Florida Electronic Prescribing
Annual Report for 2016

FLORIDA CENTER FOR HEALTH INFORMATION AND TRANSPARENCY

AGENCY FOR HEALTH CARE ADMINISTRATION

JANUARY 2017

Acknowledgements

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

Surescripts

Change Healthcare (Formerly Emdeon eRx Network)

Magellan

Florida Medicaid Pharmacy Services

Florida Medicaid Fiscal Agent Operations

Executive Summary

Introduction

The 2016 Florida Electronic Prescribing Report is submitted to meet the Agency for Health Care Administration's (Agency) requirement in Section 408.0611, Florida Statutes, to annually report on the status of e-prescribing in Florida to the Governor and the Legislature. 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 2017 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 electronic health records and other e-prescribing systems enables the practitioner to be aware of other medications ordered and to improve coordination of patient care with other treating physicians. The adoption of e-prescribing continues to increase in Florida as the benefits and cost-savings for all participants, including physicians, pharmacies, and patients, have become more evident.

Electronic Prescribing Highlights in 2016

The U.S. Centers for Medicare and Medicaid Services (CMS) and the Agency continued administering Medicaid incentive payments during 2016 for the "meaningful use" of certified electronic health records (EHR), 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 Modified Stage 2 meaningful use, effective December 15, 2015, require eligible professionals to e-prescribe at least 50% of prescriptions. The final Stage 3 meaningful use rule raises the e-prescribing rate for eligible professionals to more than 60% of prescriptions (unless excluded). The Stage 3 rule also requires eligible hospitals to query a drug formulary, transmit more than 25% of discharge prescriptions electronically, and removes unchanged refill prescriptions from the requirement. Controlled substance prescriptions can be removed from the denominator for both eligible professionals and eligible hospitals.

To support greater adoption of e-prescribing, the Agency conducted outreach to pharmacies and other providers during 2016 regarding the Florida Health Information Exchange Direct Messaging Service (DMS). DMS is a web-based, DirectTrust Accredited, Secure, HIPAA compliant email service which can be accessed from any device with an internet connection, or integrated into EHR systems. Pharmacies can utilize Direct Messaging to securely communicate patient health information with physicians and other providers. 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 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 and educating providers about the requirements and benefits around e-prescribing. The Agency's Health Information Exchange outreach team hosted a health IT summit in Miami, Health IT boot camp sessions in Ocala and Gainesville, provider workshops in Orlando, Tampa and Jacksonville as well as multiple webinars throughout 2016 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, 2016 was 69%, which represents an increase of 11% over the same date in 2015. Forecasts had estimated that as many as 73% of all prescriptions would be electronically transmitted by the third quarter of 2016, and while that rate was not reached, the inclusion of electronic prescribing as a requirement of meaningful use is expected to stimulate higher rates 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 2016 was 74% and is on track to reach a forecast of 75% by year end. This figure demonstrates an increase of 7% from the third quarter of 2015.

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 295,040 per month through the first three quarters of 2016.

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 provide 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 (RHIO), 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 (EHR). The report provides 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 of 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 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 (PBM), 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 Change Healthcare,

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[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.

formerly Emdeon eRx Network, performing more than eight billion health information exchanges per year.[3] Both Surescripts and Change Healthcare Networks 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 Change Healthcare (www.changehealthcare.com) websites.

1.2.   Electronic Prescribing Highlights in 2016

The Agency continued to administer *Medicaid* incentive payments for the adoption of EHRs and for those providers achieving meaningful use of EHRs under the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. In 2016, the Centers for Medicare and Medicaid Services (CMS) continued making *Medicare* incentive payments for the "meaningful use" of certified EHRs. 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 statistics on e-prescribing rates to assist stakeholders in measuring progress. In 2015, CMS began payment adjustments to Medicare providers who did not achieve meaningful use.

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 developed and publishes 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 Change Healthcare 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

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[3] Change Healthcare Press Release, "Emdeon to Rebrand As Change Healthcare", Sept. 3,2015, http://changehealthcare.mediaroom.com/news-releases?item=202

increased since 2007 from 1.6% up to 69% at the end of the third quarter of 2016, as shown in the table below.

