
Improving the Prescribing Process

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SureScripts was formed to connect retail pharmacies in the US with physician practices to facilitate electronic prescribing

- ◆ Based in Alexandria, VA
- ◆ Incorporated in August 2001
- ◆ Formed by:
 - NACDS (large chains)
 - NCPA (independents)
- ◆ Organized to support a strategic industry alliance to:
 - Improve the overall prescribing process
 - Enable widespread pharmacy prescribing connectivity (local and national)
 - Promote true electronic connectivity between physicians and pharmacies



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

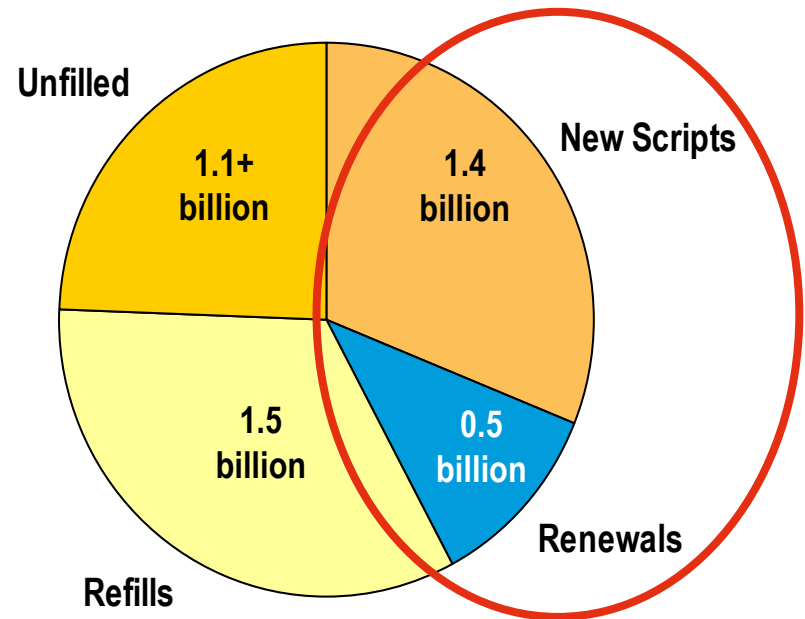


**National
COMMUNITY
PHARMACISTS
Association**

- Over 75% of the nation's chain and independent pharmacies have endorsed and are committed to connecting to **SureScripts Messenger™ Services**
- Over 20% of the nation's pharmacies are currently completing the SureScripts certification process to become SureScripts Certified pharmacies.

The Number of Prescription Transactions in 2003 for the United States are projected to exceed 3.4 Billion

