Fourth Annual Florida 2010 Electronic Prescribing Report

FLORIDA CENTER FOR HEALTH INFORMATION AND POLICY ANALYSIS

AGENCY FOR HEALTH CARE ADMINISTRATION

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Better Health Care for All Floridians

Acknowledgements

Executive Summary

Introduction

The 2010 Florida Electronic Prescribing Report provides a general assessment of the status of electronic prescribing (e-prescribing) in Florida in 2010. 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 action steps to promote adoption of e-prescribing coordinated with other Agency health information technology initiatives. This report is mandated in Section 408.0611, Florida Statutes, which directs the Agency to disseminate information on e-prescribing and promote its adoption.

E-prescribing enables the electronic transmission of prescriptions as well as access to a patient's medication history by prescribing physicians at the point of care. 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 its adoption continues to increase because it produces benefits and cost savings for all participants including physicians, pharmacies and patients.

Electronic Prescribing Highlights in 2010

Several important developments took place in 2010 that will impact e-prescribing over the next several years. In July 2010, the Centers for Medicare and Medicaid Services (CMS) issued the final rule implementing the electronic health records incentive program for Medicare and Medicaid ("meaningful use" rules) under the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The HITECH Act provisions established e-prescribing as one of the component requirements for providers to qualify for incentive payments. The meaningful use rules include e-prescribing in the core set of required measures for eligible professionals to qualify for incentive payments. The Office of the National Coordinator for Health Information Technology (ONC) established four Regional Extension Centers in Florida with the mission of assisting health care providers achieve meaningful use and national Authorized Testing and Certification Bodies to begin certifying for meaningful use electronic health record software that includes e-prescribing components. Additionally, the Drug Enforcement Administration (DEA) issued a final rule permitting the e-prescribing of controlled substances. In Florida, the Agency continued its promotion of 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. National and state e-prescribing organizations, payers, and professional associations continued to produce educational materials and tools available to physicians on their websites. Together, these developments have resulted in continued growth in the adoption of e-prescribing.

Agency e-Prescribing Outreach Strategies

In 2010, the Office of the National Coordinator for Health Information Technology (ONC) directed the Agency to engage in outreach to independent community pharmacies to achieve full pharmacy participation in e-prescribing. In response, the Agency developed new strategies including plans for a survey of community pharmacies in 2011. The Agency continued its collaboration with the private sector during 2010 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 Florida Department of Health to distribute Florida Medicaid e-prescribing handheld devices in Duval County and provided information to encourage their use in other counties. In addition, the Agency began working in close collaboration with representatives of Florida's Regional Extension Centers. The Agency is responsible for administering the Medicaid electronic health record (EHR) incentives program and conducted a comprehensive planning process during 2010 which included a survey of physician's use of e-prescribing. Results will be available on the Agency's website www.fhin.net in 2011. The Agency assigned the activities of the State Electronic Prescribing Advisory Panel to the Health Information Exchange Coordinating Committee (HIECC) which held four meetings and a Health Information Exchange initiative kickoff meeting of stakeholders during 2010. The HIECC provides for coordination of e-prescribing as part of Florida's health information exchange initiatives.

Metrics

The Agency has developed and published a set of key metrics for tracking e-prescribing adoption rates in Florida. E-prescribing metrics can be viewed on the Agency's website, www.fhin.net/content/eprescribing/.
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 count percent increase quarterly and annually
- Patient medication record requests per e-prescriptions
- Activated pharmacies by geographic region
- E-prescriptions per e-prescriber
- E-prescribers per total physicians by geographic region
- Patient medication record requests per user
- Trends in ratio of requests made to records found
- Medicaid medication record requests per total requests

The amount of e-prescribing relative to the estimated number of all prescriptions that could have been e-prescribed is the *e-prescribing rate*. The e-prescribing rate for the third quarter of 2010 was 18.1 percent, up from 12.0 percent for 2009, 4.3 percent in 2008 and 1.6 percent in 2007. Requests where physicians used e-prescribing tools to request information such as eligibility, benefits or medication history are *medication record requests.* The ratio of medication record requests per e-prescriptions in September of 2010 was 2.14 for every e-prescription, up from the monthly average of 1.57 in 2009. These results indicate that use of e-prescribing clinical applications exceeds use to transmit prescriptions or refills electronically.

In 2010, Florida's e-prescribing activity ranked 10th among states as reported by Surescripts. The Agency set a goal of achieving a December 2010 e-prescribing rate of 20 percent. The average annual e-prescribing rate through September 2010 was 17.1 percent. The inclusion of e-prescribing in the meaningful use of electronic health records is expected to stimulate even greater use of e-prescribing and related clinical applications. The Agency is projecting an annual 25 percent increase in the number of prescriptions sent electronically over the next five years.

Florida Electronic Prescribing Clearinghouse

The Agency's Florida Electronic Prescribing Clearinghouse provides users a single point of access for e-prescribing information. It is available at: www.fhin.net/content/eprescribing/. 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 website presents the advantages of e-prescribing, information about e-prescribing software and links to Surescripts certified products; provides links to federal, state and private-sector e-prescribing websites to provide guidance on selecting an appropriate e-prescribing product; and offers e-prescribing resources, such as news and research articles.

Health Information Exchange Coordinating Committee

In 2007, the Agency established the Health Information Exchange Coordinating Committee (HIECC) under the State Consumer Health Information and Policy Advisory Council (Advisory Council) authorized in Section 408.05 (8) F.S. The HIECC includes representatives of hospital, long term care, medical associations, regional health information organizations, clinicians, health plans, rural health, economic development organizations, and consumer organizations. In 2010, a representative of the Florida Pharmacy Association was added to the HIECC by the Advisory Council. Action steps for the Committee to further accelerate the adoption of e-prescribing in Florida are detailed in Section 6 of the report.

