Practice Profiles
on Electronic Prescribing

After reading a newspaper article about another local doctor who was using electronic prescribing, **Dr. Alan Warrington**, a solo practitioner in Wilmington, Del., became "intrigued by the idea of how technology could help to improve the safety and accuracy of the prescribing process and improve the overall efficiency and medication-related recordkeeping in the office."

"With the hectic pace in a family practice, it used to be easy for me to leave certain details off the handwritten script, such as the dosage or the number of refills or the DEA number on a narcotic. As a result, we used to get many calls back from the pharmacy, in search of the missing information," says Dr. Warrington. "With the e-prescribing system, you literally cannot close and transmit a prescription until it's complete, so there's no discrepancy when it comes through to the pharmacy in a standard, electronic format."

Debra Warrington, the office manager for Dr. Warrington's practice, says: "Before we implemented our e-prescribing system, it was maddening how much time we wasted trying to get through all of the menu-driven prompts at the pharmacy, faxing and refaxing every time we got a busy signal, and being kept on hold." Today, most of these manual processes have been eliminated, thanks to the computer-to-computer communication that the system provides between the practice and the pharmacies Dr. Warrington's patients use.

CLINICAL DECISION SUPPORT, AT YOUR FINGERTIPS

"When preparing new and refill prescriptions, you can use a handy drop-down menu to add a note, to indicate, for instance, that an appointment or blood work will be required before the next refill will be available," says Dr. Warrington. "And if a potential drug-drug or drug-allergy interaction has been discussed with the patient and then bypassed, I can also add a note to the pharmacist

"In so many ways, e-prescribing provides direct benefits for the three people involved in any given prescription — the physician, the patient and the pharmacist."
— Dr. Warrington

PRACTICE STATS

Alan Warrington, M.D.

▶ In practice for 18 years

▶ Practice name and specialty: Alan Warrington, DO (Wilmington, Del.) — Family Practice

▶ Prescribing system used: DrFirst Rcopia

▶ Number of prescribers using the system: 1

▶ Total staff in practice: 9

▶ Average number of patients seen per day: 50

▶ Approx. number of new prescriptions per day: 75

▶ Approx. number of refill authorizations per day: 20-40

to say that we are aware of the potential interaction, that the patient has had favorable experience with the drug, or that I've instructed the patient to stop taking the other drug." Debra adds: "That's been a huge time savings, because we no longer have to field calls from the pharmacist to clarify these issues or have our staff members reach out to patients to explain why their refill requests can't be automatically renewed."

Automatic formulary checking is another time-saving tool. "Because you're able to select the most appropriate formulary-approved medication right there and then, you no longer have the pharmacist rejecting the prescription outright. This used to happen all the time, as pharmacists seek to avoid dispensing a non-formulary drug only to have to restock it later when the patient abandons it at the pharmacy because it's too expensive," says Dr. Warrington. "That situation literally used to come up 10–15 times a day before our e-prescribing system allowed us to easily shake out these formulary issues up front," adds Debra.

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