
Florida Electronic Prescribing Annual Report for 2013

**FLORIDA CENTER FOR HEALTH INFORMATION AND POLICY ANALYSIS
AGENCY FOR HEALTH CARE ADMINISTRATION**

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Executive Summary

Introduction

The 2013 Florida Electronic Prescribing Report provides a general assessment of the status of electronic prescribing (e-prescribing) in Florida as of 2013. It presents a review of Agency for Health Care Administration (Agency) activities to promote e-prescribing; highlights of state and national e-prescribing initiatives; Florida e-prescribing metrics; and action steps to promote adoption of e-prescribing coordinated with other Agency health information technology initiatives. This report is mandated in Section 408.0611, Florida Statutes, which directs the Agency to disseminate information on e-prescribing and promote its adoption.

E-prescribing enables the electronic transmission of prescriptions 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 medication adherence. Accessing patients' medication history through e-prescribing systems enables physicians to be aware of other medications ordered and better coordinate patient care with other treating physicians. E-prescribing adoption continues to increase because it produces benefits and cost savings for all participants including physicians, pharmacies, and patients.

Electronic Prescribing Highlights in 2013

In 2013, the Centers for Medicare and Medicaid Services (CMS) and the Agency continued making Medicare and Medicaid incentive payments respectively for the "meaningful use" of certified electronic health records (EHRs) under the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The HITECH Act provisions established meaningful use rules which include e-prescribing in the core set of required measures for eligible professionals to qualify for incentive payments. CMS issued the second stage requirements for meaningful use in August 2012, which raise the bar for e-prescribing to 50% of prescriptions (unless excluded) starting in 2014. The Agency engaged in outreach to pharmacies not yet e-prescribing and continued registering pharmacies in the Direct Secure Messaging (DSM) service of the Florida Health Information Exchange (Florida HIE). Pharmacies will be able to use this service to securely communicate health information with physicians and other providers. The Agency continued making Medicaid incentive payments for the adoption and meaningful use of EHRs by Medicaid providers. National and state e-prescribing organizations, payers, and professional associations continued to produce educational materials to encourage greater use of e-prescribing. Together, these developments have resulted in continued growth in the adoption of e-prescribing.

Agency e-Prescribing Outreach Strategies

In 2010, the Office of the National Coordinator for Health Information Technology (ONC) directed the Agency to engage in outreach to independent community pharmacies to achieve full pharmacy participation in e-prescribing. In response, the Agency conducted a survey of community pharmacies in 2011 as well as further outreach to pharmacies not yet e-prescribing in 2012

encouraging steps toward e-prescribing. With the assistance of data provided by ONC and national e-prescribing organizations, the Agency continued to produce a quarterly dashboard of e-prescribing metrics showing trends, statistics for metropolitan areas, and a comparison of Florida rates to national e-prescribing rates. In addition, the Agency continued working in close collaboration with representatives of Florida's regional extension centers which have the mission of assisting health care providers achieve meaningful use. The Agency assigned the activities of the State Electronic Prescribing Advisory Panel to the Health Information Exchange Coordinating Committee (HIECC) which held four meetings during 2013. The HIECC provides for coordination of e-prescribing as part of Florida's health information exchange initiatives. The Agency worked with stakeholders to gain an understanding of Florida law related to the e-prescribing of controlled substances in order to encourage the e-prescribing of controlled substances.

Metrics

The Agency has developed and published a set of key metrics for tracking e-prescribing adoption rates in Florida. E-prescribing metrics can be viewed on the Agency's website at <http://fhin.net/content/eprescribing/dashboard/index.shtml>. These metrics enable the Agency to gauge progress by region in the state, and in comparison with national rates. Metrics collected and reported quarterly include:

- Counts of new and refill e-prescriptions;
- E-prescribing percent increase quarterly and annually;
- Activated pharmacies and e-prescribing pharmacies by geographic region;
- E-prescriptions per e-prescriber;
- E-prescribers per total prescribers by geographic region; and
- Medicaid medication record requests per total requests.

The amount of e-prescribing relative to the estimated number of all prescriptions that could have been e-prescribed is the *e-prescribing rate*. The annual e-prescribing rate as of the end of the third quarter of 2013 was 50.1 percent, up from the annual e-prescribing rates of 41.3 percent in 2012, 27.1 percent in 2011, 18.4 percent in 2010, 11.3 percent in 2009, 4.3 percent in 2008, and 1.6 percent in 2007.

Medication record requests are requests where physicians used e-prescribing tools to access information such as eligibility, benefits, or medication history. The number of Medicaid medication record requests averaged 551,813 per month during 2011 and 956,313 during 2012. The number of Medicaid medication record requests averaged 1,202,602 from January through September 2013, showing a 26 percent increase from 2012.

In 2012, Florida's e-prescribing activity ranked 23rd among states as reported by Surescripts, up from its 24th ranking in the prior year. The Agency set a goal of achieving an increase in e-prescribing of 25 percent from 2012 to 2013. By the end of Q1 2013, e-prescriptions increased 14 percent, in Q2 e-prescriptions increased 7.3 percent, and in Q3 e-prescriptions increased 17.5 percent over 2012. The inclusion of e-prescribing in the meaningful use of EHRs is expected to continue to stimulate even greater use of e-prescribing and related clinical applications.

Florida Electronic Prescribing Clearinghouse

The Agency's [Florida Electronic Prescribing Clearinghouse](#) provides users a single point of access for e-prescribing information. It is designed to meet the requirements of Section 408.0611 Florida Statutes, and provides information on developments and trends in e-prescribing, with an overall goal of promoting the adoption of and improving the quality and effectiveness of e-prescribing in the state. Current and previous Florida e-prescribing annual reports are posted on the website as well as quarterly metrics on the status of e-prescribing adoption in Florida. The annual report provides up-to-date information on the benefits of e-prescribing derived from reports in the health service research literature. Information about products nationally certified for the EHR Incentive Program, including e-prescribing, can be found at the companion website, [Medicaid Electronic Health Record Incentive Program](#).

Health Information Exchange Coordinating Committee

In 2007, the Agency established the Health Information Exchange Coordinating Committee (HIECC) under the State Consumer Health Information and Policy Advisory Council (Advisory Council) authorized in Section 408.05 (8) Florida Statutes. The HIECC includes representatives of hospitals, long-term care, medical associations, regional health information organizations, clinicians, health plans, rural health, economic development organizations, consumer organizations and a representative of the Florida Pharmacy Association. Action steps for the Committee to further accelerate the adoption of e-prescribing in Florida are detailed in Section 2.12 of this report.

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Section 1. Introduction

In 2007, the Florida Legislature passed HB 1155, which created Section 408.0611, Florida Statutes, which states that the Agency for Health Care Administration (Agency) is to collaborate with stakeholders to create an electronic prescribing (e-prescribing) clearinghouse and coordinate with private sector e-prescribing initiatives. The Legislature also directed the Agency to prepare an annual report on the progress of e-prescribing implementation in Florida. The first annual report was published in January 2008. Previous reports are available on the web at: www.floridahealthfinder.gov/researchers/studies-reports.aspx

This 2013 Florida Electronic Prescribing Annual Report provides a general assessment of the status of e-prescribing in Florida in 2013. It presents a brief overview of e-prescribing, e-prescribing benefits, and the E-prescribing Clearinghouse. It reports highlights of e-prescribing developments in 2013 that includes increased e-prescribing requirements established as part of the stage two requirements for the meaningful use of electronic health records. The report provides monthly metrics on e-prescribing in Florida as available through 2013, based on statistics provided by national e-prescribing networks and Florida Medicaid. It concludes with a review of Agency strategies to promote e-prescribing in 2014.

1.1. What is Electronic Prescribing?

Electronic prescribing (e-prescribing) makes use of health information technology that enables the electronic transmission of prescriptions and access to medication history by prescribing physicians at the point of care. It improves prescription accuracy, increases patient safety, and reduces costs primarily because of the critical health care information it makes available to the physician or other prescribing practitioner. A major benefit of the electronic transfer of the prescription is the elimination of errors caused by miscommunication of the handwritten paper prescription. E-prescribing can reduce opportunities for fraud and abuse that currently occur due to a lack of secure prescription delivery to the pharmacy. E-prescribing creates a more traceable trail for auditing purposes.

As defined by the National Council for Prescription Drug Programs, “e-prescribing comprises two functions: 1) Two way [electronic] communication between physicians and pharmacies involving new prescriptions, refill authorizations, change requests, cancellation of prescriptions, and prescription fill messages to track patient compliance; and 2) Potential for information sharing with other health care partners including eligibility and formulary information and medication history.”¹

E-prescribing systems are a form of health information exchange that integrate prescribed medication data from multiple stakeholders; including pharmacy benefit managers (PBMs), payers, and pharmacies. Through these systems, medication histories are available for prescriptions that were brought to the pharmacy on paper or transmitted electronically. E-prescribing systems enable practitioners with authorized access to view medication history information at the point of care for

¹ John Mack. "Ready or Not: Gearing Up for the Expansion of ePrescribing." *Pharma Marketing News*, Vol. 3, #6. Retrieved from <http://www.pharma-mkting.com/news/pmn36-article01.pdf> in January, 2008.

coordination of patient drug therapy and improved quality of care. E-prescribing systems also provide practitioners with a secure means of electronically accessing health plan formulary and patient eligibility at the point of care.

When physicians use e-prescribing systems to send prescriptions electronically, the prescriptions are transmitted through secure, private networks. The e-prescribing system transmits information through the use of encrypted telecommunication transmission channels that ensure secure, bi-directional, electronic connectivity between physician practices and pharmacies.

