Payer E-prescribing Forum
September 24, 2008

Faculty Presentations
Making the Case For Electronic Prescribing
Importance of E-Prescribing

- It is safer
- It saves time and money
  - Pharmacies
  - Plans
  - Physician practices
  - Patients
- It improves the quality of healthcare
Lowers health plan drug costs

- Increases prescribing of generic medications
- Increases prescribing of lower cost alternative medications
- Decreases amount of inappropriate medication therapy
  - Prior authorizations
  - Step therapies
- Increases use of mail order for chronic medications

Return

On Investment
Lowers health plan medical costs

Return On Investment

- Reduced ADEs
  - More accurate drug dosing
  - Increased legibility
  - Drug interaction checking

- Patient adherence
  - Increased first fill percentage
  - Increased persistence through availability of medication history
  - Prescribing of affordable, on formulary medications
Increases provider and member satisfaction

- **Provider satisfaction**
  - Practice efficiencies including less phone/fax through automated renewals
  - Availability of medication history information across providers
  - Availability of electronic prescription records outside the practice
  - Improved quality of care

- **Member satisfaction**
  - Less wait in the pharmacy
  - Perception of more modern care
My perspective

• Practicing physician – early adopter of HIT
  – Using EHR in a small practice setting since 1997
  – Using ePrescribing since 2002
• Medical Director Ambulatory Clinical Systems, MedStar Health
  – Clinical leadership for MedStar’s EHR implementation
  – Clinical leadership for MedStar’s HIE projects
• Chair, Maryland Task Force on EHRs
• Immediate Past Co-Chair, Physicians’ EHR Coalition
• Board & Leadership Council member, eHealth Initiative
• Member, Medical Informatics Subcommittee, ACP
A Brief History of ePrescribing*

- Was introduced (as a gadget / gimmick) in the midst of the dotcom bubble as a very inexpensive (free) approach to get doctors to adopt technology
- Disappeared for a while with the dotcom crash
- Reappeared several years ago “new and improved” under the banner of medication safety

*Artistic license taken
ePrescribing History at MSH

- Always saw ePrescribing as a solution and NOT a product
- ePrescribing vendor fair – 2001
- Co-development / syndication relationship
- Lots of experience for a small # of users
- With escalation of EHR implementations, we put less emphasis on ePrescribing (as a standalone application)
Impact on Quality / Safety / Workflow

• Quality and Safety
  – Mixed
  – Many users focused on the “quick-wins” of accelerated renewal (no ↑ quality)
  – Without chart / trusted full med list, many users ignored drug-drug warnings
    • Most drug-drug warnings are irrelevant anyway

• Workflow
  – Mixed
  – A few developed parallel workflows that made use of standalone ePrescribing and paper charts work well
  – Most found the parallel workflows troublesome
Vision

• Having all of our physicians / providers utilize advanced health IT to make care better, safer, more accessible, and more affordable
  – Includes embedding e-enabled knowledge-based medication management into normal workflow
**ePrescribing**
- Legibility
- Drug-drug interaction
- Drug-allergy checking
- Drug-sex / age
- Formulary checking
- Interconnected to pharmacy system
- **NO** drug-condition checking
  - Inclusion
  - Exclusion
- **NO** drug-lab checking
- **NO** context surrounding medications and med history
- **NO** single medication list

**Knowledge-based medication management**
- Legibility
- Drug-drug interaction
- Drug-allergy checking
- Drug-sex / age
- Formulary checking
- Interconnected to pharmacy system
- Drug-condition checking
  - Inclusion
  - Exclusion
- Drug-lab checking
- Rich context surrounding medications and med history
- Single medication list

**Digitizes existential prescribing**

**Uses HIT to enhance a paradigm shift in medication management**

- Most appropriate drug for the condition / disease
- Most cost-effective
- Right dose / formulation for that patient
Challenges – Policy

• Getting plans, policy makers and politicians to understand that ePrescribing ≠ knowledge-based medication management
  – Standalone ePrescribing *per se* has very limited potential benefit
    • *Not* worth incenting (for long)
    • *Foolish* to mandate

• Reasonable regs for ePrescribing of controlled substances
Challenges – Technical

• Knowledge-based medication management applications just beginning to be developed
  – Without understanding its value – there are no incentives for their development / use

• Standards / workflows for:
  – Post-dated prescriptions
  – Prescriptions without a designated pharmacy
Challenges – Other

- **Medication history**
- **Fill history**
- **Prior authorization**

- Electronic medication history is typically a chronologic list of prescriptions filled and paid for by insurance
- Does not take into account
  - Directions
  - Medications discontinued
  - Medications paid for with cash
  - Medications actually taken
- **Bottom line…medication history is incomplete / potentially misleading**
  - Should be thought of ONLY as a vehicle for an informed conversation
  - Potentially helpful in ER situations where patient is unable to give a history
Challenges – Other

• Medication history
• Fill history
• Prior authorization

• Fill history shows
  – Prescriptions sent but not picked up by patient
  – Prescriptions not refilled timely
• Raises questions of medication non-compliance
• What should / must a physician do with such reports?
  – Discuss during visits?
  – Call patient immediately?
  – Have staff regularly track prescription use?
• And how will patients perceive this?
  – Helpful / intrusive and creepy?
Challenges – Other

- Medication history
- Fill history
- Prior authorization

- Has replaced formulary management as the most painful / cumbersome aspect of prescribing medication
- Applications are beginning to emerge that make pieces of it easier to manage
- Health plans need to be forthcoming about their use of prior authorization
  - If a barrier to improve safety / appropriateness
    - ePrescribing can make it seamless
  - If a barrier to reduce cost
    - ePrescribing is irrelevant
SureScripts-Rx HUB

E-Prescribing Infrastructure

September 24, 2008
Prescribing that is…
…paperless…more informed.

When a physician uses a computer or handheld device with software that allows them to:

1. With a patient’s consent, electronically access information regarding a patient’s drug benefit coverage and medication history.