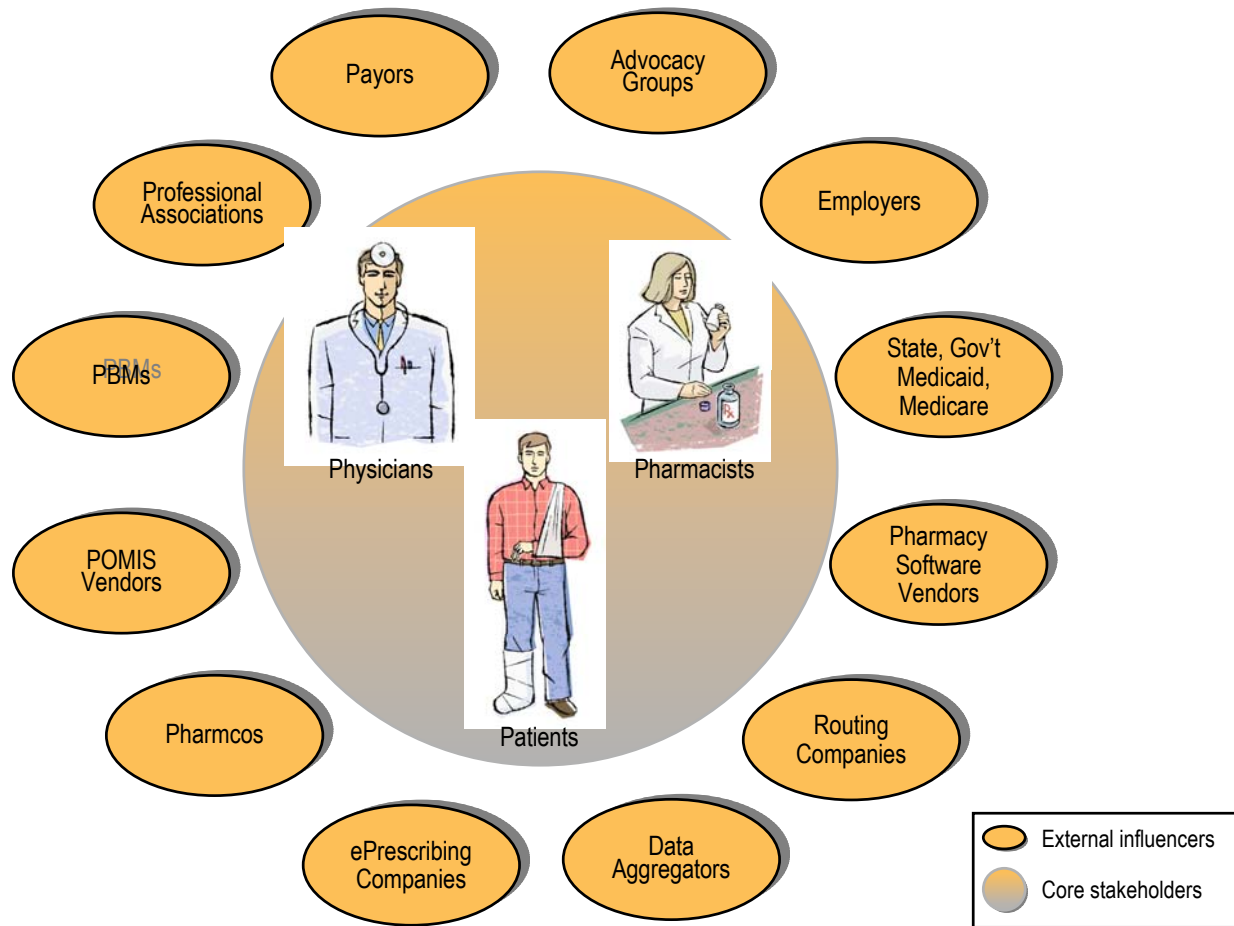
- ◆ 56% or 1.9 billion of prescription transactions (New and Renewal Scripts) require communication between pharmacies and physician offices.
- ◆ Need for stronger compliance programs due to over 1 billion projected prescriptions unfilled in 2003.
- ◆ Current renewal process is driving the need for a more efficient communication between pharmacy and physician.



3.4 Billion Total Filled Prescription Transactions in 2003

Sources: NACDS 2001 industry profile; Health Strategies Group, "Pharmacy Benefit Management: Competitive and Industry Analysis" (2001)

Three stakeholders are at the core of the prescribing process, although many influencers exist



