

Florida Electronic Prescribing Annual Report for 2020

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

JANUARY 2021



Acknowledgements

The Agency for Health Care Administration gratefully acknowledges the following organizations who facilitated or contributed the electronic prescribing metrics in this report.

Surescripts

Magellan

Florida Medicaid Pharmacy Services

Florida Medicaid Fiscal Agent Operations

Introduction

The 2020 Florida Electronic Prescribing Report is submitted to meet the Agency for Health Care Administration's (Agency) requirement in Section 408.0611, Florida Statutes, to annually report on the status of eprescribing in Florida. This report presents a review of Agency activities to promote eprescribing, highlights of state and national eprescribing initiatives, Florida eprescribing metrics, and action steps to be undertaken to promote greater adoption of eprescribing across the state.

Eprescribing enables the electronic transmission of prescriptions, 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, Florida Statutes, 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:

<http://www.ahca.myflorida.com/SCHS/ePrescribing/metrics.shtml>.

This Florida Electronic Prescribing Annual Report provides a general assessment of the status of eprescribing in Florida in 2020. It presents highlights related to eprescribing including requirements for meaningful use of electronic health records (EHR). The report provides monthly metrics on eprescribing in Florida as available through the end of 2020, based on data provided by national eprescribing networks and Florida Medicaid. It concludes with a review of Agency strategies to promote eprescribing in 2021.

1.1. What is Electronic Prescribing?

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 physicians at the point of care. Eprescribing improves prescription accuracy, increases patient safety, and reduces costs as a result 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 elimination 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.

An article published in *U.S. Pharmacist* at <https://www.uspharmacist.com/article/pros-and-cons-of-eprescribing-in-community-pharmacies-42392> provides a compilation of benefits and problems of eprescribing as documented in research literature.

As defined by the National Council for Prescription Drug Programs, “eprescribing 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

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.

Eprescribing systems are a form of health information exchange that integrate 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 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. Eprescribing systems also provide practitioners with a secure means of electronically accessing health plan formulary information and patient eligibility at the point of care.

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

Pharmacy networks connect pharmacies, physicians, and PBMs. The major pharmacy network in the United States is Surescripts, with 19.15 billion electronic transactions annually and 99 percent of all pharmacies in the United States certified to participate in the network. 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 (www.surescripts.com/) website.

1.2. Electronic Prescribing Highlights in 2020

The federal Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) established incentives for certain Medicaid providers related to the adoption and meaningful use of electronic health record (EHR) technologies. The HITECH Act also established meaningful use rules that include eprescribing in the core set of required measures for eligible professionals to qualify for incentive payments. The U.S. Centers for Medicare and Medicaid Services (CMS) and the Agency for Health Care Administration continued administering the Florida Promoting Interoperability Program, formerly known as the Florida Medicaid Electronic Health Record Incentive Program. The last year to enter into the program was 2016. As of December 2020, the program made 18,756 incentive payments totaling over \$589 million to qualifying eligible professionals and hospitals.

Surescripts supported eprescribing in a number of ways, including efforts to promote the eprescribing of controlled substances and providing national statistics on eprescribing rates to assist stakeholders in measuring progress.

The Agency also provides ongoing governance to the Florida Health Information Exchange as well as outreach to pharmacies and other health services providers to promote participation in health information exchange (HIE) services that compliment eprescribing.

1.3. Electronic Prescribing Metrics and Trends

The Agency published a set of indicators to track eprescribing adoption rates in Florida. Quarterly metrics are typically reported to the Agency by the end of April, July, October, and January from Surescripts. Surescripts reports a limited dataset to the Agency for the month ending each quarter.

A dashboard of key metrics to track eprescribing adoption rates in Florida is published at <http://www.ahca.myflorida.com/SCHS/ePrescribing/metrics.shtml>. These metrics enable the Agency to compare progress in Florida with national rates. Specific quarterly metrics include:

- Counts and comparisons of new and refill eprescriptions
- Eprescribing percentages by quarter and annually
- Eprescriptions transmitted per prescriber
- Estimated percentage of licensed prescribers who are eprescribing
- Electronic requests for Medicaid medication records

The **eprescribing rate** is defined as the number of prescriptions electronically transmitted relative to the estimated number of all prescriptions that could have been eprescribed. The annual eprescribing rate in Florida as of the end of 2020 was 84.1 percent, which represents an increase of 4.2 percent over the 79.9 percent annual rate at the end of 2019.

