Florida Electronic Prescribing

Annual Report for 2015

FLORIDA CENTER FOR HEALTH INFORMATION AND POLICY ANALYSIS

AGENCY FOR HEALTH CARE ADMINISTRATION

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Executive Summary

Introduction

The 2015 Florida Electronic Prescribing Report is submitted to meet Section 408.0611, Florida Statutes, which requires the Agency for Health Care Administration (Agency) to report on the status of electronic prescribing in the state to the Governor and the Legislature annually. This report presents a review of Agency activities to promote e-prescribing; highlights of state and national e-prescribing initiatives; Florida e-prescribing metrics; and action steps to be undertaken in 2016 to promote greater adoption of e-prescribing across the state.

E-prescribing enables the electronic transmission of prescriptions as well as access to a patient's medication history by prescribing physicians at the point of care. Properly used, it improves prescription accuracy, increases patient safety, and supports medication adherence. Physician access to patients' medication history through e-prescribing systems enables the practitioner to be aware of other medications ordered and to better coordinate patient care with other treating physicians. E-prescribing adoption continues to increase in Florida, as it produces benefits and cost savings for all participants including physicians, pharmacies, and patients.

Electronic Prescribing Highlights in 2015

The U.S. Centers for Medicare and Medicaid Services (CMS) and the Agency continued administering Medicaid incentive payments during 2015 for the "meaningful use" of certified electronic health records (EHRs), in accordance with the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The HITECH Act established meaningful use rules which include e-prescribing as a core measure required for eligible professionals to qualify for incentive payments. CMS guidelines for Stage 2 meaningful use, released in August 2012, require eligible professionals to e-prescribe at least 50% of prescriptions. The final proposed Stage 3 meaningful use rule and affiliated public comment period were announced on October 16, 2015, and raise the e-prescribing rate for eligible professionals to more than 80% of prescriptions (unless excluded). The Stage 3 rule also requires eligible hospitals to query a drug formulary and transmit more than 25% of discharge prescriptions electronically; and removes unchanged refill prescriptions from the requirement.

To support greater adoption of e-prescribing, the Agency conducted outreach to pharmacies and other providers during 2015 regarding the Direct Messaging service of the Florida Health Information Exchange (Florida HIE). Pharmacies can utilize Direct Messaging to securely communicate patient health information with physicians and other providers regardless of whether either entity has an operational electronic health record (EHR) system. Additionally, multiple national and state e-prescribing organizations, payers, and professional associations continued to produce educational materials encouraging greater use of e-prescribing. Together, these efforts have resulted in continued the growth of e-prescribing in Florida.

Agency e-Prescribing Outreach Strategies

The Agency utilizes data from national e-prescribing organizations to produce a quarterly dashboard of metrics showing trends in adoption and use, as well as a comparison of e-prescribing rates in Florida and nationally. The Agency also works closely with Florida's Health Information Technology (HIT) Regional Extension Centers (RECs), which have the mission of assisting health care providers achieve meaningful use, in educating providers about the requirements and benefits around e-prescribing. The Agency's HIE outreach team hosted three educational symposia during 2015 in Tallahassee, St. Petersburg, and Jacksonville and included information about e-Prescribing as an integral part of the program for providers and stakeholders. The Agency maintains an online clearinghouse of information about e-Prescribing at: http://fhin.net/eprescribing.

Metrics

The Agency publishes a dashboard of key metrics to track e-prescribing adoption rates in Florida at: http://fhin.net/eprescribing/dashboard/index.shtml. These metrics enable the Agency to compare progress in Florida with national rates. Specific quarterly metrics include:

- Counts of new and refill e-prescriptions
- E-prescribing percent increase by quarter and annually
- E-prescriptions transmitted per prescriber
- Electronic requests for Medicaid medication records

The ***e-prescribing rate*** is defined as the number of prescriptions electronically transmitted relative to the estimated number of all prescriptions that could have been e-prescribed. The annual e-prescribing rate in Florida as of September 30, 2015 was 61.8%, which represents an increase from 56.1% on the same date in 2014. Forecasts had estimated that as many as 69% of all prescriptions would be electronically transmitted during 2015, and while that rate was not reached, the inclusion of electronic prescribing as a requirement of meaningful use is expected to stimulate a higher rates of increase in future years.

The ***e-prescriber rate*** represents the number of prescribers who are enabled to transmit prescriptions electronically relative to the number of medical doctors and osteopathic physicians residing in Florida with clear/active licenses to prescribe. Florida's e-prescriber rate at the end of the third quarter of 2015 was 70.4%, exceeding the Agency's goal of at least 70% by year end. This figure demonstrates an increase of 5 percentage points from the third quarter of 2014.

