Third Annual Florida 2009 Electronic Prescribing Report

FLORIDA CENTER FOR HEALTH INFORMATION AND POLICY ANALYSIS

AGENCY FOR HEALTH CARE ADMINISTRATION

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Executive Summary

Introduction

The 2009 Florida Electronic Prescribing Report provides a general assessment of the status of electronic prescribing (e-prescribing) in Florida in 2009. It presents a review of Agency for Health Care Administration (Agency) activities to promote e-prescribing; highlights of state, national, public, and private e-prescribing initiatives; Florida e-prescribing metrics; and recommendations to promote adoption of e-prescribing coordinated with other Agency health information technology initiatives. This report is mandated in s. 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. It improves prescription accuracy, increases patient safety and reduces costs. 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 is widely supported and continues to increase because it produces benefits and cost savings for all participants including physicians, pharmacies, health purchasers and patients.

Electronic Prescribing Highlights in 2009

Several important developments took place in 2009 that will impact e-prescribing over the next several years. In the public sector, the passage of the American Recovery and Reinvestment Act (ARRA) and its Health Information Technology for Economic and Clinical Health (HITECH) Act provisions established e-prescribing as one of the component requirements for providers to qualify for incentive payments. In addition, the Centers for Medicare and Medicaid Services (CMS) issued a final rule simplifying and providing additional options for reporting documentation to qualify for the e-prescribing incentives established by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). In Florida, the Agency implemented the Florida Medicaid Health Information Network which offers physicians and other authorized providers secure portal access to patients' Medicaid claims data and an e-prescribing tool available to Medicaid providers at no charge. In the private sector, ePrescribe Florida sponsored an e-Health Summit as a forum for stakeholders to discuss collaborative approaches for responding to HITECH opportunities and the Certification Commission for Health Information Technology developed new short and long term approaches for certification of electronic health record technologies consistent with the direction set by ARRA. National and state e-prescribing organizations, payers, and professional associations continued to produce educational materials and tools available to physicians on their Web sites. Together, these developments have resulted in continued growth in the adoption of e-prescribing.

Agency e-Prescribing Outreach Strategies

In 2009, the Agency continued its collaboration with the private sector to develop and expand its strategies to accelerate the adoption of e-prescribing in Florida. With the assistance of data provided by national e-prescribing organizations, the Agency produced a quarterly dashboard of e-prescribing metrics showing trends, statistics for metropolitan areas, and a comparison of Florida rates to national e-prescribing rates. The Agency has worked with the Department of Health to distribute Florida Medicaid e-prescribing tools in Duval County and provided information to encourage their use in other counties. In addition, the Agency developed educational materials to encourage Florida physicians to take advantage of the MIPPA incentives and distributed

information to Medicaid providers. During 2009, the Agency also worked with the private sector to distribute a consumer brochure that explains e-prescribing basics and the benefits for patients. The Agency held three public meetings of the State Electronic Prescribing Advisory Panel during 2009 with two of the meetings held in conjunction with the Agency's Health Information Exchange Coordinating Committee.

Metrics

The Agency has developed and published a set of key indicators, or metrics, for tracking e-prescribing adoption rates in Florida. E-prescribing metrics can be viewed on the Agency's Web site, www.fhin.net/eprescribe. 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 rate (percent of estimated total possible)
- Patient medication record request rate (of estimated total possible)
- Activated pharmacies by geographic region
- E-prescriptions per e-prescriber
- Patient medication record requests per user
- Trends in ratio of requests made to records found
- Medicaid e-prescriptions, e-prescribing rate, and Medicaid e-prescriber rate

The amount of e-prescribing relative to all prescriptions that could have been e-prescribed is the *e-prescribing rate*. The e-prescribing rate for the third quarter of 2009 was 12% up from 9% for the first quarter of 2009, 4.3% in 2008 and 1.6% in 2007. The annual rate at which physicians used e-prescribing tools to request medication information such as eligibility, benefits or the medication history is the *medication record request rate*. The medication record request rate for the third quarter of 2009 was 17% up from 11% for the first quarter of 2009, and 5.5% in 2008. These results indicate that use of e-prescribing clinical applications exceeds use to transmit prescriptions or refills electronically.

In 2008, Florida's e-prescribing rate ranked 20th among states as reported by Surescripts. The Agency set a goal of achieving a December 2009 e-prescribing rate of 14%. As of the end of September 2009, the e-prescribing rate was 13.1% which was slightly above the 12.2% September interim goal. The expected e-prescribing impetus of MIPPA may have been slowed or diverted by the passage of ARRA which moved the focus to the adoption of electronic health records. However, the inclusion of e-prescribing in the meaningful use of electronic health records is expected to ultimately stimulate greater use of e-prescribing and related clinical applications. The Agency is also working to expand availability of e-prescribing through the Florida Medicaid Health Information Network and by making Florida Medicaid pharmacy claims data available to authorized clinicians through national pharmacy networks and certified e-prescribing tools.

Florida Electronic Prescribing Clearinghouse

The Agency's Florida Electronic Prescribing Clearinghouse provides users a single point of access for e-prescribing information available at: www.fhin.net/eprescribe. It is designed to meet the requirements of Section 408.0611, F.S., 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. The Web site presents the advantages of e-

prescribing, e-prescribing software products and vendors with links to their products, provides links to federal, state and private-sector e-prescribing Web sites to provide guidance on selecting an appropriate e-prescribing product, and offers e-prescribing resources, such as news and research articles.

State Electronic Prescribing Advisory Panel

In 2007, the Agency formed the State Electronic Prescribing Advisory Panel (Panel) and invited representatives of the relevant stakeholder organizations to participate as appointed members of the Panel. The Panel includes representatives of healthcare practitioners, health care facilities, and pharmacies; organizations that operate e-prescribing networks; organizations that create e-prescribing products; and health information organizations.

The Agency is also a member of ePrescribe Florida, a private initiative working to increase e-prescribing. Members of the Panel and ePrescribe Florida have assisted the Agency in promoting e-prescribing adoption in Florida, planning for statewide health information exchange and efforts to coordinate these efforts.

Conclusions and Recommendations

The inclusion of e-prescribing in the HITECH provisions of ARRA not only recognizes the value of e-prescribing in public policy but also the importance of integrating e-prescribing functionality in the health information technology tools used by clinicians. When e-prescribing systems are fully implemented, physicians will be able to prescribe, renew and check medication histories routinely using tools that are well-integrated with their electronic health record and practice management systems while relying on a secure, private network for these communications.

At its January 28, 2010 meeting, the State Electronic Prescribing Advisory Panel recommended that the Agency take the following steps during the next year to further accelerate the adoption of e-prescribing in Florida:

1) Continue to track and report e-prescribing and medication history metrics on a quarterly basis. Comparable Florida Medicaid prescription statistics should be included. The information should be posted on the Agency's Web site as part of the Florida Electronic Prescribing Clearinghouse, and on its performance dashboard to obtain maximum visibility.

2) Intensify outreach to educate and encourage Florida physicians to qualify for the Medicare electronic prescribing incentive payments. The Agency should include e-prescribing in programs to promote adoption of electronic medical records including ARRA HITECH programs and coordinate efforts with the Health Information Exchange Coordinating Committee.

3) Identify and address barriers to pharmacy participation including workflow, cost and environmental factors related to the participation of independent pharmacies and legal policy, or technical issues related to enabling pharmacist access to patient medication information. Encourage the participation of state professional pharmacy associations, pharmacy colleges, and other University researchers in addressing barriers and demonstrating the benefits of e-prescribing.

4) Expand Florida Medicaid prescription data sharing to enable e-prescribing physicians to access a Medicaid recipient's medication history using any certified e-prescribing tool. The Agency should also include e-prescribing outreach in the promotion of the Florida Medicaid

Health Information Network and offer fully integrated point-of-care access.

6) 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.

7) Continue to disseminate information on e-prescribing to the general public. The Agency should include consumer e-prescribing information on its consumer Web site, FloridaHealthFinder.gov.

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Section 1. Introduction

In 2007, the Florida Legislature passed HB 1155, which directed the Agency for Health Care Administration (Agency) to collect e-prescribing information and disseminate that information through the Agency's Web site in order to facilitate and promote the adoption of e-prescribing. Section 408.0611, F.S., provides that the Agency is to collaborate with stakeholders to create an electronic 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. The second annual report, published in February 2009 continued to report on e-prescribing development and expanded e-prescribing metrics reporting. Both reports may be read on the Web at: http://www.fhin.net/eprescribe/ePandHIEinFL/Florida2007ePrescribeReport.pdf.

This third annual Florida 2009 Electronic Prescribing Report provides a general assessment of the status of e-prescribing in Florida in 2009. It presents a brief overview of e-prescribing, e-prescribing benefits, and the contents of the E-prescribing Clearinghouse. It reports highlights of e-prescribing developments in 2009. It next presents public and private initiatives including Medicare incentives for e-prescribing, the inclusion of e-prescribing in Meaningful Use and the Florida Medicaid Health Information Network. The report provides quarterly metrics on e-prescribing in Florida through 2009, based on statistics provided by national e-prescribing companies. It concludes with a review of Agency strategies to promote e-prescribing and key recommendations for future steps in 2010.

1.1. What is Electronic Prescribing?

E-prescribing makes use of health information technology that enables the electronic transmission of prescriptions and access to the 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.

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 integrates prescribed medication data from multiple stakeholders; including pharmacy benefit managers, payers, and pharmacies. Through these systems, medication histories are available for prescriptions that were originally prescribed on paper. E-prescribing systems enable practitioners with authorized access to view medication history information at the point of care for 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.

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[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 on January 31, 2008.

E-prescribing is available at little cost as a stand-alone application for practitioners who do not have an in-office electronic medical record system. It provides a potential first step toward adoption of electronic health information systems. Because e-prescribing is one of the cornerstones of clinical electronic medical record systems, and is fully operational today, it can be an important digital bridge for physician practices in Florida that do not have an electronic medical record (EMR) system.

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. A major benefit of the electronic transfer of the prescription is the elimination of errors caused by miscommunication of the handwritten paper prescription. This one benefit leads to the prevention of fraud and abuse that currently occur due to a lack of secure prescription delivery to the pharmacy and the inability to audit the paper-based prescribing process.

Pharmacy networks are a crucial 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 pharmacy benefit managers (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. Surescripts was formed by the merger of Surescripts and RxHub in 2008. Surescripts was founded in 2001 by the pharmacy industry. It established the Pharmacy Health Information Exchange which supports the electronic transmission of prescription information between physicians and pharmacists. More than 95% of all pharmacies in the United States are now certified on the Pharmacy Health Information Exchange.

Surescripts does not develop, sell or endorse specific e-prescribing software, but does work with vendors that supply electronic health record (EHR) and e-prescribing applications to connect their solutions to the Pharmacy Health Information Exchange. Surescripts also certifies e-prescribing software by specifying the standard technical format for transmitting prescription information and testing each vendor's electronic connections to the network. Certified products can be viewed on the Surescripts Web site at http://www.surescripts.com.

RxHub was also founded in 2001. It established the National Patient Health Information Network which enables physicians to access patient prescription eligibility, benefits, formulary, and medication claims history at the point of care. Information is transmitted securely over a standardized channel and is subject to strict privacy controls consistent with applicable federal and state laws, as well as Health Insurance Portability and Accountability Act (HIPAA) requirements. Clinicians are then able to transmit electronic prescriptions to the pharmacy of the patient's choice. Surescripts ensures electronic connectivity among payers, physicians, and pharmacies for the purpose of managing healthcare costs.

Another pharmacy network is the eRx Network. On July 1, 2009, Emdeon, a leading provider of revenue and payment cycle management solutions, acquired eRx Network, LLC. This move, which combines eRx Network's expansive technology and services with Emdeon's existing suite of pharmacy solutions, will enhance the overall Pharmacy Services organization. eRx Network provides a number of productivity enhancing services including fast, secure switching of third party claims, eligibility services, value-proven pre- and post-editing, claims reconciliation, resubmission services, electronic prescribing solutions, Medicare/Medicaid DME billing, Medicare Flu billing, Medicare denial management services, and Medicare/Medicaid eligibility verification.

Section 2. E-prescribing in 2009

Several important public and private sector developments that will impact e-prescribing over the next several years took place in 2009. Most notable is the passage of the health information technology provisions of the American Recovery and Reinvestment Act (ARRA) and the new incentives requiring e-prescribing. Highlighted below are significant events, activities, and developments that occurred in Florida and the nation over the past year.

2.1. Private Sector Events and Activities

In the private sector, changes in the pharmacy network landscape saw the completed merger of Surescripts and RxHub. Other private sector initiatives included ARRA-related changes in e-prescribing certification criteria from the Certification Commission for Healthcare Information Technology, the American Medical Association's announcement of its physician portal to be launched in 2010, and the Florida e-Health summit in August 2009 sponsored by ePrescribe Florida and other stakeholders.

- **SureScripts – RxHub renamed Surescripts**

In March 2009, SureScripts-RxHub, the nation's largest pharmacy information network announced that the company would be known as Surescripts. Surescripts announced its rebranded services to include: 1) prescription benefits, 2) prescription history, and 3) prescription routing. The change is part of a larger effort to simplify e-prescribing for all participants - physicians, pharmacies, payers, and technology vendors. Representing the largest pharmacy networks in the U.S., the merger of Surescripts and RxHub in 2008 created a nationwide network combining the complementary capabilities of the two organizations.

- **Certification Commission for Healthcare Information Technology**

In 2009, the Certification Commission for Healthcare Information Technology (CCHIT) developed new paths for certification of electronic health record technologies, with the goal of supporting more rapid, widespread adoption and meaningful use under ARRA. E-prescribing tools may be certified either as a standalone e-prescribing technology or as a module certified in the preliminary ARRA certified technology program.

- **AMA Physician Portal for Health Information Technology**

The American Medical Association announced the formation of several partnerships to develop and launch a physician portal for health information technology planned for 2010. The AMA portal is under development by Covisint, a subsidiary of Detroit-based Compuware Corporation. The AMA announced a partnership with DrFirst and Allscripts to offer e-prescribing solutions. Informed Decisions is participating by making information about eMPOWERx and its clinical drug reference tools available through the portal.

- **ePrescribe Florida sponsors e-Health Summit**

The Florida e-Health Summit was initiated by ePrescribe Florida to provide a forum for the exchange of ideas and to encourage collaborative approaches to develop Florida's health information technology infrastructure within the framework of federal funding opportunities and

requirements. The summit was held in Tampa, Florida August 6-7, 2009 and was hosted by the University of South Florida, the Rural Health Partnership and the Well Florida Council.

