

# Advanced Registered Nurse Practitioner Care

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## A Special Thank You

Many thanks to the Eastside Nurse Practitioners for their generous contribution and ongoing support of ARNPs United.

## Nurse Legislative Day is February 7, 2005

It is back and better than ever. Nurse Legislative Day was a huge success last year. Nurse Practitioners alone visited with nearly 40% of the legislators in Olympia in one day! It was monumental and surely helped ARNPs United pass our Labor and Industries bill. This year we again hope to have a breakout session devoted to Nurse Practitioner Issues. Novices and experts alike will be brought up to speed so that they can present the information in meetings with their legislators later that day. Don't miss this opportunity to get involved!

## Save the Date !! - Monday, February 21, 2005

Have a Heart for Kids Day - Children's Alliance Annual Day at the state Capitol in Olympia, 9:00 am - 12:00, United Churches - 110 11th Ave. SE, Olympia, [www.childrensalliance.org/whatsnew/events.htm](http://www.childrensalliance.org/whatsnew/events.htm)

## Blending Technology with Pharmacology: Improving the Care of the Pain Patient

by Gregory L. Holmquist, PharmD, BCOP

In 2000, the nonprofit Institute for Safe Medication Practices (ISMP) recommended in a white paper for the elimination of handwritten prescriptions within three years!<sup>1</sup> The report states, "while technology does not offer a perfect solution, ISMP does believe that technology, if appropriately and aggressively used, holds great promise for researching, identifying, reporting, and reducing medication errors. In particular, ISMP believes that electronic prescribing, with proper systems design, implementation, and maintenance, can contribute significantly to the prevention of costly medication errors today. There is no reason to wait for legislative activity or task forces to insist that this capability be utilized as fully as possible." The report further states, "handwritten prescriptions ought to be a thing of the past. Healthcare providers across the nation should rapidly and aggressively take advantage of the electronic prescribing technology that can help prevent medication errors today. The need is urgent." Documented records indicate that medication errors are responsible for more than 7,000 deaths annually<sup>2</sup>.

Without the use of electronic prescribing technology, estimates suggest that physicians spend more than thirty percent of their time making prescription decisions and doing follow-up reviews. A 1999 study by the Institute of Medicine<sup>3</sup> (IOM) estimated that 90 percent of all US health care transactions took place by phone, costing the industry \$280 billion annually, primarily for office staff and physician time as well as the telephone and fax charges. Upwards of 40 percent of traditional prescriptions require pharmacists to make phone calls to doctor offices for clarification. Additionally, according to the ISMP and the IOM, fifteen percent of paper or phone prescriptions annually contain errors, many related to illegible handwriting or verbal misunderstandings. The IOM report estimated that every pharmacy call-back cost physicians' practices \$5 to \$7 to pull and review the chart and return the call. Unfortunately, ISMP estimates that less than five percent of U.S. physicians currently "write" prescriptions electronically.

The benefits of electronic prescribing (eRX) in improving quality of care and reducing costs in a variety of settings have been demonstrated in several studies<sup>4-9</sup>. To date there are no published controlled trials with the use of eRX in ambulatory pain centers. However, due to several factors the numbers of prescriptions for pain medications have increased dramatically over the past decade. Coupled with the risks and complexities of prescribing medications for patients with chronic pain syndromes, there are reasonable expectations that the use of eRX could provide favorable benefits to pain specialists and other practitioners that prescribe large numbers of analgesic medications. eRX system benefits in this setting could reasonably include improving clinical decisions and time efficiencies for assessing, treating and monitoring pain patients, reducing prescriber liabilities, eliminating prescription fraud and providing meticulous prescribing record documentation to meet and exceed that required by regulatory agencies.

Providing medical care to patients with chronic pain syndromes can be challenging and time consuming. Over fifty million persons in this country suffer from chronic pain due to such diverse conditions as cancer, headaches, arthritis, fibromyalgia, musculo-skeletal disorders, diabetic neuropathies, vascular disorders, surgeries, post-herpetic neuralgias, and non-specific low back complaints.<sup>10</sup> Guidelines and expert opinion<sup>11-12</sup> suggest that medications should not be utilized as a sole strategy in the comprehensive management of chronic pain syndromes, nor should they be viewed as "quick fixes". However, chronic pain conditions often require the prescribing (and endless refilling) of large quantities of multiple medications for both the physical pain complaints, as well as for the myriad of associated symptoms such as insomnia, depression, anxiety and muscle spasms. Many practitioners may be reluctant to prescribe pain medications and many pharmacies refuse to stock needed pain medications. Prescribers who are willing to provide pharmacological interventions are often frustrated with the inherent hassles associated with numerous patient requests for refills and justifying the validity of the prescriptions to the community pharmacist. Furthermore, numerous barriers often increase the frustrations, the liability risks and costs associated with caring for the chronic pain patient.

