Florida Electronic Prescribing

Annual Report for 2017

FLORIDA CENTER FOR HEALTH INFORMATION AND TRANSPARENCY

AGENCY FOR HEALTH CARE ADMINISTRATION

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Executive Summary

Introduction

The 2017 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 2018 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 2017

The U.S. Centers for Medicare and Medicaid Services (CMS) and the Agency continued administering Medicaid incentive payments during 2017 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 that 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 percent of prescriptions. The final Stage 3 meaningful use rule raised the e-prescribing rate for eligible professionals to more than 60 percent of prescriptions (unless excluded). The Stage 3 rule also requires eligible hospitals to query a drug formulary, transmit more than 25 percent of discharge prescriptions electronically, and removes unchanged refill prescriptions from the drug formulary query requirement. As of September 22, 2017, the Florida Medicaid EHR Incentive Program made 15,266 incentive payments totaling over $552 million to qualifying eligible professionals and hospitals.

To support greater adoption of e-prescribing, the Agency conducted outreach to pharmacies and other providers during 2017 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. The outreach team has also been providing focused information on the availability of e-prescribing of controlled substances. 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's Health Information Exchange outreach team participated in numerous events throughout Florida 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 the third quarter of 2017 was 74.2 percent, which represents an increase of 4.9 percent over the 69.3 percent rate at the end of the third quarter of 2016. Forecasts estimated that as many as 75 percent of all prescriptions would be electronically transmitted in 2017 and, by all indications, Florida is on track to achieve this benchmark.

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

2017 was 82 percent which represents an 8 percent increase over the e-prescriber rate in the third quarter of 2016.

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 376,682 per month through the first three quarters of 2017.

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 annual e-prescribing 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.

Table of Contents

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: http://fhin.net/eprescribing/dashboard/index.shtml

This Florida Electronic Prescribing Annual Report provides a general assessment of the status of e-prescribing in Florida in 2017. It presents highlights related to e-prescribing including 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 the third quarter of 2017, based on data provided by national e-prescribing networks and Florida Medicaid. It concludes with a review of Agency strategies to promote e-prescribing in 2018.

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 at https://www.uspharmacist.com/article/pros-and-cons-of-e-prescribing-in-community-pharmacies-42392* 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; and
- 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 percent of all pharmacies in the United States certified to participate in the network. Another pharmacy network is Change Healthcare, formerly Emdeon eRx Network, performing more than eight billion health information exchanges per year.[3]

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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.

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

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 2017

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. The HITECH Act also established meaningful use rules that include e-prescribing in the core set of required measures for eligible professionals to qualify for incentive payments. The Medicare EHR Incentive Program for returning eligible professionals (EPs) ended with the 2016 reporting period. Starting in 2017, Medicare eligible clinicians will report to the Quality Payment Program**.** The U.S. Centers for Medicare and Medicaid Services (CMS) and the Agency for Health Care Administration continued administering the Medicaid Electronic Health Records Incentive Program. The last year to enter into the Medicaid incentive program was 2016. As of September 22, 2017, the Florida Medicaid EHR Incentive Program made 15,266 incentive payments totaling over $552 million to qualifying eligible professionals and hospitals.

Surescripts supported e-prescribing in a number of ways, including efforts to promote the e-prescribing of controlled substances, providing a temporary emergency medication history service to pharmacies in states affected by Hurricane Irma, and providing national statistics on e-prescribing rates to assist stakeholders in measuring progress.

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

1.3. Electronic Prescribing Metrics and Trends

The Agency 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. In an effort to reflect a more accurate trend, the September 2017 e-scripts count from Surescripts was replaced with their August count due to the negative impact on the ability to transmit caused by Hurricane Irma. 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 average e-prescribing rate has steadily increased since 2007 from 1.6 percent up to 74.2 percent in the third quarter of 2017 as shown in Table 1 below.