Medication record requests are requests by physicians using e-prescribing tools to access specific patient information such as eligibility, benefits, or medication history. The number of Medicaid medication record requests averaged 1,243,565 per month during 2014, and 1,105,552 per month through the first three quarters of 2015 (the most current data available at this time).

Florida's Electronic Prescribing Clearinghouse

The Agency developed and maintains the Florida Electronic Prescribing Clearinghouse, which provides a single point of access for e-prescribing information. This internet resource is designed to meet the requirements of Section 408.0611 Florida Statutes, and provides information on developments and trends in e-prescribing in the state. The overall goal is to promote adoption and improve the quality and effectiveness of e-prescribing. The site contains current and historical Florida e-prescribing annual reports as well as quarterly metrics on adoption. The annual reports present information on the benefits of e-prescribing as derived from health services research and literature. Additionally, information about nationally certified products for the EHR Incentive Program, including e-prescribing tools, can be found on the Medicaid EHR Incentive Program's companion website: http://ahca.myflorida.com/medicaid/ehr.

Health Information Exchange Coordinating Committee

The Agency established the Health Information Exchange Coordinating Committee (HIECC) in 2007 under the State Consumer Health Information and Policy Advisory Council (Advisory Council) as authorized in Section 408.05 (8) Florida Statutes. The HIECC includes representatives of hospitals, long-term care facilities, medical associations, regional health information organizations (RHIOs), clinicians, health plans, rural health providers, economic development organizations, consumer organizations and a representative of the Florida Pharmacy Association. The HIECC meets quarterly, with ad-hoc subcommittees meeting as needed. Action steps for the HIECC to further accelerate the adoption of e-prescribing in Florida are detailed in Section 2.9 of this report.

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Section 1. Status of Electronic Prescribing

Section 408.0611, Florida Statutes, states that the Agency for Health Care Administration (Agency) is to collaborate with stakeholders to create an electronic prescribing (e-prescribing) clearinghouse, coordinate with private sector e-prescribing initiatives, and 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 at: www.floridahealthfinder.gov/researchers/studies-reports.aspx

This Florida Electronic Prescribing Annual Report provides a general assessment of the status of e-prescribing in Florida in 2015. It presents highlights related to e-prescribing including increased requirements for Stage 2 and Stage 3 meaningful use of electronic health records (EHRs) and also monthly metrics on e-prescribing in Florida as available through 2015, based on data provided by national e-prescribing networks and Florida Medicaid. This report also includes findings from a survey of Florida pharmacists conducted in 2015 regarding their experiences related to e-prescribing. It concludes with a review of Agency strategies to promote e-prescribing in 2016.

1.1. What is Electronic Prescribing?

Electronic prescribing (e-prescribing) uses health information technology to enable the electronic transmission of prescriptions and access to medication histories by prescribing physicians at the point of care. E-prescribing improves prescription accuracy, increases patient safety, and reduces costs as a result of the critical health information it makes available to the physician or other prescribing practitioner. A major benefit of the electronic transfer prescriptions is the elimination of errors caused by miscommunication commonly associated with handwritten paper prescriptions. E-prescribing can also 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.

An article published in *U.S. Pharmacist* in 2013 provides a compilation of benefits and problems of electronic prescribing (e-prescribing) as documented in research literature. Benefits include:

- Enhanced patient safety through avoided errors associated with written prescriptions (i.e., illegible handwriting) and lack of systematic checks that e-prescribing systems can provide;
- Reduced drug costs through formulary decision support, including informing providers of more cost-effective alternatives;
- Increased access to prescription records has been beneficial in drug recalls and natural disasters;
- Improved workflow and reduced patient wait times at the pharmacy;
- Assurance that the pharmacy received the prescription; and
- Reduced handwritten forgeries.

Documented problems related to e-prescribing include:

- Software design issues resulting in unclear or inaccurate prescriptions
- Costs associated with the technology including start-up and maintenance
- Workflow disruption at the pharmacy due to bundled delivery of prescriptions[1]

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."[2]

E-prescribing systems are a form of health information exchange that integrate prescribed medication data from multiple stakeholders including pharmacy benefit managers (PBMs), payers, and pharmacies. Through these systems, medication histories are available for prescriptions that were brought to the pharmacy on paper or transmitted electronically. E-prescribing systems enable practitioners with authorized access and consent to view medication history information at the point of care for coordination of patient drug therapy and improved quality. E-prescribing systems also provide practitioners with a secure means of electronically accessing health plan formulary information and patient eligibility at the point of care.

