



THE ALLIANCE FOR PATIENT ACCESS

AfPA Position Statement: Restrictive E-Rx Systems and the EMR

The 111th Congress passed the Health Information Technology for Economic and Clinical Health (HITECH) Act. The Act establishes financial subsidies for health care professionals to utilize health information technology, as well as penalties for hospitals and physicians who refuse to comply. Nearly \$36 billion in federal funding has been allocated for this Act.

HITECH is seen as a significant catalyst for the proliferation of the electronic medical record (EMR). The promise of the EMR is to better able healthcare professionals to record and access pertinent information about a patient's health and past treatment. EMR promoters contend that health information technology holds immense promise to improve the quality of patient outcomes by making more information available the time of treatment. The Congressional Budget Office estimates that "all health care spending – both public and private – would decrease" with the use of EMRs by reducing the number of unnecessary tests and procedures, cutting paperwork and administrative overhead, and decreasing the number of adverse events resulting from medical errors.

The stated motivation of promoting EMRs and E-prescribing systems (E-Rx) is to strengthen the physician-patient relationship, improve patient care by allowing physicians to coordinate care across all specialties, and facilitate improved quality management of chronic disease, thereby reducing costs. However, early experience with E-Rx systems suggests that the interests of the insurance industry and other payers, including the government, can compromise those objectives.

Policymakers must examine these potential abuses with the interests of patients in mind. Insurers have great incentive to limit a physician's treatment options by using E-Rx as a way to cut costs and impose "fail-first" policies in which the physician has no clinical discretion and is mandated in every instance to first prescribe the lowest cost treatment available. The patient then potentially has to suffer through prolonged symptoms while he or she "fails" the drug the physician never sought to prescribe in the first instance.

One of the areas the EMR holds promise for expanding patient access is through streamlining the process by which payers preauthorize payment for prescribed therapies. According to a November 2010 American Medical Association survey of 2,400

physicians in the U.S., doctors spend an average of 20 hours per week just dealing with the burden of insurers' prior authorization requirements. Further, the AMA survey found that "nearly two-thirds of physicians typically wait several days to receive preauthorization from an insurer for tests and procedures, while one in eight wait more than a week." Through integration of E-PA systems in the EMR platform patients would have more ready access and not be delayed awaiting lengthy approval processes.

AfPA contends that physicians must retain responsibility for treatment decisions for patients regarding prescriptions and procedures. Quality care cannot exist without access and choice. Accordingly, EMR systems including E-Rx should be provided through a neutral and open platform that does not advance commercial interests of any particular party including the government, the insurance industry, or any manufacturer to the potential detriment of the patient. Further, any E-Rx platform ought to contain electronic prior authorization as part of the mechanism to streamline the processes and improve the time spent by a physician caring for a patient.

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