Table 1: Florida Quarterly E-Prescribing Metrics

Florida Quarterly E-Prescribing Metrics	Previous Year Comparison 2016Q4	2017Q1	2017Q2	2017Q3
End of Qtr. E-Prescriptions	8,742,372	9,397,461	9,143,050	9,610,479
End of Qtr. E-Prescribers	42,500	43,900	44,900	46,300
Clear Active Licensed Prescribing Professionals Residing in FL Counties*	97,319	96,299	98,427	100,040
Clear Active Licensed Prescribing MDs and DOs Residing in FL Counties**	55,646	55,085	55,733	56,334
Increase in E-Prescriptions Compared to Prior Quarter:	7%	7.5%	-2.7%	5.1%
End of Quarter E-Prescribing Rate[4]:	72%	74.4%	72.3%	76%
Average Monthly E-Prescriptions per E-Prescriber:	206	214	204	208
Increase in E-Prescribers Compared to Prior Quarter:	3.2%	3.3%	2.3%	3.1%
Percent of Licensed Prescribing Professionals Who E-Prescribed:	44%	46%	46%	46%
Percent of Licensed Prescribing MDs and DOs Who E-Prescribed:	76%	80%	81%	82%

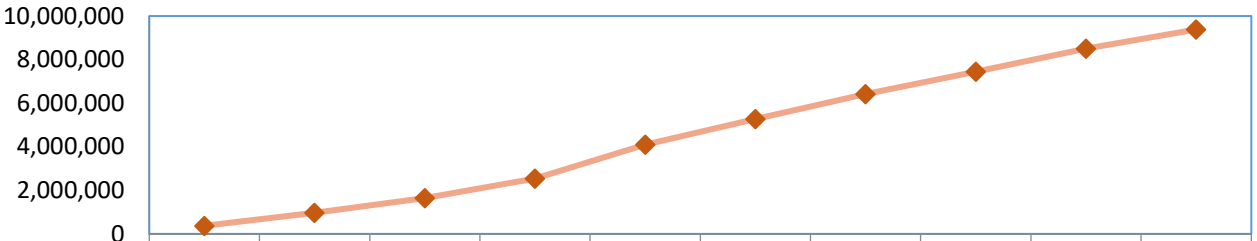
* Counts include all clear active licensed DN, MD, PA, ARNP, PO, and OS licensed professionals as obtained from the DOH's licensure database.

[4] Based on est. 145,837,326 denominator/12 months for 2016 and 151,670,820 denominator/12 months for 2017

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

The average number of e-prescriptions per month continually increased from 2008 through the first nine months of 2017, 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 2017 project that more than 9.6 million e-prescriptions will be processed in Florida each month.

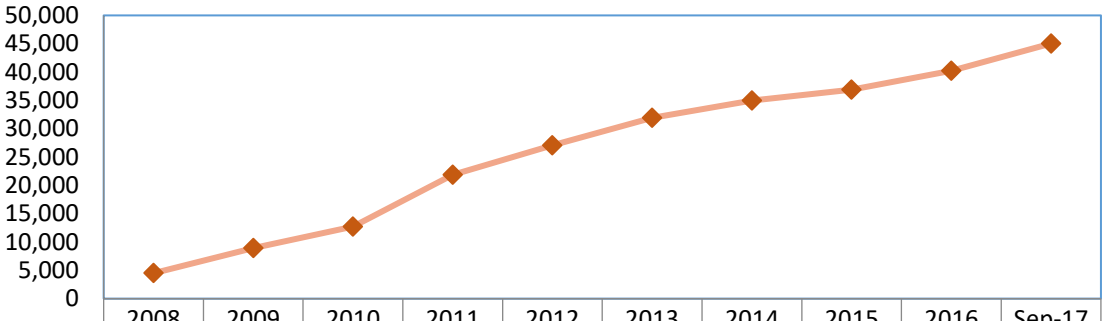
Figure 1. Average Number of Electronic Prescriptions Per Month in 2008 - 2017 and Annual Increase



	2008	2009	2010	2011	2012	2013	2014	2015	2016	Sep-17
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	8,505,371	9,383,663
Increase		161%	70%	54%	62%	29%	22%	16%	14%	10%

The average number of e-prescribers increased from 4,492 in 2008 to at least 45,033 as of September 2017 as shown in Figure 2 below. If this trend continues, the number of e-prescribers in Florida is projected to be over 47,000 by the end of 2017.