Table 1: Florida Quarterly E-Prescribing Metrics

Indicator	Previous Year Comparison 2015/Q4	2016/Q1	2016/Q2	2016/Q3
Month End of Qtr. E-Prescriptions	7,875,567	8,976,297	8,138,348	8,164,468
Month End of Qtr. E-Prescribers	38,400	39,500	40,000	41,200
Clear Active Licensed Prescribing MDs and DOs Residing in FL Counties[4]	54,516	54,077	54,770	55,332
Clear Active Licensed Prescribing Professionals Residing in FL Counties[5]	93,830	93,372	94,635	96,096
Increase in E-Prescriptions Compared to Prior Quarter:	9%	14%	-9%	0.3%
Month End of Quarter E-Prescribing Rate[6]:	66.7%	73%	67%	67%
Month End of Quarter E-Prescriptions per E-Prescriber:	205	227	203	198
Increase in E-Prescribers Compared to Prior Quarter:	2.1%	2.9%	1.3%	3%
Percent of Licensed Prescribing Professionals Who E-Prescribed:	41%	42%	42%	43%

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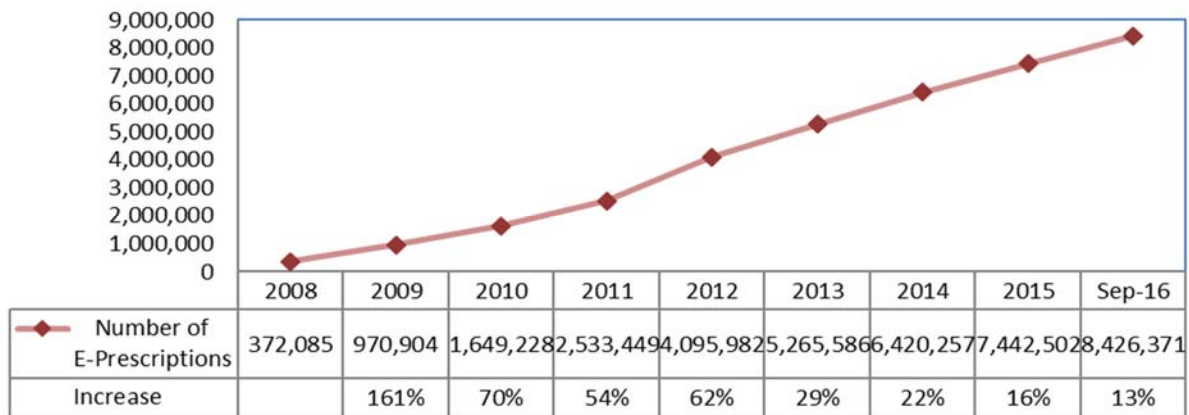
[5] Counts include all clear active licensed DN, MD, PA, ARNP, PO, and OS licensed professionals as obtained from the DOH's licensure database.

[6] Based on est. 141,727,236 denominator/12 months for 2015 and 145,837,326 denominator/12 months for 2016

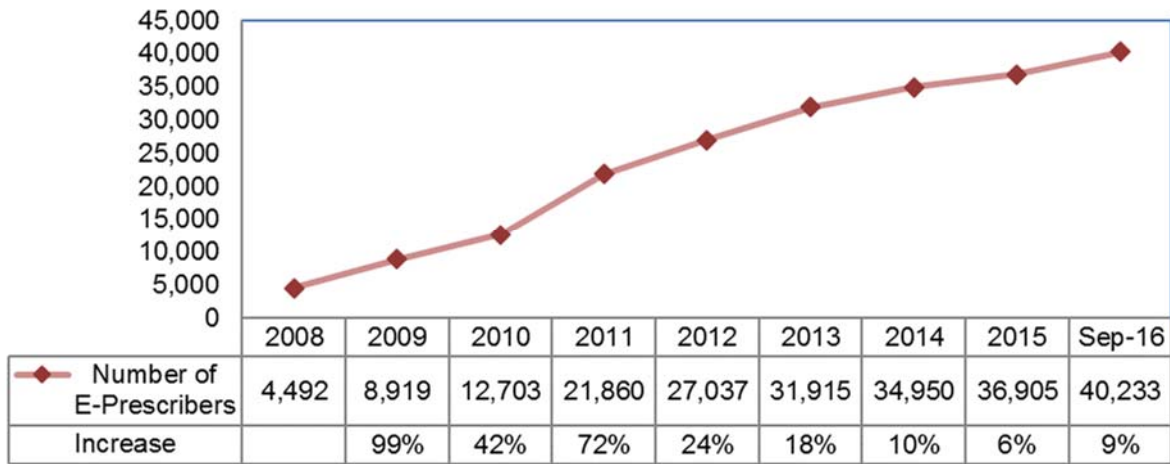| Indicator	Previous Year Comparison 2015/Q4	2016/Q1	2016/Q2	2016/Q3
Percent of Licensed Prescribing MDs and DOs Who E-Prescribed:	70%	73%	73%	74%