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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 website in order to facilitate and promote the adoption of e-prescribing. Section 408.0611, Florida Statutes, states that the Agency is to collaborate with stakeholders to create an electronic prescribing (e-prescribing) clearinghouse and coordinate with private sector e-prescribing initiatives. The Legislature also directed the Agency to prepare an annual report on the progress of e-prescribing implementation in Florida. The first annual report was published in January 2008. Previous reports are available on the Web at:
www.floridahealthfinder.gov/researchers/studies-reports.aspx

This fourth annual Florida 2010 Electronic Prescribing Report provides a general assessment of the status of e-prescribing in Florida in 2010. 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 2010 that include a Drug Enforcement Administration final rule permitting the e-prescribing of controlled substances. It next presents public and private initiatives including Medicare incentives for e-prescribing, the Medicare and Medicaid electronic health record incentives and the Florida Medicaid Health Information Network. The report provides monthly metrics on e-prescribing in Florida through 2010, based on statistics provided by national e-prescribing companies. It concludes with a review of Agency strategies to promote e-prescribing in 2011.

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 brought to the pharmacy on paper or transmitted electronically. E-prescribing systems enable practitioners with authorized access to view medication history information at the point of care for 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 in January, 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 record systems. Because e-prescribing is one of the cornerstones of clinical decision support, and is fully operational today, it can be an important digital bridge for physician practices in Florida that do not have an electronic health record (EHR) 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. E-prescribing can reduce opportunities for fraud and abuse that currently occur due to a lack of secure prescription delivery to the pharmacy. E-prescribing creates a more traceable trail for auditing purposes.

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

1.2. E-Prescribing in 2010

Several important public and private sector developments that will impact e-prescribing over the next several years took place in 2010. Nationally, the passage of HITECH Act of 2009 and the related rules implementing the Electronic Health Record Incentive Program established e-prescribing as one of the core requirements for eligible professionals to qualify for incentive payments. Probably the most significant event of 2010 for the future impact on e-prescribing adoption was the publication of the Drug Enforcement Administration (DEA) Rule permitting electronic prescribing of controlled substances. In Florida, the Agency continued to expand its e-prescribing programs and worked to integrate e-prescribing in its health information exchange initiatives. More information on developments in the public sector is provided in Section 3 of the report.

In the private sector, Surescripts demonstrated continued leadership by providing timely and comprehensive educational webinars on Electronic Prescribing of Controlled Substances. Other private sector initiatives included the emergence of new organizations for the certification of electronic health records including e-prescribing modules, the establishment of regional extension centers to support provider's transition to the meaningful use of electronic health records including e-prescribing, and a pharmacy collaboration to work for the participation of pharmacists in health information exchange. Additional details on private sector initiatives are available in Section 4 of the report.

Section 2. Florida Electronic Prescribing Clearinghouse

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 website by October 1, 2007. 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 incorporates the core requirements of the statute as well as additional information on e-prescribing. The core requirements and other information contained on the website include:

- information regarding the process of electronic prescribing and the availability of electronic prescribing products, including no-cost or low-cost products;

- information 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 websites that provide guidance on selecting an appropriate electronic prescribing product;

- links to state, federal, and private sector incentive programs for the implementation of electronic prescribing;

- Florida's e-prescribing reports;

- e-prescribing resources, categorized as general, guidance, research articles, and medication safety;

- e-prescribing initiatives and incentive programs at national, private, and state levels;

- links to meeting and member information for the Health Information Exchange Coordinating Committee;

- e-prescribing dashboard showing metrics 2007 – 2010 including an overview and drop down graphics; and

- e-prescribing news.

The E-Prescribing Clearinghouse can be accessed at www.fhin.net/content/eprescribing/.

Section 3.   Public Initiatives and Developments

Public policy continued to recognize and reinforce the value of e-prescribing in 2010. The Health Information Technology for Economic and Clinical Health (HITECH) Act 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 the first incentive payments under the Medicare Improvements for Patients and Providers Act (MIPPA) program. In addition, the U.S. Drug Enforcement Administration (DEA) issued an interim final rule permitting the e-prescribing of controlled substances.

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 Florida Medicaid Health Information Network (Medicaid HIN) and also extended its participation in e-prescribing by contracting with a secure network to make Medicaid medication histories available to authorized clinicians through certified e-prescribing tools including electronic health records (EHR).

3.1.   DEA Rule for E-Prescribing of Controlled Substances

In 2008, the U.S. Drug Enforcement Administration (DEA) released proposed rules that would give practitioners the option to write electronic prescriptions for controlled substances.[2] 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 an 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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[2] 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, 2008. 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.[3]

On March 29, 2010, the DEA issued an interim final rule permitting e-prescribing of controlled substances. The interim final rule incorporates changes based on comments received in response to the proposed rule issued in 2008. Key changes include:

Identity Proofing – Practitioners must be able to prove identity through a federally-approved third party credentialing service provider or certification authority. These entities provide two-factor authentication credentialing to the requesting practitioner. The interim final rule permits institutional practitioners to conduct identity proofing in-house through their credentialing office.

Two-factor Authentication – The interim final rule retains the proposed requirement of two-factor authentication, but allows the option of using a biometric to replace the hard token or the knowledge factor.

Issuing Prescription – The interim final rule permits two-factor authentication to be synonymous with and legally constitutes as the practitioner's signature of the prescription. When the practitioner completes the two-factor authentication protocol, the application must digitally sign and electronically archive the record.

Monthly Logs – E-prescribing applications must provide a monthly log to practitioners or a log on request with provider specified date, patients, and drugs. Providers are not required to review the monthly logs per the interim final rule.

Pharmacy – DEA has retained in the interim final rule the proposed requirement that either the last intermediary or the pharmacy digitally sign the prescription as received unless a practitioner's digital signature is attached and can be verified by the pharmacy. However, the interim final rule revises the requirement for checking the DEA registration of the practitioner to make it consistent with other prescriptions in that the pharmacy must check the DEA registration when it has reason to suspect the validity of the registration or the prescription.

3.2. E-Prescribing for Meaningful Use

The HITECH Act of 2009 provisions established incentives for certain Medicare and Medicaid providers related to the adoption and meaningful use of electronic health record technologies. 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 certified electronic health record technology. Electronic prescribing is a requirement for eligible professionals to establish that the certified electronic health record technology is used in a meaningful manner. The meaningful use requirements for eligible professionals to receive Medicaid incentives after the first year of adoption are expected to be similar to the Medicare requirements.

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[3] For a more complete summary of the proposed rules, see also the Florida 2008 Electronic Prescribing Report, Agency for Health Care Administration, January 2009 at http://www.floridahealthfinder.gov/researchers/studies-reports.aspx.