Figure 2. Average Number of Electronic Prescribers per Month in 2008 - 2017 and Annual Increase



	2008	2009	2010	2011	2012	2013	2014	2015	2016	Sep-17
Number of E-Prescribers	4,492	8,919	12,703	21,860	27,037	31,915	34,950	36,905	40,233	45,033
Increase		99%	42%	72%	24%	18%	10%	6%	9%	12%

At an estimated annual monthly average of 12.6 million prescriptions per month, Florida's annual e-prescribing rate through September 2017 is 74.2 percent. Figure 3 below shows the increasing trend in the e-prescribing rate since 2007.

Figure 3. Estimated Average Annual Electronic Prescribing Rate, 2007 - 2017

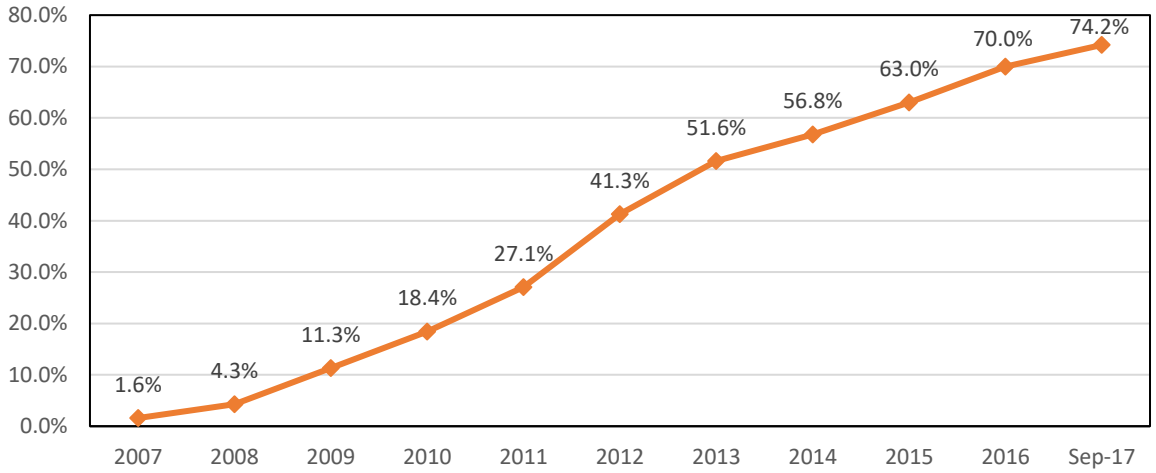


Figure 4 presents Florida's e-prescribing transactions and active e-prescribers at the end of quarters in 2017, as reported by Surescripts and Change Healthcare. A total of 9,610,479 e-prescriptions were written at the end of the third quarter of 2017, representing an 18 percent increase over the 8,164,468 e-prescriptions written in September 2016. 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 2017