The **eprescriber rate** represents the number of prescribers who transmit prescriptions electronically relative to the number of medical doctors, osteopathic physicians, podiatric physicians, dentists, physician assistants and APRNs residing in Florida with clear/active licenses to prescribe. Florida's eprescriber rate at the end of 2020 was 57 percent, which represents a 4.2 percent increase over the 52.8 percent eprescriber rate at the end of 2019.

Medication record requests are requests by physicians using eprescribing tools to access specific patient information such as eligibility, benefits, or medication history. The number of Medicaid medication record requests averaged 506,213 per month in 2020 which represents an increase of .14 percent over the 505,493 average monthly number of requests in 2019.

Quarterly eprescribing rates and other metrics are shown in Table 1 below.

Table 1: Florida Quarterly Eprescribing Metrics

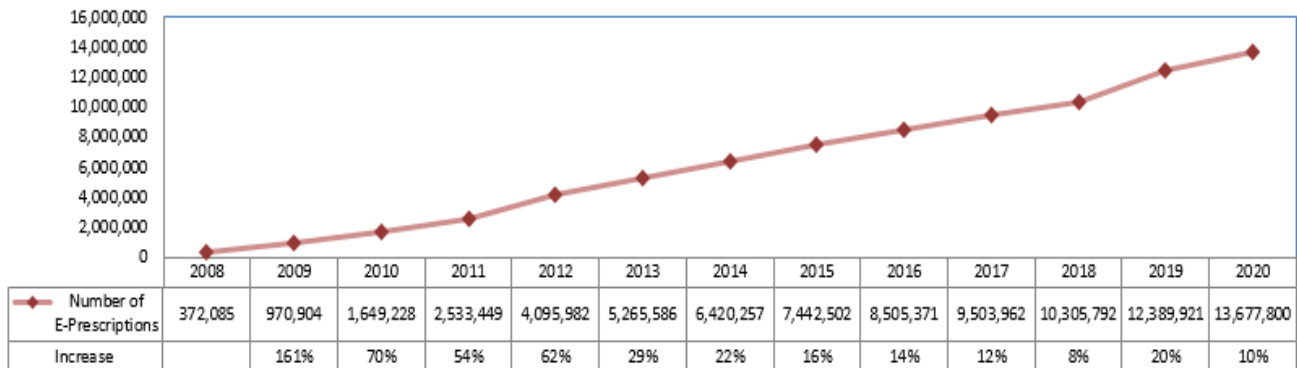
Florida Quarterly ePrescribing Metrics	Previous Year Comparison Quarter 4 2019	Quarter 1 2020	Quarter 2 2020	Quarter 3 2020	Quarter 4 2020
End of Quarter ePrescriptions	12,389,921	14,055,594	12,911,700	13,315,100	13,677,800
End of Quarter ePrescribers	56,480	60,000	59,400	62,000	63,700
Increase in ePrescriptions Compared to Prior Quarter:	13.9%	13.4%	-8.1%	3.1%	2.7%
Increase in ePrescribers Compared to Prior Quarter:	3.4%	6.2%	-1.0%	4.4%	2.7%
End of Quarter ePrescribing Rate ² :	87.3%	87.6%	80.5%	83.0%	85.2%
End of Quarter ePrescriptions per ePrescriber:	219	234	217	215	215
Clear Active Licensed Prescribing Professionals Residing in FL Counties*	106,917	106,762	107,949	110,071	111,673
Percent of Licensed Prescribing Professionals Who ePrescribed:	52.8%	56.2%	55.0%	56.3%	57.0%

* Counts include all clear active licensed DN, MD, PA, ARNP, PO, and OS licensed professionals as obtained from the DOH's licensure database.

² Based on est. 170,383,200 denominator/12 months for 2019 and 192,533,016 denominator/12 months for 2020

The average number of eprescriptions per month continually increased, as shown in Figure 1 below, from 372,085 in 2008 to 13,677,800 in 2020. If this trend continues at a consistent rate, forecasts through the end of 2021 project that more than 15 million eprescriptions will be processed in Florida each month.

Figure 1. Average Number of Electronic Prescriptions per Month in 2008 - 2020 and Annual Increase



The average number of eprescribers increased from 4,492 in 2008 to 63,700 in December 2020 as shown in Figure 2 below. If this trend continues, the number of eprescribers in Florida is projected to be over 70,000 by the end of 2021.