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

Pharmacy networks connect pharmacies, physicians, and PBMs. The major pharmacy network in the United States is Surescripts, with more than 95% of all pharmacies in the United States certified to participate in the network. Another pharmacy network is Emdeon eRx Network, performing more than seven billion health information exchanges per year. Both Surescripts and Emdeon eRx Network collect and provide data to the Agency for the metrics displayed in this report.

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

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

[2] 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.

1.2. Electronic Prescribing Highlights in 2015

In 2014, the Centers for Medicare and Medicaid Services (CMS) continued making *Medicare* incentive payments for the "meaningful use" of certified EHRs under the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. In 2015, CMS began payment adjustments to Medicare providers who did not achieve meaningful use. The HITECH Act established meaningful use rules which include e-prescribing in the core set of required measures for eligible professionals to qualify for incentive payments. Surescripts has supported the growth of e-prescribing in a number of ways, including efforts to promote the e-prescribing of controlled substances and providing national and state-level statistics on e-prescribing rates to assist stakeholders in measuring progress. The Agency continued to administer *Medicaid* incentive payments for the adoption of EHRs and for those providers achieving meaningful use of EHRs. The Agency also provides ongoing governance to the Florida Health Information Exchange as well as outreach to pharmacies and other health services providers to promote participation in Direct Messaging and other HIE services that compliment e-prescribing.

1.3. Electronic Prescribing Metrics and Trends

The Agency has developed and published a set of indicators to track e-prescribing adoption rates in Florida. Quarterly metrics are typically reported to the Agency by the end of April, July, October, and January from eRx Emdeon and Surescripts. Surescripts reports a limited dataset to the Agency for the month ending each quarter. These metrics enable the Agency to gauge progress in Florida and compare it against national rates.

A key indicator is the *e-prescribing rate,* which is the amount of e-prescribing relative to all prescriptions that could have been e-prescribed. The annual e-prescribing rate has steadily increased since 2007 from 1.6% up to 62% at the end of the third quarter of 2015, as shown in the table below.

Table 1: Florida Quarterly E-Prescribing Metrics

Indicator	Previous Year Comparison 2014/Q4	2015/Q1	2015/Q2	2015/Q3
Month End of Qtr. E-Prescriptions	6,928,111	7,542,840	7,113,021	7,238,581
Month End of Qtr. E-Prescribers	34,950	35,520	36,100	37,600
Clear Active Licensed Prescribing MDs and DOs Residing in FL Counties[3]	52,867	52,670	53,034	53,941
Clear Active Licensed Prescribing Professionals Residing in FL Counties[4]	89,094	89,266	90,215	92,303

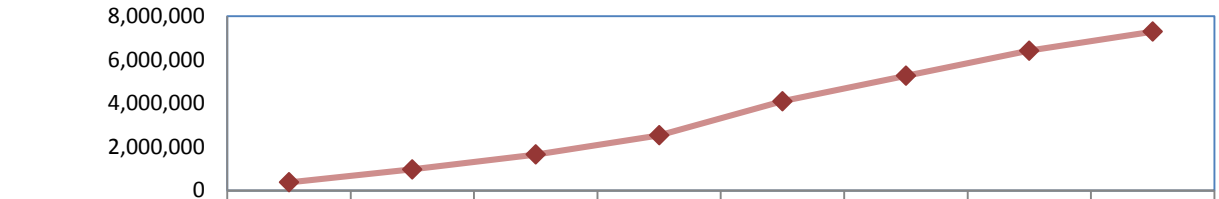
[3] Counts include only clear active licensed Medical Doctors and Osteopathic Physicians as obtained from the DOH's licensure database.

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

Indicator	Previous Year Comparison 2014/Q4	2015/Q1	2015/Q2	2015/Q3
Increase in E-Prescriptions Compared to Prior Quarter:	13%	8.9%	-5.7%	2%
Month End of Quarter E-Prescribing Rate[5]:	61.1%	63.9%	60.2%	61.3%
Month End of Quarter E-Prescriptions per E-Prescriber:	195	212	205	201
Increase in E-Prescribers Compared to Prior Quarter:	2%	1.6%	1.6%	4.2%
Percent of Licensed Prescribing Professionals Who E-Prescribed:	39%	40%	40%	41%
Percent of Licensed Prescribing MDs and DOs Who E-Prescribed:	66%	67%	68%	70%

The average number of e-prescriptions per month continually increased from 2008 through the first nine months of 2015, the most recent time period for which data is available. If this trend continues at a consistent rate, forecasts through the end of 2015 project more than 7.5 million e-prescriptions to be processed in Florida each month, which would be a 15% increase from the end of 2014. Figure 1 shows the monthly average number of e-prescriptions since 2008 with the annual percent of increase.