2.2. Public Sector Initiatives and Developments

Nationally, the passage of ARRA established e-prescribing as one of the component requirements for providers to qualify for incentive payments. Following passage of ARRA, CMS announced changes to allow documentation of e-prescribing by using electronic health records in addition to claims-based reporting. In addition, an important pilot program to study the safety, security, quality and effectiveness of the e-prescribing of controlled substance received a waiver from the U.S. Drug Enforcement Administration to permit electronic prescribing under the study protocol. In Florida, the Agency continued to expand its e-prescribing programs and worked to integrate e-prescribing in its health information exchange initiatives.

- **E-prescribing of Controlled Substances Study and DEA Waiver**

On September 14 of 2009, the first legal electronic prescription was transmitted from the Berkshire Medical Center in Massachusetts to a local Target store through a secure Internet channel. This important milestone for e-prescribing is the result of a waiver received from the U.S. Drug Enforcement Administration enabling a study of the e-prescribing of controlled substances under the sponsorship of the Agency for Healthcare Research and Quality.

- **E-prescribing for Meaningful Use**

The health information technology provisions of ARRA established incentives for Medicare and Medicaid providers related to the meaningful use of electronic health record technologies as specified in the law. To qualify, an eligible professional must use certified electronic health record technology in a “meaningful manner,” demonstrate engagement in information exchange, and report clinical quality measures using the certified electronic health record technology. Electronic prescribing is a requirement for eligible professionals to establish that the certified electronic health record technology was used in a meaningful manner.

- **Medicare Incentives for E-prescribing and EHR reporting**

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), was enacted in July 2008 to promote adoption and use of e-prescribing. The federal legislation established incentive payments to eligible professionals who are “successful prescribers” as defined in the Act. To participate in 2009, eligible professionals were required to report to the Centers for Medicare and Medicaid Services (CMS) on their adoption and use of a qualified e-prescribing system by submitting documentation on their Medicare Part B claims. In October 2009, CMS issued a final rule making changes to the electronic prescribing incentive program that permit 2010 reporting to CMS using a qualified electronic health record or through a qualified registry.

- **Florida Medicaid Health Information Network and e-Prescribing**

The Agency launched the Florida Medicaid Health Information Network (MHIN) on November 19, 2009. The Florida MHIN allows Medicaid providers to query for a patient’s medical history from Medicaid claims through a secure provider portal. It is available at no charge to any provider in Florida treating a Medicaid patient and includes a link to an e-prescribing tool, eMPOWERx that is also available to Medicaid providers at no charge. In its

second year, the MHIN is scheduled to add several new functionalities including single sign-on access to the eMPOWERx e-prescribing tool.

- **ITN for Connecting Florida Medicaid to a Pharmacy Network**

On November 3, 2009, the Agency issued an Invitation to Negotiate (ITN) for the participation of Florida Medicaid in a pharmacy network enabling providers to access Florida Medicaid eligibility and medication history data using any certified e-prescribing tool. The Agency's objective is to expand accessibility to Medicaid patient eligibility and prescription data to achieve reductions in fraud, abuse and medication errors. Notification of the award is expected in early 2010.

- **e-Prescribing at Florida County Health Departments**

Florida County Health Departments continued piloting use of the eMPOWERx e-prescribing tool in 2009. Duval County Health Department (DCHD) reported 865 e-prescriptions sent in October 2009 by DCHD providers who were trained on using the eMPOWERx tool up from 359 e-prescriptions in January 2009 and 11 in November 2008 when the program started. As reported by Duval CHT users, experience with the tool underscores the importance of integrating e-prescribing within the electronic health record to avoid duplication of data entry and ease of access across all data sources at the point of care.

Section 3. Benefits of Electronic Prescribing

E-prescribing has many potential benefits that continue to be studied and documented as e-prescribing is increasingly implemented. There are four distinct types of benefits:

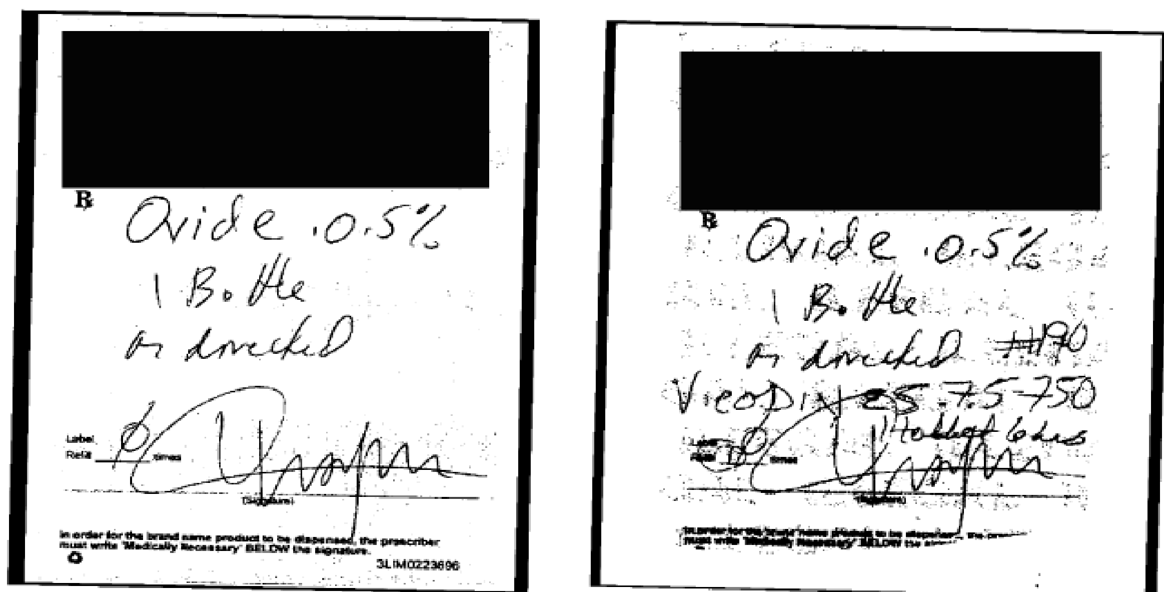
- Security including prevention of prescription drug fraud and abuse;
- Efficiencies and cost savings;
- Improved patient safety and outcomes; and
- Public health benefits

Each of these benefits is derived from both the accessibility of the medication history to the prescribing physician at the point of care and from the electronic transfer of the prescription.

3.1. Added Security Features

Eliminating paper and handwritten prescriptions from the prescribing process can significantly reduce fraud and abuse through alterations made to the paper prescription, as shown in Figure 1. In this example, a paper prescription for head lice written to a Medicaid recipient was altered to include 190 tablets of Vicodin, a controlled substance. The error was discovered when the pharmacist returned the prescription to the prescribing doctor with a note about his illegible handwriting.

Figure 1. Medicaid Prescriptions Altered to Include a Controlled Substance



E-prescribing provides a complete audit trail of every electronic transaction in the e-prescription process, from the act of e-prescribing in the physician's office to the pharmacy filling the prescription, to the patient picking up the prescription. Prescribing practitioners and pharmacies must be credentialed and approved before they can participate in the e-prescribing process. They also must securely log on before they can e-prescribe or receive a prescription.

Secure access is possible using a virtual private network (VPN) connection over the Internet, which creates a protected electronic channel for the safe transmission of encrypted medication information. Infrastructure technology partners, vendors and others are bound by contract to ensure the authentication of users, the integrity of prescriptions, and the privacy and security of personal health information that passes through the secure networks. Unwarranted prescription activity can be identified much more readily in the electronic system through the use of embedded auditing features.

3.2. Efficiency and Cost Savings

An important study of the effect of formulary decision support available through e-prescribing was released in 2008. It found that e-prescribing increases the use of lower cost or generic medications. The study compared the change in prescriptions written in three prescription drug formulary tiers before and after an e-prescribing system was launched. The study found that clinicians using e-prescribing with formulary decision support were significantly more likely to prescribe generic medications and the potential for financial saving are substantial. The study also reported that there was a modest effect for intervention by prescribers when not e-prescribing, suggesting that prescribing behavior is more affected when decision support information is provided while the act of prescribing is being performed.[2]

E-prescribing creates efficiencies and provides cost savings to all participants including physicians, pharmacies, health purchasers, and patients. Physician office personnel and pharmacy staff no longer have to spend time on phone calls and faxes to clarify prescription information and authorize or obtain authorization for prescription renewals. The costs associated with these activities are much reduced or eliminated. The result of implementing e-prescribing is more efficient prescribing processes, more accurate medication orders, and less manual intervention and rework at the pharmacy.

Table 1 provides a summary of published research regarding the cost savings of e-prescribing.[3] Because of its ability to check formulary and benefit information at the point of care, e-prescribing can assist the clinician with prescribing an on-formulary medication or a therapeutically appropriate alternative, thus saving patients money, helping with medication compliance, and helping to ensure the appropriate regimen is provided for the patient. This in turn will help improve the quality and cost-effectiveness of care for patients with chronic conditions. Patients

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[2] Archives of Internal Medicine (2008, Dec.), Effect of Electronic Prescribing With Formulary Decision Support on Medication Use and Cost; 168(22):2400.

[3] Schueth, Anthony J. (2007). *ePrescribing: Why Now?* Presentation at the 1st Annual ePrescribing Summit, Orlando, December 1-2.

also benefit from not having to make separate trips to the pharmacy or face delays while waiting for communications between the pharmacy and physician office. This is not just a matter of convenience for patients but a savings in time and travel as well.

Table 1. Practice Efficiency Studies

Study	Results
Brigham and Women's Hospital Massachusetts General Hospital 2008	$845 000 per 100,000 patients, savings from e-prescribing with formulary decision support.
Health Alliance Plan (Henry Ford Medical Group) 2006	57% of physicians believe there is a reduction in time spent by support staff.
Rand (NJEPAC) 2006	80% reduction in callbacks related to coverage issues.
Surescripts (Brown University: Midwestern University) 2006	90% physicians noted improvement in care efficiency. 50%+ reduction in time consumed to manage refill requests and pharmacy callbacks.
Health Management Technology 2003	$48,000 saved per year by a practice that automated refills.
Medco 2003	42% reduction in pharmacy calls to practice.
Tufts Healthplan 2002	2 hours per day saved per physician; 30% reduction in phone calls.
BCBS Hawaii 2000	50% reduction in pharmacy phone calls.
Kokomo Family Care 2000	42% reduction in pharmacy-related calls; 84% reduction in calls related to formulary.

3.3. Patient Safety

There are an estimated 1.5 million adverse drug events that occur each year.[4] E-prescribing systems can enhance patient safety and improve outcomes by providing more complete information about the medication history of the patient to the prescribing practitioner. This ability to share health information through e-prescribing systems enables the physician to better coordinate patient care with other treating physicians, and it supports and enhances the disease management initiatives of both payers and providers. Table 2 provides a summary of published research regarding the quality of care and patient safety impact of e-prescribing.[5]

[4] Institute of Medicine. (2006, July). *Preventing Medication Errors: Quality Chasm Series.* Washington, DC: National Academies Press.
[5] Schueth, Anthony J. (2007). *ePrescribing: Why Now?* Presentation at the 1st Annual ePrescribing Summit, Orlando, December 1-2.

Table 2. Practice Quality and Safety

Study	Results
Surescripts (Brown University; Midwestern University) 2006	75% of physicians believed patient safety & quality of care improved. 50% of physicians perceived communication with patients improved.
Rand (NJEPAC) 2006	Medication history perceived as very useful & worth the effort.
Health Alliance Plan (Henry Ford Medical Group) 2006	85% of physicians believe e-Rx has improved the practice of medicine at their clinic. 77% of physicians believe e-Rx improves the safety of patient care. 70% of physicians believe e-Rx improves patient satisfaction.
Surescripts & Walgreens 2006	11% improvement in new prescriptions filled by patients 3 months after e-Rx implemented (variable influences patient adherence)

As more physicians adopt e-prescribing, the functionality of decision support tools that are made available to the prescribing practitioner will improve significantly. E-prescribing software not only offers a robust, integrated system for accessing patient medication history, but provides clinical decision support, such as drug-to-drug interaction alerts and allergy checks. In more sophisticated systems, practice alerts notify the clinician or other authorized user about gaps in care to permit on-the-spot counseling to the patient and corrective measures specified by treatment guidelines. These gap analysis and practice alert systems are especially effective for patients with complex chronic conditions, thereby improving patient outcomes.

A study published in the *Archives of Internal Medicine* in 2009 found that while physicians overrode 91.1% of the 279,476 alerts included in the study, the technology helped prevent 402 adverse drug events. The alerts that were accepted likely prevented three deaths, 14 permanent disabilities and 31 instances of temporary disability. The alerts prevented 39 hospital admissions, kept 34 people out of the emergency room and avoided 267 physician office visits for an overall savings of approximately $402,619.[6]

3.4. Public Health

Rhode Island was the first state to electronically link physicians to the most pharmacies within its borders. In the fall of 2003 Rhode Island partnered with Surescripts and served as Surescripts'

[6] *Arch Intern Med.* 2009;169(16):1465-1473, An Empirical Model to Estimate the Potential Impact of Medication Safety Alerts on Patient Safety, Health Care Utilization, and Cost in Ambulatory Care

national beta test site for electronic prescribing. Rhode Island announced during the fall of 2009 that 100% of the approximately 183 retail pharmacies in Rhode Island are capable of accepting electronic prescriptions via networks that provide the systems for routing prescriptions from the practitioner to retail pharmacies.

During the 2009 H1N1 outbreak, Surescripts and Rhode Island pharmacies provided epidemiologists at the Rhode Island Department of Health with weekly updates of prescription data. The epidemiologists can use the data, which has been de-identified to exclude personal information, to identify any spikes in prescriptions of Tamiflu or other antiviral medications. The reporting of comprehensive data was made possible since all pharmacies in Rhode Island are participating in the network.

The electronic tracking of antiviral data allows state health officials to do three things:

- Use the data as a valuable proxy for detecting a potential outbreak of swine flu, including its location and affected age group.
- Offer a more far-reaching and granular view of potential flu activity than the State sentinel system.
- Help detect discrepancies between disease outbreaks reported by the State's sentinel system and outbreaks identified based on flu prescriptions. These discrepancies may suggest a number of possibilities: prescribing in the absence of flu; that supplies of an important drug are running low; additional outbreak areas that were not detected by the Sentinel system; the need for additional education to assure the appropriate use of antiviral medications.

Rhode Island's electronic tracking of antiviral data represents another prominent use of prescription data for reasons of public health. In 2005, in the wake of Hurricane Katrina, a special program allowed physicians and pharmacists throughout the country who were caring for displaced residents of New Orleans and surrounding regions to access the prescription history of an evacuee for whom they were providing care but had no medical records. Since e-prescribing software offers a robust, integrated system for accessing patient medication history, e-prescribing can also be an important tool in disaster relief, by making prescription information for patients available when paper records are destroyed.

ICERx.org (in case of emergency) is an online service developed for healthcare professionals assisting disaster-affected individuals. ICERx.org was created when Hurricane Katrina struck and continues operation today. Through ICERx.org, authorized pharmacists and doctors can obtain records of medications evacuees were using prior to the disaster, including the specific dosages. Armed with this information, healthcare professionals will be able to renew prescriptions for evacuees and effectively assist in the coordination of care while avoiding harmful prescription errors.