Figure 2. Average Number of Electronic Prescribers per Month in 2008 - 2019 and Annual Increase

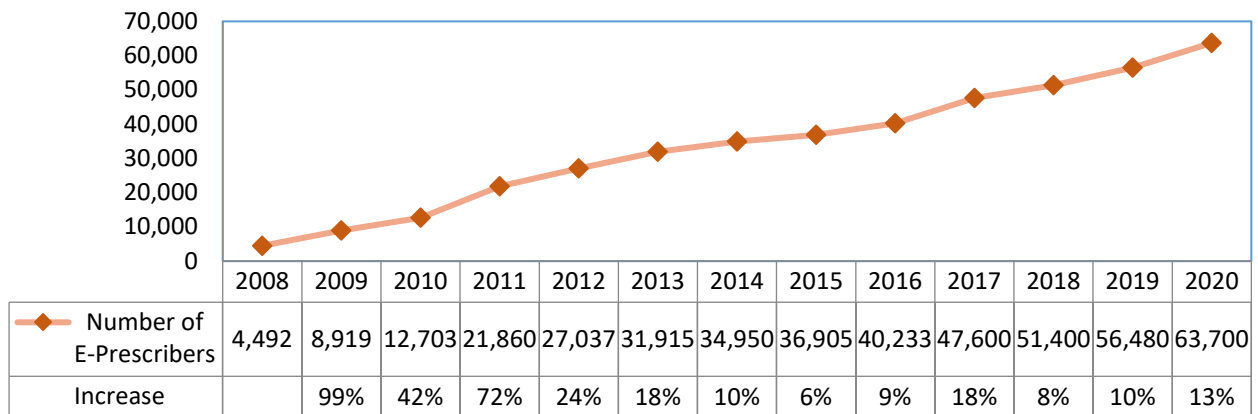


Figure 3 below shows the increasing trend in the eprescribing rate since 2007. At an estimated annual monthly average of 13.5 million prescriptions per month, Florida’s annual eprescribing rate through 2020 was 84.1 percent.

Figure 3. Estimated Average Annual Electronic Prescribing Rate, 2007 - 2020

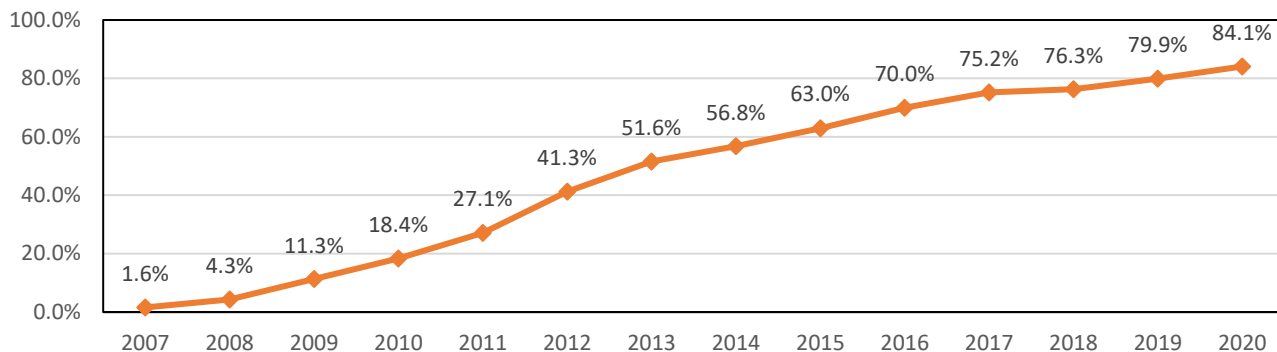


Figure 4 below presents Florida’s eprescribing transactions and active eprescribers at the end of quarters in 2020, as reported by Surescripts. At the end of the fourth quarter of 2020, 13,677,800 eprescriptions were written. This represents a 10 percent increase over the 12,389,921 total at the end of 2019. The totals include the number of new and refill eprescriptions.