Any solution must first focus on core stakeholders



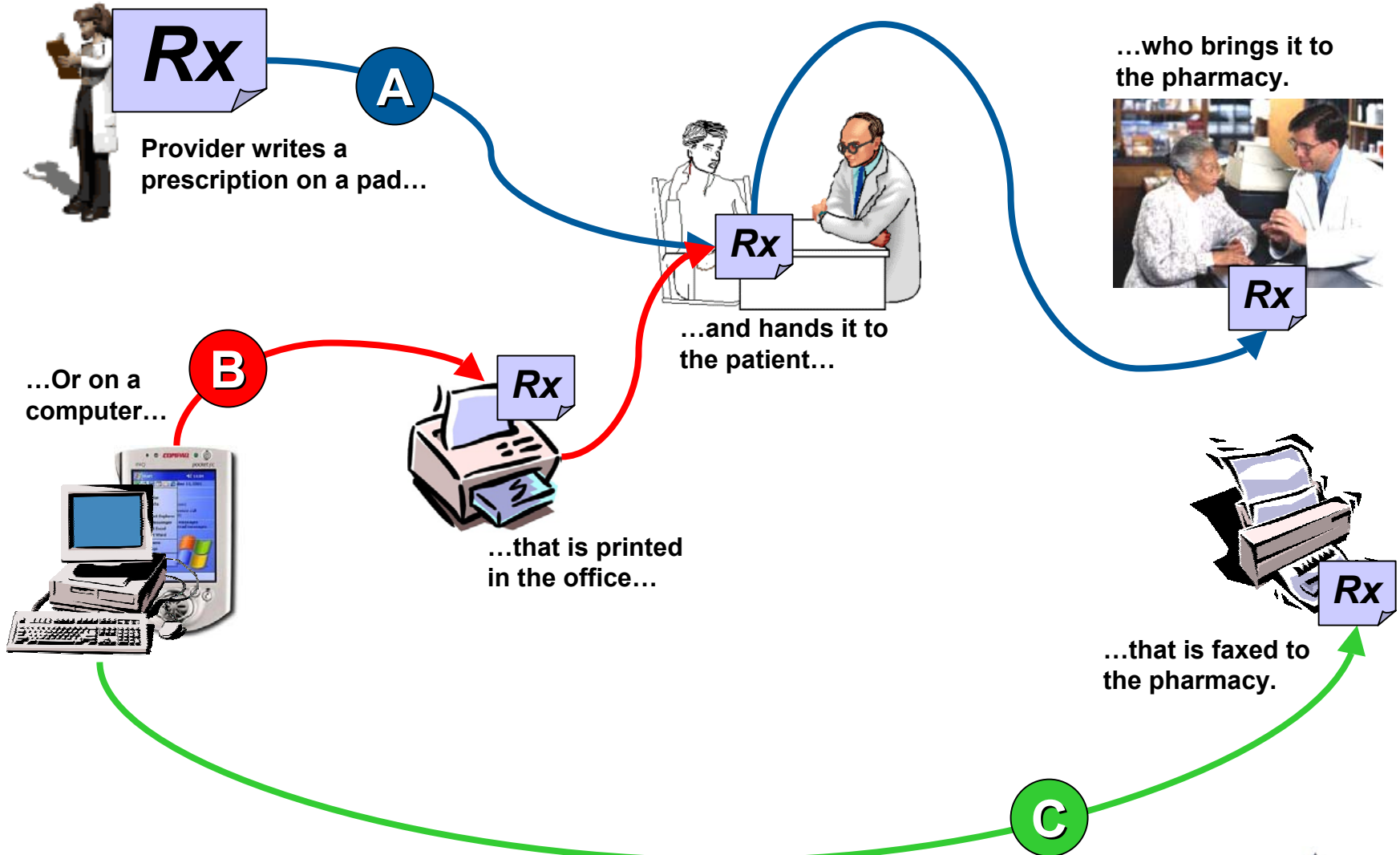
Connecting you and your local pharmacies for...

- ◆ Saving physician offices time and money
- ◆ Less hassles and errors
- ◆ Better quality of care and service for patients

