

# Improving the Quality of Electronic Prescriptions



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## Brief History of Surescripts Clinical Quality Improvement Activities

### Surescripts Has Responded to User Identified Problems

- Quantified the problem
  - Reviewed 100,000 electronic prescriptions to understand the scope
- Created Quality Guidelines and our own standardized scoring methodology and error terminology
- Implemented Quality Management System
  - Quarterly vendor report cards provide continuous tracking of Clinical Quality metrics with the goal of improving patient safety, increasing efficiency, and reducing cost

# Surescripts Quality Management Program

- The Surescripts Quality Program covers
  - Internal Surescripts quality management
  - Entire end-to-end e-prescribing process
- Staffed with Pharmacists, Certified Pharmacy Technicians, Technologists, and Six Sigma quality experts
- Addressing new prescription clinical accuracy is the highest priority



# Clinical Quality Program – Current Activities

## ■ Clinical Quality Reviews:

- Millions of prescriptions reviewed quarterly
- Clinical quality scorecards distributed to all physician tech vendors quarterly
- Best Practices promoted to reduce errors and improve quality scores
- Daily engagement with vendors to discuss quality concerns and share Best Practices

## ■ White Coat of Quality Program

- Recognizes vendors who have made significant improvements in technology or process toward the goal of “zero errors”
- White Coat Quality awardees perform better than their peers



<u>Year</u>	<u>Recipients</u>
2013	51
2012	72
2011	64
2010	4

# Sample Quality Scorecard: E-Prescription Content for 4th Quarter 2013

This assessment and comparative information is provided to help [your organization] determine an appropriate course of action to address and advance the quality content of electronic prescriptions generated by your clients.

Participant Account Name					
The sample includes up to 300 prescription messages selected at random that were transmitted between October 1, 2013 and December 31, 2013.					
Quality Metric	Q1 2013 Percent of Prescriptions with QREs	Q2 2013 Percent of Prescriptions with QREs	Q3 2013 Percent of Prescriptions with QREs	<b>YOUR SCORE</b> Q4 2013 Percent of Prescriptions with QREs	<b>Q4 2013 Best In Class</b> Percent of Prescriptions with QREs
Drug Description	no data	no data	no data	3.7%	0.0%
SIG / Notes	no data	no data	no data	2.3%	0.0%
Quantity Qualifier/ Potency Unit Code	no data	no data	no data	84.7%	0.0%
Days' Supply / Quantity	no data	no data	no data	0.0%	0.0%
Date Written	no data	no data	no data	0.0%	0.0%
Coming soon in this report: Duplicate Content Messages, Duplicate Sender Message IDs, Directory/NewRx Demographic Mismatch, and NDC/Drug Description Mismatch					

See [Surescripts Best Practice Guidelines and Checklist](#) for ways to improve your scorecard results.

# Improving E-Prescription Quality

## Finding the correct Prescription Medication Name

### ■ Observed Behavior:

- Selection of placeholder medication name and then clarifying information in the Notes
- Free texting of prescription medication name

### ■ Solution:

- Regular drug database updates at the practice and/or by the prescriber technology vendor
- Limit prescriber's ability to free text prescription medication name
- Standardize Drug Descriptions across the electronic prescribing industry

## Use of Patient Direction (Sig) Builder tool

### ■ Observed Behavior:

- Supplementary or conflicting Sig information is populated in the free text Notes field

### ■ Solution:

- Adoption of Structured Codified Sig Standard
- Ability to append free text Sig to the structured Sig generated by the Sig Builder tool and NOT in the Notes field

# Improving E-Prescription Quality

## Proper selection of Quantity and Quantity Qualifier (QQ) values

### ■ Observed Behavior:

- Receipt of generic and / or non-metric QQ value can result in a clarification call back.

### ■ Solution:

- Display available commercial package sizes along with corresponding metric Quantity / QQ to the end user; send the selected metric QQ value in the outbound message
- Accurate mapping of proprietary drug database codes to NCPDP QQ code list
- Example:
  - Drug Description Name: Amoxicillin 250/5 mg/ml Suspension
  - Quantity = “1”, QQ = “EA” (Each) should be sent as Quantity = “100” and QQ = “mL”

## Consistent Use Final Prescription Review Screen

### ■ Observed Behavior:

- Receipt of incomplete and ambiguous prescriptions at the pharmacy resulting in call backs

### ■ Solution:

- Enforcing the use of the final review screen will enable the prescriber to view the prescription content as received by the pharmacy

# Improving E-Prescription Quality

## Conflicting Days Supply and Quantity Information

### ■ Observed Behavior:

- Conflicting information (Quantity: 30, Days Supply: 45, Sig: Take 1 tab daily)
- Default values in Days Supply – “0”, “365”

### ■ Solution:

- Days Supply is an optional field that does not have to be sent
- Should include “length of therapy per Rx fill” and not include default values
- Vendors must conduct Clinical Decision Support checks and alert prescribers

## Clinical or Conflicting information sent in the Free text Pharmacist Notes field

### ■ Observed Behavior:

- Often times Sig (conflicting or supplementary), Quantity, Days Supply is sent

### ■ Solution:

- Appropriate labeling of the Notes field and end user training
- Codification of the Notes field



# Quality Improvement Priorities

- Drug Identifiers
  - Adoption of RxNorm Drug Identifier and its appropriate usage
  - Elimination of NDC to Drug Description discrepancies
- Implementation of RxChange and CancelRx Messages
- End User Training Requirement
- Proper Physician and Pharmacy Directories
- Full Implementation and Utilization of the Coordination of Benefits (COO) – Patient Benefits
- Full Implementation and Utilization of the Observation (OBS) Segments
- Transmission Drug Use Evaluation (DUE), Diagnosis and Allergy
- Duplicate Prescription Messages
- Prescription Delivery Monitoring
- Date Written



# Continuous Quality Improvement Efforts

- Active involvement with various NCPDP task groups and work groups to enhance the current Standard and create Best Practice recommendations
- Quality requirements in Surescripts Implementation & Certification Guides
- Clinical Quality Report cards and continuous engagement with vendors to highlight quality issues and provide Best Practices
- Proactive logging of Quality cases based on data review
- **Report Issues by logging Quality Support Cases**
  - E-prescribing is a work in progress.
  - In order to improve your experience all stakeholders concerned should be apprised of the problems you face
  - Consistent logging of Support tickets so that all stakeholders are made aware and problems get fixed at the global level

# Questions?