Computerized prescribing represents a long-overdue change in the way physicians practice medicine, wrote the authors of a JAMA article<sup>13</sup>. Electronic prescribing, they said, "represents an important step both in the creation of the computerized patient record and toward the more rational use of drugs."

Currently, most eRX systems utilize a laptop computer or wireless, electronic prescription writing and transmitting device such as a hand-held computer or a PDA. Many of the systems have been designed to be user friendly, secure, HIPAA-compliant and to be able to provide complete medication prescribing and utilization documentation. eRX hardware devices eliminate the need for traditional prescription pads by incorporating software that offers numerous functions for managing patient records and enhancing medical office productivity. The electronic system eliminates the potential of handwriting errors and the risk of prescription counterfeiting. Unlike an

ordinary prescription pad, the handheld prescription unit directly transmits the dispensing order to the pharmacy, which checks for frequency of use and/or potential misuse by the patient. Most systems allow the prescriber to select from the self-contained list of applicable medications after entering an authorization code for the medication. The device, by eliminating the need for a handwritten prescription, avoids prescription loss, alteration, copying and forgery. Coded access to the prescription unit ensures that if the physician misplaces the unit or leaves it unattended, it is useless to another party and cannot be utilized to falsely transmit prescriptions. When the patient arrives at the pharmacy, the prescription is often ready, in advance of their arrival, minimizing lengthy waits. Other benefits to some eRX systems include: 1) the electronic screening of new prescriptions against the patient's profile to prevent adverse drug events related to dosage errors, known allergies and drug-drug interactions, and to minimize errors with look-alike and sound-alike names; and, 2) the provision of monthly activity reports which among other things, identifies those patients that have failed to pick up their prescriptions.

Two broad models of eRX services have emerged in the past couple of years. Each model offers many features that improve safety for patients while increasing efficiency for medical professionals. One model concentrates the eRX service on specialists who treat a particular chronic disease or group of diseases. Future discussions of this model will be referred to as "specialized eRX". The other model, herein referred to as "generalized eRX", does not focus on any particular disease entity or particular specialist physician group. Both models use a variety of electronic prescribing tools, software applications, platforms and both offer a variety of value-added services to benefit the prescriber, the pharmacy and ultimately the patient. Some software applications directly transmit an electronic prescription to a designated pharmacy, while others transmit a fax of the prescription to the specified pharmacy.

One key value-added service offered by some of the eRX systems (in both models) is a "Refill Management Service". This service reduces office phone calls and associated frustrations due to the involvement of pharmacy staff proactively reviewing electronic patient medication records and telephoning patients several days prior to the anticipated refill date. Some systems allow patients a choice of coming in to pick up new and refilled prescription(s) or having the prescription(s) home-delivered via the U.S. mail service or via a bonded courier. Prescribers who prefer to authorize refill prescriptions at an office visit discover the convenience and time saved by renewing medications via a few mouse clicks on the electronic device, instead of manually recopying multiple medications on paper prescriptions.

Generalized eRX models are typically set up to transmit prescriptions (or faxes) to a number of chain and community pharmacies. Examples of generalized eRX models include Healthramp, SureScripts Systems, and RxHub. This model accepts transmission of electronic prescriptions from numerous different practice sites, most commonly, family practice physician offices. Since electronically generated prescriptions in this model arrive from a multitude of sources, pharmacists may or may not be familiar with the e-scripting practitioners. In the generalized eRX model, pharmacists processing e-

prescriptions and providing education (counseling) do not typically have a specialized focus of learning in one area of medicine.