Pharmacy networks are an essential part of the e-prescribing system and are integral to the overall success of e-prescribing in Florida and the nation. These networks connect pharmacies, physicians, and PBMs. PBMs are third party companies that administer drug benefit programs for employers and health insurance carriers.

The major pharmacy network in the United States is Surescripts, with more than 85 percent of all pharmacies in the United States certified to participate in the network. Another pharmacy network is Emdeon eRx Network, performing more than five billion health information exchanges per year. Both Surescripts and Emdeon eRx Network collect and provide data to the Agency for the metrics displayed in this report.

More information can be found about available e-prescribing products on the Surescripts (www.surescripts.com/) and Emdeon (www.emdeon.com) websites.

1.2. Electronic Prescribing Highlights in 2013

In 2013, the Centers for Medicare and Medicaid Services (CMS) continued making Medicare incentive payments for the “meaningful use” of certified electronic health records (EHRs) under the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The HITECH Act provisions established meaningful use rules which include electronic prescribing (e-prescribing) in the core set of required measures for eligible professionals to qualify for incentive payments. Surescripts continued to support the growth of e-prescribing in a number of ways including studying the impact of e-prescribing on medical adherence, continuing efforts to promote the e-prescribing of controlled substances, and providing national and state-level statistics on e-prescribing rates to assist stakeholders in measuring their progress. In Florida, the Agency for Health Care Administration (Agency) worked closely with Florida’s regional extension centers which have the mission of assisting health care providers to achieve meaningful use. The Agency continued making Medicaid incentive payments for the adoption of EHRs and began making payments for those providers achieving meaningful use of EHRs. The Agency continued development of the Florida Health Information Exchange (Florida HIE) through its cooperative agreement with the Office of the National Coordinator for Health Information Technology and continued registering pharmacies for participation in the Direct Secure Messaging (DSM) service of the Florida HIE.

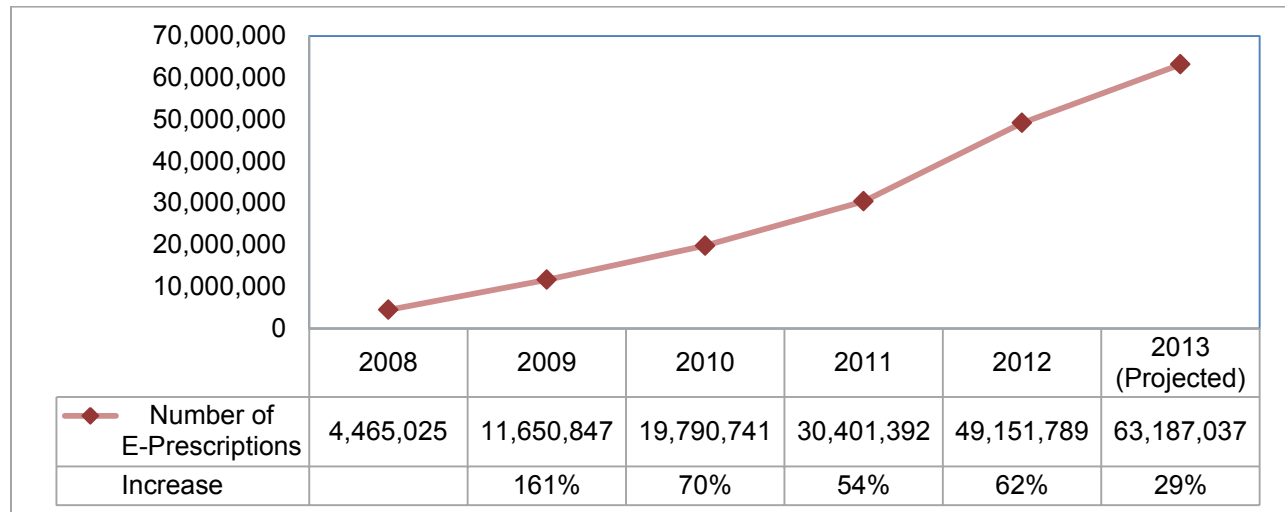
1.3. Electronic Prescribing Metrics and Trends

Electronic prescribing (e-prescribing) has been steadily growing in Florida. The number of e-prescriptions increased from 4,465,025 in 2008 to 30,401,392 in 2011 to 49,151,789 in 2012 and to 47,601,158 in the first nine months of 2013. If this trend continues at a consistent rate, reports

through the end of 2013 are expected to show more than 60 million e-prescriptions processed in Florida.

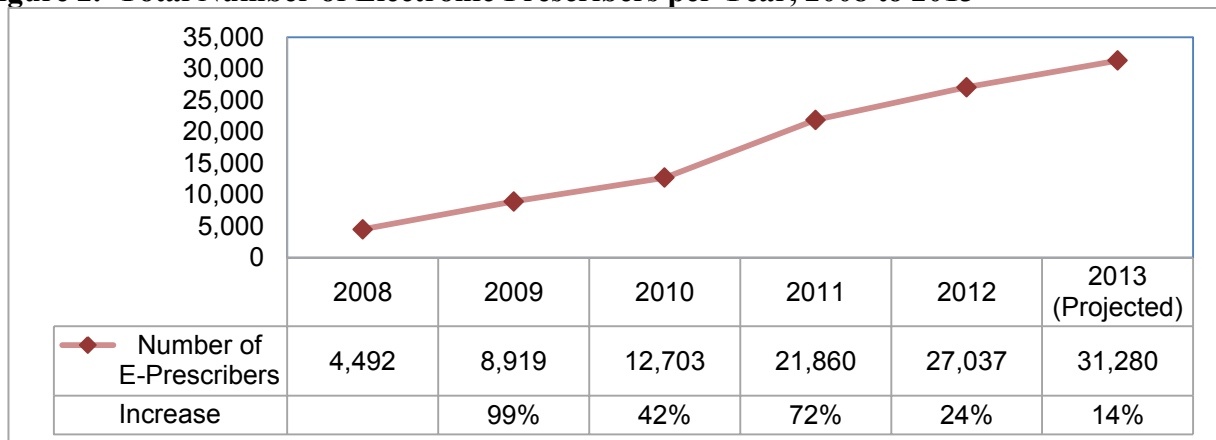
Figure 1 represents the total number of e-prescriptions since 2008 and the annual percent of increase. The projected annual percent of increase from 2012 to 2013 is 29%.

Figure 1. Total Number of Electronic Prescriptions, 2008 to 2013



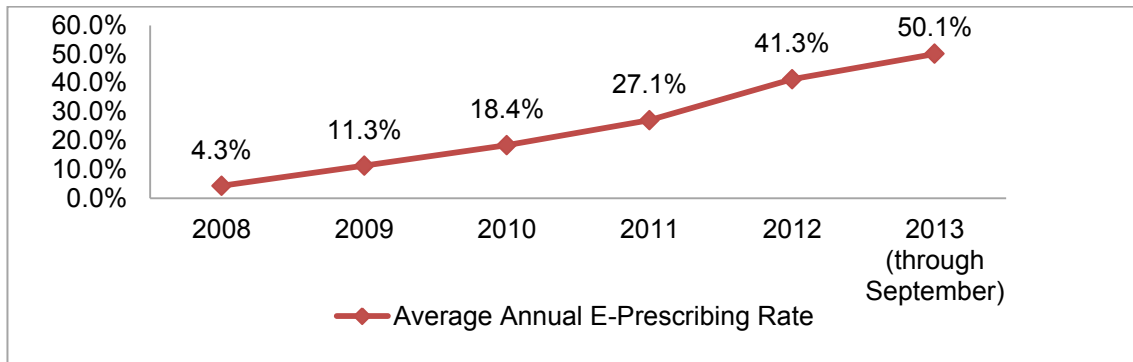
The total number of e-prescribers had a marked increase in 2012. The number of e-prescribers increased from 4,492 in December 2008 to 27,037 in 2012 and to 30,485 in the ninth month of 2013. If this trend continues, the number of e-prescribers in Florida is projected to be over 31,000 by the end of 2013. Figure 2 represents the total number of e-prescribers since 2008 and the annual percent of increase. The projected annual percent of increase from 2012 to 2013 is 14%.

Figure 2. Total Number of Electronic Prescribers per Year, 2008 to 2013



Based on the estimated annual monthly average of 10.6 million prescriptions per month, the estimated annual e-prescribing rate through September 2013 increased to 50.1 percent as compared to the annual e-prescribing rate of 41.3 percent in 2012. Figure 3 shows the increasing trend in the e-prescribing rate since 2008.

Figure 3. Estimated Average Annual Electronic Prescribing Rate, 2008 to 2013



Data reported from Surescripts show that there were 5,009 total retail pharmacies in Florida as of the end of September 2013. Of these, 4,756 (95 percent) were activated to receive e-prescriptions.

Figures 4.1 and 4.2 present the numbers and percentages of pharmacies activated for e-prescribing by Metropolitan Statistical Area (MSA) in Florida in September 2013. More than 95 percent of retail pharmacies were able to process e-prescriptions in more than 83 percent of all MSAs across Florida in 2013.