During 2009, the Office of the National Coordinator for Health Information Technology (ONC) developed proposed recommendations for defining meaningful use through its Health Information Technology 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.[4]

CMS issued the final rules specifying the requirements for obtaining Medicare and Medicaid incentives related to the adoption and use of electronic health records in July 2010 which, as expected, includes requirements for e-prescribing.

In the final rules, there is a "core set" of measures and a menu set with 15 core measures for eligible professionals and 14 measures for hospitals. Providers must perform the core set and 5 additional measures selected from a menu set of measures to demonstrate meaningful use.

E-prescribing is a core measure for eligible professionals. It is not a requirement for hospitals. In 2011 eligible professionals must achieve a 40 percent e-prescribing rate. These thresholds apply to all of the provider's patients, not limited to Medicaid and Medicare. The threshold rate will likely be raised in 2013.

Although e-prescribing is not a core requirement for hospitals, included in the core set for hospitals and eligible professionals are several measures related to medication management including computerized physician order entry, drug-drug interaction checks, maintaining active medication lists, and maintaining active medication allergy lists. The menu set includes a measure for medication reconciliation applicable to either hospitals or eligible professionals.

3.3. Medicare Incentives for E-Prescribing and Reporting Changes

Beginning January 1, 2009, the 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.

A "successful e-prescriber" is to receive an incentive payment of 2 percent of the total 2009 estimated allowed charges for professional services covered by Medicare Part B and furnished by an eligible professional during the reporting period.[5] 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 percent of the cases in which the measure is reportable by the eligible professional.[6]

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[4] 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 website: http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_10741_888532_0_0_18/FINAL%20MU%20RECOMMENDATIONS%20TABLE.pdf.
[5] Department of Health and Human Services. "Medicare's Practical Guide to the E-prescribing Incentive Program." CMS Publication No. 11399. Retrieved from http://www.cms.gov/partnerships/downloads/11399-P.pdf in November 2008.
[6] Centers for Medicare & Medicaid Services. "E-Prescribing Incentive Program." Retrieved from http://www.cms.gov/ERxIncentive/ on January 5, 2010.

Successful e-prescribers are to 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.[7]

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 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.[8]

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.

To qualify in 2009, at least 10 percent of an eligible professional's Medicare Part B charged services had to 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 the 2010 Physician Fee Schedule (PFS) 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 needed to report an e-prescribing code only when a patient visit resulted 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.[9]

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[7] Department of Health and Human Services. "HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing." Monday, July 21, 2008.
[8] Centers for Medicare and Medicaid Services (2008). "E-Prescribing Specifications Document." December 12, 2008. Updated information is available on the CMS website at:
http://www.cms.gov/ERxIncentive/09_Educational_Resources.asp.
[9] Fact Sheet Changes to the Physician Quality Reporting Initiative and the Electronic Prescribing Incentive Program, October 30, 2009, posted on the CMS website at:
http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3541&intNumPerPage=30&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=false&cboOrder=date

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 percent of the total allowed charges of the eligible professional's physician fee schedule payments in 2012, 98.5 percent in 2013, and 98 percent in 2014.[10] 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.

In October 2010, CMS announced that 2009 payments would be distributed to eligible professionals who met the criteria for successful reporting. 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.[11]

The 2011 PFS final rule was issued by CMS in November 2010 clarifying that eligible professionals under the Medicare EHR Incentive Program who do not meet the "successful e-prescribers" requirements in the first six months of 2011 will be subject to differential payment (penalty) beginning in 2012. In addition, eligible professionals who receive incentives from the Medicare EHR Incentive Program may not receive additional incentive payments under the MIPPA electronic prescribing incentive program.[12]

3.4. Florida Medicaid Health Information Network and E-Prescribing

The Agency launched an on-line source of information for clinicians with the roll-out of the Florida Medicaid Health Information Network (Medicaid HIN) on November 19, 2009. The Medicaid HIN 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. In 2010, a single sign-on access to the e-prescribing tool was implemented.

The e-prescribing application provides the electronic prescribing and drug information software. The e-prescribing function 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

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

[11] Department of Health and Human Services. "HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing." Monday, July 21, 2008.

[12] Fact Sheet Physician Quality Reporting Systems and the E-Prescribing Program, November 3, 2010, posted on the CMS website at: http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3858&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date

receive an e-prescription. The e-prescribing application is capable of tracking when the prescription was ordered, where it was sent to and what time it was filled. If the recipient does not pick up the prescription, the medication is flagged.

The e-prescribing tool permits immediate utilization and compliance review and provides information about coverage and restrictions. The e-prescribing program employs 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.

As another e-prescribing option during fiscal year 2010-2011, the Agency continued to sponsor the deployment of over 500 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, but utilization by clinicians remained at less than capacity through 2009, and the number of handheld devices has been reduced to reflect actual adoption rates. Going forward, the Agency will monitor use of the handheld tools and make a determination to insure that Medicaid providers have adequate access to e-prescribing, and cost effective program goals are supported.

3.5.   Connecting Florida Medicaid to the Surescripts Pharmacy Network

During 2009, the Agency began development of an additional option to extend Florida Medicaid's participation in e-prescribing and encourage provider adoption through Florida Medicaid's participation in a secure pharmacy network allowing the Medicaid medication history to be made available to any e-prescribing tool designed to work within the pharmacy network.

Many of the new e-prescribing applications are integrated with electronic medical record applications, and 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 Agency's pharmacy benefits manager, to provide the prescription claims history and the PDL information in "real time" data feed so that any registered EHR or e-prescribing application can pick up and integrate the data.

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

3.6.   E-Prescribing at Florida County Health Departments

During 2008, the Agency worked with the Duval County Health Department (DCHD) to obtain access to 30 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 Florida Department of Health for wireless transmission of personal health information and for proper authentication of the person using the handheld device.

DCHD continued piloting use of the handheld e-prescribing tool through June 2010. It reported 865 e-prescriptions sent in October 2009 by DCHD providers who were trained on using the handheld tool up from 359 e-prescriptions in January 2009, and 11 in November 2008 when the program started.

Experience with the handheld 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. The importance of being easily able to generate automated utilization reports for better management and feedback to providers was also a key recommendation in DCHD's concluding evaluation of the pilot.