2. Electronically transmit the prescription to the patient’s choice of pharmacy.

3. When the patient runs out of refills, their pharmacist can also electronically send a renewal request to the physician’s office for approval.
E-Prescribing: How it works

Certified Clinician Application
- Collects Patient:
  - Consent
  - Name
  - Date of Birth
  - Gender
  - Zip
- Validates Information Received with Patient
- Reviews Benefit and Selects Therapy
- Pharmacy Selected by Patient
- E-Prescription Generated

Patient uniquely identified in MPI. Request for patient information sent to payer & pharmacy.

Certified Payer
- Provides Patient:
  - Eligibility
  - Benefit & Formulary
  - Medication Claims History

Certified Pharmacy
- Processes:
  - Medication Pharmacy History
  - E-Prescriptions
  - E-Refills/Renewals

E-Prescribing Benefits
- More complete medication history
- Displays economic alternatives
- No illegible handwriting
- Reduces pharmacy callbacks
- More convenient for patients
- Reduces time spent on renewals
Importance of E-Prescribing

- It is safer
- It saves time and money
- It improves the quality of healthcare
Timeline of Key Events

2002/2003
RxHub and SureScripts begin network operations

December 2003
Medicare Prescription Drug & Improvement Medication Act

April 2007
CMS proposes 3 new e-prescribing standards

November 2007
CMS eliminates fax exemption: Effective January 1, 2009

2001
RxHub and SureScripts both founded

2005
Katrina proves need for electronic medication records

July 2006
IOM Report released: Preventing Medication Errors

August 2007
E-prescribing becomes legal in all 50 states plus D.C.

June/July 2008
- DEA issues proposed rule to allow e-prescribing for controlled substances. Comments due 9/25/08.
- Congress passes Medicare bill with e-prescribing incentives
- RxHub and SureScripts merge
SureScripts and RxHub

SureScripts
- Formed in 2001 by pharmacy associations representing nation’s 57,000 retail pharmacies.
- Focused on electronic prescription routing between physician practices and retail pharmacies.

RxHub
- Formed in 2001 by 3 largest PBMs and now provides access to more than 200 million member records.
- Focused on patient pharmacy benefit and medication history information exchange between payers and physician practices.
Core operating principles remain unchanged:

- Based on industry standards
- No charge to physicians or software vendors
- Preserves patient choice of pharmacy (mail or retail)
- Preserves physician choice of therapy
- No advertising or commercial influence
- No data mining
- Require patient consent to access medication history
- Continue operating as a low cost utility
SureScripts-RxHub Merger

- Speeds the transition to paperless prescribing
- More comprehensive medication history information reduces possibility of medication errors
- Expanding access to benefit info will save more patients money and ensure that more clean prescriptions arrive at the pharmacy electronically
- Streamline process for technology vendors to integrate SureScripts-RxHub services
Technology has made it so much easier to securely share information.

This has dramatically improved so many parts of everyday life:
  – Paying bills and taxes
  – Managing personal finances
  – Reserving a flight, hotel, car
  – Shopping
  – Enjoying movies, music, games
  – Staying in touch with friends and family

Q: Why shouldn’t something as fundamental as our healthcare benefit in the same way?

A: It can…and will…with your continued support.
Starting at “0” in 2003…vs. estimates for full year 2008:

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated Value</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Records</td>
<td>200 million</td>
<td>66%</td>
</tr>
<tr>
<td>Patient Visits*</td>
<td>70 million</td>
<td>14%</td>
</tr>
<tr>
<td>E-Prescribers</td>
<td>85,000</td>
<td>15%</td>
</tr>
<tr>
<td>E-Prescribing Retail Pharmacies</td>
<td>45,000</td>
<td>79%</td>
</tr>
<tr>
<td>E-Prescribing Mail Order Pharmacies**</td>
<td>6 of the Top 10</td>
<td>70%</td>
</tr>
<tr>
<td>E-Prescriptions</td>
<td>100 million</td>
<td>6%</td>
</tr>
</tbody>
</table>

*Patient eligibility, formulary and medication history requests. National Center for Health Statistics estimates 964 million patient visits per year.

**Percent of prescriptions processed by these mail order pharmacies
For More Information

- Prescribers
  - GetRxConnected.com
  - RxSuccess.com
- Pharmacists
  - SureScripts.com
- Policymakers
  - SureScripts.com/Safe-Rx
- Consumers
  - LearnAboutEPrescriptions.com
- Media
  - SureScriptsRxHub.com/mediaguide
- All
  - TheCIMM.org

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BCBSMA eHealth Strategy

For BCBSMA to realize its end-state goal, the corporate eHealth Strategy must align with the following strategic imperatives.

**Strategic Imperatives**

- Increase Provider knowledge and utilization of eHealth technologies
- Engage Members in the utilization and promotion of eHealth technologies
- Ensure the health IT infrastructure necessary for the delivery of timely, safe, effective, efficient patient-centered care is in place
- Leverage, consolidate and interface existing technologies to enhance Provider and Member healthcare experience
- Continue to transition focus of P4P measures to outcomes and remove direct funding for foundational technologies
- Provide more transparency in the adoption and utilization of eHealth technologies

**End-State Vision**

Safe, Effective, and Affordable Patient-Centered Care
The eRx Collaborative was established in 2003 to enable and promote the use of electronic prescribing in Massachusetts.

