The Leap to Electronic Prescribing

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By now, I'm sure that most readers are aware of the Leapfrog Group (known for its work in patient safety and for rewarding higher standards) in Washington, DC. Founded by the Business Roundtable and supported, in large part, by the Robert Wood Johnson Foundation in Princeton, New Jersey, the Leapfrog Group is a critical part of the nation’s effort to improve the quality and safety of health care. Leapfrog represents more than 155 large health care purchasers, including some of the biggest companies in the U.S., who cover more than 34 million employed Americans and spend more than $62 billion in health care annually.

Although a detailed review of Leapfrog’s agenda is beyond the scope of this editorial, its key current mission is to trigger giant leaps forward in the safety, quality, and affordability of health care by supporting informed health care decisions by those who use and pay for health care and promoting high value health care through incentives and rewards.1

Leapfrog has achieved a modest level of success in approaching these laudable goals. I am intrigued about one of its future leaps, which I will discuss now.

Leapfrog hopes to coordinate its physician office clinical decision support agenda with the Centers for Medicare & Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ). Through this national coordinating effort, Leapfrog hopes to establish key guidelines for electronic prescribing and electronic laboratory results management.

For example, the rationale for electronic prescribing, based on Leapfrog’s agenda, is as follows:

e-prescribing systems have the potential to improve quality and safety by eliminating legibility problems and reducing the recurrence of drug interactions, dosage errors, and other adverse effects. By guiding prescribing based on the computerized assessment of patient and medication information, we can improve the overall quality of pharmaceutical delivery.1

As a result of these goals, Leapfrog will eventually call for the adoption of an electronic prescribing system in all outpatient settings. Leapfrog believes that decision support should be based on drug reference information, and it should have patient-specific decision support capabilities, which would include data such as the patient’s age, weight, medications, diagnoses, allergies, and the like.

Leapfrog also calls for the use of printed paper prescriptions or electronic transmission, compliant with the National Council for Prescription Drug Programs, to be sent to the pharmacy of choice. Of course, these aforementioned goals are wide-ranging, and they could have a dramatic impact on the work of P&T committees in every sector across the country.

Leapfrog contends that errors in managing laboratory results are common. As a result, electronic laboratory-management systems have the potential to improve quality and safety by making a practitioner aware if lab test results, which have been received, have not been reviewed or shared with the patient and by reducing unnecessary test ordering by giving practitioners easier access to prior lab results.1

Again, these are clearly laudable and important goals. What will Leapfrog recommend in the future?

Leapfrog hopes to embrace a reward system for ambulatory practices that supply the management of electronic laboratory results. The group will be evaluating practices that track (1) whether the results have been reviewed by the practitioners; (2) whether they have been communicated to the patient, either electronically or via telephone; and (3) whether the findings can be stored and retrieved in a database-structured format.

I believe that the linkage between Leapfrog, CMS, and AHRQ is a powerful cultural incentive to change the very nature of prescribing behavior in the outpatient or ambulatory settings. Leapfrog’s membership and its market leverage put it in a unique position that may radically alter current prescribing behavior.

I urge all P&T committees to learn more about the work of the Leapfrog Group—specifically its electronic prescribing initiative, its electronic laboratory-management system, and its planned electronic care reminders. You can learn more about the Leapfrog Group by visiting its Web site at www.leapfroggroup.org.

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.

REFERENCE

1. Presentation by Greg Belden, Senior Program Associate, fourth annual P&T Society Meeting, April 22, 2004, Washington, DC.