Figure 4.1. Total Retail Pharmacies and Pharmacies Activated to Accept Electronic Prescriptions by Metropolitan Statistical Area, September 2013

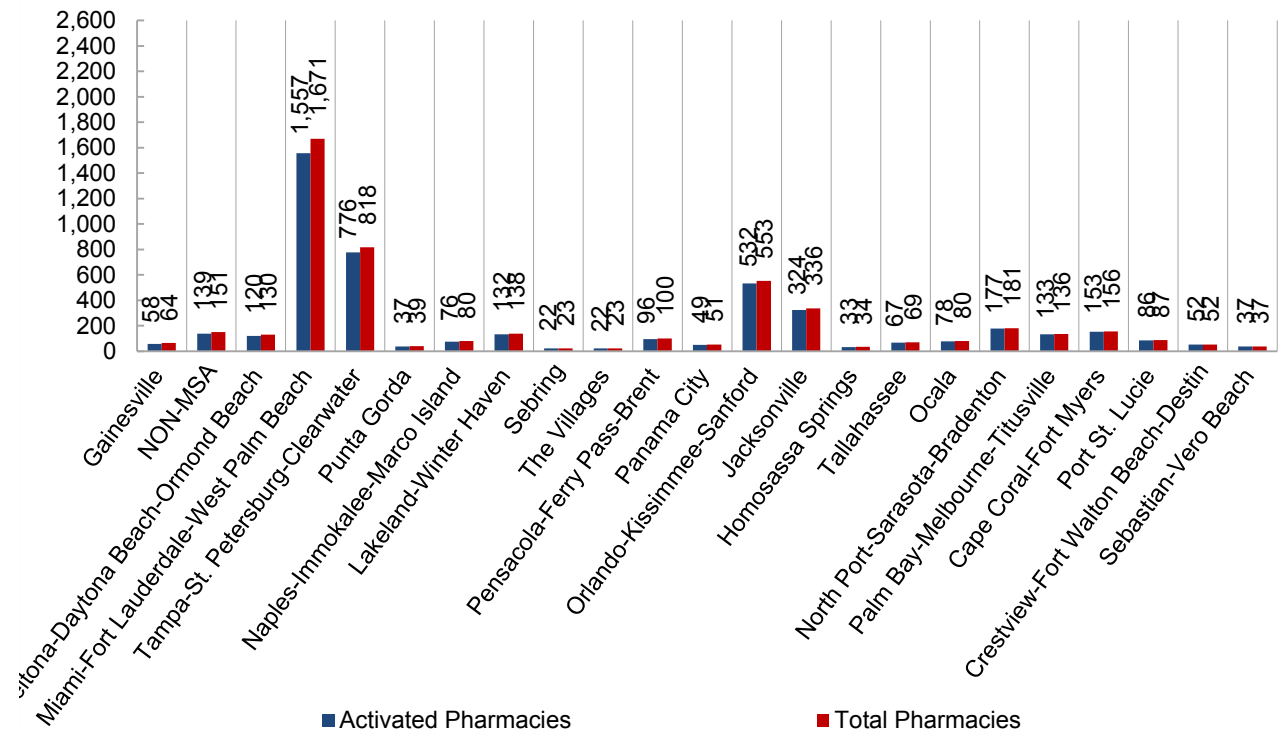
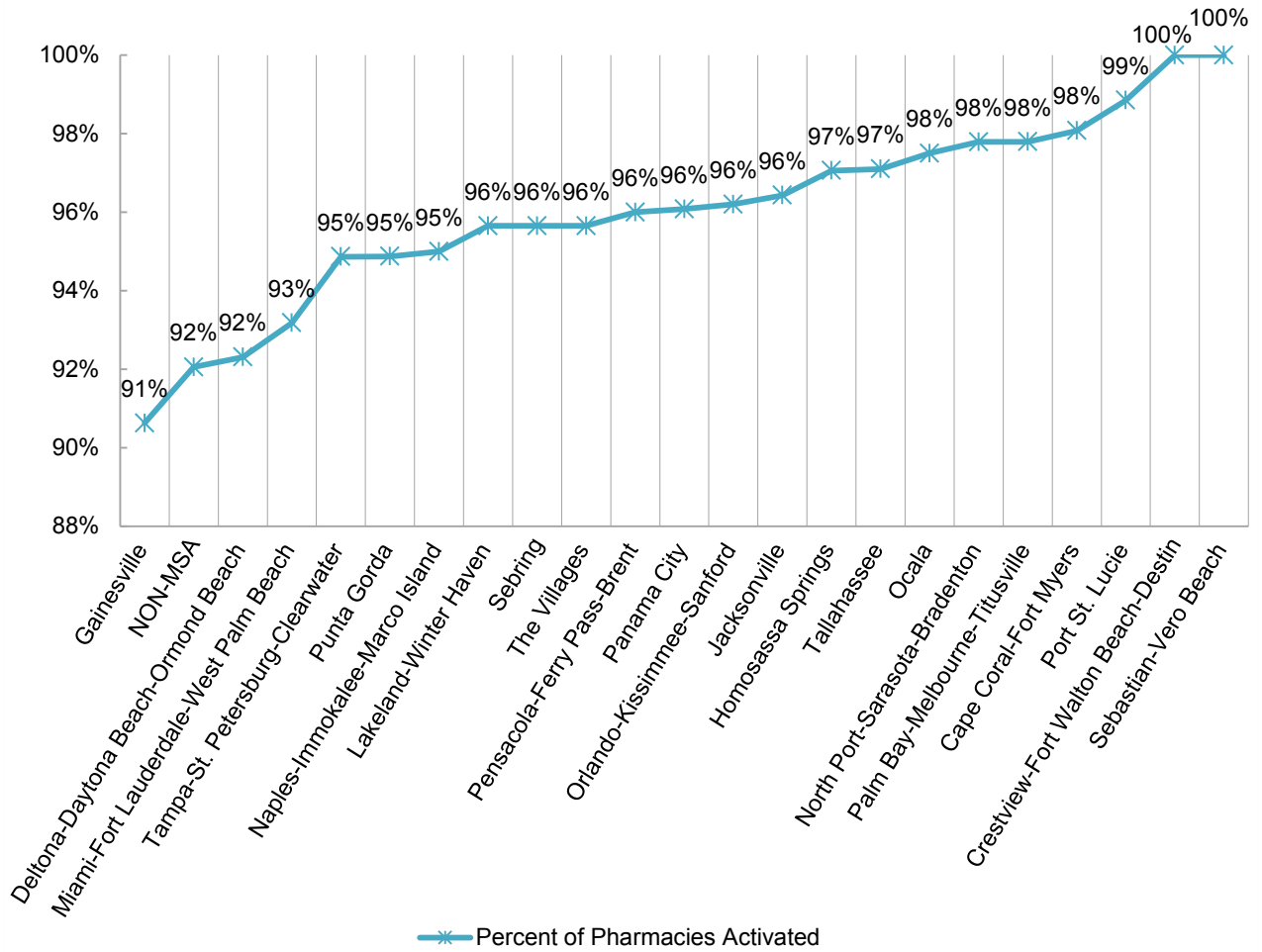


Figure 4.2. Percent of Pharmacies Activated to Accept Electronic Prescriptions by Metropolitan Statistical Area, September 2013



Figures 5.1 and 5.2 below present the numbers and percentages of e-prescribing pharmacies by MSA in Florida in September 2013. The Miami-Ft. Lauderdale-Pompano Beach MSA had the lowest percentages of e-prescribing pharmacies, at 89 percent compared to 93 percent activated pharmacies (Figure 4.2), a difference of four percentage points. The difference in e-prescribing and activated pharmacies averages two percentage points across MSAs. The Crestview-Fort Walton Beach-Destin and Panama City MSAs also had a difference of four percentage points between percent activated and percent e-prescribing pharmacies. Of the 5,009 total retail pharmacies in Florida reported by Surescripts, 4,612 (92 percent) were transmitting e-prescriptions compared to 95 percent were activated in Florida in September 2013.

Figure 5.1. Total Pharmacies Transmitting Electronic Prescriptions by Metropolitan Statistical Area, September 2013