Figure 4. Number of Electronic Prescribers and New and Refill Electronic Prescriptions in Florida, through 2020

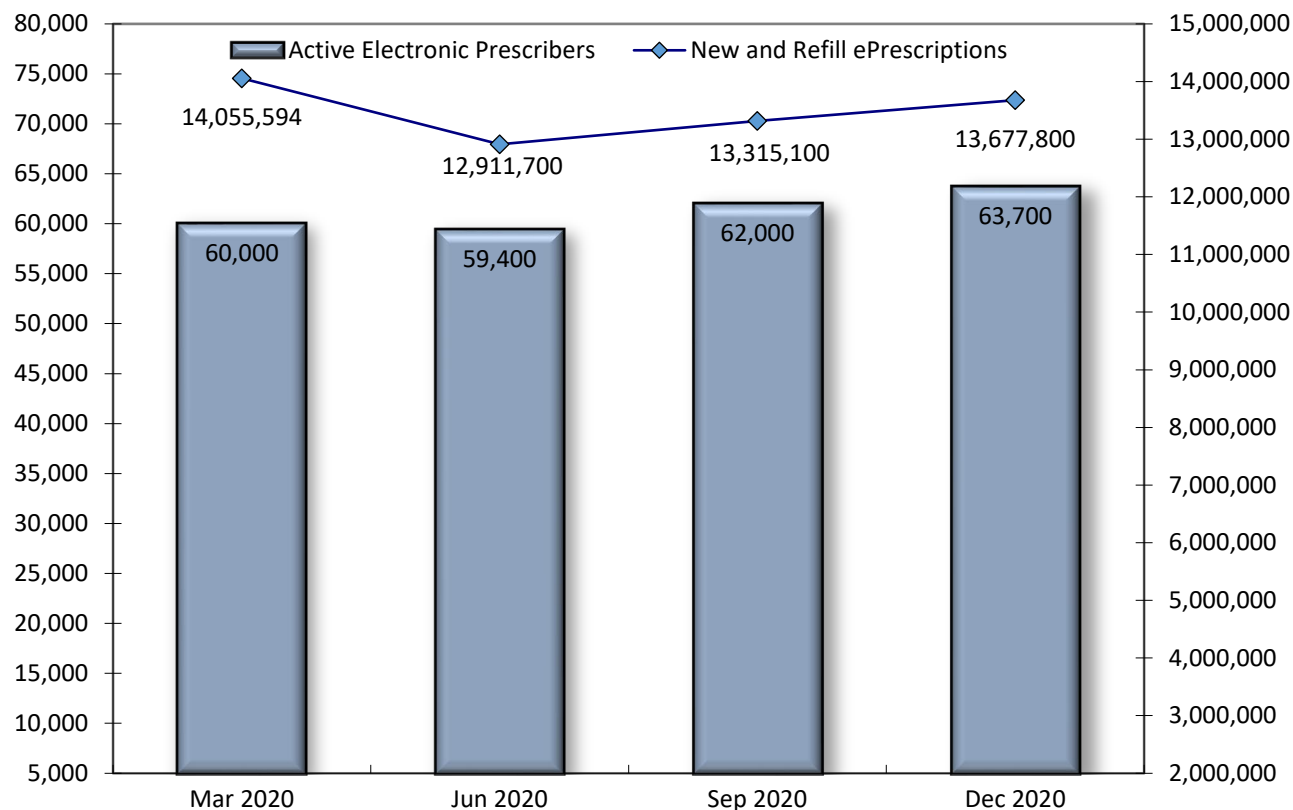


Figure 5 below shows a comparison of the number of new eprescriptions and refill eprescriptions and the percent of new eprescriptions at the end of quarters in 2020.

Figure 5. Comparison of Eprescribing Activity by New and Refills, End of Quarters in 2020