The Goals

1. Enhance patient safety
2. Improve office efficiencies
3. Increase provider and member satisfaction
4. Reduce pharmacy cost trends
Program Snapshot
Results through Q2 2008

Collaborative prescribers have sent 15.6 million electronic prescriptions since the start of the program in 2003

As of June 30, 2008:
• 2.1 million electronic prescriptions sent YTD
• 218 new prescribers deployed YTD
eRx Collaborative Program Results

1. Enhance patient safety

Drug interaction alerts enhance patient safety by influencing prescribers to modify potentially harmful prescriptions. In 2007, 104,000 eRx were changed due to alerts:

- Researchers predict that these eRx resulted in the prevention of approximately 724 potential adverse drug events
- The cost savings related to avoiding these potential ADEs is estimated to be $630,000 in health care utilization

2. Improve office efficiencies

3. Increase provider and member satisfaction

4. Reduce pharmacy cost trends
eRx Collaborative Program Results

1. Enhance patient safety

2. Improve office efficiencies
   - Using e-prescribing technology cuts average daily prescription-related time in half
   - 71% of eRx Collaborative prescribers say e-prescribing saves time for office staff with the majority saving 1-2 hours each day

3. Increase provider and member satisfaction

4. Reduce pharmacy cost trends
eRx Collaborative Program Results

1. Enhance patient safety

2. Improve office efficiencies

3. Increase provider and member satisfaction
   - 81% of eRx Collaborative prescribers would recommend e-prescribing to a colleague
   - Minimizes members’ trips to the pharmacy and preserves choice of pharmacy
   - Members save on prescription costs due to enhanced formulary compliance

4. Reduce pharmacy cost trends
eRx Collaborative Program Results

1. Enhance patient safety
2. Improve office efficiencies
3. Increase provider and member satisfaction
4. Reduce pharmacy cost trends

- In 2006, BCBSMA e-prescribers saved 5% on drug costs relative to BCBSMA prescribers not using technology
- BCBSMA members saved approximately $800,000 in co-payments on their prescriptions
Southeast Michigan ePrescribing Initiative

Overview
Agenda

- SEMI History/Overview
- Project Results
- User Survey
Southeast Michigan ePrescribing Initiative

Overview
The Genesis ...

Winter 2004

- 3-Auto executives observed:
  - Based on IOM estimates re: hospital deaths, approx. one GM enrollee dies PER DAY in the US due to hospital medical errors
  - GM could have built 4 new plants, launched 6 new vehicle programs or renovated 16 paint shops with its previous year’s health care bill.
  - Every second of every day, GM pays for a medical procedure; every two seconds, it pays for a prescription.

- 3-Auto executives reached out to Medco, BCBSMI, employers to form coalition focused on ePrescribing

- 3-Auto executives asked Henry Ford Medical Group if they’d be willing to be “incubator” of an ePrescribing pilot study
Roles and Responsibilities

Southeast Michigan ePrescribing Initiative

**GM, Chrysler, Ford**
- Are the champions for this initiative, and have been aggressive champions of technology that improves health and safety of their employees, retirees and families

**Health Plans**
- The positive response from the leading Health Plans have enabled nearly 2,500 physician to implement ePrescribing solutions

**Medco, CVS/Caremark**
- Two leading PBMs providing support and consulting services for initiative.
  - Medco is GM and Ford’s PBM, process mail for BCBSMI and HAP; CVS/Caremark is Chrysler’s

**RxHub**
- Has built the infrastructure required to support the secure, bi-directional exchange of patient-specific prescribing info between MDs & PBMs

**SureScripts**
- Has build the infrastructure required to support connectivity of electronic prescribing to retail chains and community based pharmacy

**Point-of-Care Partners**
- Provides project management and support
Southeast Michigan
Market Profile

SEMI Counties
- Wayne
- Oakland
- Macomb
- Washtenaw
- St. Clair
- Monroe
- Livingston
**SEMI ePrescribing Initiative**

*High Level Project Plan*

**Phase One (2005-06)**
- **Infrastructure**
  - Built All-Payer Network
  - Chose Portfolio of Vendors
  - Educated the Community
  - Identified Physician Leaders or Champions
- **Incentives – philosophy “Skin in the Game”**
  - $500/MD participant

**Phase Two (2006-07)**
- **Adoption**
  - IPA/PO/Group Recruitment
  - Leveraged Network
  - Community Outreach
  - Implement/Training
  - Performance-based Incentives
    - $1,000/MD participant
      - $500 after install
      - $500 after 6 mos of continuous use

**Phase Three (2007-08)**
- **Utilization**
  - Convert non- or low-utilizers to cont users
  - Support phase 2 commitments
  - Recruit new physicians
  - Continue Performance-based Incentives
    - $1,000/MD participant
      - $500 after install
      - $500 after 6 mos of continuous use
**SEMI ePrescribing Initiative**

*Unique Vendor Mix*

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**Phase One (2005-06)**

- Centricity
- DrFirst
- eMaxx
- ERX
- HealthRamp
- KeyMed
- MedPlus
- Misys
- NextGen
- NewCrop
- ProxyMed
- RelayHealth
- RxNT
- WebMD

**Criteria**
- Customers in SE Mich
- RxHub certification for eligibility, MedHx, formulary, mail order
- SureScripts certification for new Rx, refill
- Commitment to providing reporting
- Aggressive UM
- Active account mgr

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**Phase Two & Three (2006-08)**

- **Vendors**
  - DrFirst – stand-alone eRx system integrated with EMRs, multiple PMSs
  - NextGen – EHR w/significant Michigan marketshare
  - RelayHealth – Online visit product
  - Quest Diagnostics/MedPlus – EHR integrated with laboratory
  - RxNT – stand-alone eRx system integrated with leading PMS (Genius)
  - Misys eScript – stand-alone eRx (InstantDx) integrated with leading PMS (Misys)
Southeast Michigan ePrescribing Initiative

Results
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,797</td>
<td>Physicians enrolled in SEMI</td>
</tr>
</tbody>
</table>
| 7.15 million | ePrescriptions Written on Certified Vendor Systems  
(DrFirst, NextGen, Relay Health, Quest/MedPlus, RxNT) |
| 1.28 million | Drug-to-Drug alerts generated  
(high, moderate severity level)               |
| 508,566   | Changes as a result of Drug-to-Drug alerts                                                       |
| 40%       | Percent of prescriptions changed as a result of d-d alerts                                      |
| 122,272   | Drug-to-Allergy alerts generated                                                                |
| 48,779    | Changes as a result of Drug-to-Allergy alerts                                                    |
| 40%       | Percent of prescriptions changed as a result of d-a alerts                                       |
| 223,948   | Dispensed medication histories downloaded                                                        |
## SEMI: An Unqualified Success Story