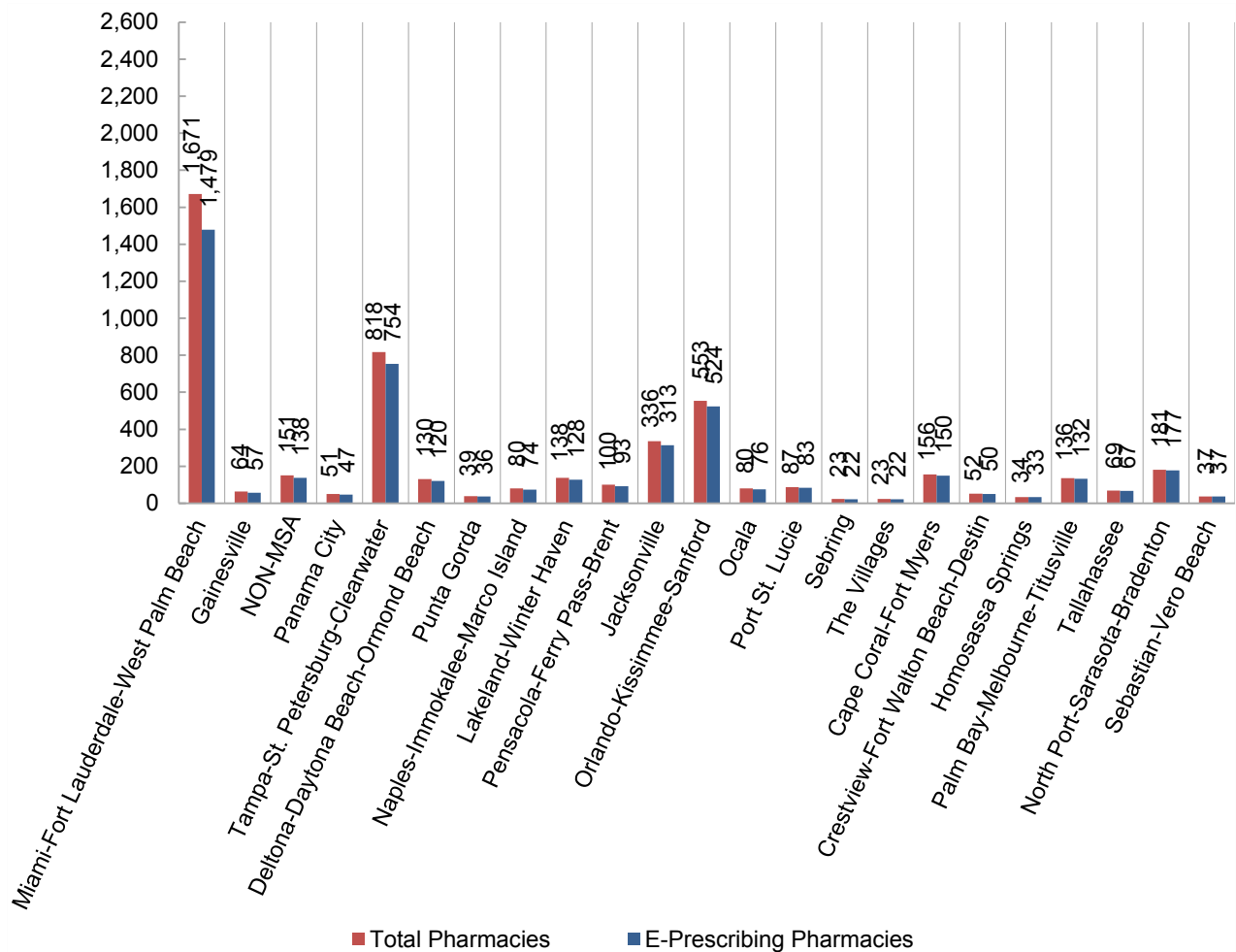
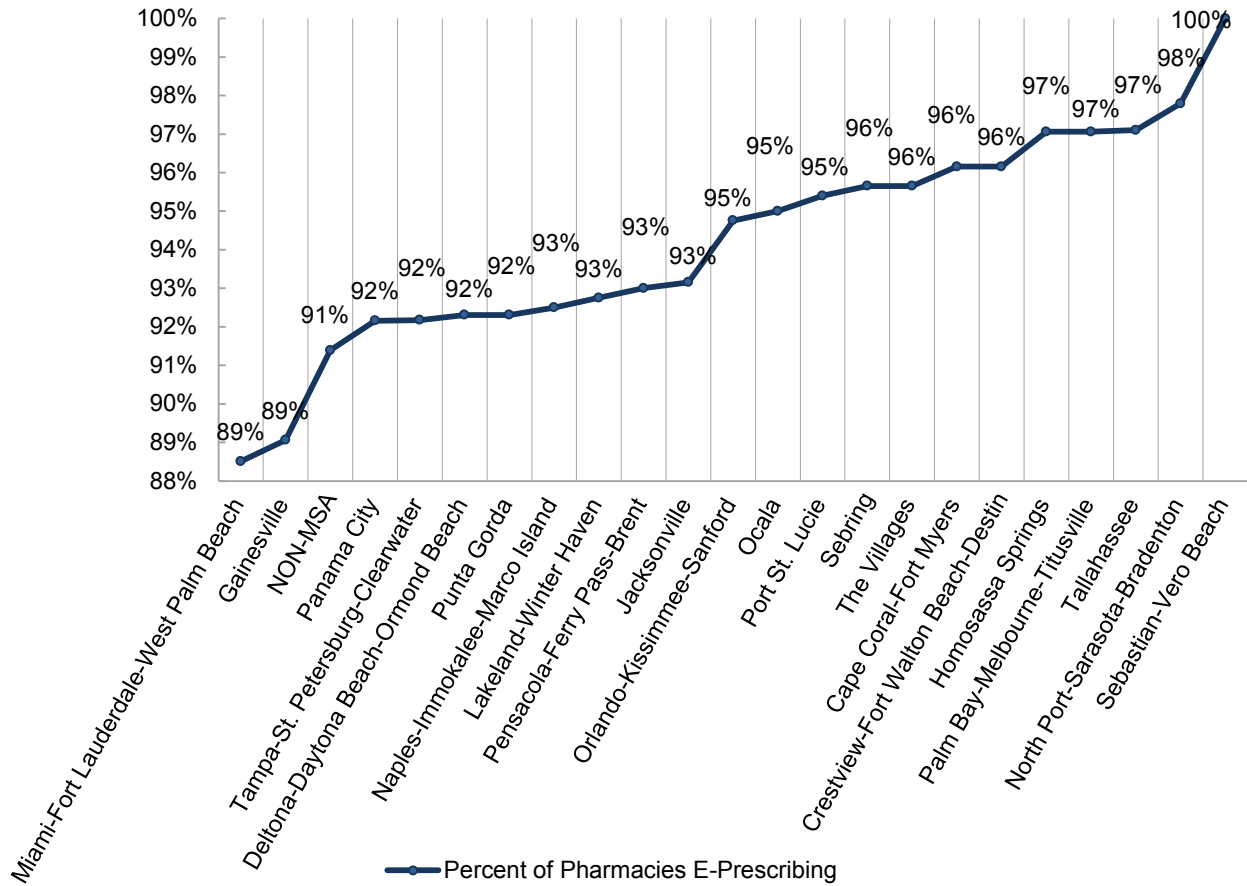


Figure 5.2 Percent of Pharmacies Transmitting Electronic Prescriptions by Metropolitan Statistical Area, September 2013



In September 2013, of the approximately 84,759 licensed prescribing providers in Florida, including 50,962 medical doctors and osteopathic physicians, 30,485 were active e-prescribing providers. The percentage of licensed prescribing providers in Florida who were e-prescribers has increased to 36 percent in the third quarter of 2013 from 33 percent in the fourth quarter of 2012. Figures 6.1 and 6.2 below shows that most MSAs were within a few percentages of each other except for the Villages MSA, which had the highest rate with 61 percent of licensed providers who were e-prescribing, and the Miami-Fort Lauderdale-Pompano Beach MSA, with the lowest rate at 30 percent of licensed providers who were e-prescribing.

Figure 6.1. Licensed Prescribing Providers and Active Electronic Prescribers by Metropolitan Statistical Area, September 2013

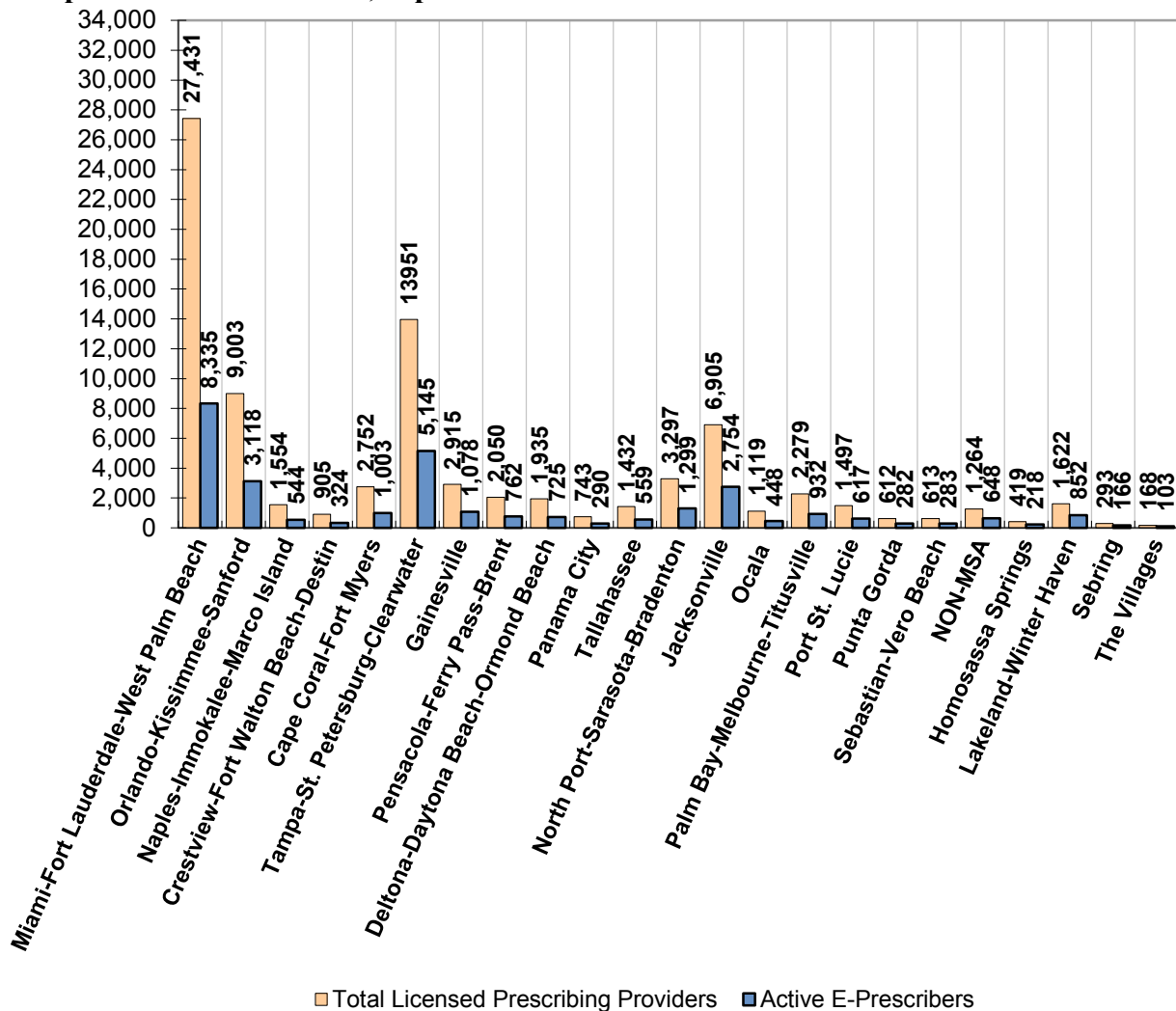


Figure 6.2. Percent of Licensed Prescribing Providers who were Electronic Prescribers by Metropolitan Statistical Area, September 2013

