HITOC Independent Pharmacy Outreach Survey, April-May 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 eRx group was tasked to identify a strategic plan that would be adopted by HITOC to improve the adoption and use of e-prescribing in Oregon.

A July 2010 Witter & Associates' analysis of Oregon pharmacies registered for e-prescribing with Surescripts identified 62 independent pharmacies that had not adopted any e-prescribing functionality. Approximately 17% of retail pharmacies in Oregon are independent pharmacies[2]. After fielding an online survey for all pharmacies in the state with a response rate of less than 4%, the eRx Stakeholder Group decided to make individual calls to these independent pharmacies using a standardized outreach process and questionnaire. The calls were made by a third year doctoral pharmacy student, who asked a range of questions in order to identify e-prescribing activity, barriers to e-prescribing, and to gain a better understanding of the independent pharmacies' operations. The outreach was conducted from April 25, 2011 through May 4, 2011 with a response rate of 47 out of 62 pharmacies originally identified as having no e-prescribing functionality.

Of the 62 pharmacies that were contacted, 47 agreed to participate in the outreach. The participants were either pharmacists-in-charge, pharmacy owners, business managers, or a combination of the three. As seen in Table 1a, 70.2% of pharmacies responded that they do not currently use e-prescribing (i.e. they have not received and processed an e-prescription). Ten of the 33 pharmacies that do not use e-prescribing were compounding pharmacies, many of them commenting that current e-prescribing systems are not very compatible with compounding prescribing. As seen in table 1b, only one compounding pharmacy answered that they do use e-prescribing.

Table 1a. Do you currently use e-prescribing in your pharmacy?

	Yes	No	Total Respondents
Count	14	33	47
% of Respondents	29.8%	70.2%	-

Table 1b. Compounding Pharmacies e-Prescribing Use

	Yes	No	Total Respondents
Count	1	10	11
% of Respondents	9.1%	90.9%	-

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

[2] Oregon Board of Pharmacy, July 14, 2010

While only 29.8% responded that they currently utilize e-prescribing, three pharmacies assert they plan to set up e-prescribing functionality in the next four months, two of which plan to do so within a month.

Section 1: Independent Pharmacies that Currently Use E-prescribing

Table 2 shows that of the 12 respondents using e-prescribing that were able to estimate the percentage of their total prescriptions that were e-prescriptions, 9 responded less than or equal to 50%, with only one responding over 75%.

Table 2. What percentage of your total prescriptions (including refills) are e-prescriptions? (excluding controlled substances)

	0%-25%	26%-50%	51%-75%	Over 75%	Total Respondents
Count	4	5	2	1	12
% of Respondents	33.3%	41.7%	16.7%	8.3%	-

Only five of the 14 pharmacies that use e-prescribing were able to identify the transaction fee their pharmacy was charged for a new e-prescription. Table 3 shows that each one identified a fee of between $.01-$.50 per transaction. At least eight of the 14 pharmacies responded that they were unsure of the transaction fee.

Table 3. What is the transaction fee charged to your pharmacy for a new electronic prescription?

	Free	$.01-$.50	$.51- $1.00	Over $1.00	Total Respondents
Count	0	5	0	0	5
% of Respondents	0%	100%	0%	0%	-

Table 4a and 4b show that while 78.6% of pharmacies that use e-prescribing receive refill authorizations from prescribers electronically, only 42.9% send refill requests to prescribers electronically. As seen in Table 4c, electronic refill authorizations do not make up a large fraction of these pharmacies' total refill authorizations, with 61.5% claiming that the number is less than or equal to 25%. However, multiple respondents emphasized that the number of electronic refill authorizations they receive is growing every day.

Table 4a. Do you receive refill authorizations from prescribers electronically?

	Yes	No	Total Respondents
Count	11	3	14
% of Respondents	78.6%	21.4%	-

Table 4b. Do you send refill requests to prescribers electronically?

	Yes	No	Total Respondents

Count	6	8	14
% of Respondents	42.9%	57.1%	-

Table 4c. What percentages of total refill authorizations are received by electronic authorization? (excluding authorizations for controlled substances)

	0%-25%	26%-50%	51%-75%	Over 75%	Total Respondents
Count	8	4	1	0	13
% of Respondents	61.5%	30.8%	7.7%	0%	-

The respondents who currently use e-prescribing were asked what barriers prevent them from transmitting all refill authorizations electronically. The barriers identified include:

- Transaction fees, which some respondents believe should not be the pharmacies' cost to bear.
- Lack of provider use and/or understanding of e-prescribing and electronic health records in the community.
- Compatibility issues between different computer systems.
- Lack of user-friendliness of the computer systems for both pharmacies and providers.

When prescriptions are received at the pharmacy (In person, by phone, by fax, by e-prescribing) the process involves getting the payment method from the files for regular patients or directly from the patient or patient's representative for patients new to the pharmacy. When this is determined, the prescription is filled and then billed electronically to the third party payer. The payer will then respond electronically with either approval of the claim or reject it for any of a variety of reasons. The claim is then corrected, either by correcting an error or by adjusting the claim to meet payer standards or by contacting the prescriber or payer to change the prescription or patient details and then it is resubmitted. At this point it is either approved and the pharmacy dispenses the prescription or it is rejected (patient not eligible, etc.) and it is then billed to the patient as cash. Tables 5 and 6 show that only 14.3% of pharmacies currently using e-prescribing receive benefit information from insurers electronically, and only 7.1% receive medication histories from patient's medical records electronically.

Table 5. Do you receive benefit information from insurers electronically?

	Yes	No	Total Respondents
Count	2	12	14
% of Respondents	14.3%	85.7%	-

Table 6. Do you receive medication histories from patient's medical records electronically?

	Yes	No	Total Respondents
Count	1	13	14
% of Respondents	7.1%	92.9%	-

Section 2: Independent Pharmacies that do not Use e-Prescribing

As shown in Table 1a, 70.2% of the pharmacies that agreed to participate in the outreach interviews are not currently using e-prescribing (i.e. they have not received and processed an e-prescription). Table 7a and 7b show of that 70.2% approximately 2/3 said they would be open to outside help with the transition to e-prescribing, and would like to receive additional materials and resources related to HITOC's effort to create a strategic plan for e-prescribing adoption and upgrading.

Table 7a. Is there any way we can help you with the transition to e-prescribing?

	Yes, interested in learning more	No	Total Respondents
Count	23	11	34
% of Respondents	67.6%	32.4%	-

Table 7b. HITOC is currently developing a strategic plan for e-prescribing adoption and upgrading. In the meantime, can I send you some additional materials and resources on e-prescribing?

	Yes	No	Total Respondents
Count	22	11	33
% of Respondents	66.7%	33.3%	-

A number of questions were asked with the goal of identifying barriers to the respondents' adoption of e-prescribing. Some of the barriers mentioned include (in order of frequency):
- Cost of e-prescribing on the pharmacy end, including the transaction fees and the cost of updating computer systems for compatibility.
- Errors made by prescribers when inputting information, or by the e-prescribing system itself.
  - Many commented that providers frequently make mistakes when entering drugs and/or dosages into a computer system.
- Security.
- Compatibility issues between prescriber and pharmacy computer systems (e.g., a physician's system might have a different form of drug naming that doesn't match up with the pharmacy's system).
- Lack of business incentive or savings created by using e-prescribing.
- Laws and standards around e-prescribing of controlled substances.
- Lack of confidence in the SureScripts system.
- Pharmacy does not have Internet access.
- Lack of e-prescribing options for compounding pharmacies.