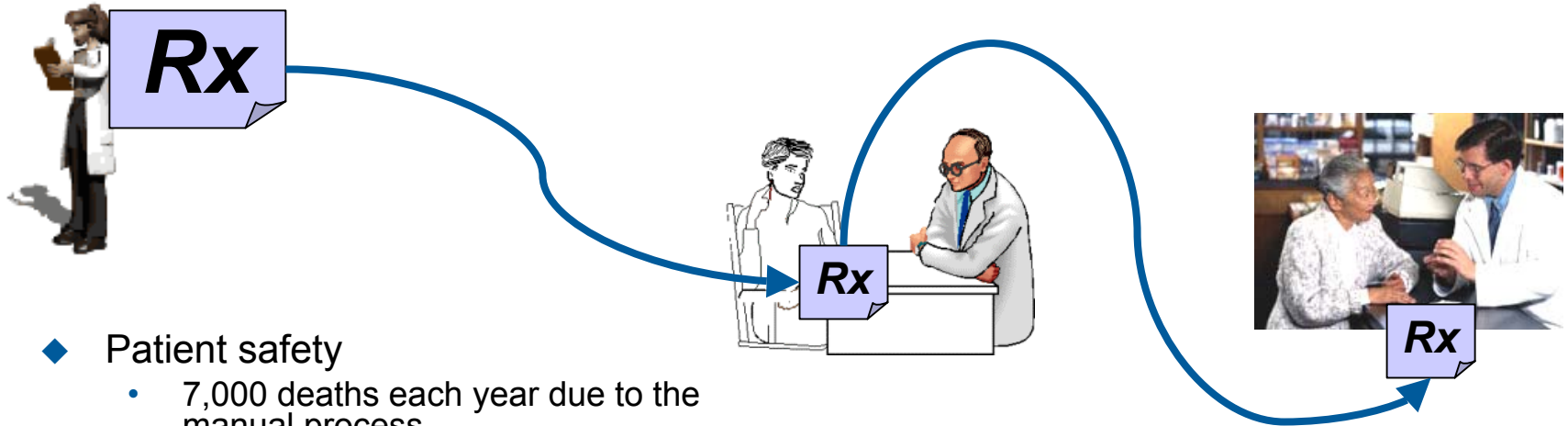


 **SureScripts**
The prescription for better healthcare™

Today, prescriptions still generally follow traditional routes

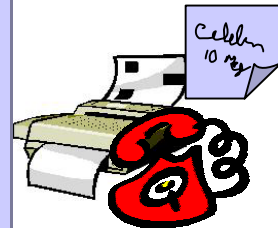


The current system causes a number of serious problems

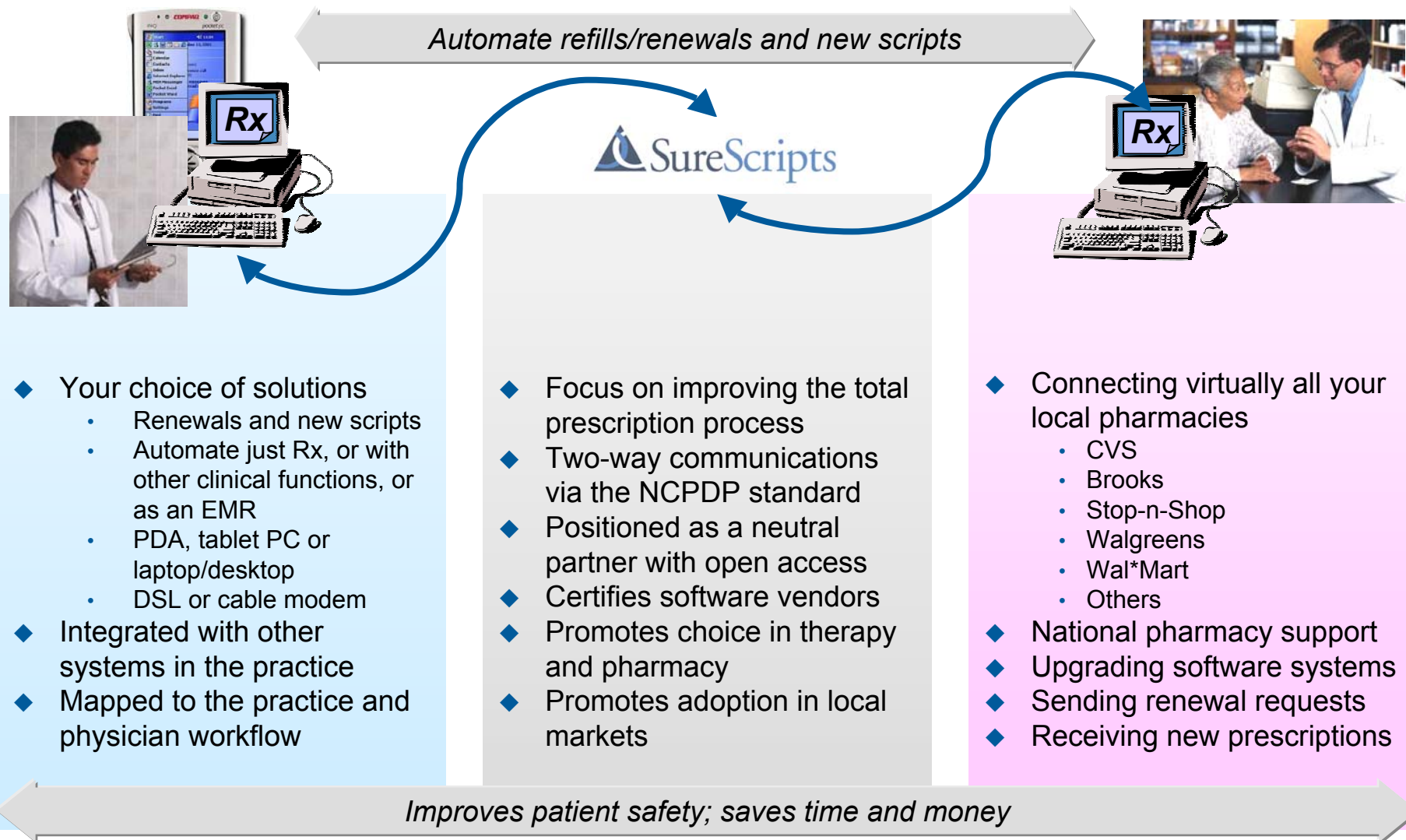


- ◆ Patient safety
 - 7,000 deaths each year due to the manual process
 - Between 1.5%-4.0% prescriptions are in error with serious patient risk
- ◆ Quality of care
 - 1.1 billion scripts are never filled
 - Patient satisfaction issues
- ◆ Cost of errors: \$2 billion / year
- ◆ Impact on productivity
 - Physician time: 1 hour per day (est.)
 - Physician staff: 3 hours per day (est.)
 - Pharmacy: 4 hours per day (est.)

