Florida Electronic Prescribing Annual Report for 2023

FLORIDA CENTER FOR HEALTH INFORMATION AND TRANSPARENCY AGENCY FOR HEALTH CARE ADMINISTRATION

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Introduction

The 2023 Florida Electronic Prescribing Report is submitted in accordance with section 408.0611, Florida Statutes, (F.S.), to annually report on the status of eprescribing in Florida. This report presents a review of Agency activities that promote eprescribing as well as state and national eprescribing initiatives, highlight Florida eprescribing metrics, and action steps taken to promote greater adoption of eprescribing across Florida.

Eprescribing enables the electronic transmission of prescriptions and provides access to medication formulary and adverse medication interactions, as well as access to a patient's medication history by prescribing physicians at the point of care. Properly used, it improves prescription accuracy, increases patient safety, and supports medication adherence. Physician access to patients' medication history through electronic health records and other eprescribing systems enables the practitioner to be aware of other medications ordered and to improve coordination of patient care with other treating physicians. The adoption of eprescribing continues to increase in Florida as the benefits and cost-savings for all participants, including physicians, pharmacies, and patients, have become more evident.

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Section 1.Status of Electronic Prescribing

Section 408.0611, F.S., states that the Agency for Health Care Administration (Agency) is to collaborate with stakeholders to create an electronic prescribing (eprescribing) clearinghouse, coordinate with private sector eprescribing initiatives, and prepare an annual report on the progress of eprescribing implementation in Florida. The first annual report was published in January 2008. Previous reports are available at: Florida ePrescribing Metrics and Reports (myflorida.com).

This Florida Electronic Prescribing Annual Report provides a general assessment of the status of eprescribing in Florida for 2023. The report provides metrics on eprescribing in Florida as available through the end of 2023, based on data provided by national eprescribing networks and Florida Medicaid. It concludes with a review of Agency strategies to promote eprescribing in 2024.

1.1. What is Electronic Prescribing?

Eprescribing uses health information technology to enable the electronic transmission of prescriptions and access to medication formularies, drug interactions, and medication histories by prescribing practitioners at the point of care. This health information exchange system integrates prescribed medication data from multiple stakeholders including pharmacy benefit managers (PBM), payers, and pharmacies. Through these systems, medication histories are available for prescriptions that were brought to the pharmacy on paper or transmitted electronically.

Eprescribing improves prescription accuracy, increases patient safety, and reduces costs because of the critical health information it makes available to the physician or other prescribing practitioner. A major benefit of the electronic transfer of prescriptions is the reduction of errors caused by miscommunication commonly associated with handwritten paper prescriptions. Eprescribing can also reduce opportunities for fraud and abuse that currently occur due to a lack of secure prescription delivery to the pharmacy. Eprescribing creates a more traceable trail for auditing purposes. Eprescribing systems enable practitioners with authorized access and consent to view medication history information at the point of care for coordination of patient drug therapy and improved quality. These systems also provide practitioners with a secure means of electronically accessing health plan formulary information and patient eligibility at the point of care.

Florida passed legislation in 2019 that requires prescribing health care practitioners using electronic health records to participate in eprescribing by their license renewal date after January 1, 2020 or July 1, 2021 whichever was first. This requirement includes controlled substances unless the provider or patient deems sending the prescription electronically to be detrimental to the patient's care.

Pharmacy networks connect pharmacies, physicians, and PBMs. The leading pharmacy network in the United States is Surescripts, with more than 23 billion network transactions annually. The Network Alliance has grown larger and continues to exchange more health intelligence. Surescripts collects and provides data to the Agency for the metrics displayed in this report.

More information about available eprescribing products can be found on the Surescripts website at www.surescripts.com.

1.2. Electronic Prescribing of Controlled Substances

Until 2010, the U.S. Drug Enforcement Administration (DEA) regulations required prescriptions for controlled substances to be written on a paper prescription pad. On March 29, 2010, the DEA issued an interim final rule permitting eprescribing of controlled substances (EPCS). The rules specify system requirements related to identity proofing; access control; and auditing for prescribing practitioners and other registrants, eprescribing vendors, pharmacies and pharmacists, and others. Federal changes to rule COMS-4180-F clarified that providers must use eprescribing for Medicare part D Schedule II, III, IV, or V controlled substances on or before January 1, 2021.

In 2023, Surescripts published their 2022 National Progress Report at <u>2022-national-progress-report.pdf</u> (surescripts.com). The report determined 35 states had enacted legislation that mandates the use of e-prescribing for all prescriptions, all controlled substance prescriptions, or a subset of controlled substance prescriptions, typically those for opioids.

At the end of 2023, 96.5 percent of pharmacies were enabled for EPCS and 83.2 percent of prescribers were enabled for EPCS nationwide. More information about engaging in EPCS is available on the Surescripts website at:

https://surescripts.com/enhanceprescribing/eprescribing/eprescribing-for-controlled-substances/.