Specialized eRX models focus on a particular disease entity. The eRX systems in the specialized model usually transmit the prescriptions (or faxes) to a pharmacy with staff that has advanced training in a particular disease entity. Examples of specialized eRX models include InfoScribeRx (focuses on psychiatric and neurology physicians who prescribe mental health medications) and eRXSYS Assured Script Technology. (focuses on physicians who treat a variety of pain conditions – e.g. pain specialists, physical med and rehab physicians, osteopathic physicians, orthopedic surgeons, oncologists, rheumatologists, neurologists, etc.). While the InfoScribeRx system allows transmission of e-prescriptions to a variety of pharmacies, the prescriber can choose from a library of pharmacies in the area with staff that have obtained advanced training related to the specialized medications being electronically prescribed. Assured Script Technology / eRXSYS Inc, an example of a fully specialized eRX system, link the electronic prescribing process with a specialized pharmacy called Assured Pharmacy. Staff employed by Assured Pharmacy have advanced training in pain management and focus on the unique needs of the pain patient and the prescribing physician. Typically, the specialized pharmacy is located centrally to many of the prescribers.

The evidence is becoming more and more compelling for the need to use eRX systems. Handwritten prescriptions are prone to errors. Handwritten prescriptions for pain medications are prone to being counterfeited. Ending pharmacists' telephone tag when they cannot decipher illegible handwriting, or need to ensure the validity of the prescription, or corroborate benefit eligibility promises substantial efficiencies for the pharmacist, prescriber and patient.<sup>14,15</sup> Transmission of electronic prescriptions directly to the pharmacy ensures medications are ready when a patient arrives at the pharmacy.<sup>16,17</sup> Transmission of electronic prescriptions via well designed secure systems, to the pharmacy ensures that the prescription will not be altered, sold or "lost". Intuitively, prescribing medications for patients with pain syndromes would seem well suited to the specialized model. Chronic pain is often a complex condition, requiring the prescribing of multiple medications, many of which have risks of adverse effects and abuse. The combination of the benefits of safety and economic features of the generalized model, and the ability to designate one pharmacy, with staff that has advanced training, meets the standards and guidelines advocated by many experts and regulatory agencies<sup>11,12</sup>.

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*Dr. Holmquist, a graduate of the University of Washington, Seattle, Washington, has been a practicing clinical pain management and palliative care pharmacist for over 20 years. In addition to his own pain consulting practice, Dr. Holmquist currently provides direct patient care and consultative services for the chronic non-cancer pain and hospice teams at Group Health in Seattle.*

*In addition to frequent speaking engagements, Dr. Holmquist has acted as Principle Investigator on numerous clinical trials and presently serves on the Editorial Board of Journal of Pharmaceutical Care in Pain and Symptom Control. Most recently, Dr. Holmquist has accepted a position on the Board of Directors of the American Society of Pain Educators*

### Opinions Needed

You've read our newsletter created just for you and now we want to know what you think of it! The Optometric Physicians of Washington is committed to being a resource for you on all things vision. We want your constructive feedback about our newsletter, *in-sight*, which is inserted into this newsletter periodically throughout the year.

We're asking that you take a short, five-minute online or phone survey which covers topics like usefulness, content and format. We can only improve this tool if we hear from you!

Please email Tamitha Anderson at tamithaa@desautelhege.com or call her at 509.444.2350 and we will either send you a link via email to the online survey or talk with you over the phone.

### Product Announcement

#### The convenience you want. The accuracy you demand.

"Paper" prescriptions are becoming obsolete! New technologies are rendering the old-fashioned prescription pad – and the opportunities for errors, fraud, and counterfeiting they bring with them – a thing of the past.

**Provider** – Using Assured Script Technologies software, the participating provider can electronically transmit patient and prescription information directly to the closest Assured Pharmacy. Software encryption ensures complete privacy as well as total accuracy in all transmissions.

**Patient** – Patients may pick up their prescriptions in person, have them shipped via UPS or enjoy free same-day courier delivery within 15 miles. Again, complete privacy is assured!

**Pharmacy** – Upon input of the prescription, the Assured Script Technologies software "red flags" any possible drug-to-drug, drug-to-food and drug-to-allergy interactions. The pharmacist then fills the prescription per your specific instructions and in compliance with all local, state, and federal regulations. [www.assuredscript.com](http://www.assuredscript.com)

## Continuing Education

### Complimentary Continuing Education

FnP Associates is pleased to announce **complimentary** continuing education programs for NPs available on the web. The programs are:

**Pain: Current Assessment, Management, and Treatment** – This program is approved for 6.0 contact hours in pharmacology, [www.npcentral.net/ce/pain](http://www.npcentral.net/ce/pain)

**Treating the Common Cold: An Expert Panel Consensus Recommendation for Primary Care Clinicians** – It is approved for 1.8 contact hours in pharmacology. This is an evidence – based set of recommendations for managing cold symptoms, [www.npcentral.net/ce/cold](http://www.npcentral.net/ce/cold)

**Frequent Heartburn: An Evidence-Based Approach to Cost-Effective Management** – Developed in collaboration with the American Academy of Physician Assistants, this program is accredited for 1.0 contact hours. Coming Soon!