### Growing Physicians, eRx Volume

<table>
<thead>
<tr>
<th>Month</th>
<th>Physicians</th>
<th>Retail</th>
<th></th>
<th>Mail</th>
<th></th>
<th>Print</th>
<th></th>
<th>Renewals</th>
<th></th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>EDI</td>
<td>Fax</td>
<td>EDI</td>
<td>Fax</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1/2008</td>
<td>2,797</td>
<td>207,985</td>
<td>80,011</td>
<td>18.266</td>
<td>9,142</td>
<td>75,607</td>
<td>20,645</td>
<td>411,656</td>
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<tr>
<td>12/2007</td>
<td>2,712</td>
<td>159,620</td>
<td>63,489</td>
<td>14,837</td>
<td>6,593</td>
<td>59,420</td>
<td>21,369</td>
<td>325,327</td>
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<td></td>
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<tr>
<td>11/2007</td>
<td>2,656</td>
<td>168,595</td>
<td>69,814</td>
<td>16,229</td>
<td>6,801</td>
<td>59837</td>
<td>20552</td>
<td>341,826</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/2007</td>
<td>2,703</td>
<td>174,788</td>
<td>69,999</td>
<td>16,899</td>
<td>6,907</td>
<td>63,433</td>
<td>20,610</td>
<td>352,646</td>
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</table>

### Physician Growth

![Physician Growth Graph](chart.png)

### eRx Volume Growth

![eRx Volume Growth Graph](chart.png)
HFMG ePrescribing Project

Preliminary Results – Prescribing Patterns

# Participating Doctors 900
# of Electronic Prescriptions 2,950,000
# of changed scripts based on formulary msgs 92,000
# of changed scripts based on drug-to-drug msgs 274,000

Based on improvement in generic dispense rates, reduced medication errors and improvement in clinic/physician workflow, the Henry Ford Health System forecasts over $4 million in recurring annual savings from e-Prescribing.

Results are ePrescribing HFMG physicians for twelve months for HAP-insured patients
Southeast Michigan ePrescribing Initiative

User Survey
Study Overview/Design

**ePrescribing Physician Assessment Study**

Primary Objective: Provide current understanding of user experiences with currently operational ePrescribing systems

To be qualified for interviews, respondents were required to:

- Have personally EVER used *any* ePrescribing system, and
- Had familiarity with the practice’s ePrescribing system

All initial contacts attempted to speak to a physician

No. of interviews were proportional to vendor distribution when kicked off

There were 500 completed surveys:

- **Staff, 279, 56%**
- **Physicians, 221, 44%**
Sound Findings

**ePrescribing Physician Assessment Study**

Reviewers can be confident of sound findings based on respondents’ intimate familiarity with the eRx systems.

This high familiarity level is corroborated by other findings, for example:

- 95% of respondents have personally used in last 3 mos
- Over 80% of total scripts written are on eRx devices
- Respondents write an average of 60+ eRxs per week

<table>
<thead>
<tr>
<th>% of Respondents</th>
<th>Extremely Familiar</th>
<th>Very Familiar</th>
<th>Familiar</th>
<th>Not Very Familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Total N=500)</td>
<td>37%</td>
<td>43%</td>
<td>20%</td>
<td>1%</td>
</tr>
<tr>
<td>C (Physicians N=221)</td>
<td>39%</td>
<td>42%</td>
<td>19%</td>
<td>1%</td>
</tr>
<tr>
<td>B (Staff N=279)</td>
<td>35%</td>
<td>44%</td>
<td>20%</td>
<td>1%</td>
</tr>
</tbody>
</table>
High Degree of User Satisfaction

**ePrescribing Physician Assessment Study**

- More than 70% of total users are highly satisfied with their current ePrescribing method (mean rating, 8).
  - Only 6% of physicians are highly dissatisfied with their system (rating of 1-3)
  - while less than 1% of staff are highly dissatisfied.

- For 9 of 10 users, their eRx system either met (45%) or exceeded (45%) expectations

13. Based on your expectations of e-prescribing prior to signing up for the tool, is it (as good as/better than/worse than expected)?

<table>
<thead>
<tr>
<th>Performance of ePrescribing System vs Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Respondents</td>
</tr>
<tr>
<td>Total (N=500)</td>
</tr>
<tr>
<td>Physicians (N=221)</td>
</tr>
<tr>
<td>Staff (N=279)</td>
</tr>
<tr>
<td>Better than expected</td>
</tr>
<tr>
<td>As good as expected</td>
</tr>
<tr>
<td>Worse than expected</td>
</tr>
<tr>
<td>Don’t Know</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>45%</td>
</tr>
<tr>
<td>10%</td>
</tr>
<tr>
<td>1%</td>
</tr>
</tbody>
</table>
ePrescribing System System Comparison

**ePrescribing Physician Assessment Study**

The overall satisfaction is very similar across vendors ...

10-Point Scale (10 = Completely Satisfied; 1 = Not At All Satisfied)

<table>
<thead>
<tr>
<th></th>
<th>Vendor A</th>
<th>Vendor B</th>
<th>Vendor C</th>
<th>Vendor D</th>
<th>Vendor E</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current eRx method overall</strong></td>
<td>7.9</td>
<td>8.6</td>
<td>7.9</td>
<td>8.4</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Mean Rating</strong></td>
<td>70%</td>
<td>82%</td>
<td>68%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>% Top 3 Box (Rating 8-10)</strong></td>
<td>4%</td>
<td>2%</td>
<td>0%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>% Bottom 3 Box (Rating 1-3)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

... as were expectations.

