CEO CFO

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NEWCROP

NewCrop, LLC provides the Electronic Prescribing component of Electronic Health Records, interfacing with Surescripts and solving the complexities of Medication Handling

Dr. Lawrence Susnow
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CEOCFO: ***Dr. Susnow, what is the idea behind NewCrop LLC and NewCrop Rx?***
Dr. Susnow: We provide a technically complex component of an electronic health record: electronic prescribing. Analogous to BOEING not making their own jet engines, we are the Rolls Royce / General Electric for electronic medical records not wanting to put the time and effort into doing their own interfacing with Surescripts, dealing with drug databases, scheduled drug prescribing, and all of the complexities that revolve around medication handling within a medical record.

CEOCFO: ***Are many practitioners looking for a simpler way or do they think it is easier, even though maybe a little more complicated, to have one solution?***
Dr. Susnow: Our customers are primarily electronic medical records. Therefore, the doctor is already using the system when they go to prescribe. They open our pages that are integrated into the EMR, or they may still stay on the EMR screens with our data engine running behind those screens.

We do have some direct using doctors. As the states mandate e-prescribing and scheduled drug electronic prescribing, we are seeing growth in this area.

CEOCFO: ***How are you making e-Prescribing easy for the physician?***
Dr. Susnow: It is e-prescribing versus paper. We have designed a system that requires the absolute minimum number of clicks to get a medication out the door. Error reduction is inherent to e-prescribing: correct formulation, legible, screened for allergy, drug interactions, managed care formulary. Errors eliminated add to patient safety and office efficiency.

CEOCFO: ***Are many people still taking a paper prescription into a pharmacy?***
Dr. Susnow: Some are, but the number is dropping. Eighty to 90% percent of prescriptions nationwide are now electronic. It is just so much more efficient. In addition, states are mandating electronic to lessen the

potential for misuse or fraud due to copying or altering a prescription. E-prescribing should have been mandated a long time ago for Medicaid and Medicare. Inspired by the opioid crisis, Medicare recently mandated scheduled drug electronic prescribing for 2021.

CEOCFO: ***Your site indicates that 140 EHRs are using your system, which is substantial. Why are they choosing NewCrop? Is there much competition?***
Dr. Susnow: Our primary competitor is DIY. The larger EMRs are always going to do what we provide on their own. EPIC, Athena, and eClinicalWorks have their own group of developers and compliance people who are spending a lot of time duplicating what we provide in an integrated package

CEOCFO: ***How do you integrate with an EHR? What goes into that process?***
Dr. Susnow: The simplest thing to do is to open our user screens. We have an expedited data interface via an XML post. Typically, the doctor will hit a "prescribe" button in the EMR, pushing the patient information to our user screens where all prescribing takes place. Upon close out, the medication list gets pulled back into the EHR.

The majority of our EHR customers use the XML post. Some use an alternative architecture, building their own screens, and plugging our APIs into the back end. This saves them the technical effort of building an interface with the pharmacy network, Surescripts. We provide that, so they can focus on their doctor's overall experience of their electronic record.

CEOCFO: ***How do you keep up to date with the various requirements in the states for Medicare/Medicaid, for different health providers or different plans within a particular health group? Is it automatic?***
Dr. Susnow: The details of whether a drug is covered or not, the managed care formularies, have been provided by Surescripts. Recently, we have added a real-time benefit feature that provides patient-specific payment details, provided by a range of payers and others. In addition, we use a supplemental formulary sources, filling some gaps in the Surescripts information.

CEOCFO: ***How is business?***
Dr. Susnow: Business is good! When I created NewCrop fifteen years ago, I knew the multiple aspects of e-prescribing were complex but assumed they would become simpler over time. This has not been the case: the data standards keep migrating. (We are just wrapping up the latest: Routing 6.1) Scheduled drug processing is uniquely complex, as approved by the DEA, a few years back. Thus, the need for NewCrop remains and grows.

CEOCFO: ***How do you reach out for new EHRs to work with you?***
Dr. Susnow: We have been around long enough that they find us. Developers, in particular, start a new job and say, "You know, you are doing it the hard way. Why not give NewCrop a call?"

CEOCFO: ***Are all states going to electronic on their controlled substances?***

Dr. Susnow: Not all just yet, but that is the trend. New York was first a few years back, and there are more every month.. Adding complexity, a number of states have chosen to schedule a drug in addition to the national DEA specifications. At NewCrop, we love complexity: we are the solution for an EMR not wanting to constantly deal with the nuances of e-prescribing.

CEOCFO: ***What is next for NewCrop? What might be different a year from now?***
Dr. Susnow: A great question! As I said, complexity in e-prescribing is the nature of the beast. Additional EMRs continue to contact us, particularly driven by evolving state mandates. Similarly, we are seeing a growing number of individual doctors. We will remain tightly focused on our niche of providing everything that has to do with drugs and prescribing.

One new area is real-time benefits. This feature will provide *patient-specific* co-pay and drug cost information.

CEOCFO: ***Are you able to help a doctor if a drug is not available or a particular version is not available?***
Dr. Susnow: Our licensed drug databases, First Databank and LexiComp, update with new drugs as they are approved. (As soon as a National Drug Code, NDC number, is assigned and a drug goes to market.) We do have the capability, within our screens, to prescribe a drug that does not have an NDC number. It might be an over-the-counter herbal supplement, a foreign drug that is not in the US database, or a complex compound.

CEOCFO: ***Are changes in technology helping?***
Dr. Susnow: Yes. 15 years back, I had to explain the internet! I used to ask a new EMR, "Are you online or client—server?" We have always been strictly browser-based. We have avoided any dedicated hardware or software. This has become the customary approach to software delivery.

CEOCFO: ***So, your days are easy.***
Dr. Susnow: A few are easy, but there is always something going on. For instance; a couple weeks back we were informed that Virginia, Alabama, and Illinois had decided to make Gabapentin a Schedule V drug as of the following Monday. So, on Sunday, we went into our system to update the database so the doctors would be correctly prompted to use the scheduled drug sequence. Then, Tuesday we were informed that Alabama had changed their collective mind. Seems there is always something…..

CEOCFO: ***What surprised you as NewCrop has grown and developed and evolved to where it is today?***
Dr. Susnow: The universal implementation of e-prescribing was *not* a surprise. The advantages in patient safety and office efficiency were clear from the beginning. As I said earlier, increasing complexity was unexpected. Another surprise goes back to the dawn of time, 18 years ago. NewCrop grew out of my role as an HMO quality improvement director. The concept: e-prescribing would be running in a medical office and the doctor and staff would be using it throughout the day, creating a real-time interface with the HMO. This platform would allow communication, in real-time, down to the individual patient level, such as

an individual due for a mammogram. The HMO would have the ability to message the office staff to address this. That was the original idea, and my favorite bit of irony is that we are now about to start providing that very same real-time capability. It took 18 years, but health plans have figured out that there is now a conduit to the doctor’s desk-top, ready to be utilized for patient care.