Register, read the article, take the post-test, fill out the evaluation, and print out your CE certificate! Do these at your own pace. It's easy!

These Independent Study Activities are approved by the Washington State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. FnP Associates, LLP is a nurse practitioner owned business dedicated to advancing and supporting the role of the NP in health care.

### Strengthening Stepfamilies

When: March 18<sup>th</sup>, 2005, 9:00am - 4:30pm. Location: Shoreline Conference Center, Shoreline, WA. Approved for 8.1 contact hours. Cost: \$125.00 Presenter: Elizabeth Einstein MA, MFT

Whether your involvement is personal or professional, stepfamily living creates special challenges that require special knowledge and skills. Through lecture and group experience, Strengthening Stepfamilies delivers tools for successful transitions. Elizabeth Einstein is one of the country's leading educators in the dynamics of stepfamily relationships. She has written and spoken extensively on the subject. Each attendee will receive \$20-\$25 worth of stepfamily education materials.

For more information, or to register: 206-441-6892 or [www.cascadia-training.org](http://www.cascadia-training.org)

### Spring Training for Primary Care Providers

When: March 9-12, 2005. Location: Doubletree LaPosado Resort, Scottsdale, Arizona. Nursing CEUs available 13.2 (Physician CME Hours and Pharmacy hours also available) Registration fee \$350 includes a dinner for attendees and families with a speaker from a major league baseball team. For more information contact: Jeri L. Sackett, CMP at 425-261-3690 or [jeri.sackett@providence.org](mailto:jeri.sackett@providence.org)

## Classified Ads

### Tacoma, WA

Solo practice urologist seeks a full-time certified nurse practitioner to join a thriving practice in Tacoma, across from Tacoma General Hospital. Initial primary responsibility will be to provide first assist in the OR with the position eventually transitioning to a full-time office position. At least one year of prior urology experience is preferred. This position requires a high level of commitment and responsibility, for which you will be rewarded with an excellent salary and benefits package. Please send CV to MultiCare Health System at [providerservices@multicare.org](mailto:providerservices@multicare.org) or fax to 866.264.2818. Please refer to opportunity #343.

### ARNP – Adult Practice in Tacoma

Private practice owned by a Nurse Practitioner searching for another NP for a part time or full time position, offering flexible hours and days, and excellent compensation based on reimbursements. Contact Gigi or Lynda 253-212-0093 or fax your resume to 253.267.0878.

**MultiCare, Tacoma Sport Medicine Clinic  
Nurse Practitioner – Certified – Orthopedic Surgery Practice**

Part time opening, 24 hrs/wk, 3 days a week, for a nurse practitioner experienced in Orthopedics. Will work collaboratively with 2 sports medicine orthopedic surgeons, and 1 ARNP in Tacoma, WA. Primary responsibilities will be to provide quality healthcare to patients of all ages in accordance with MultiCare Health System’s standards of excellence. Candidates must be WA State licensed and certified as an ARNP, having been a graduate of an accredited program. Competitive salary and comprehensive benefits package. Please send resume to: MultiCare Health System, Provider Services, P.O. Box 5299, MS: 737-2-PHYS, Tacoma, WA 98415-0299; or Email resume via Word document to: providerservices@multicare.org. Please visit our website at www.multicare.org. “Multicare Health System is a drug free workplace, and an equal opportunity employer

**Ad Information**

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later than this on a space-available basis. Position Available Ads of less than 66 words are \$45, of 66 to 130 words are \$75, and greater than 130 words are \$105. Position Available Ads are priced per insertion. Continuing Education Announcements of less than 65 words are \$70, of 66 to 130 words are \$105, or 131 words or greater are \$130. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75. Ad Inserts are \$540 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy to ARNP Care, 10024 SE 240th St, #102, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email care@nurse.net.

**Healthy Humor**

**A Day in the Life of a Nurse Midwife!**

A man speaks frantically into the phone, “My wife is pregnant, and her contractions are only two minutes apart!” “Is this first child?” the midwife queries. “No, you idiot!” the man shouts.” This is her husband!”

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