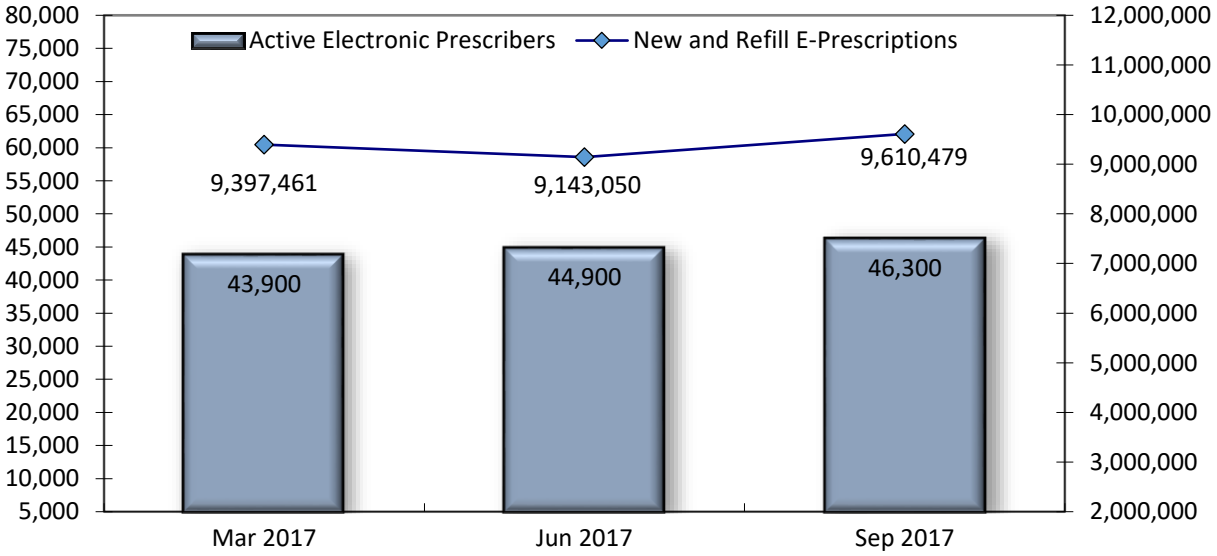


Figure 5 below shows a comparison of the number of new e-prescriptions and refill e-prescriptions and the percent of new e-prescriptions at the end of quarters in 2017.

Figure 5. Comparison of E-Prescribing Activity by New and Refills, End of Quarters in 2016

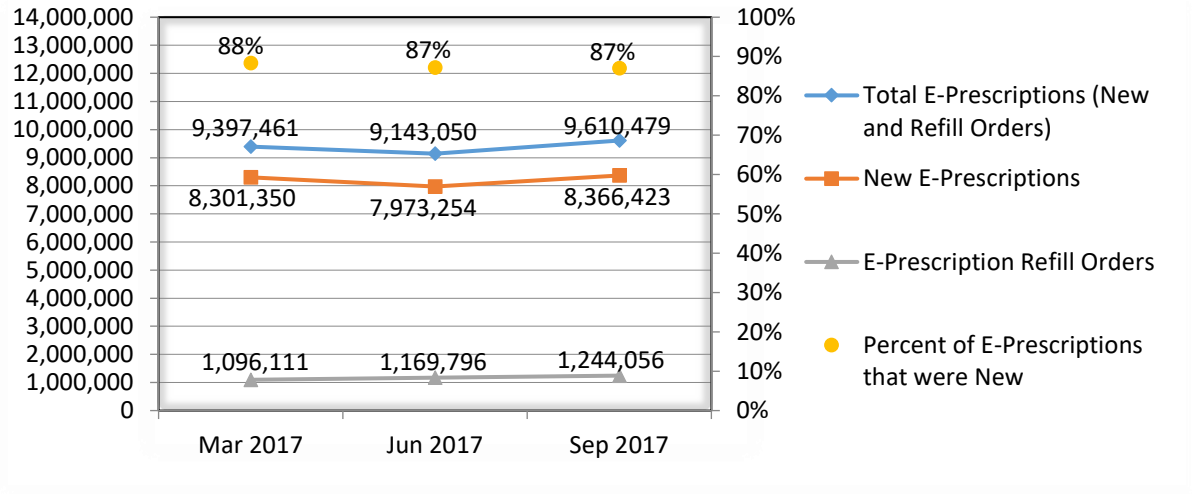
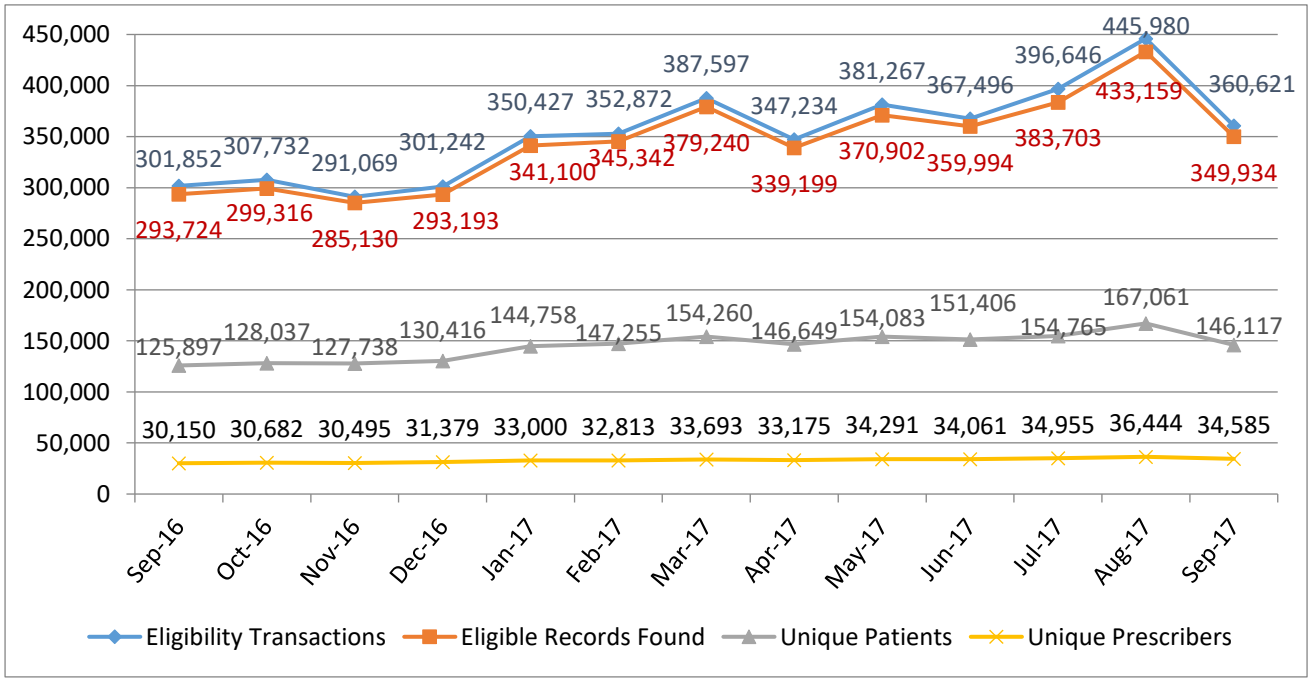