- Illegible handwriting
- Phone tag and fax tag
- Patient waiting in the pharmacy



True end-to-end electronic communications will improve the prescription process.



Historical barriers to adoption of electronic prescribing are being addressed.

- ✓ Critical mass is now achievable (pharmacies and physician practices)
- ✓ True connectivity-practice computers to pharmacy computers with NCPDP standard
- ✓ Solutions are integrated with practice management and pharmacy systems
- ✓ Complete solutions are now available, new scripts and renewals,
- ✓ No practice workarounds for workflow and data integration
- ✓ Hard \$ benefits and return on investment
- ✓ SureScripts assures practices a choices from limited set of certified software products [Vendors are certified on their technology and usability]
- ✓ Services and support offerings are certified

Despite the fact 3 billion prescription transactions take place in the U.S. each year, the vast majority of them remain offline today as the required networks linking the practice, providers, and pharmacies remains a challenge to be addressed by market forces. (Manhattan Research, LLC)

SureScripts has validated that adoption of electronic prescribing is best achieved through a phased approach

Step 1: Renewals

- ◆ Initiated at pharmacy
 - Patient call
 - Practice message
- ◆ Secure messaging
 - Pushed from pharmacy
 - Facilitate HIPAA compliance
- ◆ MD authorizes via:
 - Staff
 - MD's device or PC
- ◆ Script history by patient

