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APhA

October 1, 2009

Agency for Healthcare Research
540 Gaither Road
Rockville, MD 20850
Attention: OMB Desk Officer

[Submitted electronically to: OIRA_submission@omb.eop.gov]

RE: AHRQ Proposed Collection Project: "Health IT Community Tracking Study 2009."

Dear Sir/Madam:

Thank you for the opportunity to provide comments to the Agency for Healthcare Research and Quality (AHRQ) on its request to the Office of Management and Budget to approve the proposed collection project "Health IT Community Tracking Study 2009," published in the Federal Register on September 1, 2009 (74 FR 45211). APhA, founded in 1852 as the American Pharmaceutical Association, represents more than 62,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, managed care organizations, hospice settings and the uniformed services.

As outlined in the notice, AHRQ is proposing to collect data on electronic prescribing (e-prescribing) as it is a central component to promote health information technology and has the potential to improve patient safety by reducing medication errors. APhA support the use of e-prescribing and agrees that there are benefits to utilizing e-prescribing because of the potential to increase efficiency, enhance patient safety, and provide users with access to critical patient information. However, successful implementation requires the resolution of implementation challenges related to the effective design and utility of the user interfaces for e-prescribing software systems used by prescribers and pharmacies. E-prescribing is not a fool-proof solution for preventing prescription order errors. Unfortunately, an increasing number of new errors are associated with and unique to e-prescribing.

We believe that AHRQ's focus on e-prescribing is timely given the increasing efforts to expand the use of e-prescribing through incentive programs authorized in the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA, P.L. 110-275) and the American Recovery and Reinvestment Act of 2009 (ARRA, P.L. 111-5). We agree with AHRQ's description of current, but limited, research showing that not all e-prescribing systems have the full range of e-prescribing features required under MIPPA; that even when the features are available,

prescribers face barriers to implementing them effectively; and even when they are implemented at the practice level, prescribers may not use them.

Therefore, we support AHRQ's efforts to conduct qualitative research designed to collect data on issues that facilitate or create barriers to the effective implementation and use of e-prescribing. In addition, we support the focus on how features required under MIPPA are being implemented and used by prescribers and pharmacists. However, we strongly recommend expanding the research questions to capture data on the quality of the prescriber and pharmacist user interfaces built into e-prescribing systems and the quality of the e-prescriptions that these systems generate.

APhA continue to receive feedback from our members on transmission and translation errors related to e-prescribing. APhA recommends that AHRQ researchers consider the following issues that continue to limit the effectiveness, safety, and efficiencies of e-prescribing:

- Confusion over what a "certified" e-prescribing software system/vendor means for the quality of an e-prescribing system.
- Unrealistic views of the quality of e-prescriptions in the current market.
- Significant number of telephone calls from pharmacists to prescribers to address e-prescription errors and to seek clarifications.
- Administrative, workflow, and financial burdens on pharmacists/pharmacies to address errors and to seek clarifications.
- Unfair financial burdens on pharmacies for all transaction fees related to the transmission of e-prescriptions (original, two-way follow-up, and re-sent/corrected).
- Potential to reduce e-prescribing errors and improve patient safety if the indication of use/diagnosis is included on e-prescriptions.
- Lack of authority from the Drug Enforcement Administration (DEA) to allow e-prescribing of controlled substances.
- Ongoing need for feedback data on the quality of e-prescriptions not just the quantity being transmitted.
- Design issues with computerized physician order entry (CPOE) systems:
    - E-prescribing systems may lack initial and/or ongoing user training/support.
    - User interfaces contribute to errors.
    - Drop down menu functionality errors – wrong drug/dose/directions/pharmacy selection.
    - Transmitted with dual directions – drop down and free text.
    - Transmitted with missing patient, prescriber and/or prescription information.
    - Final screen review of a complete e-prescription may not be available before transmission.
    - Patient confusion with selection of a pharmacy at point-of-prescribing.
    - Transmission fails to arrive at the pharmacy.
    - Unintentional transmission to a pharmacy (did not mean to send).
    - Transmitted for a controlled substance (not allowed by DEA).
    - Limited utilization or functionality of two-way communication between prescribers and pharmacists (follow-up communications).
- Design issues with pharmacy operating systems:
    - Re-keying by pharmacist of all or some of the e-prescription information into the pharmacy operating system (lack of auto-population).
    - Viewing of a complete e-prescription may require multiple screens.

- Receiving e-prescriptions for controlled substances (not allowed by DEA).
- Limited utilization of two-way communication between pharmacists and prescribers due to interoperability and/or transaction fees (pharmacists opt to utilize phone).

Finally, as implementation of e-prescribing moves forward, e-prescribing should not create additional administrative or financial burdens on pharmacies or pharmacists. In addition, e-prescribing should be treated as more than just an electronic transaction (e.g. it is not simply a one-way transaction like an online bill payment). All efforts to increase the utilization of e-prescribing must ensure that systems are in place to protect patient safety and the ongoing health care interactions among the patient, prescriber, and pharmacist.

Again, we are encouraged by AHRQ's focus on better understanding the facilitators of and challenges to the use of e-prescribing systems by prescribers and pharmacists. APhA is willing to meet with AHRQ to discuss these issues and to help identify ways to capture both the utilization of e-prescribing and the quality of the e-prescriptions being transmitted from prescribers to pharmacies.

Thank you for the opportunity to comment on the proposed e-prescribing research project. We look forward to working with AHRQ on this important issue. If you have any questions or require additional information, please contact Marcie Bough, Director of Federal Regulatory Affairs, at (202) 429-7538 or at MBough@APhAnet.org.

Sincerely,

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