Moving Forward with E-prescribe

Requirements, State Law & Meaningful Use

Introduction:

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MO HIT Assistance Center

Presenter:

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Program Manager for Physician Services
Primaris
Before we begin...

- Phone lines are now muted

- Find this or any previous webinar, go to [http://www.EHRhelp.missouri.edu](http://www.EHRhelp.missouri.edu) click on Webinars
MO HIT Assistance Center

Missouri’s Federally-designated Regional Extension Center

- University of Missouri:
  - Department of Health Management and Informatics
  - Center for Health Policy
  - Department of Family and Community Medicine
  - Missouri School of Journalism

- Partners:
  - EHR Pathway
  - Hospital Industry Data Institute (Critical Access Hospitals)
  - Missouri Primary Care Association
  - Missouri Telehealth Network
  - Primaris
What is our role?

- For providers who do not have a certified EHR system - We help you choose and implement one in your office

- For providers who already have a system - We help eligible providers meet the Medicare or Medicaid criteria for incentive payments
MO HIT Assistance Center
Now Serves
Large Practices & Specialists

- Contact MO HIT Assistance Center for details and pricing
CME & AOA Credit
Now Available

- Instructions provided after today’s presentation
Disclosures

The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Office of Continuing Education, School of Medicine, University of Missouri designates this live Internet educational activity for a maximum of one AMA PRA Category 1 Credit™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

The learning objectives of this live Internet educational activity are:

- Choose an appropriate electronic health record for the practice, create a change team, redesign practice workflow and successfully implement transition to electronic records.
- Appropriately track quality measures in electronic health records and to create accurate reports of quality indicators; physicians will understand how to use indicators to improve patient outcomes.
- Identify potential privacy and security issues in individual practices that are utilizing electronic health records and provide tools for practices to use to assess their security measures to see if they are appropriate.
- Measure and track the way individual practices are reporting on the meaningful use requirements in the federal HI Tech Act; understand additional clinical reporting requirements contained in meaningful use phases two and three.
- Appropriately design and implement patient portals for patients to access their health care information and learn how to better take care of their health conditions.

The planning members and presenter for this activity have no commercial relationships to disclose.
Disclosures

Cerner and the University of Missouri Health System have an independent strategic alliance to provide unique support for the Tiger Institute for Health Innovation, a collaborative venture to promote innovative health care solutions to drive down cost and dramatically increase quality of care for the state of Missouri. The Missouri Health Information Technology Assistance Center at the University of Missouri, however, is vendor neutral in its support of the adoption and implementation of EMRs by health care providers in Missouri as they move toward meaningful use.

This regional extension center is funded through an award from the Office of the National Coordinator for Health Information Technology, Department of Health and Human Services Award Number 90RC0039/01
Moving Forward with E-Prescribe: Requirements, State law and Meaningful Use

Missouri Health Information Technology Assistance Center and Primaris

March 7, 2012
Current Status of eRX

INNOVATION ADOPTION LIFECYCLE
Incentive Programs Requiring eRX (Overview)

- **EHR Incentive Program (Meaningful Use)**
  - Established in 2010.
  - Provides incentives for meeting MU
  - Imposes payment adjustments beginning in 2015 for not meeting Meaningful Use
  - Many of the 25 MU objectives relate to e-RX:
    - 5 Core relate directly to eRx and/or medications
    - 2 menu relate directly to eRX and/or medications
    - 4 additional measures require medications to be included when sharing information
Incentive Programs Requiring eRX (Cont.)

eRX Incentive Program
- Established in 2009
- Provides incentives to providers for using eRX (through 2013)
- Imposes payment adjustments for not using eRX (2012-2014)
- Ends in 2014
Requirements of E-Prescribe Systems

- Required Functionalities:
  - Complete Medication List
  - Print prescriptions & electronically transmit
  - Alerts
  - Lower cost alternatives
  - Formulary/patient eligibility

- All functionalities must be enabled

- If certified for meaningful use, then also “qualified” for eRx Incentive program
## New/Revised MU Objectives Stage 2

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2 Proposed Change</th>
</tr>
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<tbody>
<tr>
<td>Use CPOE for medication orders directly entered by any licensed</td>
<td>More than 60% of medication, lab and radiology orders created by the EP/EH/CAH during</td>
</tr>
<tr>
<td>healthcare professional who can enter orders per state, local, professional</td>
<td>the reporting period are recorded using CPOE.</td>
</tr>
<tr>
<td>guidelines (30% unique patients)</td>
<td></td>
</tr>
<tr>
<td>Drug-Drug/Drug-Allergy Interaction Checks</td>
<td>The EP has enabled and implemented the functionality for drug-drug/drug-allergy</td>
</tr>
<tr>
<td></td>
<td>interaction checks for the entire EHR reporting period. (Part of CDS objective)</td>
</tr>
<tr>
<td>Maintain active medication list-80%</td>
<td>The EP/EH/CAH that transitions/refers their patient to another setting of care or provider</td>
</tr>
<tr>
<td>Maintain active med allergy list-80%</td>
<td>provides a summary of care record for &gt;65%.</td>
</tr>
<tr>
<td>Stage 1 Measure</td>
<td>Stage 2 Measure Proposed Change</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>40% of medication orders are transmitted electronically</td>
<td>Combined as One Core for EP: More than 65 percent of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology.</td>
</tr>
<tr>
<td>Implement Drug Formulary Checks (menu)</td>
<td>Menu: More than 10% percent of EH/CAG discharge medication orders for permissible prescriptions (for new or changed prescriptions) are compared to at least one drug formulary and transmitted electronically using Certified EHR</td>
</tr>
<tr>
<td>N/A</td>
<td>New (EH/CAH): More than 10% of med orders created by authorized providers of the EH/CAH inpatient/ER are tracked using E-MAR</td>
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## New/Revised MU Objectives Stage 2 (cont)