Figure 1. Average Number of Electronic Prescriptions Per Month in 2008 to 2015 and Annual Increase

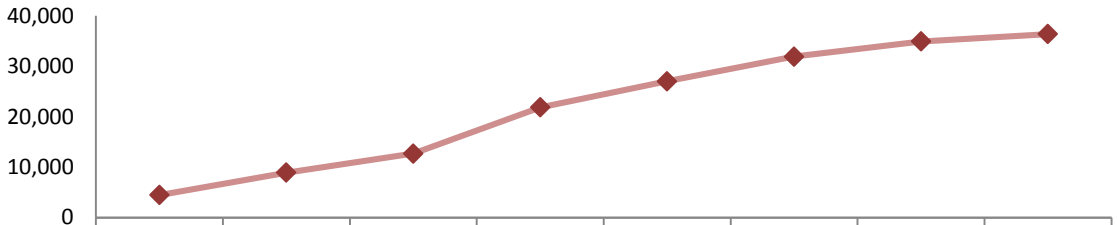


	2008	2009	2010	2011	2012	2013	2014	Sep-15
Number of E-Prescriptions	372,085	970,904	1,649,228	2,533,449	4,095,982	5,265,586	6,420,257	7,298,147
Increase		161%	70%	54%	62%	29%	22%	14%

The number of e-prescribers increased from 4,492 in December 2008 to at least 36,407 in September 2015. If this trend continues, the number of e-prescribers in Florida is projected to be over 37,000 by the end of 2015, which would be a 5% increase from year end 2014. Figure 2 represents the total number of e-prescribers since 2008 and the annual percent of increase.

[5] Based on est. 135,628,368 denominator/12 months for 2014 and 141,727,236 denominator/12 months for 2015

Figure 2. Total Number of Electronic Prescribers per Month in 2008 to 2015



	2008	2009	2010	2011	2012	2013	2014	Sep-15
Number of E-Prescribers	4,492	8,919	12,703	21,860	27,037	31,915	34,950	36,407
Increase		99%	42%	72%	24%	18%	10%	4%

At an estimated annual monthly average of 11.8 million prescriptions per month, Florida's annual e-prescribing rate through September 2015 is 61.8%. Figure 3 below shows the increasing trend in the e-prescribing rate since 2007.