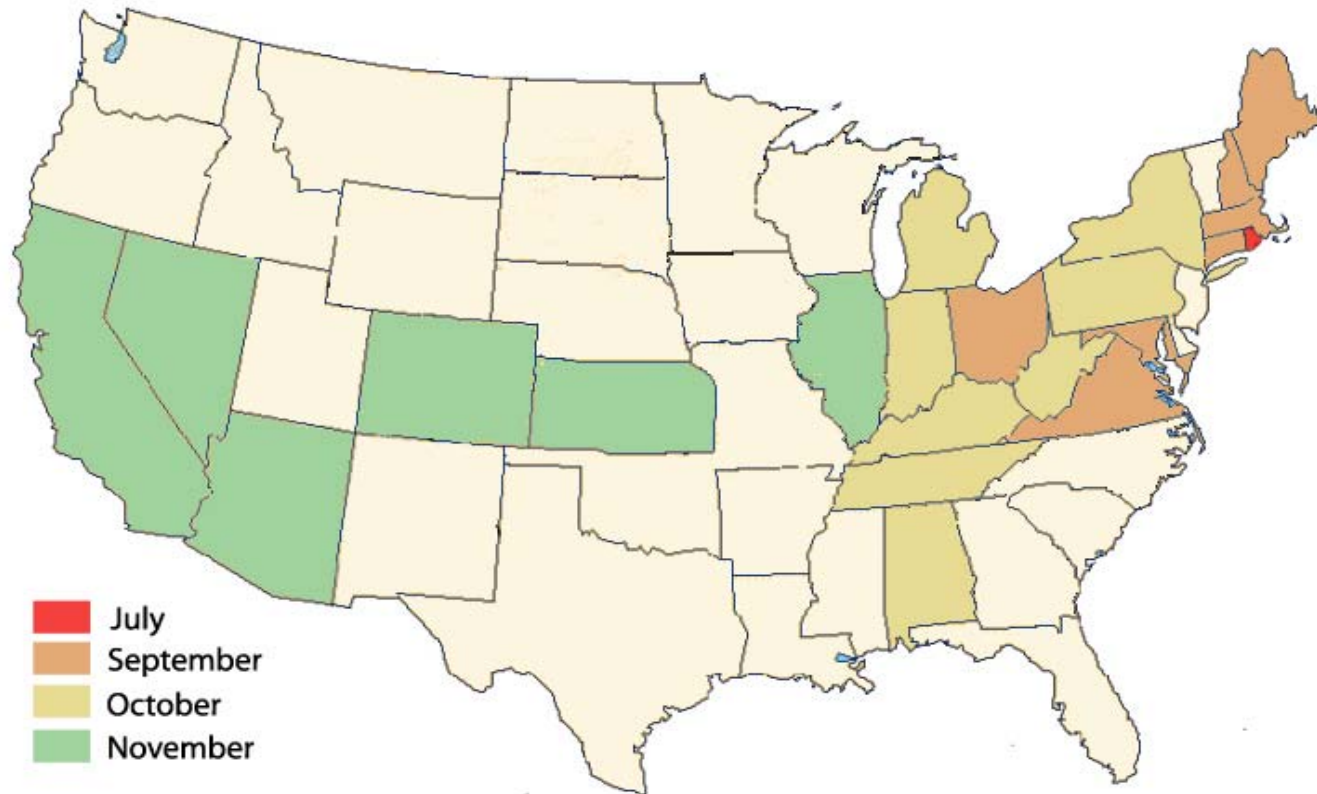
Step 2: New Rx

- ◆ Electronically generated by:
 - Prescriber
 - Support staff
- ◆ Checks for:
 - Drug interaction
 - Formulary (Y/N)
 - Prescriber ID
- ◆ Assures:
 - Intended Rx content
 - Intended destination Pharmacy of patient's choice
- ◆ Rx ready and waiting
 - Easier than calling it in
 - May encourage pick up

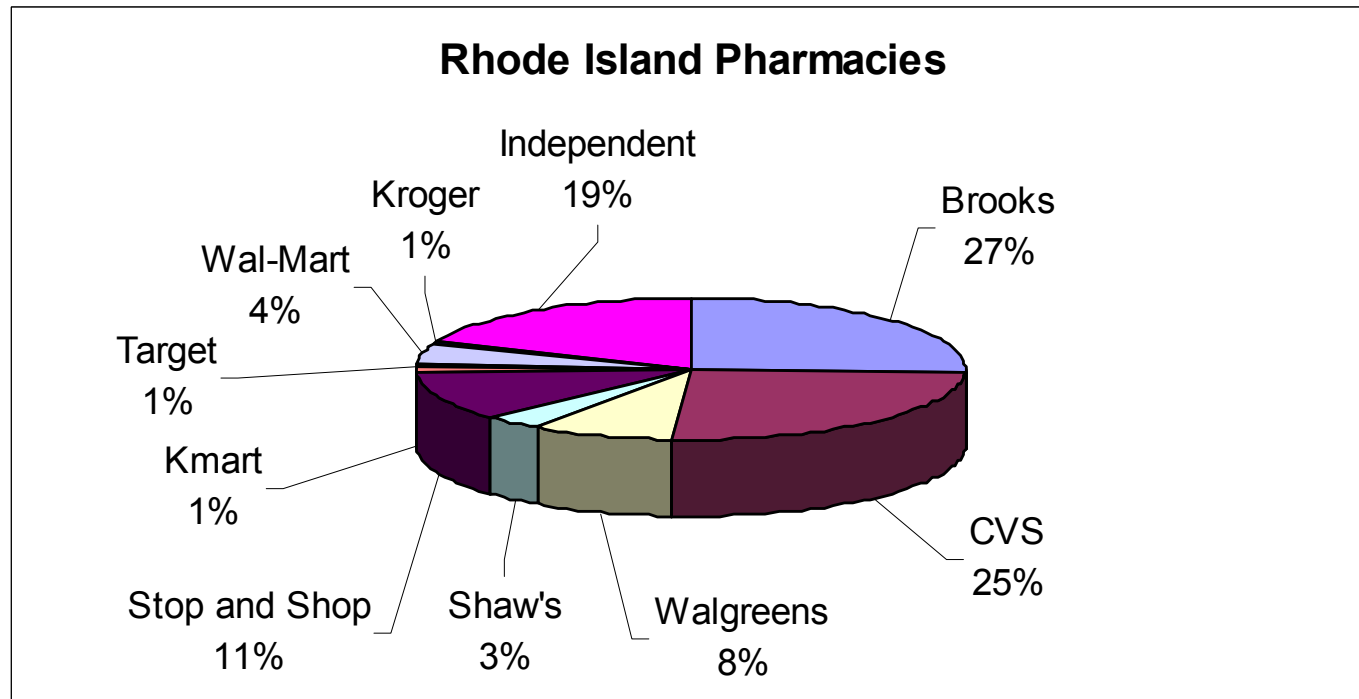
Step 3: Future Services

- ◆ Compliance monitor
 - Tracking unfilled Rx's
 - Tracking timing of refills
- ◆ Complete patient Rx history
 - Across the practice
 - Across community
 - Primary care*
 - Specialties*
 - Interaction checking
- ◆ Patient access
 - Messaging for refills/renewals
 - Access to history and related information
- ◆ Platform for additional clinical computing
 - Lab results
 - Charge capture
 - EMR

Over 50% of the nation's community pharmacies will have the ability to participate in end-to-end electronic prescribing in 2003!