Section 4. Florida Electronic Prescribing Clearinghouse

The Agency implemented www.fhin.net/eprescribe as the Florida Electronic Prescribing Clearinghouse Web site on September 28, 2007 in response to Section 408.0611, F.S. The purpose of the Electronic Prescribing Clearinghouse is to report e-prescribing trends and provide information to promote the implementation of electronic 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 Web site architecture incorporates the core requirements of the above statute plus additional information of interest on e-prescribing. The core requirements and other information contained in the design of the Web site include:

- the advantages of e-prescribing;
- products and services;
- e-prescribing resources, categorized as general, guidance, research articles, and medication safety;
- e-prescribing initiatives and incentive programs at national, private, and state levels;
- meeting and member information for the State Electronic Prescribing Advisory Panel;
- e-prescribing in the Florida Regional Health Information Organizations;
- Florida's e-prescribing reports;
- e-prescribing dashboard showing metrics reported for 2007 - 2009; and
- e-prescribing news.

Enhancements to the clearinghouse Web site in 2009 included:

- news pages that aggregate and read news feeds, eliminating the need for manual updates;
- a categorized index page that provides links that may be of interest to individuals and physicians;
- a meeting calendar on the front page;
- a metrics overview page on the dashboard; and
- graphics for 2009 e-prescribing metrics that display as drop downs from title lines, eliminating the need to scroll through the whole page to view the last display.

Future clearinghouse Web site enhancements being planned include creating a cross reference for product functions and certifications.

4.1. Statutory Requirements

Section 408.0611, F.S., was passed into law during the 2007 legislative session. It required the Agency to create a clearinghouse of electronic prescribing information on its Web site by October 1, 2007. The statute specifies that the Agency must provide information:

- regarding the process of electronic prescribing and the availability of electronic prescribing products, including no-cost or low-cost products;
- regarding the advantages of electronic 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 Web sites that provide guidance on selecting an appropriate electronic prescribing product; and
- links to state, federal, and private sector incentive programs for the implementation of electronic prescribing.

This statute section also requires the Agency to quarterly convene stakeholders to assess and accelerate the implementation of electronic prescribing. It specifies that stakeholders must include organizations that represent health care practitioners, health care facilities, and pharmacies, organizations that operate electronic networks, organizations that create electronic prescribing products, and regional health organizations.

It further requires the Agency to monitor and report on the implementation of electronic prescribing. An annual report to the legislature is required every year by January 31st.

4.2. Advantages of E-Prescribing

The Advantages of E-Prescribing section of the clearinghouse Web site provides information and resources for consumers, health care providers and pharmacies regarding the advantages of e-prescribing. It specifically addresses each group's areas of interest and provides links to studies, articles and other sources for more information. Some of the advantages of e-prescribing include:

- prevention of medication prescription errors caused by events such as illegible hand writing, look-alike or sound-alike drugs, drug-to-drug interactions, incorrect dosing, drug allergy reactions, duplication of drugs, etc., thereby reducing health care and legal costs;
- elimination of illegible prescriptions;
- real-time communications between doctors, pharmacies and patients;
- critical drug alerts and patient specific information at the health care professionals' fingertips;
- drug pricing information;
- payer coverage and preferred drug information;
- a complete patient medication history;

- a reduction in fraud and crime;
- an increase in health care professional work efficiency and reduction of administrative costs; and
- expedited refill authorizations.

The e-prescribing resources provided on the clearinghouse Web site substantiate the advantages of e-prescribing. The section for health care providers highlights significant studies, including abstracts on important research and links to these materials. In the pharmacy section, information citing the advantages of e-prescribing for pharmacists is highlighted, as well as the cost savings due to efficiencies brought about by e-prescribing. These include fewer phone calls to the prescriber about non-covered drugs, prior authorization issues or to clarify other questions about the prescriptions. In the consumer section, the resources emphasize patient safety, enhanced efficiency in processing their prescriptions and cost savings because of the increased prescribing of generic medications.

One resource of interest to physicians newly created in 2009 is the American Medical Association's ePrescribing Learning Center. It takes physicians through a series of questions to help them choose a system that is right for their practice and provides reviews about the systems they may choose. It also has a series of questions that after completion will determine the approximate practice cost to implement particular systems, calculate potential cost savings, and provide physicians with information to learn about system implementation.

Another resource provided is the Health IT Adoption Toolbox developed by the Health Resources and Services Administration's Office of Health Information Technology. The toolbox contains modules that provide information on terminology, the Federal Government's vision, health IT benefits, how to get started with the adoption of health IT, collaboration opportunities, project management, financial considerations of e-prescribing, an e-prescribing readiness assessment, how to select an e-prescribing vendor, and more.

The clearinghouse Web site resources also include the getrxconnected.com Web site. It takes physicians though a technology assessment of how to "get connected" to begin e-prescribing. This Web site will create a customized guide to selecting a system that includes:

- listings of e-prescribing solutions that meets the needs of each physician who completes the assessment based on the choices they select;
- questions to ask the vendors when physicians begin evaluating solutions;
- an estimate of the time and money a physician who has not implemented an e-prescribing system spends annually to manage refill authorizations by fax and phone.

The "get connected" assessment site also informs physicians about benefits to their practice such as:

- improved Efficiency: Prescription refill authorization requests are sent directly to your computer and all of your requests can be reviewed in one queue. Staff workflow is simplified, allowing for the completion of refill authorizations in much less time than by phone or fax. This frees up staff time for more important and reimbursable tasks.
- enhanced Patient Safety: The prescription information you send is identical to the information that the pharmacies receive. The result is greater accuracy, less chance of a dispensing error and fewer calls to your practice for clarifications.

- widespread, Secure Coverage: Over 90% of the nation's pharmacies are enabled to communicate prescription information electronically with physician practices via a secure network.

4.3. E-prescribing Products and Services

The Electronic Prescribing Clearinghouse Web site provides resources for information on e-prescribing produces and their vendors as well as e-prescribing network services. E-prescribing products and services were researched and product vendors were contacted regarding their interest in participating in the clearinghouse. Vendors who expressed an interest and were willing to give consent for use of product logos and materials where included on the clearinghouse Products and Services Web page. Products were listed with pricing information, contact information, links to demonstrations that the vendor might provide on their products, links to product Web sites, certification notations, and links to individual product Web pages on the clearinghouse Web site. The Products and Services Web page also includes a link to the e-prescribing products certified by Surescripts and listed on their Web site.

Individual product Web pages on the clearinghouse Web site highlight each e-prescribing product and service as well as provide product research or white papers that the vendor wanted to make available. Each product Web page also provides contact information for the vendor marketing or sales department, and other information that the vendor provided.

4.4. E-Prescribing Initiatives and Incentive Programs

The e-prescribing initiatives section of the e-prescribing clearinghouse provides individual web pages describing national, private-sector, and state incentive programs. Each of these three Web pages also provides links for more information.

National incentive program information is provided for the Medicare incentives program which will issue payments to eligible professionals who are successful e-prescribers as defined by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). The Medicare national program provides for a two percent incentive payment to be paid in 2009 and 2010; a one percent payment in 2011 and 2012; and a one half percent incentive payment in 2013.

Eligible professionals who are not successful electronic prescribers by 2012 will receive a reduction in payment for Medicare services except in some cases where a demonstration of significant hardship may be cause for a requirement exemption. More on the Medicare incentives program may be read below in section 5.3.

Private-sector incentive information provided on the clearinghouse Web site includes the National ePrescribing Patient Safety Initiative (NEPSI). NEPSI is a joint project of dedicated organizations that each plays a unique role in resolving the current crisis in preventable medication errors. NEPSI offers free e-prescribing software to physicians and pharmacies. The software is provided without cost by Allscripts and NEPSI coalition members. More information about the NEPSI program may be read at http://www.nationalerx.com

Many states have various types of e-prescribing initiatives. Among the state initiatives on the e-prescribing clearinghouse are Florida's Medicaid Health Information Network and e-prescribing at Florida county health departments. More may be read about these Florida initiatives in sections 5.4. and 5.6. below.

Information about other state initiatives and incentive programs may be viewed by clicking on an active state as shown in the interactive U.S. map found on the e-prescribing clearinghouse at http://www.fhin.com/eprescribe/ePrescribingInitiatives/StateIncentivePrograms.shtml.

4.5. Other Information

The Electronic Prescribing Clearinghouse Web site also includes other areas of information relevant to the adoption of e-prescribing in Florida.

The clearinghouse Web site provides links to learn about e-prescribing programs being used by Florida Regional Health Information Organizations (RHIOs). Three RHIOs currently use or are planning to implement e-prescribing into their core services. The Tampa Bay RHIO uses eMPOWERx from Gold Standard, which is the same application used in the Florida Medicaid e-prescribing pilot. In the Northeast Florida Health Information Consortium, the Duval County Health Department uses an electronic pharmacy record system, InteRx and has recently implemented e-prescribing using eMPOWERx. The Big Bend RHIO has integrated an e-prescribing function into its core services.

It also provides a link on the Web site that opens pages dedicated to the State Electronic Prescribing Advisory Panel. The opening Web page lists the panel members, agendas, minutes and related materials for each Panel meeting.

There is continuing national and international interest in the growth of e-prescribing, tied not only to traditional access, cost and quality issues, but also to its role in the emerging global health information technology field. To provide support for and information about the increasing interest in e-prescribing and new technical developments and standards, links are included that provide access to current national and state news stories and media outlets. These include:

- e-prescribing news stories;
- e-prescribing news sites;
- U.S. Department of Health and Human Services, E-prescribe News Releases;
- Government Health IT News – E-prescribing;
- EPN - Electronic Prescribing News; and
- Healthcare IT.

4.6. Metrics of E-prescribing

With assistance from the Florida Electronic Prescribing Advisory Panel, the Agency established metrics that are used to track electronic prescribing trends, gauge the progress of e-prescribing use, and monitor implementation in Florida. E-prescribing networks and the Medicaid e-prescribing vendor report data based on the established metrics to the Agency on or around the 15th of every month following a calendar year quarter. The metrics are reported as a per month count for Metropolitan and Non-Metropolitan Statistical Areas. The data reported includes:

- pharmacies that are activated to receive e-prescriptions;
- total pharmacies;
- new and refill e-prescriptions;

- refill e-requests;
- e-prescribing physicians;
- patient medication record e-requests;
- records found;
- record requesting physicians; and
- the unduplicated number of record requesting physicians.

From the e-prescribing data submitted to the Agency, it is possible to track key indicators of e-prescribing across the state. The Agency monitors implementation through trends in the collected e-prescribing data and reports metrics on its Web site dashboards. Dashboard metric summaries and charts display:

- an overview of data per calendar quarter with a comparison to the last quarter from the previous reporting year (New - added in 2009);
- data totals;
- percent of e-prescriptions to total prescriptions (e-prescribing rate);
- percent of e-prescribing physicians to the approx. total number of physicians in each MSA (New – added in 2009);
- e-prescriptions per e-prescribing physician;
- percent of e-prescriptions to record requests;
- percent of records requested to records found;
- record requests per requesting physician;
- percent of records requested to total prescriptions (record request rate); and
- Medicaid e-prescriptions, e-prescribing rate, and prescribing clinician rate.

One example of monitoring implementation is tracking the e-prescribing rate. The *e-prescribing rate* is the number of e-prescriptions relative to all prescriptions in Florida that could have been prescribed electronically. Using this indicator it was possible to chart the increase in the annual volume of e-prescriptions from 1.6% in 2007 to 4.3% in 2008 to 10.3% in 2009 as calculated through the third quarter. Another rate is the medication record request rate, which indicates how many times a prescriber requests prescription history on a patient using e-prescribing software. Using the MSA data, it is possible to isolate areas of the state where pharmacies are activated and ready for e-prescribing, and those areas that are not. The use of appropriate metrics to track e-prescribing provides the basis for strategic planning to promote e-prescribing adoption.

A complete set of reported metrics for 2007 through the third quarter of 2009 may be viewed by using the "ePrescribing Dashboard" drop down sub menu under the page title "ePrescribing and Health Information Exchange in Florida" located on the Web at http://www.fhin.net/eprescribe/Dashboard/FLmetrics.shtml.

Section 5. Public Initiatives

Public policy continued to recognize and reinforce the value e-prescribing in 2009. The American Recovery and Reinvestment Act (ARRA) which passed in February of 2009 established a range of programs to expand the effective use of health information technology including specific provisions related to e-prescribing. The Centers for Medicare and Medicaid Services (CMS) issued changes to the Medicare Improvements for Patients and Providers (MIPPA) reporting requirements providing additional options to qualify for MIPPA e-prescribing incentives in 2010. In addition, for the first time, the U.S. Drug Enforcement Administration issued a waiver permitting the e-prescribing of controlled substances as part of a study of its feasibility and potential benefits.

E-prescribing is of interest to policy makers because it is viewed as a means to reduce program costs and enhance the quality of care provided to program beneficiaries. In Florida, the Agency expanded the availability of a free e-prescribing tool to Medicaid providers through its recently implemented Medicaid Health Information Network (MHIN) and also sought to extend its participation in e-prescribing by contracting with a secure network that makes medication histories available to authorized clinicians through certified e-prescribing tools including electronic health records.

5.1. Pilot Study of e-Prescribing of Controlled Substances

Last year, the U.S. Drug Enforcement Administration (DEA) released proposed rules that would give practitioners the option to write electronic prescriptions for controlled substances.[7] Current DEA regulations require that controlled substances be written on a paper prescription pad. The DEA proposed rules specify system requirements related to identity proofing, access control, and auditing for prescribing practitioners and other registrants, e-prescribing vendors, pharmacies and pharmacists, among others.

As a means of identity proofing, the proposed rules require that each provider must receive a document prepared by an entity permitted to conduct in-person identity proofing of prescribing practitioners. These entities could include a DEA-approved hospital, a state licensing agency or law enforcement agency.

Access to the e-prescribing software in order to sign a prescription would require the provider to use two-factor authentication that meets the Level 4 authentication specifications of the *National Institute of Standards and Technology* (NIST) SP 800-63 standard. One factor in authentication must be a cryptographic key stored on a hard token that allows the provider to log onto the software program. The token must use either a password or biometrics to activate the authentication key.

In addition to the security measures surrounding identity proofing and authentication, the proposed rules would establish auditing requirements placed on the e-prescribing software vendor, the provider and the pharmacy related to the e-prescribing of controlled substances.