Figure 3. Average Annual Electronic Prescribing Rate, 2007 to 2015

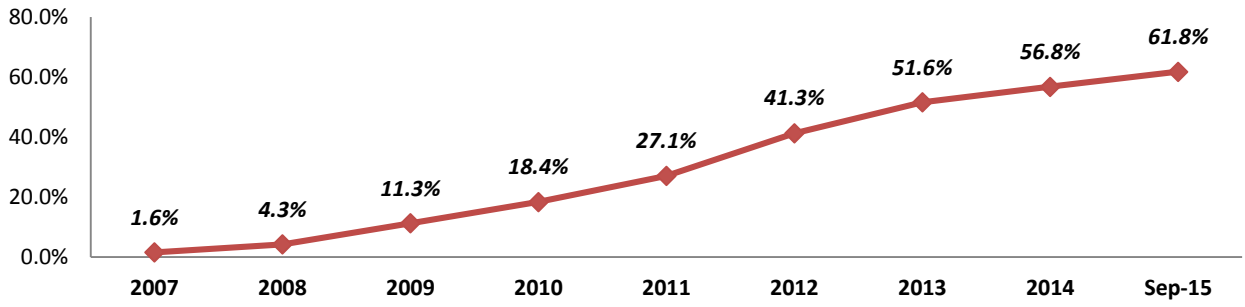
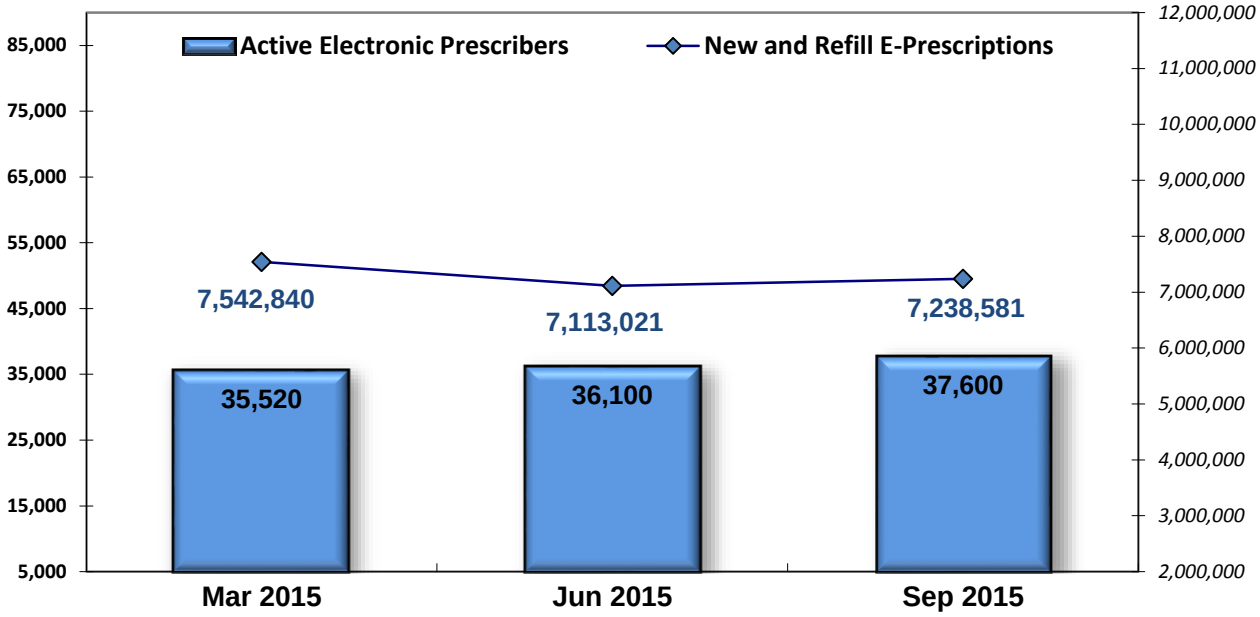


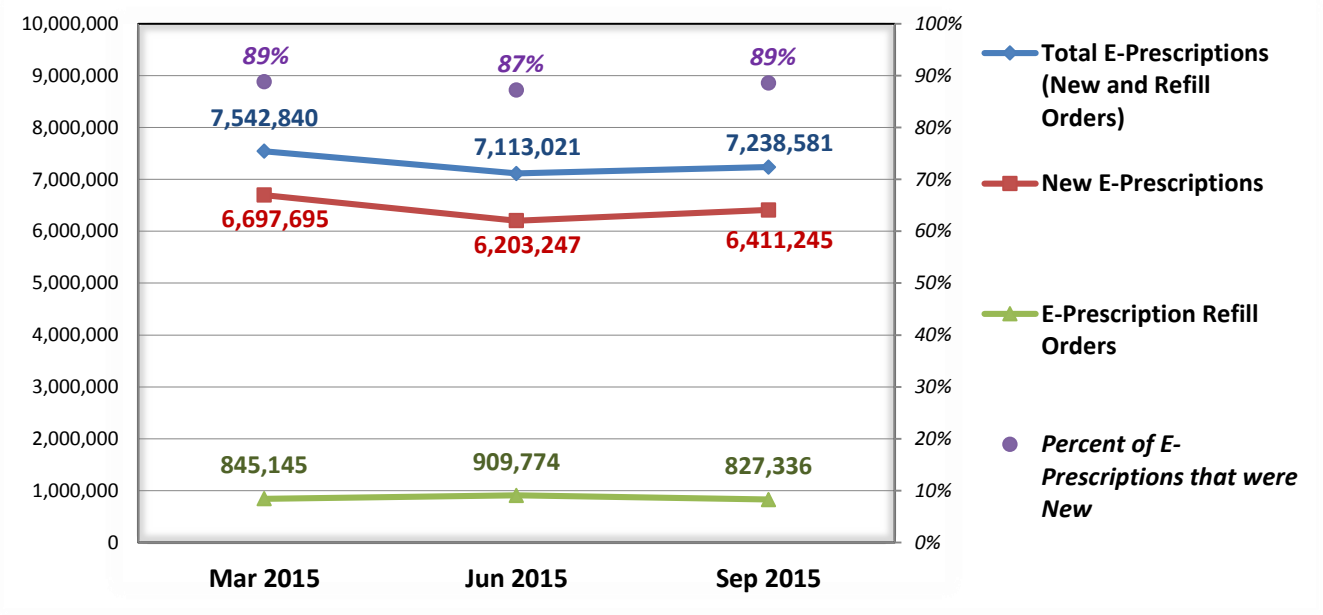
Figure 4 on the following page presents Florida's e-prescribing transactions and rates during months at the end of quarters in 2015, as reported by Surescripts and Emdeon eRx Network. A total of 7,238,581 e-prescriptions were written during September 2015, representing an 18% increase from September 2014. The totals include the number of new e-prescriptions and refill e-prescriptions.