The average number of e-prescriptions per month continually increased from 2008 through the first nine months of 2016, the most recent time period for which data is available, as shown in Figure 1 below. If this trend continues at a consistent rate, forecasts through the end of 2016 project that more than 8.5 million e-prescriptions will be processed in Florida each month, which would be a 14% increase from 2015

Figure 1. Average Number of Electronic Prescriptions Per Month in 2008 to 2016 and Annual Increase

	2008	2009	2010	2011	2012	2013	2014	2015	Sep-16
Number of E-Prescriptions	372,085	970,904	1,649,228	2,533,449	4,095,982	5,265,586	6,420,257	7,442,502	8,426,371
Increase		161%	70%	54%	62%	29%	22%	16%	13%

The number of e-prescribers increased from 4,492 in December 2008 to at least 41,200 in September 2016 as shown in Figure 2 below. If this trend continues, the number of e-prescribers in Florida is projected to be over 41,700 by the end of 2016, which would be a 13% increase from 2015.

Figure 2. Average Number of Electronic Prescribers per Month in 2008 to 2016 and Annual Increase

	2008	2009	2010	2011	2012	2013	2014	2015	Sep-16
Number of E-Prescribers	4,492	8,919	12,703	21,860	27,037	31,915	34,950	36,905	40,233
Increase		99%	42%	72%	24%	18%	10%	6%	9%

At an estimated annual monthly average of 8.4 million prescriptions per month, Florida's annual e-prescribing rate through September 2016 is 69%. Figure 3 below shows the increasing trend in the e-prescribing rate since 2007.

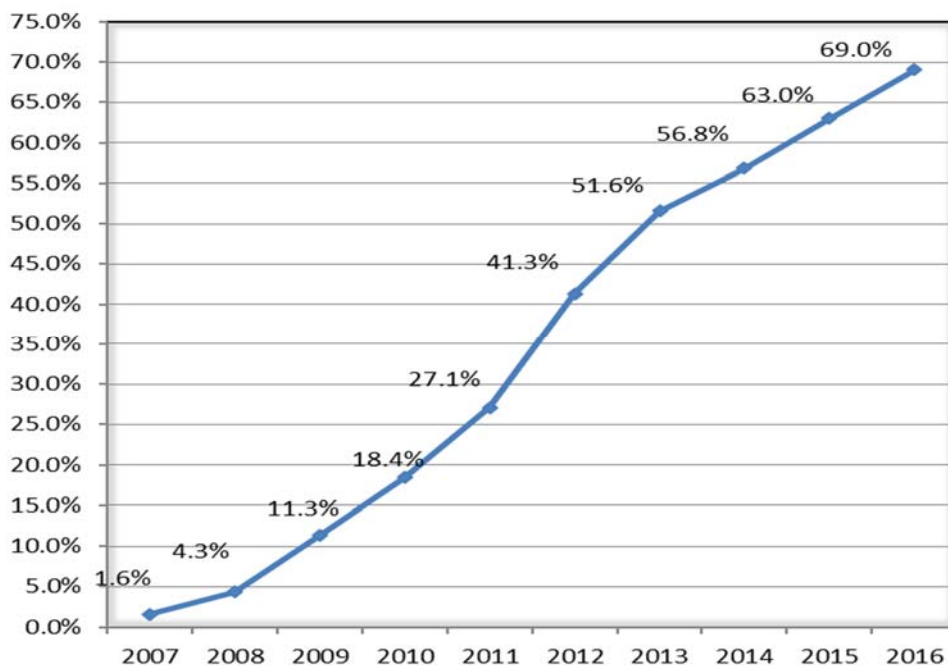**Figure 3. Estimated Average Annual Electronic Prescribing Rate, 2007 to 2016**

Figure 4 on the following page presents Florida's e-prescribing transactions and rates during months at the end of quarters in 2016, as reported by Surescripts and Change Healthcare (formerly Emdeon eRx Network). A total of 8,164,468 e-prescriptions were written during

quarter ending September 2016, representing an 13% increase over the 7,238,581 e-prescriptions written in September 2015 quarter. The totals include the number of new e-prescriptions and refill e-prescriptions.

