E-prescribing and ADE in primary care – data and evidence from meaningful use in the US

The benefits for patient safety and patient outcomes of moving from prescribing on paper to E-prescribing have been demonstrated mainly in acute settings.

As primary care is being computerised in the US, there are new opportunities to study the effects of e-Prescribing in this area.

A recent paper by Powers et al, published on JAMIA, notes how "after Meaningful Use (MU) objectives in 2010 made e-prescribing a requirement, the Centers for Medicare and Medicaid Services (CMS) began requiring that source of the original prescription (handwritten, e-prescribed, etc.) be reported on prescription drug events (PDEs) submitted to CMS". The availability of these data made possible researching databases of patients outcomes, in relation to the 'materiality' (digital or otherwise) of the prescription.

Christopher Powers, Meghan Hufstader Gabriel, William Encinosa, Farzad Mostashari, Julie Bynum (2015) *Meaningful use stage 2 e-prescribing threshold and adverse drug events in the Medicare Part D population with diabetes*, Journal of the American Medical Informatics Association Sep 2015, 22 (5) 1094-1098; http://jamia.oxfordjournals.org/content/22/5/1094

PS: we mentioned some of the challenges of studying the effects of primary care prescribing on Adverse Drug Events in one of our papers: "Medication errors in repeat prescribing in primary care may be more difficult to detect and study than prescribing errors in secondary care – for example, because (1) adverse events are only detected when patients end up in hospital instead of returning to the practice (and the practice misses the feedback on prescribing actions) and (2) the 'errors' may be connected with the continuation of the prescription, rather than with specific issues of a prescription, requiring a more longitudinal assessment approach".

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