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[7] Department of Justice, Drug Enforcement Administration Rule Change for 21 CFR Parts 1300, 1304, et al., (2008). *Electronic Prescriptions for Controlled Substances, Proposed Rule*. Federal Register / Vol. 73, No. 125, Friday, June 27. Retrieved from http://edocket.access.gpo.gov/2008/pdf/E8-14405.pdf

The DEA opened the proposed rules for public comment and received more than 500 comments. In general, stakeholders expressed concern about workflow barriers and costs imposed by the proposed rules that would have the effect of discouraging the e-prescribing of controlled substance and whether the security requirements are reasonably necessary.[8]

While the proposed rules remained under internal review during 2009, the DEA completed approval of a waiver for a study of the e-prescribing of controlled substances under the sponsorship of the Agency for Healthcare Research and Quality (AHRQ). The study is being performed by the Massachusetts State Department of Public Health in partnership with e-prescribing solution providers including DrFirst, Inc. and eRx Network, LLC.

The purpose of the study is to demonstrate the safety, security, quality and effectiveness of the e-prescribing of controlled substances in the ambulatory care setting. The demonstration project is designed to foster the safe and productive adoption and diffusion of e-prescribing through the evaluation of a model system for the e-prescribing of controlled substances.

Under the auspices of the AHRQ study, the first legal electronic prescription was transmitted from the Berkshire Medical Center in Massachusetts to a local Target store through a secure Internet channel on September 14, 2009.[9]

5.2. ARRA e-Prescribing for Meaningful Use

On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act (ARRA). Several portions of the legislation provide for investment in health information technology, creating new programs to build health information infrastructure and encourage the adoption of electronic health records. These sections of ARRA are known as the HITECH Act.

The HITECH provisions established incentives for certain Medicare and Medicaid providers related to the adoption and meaningful use of electronic health record technologies. To qualify for the Medicare incentives, an eligible professional must use certified electronic health record technology in a “meaningful manner,” demonstrate engagement in information exchange, and report clinical quality measures using the certified electronic health record technology. Electronic prescribing is a requirement for eligible professionals to establish that the certified electronic health record technology was used in a meaningful manner. The meaningful use requirements for eligible professionals to receive Medicaid incentives after the first year of adoption are expected to be similar to the Medicare requirements.

During 2009, the Office of the National Coordinator for Health Information Technology (ONC) developed proposed recommendations for defining meaningful use through its Health IT Policy Council. The recommendations proposed that eligible providers would “generate and transmit permissible prescriptions electronically” as an objective for 2011. The recommendations also provide that eligible providers must report the percent of encounters where medical reconciliation was performed beginning in 2011. In 2013, eligible providers must retrieve and act on electronic prescription fill data. Eligible providers must also perform medication reconciliation at each transition of care.[10]

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[8] For a more complete summary of the proposed rules, see also the Florida 2008 Electronic Prescribing Report, Agency for Health Care Administration, January 2009.

[9] MA hospital to send first e-RX for controlled substances; FierceHealthIT; September 14, 2009.

[10] Health IT Policy Council Recommendations to National Coordinator for Defining Meaningful Use, Final – August 2009; posted on the Office of the National Coordinator for Health Information Technology Web site:

The Centers for Medicare and Medicaid Services (CMS) will issue the final rules specifying the requirements for obtaining Medicare and Medicaid incentives related to the adoption and use of electronic health records in 2010 which are expected to include requirements for e-prescribing.

5.3. Medicare Incentives for E-Prescribing and Reporting Changes

Beginning January 1, 2009, the new Medicare e-Prescribing Incentive Program, as authorized under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), offers incentive payments to eligible professionals who are successful e-prescribers as defined by MIPPA. The MIPPA program is separate from and in addition to the Physician Quality Reporting Initiative (PQRI) which includes e-prescribing among the reportable measures.

In 2009, a "successful e-prescriber" will receive an incentive payment of 2.0% of the total estimated allowed charges for professional services covered by Medicare Part B and furnished by an eligible professional during the reporting period.[11] In order to be a "successful e-prescriber," a physician or other eligible professional must report on the e-prescribing quality measure in at least 50% of the cases in which the measure is reportable by the eligible professional.[12] Successful e-prescribers will receive a 2 percent incentive payment in 2009 and 2010; a 1 percent incentive payment in 2011 and 2012; and a one half percent incentive payment in 2013.[13]

Under MIPPA, a qualified e-prescribing system must be used. These may be one of two types of e-prescribing systems: 1) a system for e-prescribing only (a "stand-alone" system), or 2) an electronic health record (EHR) system with e-prescribing functionality. Whether stand-alone or as part of an EHR, a qualified e-prescribing system must be capable of performing all of the requirements listed below.[14]

1. Generate a complete active medication list incorporating electronic data received from applicable pharmacies and benefit managers (PBMs), if available;
2. Select medications, print prescriptions, electronically transmit prescriptions, and conduct alerts including potentially inappropriate dose or route of administration of a drug, drug-drug interactions, allergy concerns, or warnings and cautions;
3. Provide information related to lower cost, therapeutically appropriate alternatives if any; and
4. Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan, if available.

In addition to the system functionalities mentioned above, the system or program should meet the Part D specifications for messaging that were implemented on April 1, 2009.

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http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_888532_0_0_18/FINAL%20MU%20RECOMMENDATIONS%20TABLE.pdf

[11] Department of Health and Human Services, "Medicare's Practical Guide to the E-prescribing Incentive Program". CMS Publication No. 11399. Retrieved from www.cms.hhs.gov/partnerships/downloads/11399.pdf in November 2008

[12] Centers for Medicare & Medicaid Services, "E-Prescribing Incentive Program." Retrieved from http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp#TopOfPage, on January 5, 2009

[13] Department of Health and Human Services, "HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing". Press Release Date: Monday, July 21, 2008. Retrieved from http://www.hhs.gov/news/facts/eprescribing.html on January 5, 2009

[14] Centers for Medicare and Medicaid Services (2008). *E-Prescribing Specifications Document*, December 12, 2008. Updated information is available on the CMS Web site at: http://www.cms.hhs.gov/ERxIncentive/09_Educational_Resources.asp#TopOfPage.

To qualify in 2009, at least 10% of an eligible professional's Medicare Part B charged services must be eligible cases that use CPT or HCPCS denominator codes included in the e-prescribing measure. Only eligible providers who direct bill to Medicare may participate. When a case is applicable, the e-prescribing measure can be reported with two steps. The first step is to bill using one of the eligible case denominator codes. Eligible codes are evaluation and management codes for office or other outpatient services, including consultations, psychiatric diagnostic or evaluative interview procedures, general ophthalmology services, other health assessment services, and certain diabetes or cervical cancer screening procedures. The second step is to report one of the three e-prescribing G-codes on the same claim containing an eligible denominator code indicating the applicability of e-prescribing and whether an e-prescription occurred.

In October 2009, CMS issued a final rule making changes to the MIPPA electronic prescribing incentive program simplifying the reporting requirements for the electronic prescribing measures. Instead of reporting one of several e-prescribing codes based on different scenarios that must be reported 50 percent of the time; in 2010, eligible professionals need to report an e-prescribing code only when a patient visit results in an e-prescription being issued. The eligible professional must report the e-prescribing code at least 25 times during the reporting period to be considered a successful electronic prescriber.[15]

The changes for 2010 also provide more choices for reporting electronic prescribing measures. These include reporting by a qualified electronic health record or through a qualified registry meeting the 2010 PQRI requirements. Eligibility for e-prescribing is broadened to include professional services furnished in skilled nursing facilities, domiciliary care, or the home care setting as part of the list of services for which e-prescribing is reportable. In addition, the changes allow a group practice to qualify as a successful electronic prescriber based on a determination of the practice-wide experience rather than at the individual eligible professional level.

Eligible professionals who are not "successful e-prescribers" by 2012 will be subject to a differential payment (penalty) beginning in 2012. The differential payment would result in the physician getting 99% of the total allowed charges of the eligible professional's physician fee schedule payments in 2012, 98.5% in 2013, and 98% in 2014.[16] Eligible professionals may be exempted from the reduction in payment, on a case-by-case basis, if it is determined that compliance with the requirement for being a successful prescriber would result in significant hardship.

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.[17]

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[15] Fact Sheet Changes to the Physician Quality Reporting Initiative and the Electronic Prescribing Incentive Program, October 30, 2009, posted on the CMS Web site at: http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=3470&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date

[16] Department of Health and Human Services, "Medicare's Practical Guide to the E-prescribing Incentive Program". CMS Publication No. 11399, November 2008. Retrieved from www.cms.hhs.gov/partnerships/downloads/11399.pdf on January 5, 2009

[17] Department of Health and Human Services (, 2008). *HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing*. Press Release Date: Monday, July 21. Retrieved from http://www.hhs.gov/news/facts/eprescribing.html on January 5, 2009

5.4. Florida Medicaid Health Information Network and e-Prescribing

The Agency launched an important new on-line source of information for clinicians with the roll-out of the Florida Medicaid Health Information Network (MHIN) on November 19, 2009. The Florida MHIN can be used by authorized Medicaid providers to query and view a patient's Medicaid claims history through a secure provider portal. It is available at no charge to any provider in Florida treating a Medicaid patient and includes a link to an e-prescribing tool, eMPOWERx that is also available to Medicaid providers at no charge.

In 2010, planned enhancements to the MHIN will make it possible for authorized providers to download a patient's claims history to their electronic health record (EHR). The Agency will incorporate a clinical decision support tool, which will use claims data to identify potential gaps or duplications in care. Single sign-on access to the eMPOWERx e-prescribing tool will also be implemented.

The e-prescribing application is provided through a contract with Gold Standard, Inc. which deploys eMPOWERx, working with Informed Decisions, providers of the electronic prescribing and drug information software. The e-prescribing function of eMPOWERx permits immediate transmission of a prescription authorization to the patient's pharmacy. The prescription is sent electronically to Surescripts, which submits it to the appropriate pharmacy electronically or via fax, depending on whether the pharmacy is activated to receive an e-prescription. The eMPOWERx system is capable of tracking when the prescription was ordered, where it was sent and what time it was filled. If the recipient does not pick up the prescription, the medication is flagged.

The eMPOWERx tool permits immediate utilization and compliance review and provides information about coverage and restrictions. The eMPOWERx program employs Clinical Pharmacology®, a leading drug reference application which enables clinicians to screen a prescription for adverse effects and reduce the potential for medication errors before they occur. The software allows physician participation in prospective drug utilization review to minimize adverse drug reactions, detect overuse or under use of drugs, detect duplicate therapies and to detect potential allergic responses.

5.5. ITN For Connecting Florida Medicaid to a Pharmacy Network

During 2009, the Agency began development of additional options to extend Florida Medicaid's participation in e-prescribing and encourage provider adoption. One new approach is the integration of the Agency's sponsored e-prescribing tool, eMPOWERx in the Florida Medicaid Health Information Network (MHIN) which currently provides a link to the on-line e-prescribing tool for Medicaid providers to use free of charge. Under development is a single sign-on access to save Medicaid providers time in accessing the e-prescribing tool and encourage its use.

Another new option is for Florida Medicaid to participate in a secure pharmacy network so that the Medicaid medication history can be made available to any e-prescribing tool designed to work within the pharmacy network

The Gold Standard eMPOWERx e-prescribing tool is one of many commercially available e-prescribing applications available in Florida. Many of the new e-prescribing applications are integrated with electronic medical record applications, and available tools are becoming more technically advanced. Physicians have indicated to the Agency that they want access to Medicaid prescription fill data and Medicaid preferred drug list (PDL) information. Physicians have also

indicated that they want integration of this access with the health information technology tools they choose to use.

On November 3, 2009, the Agency issued an Invitation to Negotiate (ITN) entitled "Expansion of Medicaid Prescription Data Access" to identify a vendor who can work with the pharmacy fiscal agent, First Health, to provide the prescription claims history and the PDL information in a "real time" data feed so that any registered electronic health record or e-prescribing application can pick up and integrate the data.

Currently there are commercial payers providing access to data in this manner. Providing the data as a real time data feed is expected to expand access to data on a cost-effective basis; give providers options other than a single e-prescribing application; more broadly support e-prescribing; and allow physicians to integrate technology at a pace that is optimal for their practice needs. The vendor for the Expansion of Medicaid Prescription Data Access program is scheduled to be announced in February 2010.

As another e-prescribing option during fiscal year 2009-2010, the Agency continued to sponsor the deployment of 1,000 eMPOWERx handheld devices for Medicaid providers that are frequent prescribers and users of the tool. The handheld devices were first distributed to 1,000 high volume Medicaid providers in 2003 with the objective of preventing duplicate prescribing and improving clinical outcomes. In 2004, devices available for deployment were increased to 3,000 total providers. Though program metrics demonstrated cost savings, utilization by clinicians remained at less than capacity through 2008. Going forward, the Agency will monitor use of the handheld tool and make a determination to insure that Medicaid providers have adequate access to e-prescribing and cost effective program goals are supported.

5.6. E-Prescribing at Florida County Health Departments

During 2008, the Agency worked with the Duval County Health Department (DCHD) to obtain access to 30 eMPOWERx handheld devices for use by DCHD physicians as part of an e-prescribing pilot project. The introduction of the e-prescribing tool required a reassessment of security policies in the Department of Health for wireless transmission of personal health information and for proper authentication of the person using the handheld device.