<table>
<thead>
<tr>
<th></th>
<th>Vendor A</th>
<th>Vendor B</th>
<th>Vendor C</th>
<th>Vendor D</th>
<th>Vendor E</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Better than expected</strong></td>
<td>45%</td>
<td>38%</td>
<td>38%</td>
<td>64%</td>
<td>52%</td>
</tr>
<tr>
<td><strong>As good as expected</strong></td>
<td>45%</td>
<td>60%</td>
<td>46%</td>
<td>20%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Worse than expected</strong></td>
<td>10%</td>
<td>2%</td>
<td>16%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Don’t know</strong></td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>8%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Impact on Quality of Care/Patient Safety

ePrescribing Physician Assessment Study

- Nearly 70% highly agree that ePrescribing improves quality of care
- Almost 75% highly agree that ePrescribing improves patient safety
- Approximately 70% were very satisfied with the ease of identifying drug-to-allergy and drug-to-drug interactions
- More than 60% of physicians report at least one incident of changing a prescription in response to a safety alert.

Incidence of EVER changing a Rx due to an alert

<table>
<thead>
<tr>
<th></th>
<th>% of Respondents</th>
</tr>
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<tbody>
<tr>
<td>Total (N=500)</td>
<td>54%</td>
</tr>
<tr>
<td>Physicians (N=221)</td>
<td>63%</td>
</tr>
<tr>
<td>Staff (N=279)</td>
<td>46%</td>
</tr>
</tbody>
</table>
Impact on Efficiency

ePrescribing Physician Assessment Study

- 71 percent highly agree that a patient’s transaction at the pharmacy is faster and easier
- More than 50% highly agree that ePrescribing saves clinicians time and increases productivity, yet a minority (16%) highly disagree
- More than 70% have seen a reduction in phone calls / faxes to / from pharmacies since using the e-prescribing system.
Impact on Savings

**ePrescribing Physician Assessment Study**

- About 25% highly agree that ePrescribing will save patients’ money and reduce a practice’s costs, while 20% highly disagree

**but**

- Over 60% of staff and 40% of physicians are much more likely to prescribe a generic or plan-preferred drug.

9. How much more likely are you to prescribe a generic or plan-preferred drug using your e-prescribing system versus a handwritten prescription?
Other Findings

ePrescribing Physician Assessment Study

Most Frequently Cited Benefits
- Helps me document or obtain prescription history (8.4/10)
- Improves patient safety (8.3/10)

Processes with Highest Satisfaction
- Ease of managing renewal requests (8.5/10)
- Drug-to-allergy (8.3/10) and drug-to-drug (8.2/10) interactions

Most Desired Enhancements
- Ability to indicate if a drug requires PA (9.0/10)
- Ability to manage PA electronically (9.0/10)

Most Suggested Improvements
- Automated prior authorization available online
- Need more specific pharmacy information
Other Findings

ePrescribing Physician Assessment Study

Perceived Barriers
- None (46%)
- Technology [e.g. speed, doesn’t interface with other systems] (23%)
- Not Most Efficient System [e.g. faster to write paper prescription] (10%)
- Pharmacies [e.g. not equipped to receive scripts] (9%)

Reasons for Writing Traditional Rx
- Faster to write a prescription on paper (51%)
- Patient doesn’t want Rx sent electronically (24%)
- Technical problems (14%)
- Can’t send controlled substances (13%)
Summary

**ePrescribing Physician Assessment Study**

Analysis of this recent survey indicates that

- A majority of ePrescribers recognize the value of the system and
- Incorporates its use in their individual practices

There was wide agreement on a substantial number of benefits that ePrescribing provides, but there was less of a consensus around cost savings for both the patient and practice.

ePrescribing met or exceeded the expectations of 90% of the respondents and the system is used to transmit more than 80 percent of the practice’s prescriptions.
The End

Emmanuel Curry, MPH
Ford Motor Company -- Healthcare Management
Tel: (313) 253-7501 | Fax: (313) 322-9330
Email: ecurry3@ford.com
Why should Payers collaborate on electronic prescribing with other industry stakeholders?

Ashley Allen, MBA, MHS, CPHIT
Director, HIT - Blue Cross Blue Shield of Florida
Steering Committee Member, e-Prescribe Florida
Treasurer, e-Prescribe America
HIT Integrates Multiple Sources of Valued Information
(all of which benefit from medication history)

- e-Medicine & secure communication (< 1% - 345K registered Floridians)
- Electronic Medical Record Systems (~27% in Florida)
- Electronic health records from payers (~4M Floridians)
- Personal Health Records (<2%, 100+ vendors)
- Health Information Networks / RHIOs (<1%)
- Electronic Prescriptions (<3%)
e-Prescribing Rx Value Proposition

| Patient                  | • Improve safety and quality of care via reduced medication errors  
|                         | • Time efficiencies through better benefits communication  
|                         | • Cost savings due to physician adherence to formularies / duplicative medications  
|                         | • Patient reminders of drug refills  
|                         | • Increased compliance with prescribed treatment  
|                         | • Convenience – Rx at the pharmacy of choice before you are!  
| Physicians              | • Fewer call-backs from pharmacies for clarification  
|                         | • Access to patient specific formulary information  
|                         | • More complete information on past and current medication usage  
|                         | • Faster and easier access to information  
|                         | • Avoid medication errors  
| Pharmacy                | • Time saved with decreased physician call-backs  
|                         | • More time for patient consultation  
|                         | • Greater efficiency  
|                         | • More satisfied patients, pharmacists and physicians  
| Payer PBM               | • Reduced medication errors & improved patient compliance with maintenance RX  
|                         | • Cost savings through formulary compliance, mail-order drugs  
|                         | • Improved data management of prescribing trends |
Medical Cost Savings & Use of Generics

Savings for:
Members, Employers, Government and Health Plans

Annual Cost Savings: $1,152
You can only prevent ADEs with fully informed e-Rx:

1. Legible Prescriptions
2. Drug Reference (e.g., dosing)
3. Drug Interaction Check
4. Drug - Allergy Check
5. Medication History
GAINESVILLE, Fla. -- A 3-year-old undergoing a test at a pediatric clinic died because he was given a dosage of medication more than 10 times stronger than prescribed, hospital officials said Thursday.