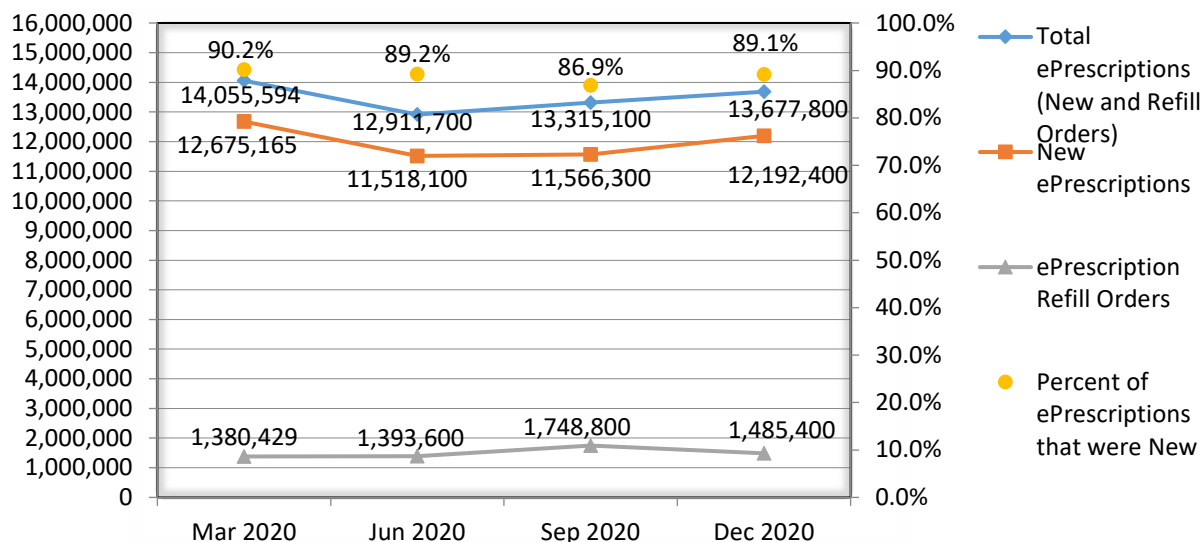
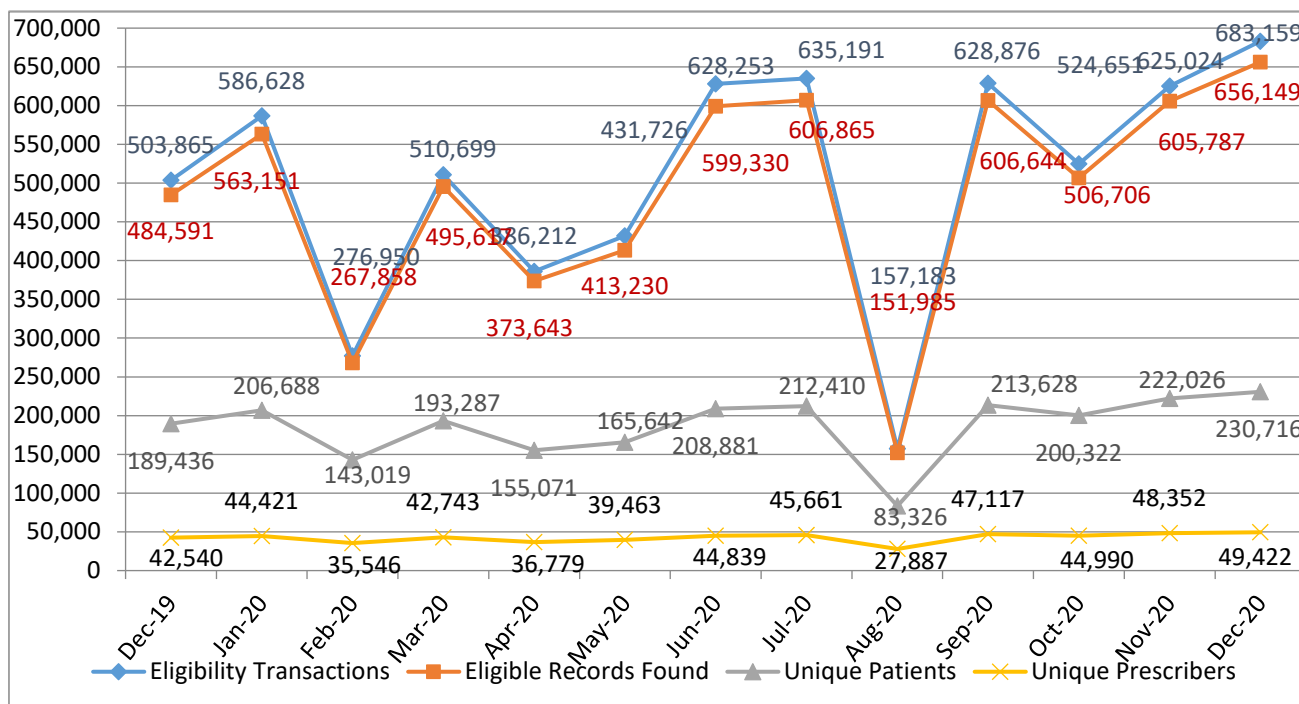


Figure 6 below shows the number of Medicaid electronic prescribing eligibility transactions, records found, unique number of patients and unique prescribers from December 2019 to December 2020. In 2020, a monthly average of 42,268 Medicaid prescribers issued a monthly average of 506,213 eprescription eligibility transactions that returned a monthly average of 487,247 records for a monthly average of 186,251 patients.

