Beginning March 27, 2015, all prescriptions written in New York State must be submitted electronically. It is a mandate that threatens to catch many dentists off guard and unprepared to comply — potentially leaving patients standing at the pharmacy with worthless paper prescriptions and consuming valuable office resources managing calls to replace them with electronic versions.

E-prescribing is legal in 50 states and has been adopted by 633,000 prescribers nationwide. Few of those are dentists, however, as e-prescribing in the dental industry remains in its infancy.

There are multiple reasons why our industry has been slow to embrace e-prescribing. Many dentists are unsure of how or why to approach e-prescribing, what to expect from the technology, or how best to integrate it into practice workflows.

We write far fewer prescriptions than our physician counterparts, making the cost benefits of adopting the technology more difficult to identify. Further, most dental practice management systems don’t provide medications in a coded format that can be exchanged with pharmacy systems. This is true even with practice management systems that offer stand-alone e-prescribing systems through a third-party vendor partner. The practice management system may interface with the e-prescribing solution, however drug information is not coded to pass bi-directionally between them, which results in two separate patient databases.

**Mandated Compliance**

Not only are there few financial incentives for dentists to adopt e-prescribing, until now there have been few to no legal requirements, nor have we been encouraged to adopt. Minnesota passed legislation in 2008 requiring e-prescribing by 2011, but it is a mandate without enforcement.

That will change in March for New York State’s nearly 14,500 dentists, who will no longer be able to stand on the e-prescribing sidelines. According to guidance issued by the New York State Dental Association, the mandate covers both non-scheduled and controlled drugs, the latter of which requires practitioners to register their e-prescribing system with the New York State Department of Health, Bureau of Narcotic Enforcement. Systems must also meet federal security requirements.

The e-prescribing mandate does not require dental practices to have in place electronic patient record systems. However, it does require the ability to access the Internet by computer, laptop, tablet or smartphone in order to write and transmit prescriptions.

With little guidance on what e-prescribing systems to select, dentists are on their own to identify which work best for their practice needs. The first step in doing so is understanding exactly what e-prescribing is and why it is important enough to warrant government mandates.
E-PRESCRIBING 101

E-prescribing is a technology framework that enables prescribers to write and send prescriptions to a participating pharmacy electronically, replacing handwritten or faxed notes and eliminating the need to call in prescriptions. In Electronic Prescription Standard for Dentistry, the American Dental Association Council on Dental Practice identified a number of benefits from e-prescribing, in particular quality assurance, patient safety and decision support.

Specifically, e-prescribing can significantly reduce medication errors, which occur in 3.3 million outpatient visits and claim an estimated 7,000 lives each year in the U.S. The ADA Council on Dental Practices notes that these errors are caused primarily by illegible handwriting, unclear abbreviations, dose errors, unclear oral orders, ambiguous orders, and fax clarity — most of which are avoided with e-prescribing.

E-prescribing also delivers clinical decision support (CDS), which further reduces preventable errors by cross-referencing medication information to identify drug-drug interactions and drug-allergy reactions. CDS has the potential to “increase the communication between the dentist and the patient, thus increasing access to important reference and patient information, preserving the patient-dentist relationship in the delivery of health care.”

By automating the prescription creation process, e-prescribing systems can also increase productivity and reduce costs.

Despite these benefits, many in the dental industry are reluctant to invest in e-prescribing systems. One reason, as noted previously, is the lack of incentives to do so. Although dentists do qualify for financial incentives through the Electronic Prescribing (eRx) Incentive Program, few practices have patient populations that include the required minimum 30% Medicaid beneficiaries. Another issue is that most practice management (PM) systems do not support e-prescribing, requiring an investment in a replacement or stand-alone system.

BEST PRACTICES FOR SELECTION, IMPLEMENTATION

The intrepid few in the dental industry who have taken the leap into e-prescribing have discovered that these obstacles are far less significant than originally anticipated. The key is to identify a system that works well within the existing workflow and requires minimal upfront investment in hardware, software and ongoing support.

The ADA identified core prescription capabilities of an effective e-prescribing system, including searchable medication lists with available dosage forms, strengths, route, frequency, and duration, as well as directions to the patient, prescriber signature, and the number of authorized refills. Also included are “dispense as written” (DAW) or “substitution permitted” designation, comment field, and PRN field. Other fields include DEA schedule for controlled substances and DEA number for prescriber when issuing a controlled substance prescription, unique identifier for the prescriber (e.g., NPI or TIN number), patient name and address, and date the prescription was issued.

As long as core capabilities are present, the most important aspect of an e-prescribing solution is its ability to interface with the practice’s existing PM system. This eliminates the need to manually enter key data such as patient demographics whenever a prescription is written. Also important is Electronic Prescribing of Controlled Substances (EPCS) certification, which is required to e-prescribe controlled substances in 49 states, as is SureScripts™ certification.

Other important features include access to extensive dental-specific drug databases, such as those found in Lexicomp® Online for Dentistry, and interactive diagnosis tools designed to augment patient care and optimize practice workflows, for example, enabling creation of differential diagnoses for oral lesions and generating lists of medications likely to be safe for your patient. Medication decision support further enhances quality and safety by providing an immediate response to medication questions, alerting to possible interactions and delivering actionable information on alternatives.

The ability to access a patient’s prescription history data from pharmacies, insurance claims and pharmacy benefits managers also increases quality and safety by enabling interaction screenings. Finally, the ability to request information on insurance eligibility and formulary at the time of prescription lets dentists identify which medications are covered and even suggest cheaper or alternative options.

A customizable favorites list is another important function, one that saves a tremendous amount of time by eliminating the need to sort through hundreds of medications when most practices prescribe just a small handful. Finally, seek out a Web-based solution that enables faster, more streamlined implementation and that offers mobile access for maximum convenience.

MOVING FORWARD

E-prescribing has rapidly become the norm in healthcare, with more than half of all eligible prescriptions now being routed electronically. Although hard financial incentives to do so are few, the benefits of adopting e-prescribing are many for the dental industry. Doing so will help us evolve into a two-way data exchange with pharmacies that will enable us to treat our patients in the safest manner we can.

For dentists in New York, the clock is ticking. For dentists nationwide, New York’s status as a bellwether state signals that the time is now to prepare for what is likely to become a requirement in their own backyard.