Figure 4. Monthly Total Number of New and Refill Electronic Prescriptions in Florida, January to September 2015



The chart below shows a comparison of the number of new e-prescriptions and refill e-prescriptions at the end of the first, second, and third quarters of 2015.

Figure 5. Comparison of E-Prescribing Activity by New and Refills, End of Quarters in 2015



Section 2. Electronic Prescribing Adoption Activities

2.1. Florida Electronic Prescribing Clearinghouse

Section 408.0611, Florida Statutes, was passed into law during the 2007 Legislative Session. It requires the Agency for Health Care Administration (Agency) to create a clearinghouse of e-prescribing information, which was made available on the Agency's website in October 2007. The purpose of the Electronic Prescribing Clearinghouse is to report e-prescribing trends and provide information to promote the implementation of e-prescribing by health care practitioners, health care facilities, and pharmacies in an effort to prevent prescription drug abuse, improve patient safety, and reduce unnecessary prescriptions. The Florida Electronic Prescribing Clearinghouse can be accessed at: http://www.fhin.net/eprescribing. Information about products that are nationally certified for the Medicaid EHR Incentive Program, including tools for e-prescribing, can be found on the companion website, http://ahca.myflorida.com/medicaid/ehr.

2.2. Meaningful Use Incentives for Electronic Prescribing

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

The Centers for Medicare and Medicaid Services (CMS) issued the final rules specifying the requirements for obtaining Medicare and Medicaid incentives related to the adoption and use of EHRs (i.e. "Stage 1 Meaningful Use") in July 2010. In the final rules, there was a "core set" of measures and a "menu set," with 15 core measures for eligible professionals and 14 measures for hospitals. Providers had to perform the core set and five additional measures selected from a menu set to demonstrate meaningful use.[6]

Eligible professionals were required to achieve an e-prescribing rate of at least 40% in Stage 1 to qualify for an incentive payment under the program. This threshold applied to all of the provider's patients, not limited to Medicaid and Medicare. Although e-prescribing was not a Stage 1 core requirement for hospitals, that core set included several measures related to medication management; including computerized physician order entry (CPOE), drug-drug interaction checks, maintaining active medication lists, and maintaining active medication allergy lists. These are still required under Stage 2 and 3 for hospitals and eligible professionals. The menu set for Stage 1 included a measure for medication reconciliation applicable to hospitals or eligible professionals.

[6] Department of Health and Human Services, "Medicare and Medicaid Programs; Electronic Health Record Incentive Program," July 28, 2010. http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17207.pdf

CMS issued the final Stage 2 meaningful use rule on August 23, 2012. The first year any provider could attest to Stage 2 measures was 2014. CMS issued the final rule for Stage 3 on October 16, 2015, which modifies the Stage 2 requirements (now called Modified Stage 2) for the 2015-2017 program years. In Modified Stage 2, the threshold e-prescribing rate for eligible professionals was raised from 40% to 50%. Stage 3 raises the requirement to at least 80% for eligible professionals to receive an incentive payment in 2018. E-prescribing became a core measure for eligible hospitals for 2015-2017, requiring a threshold of at least 10% and increasing to 25% for Stage 3.[7,8]

Stage 2 and Stage 3 Meaningful Use Requirements Related to Medication:

- Use computerized prescriber order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed health care professional that can enter orders into the medical record per state, local, and professional guidelines (more than 60% of medication orders, more than 30% of laboratory orders, more than 30% of radiology orders in Stage 2). The thresholds for laboratory and diagnostic imaging are increased in Stage 3 (more than 60% of medication orders, more than 60% of lab orders, and 60% of diagnostic imaging orders);

- Enable and implement the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period;

- Eligible professionals and hospitals must provide a summary of care record electronically for more than 10% of transitions of care or referrals in Stage 2 and more than 50% must be provided electronically in Stage 3. Stage 3 also requires eligible professionals and hospitals to receive or retrieve an electronic summary of care for more than 40% of the transitions or referrals received and new patient encounters;

- The eligible hospital or professional who receives a patient from another setting of care or provider of care, or believes an encounter is relevant, should perform medication reconciliation (more than 50% in Stage 2 and 80% in Stage 3);

- Eligible health care professionals and hospitals must generate and transmit permissible prescriptions electronically (for eligible professionals, more than 50% in Stage 2 and 60% in Stage 3; for eligible hospitals, more than 10% for Stage 2, and more than 25% for Stage 3);

- Eligible hospitals must generate and transmit permissible discharge prescriptions electronically (more than 10% in Stage 2 and 25% in Stage 3).