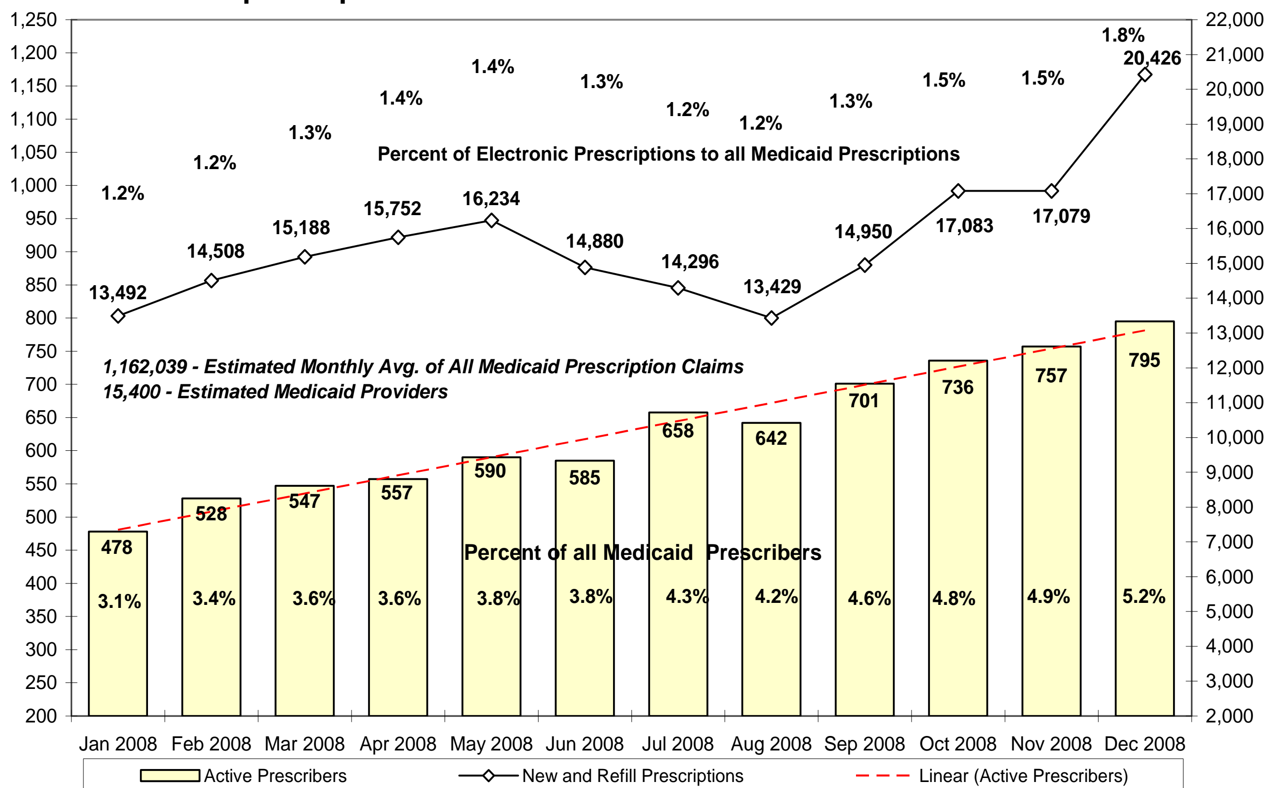
Florida County Health Departments continued piloting use of the eMPOWERx e-prescribing tool in 2009. Duval County Health Department (DCHD) reported 865 e-prescriptions sent in October 2009 by DCHD providers who were trained on using the eMPOWERx tool up from 359 e-prescriptions in January 2009 and 11 in November 2008 when the program started. Consistent with the comments made by Duval users, experience with the tool underscores the importance of integrating e-prescribing within the electronic health record to avoid duplication of data entry and to provide ease of access across all data sources at the point of care.

5.7. Medicaid e-Prescribing Metrics

There are currently no available sources of data on e-prescribing by Florida Medicaid providers that might be using other commercial tools to generate prescriptions for Medicaid and non-Medicaid patients. Although incomplete, eMPOWERx e-prescribing metrics are an important source of programmatic information and through 2009, probably represent the majority of e-prescriptions for Medicaid patients.

As shown in Figure 4, there were 795 clinicians using eMPOWERx to send electronic prescriptions in December 2008. This amounted to a 66.3% increase in the number of e-prescribing Medicaid clinicians during 2008. When compared to the total number of Medicaid clinicians issued the eMPOWERx tool (about 3,000), 26.5% of them sent electronic prescriptions using eMPOWERx in December 2008. Each e-prescribing clinician wrote an average of 25 e-prescriptions per month during 2008. When compared to the total number of Medicaid clinicians writing prescriptions in Florida, the data indicates that 5.2% of Medicaid prescribers sent electronic prescriptions using eMPOWERx in December 2008.

Figure 4. Medicaid Electronic Prescriptions, Electronic Prescribers and Percent of Electronic Prescriptions per Prescriber 2008



There was a 51.4% increase in the total number of e-prescriptions generated by eMPOWERx users between January and December 2008 from 13,492 to 20,426 e-prescriptions. When compared to all Medicaid prescriptions processed in Florida during 2008, the data shows an annual e-prescription rate of 1.3% for electronic prescriptions sent using eMPOWERx.

Figure 5 shows that there was an average of 753 clinicians who used eMPOWERx to send electronic prescriptions between January and September 2009. This reflects a 1% decrease from the 4th quarter of 2008 (see Figure 4). When compared to the total number of Medicaid clinicians writing prescriptions in Florida, the data indicates that an average of 4.9% of all Medicaid prescribers sent electronic prescriptions using eMPOWERx during the first nine months of 2009. The data indicates that each clinician wrote an average of 26 e-prescriptions per month.

The number of Medicaid e-prescriptions sent during the month of September was 19,397, down from 20,029 in January 2009, a 3% decrease. This decrease was probably caused by a reduction in the number of handheld device users after July 2009. When compared to all Medicaid

prescriptions processed in Florida for this time period, the data shows an e-prescription rate of 1.7% for electronic prescriptions sent using eMPOWERx down from 1.8% in December 2008.

Figure 5. Medicaid Electronic Prescriptions, Electronic Prescribers and Percent of Electronic Prescriptions per Prescriber 2009 (January to September)

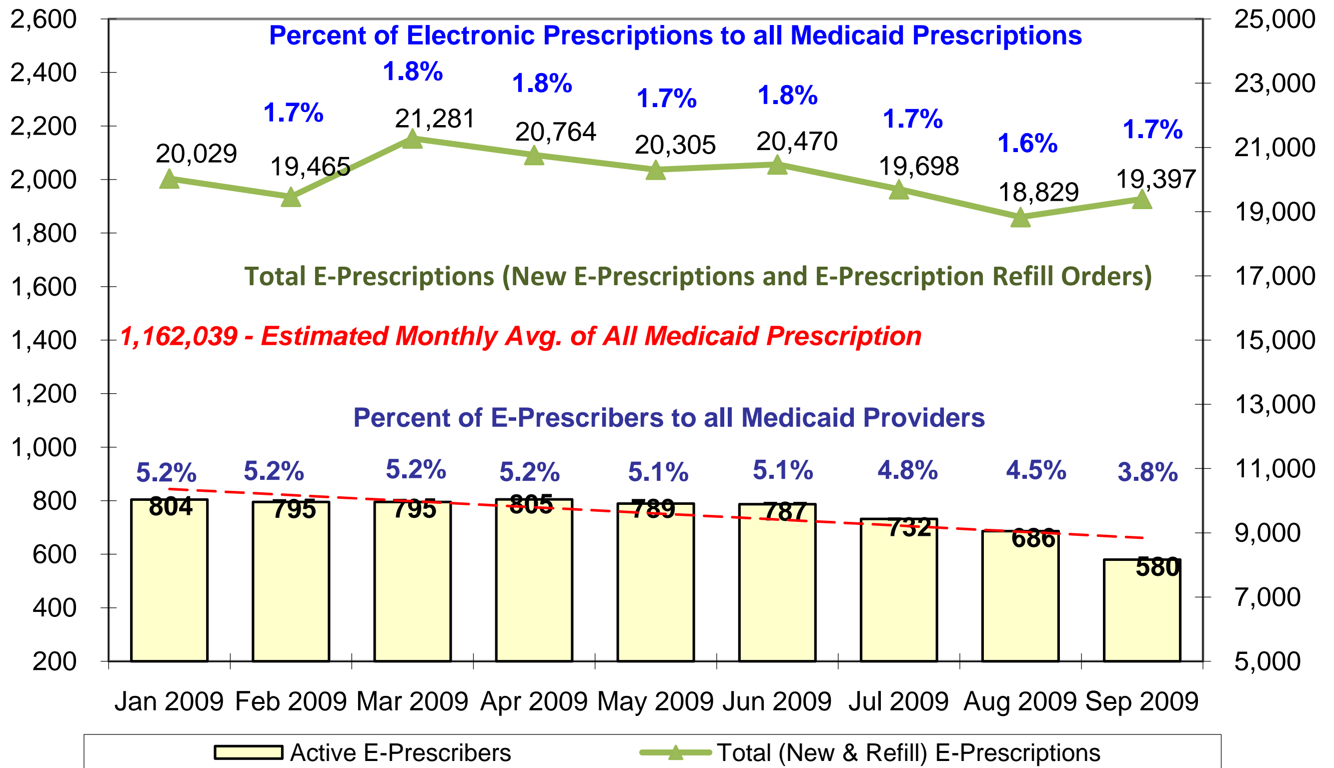


Figure 6 shows e-prescription transactions for new e-prescriptions, refill requests from pharmacies, and refill responses from e-prescribers, based on eMPOWERx handheld device usage by Medicaid providers reported for 2008. New e-prescriptions account for the largest number of transactions, at about 57% of all e-prescriptions in December 2008. New e-prescriptions increased by 42.4% between January and December 2008. E-prescription refill requests from pharmacies increased at a rate of 81.9% and refill responses increased by 65.4% during the same time period.

Figure 6. Medicaid Electronic Prescribing Activity by New and Refill Authorized Electronic Prescriptions, and Refill Requests from the Pharmacy 2008

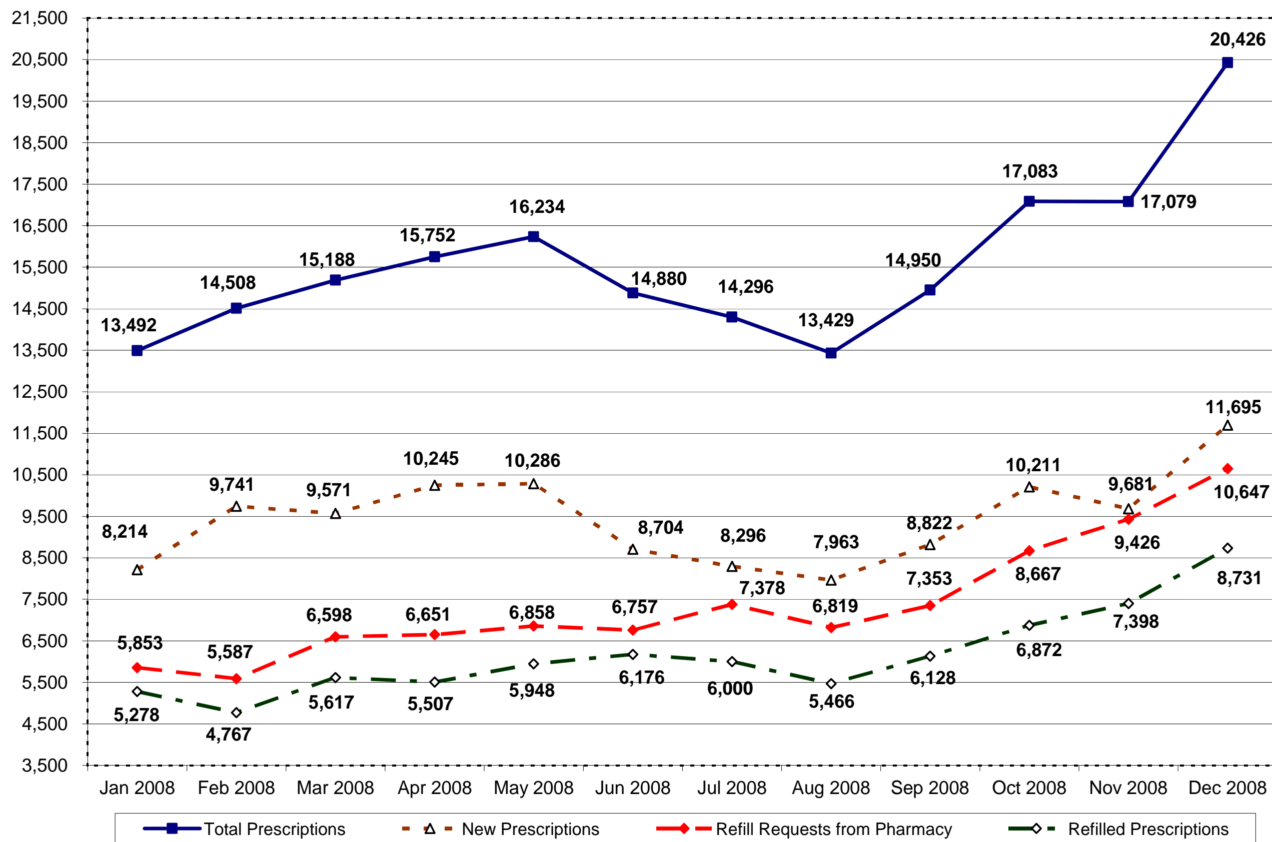
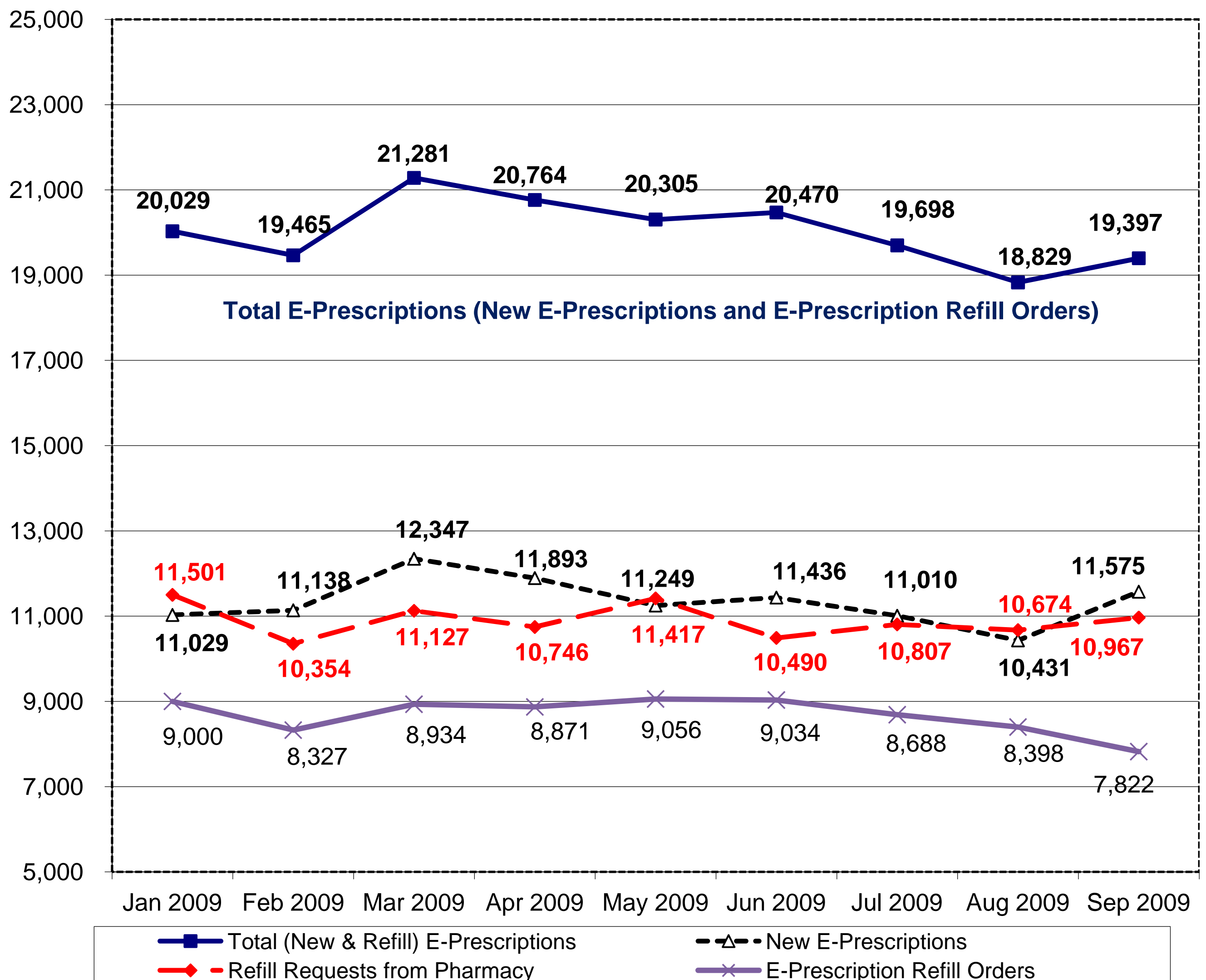


Figure 7 below shows e-prescription transactions for new e-prescriptions, refill requests from pharmacies, and refill responses from e-prescribers based on eMPOWERx handheld device usage by Medicaid providers reported for 2009 through September 30, 2009. Compared to 2008, total e-prescriptions remained almost constant with a 3.2% overall decrease from January to September 2009. New e-prescriptions made up the greatest number, at about 60% of all e-prescriptions as of September 2009. The fastest growing type of transaction between January and September 2009 was new prescriptions with an increase of 5%. E-prescription refill requests from the pharmacy and refill orders both decreased during the first nine months of 2009.