Now that the pilot has ended, the Florida Department of Health is evaluating its options for using e-prescribing either through the Florida Medicaid HIN or as part of its electronic health record under development.

3.7.   Florida Medicaid Eligibility Record Requests

Although Medicaid e-prescribing metrics are unavailable, beginning September 1, 2010, the Agency has been able to track requests for information on a Medicaid patient's eligibility from providers through the Surescripts pharmacy network. The metrics include the total number of eligibility requests, the number of Medicaid patients whose eligibility updates are being requested, and the number of providers submitting the requests. In September 2010, there were 346,340 eligibility requests for 241,285 unique Medicaid patients submitted by 7,144 prescribers. Future metrics will be reported in this section.

Section 4. Private Initiatives and Developments

4.1. Surescripts

In 2008, Surescripts merged with RxHub. RxHub was a network for physicians to access patient prescription eligibility, benefits, formulary, and medication claims history from health plans and pharmacy benefit managers. 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 percent of the pharmacies in America and with over 200 certified electronic prescribing and electronic health record (EHR) systems, which are listed on its website, www.surescripts.com.

Surescripts engaged in a number of initiatives during 2009 and 2010, working with Medicare on its e-prescribing incentive program, working with the Certification Commission for Health Information Technology (CCHIT) on the certification of stand-alone e-prescribing, and also working with the Drug Enforcement Administration (DEA) on revisions to its proposed rule to allow e-prescribing of controlled substances. Following the passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, Surescripts stepped forward to play an important role in implementing meaningful use standards in e-prescribing, to enable providers to meet "meaningful use" criteria to qualify for incentive payments.

In mid-2009, the National Committee on Vital and Health Statistics recommended that Centers for Medicare and Medicaid Services (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. On July 1, 2010, an Interim Final Rule (IFR) was published by CMS naming the NCPDP SCRIPT 10.6 for use beginning July 1, 2010 with continued support of NCPDP SCRIPT 8.1.[13] Surescripts adopted the NCPDP SCRIPT 10.6 technical standard in October 2009.

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.

Upon the March 2010 publication of the DEA interim final rule allowing the e-prescribing of controlled substances, Surescripts immediately began working to educate stakeholders on the standards and protocols in the regulation, and develop solutions that will enable the safe and secure e-prescribing of controlled substances. Surescripts developed an educational webinar on

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[13] Department of Health and Human Services. "Identification of Backward Compatible Version of Adopted Standard for E-Prescribing and the Medicare Prescription Drug Program (NCPDP SCRIPT 10.6)." Press Release Date: Thursday, July 1, 2010. Retrieved from http://edocket.access.gpo.gov/2010/pdf/2010-15505.pdf on December 21, 2010

the requirements for the electronic prescribing of controlled substances as provided in the interim final rule. The webinar is posted on the Surescripts website.

During 2010, Surescripts began projects and partnerships that would further integrate e-prescribing with electronic clinical laboratory reporting and enable the sharing of clinical documents among health care providers using the Surescripts network. Surescripts also offered a new consumer service that will make it possible for consumers who use Microsoft HealthVault to request and receive records of their dispensed medications from community pharmacies using Surescripts' secure electronic connection to HealthVault.

In September of 2010, Surescripts announced its annual SafeRx Awards, which is part of its campaign to raise awareness about e-prescribing and its growth through "competition" among the States. Florida was ranked number 10 on the list of top-prescribing states, ranking notably high on measures of medication record look-ups and pharmacy participation.

4.2.   National ePrescribing Patient Safety Initiative

The National ePrescribing Patient Safety Initiative (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. In addition to e-prescribing, the software checks for patient-specific factors such as allergies and drug interactions, and provides drug reference and formulary information. The software is provided without cost by Allscripts and NEPSI coalition members.

4.3.   Pharmacy e-Health Information Technology Collaborative

In September 2010, nine national pharmacy organizations launched a new collaborative called the Pharmacy e-Health Information Technology Collaborative. The Collaborative will work toward the greater participation of pharmacists in health information exchange and address opportunities for pharmacists to access and contribute to the patient specific information in the electronic health record.

4.4.   Authorized Testing and Certification Bodies

In 2010, the ONC developed a new program for the establishment of authorized testing and certification bodies (ATCBs) that are responsible for certification of EHR technologies. E-prescribing tools may be certified as a module in the preliminary HITECH certified technology program or as part of a certified electronic health record.

In collaboration with ONC, the National Institute of Standards and Technology (NIST) has developed the functional and conformance testing requirements, test cases, and test tools to support the proposed Health IT Certification Programs. These conformance test methods (test procedures, test data, and test tools) will help ensure compliance with the meaningful use technical requirements and standards as provided in the final rule, Health Information Technology,

Initial Set of Standards, Implementation, Specifications, and Certification Criteria for Electronic Health Record Technology.[14]

A Surescripts certification alone is not sufficient for meeting the HITECH certification provisions. However, Surescripts certified e-prescribing software may be sufficient under the Medicare Improvements for Patients and Providers Act (MIPPA) provisions. Surescripts certification enables participation in the Surescripts pharmacy network. Surescripts certified products are posted on the Surescripts website. ATCB certified products are posted on the ONC website.

4.5.   Regional Extension Centers

Regional Extension Centers (RECs) are organizations under contract with the Office of National Coordinator for Health Information Technology to assist providers make the transition to meaningful use of electronic health records. The purpose of the RECs is to furnish assistance defined as education, outreach, and technical assistance to help providers in their geographic service areas select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care.

RECs assist providers in electronic health record selection which must include e-prescribing or compatibility with a separate e-prescribing system. RECs provide technical assistance including workflow analysis in preparation for implementation and consultation throughout the process. During 2010, four RECs were established in Florida. County coverage areas which collectively encompass the entire state are shown on the Florida Regional Extension Center Map. Location and contact information is available on the website at: www.fhin.net/FHIN/RegExtCenters.shtml.

4.6.   ePrescribe Florida

In 2009, ePrescribe Florida held a Health Summit in Tampa, Florida, that 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: www.eprescribeflorida.com/aboutus.html.

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[14] Department of Health and Human Services. "Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Final Rule." Press Release Date: Wednesday, July 28, 2010. Retrieved from http://edocket.access.gpo.gov/2010/pdf/2010-17210.pdf on December 7, 2010.