Figure 6. Florida Medicaid Electronic Prescribing Eligibility Transactions, Records Found, Patients and Prescribers, December 2019 to December 2020



Section 2. Electronic Prescribing Adoption Activities

2.1. Florida Electronic Prescribing Clearinghouse

Section 408.0611, Florida Statutes, was passed into law during the 2007 Legislative Session. It requires the Agency for Health Care Administration (Agency) to create a clearinghouse of eprescribing information, which was made available on the Agency's website in October 2007. 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: <http://www.ahca.myflorida.com/SCHS/ePrescribing/metrics.shtml>. 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. Meaningful Use Incentives for Electronic Prescribing

Background

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 established incentive payments for eligible professionals (EPs) and eligible hospitals (EHs) related to the adoption and meaningful use of certified electronic health record technology (CEHRT). The Florida Agency for Health Care Administration administers the Florida Promoting Interoperability Program, formerly known as the Florida Medicaid Electronic Health Record Incentive Program. The program is administered in accordance with federal regulations established by The Centers for Medicare and Medicaid Services (CMS) related to the "meaningful use" of certified electronic health record technology (CEHRT).

The Agency implemented the program in September 2011. Participating providers could register and apply for incentive payments associated with adopting, implementing, or upgrading to CEHRT, and the subsequent meaningful use of CEHRT. Demonstration of meaningful use was not required to receive an incentive payment in the provider's first payment year. In subsequent payment years, the provider could apply for additional incentive payments that required documentation of the meaningful use of the CEHRT, including meeting the eprescribing requirements of the program.

Electronic Prescribing Objective for Meaningful Use Reporting

The CMS final rule for Stage 3, beginning in 2019, increased the eprescribing rate for EPs to more than 60 percent of all permissible prescriptions. The Stage 3 final rule also requires EHs to query a drug formulary, transmit more than 25 percent of discharge prescriptions electronically, and removes unchanged refill prescriptions from the query requirement for drug formulary.

Stage 3 Meaningful Use Requirements Related to Medication:

- Eligible professionals and eligible hospitals must use Computerized Provider Order Entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed health care professional that can enter orders into the medical record per state, local, and professional guidelines for more than 60 percent of medication orders, more than 60 percent of laboratory orders, and more than 60 percent of radiology orders in Stage 3;
- Eligible professionals and eligible hospitals must enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period;
- Stage 3 Health Information Exchange Objective requires eligible professionals and hospitals to attest to three measures and meet at least two of the three. Measure 1 requires a summary of care be electronically exchanged for more than 50 percent of their transitions of care. Measure 2 requires the eligible professional or hospital to receive or retrieve a summary of care and incorporate it into their EHR for more than 40 percent of transitions or referrals received and new patient encounters. Measure 3 requires the eligible professional or hospital to perform a clinical information reconciliation which includes medication reconciliation for more than 80 percent of transitions or referrals received and new patient encounters;
- Eligible professionals and eligible hospitals must generate and transmit permissible prescriptions electronically (for eligible professionals, more than 60 percent in Stage 3); and
- Eligible hospitals must generate and transmit permissible discharge prescriptions electronically for new and changed prescriptions for more than 25 percent in Stage 3.

2.3. Electronic Prescribing of Controlled Substances

Until 2010, the U.S. Drug Enforcement Administration (DEA) regulations required prescription 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.

On October 19, 2011, the DEA issued clarification on the interim final rule emphasizing that third-party audits of EPCS software application must encompass all regulation requirements including security and process integrity. The DEA also announced the first DEA approved certification process for EPCS and the posting of DEA approved certifying organizations on the DEA's website.³

³ Federal Register Volume 76, Number 202 (Wednesday, October 19, 2011), Rules and Regulations, Pages 64813-64816, "Electronic Prescriptions for Controlled Substances Clarification", https://www.deadiversion.usdoj.gov/fed_regs/rules/2011/fr1019.htm

On March 27, 2016, New York became the first state in the U.S. to mandate eprescribing of non-exempt controlled and non-controlled substances through their Internet System for Tracking Over Prescribing (I-STOP) and to impose financial penalties as well as jail time for non-compliance.⁴ New York has been ranked #1 in the nation for EPCS in Surescripts National Progress Reports since 2016. Almost 99 percent of New York's pharmacies are EPCS enabled, almost 82 percent of Prescribers are EPCS enabled and over 88 percent of controlled substances are prescribed electronically.