Figure 4. Number of Electronic Prescribers and New and Refill Electronic Prescriptions in Florida, End of Quarters 2016
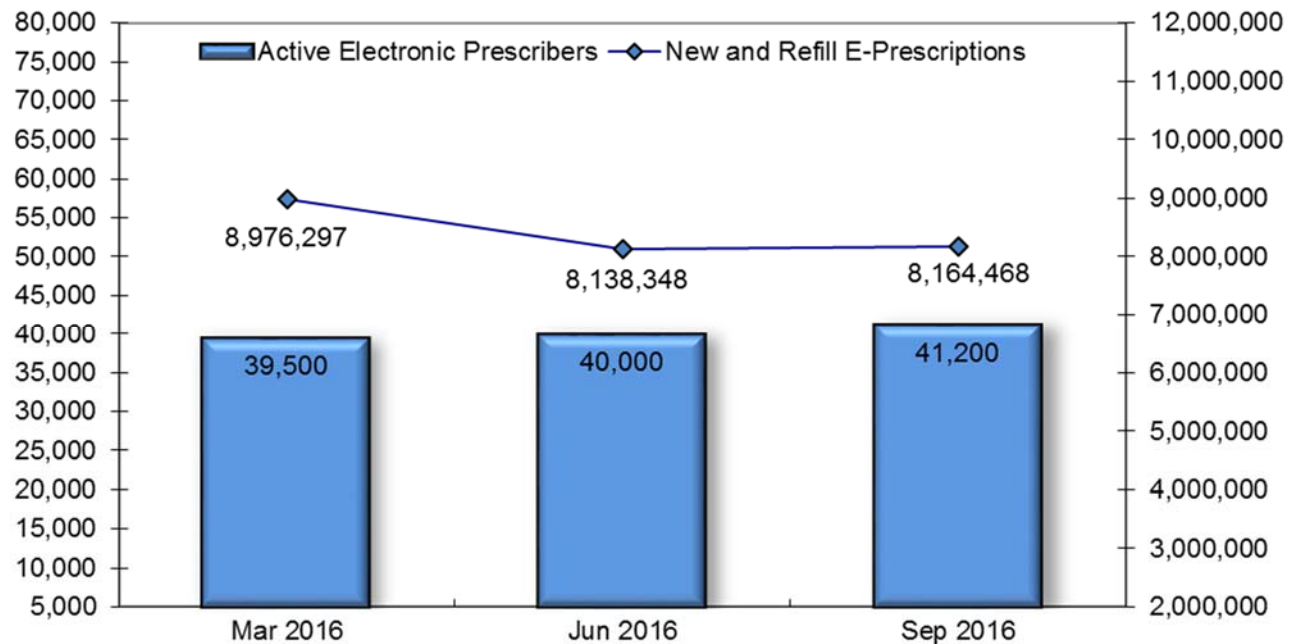

Figure 5 below shows a comparison of the number of new e-prescriptions and refill e-prescriptions and the percent of new e-prescriptions at the end of quarters in 2016.