Section 5.   Metrics on E-Prescribing Implementation

5.1.   E-Prescribing Metrics and Trends

E-prescribing has been steadily growing in Florida. The number of e-prescriptions increased from 4,465,025 in 2008 to 11,650,847 in 2009 to 13,801,783 just in the first three quarters of 2010. More pharmacies were activated to receive electronic prescriptions and more physicians began e-prescribing. Surescripts estimates indicate that Florida had over 107 million prescriptions in 2009 that could have been sent electronically. Based on this total number of prescriptions, annualized for a monthly average of 8.9 million prescriptions per month, data show that the estimated average annual e-prescribing rate through September 2010 increased to 17.1 percent as compared to the average annual e-prescribing rate of 11.3 percent in 2009 and the average annual e-prescribing rate of 4.3 percent in 2008.

Data reported from Surescripts show that there were 5,523 pharmacies in Florida in September of 2010. Of these, 3,769 or 68.2 percent of all pharmacies were activated to receive electronic prescriptions. More than half of pharmacies across the state in all Metropolitan Statistical Areas (MSA) were able to receive e-prescriptions in 2010. Figure 1 presents the numbers and the percentages of pharmacies activated for e-prescribing by MSA in Florida for September 2010.

Figure 1. Pharmacies Activated to Accept Electronic Prescriptions and Percentage of Total Pharmacies Activated by MSA, September, 2010
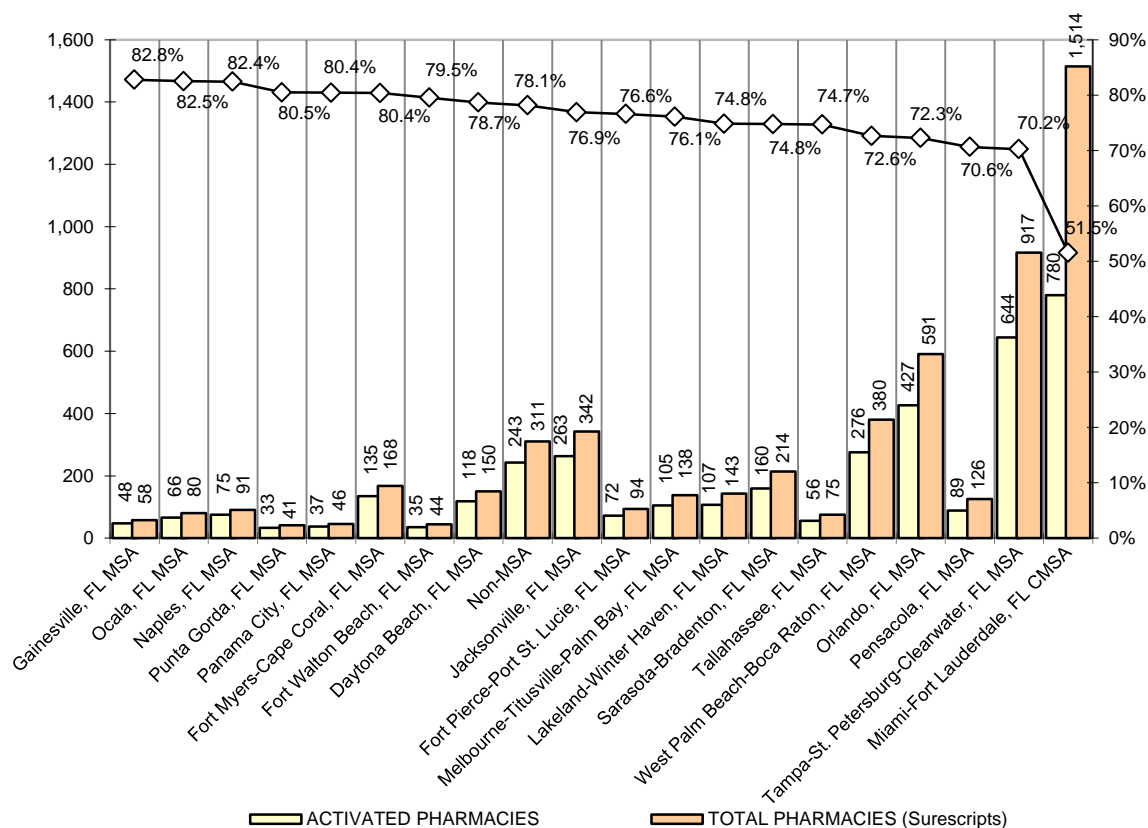
The percentage of pharmacies ready to e-prescribe fluctuates across different MSAs, with most of the smaller MSAs showing a higher percentage of active pharmacies. Specifically, Gainesville has 82.8 percent of its pharmacies receiving e-prescriptions, followed by Ocala, with an 82.5 percent rate, and Naples, with a rate of 82.4 percent. The larger MSAs continue to demonstrate lower percentages of e-prescribing pharmacies, such as Tampa and Miami-Fort Lauderdale at 70.2 percent and 51.5 percent, respectively. The overall statewide average is clearly affected by the lower rate in the Miami-Fort Lauderdale MSA, which accounts for 27.4 percent of all Florida pharmacies. One reason for this low figure of activated pharmacies is the large number of family-owned pharmacies that are not affiliated with chain pharmacies, and must separately purchase the e-prescribing hardware and software required to become active in e-prescribing.

In September 2010, of the approximately 75,953 clear and active licensed prescribing providers in Florida counties, 11,450 were active electronic prescribing providers. The percentage of licensed prescribing providers in Florida who were e-prescribers has increased to 15 percent in 2010 from the 12 percent in 2009. Figure 2 shows the percentages were consistent across MSAs, with exception to Lakeland-Winter Haven, with the highest rate of 30 percent of licensed providers who were e-prescribing, and Melbourne-Titusville, with the lowest rate of 8 percent of licensed providers who are e-prescribing.