H.R. 6 (115th), Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act was signed into law on October 24, 2018, Public Law No: 115-271 ([TXT](#) | [PDF](#)). Sec. 2003 Every Prescription Conveyed Securely of the Act, amends the Social Security Act to add, "...a prescription for a covered part D drug under a prescription drug plan (or under an MA-PD plan) for a schedule II, III, IV, or V controlled substance shall be transmitted by a health care practitioner electronically...". With some exceptions, this requirement to eprescribe controlled substances in Medicare Part D became effective on January 1, 2021.

In 2019, Florida passed legislation mandating eprescribing as set forth in Section [456.42\(3\)](#), F.S., "health care practitioners licensed by law to prescribe a medicinal drug who maintains a system of electronic health records as defined in s. 408.051(2)(a), or who prescribes medicinal drugs as an owner, an employee, or a contractor of a licensed health care facility or practice that maintains such a system and who is prescribing in his or her capacity as such an owner, an employee, or a contractor, may only electronically transmit prescriptions for such drugs". Except for eight exemptions stated in paragraph 3 of the above linked statute, this requirement to eprescribe becomes effective upon renewal of the health care practitioner's license or by July 1, 2021, whichever is earlier.

In 2020, Surescripts published their 2019 National Progress Report at <https://surescripts.com/news-center/national-progress-report-2019/>. In the EPCS State Rankings section of the Surescripts report, 95.3 percent of Florida pharmacies were enabled for EPCS, 25 percent of Florida prescribers were enabled for EPCS and 20.9 percent of Florida's controlled substances were eprescribed. This compares to the reported 97 percent of pharmacies across the nation that were EPCS enabled, 49 percent of national prescribers were EPCS enabled and 38 percent was the national rate of eprescribed controlled substances. Surescripts metrics on EPCS in Florida may be viewed at <http://www.ahca.myflorida.com/SCHS/ePrescribing/metrics.shtml>. More information about engaging in EPCS is available on the Surescripts website at: <https://surescripts.com/enhanceprescribing/eprescribing/eprescribing-for-controlled-substances/>.

⁴ Mandatory Electronic Prescribing Effective March 27, 2016, http://www.health.ny.gov/professionals/narcotic/electronic_prescribing/

2.4. Pharmacy e-Health Information Technology Collaborative

In September 2010, nine national pharmacy organizations launched the Pharmacy Health Information Technology Collaborative (Collaborative). The 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 November 2018, the Collaborative released its revised strategic plan, [The Roadmap for Pharmacy Information Technology Integration in U.S. Health Care: 2018 to 2021 Update](#)⁵. The roadmap contains three key update goals.

- Define areas the pharmacy profession needs to continue working on that are related to pharmacists' integration into the national health IT infrastructure.
- Define the areas the Collaborative should focus on that are related to the vision, mission, goals, and objectives the Collaborative's 2018-2021 Strategic Plan.
- The goals reflect the efforts of the Collaborative to drive cultural technology changes for how pharmacists interact and collaborate with other of the healthcare team.

The collaborative issued a revised draft version of pharmacy value sets in a [March news release](#). In their [July 2020 news release](#), the comment deadline was announced to be August 4, 2020. Value sets support standardized clinical pharmacy data documentation, exchange and reporting. 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.

2.5. 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 establishing 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).⁶

⁵ Pharmacy Health Information Technology Collaborative, "The Roadmap for Pharmacy Information Technology Integration in U.S. Health Care: 2018 to 2021 Update", http://www.pharmacyhit.org/pdfs/workshop-documents/PHIT_Roadmap_2018-2021_Final.pdf

⁶ 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",

The NCPDP was awarded a 5-year "Standards Development Organization Collaboration to Enhance Standards Alignment, Testing, and Measurement Project" grant in March 2016 from ONC. The purpose of the grant was to test and measure the industry's use of standards and to facilitate interoperability and workflow efficiency.