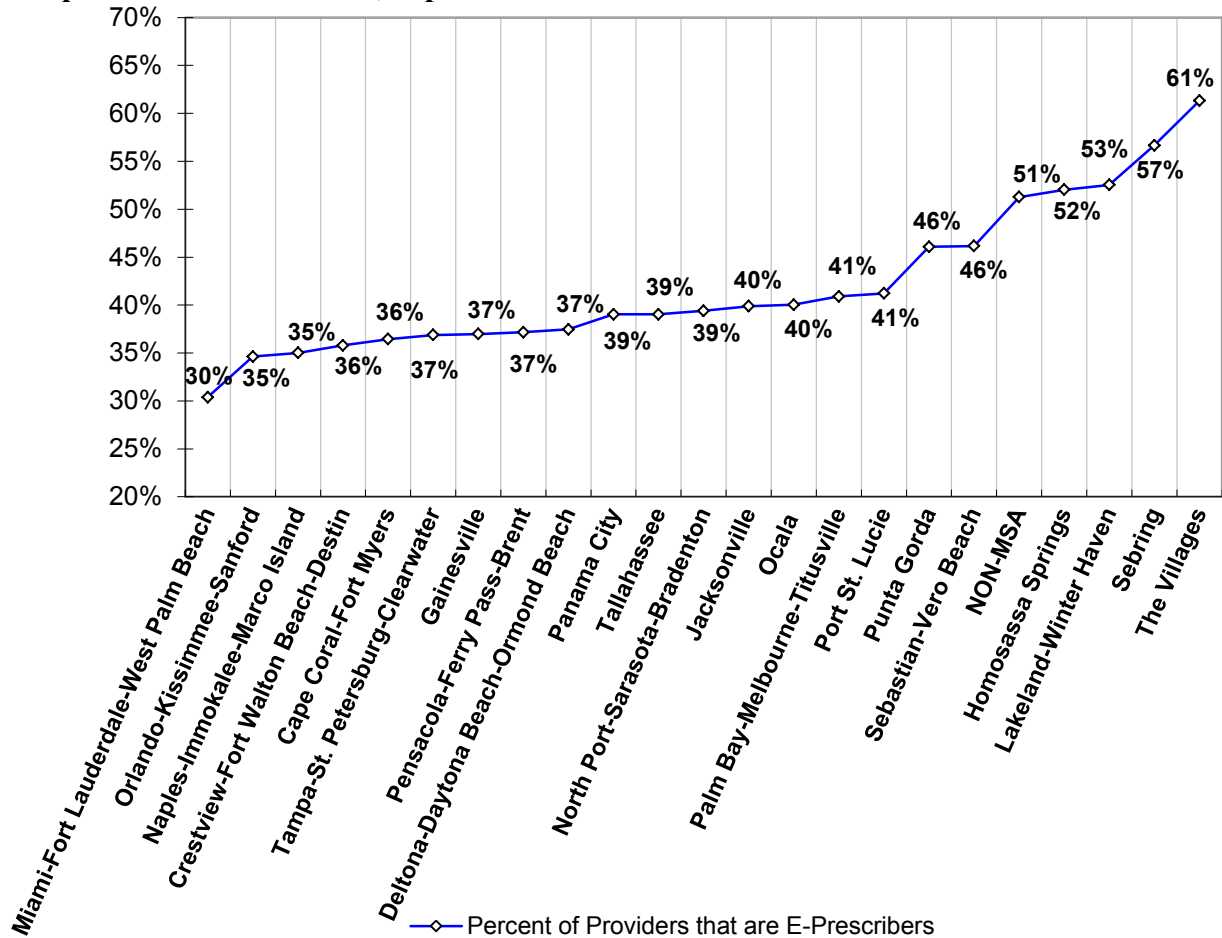


Figure 7.1 presents Florida’s monthly e-prescribing transactions as reported by Surescripts and Emdeon eRx Network and the monthly e-prescribing rates. In September 2013, a total of 5,391,842 e-prescriptions were written, an eighteen percent increase compared to December 2012, with 4,590,618 e-prescriptions. The totals correspond to the number of new e-prescriptions and refill e-prescriptions. The monthly e-prescribing rate increased more than four percent between December 2012 and September 2013, and the annual e-prescribing rate increased by almost nine percent compared to 2012.

Figure 7.1. Monthly Total Number of New and Refill Electronic Prescriptions in Florida and Electronic Prescribing Rates, January to September 2013

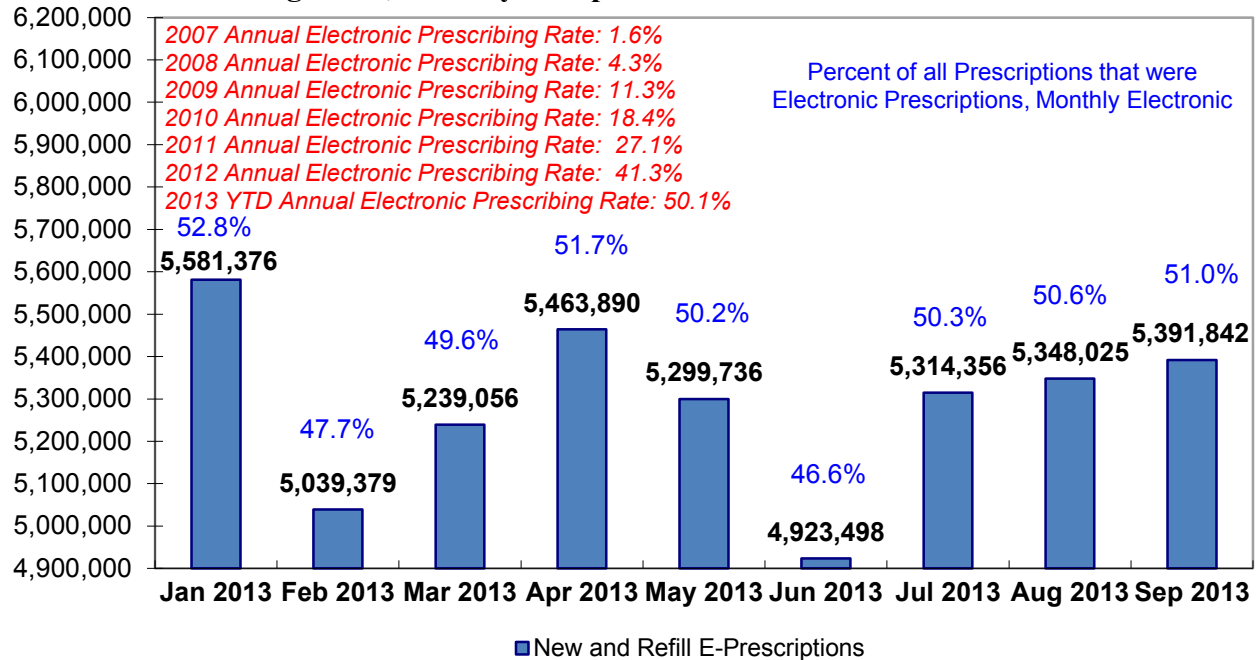
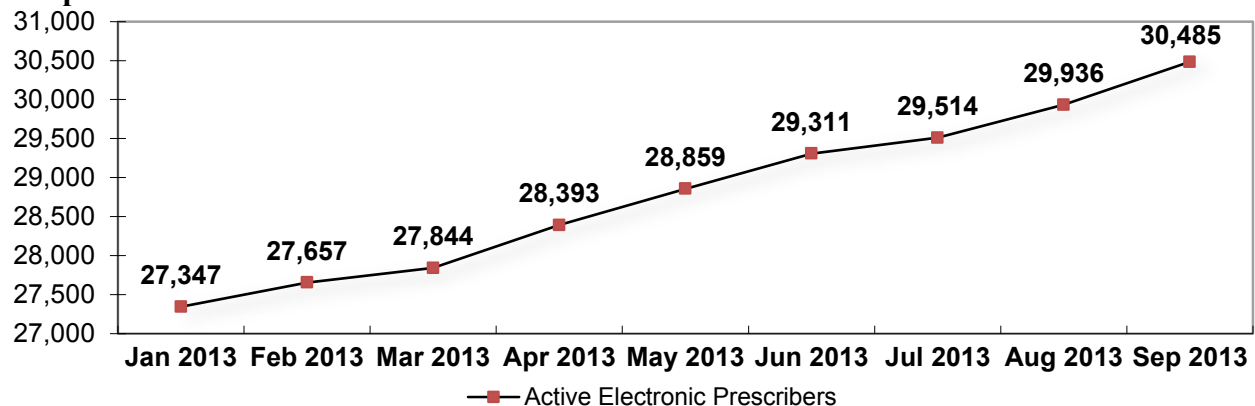


Figure 7.2 presents Florida’s monthly active e-prescribers as reported by Surescripts. The number of e-prescribing practitioners continued to increase through September 2013. The highest monthly total of e-prescribing health care professionals in 2013 was 30,485 in September, representing a 12 percent increase of e-prescribing practitioners in the first nine months of 2013 from the 27,347 total e-prescribing practitioners in January 2013.

Figure 7.2. Number of Practitioners Actively Electronically Prescribing per Month, January to September 2013



Figures 8.1 and 8.2 show comparisons of the number of e-prescriptions by MSA and the percentage of increase or decrease between January and September 2013. Some MSAs show a decrease between January and September with the largest decrease in the Sebring MSA at a 16 percent decrease in e-prescriptions from January 2013. The Crestview-Fort Walton Beach-Destin MSA had 57,489 e-prescriptions in January and 67,279 e-prescriptions in September 2013,

reflecting the highest growth with a 17 percent increase. The largest increase in number of prescriptions was in the Miami-Fort Lauderdale-Pompano Beach MSA with an increase of 10,783 e-prescriptions.