Figure 6 below shows the number of Medicaid electronic prescribing eligibility transactions, records found, unique number of patients and unique prescribers from September 2016 to September 2017. The September 2017 decline in metrics shown below is due to Hurricane Irma. In 2017, a monthly average of 34,113 Medicaid prescribers issued a monthly average of 376,682 e-prescription eligibility transactions that returned a monthly average of 366,953 records for a monthly average of 151,817 patients.

Figure 6. Florida Medicaid Electronic Prescribing Eligibility Transactions, Records Found, Patients and Prescribers, September 2016 to September 2017



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

Background

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. The U.S. Centers for Medicare and Medicaid Services (CMS) and the Agency administer the Medicare and Medicaid EHR Incentive Programs.

In September 2011, the Agency launched the Florida Medicaid EHR Incentive Program. Eligible professionals and hospitals may register and apply for incentives associated with adopting, implementing, or upgrading to a certified EHR system, and the subsequent use of that system to meaningfully report on program reporting requirements. 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 Technology (CEHRT), including meeting the e-prescribing requirements of the program. As of September 22, 2017, the Florida Medicaid EHR Incentive Program made 15,266 incentive payments totaling over $552 million to qualifying eligible professionals and hospitals.

Electronic Prescribing Objective for Meaningful Use Reporting

Part of the meaningful use rules include electronic prescribing (e-prescribing) as a core measure required for eligible professionals to qualify for incentive payments. The CMS guidelines for Modified Stage 2 Meaningful Use, effective December 15, 2015, require eligible professionals to e-prescribe more than 50 percent of prescriptions (unless excluded). The final Stage 3 Meaningful Use

Final Rule raises the e-prescribing rate for eligible professionals to more than 60 percent of prescriptions (unless excluded). The Stage 3 Final Rule also requires eligible hospitals to query a drug formulary, transmit more than 25 percent 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.

In the 2010 CMS Final Rule, CMS defined 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.[5]

Eligible professionals were required to achieve an e-prescribing rate of more than 40 percent 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.

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 more than 40 percent to more than 50 percent. Stage 3 raises the requirement to more than 60 percent 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 more than 10 percent and increasing to more than 25 percent for Stage 3.[6,7]

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 percent of medication orders, more than 30 percent of laboratory orders, and more than 30 percent of radiology orders in Modified Stage 2. The thresholds for laboratory and diagnostic imaging are

[5] 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

[6] 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.