Figure 2. Licensed Prescribing Providers and Active Electronic Prescribers by MSA, September 2010
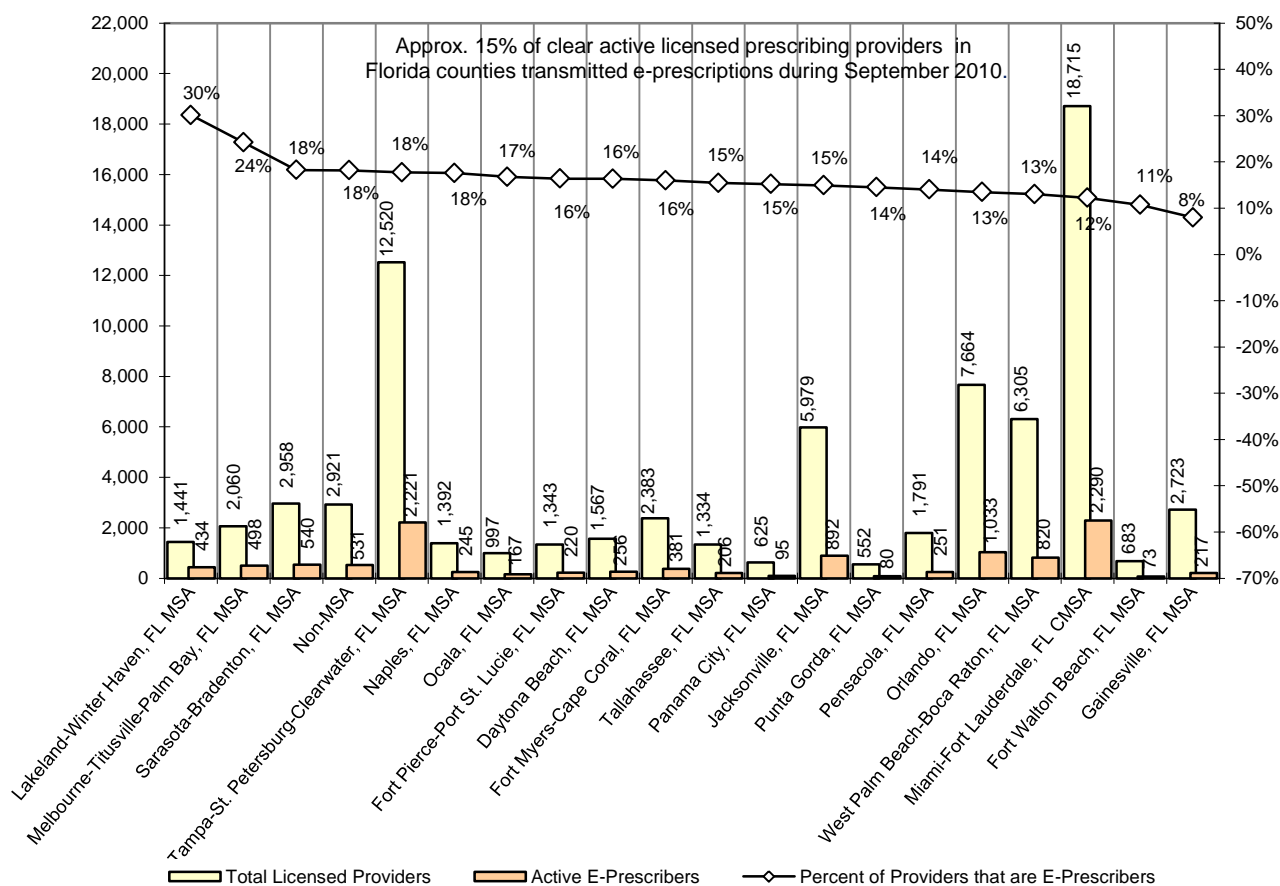
The number of e-prescriptions written in Florida has been steadily increasing every year since 2007. In September 2010, a total of 1,762,440 e-prescriptions were written, a 33 percent increase compared to December 2009, with 1,327,421 e-prescriptions. The totals correspond to the number of new e-prescriptions and refill e-prescriptions. Figure 3 presents Florida's monthly e-prescribing transactions: total prescriptions, new prescriptions, refill requests and refill responses. These numbers are based on data reported by Surescripts and eRx Network.

Figure 3.   E-prescribing Transactions in Florida by Transaction Type, January to September 2010
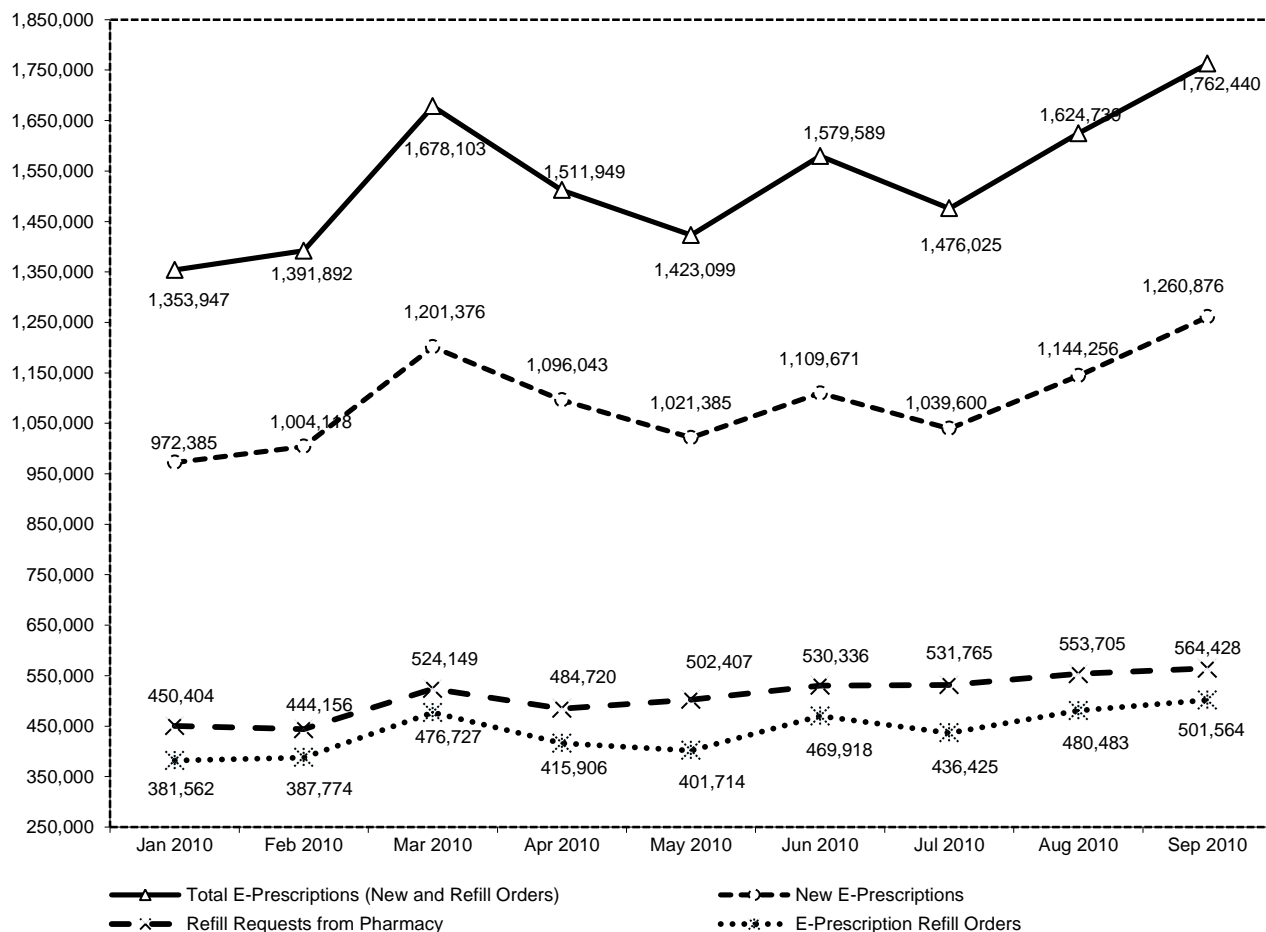