In September 2011, the Agency for Health Care Administration (Agency) launched the Florida Medicaid Electronic Health Record (EHR) Incentive Program. Eligible professionals and hospitals may register and apply for incentives associated with the adoption, implementation, or upgrade of a certified EHR system.

[7] Department of Health and Human Services, "Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2", https://www.federalregister.gov/articles/2012/09/04/2012-21050/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-2, September 04, 2012.

[8] Federal Register, "Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017", https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications, October 16,2015.

Demonstration of meaningful use is not required to receive Medicaid incentive payments in a provider's first payment year. In subsequent payment years, eligible professionals may apply for additional incentives that require documentation of the meaningful use of a certified EHR including meeting the e-prescribing requirements of the program. As of November 20, 2015, a total of 11,575 Medicaid incentive payments totaling nearly $191 million had been distributed to eligible professionals.

2.3. Medicare Incentives and Fee Adjustments for Electronic Prescribing

Beginning January 1, 2009, the federal *Medicare* Electronic Prescribing Incentive Program, as authorized under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), began offering incentive payments to eligible professionals who are successful electronic prescribers (e-prescribers) as defined by MIPPA. Successful e-prescribers were to receive a 2% incentive based on total Medicare payments for 2009 and 2010; a 1% incentive payment for 2011 and 2012; and a 1/2% incentive payment in 2013.

The federal Medicare program is expected to save up to $156 million over the course of the program in avoided adverse drug events. It is estimated that Medicare beneficiaries experience as many as 530,000 adverse drug events each year, due in part to negative interactions with other drugs, or a prescriber's lack of information about a patient's medication history.[9]

Eligible professionals who were not "successful e-prescribers" by 2012 were subject to a differential payment (penalty). The penalty resulted in the physician receiving 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.[10] Penalties continued through 2014 and meaningful use payment adjustments began thereafter on January 1, 2015. By 2019, meaningful use adjustments can reach as high as a 5% reduction in physician fee schedule payments.[11]

2.4. Electronic Prescribing of Controlled Substances

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

The Agency for Health Care Administration (Agency) worked with the Florida Pharmacy Association, the Board of Pharmacy, and other stakeholders to gain an understanding of Florida law related to EPCS in order to encourage e-prescribing. In 2014 Surescripts changed the map of states' regulation status to include

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

[10] Department of Health and Human Services. "Electronic Prescribing (eRx) Incentive Program", https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html

[11] Department of Health and Human Services. " Payment Adjustments & Hardship Exception Tipsheet for Eligible Professionals", https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj_HardshipExcepTipSheetforEP.pdf, August, 2014.

Florida as allowing EPCS of Schedule II drugs. In August 2015, Vermont became the fiftieth state in the U.S. to legalize EPCS.[12] In 2015 Surescripts published their 2014 National Progress Report. Surescripts reported 0.17% of Florida transactions were EPCS, and that 1.57% of prescribers and 68.4% of pharmacies were enabled for EPCS in Florida. Surescripts metrics on EPCS in Florida may be viewed at http://fhin.net/eprescribing/dashboard/index.shtml. More information about engaging in EPCS is available on the Surescripts website at: http://surescripts.com/docs/default-source/products-and-services/surescripts_e-prescribing_controlled_substances.pdf.

2.5. Pharmacy e-Health Information Technology Collaborative

In September 2010, nine national pharmacy organizations launched the Pharmacy Health Information Technology Collaborative (Collaborative). The Collaborative works toward the greater participation of pharmacists in health information exchange (HIE) and addresses opportunities for pharmacists to access and contribute to the patient specific information in electronic health records (EHRs). A key objective of the collaborative is to identify the minimum data set and functional EHR requirements for the delivery, documentation, and billing of pharmacist-provided medication management services. Such requirements include access to key medical information such as laboratory data and bi-directional communication flow among all practitioners.