1.3 Electronic Prescribing Metrics and Trends

The Agency published a set of indicators to track eprescribing adoption rates in Florida. Surescripts provided an annual total for new prescriptions, refill prescriptions (adjusted for duplicates), and e-Prescribers for Florida in 2023. Due to limitation on data availability metrics can only look at yearly activity.

The average number of eprescriptions per month continually increased, as shown in **Figure 1** below, from 372,085 in 2008 to 17,472,000 in 2023. This number supports the anticipated trend of increasing number of eprescriptions processed.

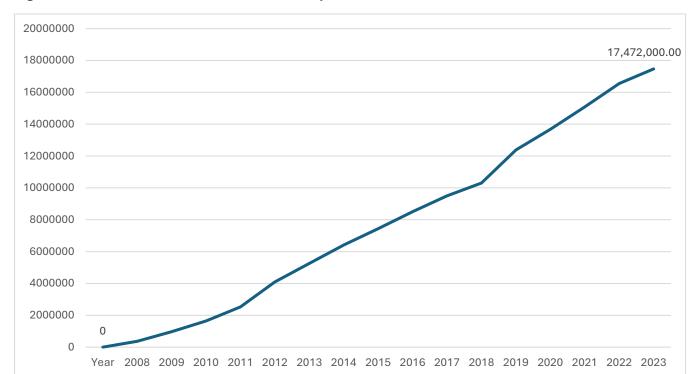
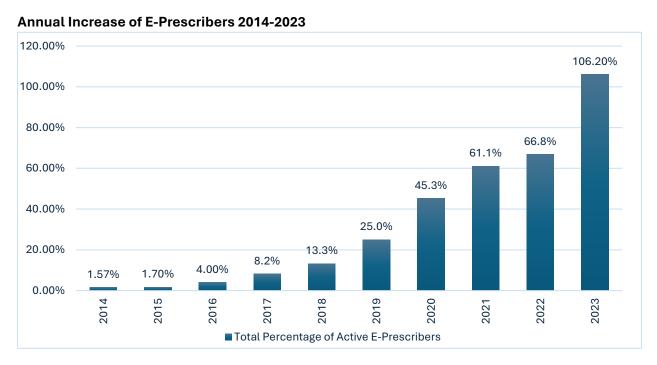


Figure 1. Annual Increase of Electronic Prescriptions from 2008-2023

The average number of eprescribers continue to increase annually as provided by Surescripts in **Figure 2** below. There was a significant jump in the percentage of active eprescribers. Some of this may be attributed to telemedicine prescriptions from out of state practitioners. There was a slight reduction in the percentage of pharmacies that accept eprescriptions. (**see Figure 3**)



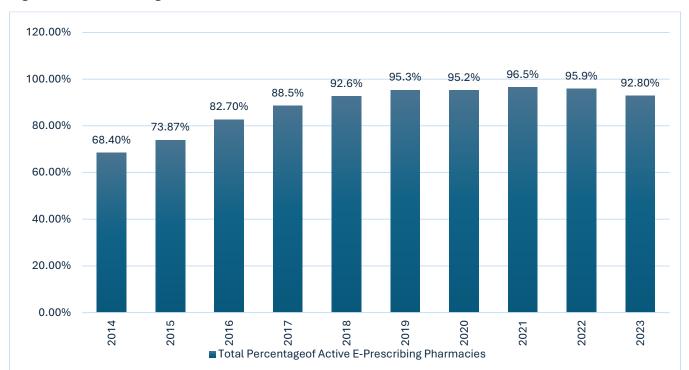


Figure 3. Annual Change in E-Pharmacies 2014-2023

The percentage of practitioners that are enabled to accept eprescribed control substances has increased by 12% since 2022. We did see a slight drop in the number of pharmacies that have enabled systems, however this number is comparable to the number of pharmacies that accept eprescriptions overall.

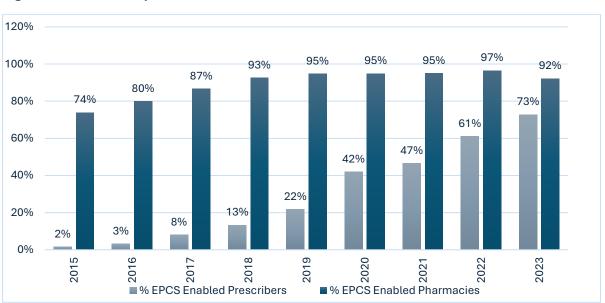


Figure 4. Annual Comparison of Florida EPCS Enabled Prescribers and Pharmacies

Section 2. Electronic Prescribing Adoption Activities

2.1. Florida Electronic Prescribing Clearinghouse

Section 408.0611, F.S., was passed into law during the 2007 Legislative Session. It required the Agency for Health Care Administration (Agency) to create a clearinghouse of eprescribing information. The purpose of the Electronic Prescribing Clearinghouse is to report eprescribing trends and provide information to promote the implementation of eprescribing by health care practitioners, health care facilities, and pharmacies in an effort to prevent prescription drug abuse, improve patient safety, and reduce unnecessary prescriptions.