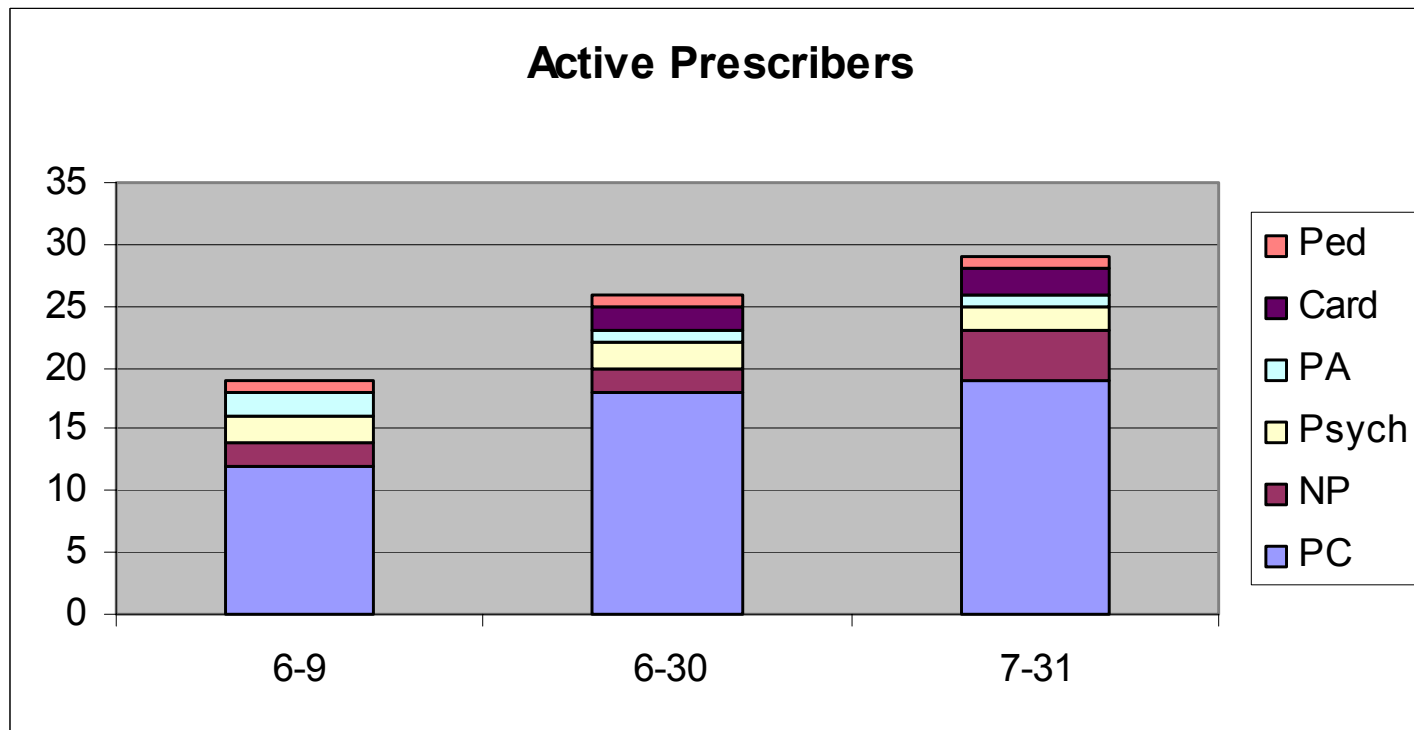


The Rhode Island electronic prescribing initiative sponsored by the Rhode Island Quality Institute launched with early testing June 9, 2003