During 2014 the Collaborative submitted comments to the Office of the National Coordinator for Health Information Technology (ONC) in response to the proposed rule, *Voluntary 2015 Edition Electronic Health Record (EHR) Certification Criteria; Interoperability Updates and Regulatory Improvements,* posted February 26, 2014 in the Federal Register. The Collaborative and its member organizations are supportive of continued certification criteria and standards for HIT and EHR in achieving a positive effect on non-eligible pharmacist health care providers.

In April 2015, the collaborative submitted comments to ONC in response to the proposed *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0*. The Collaborative expressed appreciation to ONC for recognizing pharmacists and their roles in various sections of the roadmap and was supportive of the proposed roadmap as well as ONC's role in establishing governance policy and standards that enable nationwide interoperability.

The collaborative published, "*The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care: 2014 to 2017 Update*" (roadmap) in 2015. The roadmap includes goals and objectives to be prioritized by stakeholders. Goals include integrating clinical data with e-prescribing information, including pharmacy services in HIE, developing infrastructure that supports the pharmacists' role as health care providers and includes a section on ONC's 10-year vision to achieve interoperability.[13]

[12] Article Health Data Management, "E-Prescribing of Controlled Substances Legal Nationwide", E-Prescribing of Controlled Substances Legal Nationwide,August 29, 2015

[13] Pharmacy Health Information Technology Collaborative, The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care: 2014 to 2017", http://www.pharmacyhit.org/pdfs/RoadmapUpdate_2015.pdf

2.6. Electronic Prescribing Standards and Certification Bodies

The federal Medicare Prescription Drug, Improvement, and Modernization Act (MMA) included a provision for the adoption and testing of specific technical standards for the data exchange transaction that Part D plans would use for electronic prescribing (e-prescribing). In 2009, the National Committee on Vital and Health Statistics recommended that the Centers for Medicare and Medicaid Services (CMS) support the National Council for Prescription Drug Programs (NCPDP) SCRIPT 10.6 standard in its Medicare Part D e-prescribing initiative.[14] [15]

The EHR certification final rule, issued October 16, 2015, by the Office of the National Coordinator for Health Information Technology establishing standards, implementation specifications, and certification criteria for EHRs and requires use of National Council for Prescription Drug Programs (NCPDP) SCRIPT version 10.6 as the only content exchange standard for e-prescribing in the ambulatory and inpatient settings. The rule requires the capacity to use RxNorm, the vocabulary standard, specifically RxNorm concept unique identifiers (RXCUIs).[16]

2.7. Outreach to Pharmacies

During 2014, the Agency transitioned to a new Direct Messaging service provider that is nationally accredited, enabling the service to connect for the exchange of messages among providers using other nationally accredited vendors. After the transition was completed in August 2014, the Agency developed outreach materials for health care providers and provider associations. The Agency continues to assist pharmacists and other providers interested in using Direct Messaging with information on costs and how to register for the service. Materials are posted on the Florida HIE website at: https://www.florida-hie.net/.

2.8. Health Information Exchange Coordinating Committee

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

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

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

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

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

In 2010, the Advisory Council added measurable objectives to its goals for health information exchange (HIE) to facilitate integration of e-prescribing within HIE initiatives. The 2015 goal was to increase the number of licensed professionals e-prescribing to 70% statewide. As of the end of September 2015, 70% of licensed medical doctors and osteopathic physicians in Florida were e-prescribers. The HIECC and Advisory Council continue to monitor progress in e-prescribing adoption and the Agency's strategies to promote e-prescribing. The HIECC held four meetings in 2015.

2.9. Action Steps

In 2016, the Health Information Exchange Coordinating Committee (HIECC) and the Agency for Health Care Administration (Agency) will address the following action steps to further accelerate the adoption of electronic prescribing (e-prescribing) in Florida:

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

2) Promote e-prescribing adoption as an integral part of the education and outreach efforts for the adoption of electronic health records conducted under the Health Information Technology for Economic and Clinical Health Act (HITECH) programs. These efforts will be coordinated through the leadership of the HIECC.

3) Engage the participation of state professional pharmacy associations and other stakeholders in promoting the e-prescribing of controlled substances consistent with applicable law.

4) Support emerging national standards for "fully informed" e-prescribing that require health plans and vendors to electronically transmit medication history, formulary and benefit information to e-prescribers and pharmacies.

5) Identify and promote opportunities for the participation of pharmacists in health information exchange (HIE) and work with pharmacists to identify HIE opportunities.

6) Continue to disseminate information on e-prescribing to the general public. The Agency will include e-prescribing information for consumers on the website, FloridaHealthFinder.gov.

7) Increase the number of licensed professionals who are e-prescribing to 75% statewide.

Florida

2015 Electronic Prescribing Report

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