Figure 5. Comparison of E-Prescribing Activity by New and Refills, End of Quarters in 2016
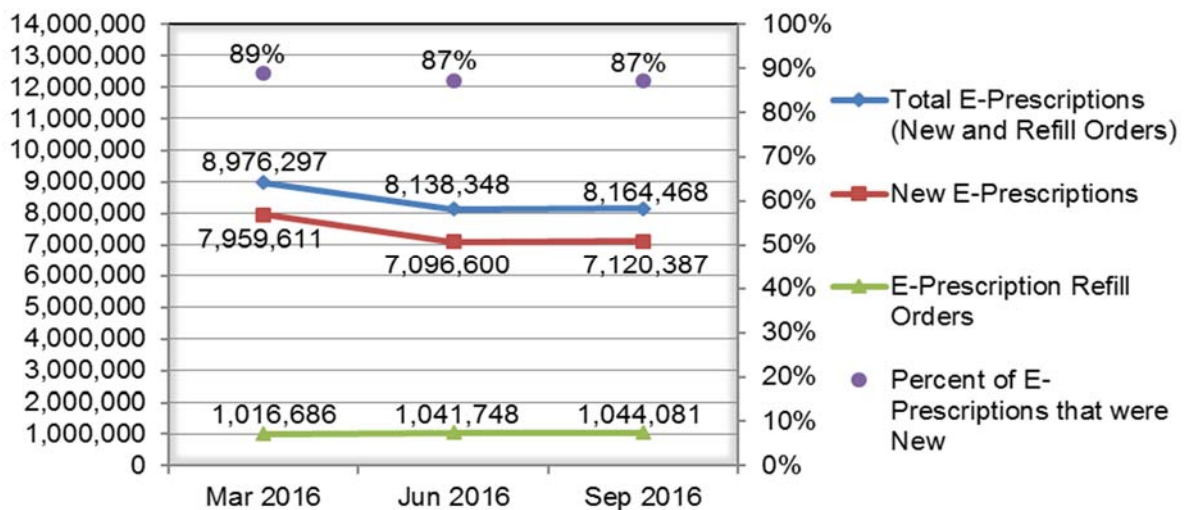
Figure 6 below page shows the number of Medicaid electronic prescribing eligibility transactions, records found, unique number of patients and unique prescribers for October 2015 to September 2016. In 2016, a monthly average of 28,652 Medicaid prescribers issued a monthly average of 295,797 e-prescription eligibility transactions that returned a monthly average of 287,206 records for a monthly average of 126,457 patients.

Figure 6. Florida Medicaid Electronic Prescribing Eligibility Transactions, Records Found, Patients and Prescribers, October 2015 to September 2016
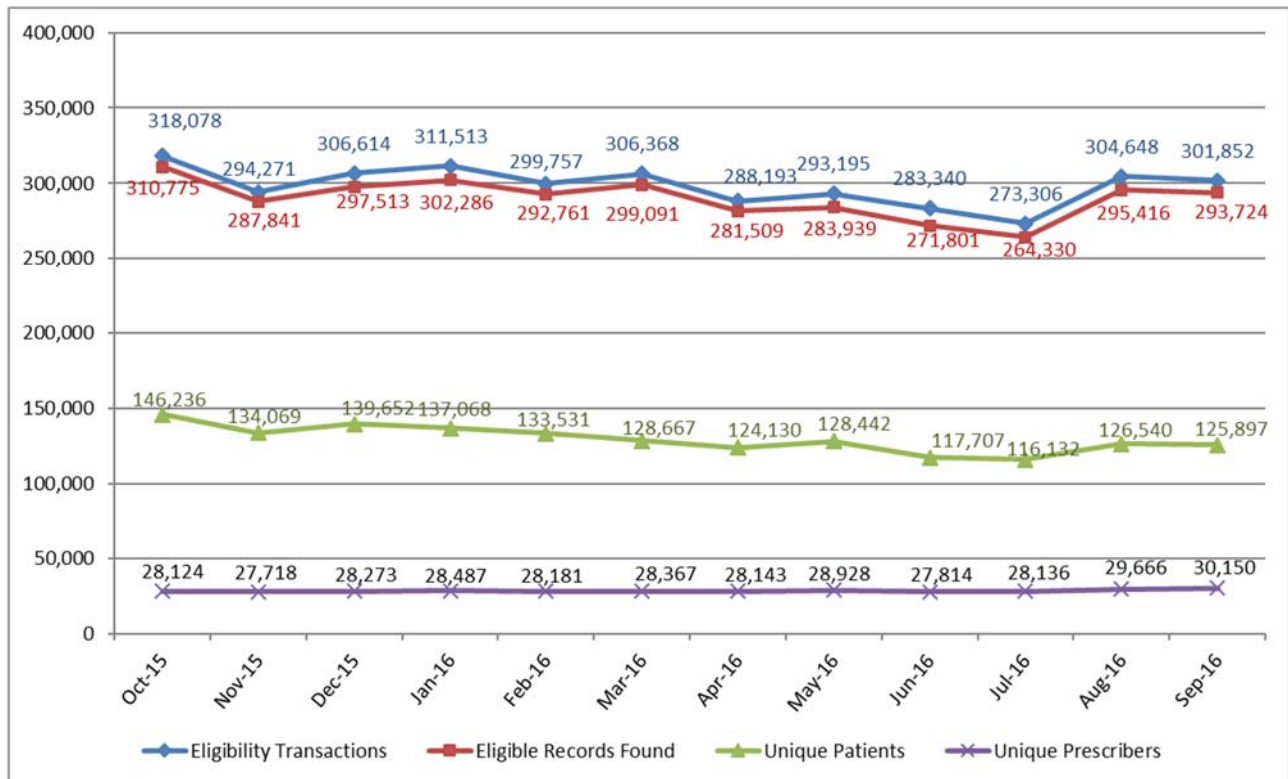
Section 2.   Electronic Prescribing Adoption Activities