Figure 8.1. Comparison of Electronic Prescription Totals Between January and September 2013 by MSA

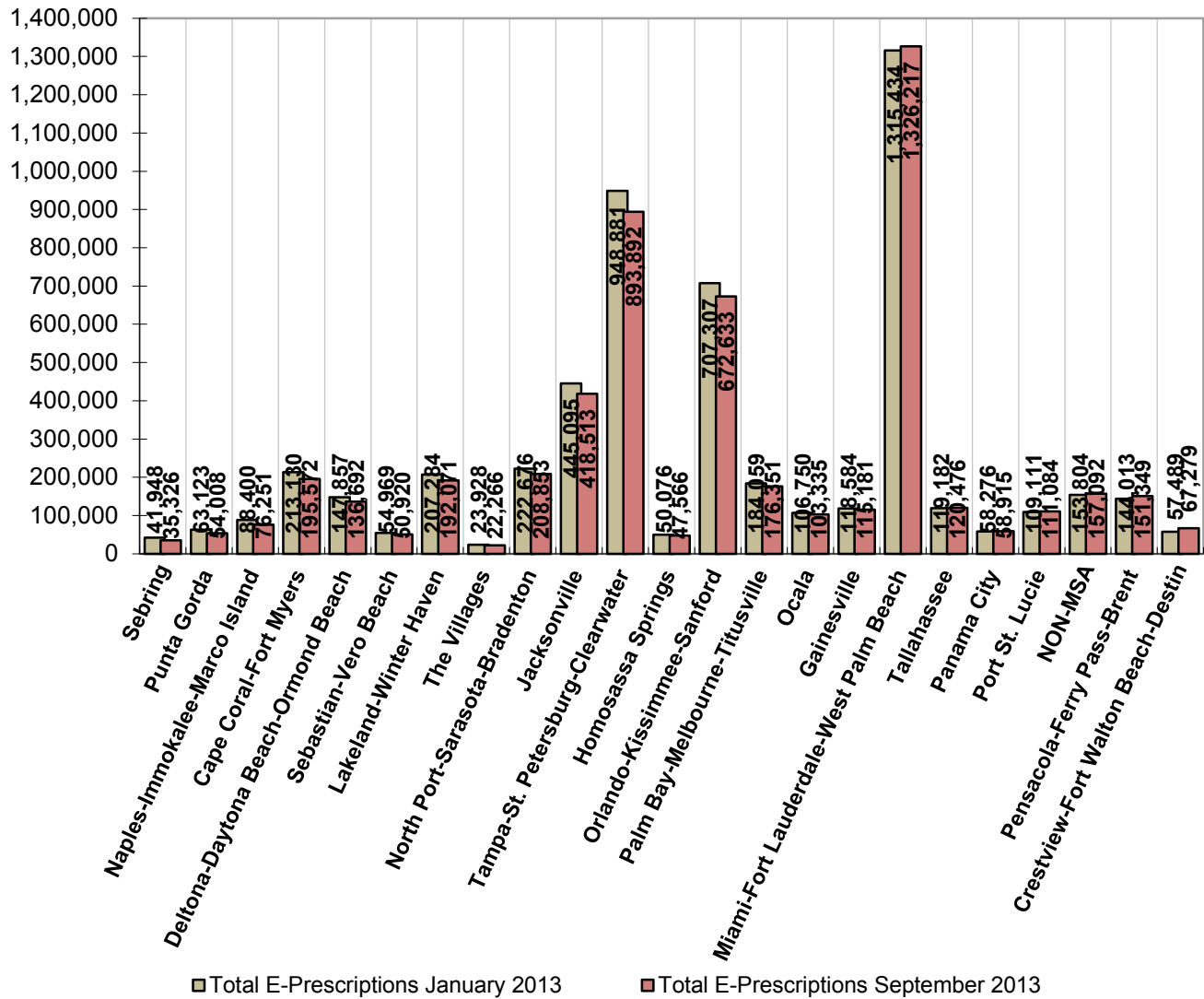
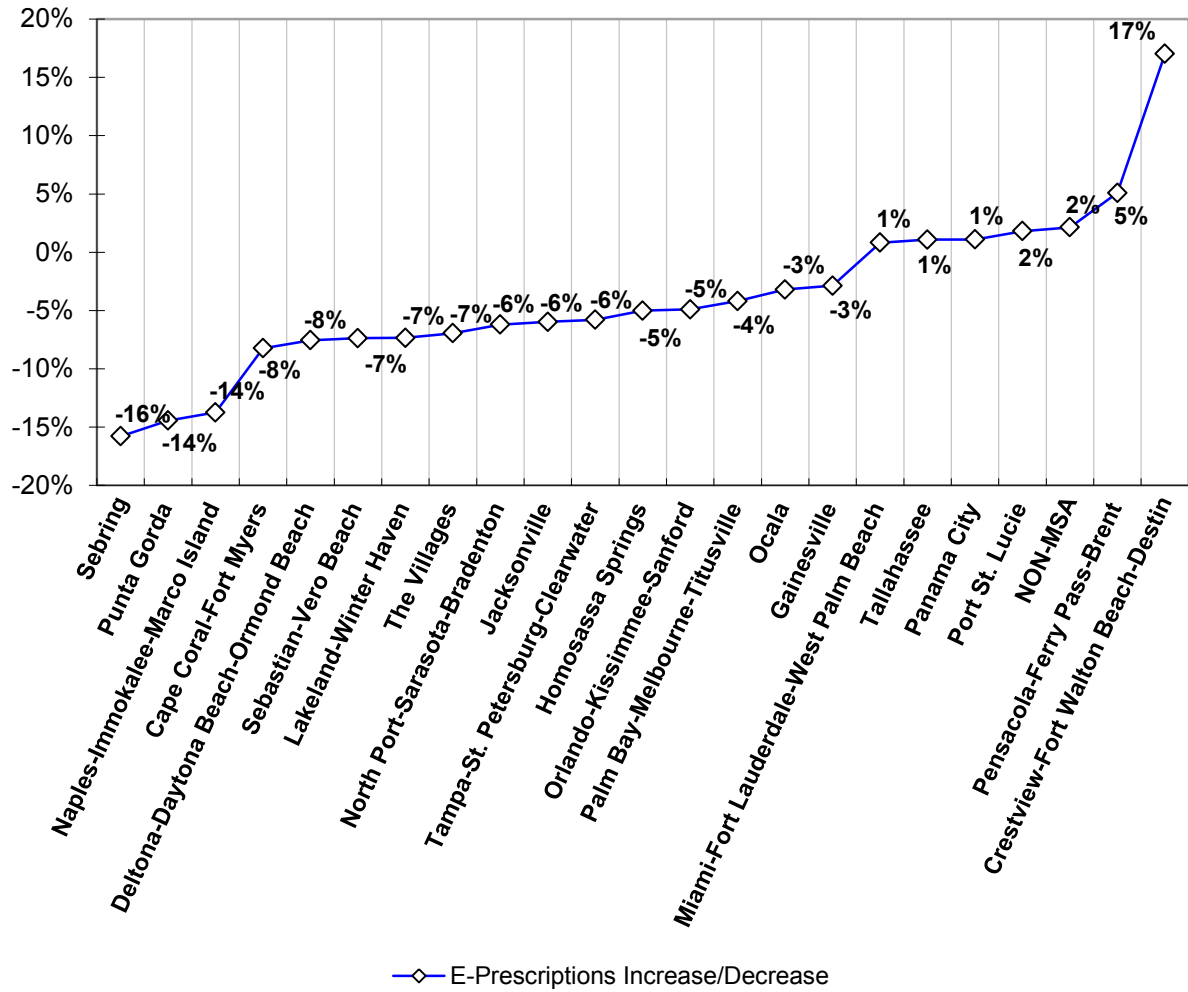


Figure 8.2. Electronic Prescription Increase/Decrease Percentages Between January and September 2013 by MSA

