Huron Valley Physicians Association
How E-Prescribing Can Improve Care Coordination

CASE STUDY
Rcopia

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Organizational Overview

Huron Valley Physicians Association (HVPA) was incorporated in 1985 as an Independent Physician Association (IPA). Today it has more 630 physician members practicing in four Michigan counties. Approximately 25 percent of HVPA members are primary care physicians (PCPs), and 75 percent are specialists.

According to Healthplan Employer Data and Information Set (HEDIS®) measures, HVPA scores among the highest performing physician groups in the nation, yet its pharmacy expenditures have been at or below the national average.

Challenge

In 2007, HVPA was evaluating e-prescribing vendors. At the same time, HVPA was participating in Blue Cross/Blue Shield of Michigan's Physician Group Incentive Program (PGIP), which had also identified e-prescribing as one of their initiatives. Additionally, the "Big Three" automakers— General Motors, Ford and Chrysler— got behind e-prescribing and encouraged large physician organizations (POs) who had contracts with their medical plan (HAP) to do the same. HVPA wanted to get on board but mail order prescriptions were a new and evolving option for autoworkers, and they wanted a system that could easily accommodate prescriptions at local pharmacies as well as this mail order option. And because HVPA included members ranging from solo practitioners to large group practices, they also sought a system that could easily accommodate practices of varying sizes and specialties in their communities.

Approach and Implementation

Kostoff and her team chose DrFirst®'s Rcopia® Classic as the system to endorse for the HVPA PO. "When I looked through everything, I thought the DrFirst program was the cleanest. It addressed things in a comprehensive way." At Kostoff's request, DrFirst created a robust demo site to introduce e-prescribing to practices within the HVPA system. Kostoff populated the demo site, tailoring it to provider specialties, and then encouraged the offices to become familiar with the demo before they began using the software in their practices.

Kostoff's implementation team also spent time in the provider offices evaluating work flow and analysis. They even demonstrated a range of hardware options, from tablets to laptops and desktop monitors with large screens so that providers could choose the device to best meet their needs. The next step was populating the software for each office. Kostoff's group was already doing population management work with HVPA physicians. Using information from paid pharmacy claims information available on managed care patients and on the network, the implementation team was able to frontload data for the practices.
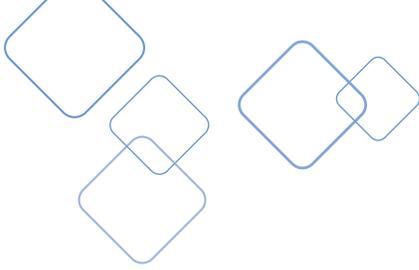
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With a comprehensive data set in place, Kostoff and her team then mined the data and created lists of known "favorites" that they helped each office access and archive. "I actually reverse engineered that list, optimizing for the more common, costeffective drugs I knew were on the formularies. That way it was easier for the physicians to find these medications, rather than picking something that might not be covered and then having to go back and forth with the pharmacy."

Once the medication information was loaded, the next step was helping practices load information on pharmacies. The implementation team found it was easier to get new patients into the system if they had the interface from the practice management system demographics. HVPA practices were allowed a one-way interface from their practice management system to DrFirst.

The implementation also heavily promoted pulling back the pharmacy benefit manager (PBM) history, "We could pull back the fill rates (drugs filled) when patients used some sort of insurance card that was going through the Big Three PBMs, but cash paying scripts weren't there."

So the implementation team taught office staff to pull back this history from the beginning - even adding it to the med list - and then to validate it with the patient. "We found that data to be more accurate than what the doctor thought was on the med list in the chart."

A Quick Return on Investment
"We actually did some time-based studies with our first few PCPs, trying to quantify the reduction in phone calls they received from pharmacies on non-formulary medications. The first several offices that went up happened to be solo practitioners, and the offices were seeing upwards of two hours a day in time savings. Things took off from there."

Favorite Feature
Rcopia's Pharmacy Benefit Manager history and layout are two of Kostoff's favorite features. "The physician can actually order both a 30-day original prescription at the local pharmacy and at the same time, send off the mail order prescription. It's one-stop shopping."

Opportunity for the Organization
Implementing DrFirst's Rcopia offered additional benefits to HVPA. "It gave us exposure to the offices. It was our first step to networkwide IT implementation. It also gave us the opportunity to look at additional benefits such as safety and coordination of care. It's even mandated in some of our protocols that when a PCP refers a patient to a specialist in our network, they save the med list as a pdf."

DrFirst
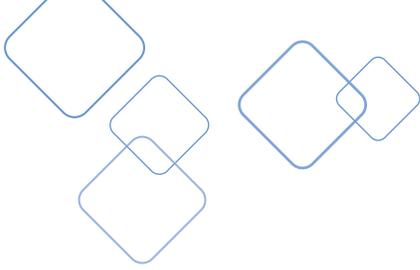
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Improved Community Care

On the community side, e-prescribing with DrFirst's Rcopia offered improved community care as well, "It's allowed improved communication between the physicians and the community pharmacists which has translated into better care for patients. DrFirst also allows printing of a wallet list. We encourage the physicians to review these with their patients and then initial and date them for greater medication safety. You can generate a med list quickly and easily, and save it in multiple formats and get it out into the community where it needs to be."

Not long ago, this feature had a dramatic demonstration: a patient collapsed in her doctor's office and was rushed to the emergency room. The practice was able to print the med list and send it with the EMTs, rather than having to search for the most updated information in the chart. E-prescribing with Rcopia has improved the medical reconciliation efforts in the community as well, "That tool has

improved our knowledge and given us full histories of all patient medications, even if written by a different physician." With DrFirst's Rcopia, Kostoff says HVPA "hit the trifecta": E-prescribing improved patient care. It made the physician's job easier. And it offered a solid ROI.

Summing Up

"When I first started looking at e-prescribing modules for our organization, what I call small "mom and pop" shops approached me and offered free pilots, free everything for a year. But I chose to go with DrFirst. And now, I think only one of those small shops is still standing. DrFirst has proved itself able to manage large organizations. I believe they have staying power, and I would definitely recommend them."