In September 2017, the NCPDP Foundation awarded a grant to Johns Hopkins Medicine, in the interest of patient safety and standards adoption, to implement the CancelRx functionality in NCPDP's SCRIPT Standard for ePrescribing into its EHR and pharmacy management system in the ambulatory setting and provide feedback to NCPDP on lessons learned.⁷

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.ncdp.org/NCPDP/media/pdf/StandardsMatrix.pdf> and NCPDP standards and descriptions may be viewed at <http://www.ncdp.org/Standards-Development/Standards-Information>.

CMS finalized updates to the Medicare Part D Prescription Drug Benefit Program for contract year 2019 (CMS-4182-F), as filed in the federal register in April 2018 at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-07179.pdf>, including the adoption of NCPDP SCRIPT Standard Version 2017071 beginning on January 1, 2020.

NCPDP announced on September 13, 2018 that it released the NCPDP eRx Validation Suite, available at <https://devtools.ncdp.org/erx/#/home>, to support testing and ensure correct implementation of the NCPDP SCRIPT Standard Version 2017071 in preparation for transactions adopted under Medicare Part D. The newest version of the SCRIPT Standard includes enhancements such as: digital signature requirements for the electronic prescribing of controlled substance medications; medication history response transactions to return data from Prescription Drug Monitoring Program (PDMP) administrators; support for grouping of multiple prescriptions; support for electronic transmission of compound medication information; it now allows 1,000 characters in directions for use; and many other enhancements.

Surescripts joined NCPDP's Elite Partner Program in 2019, making a three-year commitment to work with NCPDP in support of standards and new product development, patient safety and other NCPDP efforts.

NCPDP members approved a BETA version of the NCPDP Real-Time Prescription Benefit (RTPB) Standard in August 2019. The new standard was designed to conform to existing provider workflows and support interoperability. Providers will have real-time secure access to patient out of pocket prescription benefit information which yields the potential to reduce cost and speed

<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

⁷ NCPDP Foundation, "NCPDP Foundation Awards a Grant to Johns Hopkins Medicine to Support Implementation of CancelRx Functionality in NCPDP's SCRIPT Standard", http://ncdpfoundation.org/PDF/NCPDP_Foundation_Grant_Johns_Hopkins_Medicine.pdf, September 25, 2017

treatment. The new standard will also assist in meeting the Medicare Part D plan deadline of January 1, 2021 for implementing an electronic real-time benefit tool capable of integrating with at least one prescriber’s electronic prescribing system or electronic health record. This requirement is found in the Centers for Medicare & Medicaid Services (CMS) final rule⁸ on modernizing Part D.

In December 2020, the NCPDP published [SCRIPT Implementation Recommendations](#). 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.

2.6. Outreach

Although many events were cancelled in 2020 due to the COVID 19 pandemic, the Agency’s Health Information Technology outreach team was able to provide information about eprescribing at several virtual events. Staff highlighted a new [eprescribing clearinghouse](#) website through presentations, social media, and webinars throughout the year. The benefits of using eprescribing for all medications was specifically addressed in several presentations in various formats throughout the year. Information about the benefits of eprescribing was highlighted in an [ePrescribing Virtual Panel](#) that is highlighted on the eprescribing clearinghouse.

2.7. 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 Section 408.05 (8) Florida Statutes. The HIECC includes representatives of hospitals, long-term care facilities, medical associations, regional health information exchange, 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 physicians involved in patient care including the exchange of medication information through eprescribing.

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>.

⁸ Federal Register, Final Rule, “Modernizing Part D and Medicare Advantage To Lower Drug Prices and Reduce Out-of-Pocket Expenses”, <https://www.federalregister.gov/documents/2019/05/23/2019-10521/modernizing-part-d-and-medicare-advantage-to-lower-drug-prices-and-reduce-out-of-pocket-expenses>, May 23, 2019.

2.8. Action Steps

In 2021, the HIECC and the Agency will address the following action steps to further accelerate the adoption of eprescribing in Florida:

- 1) Continue to report eprescribing metrics on a quarterly basis and include Florida Medicaid medication history statistics as available. The information will be posted on the Agency's website as part of the Florida Electronic Prescribing Clearinghouse;
- 2) Promote eprescribing 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 eprescribing of controlled substances consistent with applicable law;
- 4) 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;
- 5) Identify and promote opportunities for the participation of pharmacists in health information exchange (HIE) and work with pharmacists to identify HIE opportunities; and
- 6) Continue to disseminate eprescribing information to the public. The Agency will include eprescribing information for consumers on the web at www.floridahealthfinder.com.

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