Clearly, new e-prescriptions, which accounted for 71 percent of all electronic prescriptions on average, made up the greatest number of transactions in 2010. One quarter of the electronic prescriptions were refills. Both types of prescription demonstrated a similar fluctuation rate in the first nine months of 2010. It should be noted that the number of refill requests from pharmacies also increased steadily, a 25 percent increase in the first nine months of 2010, demonstrating that electronic communication between the pharmacy and the e-prescribing practitioner is on the rise. The number of refill orders, also referred to refill responses, was smaller than the number of refill requests per month, indicating that not all prescriptions are refilled.

The number of e-prescribing practitioners is based on data provided by Surescripts, and continued to increase steadily through September 2010, as shown in Figure 4. The highest

monthly total of e-prescribing healthcare professionals in 2010 came to 11,450 in September. Compared to the monthly total of e-prescribing physicians in December 2009 at 8,919, this shows an increase of 28 percent of physicians e-prescribing in the first nine months of 2010. The increase in the number of new physicians who are e-prescribing showed a steady upward trend of 269 new e-prescribers per month, on average, between January and September of 2010.

Figure 4.   Number of Practitioners Actively E-prescribing, Number of Electronic Prescriptions and the Percent of all Prescriptions Sent Electronically per Month, January to September 2010
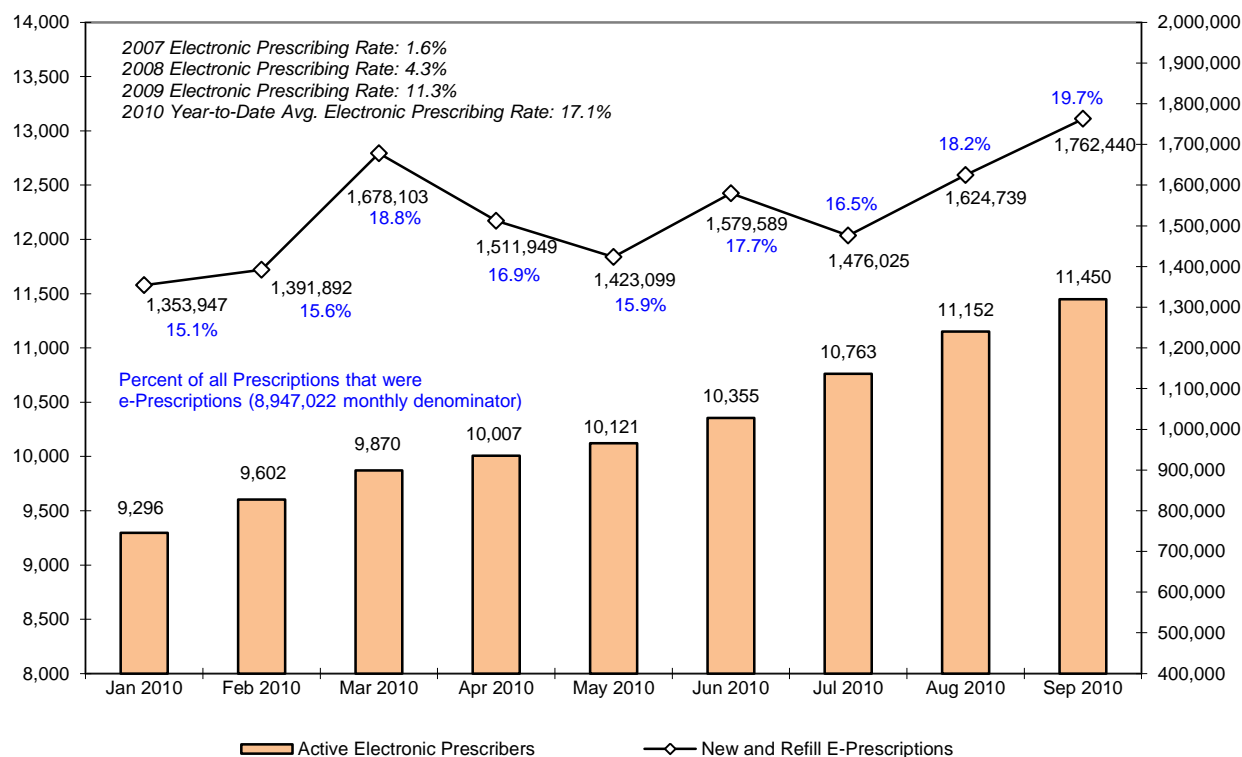

The average number of e-prescriptions written by practitioners per month increased to 149 in 2010 from 132 e-prescriptions in 2009. New e-prescriptions were above double the number of refill e-prescriptions written each month. These numbers indicate that e-prescribing physicians consistently wrote more e-prescriptions in 2010.