Figure 7. Medicaid Electronic Prescribing Activity by New and Refill Authorized Electronic Prescriptions, and Refill Requests from the Pharmacy 2009 (January to September)



Section 6. Private Initiatives

6.1. SureScripts and RxHub Complete Merger

During 2009 the merger between Surescripts and RxHub was completed as both companies merged their databases into one integrated operation. The new, expanded company has effectively become the industry leader in e-prescribing, offering prescription benefits, medication histories and prescription routing to pharmacies. Surescripts is also the largest health information network in the country with over 220 million people listed in its Enterprise Master Patient Index. Surescripts has connections with 80% of the pharmacies in America and with over 200 certified electronic prescribing and electronic health record systems, which it lists on its Web site, www.surescripts.net. The company offers significant value in its integration of pharmacies and healthcare IT infrastructures.

Surescripts engaged in a number of initiatives during 2009, working with Medicare on its e-prescribing incentive program, working with CCHIT on the certification of stand-alone e-prescribing and working with the Drug Enforcement Administration (DEA) on a proposed rule to allow e-prescribing of controlled substances. Surescripts also conducted national programs driving awareness of e-prescribing and offering practical tools in its “Get Connected” program. Following the passage of the American Recovery and Reinvestment Act (ARRA), Surescripts stepped forward to play an important role in measuring and implementing meaningful use standards in e-prescribing, to enable providers to meet “meaningful use” criteria to qualify for ARRA incentives

In mid-2009, the National Committee on Vital and Health Statistics recommended that CMS should support the National Council for Prescription Drug Programs (NCPDP) SCRIPT 10.6 standard in its Medicare Part D e-prescribing initiative. The Health IT Policy Committee of the Office of the National Coordinator for Health IT also proposed NCPDP SCRIPT 10.6 should be included in the “meaningful use” of an electronic health record. In October 2009 Surescripts adopted the NCPDP SCRIPT 10.6 technical standard to encourage greater use of electronic health record software, because the standard allows physicians using EHRs to access prescription information from pharmacies and health plans.

The NCPDP standard allows pharmacists to request refills, changes to new prescriptions, cancellation of a prescription request and report whether the prescription was partially or not dispensed. The standard also allows pharmacists to request medication histories from prescribers and payers. Prescribers can include prescriptions instructions in a structured and codified format and will be able to electronically request new prescriptions, refills, modify the prescription order and notify the pharmacy of changes to the prescription and cancel the prescription. Prescribers can also request medication histories from pharmacies and payers. By using the new standard, prescribers can send prescription orders to all of the 51,000 pharmacies connected to Surescripts.

At the end of 2009, Surescripts announced its annual SafeRx Awards, which is part of its campaign to raise awareness with consumers. Florida was ranked number 20 on the list of top-prescribing states, coming in behind many smaller states that have initiated e-prescribing programs. Nonetheless, Florida is one of the top states in the adoption of e-prescribing and has the strongest growth curve of new providers e-prescribing.

6.2. ePrescribe Florida

ePrescribe Florida started 2009 with the goal of increasing the number of Florida clinicians using e-prescribing in 2009 by 2,500, increasing the rate of e-prescribing from 6.9% in 2008 to 14% in 2009, double the number of eligibility and benefit and medication history requests, as a proxy for total number of fully informed prescriptions. ePrescribe Florida's strategy for promoting e-prescribing was organized through its six major workgroups: the Vendor & Pharmacy Benefit Management Solutions; Provider Outreach; Pharmacy Outreach; Marketing and Communication; Metrics and Reporting; and a new 2009 Patient and Consumer Acceptance workgroup.

The main strategic focus of the Vendor & PBM Solutions workgroup was to provide all health care stakeholders in Florida access to the information and tools that support the evaluation of e-prescribing solutions and to enable providers to identify qualified e-prescribing solutions capable of delivering fully informed e-prescribing benefits recognized by ePrescribe Florida. Its target goals for 2009 included providing an efficient platform to share technical information and best practices, and create a "Buyers Guide" for sharing information specific to the key objectives and needs of multiple healthcare organization types. Other goals included working with other organizations eliminating duplication of efforts, work on connectivity among Pharmacy Benefit Managers and pharmacies, highlight features that drive connectivity, and identify more opportunities for presentations and visibility. The workgroup also worked to facilitate IT integration to support interoperability and EHR vendor solutions that are secure, efficient and able to send / receive in industry standards.

Provider outreach is critical to the widespread understanding of the benefits and patient safety aspects of electronic prescribing and is chartered with the development of an educational program. The goals of the Provider Outreach workgroup were to foster and gain physician implementation and stakeholder support, and ensure that Florida prescribers have the information and tools necessary to understand and successfully transition to e-prescribing. Its task for the year was to identify the barriers and opportunities for e-prescribing from a stakeholder and industry perspective. Its plan was to provide solutions for e-prescribing, through outreach programs, materials, forums, and partnerships.

Goals for the workgroup included refining its marketing and educational materials, conducting a targeted marketing campaign to the largest clinics in Florida, conducting Train the Trainer programs, engaging County Medical Societies, developing regional goals, and addressing new target market players such as hospitalists, nurse practioners, Physician Assistants, registered nurses, office managers, and emergency department physicians. A final goal of the Provider Outreach workgroup was to complete market analysis to show physicians the pharmacies in their area that are ready to connect and educate physicians on how to make the right decision on e-prescribing applications.

ePrescribe Florida joined with the WellFlorida Council and and the Rural Health Partnership to conduct training programs on e-prescribing with doctors in 2009. Results of these training sessions indicated that 38% of the clinicians attending the training intended to implement e-prescribing within three months and another 42% planned to start e-prescribing within a year. When physicians were asked to list the reasons cited for not e-prescribing, they indicated its cost, the time it takes to train medical staff and obtain their buy-in, the additional equipment needed, changes to work flow, security concerns and learning new software. Half of the practitioners attending the training were interested in more training in evaluating e-prescribing applications, conducting a readiness assessment and implementing e-prescribing in the office. 100% of the attendees expressed satisfaction with the training.

The Pharmacy Outreach workgroup targeted pharmacies with the goal of increasing the number of independent pharmacies activated to receive electronic prescriptions. The workgroup targeted the 400 to 500 independent pharmacies that are technically ready and interested in e-prescribing. The key responsibilities for the workgroup included increasing the number of independent pharmacies that are capable of receiving e-prescriptions, proactive education of pharmacies and pharmacists, holding educational sessions at pharmacy colleges, uncovering and removing barriers to adoption and acting as an advocate for pharmacy-related issues. It goals for 2009 were to develop effective relationships with major wholesalers and other organizations that can reach the independent pharmacies, promote pharmacies that use e-prescribing, educate physicians on pharmacies in their areas with electronic services and develop a strategy to connect doctors with local pharmacies and consider an educational campaign in Spanish in South Florida to increase the number of pharmacies and physicians.

The Marketing and Communication workgroup focused on designing and conducting promotional and educational programs, establishing a best practices standard, promoting increasing awareness, understanding and acceptance of e-prescribing and exploring alternate channels of communications such as AARP and public television. Its goals included creating a speaker's bureau, developing an annual plan and a calendar of events to prioritize and leverage member organizations' publications and meetings, developing an education plan to promote fully informed e-prescribing, educating physicians on ARRA incentives and executing an integrated market plan.

The Patient and Consumer Acceptance Workgroup was established to educate and engage Florida consumers to increase their awareness and acceptance of e-prescribing and to mobilize consumers as advocates to "ask their doctor" about e-prescribing. This new workgroup was expected to encourage health plans, Medicaid and Medicare to educate consumers on e-prescribing. The new workgroup was expected to work with the Communications and Marketing workgroup to develop and implement an effective communication strategy to engage all stakeholders and to increase their awareness and acceptance of e-prescribing.

A final workgroup, the Metrics and Reporting Workgroup was created to strengthen the overall strategy, infrastructure and capabilities available to Florida stakeholders and to enable effective monitoring and evaluation programs. Its goal was to ensure that ePrescribe Florida's activity had a measurable impact on the adoption of e-prescribing across Florida. The workgroup was expected to determine the appropriate analysis and reporting that would allow all stakeholders to understand the rate of adoption and calculate specific benefits of the adoption of e-health technology and for ePrescribe Florida to use the data reports to evolve the collaboration message, incentive approaches and solution requirements for promoting e-prescribing.

The Metrics and Reporting Workgroup was to use data from Surescripts to track the number of new physicians using e-prescribing, the volume of new e-prescriptions, refill requests and refills, the number of pharmacies that are activated for e-prescribing and a breakdown of the geographic locations across Florida where e-prescribing has been adopted. The reported percentage increase in the e-prescribing rate would be used to define goals for refill vs. new refill requests from pharmacies and from Pharmacy Benefit Managers. Reports cover the number of e-prescribers by month, the number of new and refill e-prescriptions, the number of medication history requests and the number of activated pharmacies by metropolitan statistical area, and are available at http://www.fhin.net/eprescribe/Dashboard/FLmetrics.shtml.

On August 6, 2009 in lieu of its normally scheduled quarterly meeting, ePrescribe Florida held a Health Summit in Tampa, Florida. The meeting was hosted by the University of South Florida, the

Rural Health Partnership and the Well Florida Council. The purpose of the summit was to create a statewide, collaborative plan of action to address the federal funding available through the American Recovery and Reinvestment Act. The objectives of the Summit were to provide a forum for the exchange of ideas and approaches for modernization of Florida's healthcare technology infrastructure, review the ONC guidance for Regional Extension Centers, address impending mandates for the "meaningful use" of electronic health records and to explore a collaborative framework for establishing well coordinated and successful programs in Florida.

Following the Health Summit in Tampa, the organization has been inactive. More information about
ePrescribe Florida and a list of organizations involved can be found at: http://eprescribeflorida.com/Web site/index.html.

6.3. Certification Commission for Healthcare Information Technology

According to Government Health IT, the Certification Commission for Health IT (CCHIT) will move ahead with its plan to offer a "more limited, modular" certification of electronic health records so providers can get a jump start on health IT purchases under the economic stimulus plan. CCHIT held a Town Call Web conference on September 3rd to go over its "new paths to certification" which involve offering preliminary certification for individual EHR components, such as *electronic prescribing* or *computerized physician order entry software* that meet the "meaningful use" condition of the stimulus law.

In addition to limited certification, CCHIT will continue to offer comprehensive certification of EHRs for different clinical settings that meet the terms of meaningful use. The Department of Health and Human Service's Health IT Policy Committee, chaired by national health IT coordinator, Dr. David Blumenthal, has recommended that providers be required to purchase EHRs, or components of those systems, that are certified for a minimum set of measures of meaningful use.

6.4. American Medical Association ePrescribing Learning Center

Informed Decisions, LLC, a leading developer of drug information applications and clinical information solutions, announced that it is providing information about its leading e-prescribing solution via the American Medical Association's (AMA) ePrescribe Learning Center. The new online platform provides physicians with the information and tools they need to make informed decisions about electronic prescribing.

"Prescription medications are one of the fastest growing components of the overall healthcare spend in the United States," said Kathy Mosbaugh, Executive Vice President, Informed Decisions. "The goal of EMPOWERx is to arm physicians with accurate clinical information to help in their decision making when prescribing a medication."

The robust solution grants access to integrated drug information, drug-drug interaction screening, real-time patient medication histories, up-to-date formulary information, and more. Physicians can have point-of-care access to this clinical drug reference, e-prescribing program and patient care system via wireless and cellular connectivity, as well as the online secure eMPOWERx Web site.

Section 7. State Electronic Prescribing Advisory Panel

In Section 408.0611, F.S., the Agency for Health Care Administration (Agency) is required to convene quarterly meetings of stakeholders from organizations that represent health care practitioners, health care facilities, and pharmacies, organizations that operate electronic prescribing networks, organizations that create electronic prescribing products, and regional health information organizations to assess and accelerate the implementation of electronic prescribing. This legislation also required the Agency to create the Electronic Prescribing Clearinghouse Web site.

The Agency formed the State Electronic Advisory Panel (Panel) during the fall of 2007 in response to the above legislation. The Agency scheduled the first meeting of the Panel in 2007 on October 4th to coincide with the initial release of the e-prescribing Web site.

The Panel met on January 28, 2009 to review the Florida 2008 Electronic Prescribing Report and issue recommended action steps for the Agency in 2009. The adopted recommendations are described below in Section 7.2.

During 2009, the Panel also met on April 17, 2009 and July 10, 2009 in conjunction with the Health Information Exchange Coordinating Committee (HIECC) of the State Consumer Health Information and Policy Advisory Council (Advisory Council). The purpose of the combined meetings was to better coordinate the development and promotion of e-prescribing activities as part of the Agency's health information exchange initiatives. The Advisory Council advises the Agency regarding the collection and dissemination of heath care performance information for consumers and providers, as authorized in s. 408.05 (8) Florida Statutes. The HIECC was formed by the 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.

To facilitate greater involvement and collaboration in the study of patient safety benefits of e-prescribing, the Florida Office of Drug Control and a representative of a State University were added as members in late 2008.

7.1. Members of the 2009 State Electronic Prescribing Advisory Panel

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7.2. State Electronic Prescribing Advisory Panel Suggestions Developed in 2009

The Florida Center for Health Information and Policy Analysis and the Electronic Prescribing Advisory Panel proposed several suggestions to the Agency for the development of 2009 e-prescribing objectives and presented the suggestions during the January 28, 2009 meeting of the Panel. After discussion, Panel members made additional suggestions and called for a vote to adopt the objectives. The objectives listed below adopted by a majority vote to further efforts to monitor and promote e-prescribing in Florida.

