HITOC Hospital Pharmacy Survey, April 2011
Summary of Results[1]

Improving the adoption of electronic prescribing, or e-prescribing (eRx), by pharmacies and prescribers is a priority for the Health Information Technology Oversight Council (HITOC). To address this effectively, HITOC invited a group of stakeholders to join an advisory workgroup dedicated to e-prescribing in late 2010. The group was tasked to identify a strategic plan that would be implemented to improve the adoption and use of e-prescribing in Oregon hospitals.

Stage 2 Meaningful Use criteria include a requirement that 50% of discharge and outpatient prescriptions be transmitted electronically. Identifying this as an important topic for hospitals that may require outreach and support, the e-Prescribing Stakeholder Group, in collaboration with the Oregon Association of Hospitals and Health Systems (OAHHS), invited hospital pharmacy directors across Oregon to participate in an online survey. The survey was intended to collect information from Oregon's hospital pharmacies in order to determine how prepared they are to meet the Stage 2 Meaningful Use e-prescribing objective required for eligible hospitals to receive incentive payments from the federal Electronic Health Record (EHR) Incentive Program. The survey was sent via e-mail to 54 hospital pharmacy directors,

Below is a results summary of the 20 responses received. Of the 20 hospitals that responded, ten do not have discharge e-prescribing functionality and nine plan to add this functionality within the next two years.

Questions 1-3 cover contact information: hospital name, name of the respondent, and role of the respondent.

Question 4: Before this survey, were you aware of the e-prescribing EHR functionality requirement for Stage 2 Meaningful Use?

	Yes	No	Total Respondents
Count	16	4	20
% of Respondents	80%	20%	-

Question 5: Do you currently have an Inpatient Electronic Health Record (EHR)?

	Yes	No	Total Respondents
Count	13	7	20
% of Respondents	65%	35%	-

Comments:
- We are in the process of replacing it with a new EHR with e-prescribing functionality.

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[1] Compiled by Witter & Associates for the Oregon Health Information Technology Oversight Council.

- Only partially.
- Bits and pieces.

Note: Respondents that responded "No" to Question 5 (i.e. they do not have an inpatient EHR) were taken directly to Question 15.

Question 6: How do prescribers order discharge prescriptions in your hospital?

	Inpatient Electronic Medical Record	**Ambulatory Electronic Medical Record**	**Other**	**Total Respondents**
Count	1	3	11	13
% of Respondents	7.7%	23.1%	84.6%	-

- Of the 11 respondents that answered "Other," ten stated that paper-based prescriptions were used to order discharge prescriptions in their hospital, and one stated that they make a mark on the patient's medical reconciliation report.
- One respondent answered that discharge prescriptions were ordered via both their inpatient EHR and their ambulatory EHR.
- One respondent answered that discharge prescriptions were ordered via their ambulatory EHR, but that tamper evident paper prescriptions were used for narcotics.

Question 7: In your EHR, do you currently have discharge e-prescribing functionality that utilizes SureScripts?

	Yes	**No**	**Total Respondents**
Count	3	10	13
% of Respondents	23.1%	76.9%	-

Question 8: Where do your hospital prescribers send discharge e-prescriptions to be filled?

	Hospital owned retail pharmacy	**Retail pharmacy within the hospital (operated by outside vendor)**	**Retail pharmacy outside the hospital**	**Other**	**Total Respondents**
Count	2	4	7	1	8
% of Respondents	25%	50%	87.5%	12.5%	-

- The one response for "Other" was: "only from their offices."
- Three respondents answered that their hospital prescribers send discharge e-prescriptions to be filled at a retail pharmacy within the hospital (operated by an outside vendor) and a retail pharmacy outside of the hospital.

- One respondent answered that their hospital prescribers send discharge e-prescriptions to be filled at a hospital owned retail pharmacy, a retail pharmacy within the hospital (operated by an outside vendor), and a retail pharmacy outside of the hospital.
- One respondent answered that their hospital prescribers send discharge e-prescriptions to be filled at a hospital owned retail pharmacy and a retail pharmacy outside of the hospital.

Note: respondents who responded "Yes" to Question 7 (i.e. they do have discharge e-prescribing functionality) were taken directly to Question 10.