Sebastian Ferrero died Oct. 10 at Shands at UF Medical Center, two days after a routine test was supposed to help doctors determine why the boy's growth was below average.

Instead of receiving the prescribed dose of **5.75 grams** of the amino acid arginine, officials said the Shands Medical Outpatient Pharmacy gave him more than **60 grams**.

(More....)
Barrier #1: High Market Complexity

1. Patient Information
   - Eligibility, Payer formulary, Medical history

2. Connectivity between provider and PBM
   - Payer eligibility, formulary tier, and if prior authorization needed
   - Identifies drugs prescribed elsewhere and history
   - CertifyRX Vendors

3. e-Prescription
   - Recommend drug based on diagnosis and interactions
   - Alert if patient on drug in same class and equivalent
   - Clinical equivalent

4. e-Prescribing Vendors
   - CVS Pharmacy
   - Express Scripts
   - Caremark
   - Medco
   - Cerner
   - Siemens
   - NextGen
   - McKesson
   - Health Plan

5. Claims for Payment

6. e-Renewal Request

Health Plans and Payers
- Payer sends periodic batch loads of Formulary and Eligibility updates
- PBM sends periodic batch report and claims and usage data

SureScripts
- Connectivity between Provider and Pharmacy
- CertifyRX Vendors and Pharmacies
- Common Connectivity for RX-Vendors to Pharmacy
- Electronically submit script to pharmacy
- Send electronic message to physician patient needs refill
On July 15, the Medicare Improvements for Patients and Providers Act of 2008 (H.R. 6331) was enacted.

This Act delayed a significant reduction in Medicare reimbursement.

Physicians who regularly use e-prescribing will receive a 2% incentive in 2009 and 2010, then slightly less over the next three years.

- Estimated to be between $2,000 to $4,000 increase in revenue for a physician
- Bonus is paid on specific ICD-9 codes – primarily office visits
- Roughly a break-even amount for obtaining the equipment needed

Physicians who do not use the technology would see their payments cut by 1% in 2011, and by 2% for 2013 and beyond.

Criteria
- Application must have CMS specified functionality to qualify
- Safety, quality and formulary information must be included
Controlled Substances one of last major hurdles
- DEA requires that all prescriptions for controlled substances be *handwritten* due to fear of potential fraud and abuse
- Represents 10% to 11% of all medications prescribed

DEA pressured into issuing a Proposed Rule by Federal Government focus
- Proposes standards to permit health care practitioners to write, and pharmacies to receive, dispense, and archive, electronic prescriptions for controlled substances *(See 73 FR 36722 (June 27, 2008)).*

DEA is a law enforcement agency
- Standards represent the needs of law enforcement to police fraud and abuse
- Primary focus is on "authentication"

Summary of requirement:
- Identity Proofing
- Two-Factor Authentication
- Limitation on Signing Authority
- Other Authentication Requirements
- Transmission – can’t print and transmit
- Monthly Logs
- Digital Signatures and Archiving
- Check of DEA Registration
- Audits
1. Incentives & Collaboration
   - Align stakeholder interests
   - e-RX mandates
   - Pay for Performance
   - Fund public infrastructure

2. Standards
   - Building blocks for common infrastructure
   - Facilitate adoption
   - Enable product compatibility
   - Less risky I/T investments

3. Interoperability
   - Data sharing and comparability builds evidence and tracks outcomes
   - Plug and Play Integration
   - Real-time decision support
   - Privacy and Security

Industry Status
- Pricing complexity
- Rapidly rising Rx costs
- Complex benefits plans
- Complex Rx regimens and dosage
- Number of Rx choices
- High ADE & error rates

Adoption can be accelerated by manipulating 3 levers

Barrier #2: Natural Path Too Slow
Why ePrescribe Florida Collaborative?

- e-Prescribing is a “disruptive” technology
- Must engage all stakeholders (physicians, pharmacies, PBM, providers organizations, health plans, vendors)
- Physician engagement is critical to successful adoption
- Physicians demand multi-payer solutions & vendor choice
- Collaboration is essential to move the market and resolve industry barriers

……..A rising tide floats all boats
Kick off meeting 12/06 - Organized 1Q07
Engaged health plans, provider organizations, vendors, state agencies, pharmacists, pharmacies and switches
Website launched (www.ePrescribeFlorida.com)
Positive media and stakeholder attention
e-Prescribing Summit 12/07 (>170 people)
Outreach continues
2008 – 2009 Operating Plan developed
Vision: All Floridians have access to the benefits of improved health, safety, and affordability through e-prescribing.

Mission: Promote collaborative state efforts toward successful e-Rx adoption

Goals:

1. Create forums to encourage dialog on benefits/adoptions of e-Rx
2. Identify, evaluate, and establish industry best practices
3. Influence development and adoption of e-Rx standards
4. Define requirements and criteria for e-prescribing solutions
5. Serve as a preferred information resource for e-Rx solutions
6. Establish baselines and a CQI program to measure impacts
7. Proactive outreach programs to accelerate successful adoption
8. Collaborate with other e-Rx initiatives to advance adoption
e-Prescribe Florida Governance

Steering Committee

- Catherine Peper Chair BCBSF
- Todd Hardeman SureScripts AvMed
- Shawn Barger TBD Humana
- Tom Groom Vice Chair RxHub FAFP
- Tad Fisher FAFP

Advisory Council

- Aetna
- CIGNA HealthCare
- Agency for Health Care Administration
- Florida Academy of Family Physicians
- Florida Pharmacy Association
- Florida Medical Association (FMA)
- Florida Hospital Association (FHA)
- Florida Osteopathic Medical Association
- Florida Chapter of American College of Cardiology (ACCFL)
- FMQAI
- SureScripts
- Walgreens
- CVS
- PPSC
- Wal-Mart
- Publix
- Winn-Dixie
- Health First Plans
- E-Rx Network
- FCASCP