1) Continue to track and report electronic prescribing and medication history metrics on a quarterly, basis. Comparable Florida Medicaid prescription statistics should be included. The information should be posted on the Agency's Web site as part of the Florida Electronic Prescribing Clearinghouse, and on its performance dashboard to obtain maximum visibility. [See Section 8 for a discussion of Florida e-prescribing metrics and Section 5 for Medicaid e-prescribing metrics.]

2) Work with the Office of Drug Control, Florida Medical Examiners, and Florida Medicaid to conduct a study of drug overdose deaths and hospitalizations to examine utilization patterns in claims data for the purpose of better understanding the potential of electronic prescribing to prevent doctor shopping. [Legislation passed in 2009 established a Prescription Monitoring Program in the Department of Health.]

3) Intensify outreach to educate and encourage Florida physicians to qualify for the Medicare electronic prescribing incentive payments. The Agency should include electronic prescribing in programs to promote adoption of electronic medical records and coordinate efforts with the Health Information Exchange Coordinating Committee. [The Agency distributed information to Medicaid providers through its Medicaid Provider Bulletin.]

4) With the support of electronic prescribing stakeholders, the Agency should begin to disseminate information on electronic prescribing to the general public. The Agency should cooperate with professional associations to identify physicians and other champions who can speak to the general public about the benefits of electronic prescribing and what patients should expect and gain from physician e-prescribing. [In partnership with Publix, the Agency distributed consumer information on e-prescribing at Publix stores in Jacksonville during May 2009.]

5) Explore the feasibility of expanding Florida Medicaid prescription data sharing to enable electronic prescribing physicians to access a Medicaid recipient's medication history at the point of care. [See discussion in Sections 5.4 and 5.5.]

6) Identify and address barriers to pharmacy participation including workflow, cost and environmental factors related to the participation of independent pharmacies and legal, policy, or technical issues related to enabling pharmacist access to the patient's medication information. Encourage the participation of state professional pharmacy associations, pharmacy colleges, and other University researchers, in addressing barriers and demonstrating the benefits of e-prescribing. [In 2009, the Agency began a review of pharmacy participation in the Agency's medication therapy management program.]

7) Support emerging national standards for "fully informed" electronic prescribing that requires health plans and vendors to electronically transmit medication history and formulary & benefit information to e-prescribers. [The Agency's planned participation in a pharmacy network supports this goal. See Section 5.5]

8) The Agency should include consumer e-prescribing information on its consumer Web site, FloridaHealthFinder.gov. [Information is posted on the Agency's consumer Web site]

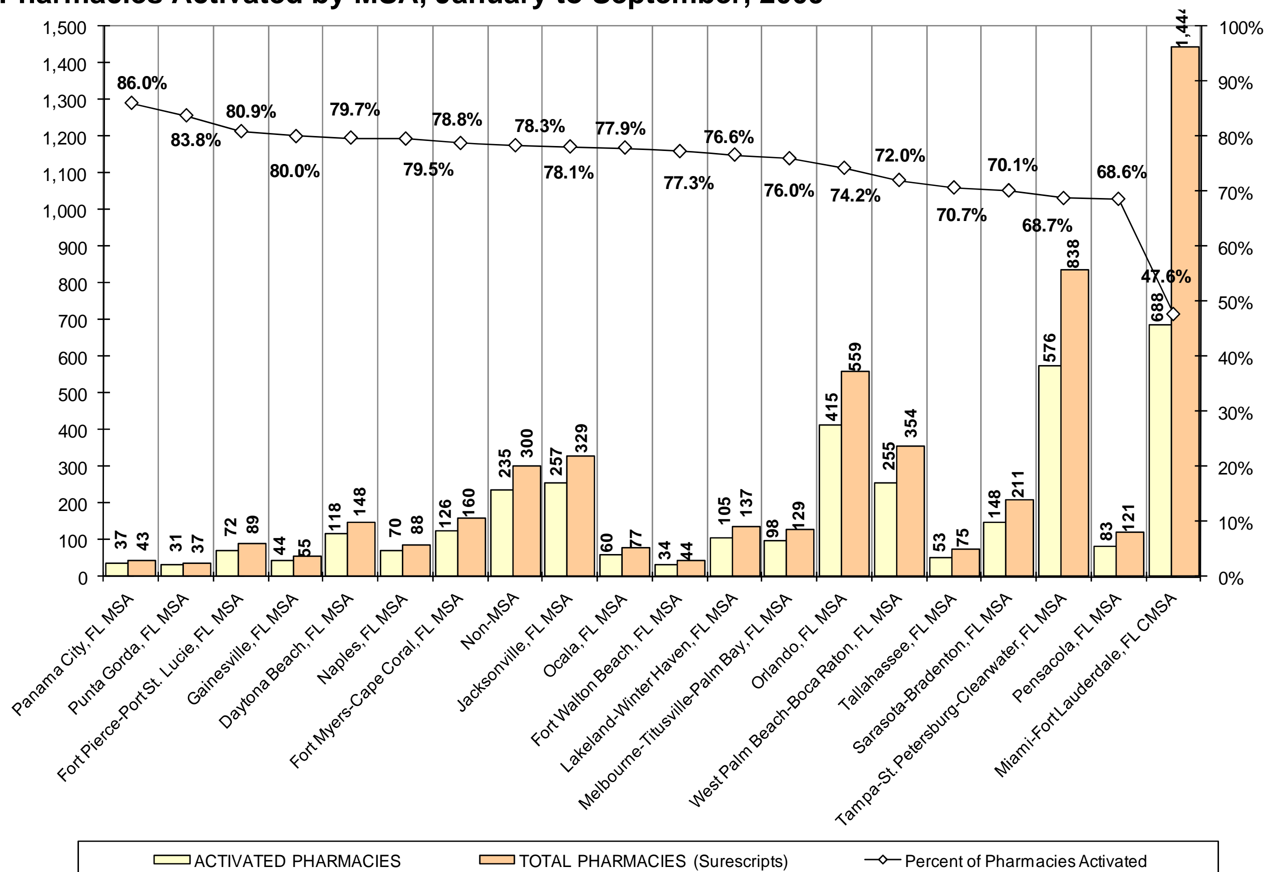
Section 8. Metrics on E-Prescribing Implementation

8.1. E-Prescribing Metrics and Trends

E-prescribing increased its pace in Florida in 2009. The number of e-prescriptions increased by 45.6 percent in just the first three quarters of 2009, from 4,340,806 in 2008 to 7,974,223 during January 2009 to September 2009. More pharmacies were activated to receive electronic prescriptions and more physicians began e-prescribing. Surescripts estimates indicate that approximately 103 million prescriptions were sent electronically in Florida during 2008. Based on this total number of prescriptions, annualized for a monthly average of 8.6 million prescriptions per month, data show that the average annual e-prescribing rate in 2009 increased to 10.3 percent in September as compared to the average annual e-prescribing rate of 4.3 percent in 2008 and the average annual e-prescribing rate of 1.6 percent in 2007.

Data reported from Surescripts show that there were 5,238 pharmacies in Florida in 2009. Of these, 3,505 or 66.9 percent of all pharmacies were activated to receive electronic prescriptions in 2009. Among pharmacies across the state in all Metropolitan Statistical Areas (MSA), except Miami-Ft. Lauderdale, more than half were active in receiving e-prescriptions. Figure 8 shows the MSAs in Florida, the number and percentage of pharmacies activated for e-prescribing and total pharmacies per MSA.

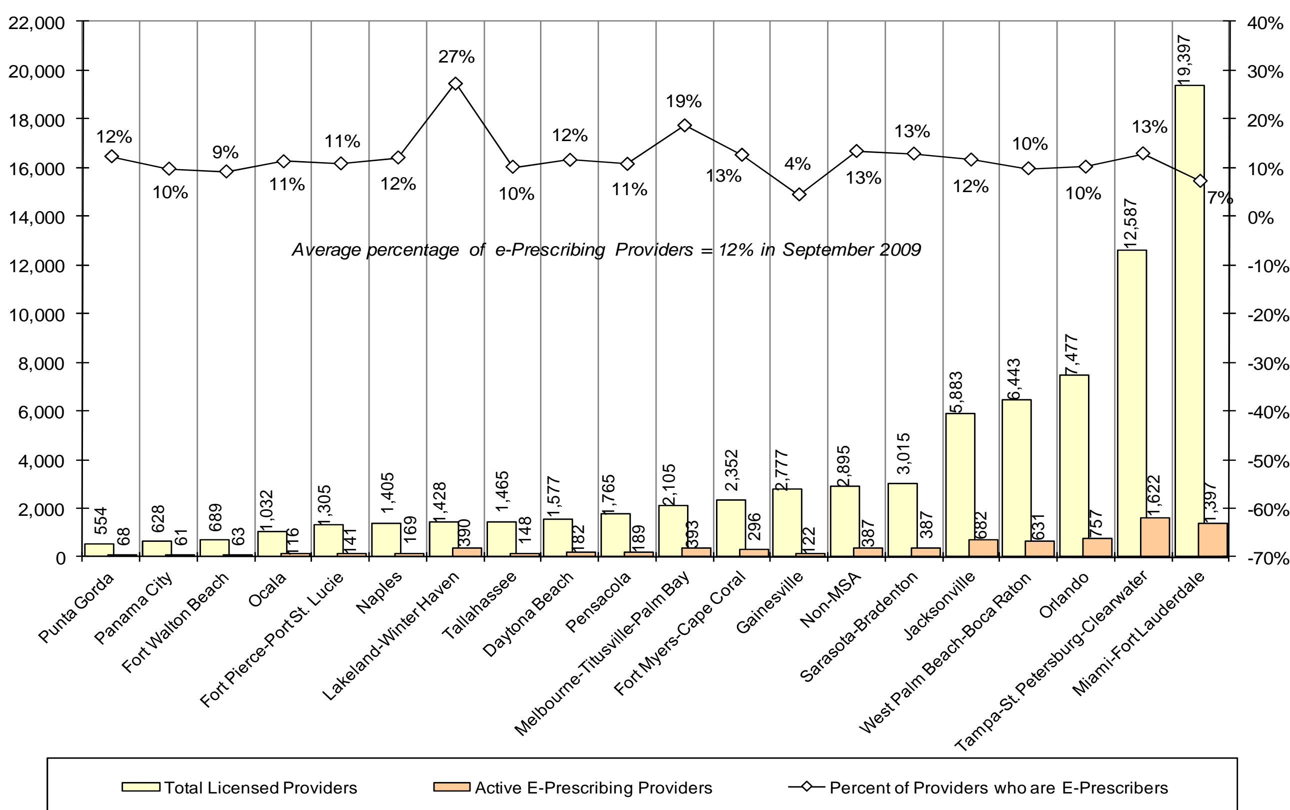
Figure 8. Pharmacies Activated to Accept Electronic Prescriptions and Percentage of Total Pharmacies Activated by MSA, January to September, 2009



The percentage of pharmacies ready to e-prescribe changes across the MSAs, with most of the smaller MSAs showing a higher percentage of active pharmacies. For example, Panama City has 86.0 percent of its pharmacies receiving e-prescriptions, followed by Punta Gorda, with an 83.8 percent rate and Fort Pierce-Port St. Lucie, with a rate of 80.9 percent. The larger MSAs demonstrate a consistently lower percentage of e-prescribing pharmacies, such as Orlando at 74.2 percent and Tampa at 68.7 percent. The overall statewide average is clearly affected by the low rate of 47.6 percent in the Miami-Fort Lauderdale MSA, which accounts for 27.6 percent of all Florida pharmacies. One reason for this low number of activated pharmacies could be a large number of family-owned pharmacies that are not affiliated with chain pharmacies and are too small to afford the e-prescribing hardware and software required to become active in e-prescribing.

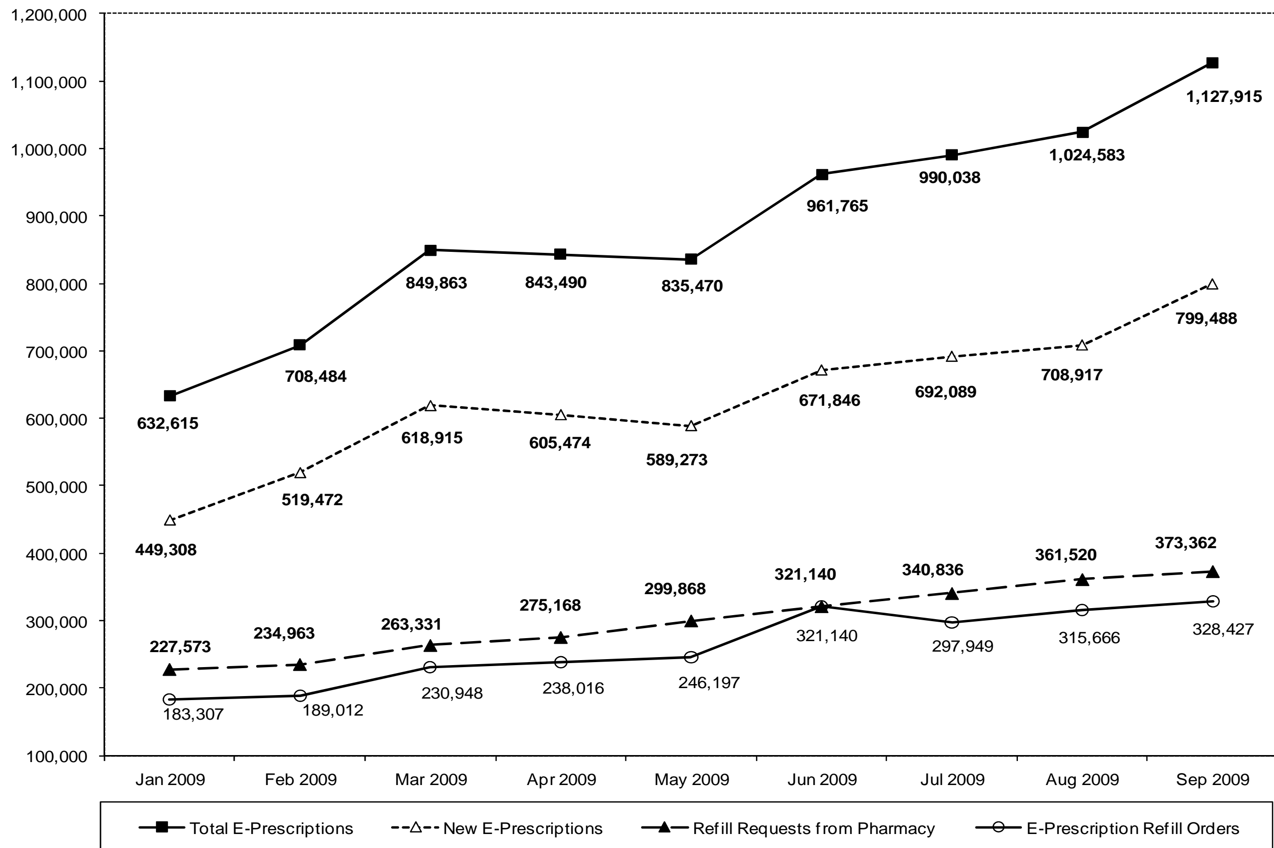
In September 2009, there were 8,201 active electronic prescribing providers in Florida and there were approximately 73,029 clear active licensed prescribing providers who live in Florida counties. The percentage of licensed prescribing providers in Florida who are e-prescribers averages approximately 11 percent across the state, but also fluctuates somewhat across MSAs. Regions with the highest proportion of e-prescribers include Lakeland-Winter Haven, with a rate of 27 percent of licensed providers who are e-prescribing, and Melbourne-Titusville, with a 19 percent rate of licensed providers who are e-prescribing. Most of the MSAs have e-prescribing provider rates that stay within one or two points of the average. The exceptions are Miami-Fort Lauderdale, with only 7 percent of practitioners e-prescribing and Gainesville, with an e-prescribing provider rate of only 4 percent. Again, the large number of physicians in the Miami-Fort Lauderdale MSA influences the statewide average across all MSAs.