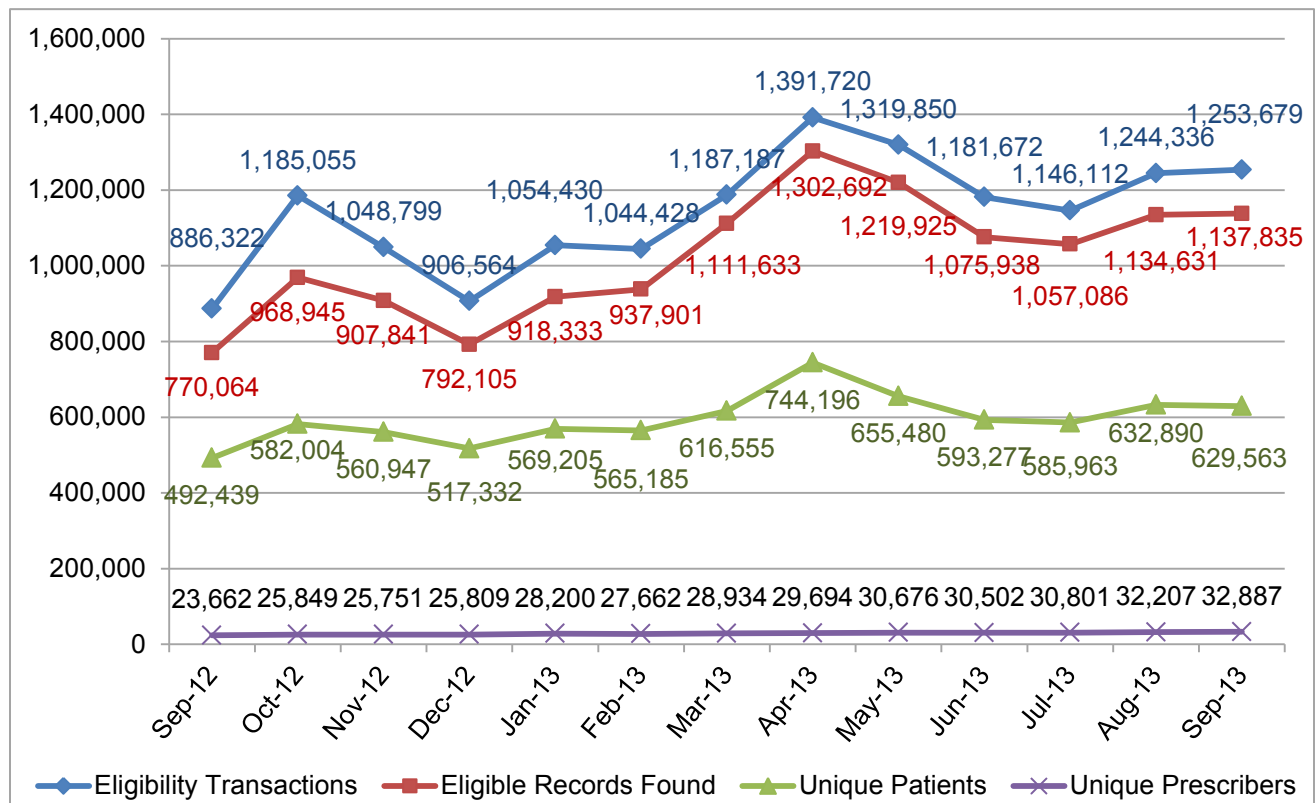


On July 1, 2010, the Agency implemented the participation of Florida Medicaid in the Surescripts pharmacy network enabling providers to access Florida Medicaid prescription drug claims data using any Surescripts certified e-prescribing tool. The data feed is “real time,” and provides recipient eligibility status, preferred drug information, plan limitations, and medication histories. The Agency’s objective is to prevent medication errors and curb prescription fraud and abuse by giving providers actionable information at the time of prescribing.

The number of Medicaid e-prescribing eligibility transactions and records found continued to grow during 2013, as did the number of patients. Figure 9 shows that in September 2012, there were 886,322 transactions which increased by 42 percent to 1,253,679 in September 2013. For the same period, the number of patients increased by 28 percent and the number of prescribers increased by 39 percent.

The data indicates that in 2013 each prescriber issued a monthly average of 40 e-prescription eligibility transactions for a monthly average of 21 patients and received a 91 percent monthly average of eligible record returns.

Figure 9. Florida Medicaid Program Electronic Prescribing Eligibility Transactions, Records Found, Patients and Prescribers



In summary, the data reported for the first nine months of 2013 indicates a steady growth across the year in the number of e-prescribing pharmacies as well as pharmacies activated to e-prescribe, in the number of practitioners who are e-prescribing, in the number of prescriptions submitted electronically, and in Medicaid medication record lookups. Florida’s annual average e-prescribing

rate has increased annually from of 4.3 percent in 2008 to 11.3 percent in 2009 to 18.4 percent in 2010 to 27.1 percent in 2011 to 41.3 in 2012, and to 50.1 percent through September 2013, which is a marker of sustained progress in the adoption of e-prescribing.

Incentive payments for meaningful use of electronic health records will likely continue to drive increases in the volume of e-prescriptions and e-prescribers during 2014.

Section 2. Supplemental Information

2.1. Benefits of Electronic Prescribing

A recent article published in U.S. Pharmacist provides a compilation of benefits and problems of electronic prescribing (e-prescribing) that have been documented in the research literature.

Benefits include:

- Enhanced patient safety through avoidable errors associated with a written prescription (i.e., illegible handwriting) and lack of systematic checks that e-prescribing systems can provide;
- Reduced drug costs from alerts such as formulary decision support informing providers of more cost-effective alternatives;
- Access to prescription records is increased and has been shown beneficial in drug recalls and natural disasters;
- Improved workflow at the pharmacy due to electronic delivery of the prescription reducing patient wait times;
- Assurance that the pharmacy received the prescription; and
- Reduced handwritten forgeries.

Documented problems related to e-prescribing include:

- Software design issues resulting in unclear or inaccurate prescriptions;
- Costs associated with the technology including start-up and maintenance; and
- Workflow disruption at the pharmacy due to bundled delivery of prescriptions.²

2.2. Florida Electronic Prescribing Clearinghouse

Section 408.0611, Florida Statutes, was passed into law during the 2007 Legislative Session. It required the Agency for Health Care Administration (Agency) to create a clearinghouse of electronic prescribing (e-prescribing) information which was made available on the Agency's website in October 2007. The purpose of the Electronic Prescribing Clearinghouse is to report e-prescribing trends and provide information to promote the implementation of e-prescribing 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 clearinghouse information contained on the website includes:

- Links to information regarding the process of e-prescribing and the availability of e-prescribing products, including no-cost or low-cost products;
- Information regarding the advantages of e-prescribing, including using medication history data to prevent drug interactions, prevent allergic reactions, and deter doctor and pharmacy shopping for controlled substances;
- Links to federal and private sector websites that provide guidance on selecting an appropriate e-prescribing product;

² Megan Ducker, Pharm D, Chelsea Sanchez, Pharm D, and Shawn Riser Taylor, Pharm D, "Pros and Cons of E-Prescribing in Community Pharmacies," US Pharm. 2013; 8(38) (P&T supplement):4-7.

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- Links to state, federal, and private sector incentive programs for the implementation of e-prescribing;
 - Florida’s e-prescribing reports;
 - Links to meeting and member information for the Health Information Exchange Coordinating Committee (HIECC);
 - E-prescribing metrics dashboard and infographics.

The Florida e-Prescribing Clearinghouse can be accessed at: www.fhin.com/content/eprescribing/index.shtml. Information about products nationally certified for the Electronic Health Record Incentive Program including e-prescribing can be found at the companion website, [Medicaid Electronic Health Record Incentive Program](#).

2.3. Meaningful Use Incentives for Electronic Prescribing

The federal Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) established incentives for certain Medicare and Medicaid providers related to the adoption and meaningful use of electronic health record (EHR) technologies. To qualify, an eligible professional must use certified EHR technology in a “meaningful manner,” demonstrate engagement in information exchange, and report clinical quality measures using certified EHR technology. Electronic prescribing (e-prescribing) is a requirement for eligible professionals to establish that the certified EHR technology is used in a meaningful manner. The meaningful use requirements for eligible professionals to receive Medicaid incentives after the first year of adoption are identical to the Medicare requirements.

The Centers for Medicare and Medicaid Services (CMS) issued the final rules specifying the requirements for obtaining Medicare and Medicaid incentives related to the adoption and use of EHRs (i.e. “Stage 1 Meaningful Use”) in July 2010. In the final rules, there is a “core set” of measures and a “menu set” with 15 core measures for eligible professionals and 14 measures for hospitals. Providers must perform the core set and five additional measures selected from a menu set of measures to demonstrate meaningful use.³

E-prescribing is one of the core set measures required of eligible professionals. Eligible professionals must achieve a 40 percent e-prescribing rate to qualify for an incentive payment under the program. These thresholds apply to all of the provider’s patients, not limited to Medicaid and Medicare. Although e-prescribing is not a Stage 1 core requirement for hospitals, included in the core set are several measures related to medication management including computerized physician order entry, drug-drug interaction checks, maintaining active medication lists, and maintaining active medication allergy lists that are required for hospitals and eligible professionals. The menu set includes a measure for medication reconciliation applicable to hospitals or eligible professionals.

CMS issued the final rules establishing the “Stage 2” requirements for the meaningful use of EHRs August 23, 2012. The threshold rate was raised to a 50 percent e-prescribing rate for eligible

³ Department of Health and Human Services, “Medicare and Medicaid Programs; Electronic Health Record Incentive Program,” July 28, 2010. <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17207.pdf>

professionals that must be met among other requirements to receive an incentive payment from Medicare or Medicaid.⁴

Stage 2 requirements include, as a core requirement, that hospitals automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR). Medication reconciliation is a core requirement for hospitals and eligible professionals. The menu set includes a measure that more than 10 percent of hospital discharge medication orders for permissible prescriptions are queried for a drug formulary and transmitted electronically using a certified EHR.

Stage 2 Meaningful Use Requirements Related to Medication

- Use computerized prescriber order entry (CPOE) for medication orders directly entered by any licensed health care professional that can enter orders into the medical record per state, local, and professional guidelines (more than 60 percent);
- Enable and implement the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period;
- Provide a summary of care record for more than 50 percent of transitions of care or referrals with 10 percent provided electronically;
- The eligible hospital or professional who receives a patient from another setting of care or provider of care, or believes an encounter is relevant, should perform medication reconciliation (more than 50 percent);
- In addition, eligible health care professionals must generate and transmit permissible prescriptions electronically (more than 50 percent of permissible prescriptions);
- There is one “menu” item from which eligible hospitals can choose that relate to medications; generate and transmit permissible discharge prescriptions electronically (more than 10 percent).

In September 2011, the Agency for Health Care Administration (Agency) launched the Florida Medicaid Electronic Health Record Incentive Program. Eligible professionals and hospitals may register and apply for incentives associated with the adoption, upgrade, or installation of a certified EHR system. Demonstration of meaningful use is not required in a provider’s first payment year to receive Medicaid incentive payments. In their second payment year, eligible professionals may apply for additional incentives that require documentation of the meaningful use of a certified EHR including meeting the e-prescribing requirements of the program.