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. In September 2011, the Agency launched the Florida Medicaid Electronic Health Record Incentive Program. Eligible professionals and hospitals may register and apply for incentives associated with the adoption, implementation, or upgrade of a certified EHR system. 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 October 20, 2016, a total of 12,638 Medicaid incentive payments totaling over $209 million had been distributed to eligible professionals.

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.[7]

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.

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[7] 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 60% for eligible professionals to receive an incentive payment for program years 2018 to 2021. 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.[8,9]

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

- Eligible professionals and eligible hospitals must use CPOE for medication, laboratory, and radiology orders directly entered by any licensed health care professional that can enter orders into the medical record per state, local, and professional guidelines for more than 60% of medication orders, more than 30% of laboratory orders, and more than 30% of radiology orders in Modified Stage 2. The thresholds for laboratory and diagnostic imaging are increased in Stage 3 to more than 60% of lab orders, and 60% of diagnostic imaging orders;

- Eligible professionals and eligible hospitals must enable and implement the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period;

- Eligible professionals and eligible hospitals must provide a summary of care record electronically for more than 10% of transitions of care or referrals in in Modified Stage 2. Stage 3 Health Information Exchange Objective requires eligible professionals and hospitals to attest to three measures and meet at least two of the three. Measure 1 requires a summary of care be electronically exchanged for more than 50% of their transitions of care. Measure 2 requires the eligible professional or hospital to receive or retrieve a summary of care and incorporate it into their EHR for more than 40% of transitions or referrals received and new patient encounters. Measure 3 requires the eligible professional or hospital to perform a clinical information reconciliation which includes medication reconciliation for more than 80% of 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 Modified Stage 2 and Stage 3 changes the measure into a

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[8] 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.

[9] 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.

clinical information reconciliation performed for more than 80% of transitions or referrals received and new patient encounters);

- 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);

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

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.[10]

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.[11] Penalties continued through 2014 and meaningful use payment adjustments began thereafter on January 1, 2015. The meaningful use adjustment for reporting year 2016 will be -3%. By 2019, meaningful use adjustments can reach as high as a 5% reduction in physician fee schedule payments.[12]

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

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

[12] 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.

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 e-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.

On October 19, 2011, the DEA issued clarification on the interim final rule emphasizing that third-party audits of EPCS software application must encompass all regulation requirements including security and process integrity. The DEA also announced the first DEA approved certification process for EPCS and the posting of DEA approved certifying organizations on the DEA's website.[13]

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 Florida as allowing EPCS of Schedule II drugs.

On March 27, 2016, New York became the first state in the U.S. to mandate e-prescribing of both controlled and non-controlled substances through their Internet System for Tracking Over Prescribing (I-STOP) and the first state to impose financial penalties as well as jail time for non-compliance. [14]

In 2016 Surescripts published their 2015 National Progress Report at http://surescripts.com/news-center/national-progress-report-2015/. Surescripts reported 1.15% of Florida transactions were EPCS, 1.7% of Florida prescribers were enabled for EPCS, and 73.87% 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

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

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

greater participation of pharmacists in health information exchange (HIE) and addresses opportunities for pharmacists to access and contribute to the patient specific information in EHRs. A key objective of the collaborative is to identify the minimum data set and functional EHR requirements for the delivery, documentation, and billing of pharmacist-provided medication management services. Such requirements include access to key medical information such as laboratory data and bi-directional communication flow among all practitioners.