Question 9: Please select your timeframe for adopting inpatient discharge e-prescribing functions for your EHR.

	In the next 6 months	In the next year	In the next 2 years	In more than 2 years	Never	N/A	Total Respondents
Count	0	5	4	1	0	0	10
% of Respondents	0%	50%	40%	10%	0%	0%	-

Question 10: Does your hospital use e-prescribing for non-discharge prescriptions?

	Yes	No	Total Respondents
Count	6	7	13
% of Respondents	46.2%	53.8%	-

If "Yes," what percentage is sent via e-prescribing?
- 70%.
- 40%.
- 100%.
- The entire medication Hx is reviewed - Data not available
- ER only at this point

Question 11: Does your hospital send e-prescribing refill authorizations to pharmacies for non-discharge outpatient prescriptions?

	Yes	No	Total Respondents
Count	2	11	13
% of Respondents	15.4%	84.6%	-

If "Yes," what percentage is sent via e-prescribing?
- The entire medication Hx is reviewed - Data not available.

Question 12: In an outpatient setting, do you receive patient medication history electronically through your EHR?

	Yes	No	Total Respondents
Count	2	11	13
% of Respondents	15.4%	84.6%	-

Note: respondents that responded "Yes" to Question 10 (i.e. they use e-prescribing for non-discharge prescriptions) were taken to Question 14.

Question 13: Please select your timeframe for adopting outpatient "non-discharge" e-prescribing functions for your EHR.

	In the next 6 months	In the next year	In the next 2 years	In more than 2 years	Never	N/A	Total Respondents
Count	0	4	2	1	0	0	7
% of Respondents	0%	57.1%	28.6%	14.3%	0%	0%	-

Question 14: In an inpatient setting, how do you receive patient medication histories electronically through your EHR?

	Download the history through e-prescribing	In the current EHR	Do not receive patient medication histories	Other	Total Respondents
Count	1	7	3	2	13
% of Respondents	7.7%	53.8%	23.1%	15.4%	-

Responses for "Other":
- Paper via patient interview.
- This is only available from our hospital owned clinics – we do not receive from other providers.

Question 15: If electronic medication history could streamline your ability to conduct patient medication reconciliations, how interested would you be in utilizing this function of e-prescribing?

	Very Interested	Somewhat Interested	Neutral	Somewhat Disinterested	Very Disinterested	Total Respondents
Count	15	4	1	0	0	20
% of Respondents	75%	20%	5%	0%	0%	-

Comments:

- The problem with Surescripts is that they don't have all claims data from all third party payers and via the transmission methods used by those third parties. For example, they don't receive claims data from Relay Health.
- My current concern is accuracy and completeness of information. My experience so far is that professions external to pharmacy are sloppy with data entry.
- My understanding is our next EHR upgrade will connect with arcoupia to supply medication histories to us.

Question 16: If electronic Benefit Checking and Formulary checking could streamline your ability to prescribe electronically, how interested would you be in utilizing this function of e-prescribing?

	Very Interested	**Somewhat Interested**	**Neutral**	**Somewhat Disinterested**	**Very Disinterested**	**Total Respondents**
Count	12	4	3	1	0	20
% of Respondents	60%	20%	15%	5%	0%	-

Question 17: If you have any other comments about the use of e-prescribing in the hospital setting, please provide them below. We welcome any comments on what you see as the barriers to the implementation of this Stage 2 Meaningful Use requirement.
- [Our] hospital pharmacy does not fill outpatient prescriptions.
- We are not scheduled to have an electronic medical record until 2014.
- We implemented EMR on 1/1 and are still evolving with changes each quarter. CPOE is in place for inpatients and I expect e-prescribing to retail pharmacies will happen in the next few months.
- We currently perform e-prescribing in our ambulatory clinics. In 2012, we currently plan on performing this function throughout the organization. The main barrier is associated with the printing of prescriptions where e-prescribing is not wanted by the patient. This requires that our printers are able to support locked trays to control the tamper-evident capability.
- E-prescribing requires a high level of interoperability between various computer systems. Standardized data entry and data fields are crucial. HL7 "standard" I'm told is a misnomer. – not every software maker may agree on what the standard is.