As of August 9, 2013, Medicaid incentive payments were made to 1103 eligible professionals for meaningful use.

2.4. Medicare Incentives for Electronic Prescribing

Beginning January 1, 2009, the federal Medicare Electronic Prescribing Incentive Program, as authorized under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), began offering incentive payments to eligible professionals who are successful electronic

⁴ Department of Health and Human Services, “Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2, Thursday August 23, 2012.

[http://www.ofr.gov/\(X\(1\)S\(uzclbwrx5fwqm2w2mipkysrh\)\)/OFRUpload/OFRData/2012-21050_PI.pdf](http://www.ofr.gov/(X(1)S(uzclbwrx5fwqm2w2mipkysrh))/OFRUpload/OFRData/2012-21050_PI.pdf)

prescribers (e-prescribers) as defined by MIPPA. Successful e-prescribers were to receive a two percent incentive payment for 2009 and 2010; a one percent incentive payment for 2011 and 2012; and a one-half percent incentive payment in 2013.⁵

Eligible professionals who are not “successful e-prescribers” by 2012 are subject to a differential payment (penalty) beginning in 2012. The differential payment would result in the physician getting 99 percent of the total allowed charges of the eligible professional’s physician fee schedule payments in 2012, 98.5 percent in 2013, and 98 percent in 2014.⁶

Medicare is expected to save up to \$156 million over the five-year course of the program in avoided adverse drug events. It is estimated that Medicare beneficiaries experience as many as 530,000 adverse drug events every year, due in part to negative interactions with other drugs, or a prescriber’s lack of information about a patient’s medication history.⁷

On July 6, 2012, The Centers for Medicare and Medicaid Services (CMS) published proposed rules that would establish hardship exemptions from the Medicare e-prescribing differential payment penalty applicable to 2013 and 2014 if the eligible professional achieves meaningful use or registers and adopts certified EHR technology in the timeframes specified in the rule. The MIPPA penalty continues through 2014, after which Medicare meaningful use penalties begin.

A toolset for e-prescribing implementation in physician offices prepared by the Agency for Healthcare Research and Quality (AHRQ) is listed by CMS as a resource. The toolset is available at: <http://healthit.ahrq.gov/health-it-tools-and-resources/implementation-toolsets-e-prescribing/toolset-e-prescribing>.

2.5. Electronic Prescribing of Controlled Substances

Until 2010, the U.S. Drug Enforcement Administration (DEA) regulations required that controlled substances be written on a paper prescription pad. On March 29, 2010, the DEA issued an interim final rule permitting electronic prescribing of controlled substances (EPCS). The rules specify system requirements related to identity proofing; access control; and auditing for prescribing practitioners and other registrants, electronic prescribing (e-prescribing) vendors, pharmacies and pharmacists, among others.

According to Surescripts, Florida is one of five states that do not permit the e-prescribing of Schedule II controlled substances. More information about engaging in EPCS is available on the Surescripts website at: <http://www.surescripts.com/about-e-prescribing.aspx>.

In 2013, the Agency worked with the Florida Pharmacy Association and other stakeholders to gain an understanding of Florida law related to the e-prescribing of controlled substances in order to encourage the e-prescribing of controlled substances.

⁵ Department of Health and Human Services. “HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing.” Monday, July 21, 2008.

⁶ Department of Health and Human Services. “Medicare’s Practical Guide to the Electronic Prescribing (eRx) Incentive Program.” CMS Publication No. 11399. November 2008. Retrieved from <http://www.cms.gov/partnerships/downloads/11399-P.pdf> on January 5, 2009

⁷ Department of Health and Human Services. “HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing.” Monday, July 21, 2008.

2.6. Pharmacy e-Health Information Technology Collaborative

In September 2010, nine national pharmacy organizations launched a new collaborative called the Pharmacy e-Health Information Technology Collaborative. The collaborative will work toward the greater participation of pharmacists in health information exchange (HIE) and address opportunities for pharmacists to access and contribute to the patient specific information in electronic health records (EHRs). A key objective of the collaborative is to identify (through the consensus work of expert panelists) 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.

The collaborative has prepared a “roadmap” for pharmacy health information technology integration. The roadmap includes goals and objectives to be prioritized by stakeholders. Goals include integrating clinical data with e-prescribing information, including pharmacy services in HIE, and developing infrastructure that supports the pharmacists role as a health care provider.⁸

During 2013, the collaborative submitted comments to the Office of the National Coordinator for Health Information Technology, the Centers for Medicare and Medicaid Services, and Department of Health and Human Services regarding meaningful use, patient safety, interoperability, and a regulatory framework for addressing mobile medical applications.

2.7. Electronic Prescribing Standards and Certification Bodies

The federal Medicare Prescription Drug, Improvement, and Modernization Act (MMA) included a provision for the adoption and testing of specific technical standards for the data exchange transaction that Part D plans would use for electronic prescribing (e-prescribing). In 2009, the National Committee on Vital and Health Statistics recommended that the Centers for Medicare and Medicaid Services (CMS) support the National Council for Prescription Drug Programs (NCPDP) SCRIPT 10.6 standard in its Medicare Part D e-prescribing initiative.^{9 10}

The EHR certification final rule issued August 23, 2012, by the Office of the National Coordinator for Health Information technology establishing standards, implementation specifications, and certification criteria for EHRs (2014 edition), requires use of National Council for Prescription Drug Programs (NCPDP) SCRIPT version 10.6 as the only content exchange standard for e-prescribing in the ambulatory and inpatient settings. The rule requires the capacity to use RxNorm, the vocabulary standard, specifically RxNorm concept unique identifiers (RXCUIs).¹¹

⁸ Pharmacy e-Health Information Technology Collaborative, The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care. <http://www.pharmacyhit.org/>

⁹ Freidman, et. al. (2009), Interoperable Electronic Prescribing In the United States: A Progress Report. Health Aff March/April 2009 vol. 28 no. 2 393-403. <http://content.healthaffairs.org/content/28/2/393.abstract>

¹⁰ Department of Health and Human Services, National Committee on Vital and Health Statistics, July 10-11, 2009 Meeting Minutes. <http://www.ncvhs.hhs.gov/090610mn.htm>

¹¹ Department of Health and Human Services. “Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the

2.8. Outreach to Pharmacies

The Agency conducted outreach to pharmacies in 2013 to promote e-prescribing. The Agency focused on pharmacies activated for e-prescribing but not accepting e-prescriptions. In addition, the Agency continued working with pharmacies interested in using Direct Secure Messaging to exchange health information with physicians and other providers.

2.9. Health Information Exchange Coordinating Committee

Section 408.0611, Florida Statutes, requires that the Agency for Health Care Administration (Agency) convene quarterly meetings of stakeholders from organizations that represent health care practitioners, health care facilities, pharmacies, organizations that operate electronic prescribing (e-prescribing) networks, organizations that create e-prescribing, and regional health information organizations to assess and accelerate the implementation of e-prescribing. This legislation also requires the Agency to create the Electronic Prescribing Clearinghouse website.

The Health Information Exchange Coordinating Committee (HIECC) was formed by the State Consumer Health Information and Policy Advisory Council (Advisory Council) to advise the Agency in implementing a strategy to establish privacy-protected, secure, and integrated exchange of electronic health records among physicians involved in patient care which includes the exchange of medication information through e-prescribing. The Agency assigned the HIECC the advisory role regarding e-prescribing promotional activities in 2010. A representative of the Florida Pharmacy Association was added to the membership of the HIECC and approved by the Advisory Council at its September 16, 2010, meeting.

In 2010, the Advisory Council added measurable objectives to its goals for health information exchange (HIE) to facilitate integration of e-prescribing within HIE initiatives. The measurable goal for e-prescribing is to increase the e-prescriptions by 25% and e-prescribing physicians by 10% within the state from 2012 to 2013 and increase the participation of independent pharmacies in e-prescribing. The 2014 goal is to increase the e-prescribing rate to 60% statewide. The HIECC and Advisory Council continue to monitor progress in e-prescribing adoption and the Agency's strategies to promote e-prescribing. The HIECC held four meetings in 2013.

2.10. Action Steps

In 2014, the Health Information Exchange Coordinating Committee (HIECC) and the Agency for Health Care Administration (Agency) will address the following action steps to further accelerate the adoption of electronic prescribing (e-prescribing) in Florida:

- 1) Continue to report e-prescribing metrics on a quarterly basis and include Florida Medicaid medication history statistics as available. The information will be posted on the Agency's website, www.fhin.net, as part of the Florida Electronic Prescribing Clearinghouse, and on the Agency's performance dashboard.

Permanent Certification Program for Health Information Technology, " August 23, 2012..
http://www.ofr.gov/OFRUupload/OFRData/2012-20982_PL.pdf

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- 2) Promote e-prescribing adoption as an integral part of the education and outreach efforts for the adoption of electronic health records conducted under the Health Information Technology for Economic and Clinical Health Act (HITECH) programs. These efforts will be coordinated through the leadership of the HIECC.
 - 3) Engage the participation of state professional pharmacy associations and other stakeholders in promoting the e-prescribing of controlled substances consistent with applicable law.
 - 4) Support emerging national standards for “fully informed” e-prescribing that require health plans and vendors to electronically transmit medication history and formulary and benefit information to e-prescribers and pharmacies.
 - 5) Identify and promote opportunities for the participation of pharmacists in health information exchange and work with pharmacists to identify health information exchange opportunities.
 - 6) Continue to disseminate information on e-prescribing to the general public. The Agency will include e-prescribing information for consumers on the website, FloridaHealthFinder.gov.

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