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 5 compares the number of patient medication record requests to electronic prescriptions by month between January and September 2010. On average, the number of record requests was double the number of e-prescriptions every month. Since 2008, there has been a steady increase in the number of record requests and of e-prescriptions. However, the rate in which the number of record requests increased every month has been much higher than e-prescription's rate of increase. By September 2010, the number of record requests increased by 44 percent (3,603,791 requests) from January 2010 (2,510,989 requests), while the number of electronic prescriptions increased by 33 percent to 1,726,440. The number of practitioners requesting prescription records also

increased by 44 percent during this period, compared to an increase of only 23 percent in e-prescribers from January to September 2010. These findings indicate that practitioners find value in being able to look up a patient's medication history, whether or not they write a prescription.

Figure 5. Patient Medication Record Requests, Electronic Prescriptions and Practitioners Requesting Records, January to September 2010
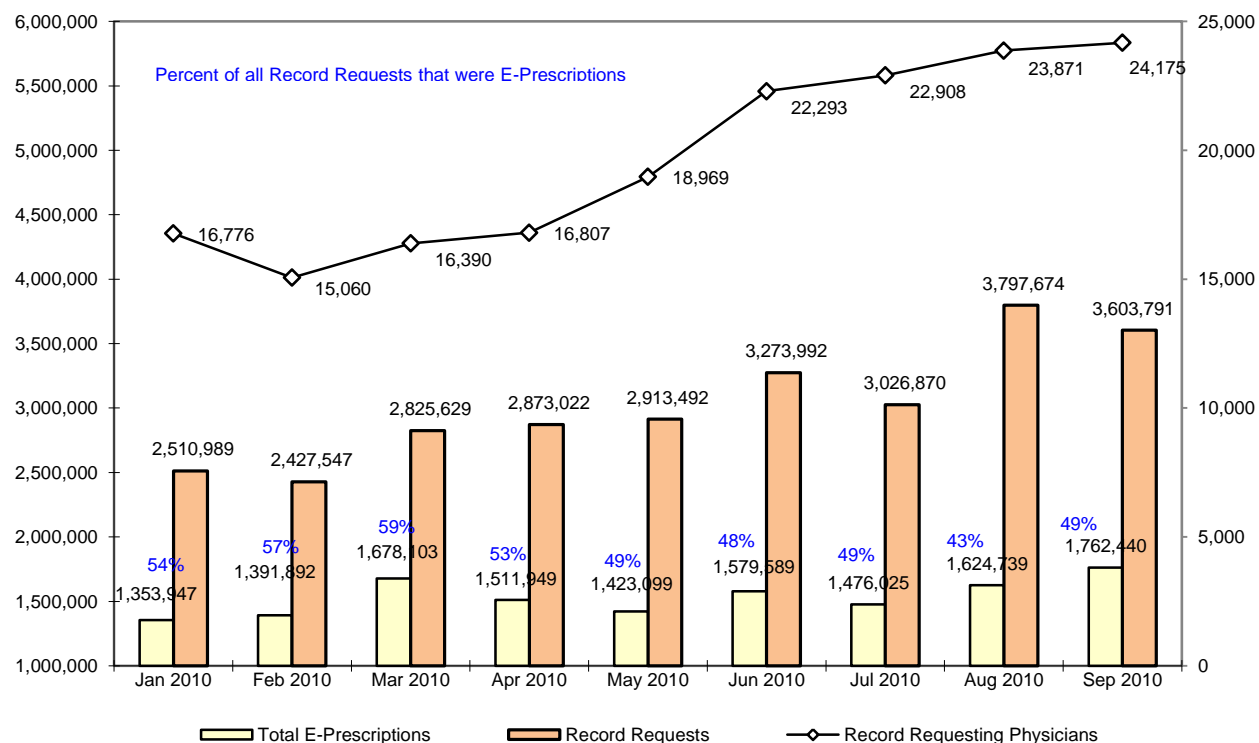
In summary, Florida is continuing to show increase of e-prescribing transactions and providers. The data reported by Surescripts and eRx Network for the first nine months of 2010 indicate a steady growth across the year in the number of pharmacies activated for e-prescribing, in the number of practitioners who are e-prescribing, in the number of requests for medication histories, and in the number of e-prescriptions submitted. To move from an annual average e-prescribing rate of 4.3 percent in 2008 to 11.3 percent in 2009 to 17.1 by the end of September of 2010, points to the continued progress of the provider community towards e-prescribing, and the positive efforts to promote e-prescribing. It is anticipated that the implementation of Florida Medicaid HIN, the simplified program requirements to qualify for Medicare e-prescribing incentives under MIPPA beginning in 2010, and the passing of DEA's final rule permitting the e-prescribing of controlled substances will contribute to the continued increase in volume of electronic prescriptions and prescribers.

Section 6.   Health Information Exchange Coordinating Committee

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 website.

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 website. The Panel held three meetings in 2008, three meetings in 2009, and one meeting in 2010.

The Panel also met in conjunction with the Health Information Exchange Coordinating Committee (HIECC) of the State Consumer Health Information and Policy Advisory Council (Advisory Council) in 2009. 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 Section 408.05 (8), F.S. 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.

In 2010, the Advisory Council added measurable objectives to its goals for health information exchange to facilitate integration of e-prescribing within health information exchange initiatives. The Agency has assigned the HIECC the advisory role regarding e-prescribing promotional activities as of the close of 2010. A representative of the Florida Pharmacy Association was added to the membership of the HIECC and approved by the Advisory Council at its September 16, 2010 meeting.

6.1.   Action Steps

In 2011, the Health Information Exchange Coordinating Committee and the Agency will address the following action steps 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 will be posted on the Agency's website, www.fhin.net, as part of the Florida Electronic Prescribing Clearinghouse, and on its performance dashboard to obtain maximum visibility.

2) Promote e-prescribing adoption as an integral part of the education and outreach efforts for the adoption of electronic health records conducted under the HITECH programs. Coordinate these efforts through the leadership of the Health Information Exchange Coordinating Committee.

3) Conduct a survey of independent community pharmacies in Florida to identify interest and readiness to accept e-prescriptions. 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) Continue 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.

5) 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.

6) Identify and promote opportunities for the participation of pharmacists in health information exchange through local provider networks.

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

www.FloridaHealthFinder.gov

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