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.[15]

In 2016, the Collaborative submitted five comment letters to ONC on the following proposed rules; "Proposed Final 2017 Interoperability Standards Advisory"[16], "Request for Information regarding assessing Interoperability for Medicare Access and CHIP Reauthorization Act of 2015 (MACRA),"[17] "ONC Health IT Certification Program: Enhanced Oversight and Accountability rule,"[18] the "Proposed Final 2016 Interoperability Standards Advisory,"[19] and the

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[15] 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

[16] Pharmacy Health Information Technology Collaborative comments, "Proposed Final 2017 Interoperability Standards Advisory", http://www.pharmacyhit.org/pdfs/PHIT_Letter_2017_ISA_Public_Comments_10-24-16v2.pdf

[17] Pharmacy Health Information Technology Collaborative comments, "RFI for Assessing Interoperability for MACRA", http://www.pharmacyhit.org/pdfs/collaborative-outreach/FINAL_PHIT_Collaborative_RFI_Interoperability_MACRA_6-3-16.pdf

[18] Pharmacy Health Information Technology Collaborative comments, "ONC Health IT Certification Program: Enhanced Oversight and Accountability rule", http://www.pharmacyhit.org/pdfs/collaborative-outreach/FINAL_Letter_PHIT_Collaborative-ONC_Oversight_4-29-16v2.pdf

"Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs."[20] Common positions and comments called for recognizing pharmacists as health care providers, including pharmacists as eligible providers to receive incentives, making patient summary of care documents accessible to pharmacists, and expressions of support for the universal use of interoperability and code set standards, certified Electronic Health Record (EHR) technology and EHR incentive measures. Comments may be viewed via links in the below footnotes.

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 CMS support the National Council for Prescription Drug Programs (NCPDP) SCRIPT 10.6 standard in its Medicare Part D e-prescribing initiative.[21] [22]

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 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).[23]

In March 2016 the NCPDP was awarded a 5 year "Standards Development Organization Collaboration to Enhance Standards Alignment, Testing, and Measurement Project" grant from

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[19] Pharmacy Health Information Technology Collaborative comments, "Proposed Final 2016 Interoperability Standards Advisory", http://www.pharmacyhit.org/pdfs/collaborative-outreach/FINAL_PHIT_Collab2016-Interoperability-Standards-Advisory-LetterandTables_v1.pdf

[20] Pharmacy Health Information Technology Collaborative comments, "Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs" http://www.pharmacyhit.org/pdfs/collaborative-outreach/CMS_ONC_RFI_CQM_2-1-16_FINAL.pdf

[21] 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

[22] 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

[23] 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

ONC to test and measure the industry's use of standards and to facilitate interoperability and workflow efficiency.

In October 2016, the NCPDP updated several standards and implementation guides. The SCRIPT Standard Implementation Guide was updated and approved in July 2016. A standards matrix showing the status of guide updates may be viewed at http://www.ncpdp.org/NCPDP/media/pdf/StandardsMatrix.pdf and NCPDP standards and descriptions may be viewed at http://www.ncpdp.org/Standards-Development/Standards-Information.

2.7.   Outreach to Pharmacies

The Agency continues to assist pharmacists and other providers interested in using services offered through the Florida HIE. Outreach efforts to pharmacists typically focus on the Florida HIE's Direct Messaging Service. This nationally accredited service allows for the secure exchange of messages with providers using other nationally accredited vendors. Information on the benefits, registration, and costs of using Florida HIE services are made available to pharmacists on monthly webinars, periodic workshops, and on a website at www.florida-hie.net.

2.8.   Health Information Exchange Coordinating Committee

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

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

In 2010, the Advisory Council added measurable objectives to its goals for health information exchange (HIE) to facilitate integration of e-prescribing within HIE initiatives. The 2016 goal was to increase the number of licensed professionals e-prescribing to 75% statewide. As of the end of

September 2016, 74% 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 three meetings in 2016.

2.9.   Action Steps

In 2017, the HIECC and the Agency will address the following action steps to further accelerate the adoption of 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.

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Florida Electronic Prescribing

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