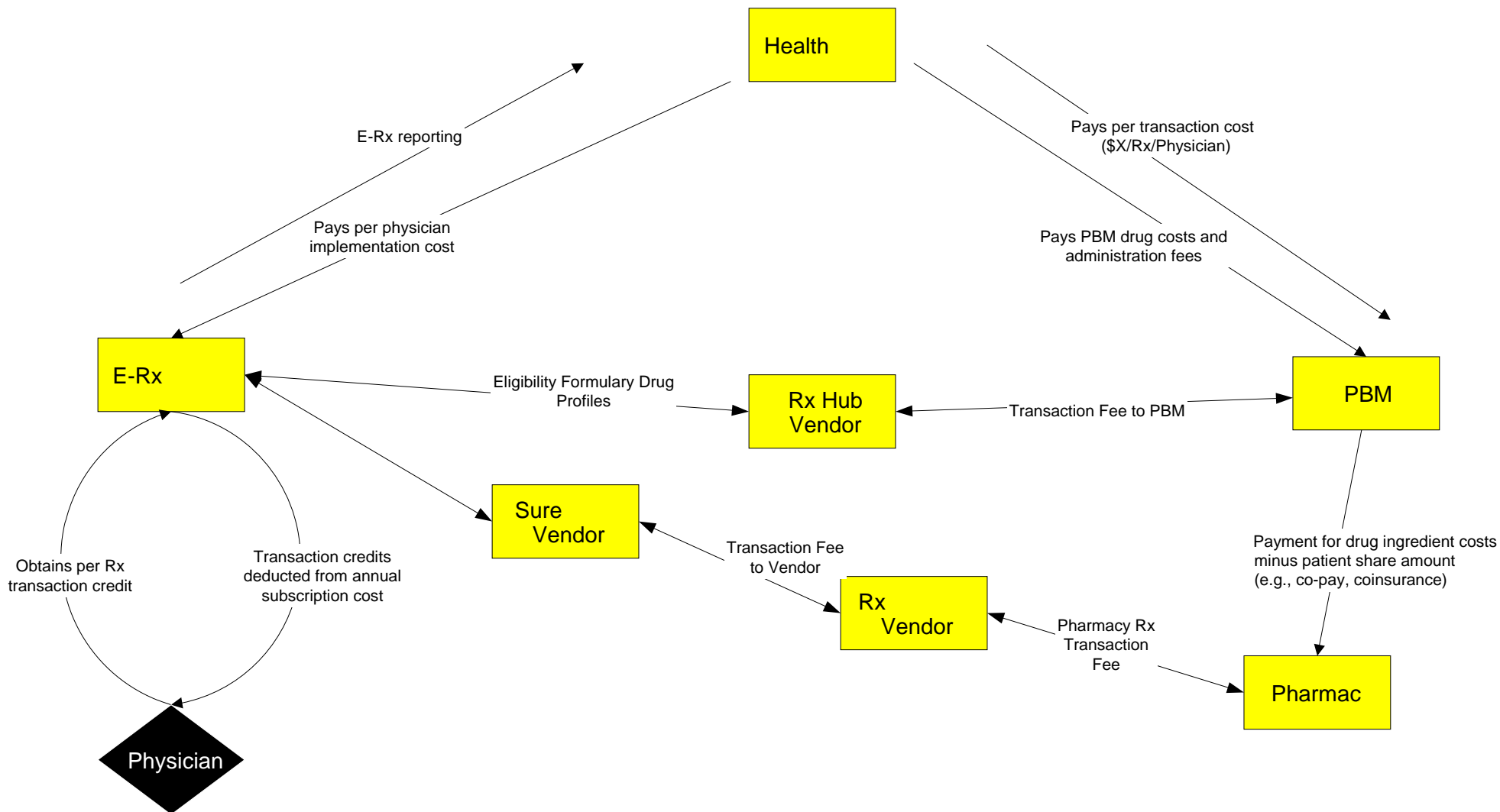
Participating health plans will provide "transaction credits" that are generated for each new electronic prescription to fund the annual physician subscription fee and future implementations. The transaction costs for all payers participating in the pilot will be the same.

NMPIC provided options to pilot participants in e-prescribing vendors. Choices were limited based on cost, support of the proposed model, vendors with a presence in New Mexico, physician acceptance, and electronic health record integration capability. The HIT Workgroup organized a statewide e-prescribing forum, which drew more than 90 participants. New Mexico currently has 273 active e-prescribing physicians and 17 active e-prescribing pharmacies; 60 percent of the



HIT Workgroup: John Seibel, MD, NMMRA; Dale Tinker, NMPHA; Larry Georgopoulos, PharmD, NMPIC Vice Chair, Presbyterian Health Plan; Doug Lohkamp, RPh, HIT Workgroup Chair, Blue Cross & Blue Shield of NM; Galina Prilouts kaya, PhD, MBA, NMMRA; Steve Lucero, MD, NM Medical Society; Larry Pesko, PharmD, NMPIC Chair, Lovelace Health Plan.

E-Rx Financial Model



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state's pharmacies are certified by SureScripts and 50 percent are live on the network. NMPIC hosted four demonstrations of e-prescribing solutions in December 2006, featuring Zix and DrFirst as stand-alone providers and Allscripts and McKesson as potential EHR solutions.



ZixCorp representatives provide one of three product demonstrations during a live, recorded session in December 2006.

To date, 222 physicians are participating in the e-prescribing pilot. Vendor demonstrations and transaction costs will be adjusted at regular intervals to ensure that the subscription fees and program expansion software needs are addressed. Nonparticipating plans may initially pay a slightly higher transaction fee to cover physician subscription credits and future deployment of the technology to new physicians.

NMPIC had chosen e-prescribing vendors that are capable of tracking physician-generated credits and invoicing participating health plans accordingly. Vendors are responsible for establishing the credit fund and accounting, determining physician annual subscription fee reimbursement, and quarterly reporting to the HIT Workgroup.

Interested providers have evaluated proposed solutions and chosen vendors that best met their needs. Implementation involves two phases: Allscripts and RelayHealth began implementation in April 2007. To date, 90 providers are actively using e-prescribing. The second phase involving DrFirst and Zix is beginning in May 2007.

NMMRA and NMPHA are organizing a statewide "e-prescribing 101" workshop for all pharmacists in June 2007. The workshop will include a keynote presentation on e-prescribing, basic information on activating a pharmacy's e-prescribing capabilities, and best practice presentations from pharmacies using e-prescribing. For more information on NMPIC's activities, please visit http://www.nmmra.org/providers/physician_medicare_nmpic.php.