



CONNECTICUT PHARMACISTS ASSOCIATION

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Testimony Before the
Public Health Committee
Wednesday
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Re: HB 6839 –An Act Concerning Health Information Technology

Good Morning Senator Handley, Representative Sayers, and members of the Public Health Committee. My name is Margherita Giuliano. I am a pharmacist and executive vice president of the Connecticut Pharmacists Association. I also serve on the Board of Directors for eHealth Connecticut. I am here today to speak in support of Raised Bill 6839: An Act Concerning Health Information Technology

Not only is the development and implementation of electronic health information mandated by the Medicare Modernization Act, it also provides an opportunity to place Connecticut as one of the front-runners of this important initiative. With this bill, we have a unique opportunity to change not only how patient care is delivered, but also improve the quality of care delivered. As the focus of today's testimony, I would like to speak on the benefits of health information technology in terms of improved quality of care, and *the pharmacist's role in contributing to these benefits.*

As many of you are aware, Governor Rell announced on Friday that Connecticut was awarded a \$5 million federal grant to support the more widespread use of electronic health care records and e-prescribing in the Medicaid population. On a broad level, the use of electronic records will foster many benefits for public health and the state including improvement in quality of care, prevention and reduction of medical and medication errors, reduction in health care costs through elimination of repetitious or unneeded tests and procedures, contribution to and improvement of chronic disease and medication therapy management and, it is hoped, expanded patient access to affordable care. This grant represents an important first step towards the implementation of state-wide health information technology.

Especially important is the prevention and reduction of medical errors, costly duplication of services, and management of drug therapy. As health care professionals, pharmacists are in an ideal position to contribute to the improvement in quality of care that would occur through the use of electronic health care records. Pharmacists are able to compile comprehensive medication histories of their patients including prescription drugs as well as over-the-counter medications and herbal supplements which may be missed in other medication records of that patient. With access to the patient's electronic health record, the pharmacist would be able to add this important information and make sure that the patient's medication list is as accurate and complete as possible. This in turn would provide prescribers with a more complete medication profile when selecting the appropriate drug for treatment.

Through the use of electronic medical records pharmacists can screen for and address medication-related problems. Access to lab data and other information stored in the patient's profile would allow pharmacists to make sure that drugs are being used appropriately with the patient's physical and medical condition, as well as to identify if patients are having adverse drug reactions. One of our pharmacists in the VA who has access to electronic medical records in that system gave multiple examples of how this has improved patient care for their patients. For example, a patient with a serum creatinine of 1.7mg/dl is prescribed metformin to control his diabetes. If a pharmacist had access to this lab value in the patient's medication record, as well as the patient's weight and age, he or she would be able to determine that, with a kidney function of <50ml/min, this patient is not an appropriate candidate for metformin and by taking it, would be at high risk for a potentially fatal adverse reaction known as lactic acidosis. This is a contraindication that may not be noticed by other members of the patient's health care team and an important intervention on the part of the pharmacist.

Pharmacists would also be better able to detect drug interactions, which may go unnoticed by other health care providers, as well as to determine the "clinical significance" of the interaction and what the potential harm is to the patient. It is important to recognize that pharmacists are highly educated and their expertise is their vast knowledge of drugs and appropriate drug therapy.

As pharmacists, we would support the inclusion of access to ICD-9 diagnosis codes in the patient's electronic record. Having this information would allow the pharmacist to review and determine the appropriateness of the patient's current medication therapy and identify any duplicate or unnecessary medications. This has the potential to improve the quality of care the patient receives through reduction in the daily pill burden, which often affects patient compliance with medications. Patient non-compliance places a huge cost to the overall healthcare system.

E-prescribing is also an important part of health information technology, and one that pharmacists are in support of. When a prescription is transmitted electronically instead of through a written medium the possibility of medication errors is greatly reduced. One limitation to e-prescribing we have identified is the possibility of physicians accidentally selecting the wrong drug from the list of available drugs. Transmitting ICD-9 codes along with the prescription would help solve this potential problem. One potential barrier in the implementation of e-prescribing is the cost to the pharmacies. In order to participate pharmacies are charged transaction fees. Although these fees may appear insignificant, they are considerable to the pharmacies based on the low reimbursements currently received from insurers and PBMs. Even the improved efficiency to the filling process may not offset the financial impact.

In closing, the pharmacy profession applauds the efforts the state is making in facilitating electronic health technology. We look forward to working with you and eHealth Connecticut in making this a reality for the residents of Connecticut.