Figure 9. Licensed Prescribing Providers and Active Electronic Prescribers by MSA, September 2009



The number of e-prescriptions written continued to increase in 2009, from a total of 588,213 in December 2008 to 1,127,915 in September 2009. This is a 91.8 percent increase, or almost double the number of e-prescriptions per month by the end of the third quarter in 2009. These totals correspond to the number of new e-prescriptions and refill e-prescriptions in 2009, which are shown in Figure 10 with all e-prescribing transactions: new prescriptions, refill requests and refill responses. These numbers are based on data reported by Surescripts and eRx Network.

Figure 10. E-prescribing Transactions in Florida by Transaction Type

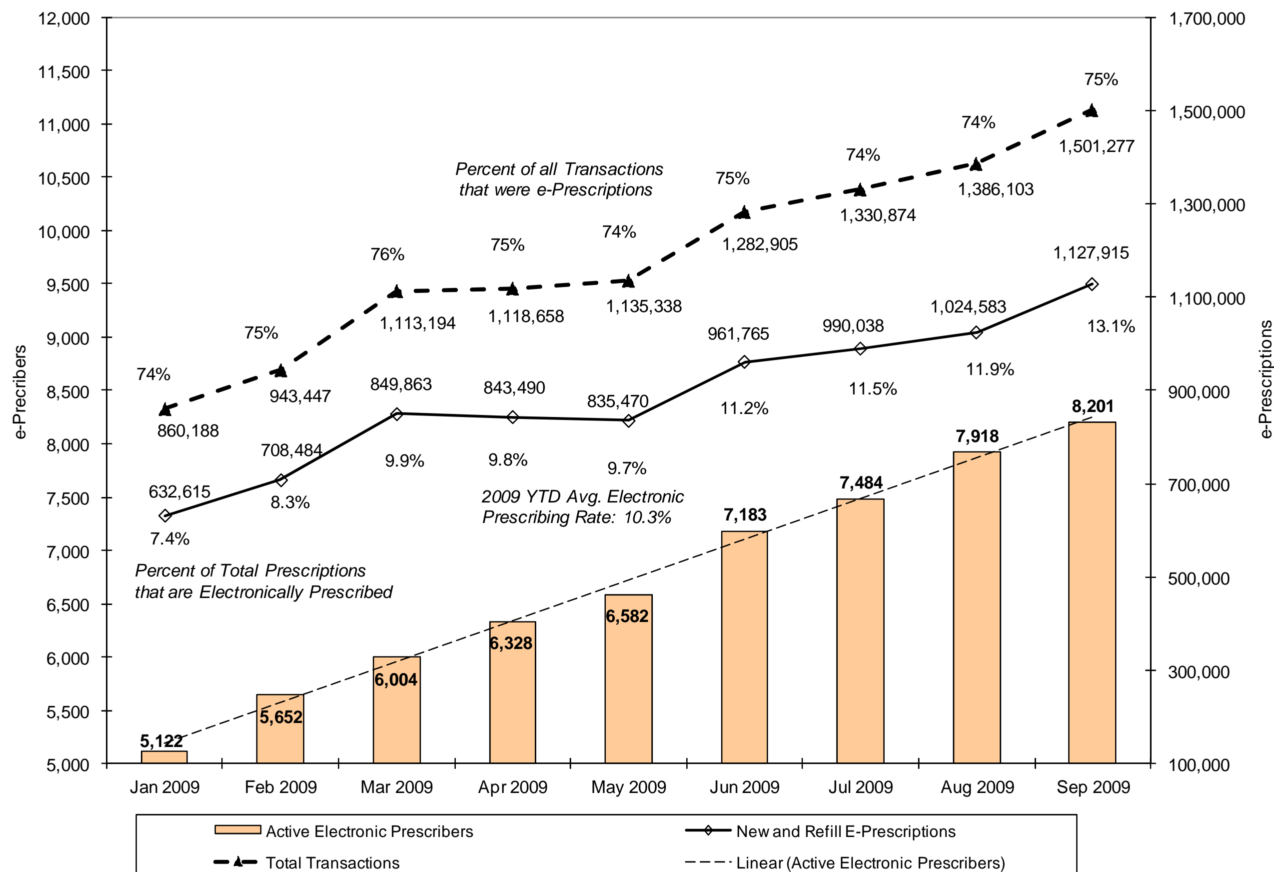


Clearly, new e-prescriptions, which accounted for 71 percent of all electronic prescriptions, made up the greatest number of transactions in 2009; e-prescriptions for refills made up less than one third of electronic prescriptions. However, both types of prescription demonstrated a similar growth rate in the first nine months of 2009, at about 78 percent. It should be noted that the number of refill requests from pharmacies also increased steadily, demonstrating that electronic communication between the pharmacy and the e-prescribing practitioner is on the rise. Refill requests follow a similar curve as refill responses, though with a slightly greater number of transactions per month, indicating that not all prescriptions are refilled. Refill requests increased by 64.1 percent in the first nine months of 2009.

The number of e-prescribing practitioners increased steadily in the first nine months of 2009, as shown in Figure 11, which is based on data provided by Surescripts and eRx Network. In 2009 the highest monthly total of e-prescribing healthcare professionals came to 8,201 in September. Compared to the monthly total of e-prescribing physicians in December 2008 at 4,492, this shows an increase of 82.6 percent of physicians e-prescribing in the first nine months of 2009. The

increase in the number of new physicians who are e-prescribing showed a steady upward trend of 412 new e-prescribers per month, on average, between January and September of 2009.

Figure 11. Number of Physicians Actively E-prescribing, Number of Electronic Prescriptions and the Percent of all Prescriptions Sent Electronically per Month

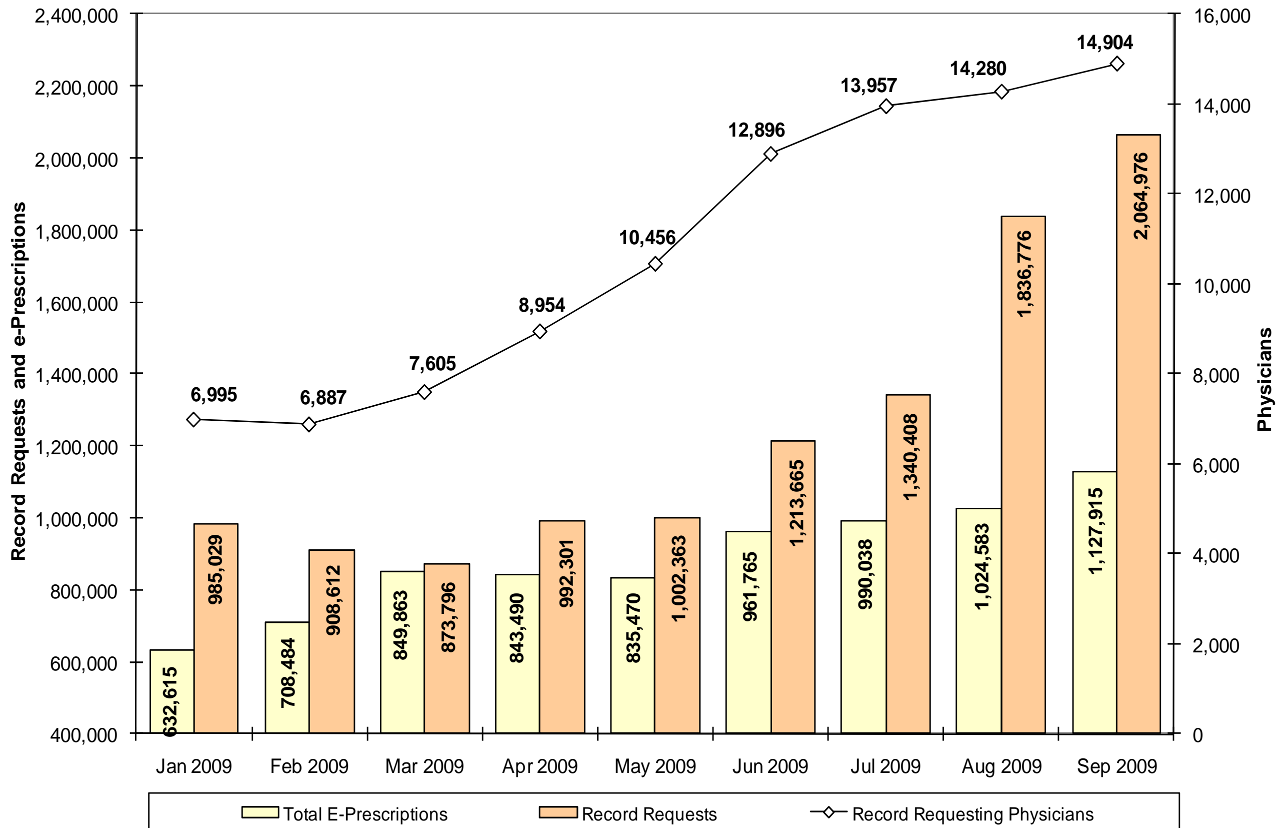


The change in e-prescribing transactions kept pace with the number of physicians e-prescribing per month, with physicians writing an average of 132 e-prescriptions per month for the nine month period. New e-prescriptions were about double the number of refill e-prescriptions written each month. These numbers indicate that physicians consistently wrote more e-prescriptions in an average month than they did in 2008.

Before a physician submits an e-prescription, it is common to check the medication history of the patient through a record request. As might be expected, there are many more record requests than e-prescriptions because not all patients need a prescription. Figure 12 compares the number of patient medication record requests to electronic prescriptions by month between January and September, 2009, and the number of record-requesting physicians per month. In January, there were 632,615 electronic prescriptions versus 985,029 record requests from a total of 6,995 e-prescribers. The number of record requests exceeded the number of e-prescriptions by 36 percent. By September, the number of record requests had increased by 109.6 percent to 2,064,976 requests from 14,904 e-prescribers, while the number of electronic prescriptions only increased by 78.9 percent to 1,127,915. The number of physicians requesting prescription records also increased by 109.6 percent during this period, compared to an increase of only 60.1 percent

in e-prescribers. These findings indicate that physicians find value in being able to look up a patient's medication history, whether or not they write a prescription.

Figure 12. Patient Medication Record Requests, Electronic Prescriptions and Physicians Requesting Records, January to September 2009



In summary, the data reported by Surescripts and eRx Network for the first nine months of 2009 indicate a steady growth across the year in the number of pharmacies activated for e-prescribing, in the number of practitioners who are e-prescribing, in the number of requests for medication histories and in the number of e-prescriptions submitted. To move six percentage points from an average annual e-prescribing rate of 4.3 percent in 2008 to an average annual rate of 10.3 percent by the end of September, points to a momentum in the provider community that is embracing e-prescribing. It also points to the positive efforts to promote e-prescribing on the part of CMS and ePrescribe Florida. All told, 2009 was a very good year for e-prescribing in Florida.

Section 9. Conclusions and Recommendations

The inclusion of e-prescribing in the HITECH provisions of ARRA not only recognizes the value of e-prescribing in public policy but also the importance of integrating e-prescribing functionality in the health information technology tools used by clinicians. When e-prescribing systems are fully implemented, physicians will be able to prescribe, renew and check medication histories routinely using tools that are well-integrated with their electronic health record and practice management systems while relying on a secure, private network for these communications.

This report provides information on trends in e-prescribing adoption in Florida through calendar year 2009. The e-prescribing metrics track the volume of electronic prescriptions, medication information requests and pharmacies that accept e-prescriptions statewide and by metropolitan areas. Data from year 2009 indicate that Florida is continuing to show growth of e-prescribing transactions and is ranked among the top 20 states for e-prescribing by Surescripts (see http://www.surescripts.net/e-prescribing-statistics-charts.aspx?name=FL2009). In the third quarter of 2009, 12% of prescriptions in Florida were sent electronically, up from 1.6% in 2007 and 4.3% in 2008. Two important factors likely to increase e-prescribing adoption will be the availability of Medicare incentives for e-prescribing beginning in 2009 under MIPPA and extended under ARRA, and the opportunity to coordinate outreach efforts through ARRA funded programs. It is important that Florida capitalize on these opportunities to accelerate e-prescribing in 2010 through greater educational outreach and participation of Florida Medicaid.

9.1. Recommendations

At its January 28, 2010 meeting, the State Electronic Prescribing Advisory Panel recommended that the Agency take the following steps during the next year to further accelerate the adoption of e-prescribing in Florida:

1) Continue to track and report e-prescribing and medication history metrics on a quarterly basis. Comparable Florida Medicaid prescription statistics should be included. The information should be posted on the Agency's Web site as part of the Florida Electronic Prescribing Clearinghouse, and on its performance dashboard to obtain maximum visibility.
2) Intensify outreach to educate and encourage Florida physicians to qualify for the Medicare electronic prescribing incentive payments. The Agency should include e-prescribing in programs to promote adoption of electronic medical records including specifically new ARRA HITECH programs and coordinate efforts with the Health Information Exchange Coordinating Committee.
3) Identify and address barriers to pharmacy participation including workflow, cost and environmental factors related to the participation of independent pharmacies and legal policy, or technical issues related to enabling pharmacist access to patient medication information. Encourage the participation of state professional pharmacy associations, pharmacy colleges, and other University researchers in addressing barriers and demonstrating the benefits of e-prescribing.
4) Expand Florida Medicaid prescription data sharing to enable e-prescribing physicians to access a Medicaid recipient's medication history using any certified e-prescribing tool. The Agency should also include e-prescribing outreach in the promotion of the Florida Medicaid Health Information Network and offer a fully integrated point-of-care access.

6) 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.

7) The Agency should continue to disseminate information on e-prescribing to the general public. The Agency should include consumer e-prescribing information on its consumer Web site, FloridaHealthFinder.gov.

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2009 Electronic Prescribing Report

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