Executive Director - Walt Culbertson

Active Workgroups

- Provider Outreach Workgroup
  - BCBSF
- Vendor Solutions Workgroup
  - Humana
- AvMed

New Workgroups

- Analysis and Reporting Workgroup
  - AHCA
  - Rx-Hub
- Legislative Workgroup
  - FMA
  - FAFP
- Pharmacy Outreach Workgroup
  - SureScripts
  - Walgreens

General Membership
## e-Prescribe Florida Registered Vendors

1. RxNT
2. H2H Solutions, Inc. – Digital Rx
3. Achieve Healthcare Technologies
4. Instant DX
5. Misys eScript
6. DrFirst
7. SSIMED
8. RelayHealth / McKesson
9. Med Plus / Quest Diagnostics
10. iScribe
11. ZixCorp
12. Nextgen
13. Availity / Prematics

---

### 1. Registration processes/certifications performed in industry by:
- RxHub
- SureScripts
- CCHIT (no e-Rx)

### 2. e-Prescribe America includes review of features & functions that is important to physicians to identify **fully informed** solutions.

### 3. Vendors must demonstrate capability to workgroup members and have active providers.

### 4. Plan to continually raise the bar on requirements (e.g. allergies, PMS integration).
Prescription Volume:
• 216M total in 2007 (1.62% were electronic 12/07)
• ~ 12% of e-Rxs are excluded as controlled substances
• Florida almost doubled the # of e-refill requests

Pharmacies:
• 64% of Florida Pharmacies are ready (out of total 4,788)
• High variability by MSA (44% - 83%)
• All the chains are ready – still myths and workflow integration issues

Prescribers:
• 1,121 e-Prescribers added 2007 (+93%)
• Ripe for opportunity as only 7% of Florida docs have e-Rx (2,331docs)
• Some capable, but not active (did not start) - some quit (did not finish)

Health Plans:
• Most are active / interested (BCBSF, Humana, AvMed, Aetna, Cigna
• Medicaid is essential

Miscellaneous: Market attention on mandates/incentives will act as catalyst
1. Outreach and Increase Adoption by Clinicians by 250%
2. Reporting and Metrics – develop core reporting, baselines, leading indicators and outcome measures (AHCA Leads)
3. Market Leadership: Connect campaigns & organizations – be #3 by 2009!
4. Pharmacy Adoption: Increase the # of independent pharmacies & dispel myths
5. Consumer Advocacy: Engage Americans to “ask your doctor” and “give your prescription a head start – it’s good for you”.
6. Vendor Solutions:
   – Buyers guides and best practices
   – Requirements for PBMs and Health Plans
   – Engage EMR based solutions
   – National registration process
## SureScripts Safe Rx Rankings

<table>
<thead>
<tr>
<th>State</th>
<th>% E</th>
<th>Start</th>
<th>Key Stakeholders</th>
<th># Vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mass.</td>
<td>13.43%</td>
<td>2003 e-Rx Collaborative <strong>BCBSMA</strong>, Neighborhood Heath Plan, Tuffs Health Plan, MA Health Data Consortium, CVS, Care Mark, Medco, eHealth Collaborative</td>
<td>Zix, Dr First</td>
</tr>
<tr>
<td>2.</td>
<td>Rhode Island</td>
<td>9.05%</td>
<td>2003 Strong community collaboration; RI Quality Institute's e-Rx Committee; RI Department of Health; LifeSpan, Quality Partners of RI, <strong>BCBSRI</strong></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Nevada</td>
<td>7.06%</td>
<td>2003 Sierra Health Services, Clark County medical Society, Southwest Medical Associates, statewide e-Prescribing Initiative</td>
<td>Allscripts</td>
</tr>
<tr>
<td>4.</td>
<td>Delaware</td>
<td>4.21%</td>
<td>2005 <strong>BCBSDE</strong>, Delaware Health Care Commission</td>
<td>Dr First</td>
</tr>
<tr>
<td>5.</td>
<td>Michigan</td>
<td>4.2%</td>
<td>2005 GM, BCBS, Ford, Chrysler, UAW, <strong>BCBS Michigan</strong>, Health Alliance Plan, Henry Ford Health System, Medco, CVS, Caremark</td>
<td>Dr First, Misys eScript, NextGen, Quest Diagnostics/MedPlus, Relay Health and RxNT</td>
</tr>
<tr>
<td>7.</td>
<td>NC</td>
<td>3.07%</td>
<td>2006 <strong>BCBSNC</strong>, HCHICA, Moses Cone Health System, NC Medical Society</td>
<td>Zix, Dr First</td>
</tr>
<tr>
<td>8.</td>
<td>Arizona</td>
<td>2.89%</td>
<td>2004 AHCCCS, College of Pharmacy – University of Arizona, Arizona Health e-Connection, Arizona Pharmacy Alliance</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Conn.</td>
<td>2.57%</td>
<td>2004 ConnectiCare, Connecticut Multi Specialty Group, Connecticut Health Information Network</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>WA.</td>
<td>2.57%</td>
<td>2004 Whatcom County Initiative, One-HealthPort, WA Dept. of Health (legislation prohibiting cursive prescriptions)</td>
<td></td>
</tr>
</tbody>
</table>

Florida fell from #5 in 2005, to #13 in 2006 and to #19 in 2007
But…. we are proving we can “move the market”
We went from 1.6% in 12/07 to 4.1% in 06/08!
1. Join e-Prescribe America – a NFP Business league!
2. Involve State leadership
3. Lift ban on e-Prescribing for controlled substances
4. Medicaid e-Rx core information (medication history, formulary and E&B) available to all registered vendors
5. Champion and promote e-prescribing efforts
6. Consider mandates or incentives for physicians and independent pharmacies
7. Organize Blues to speak with one voice
8. Complement efforts to promote EMR adoption (step-up)
9. Safeguard patient privacy and confidentiality
Coming to A State Near You!!
E-prescribing and MMA