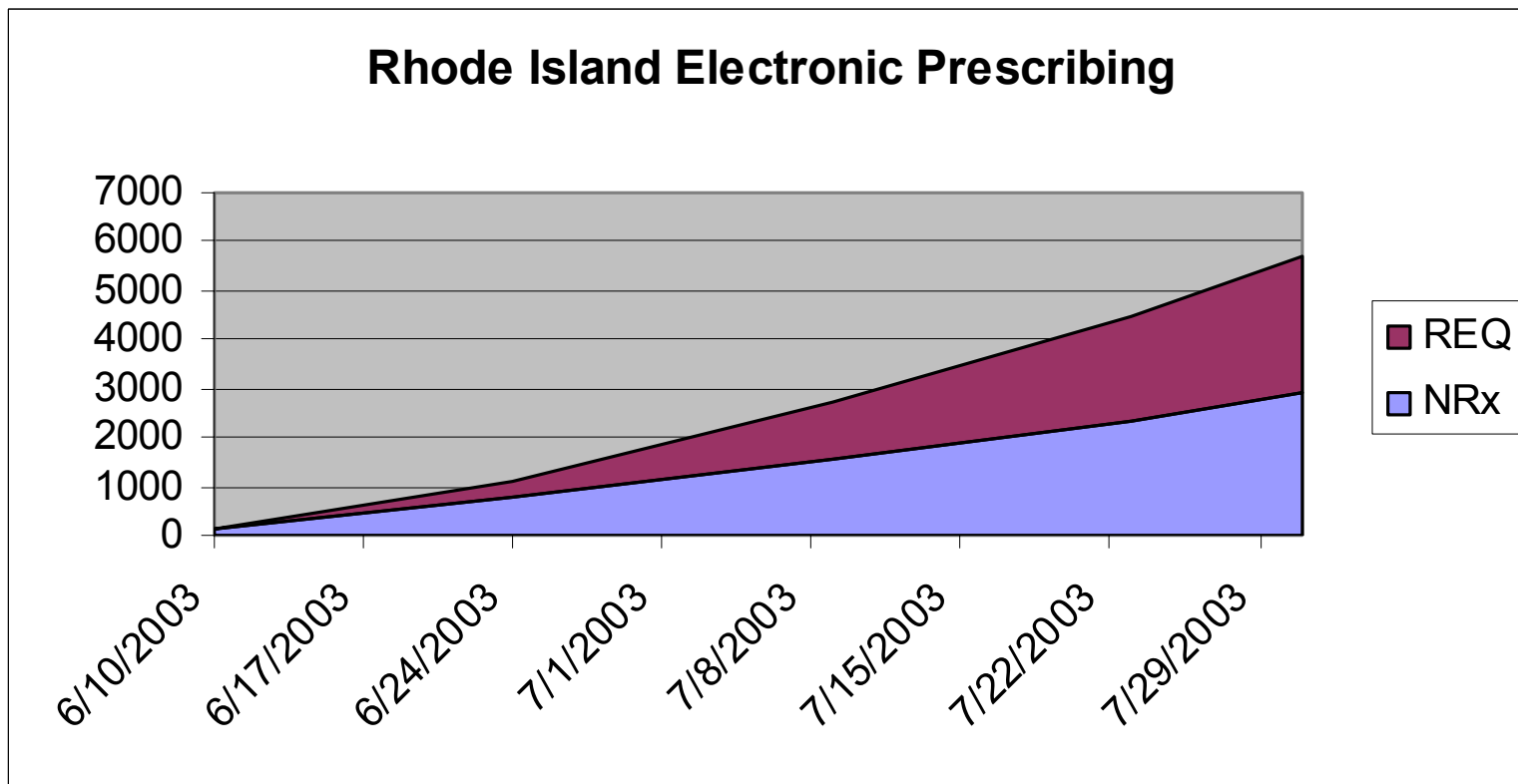
Prescriptions from physician offices are faxed to pharmacies who are not connected through SureScripts.

Early Test Participation: Currently there are 29 prescribers actively using the electronic prescribing system.



Prescriber activation has been controlled during the early phases of the introduction. Primary Care and Nurse Practitioners represent the majority of prescribers.

Through July 31, the participating pharmacy and physician partners have generated over 5700 electronic prescriptions.



Physicians and patients will realize the benefits of *true* electronic prescribing.

- ◆ **Providing true connectivity to more than 75% of pharmacies**
 - Including Brooks, CVS, Stop & Shop, Walgreens, Wal-Mart and many independent pharmacies
- ◆ **Improving efficiency**
 - Minimizing time spent phoning and faxing to clarify prescriptions and authorize renewal requests
- ◆ **Increasing staff productivity**
 - Simplifying staff workflow, allowing completion of refill authorizations in seconds, not hours
- ◆ **Improving safety and quality of care**
 - Potential to reduce errors due to misread prescriptions and medications with similar-sounding names
- ◆ **Increasing Patient satisfaction**
 - Decreasing pharmacy wait times while improving safety

OnCall/Data[™]

 **SureScripts**
Certified Solution[™]