

# The Hubbub About RxHub

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**D**o physicians in your organization complain about the prescription-writing process with all of its inherent “handoffs” and potential problems? Do patients in your organization voice their concerns about filling prescriptions in a convenient and safe manner? Does your pharmacy always search for ways to improve productivity in the prescription delivery process? Does your leadership look for ways to reduce administrative time and associated costs?

Imagine a tool that could connect these stakeholders—patients, physicians, pharmacists, and administrators—at all levels. Perhaps one such entity is already on the near horizon.

A company called RxHub, based in St. Paul, Minnesota, might be coming to a geographic region near you soon. RxHub was founded in February 2001. According to its literature,<sup>1</sup> the three leading pharmacy benefit managers (PBMs) in the U.S.—AdvancePCS in Irving, Texas; Express Scripts, Inc., in St. Louis, Missouri; and Medco Health Solutions, Inc., in Franklin Lakes, New Jersey—jointly founded RxHub, LLC, to solve industry-wide problems associated with the flow of information between all parties in the prescription-delivery process. The three founding companies are funding RxHub.

With the clout of these nationally prominent PBMs in today’s market, the company’s vision involves creating a nationwide electronic information exchange that provides benefits for everyone in the prescription chain. This is, of course, a laudable goal from the perspective of every P&T committee.

How will RxHub implement its vision, and what structure will it use to fulfill its stated goals? Let’s examine the components of RxHub and perform a brief stakeholder analysis.

It is the goal of RxHub to deliver on the promise of electronic prescribing with a nationwide information exchange that will connect prescribers, pharmacies,

and PBMs.

The company’s electronic information exchange operates in real time as physicians prescribe drugs for their patients. Physicians and other health care providers can access this vital patient information (i.e., an up-to-date medication history and pharmacy benefit details), which is readily available at the point of care. Information about the patients is transmitted securely over a standardized channel and is subject to strict privacy controls consistent with Health Insurance Portability and Accountability Act (HIPAA) requirements and with federal and state laws.

With the power of AdvancePCS, Express Scripts, and Medco Health Solutions in the market, RxHub is well situated, in my view, to achieve its goals of bringing the prescribing industry together and advancing the delivery of patient information in order to reduce medication errors and improve the overall process of prescription writing. The firms provide a “critical mass” of all participants involved in the prescribing and fulfillment process, including physicians, pharmacists, health plans, and PBMs. RxHub represents a joint venture of these three giants and thus should enable them to tackle, on a nationwide basis, our epidemic of medication errors.

Several key products are available:

1. *RxHub PRN* (Physicians Reducing Negative Events) provides doctors in the *ambulatory* setting with patient-specific medication histories and pharmacy benefits information at the point of care. Prescribers will be able to access information about their prescription coverage from participating payers and PBMs using their practice’s technology, such as computers, personal digital assistants (PDAs), or paper printouts that can be placed in the patients’ charts.<sup>1</sup>
2. *RxHub MEDS* (Medication and Eligibility Delivery Solution) is a new

service that provides physicians with convenient access to up-to-date medication histories for their patients in an *inpatient* setting. The service begins with a directory program that routes the request to the appropriate data source. This directory, which contains the drug benefit eligibility status (but not the medication history) of 120 million insured patients, is unprecedented in the health care industry. These physicians will be able to quickly access outpatient drug histories if the patients are enrolled as members of a health plan served by one of the three founding PBMs.<sup>1</sup> Although the drug history would be available only for members who choose to participate, many health plans and employer groups have long sought to provide this type of information to physicians in inpatient settings to reduce medical errors.

3. *RxHub SIG* (Script Information Gateway) provides direct electronic delivery of new prescriptions from prescribers to the *pharmacies* that patients choose. Pharmacies can then send renewal requests or change requests to prescribers and receive an immediate electronic response.

I believe that these three components, taken together, represent an important advance in our ability to tackle the epidemic of medication errors as well as to improve the overall quality of medical care delivered in our country.

From a stakeholder perspective, then, RxHub has many potential advantages; for example:

1. Patients would be able to visit the pharmacy of their choice and to use their prescription drug benefits in a wide geographic area. They might also be able to receive safer medical care and to avoid the hassles of prescription delivery.
2. Physicians and other prescribers

would be able to use any electronic prescribing device of their choice and, it is hoped, to deliver the safest possible medical care that is based on the patient's prescription drug benefits and medication history where applicable. This program would also save time in the prescribing and renewal process.

3. Pharmacies would be able to increase their productivity in the prescription-delivery process and to help prescribers deliver the highest-quality medical care. They would be able to participate in the national effort to improve the overall quality of patient care.
4. PBMs and various types of health plans would improve formulary compliance, thereby reducing overall health care costs. They would be able to achieve more efficient generic and therapeutic interchanges, and this would contribute to improvements in quality and cost reduction.
5. RxHub would probably reduce overall administrative time and costs within the system as a whole.

Surely, there will be naysayers who will be appropriately concerned about the incredible latent evaluative power represented by the three PBMs. Imagine having unauthorized access to the medication histories of 120 million enrollees across the nation. Others might say that this represents a self-serving attempt by these powerful organizations to further their own marketing agenda.

From my perspective, however, the proof is in the pudding! RxHub does represent a powerful new way to attack some of our major national health care dilemmas, especially with regard to medication errors and spiraling health care costs. These social challenges require innovative and, sometimes, provocative solutions. I am hopeful that RxHub will allow outside neutral, third-party researchers to evaluate the outcomes of its work and to press forward with an important health services research agenda.

RxHub is headed toward a town like yours in the near future. Is your P&T committee ready and willing to engage this company in an open and productive dialogue?

For further information about RxHub, please visit the company's Web site,<sup>1</sup> or contact Rochelle Woolley by telephone (651-855-3018) or by email (chelle.woolley@rxhub.net).

As usual, you can reach me at my email address, david.nash@jefferson.edu.

### REFERENCE

1. RxHub. Available at: [www.rxhub.net](http://www.rxhub.net) Accessed August 12, 2003.