[7] 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.

increased in Stage 3 to more than 60 percent of lab orders, and more than 60 percent 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 percent 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 percent of their transitions of care. Measure 2 requires the eligible professional or hospital to receive or retrieve a summary of care and incorporate it into their EHR for more than 40 percent of transitions or referrals received and new patient encounters. Measure 3 requires the eligible professional or hospital to perform a clinical information reconciliation which includes medication reconciliation for more than 80 percent of transitions or referrals received and new patient encounters;
- 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 percent in Modified Stage 2 and Stage 3 changes the measure into a clinical information reconciliation performed for more than 80 percent 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 percent in Stage 2 and more than 60 percent in Stage 3); and
- Eligible hospitals must generate and transmit permissible discharge prescriptions electronically for new and changed prescriptions for more than 10 percent in Stage 2 and more than 25 percent 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 percent incentive based on total Medicare payments for 2009 and 2010; a 1 percent incentive payment for 2011 and 2012; and a 1/2 percent incentive payment in 2013.

The federal Medicare program was expected to save up to $156 million over the course of the program in avoided adverse drug events. It was 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.[8]

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 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.[9] Penalties continued through 2014 and meaningful use payment adjustments began thereafter on January 1, 2015. The meaningful use adjustment for reporting year 2016 was -3 percent. Eligible professionals who do not demonstrate meaningful will receive a -4 percent Medicare payment adjustment in 2018.

Separate payment adjustments under the Medicare Electronic Prescribing Incentive Program, Value-based Payment Modifier and Physician Quality Reporting System will end on December 31, 2018, replaced by the new Merit-based Incentive Payment Program (MIPS). In 2019, providers demonstrating high quality, efficient care supported by technology will earn a performance-based adjustment to their Medicare payments.[10]

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.[11]

The 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-

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

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

[10] 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.

[11] 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

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. [12] New York was ranked #1 in the nation for EPCS in Surescripts 2016 National Progress Report.

In 2017, Surescripts published their 2016 National Progress Report at http://surescripts.com/news-center/national-progress-report-2016/. In the EPCS Readiness section of the Surescripts report, http://surescripts.com/news-center/national-progress-report-2016/#/EPCS-readiness-by-state, 4.6 percent of Florida's controlled substances were e-prescribed, 4 percent of Florida prescribers were enabled for EPCS and 82.7 percent of pharmacies were enabled for EPCS in Florida. This compares to the reported 14.1 percent national rate of e-prescribed controlled substances, 14.1 percent of national prescribers were enabled for EPCS and 90.3 percent of pharmacies across the nation were EPCS enabled. 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 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.

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

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]

In 2016, the Collaborative submitted five comment letters to ONC on the following proposed rules: "Proposed Final 2017 Interoperability Standards Advisory"[14]; "Request for Information regarding assessing Interoperability for Medicare Access and CHIP Reauthorization Act of 2015 (MACRA),"[15]; "ONC Health IT Certification Program: Enhanced Oversight and Accountability rule,"[16]; the "Proposed Final 2016 Interoperability Standards Advisory,"[17]; and the "Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs."[18] Common positions and comments called for recognizing pharmacists as health care providers. This would make pharmacists eligible to receive incentives, make patient summary of care documents accessible to pharmacists, and express 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 provided footnotes.

[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

[14] 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

[15] 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

[16] 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

[17] 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

[18] 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

In 2017, the Collaborative gave comment to ONC on six specific topic areas of the 21st Century Cures Act Trusted Framework and Common Agreement (standardization, transparency, cooperation and non-discrimination, security and patient safety, access, and data-driven choice).[19]

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 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.[20] [21]

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 the vocabulary standard RxNorm, specifically RxNorm concept unique identifiers (RXCUIs).[22]

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

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[19] Pharmacy Health Information Technology Collaborative comments, "21st Century Cures Act Trusted Framework and Common Agreement", http://www.pharmacyhit.org/pdfs/PHIT_21st_CenturyCuresComments_8-25-17v1.pdf

[20] 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

[21] 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

[22] 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

In September 2017, the NCPDP Foundation awarded a grant to Johns Hopkins Medicine, in the interest of patient safety and standards adoption, to implement the CancelRx functionality in NCPDP's SCRIPT Standard for ePrescribing into its EHR and pharmacy management system in the ambulatory setting and provide feedback to NCPDP on lessons learned.[23]

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 webinars, 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.

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 2017.

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

2.9. Action Steps

In 2018, 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 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; and

6) Continue to disseminate e-prescribing information to the public. The Agency will include e-prescribing information for consumers on the web at www.floridahealthfinder.com.

Florida Electronic Prescribing

Annual Report for 2017

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