- Medicare Modernization Act (MMA) 2003 created ambulatory e-prescribing program for Part D
- E-prescribing voluntary for providers and pharmacies
- Plans must support e-prescribing using standards adopted by the Secretary of HHS
Accomplishments to Date

- E-prescribing foundation standards implemented January 1, 2006
- Pilot testing of initial standards in CY 2006
- Report to Congress April 2007
- Final rule adopting final uniform standards published on April 7, 2008
- Final standards effective on April 1, 2009
Approach – Building Suite of Standards

- Not a “one shot deal”
- Look for mature standards with a track record
- Work with industry to “grow” other standards as needed
- NCVHS as advisor / convener
Standards – Round One

- **Foundation standards effective January 2006**
- **Enabled basic functions**
  - Prescriber and pharmacy checking patient’s eligibility with plans
  - Exchange of new prescriptions, refill requests, cancellations, and changes between prescribers and pharmacies
- **Advantages**
  - Eliminates errors associated with handwriting and mis-keying
  - Reduces administrative costs associated with phone calls
An Unintended Consequence...

- NCVHS process created dialogue among stakeholders
- Recognized “gaps” and established initiatives to fill them
- Example: NCPDP group developing “structured and codified Sig” for expressing dosing instructions
Standards – Round Two

- 2006 Pilot Test looked at additional standards
  - Formulary and benefits
  - Medication history
  - Rx-fill
  - RxNorm
  - Structured / codified Sig
  - Prior Authorization
Standards – Round Two (cont’d)

- Results
  - Formulary and benefits, medication history, Rx-fill ready for adoption
  - More work needed on RxNorm, Sig and Prior Authorization
  - Final Rule published on 4/7/2008
  - Effective 4/1/2009
Where We Are Today

- Strong suite of tested standards that support most e-prescribing requirements
- All Medicare drug plans will support formulary and medication history effective 4/1/2009 – strong incentive for adoption
- Established network and vendor community
Next Steps – Standards

- Re-test RxNorm and Structured / Codified Sig
  - Modifications made as a result of 2006 pilot
  - Awarded on 9/20/08
- Continue to develop Prior Authorization business process and standards
  - Partnership with AHRQ
  - Findings presented at NCPDP meeting 8/6/08
- Future standards as need is identified
Next Steps – Computer Generated Fax

- Exemption from use of SCRIPT standard for entities using computer-generated fax technology
- Exemption tightened in last year’s Physician Fee Schedule (PFS) regulation to apply only to temporary transmission problems, effective 1/1/2009
- New information raised concerns about unintended consequences
- Re-opened in this year’s PFS rule
Next Steps - Adoption

- Education and outreach
- Use QIO program 9th Scope of Work to look at e-prescribing outcomes
- Work with Drug Enforcement Administration (DEA) to integrate controlled substances
MIPPA E-prescribing Provision (Section 132)

- Incentives for successful e-prescribers
  - 2 percent in 2009-2010
  - 1.5 percent in 2011-2012
  - 0.5 percent in 2013

- Payment Adjustments for non-e-prescribers
  - 1 percent reduction in 2012
  - 1.5 percent reduction in 2013
  - 2 percent reduction for 2014 and later

- Further information to be included in Physician Fee Schedule final rule with comment
E-Prescribing Conference

October 6-7, 2008 in Boston, MA

- Collaborative CMS/industry effort
  - Equip healthcare professionals and others with knowledge and tools to integrate e-prescribing into their business model
  - Generate e-prescribing and other e-health initiative discussion to increase patient compliance and improve health care outcomes
  - Education on the Agency’s plans for incentive payments under MIPPA
  - Identify and promote opportunities to overcome barriers
  - Address constituent concerns on privacy, security and risk management
Comments / Questions

Karen Trudel
Karen.Trudel@cms.hhs.gov
Electronic Prescribing in Multi-stakeholder Environments
Medicare Incentives

Will payers continue to invest or move to the sidelines?
Multi-payer projects

- First movers
- Competitors
- Nationals
- Niches
- CMS

Free riders?

Business Model?

Collaboration upfront or joining mid-process
Adoption and utilization

Do we have the tools to succeed?

- Commitment
- Practice leadership
- Training
- Workflow
- Total system support

Niche stand-alone

Full EMR
Support from other segments

Focus on patient education and medication adherence
Part of a payer toolset

Electronic Prescribing

- Physician EMR
- Member PHR
- Disease management
- Pay for performance
- Patient-centered medical home

Supports clinical messaging to providers and members
Collaborative models

Ownership? Breadth of Coalition? Org structure?
Facilitated Discussion: The Way Forward
Force Field Analysis

Ideal State

Obstacles and Challenges

Driving Forces

The Payer Environment for Electronic Prescribing
Force Field Analysis

Ideal State

Medicare Incentive

Physician IT Support

Obstacles and Challenges

Vendor Biz Model

Today

Payer Silos

Driving Forces

Medicare Incentive

Payer ROI

Pharmacy InterOp

The Payer Environment for Electronic Prescribing
From the payer point of view

1. What are our primary obstacles to progress in e-prescribing?
2. What can each organization do to move e-prescribing ahead?
3. What help and support do we need from others?
4. What are our immediate priorities to work on together?

Key Questions for Each Group
<table>
<thead>
<tr>
<th>Primary Obstacles</th>
<th>Do Alone</th>
<th>Need from Others</th>
<th>Work on Together</th>
</tr>
</thead>
<tbody>
<tr>
<td>Force 1</td>
<td>Initiative 1</td>
<td>Need 1</td>
<td>Idea 1</td>
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<td>Force 2</td>
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<td>Force 3</td>
<td>Initiative 3</td>
<td>Need 3</td>
<td>Idea 3</td>
</tr>
</tbody>
</table>

Restraining Forces | Internal | External | Who | What | Collaboration

- Restraining Forces
- Internal
- External
- Who
- What
- Collaboration
<table>
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<tr>
<td>Priority 1</td>
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<td>Who</td>
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<td>What</td>
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Rollup from Each Group