The Florida Electronic Prescribing Clearinghouse can be accessed at: Florida Electronic Prescribing (ePrescribing) Clearinghouse (myflorida.com). Information about nationally certified health IT products and eprescribing tools, can be found on the companion website, http://ahca.myflorida.com/medicaid/ehr.

2.2. Pharmacy e-Health Information Technology Collaborative

The Pharmacy Health Information Technology Collaborative (Collaborative) works toward the greater participation of pharmacists in Health Information Exchange (HIE) and addresses opportunities for pharmacists to access and contribute to the patient specific information in EHRs. A key objective of the collaborative is to identify the minimum data set and functional EHR requirements for the delivery, documentation, and billing of pharmacist-provided medication management services. Such requirements include access to key medical information such as laboratory data and bi-directional communication flow among all practitioners.

In 2020, the Collaborative released its revised strategic plan, <u>2020-2025 Federal Health IT Strategic</u> Plan. The plan contains four goals:

- Promote Health and Wellness
- Enhance the Delivery and Experience of Care
- Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation
- Connect Healthcare with Health Data

Pharmacy value sets were previously distributed by a PDF document and now are accessible through a database published in the Value Set Authority Center at https://vsac.nlm.nih.gov/ on the U.S. National Library of Medicine website.

2.3. Electronic Prescribing Standards and Certification Bodies

The EHR certification final rule, issued October 16, 2015, by the Office of the National Coordinator for Health Information Technology established standards, implementation specifications, and

certification criteria for EHRs and requires use of the National Council for Prescription Drug Programs (NCPDP) SCRIPT as the only content exchange standard for eprescribing in the ambulatory and inpatient settings. The rule requires the capacity to use the vocabulary standard RxNorm, specifically RxNorm concept unique identifiers (RXCUIs).¹

In 2022, the NCPDP Foundation awarded a grant to University of Arizona R. Ken Coit College of Pharmacy to research and identify barriers to using the clinical indication (SNOMED CT) or diagnosis (ICD-10) fields in NCPDP's SCRIPT and Telecommunication Standards, which can aid pharmacists in drug utilization review, and improve patient care and patient safety. ²

The NCPDP SCRIPT Standard Implementation Guide and Standards Matrix were updated in 2018. The Standards Matrix showing the status of guide updates may be viewed at http://www.ncpdp.org/NCPDP/media/pdf/StandardsMatrix.pdf.

In December 2022, the NCPDP published <u>SCRIPT Implementation Recommendations</u>. The publication provides requirements and implementation best practices when transmitting NCPDP SCRIPT transactions. It also contains corrections and clarifications to the NCPDP SCRIPT Implementation Guide.

2.4. Health Information Exchange Coordinating Committee

The Agency established the Health Information Exchange Coordinating Committee (HIECC) in 2007 under the State Consumer Health Information and Policy Advisory Council (Advisory Council) as authorized in s. 408.05 (8) F.S. The HIECC includes representatives of hospitals, long-term care facilities, medical associations, regional health information exchanges, clinicians, health plans, rural health organizations, economic development organizations, consumer organizations, and a representative of the Florida Pharmacy Association. This legislation also requires the Agency to create the Electronic Prescribing Clearinghouse website.

The HIECC advises the Agency in implementing a strategy to establish privacy-protected, secure, and integrated exchange of electronic health records among practitioners involved in patient care including the exchange of medication information through eprescribing.

¹ Department of Health and Human Services. "2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications", https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base#t-22, October 16, 2015

² NCPDP Foundation, "NCPDP Foundation Awards Grant to University of Arizona R. Ken Coit College of Pharmacy to Identify Barriers to Using Indication/Diagnosis Fields in NCPDP Standards", <u>Foundation-PR-UA-Grant-062722.pdf (ncpdpfoundation.org)</u>, June 27, 2022.

The HIECC and Advisory Council continue to monitor progress in eprescribing adoption and the Agency's strategies to promote eprescribing. Meeting information is provided at http://fhin.net/committeesAndCouncils/hiecc.shtml and http://ahca.myflorida.com/SCHS/CommitteesCouncils/SCHIP/chismeetings.shtml

2.5. Action Steps

In 2024, the Agency will address the following action steps to further accelerate the adoption of eprescribing in Florida:

- 1) Continue to report eprescribing metrics as available. The information will be posted on the Agency's website as part of the Florida Electronic Prescribing Clearinghouse.
- 2) Support national standards for "fully informed" eprescribing that require health plans and vendors to electronically transmit medication history, formulary, and benefit information to eprescribers and pharmacies.
- 3) Identify and promote opportunities for the participation of pharmacists in Health Information Exchange (HIE) and work with pharmacists to identify HIE opportunities, with a focus on controlled substances.
- 4) Continue to disseminate eprescribing information to the public. The Agency will include eprescribing information for consumers on the web at ePrescribing Resources | Florida Agency for Health Care Administration.

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