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<td>Perform medication reconciliation (50%)—Menu</td>
<td>Core: The EP/EH/CAH performs medication reconciliation for more than 65% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).</td>
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E-Prescribe Incentive Program

- Separate program from Meaningful Use
- Different Requirements to Earn an Incentive versus Avoid a Penalty
- Can NOT earn both e-RX and EHR Meaningful Use Incentive in same year
- Incentives:
  - 2012 = 1.0%  
  - 2013 = 0.5%  
  - 2014+ = None
- Penalties:
  - 2012 = 1.0%  
  - 2013 = 1.5%  
  - 2014 = 2.0%  
  - 2015+ = None
- CAN earn MU incentive but still incur an e-RX penalty in the same year
### Criteria for Being a Successful e-prescriber for the 2012 Incentive Reporting Period

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<th>Reporting Mechanism</th>
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<td>Registry</td>
<td>Report the e-prescribe numerator for at least 25 unique denominator-eligible visits</td>
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Avoiding an E-RX Payment Adjustment

2012 Penalty Avoidance—Too Late!

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<th>Meet ANY of the following to Avoid Payment Adjustments</th>
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<td><strong>2013</strong></td>
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<td>Qualified for a 2011 e-Rx incentive</td>
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<td>Report 10 cases of eRx code G8553 on Claims between Jan 1 and June 30, 2012</td>
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<td>Be Exempt from Payment Adjustments</td>
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<td>Meet a Hardship Exemption</td>
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<td><strong>2014</strong></td>
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Exempt from Payment Adjustments

- Not an MD, DO, podiatrist, NP or PA as of 6/30/2012 for 2013 penalty or 6/30/2013 for 2014 penalty
- Does not have prescription privileges (Must report G8644 on one claim during the first six-months)
- Had less than 100 denominator-eligible cases during the first 6 months (01/01/2012 – 06/30/2012 for 2013; 01/01/2013 – 06/30/2013 for 2014 adjustment)
- Less than 10% of total allowed Medicare part B charges are for services in the denominator for first six months (01/01/2012 - 06/30/2012 for 2013; 01/01/2013 – 06/30/2013 for 2014 adjustment)
File a Hardship Exemption

Four possible Hardship Exemptions for 2013-2014

1. Rural area with limited high-speed internet access
   - File via portal or report G8642 on Claim

2. Area with limited available pharmacies for electronic prescribing
   - File via portal or report G8643 on Claim

3. Inability to e-prescribe due to local, state, or federal law or regulation

4. Prescribe fewer than 100 prescriptions during a 6-month payment adjustment reporting period
File a Hardship Exemption (cont.)

- Hardship exemptions must be filed by 6/30/2012 for 2013 penalties and by 6/30/2013 for 2014 penalties

- Link to CMS portal: https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234
Electronic Prescribing of Controlled Substances (EPCS)

- DEA rules for eRx of controlled substances effective June 2010

- Missouri Law 19 CSR 30-1.062
  - Originally drafted in 1993
  - Not totally consistent with federal DEA law for eRx
  - Is being re-drafted to match the federal DEA standards
Vendor-Readiness

- Sure Scripts upgraded nationwide network
- Very limited number of vendors being tested in small markets
- Vendors not ready to meet the security requirements
- Dr. First announced they are first certified system
Best Practices

- Designate a prescriber or staff person (and back-up) to check, retrieve and manage electronic refill requests throughout the day.
- Respond to requests within 24 hours to avoid duplicate requests.
- Transmit prescriptions as soon as they are written. Do not queue or “batch” prescriptions.
- Implement and use all e-prescribing services to achieve greatest benefit. This includes prescription benefit, prescription history, and prescription routing (bi-directional)
- Follow DEA regulations and know your system’s capabilities for sending controlled substance prescriptions electronically.
Best Practices

- Update pharmacy at each visit or refill request
- Keep a favorites list
- Inform your e-prescribing software vendor of any technical issues
- Direct patients to call the pharmacy for prescription renewals.
- Keep patient information up-to-date
- Consistently use e-prescribe to reduce errors
- Use only structured med lists to ensure interaction checks work
Resources

- QualityNet Help Desk: 866-288-8912; qnetsupport@sdps.org
- Hardship Exemptions website (not yet open)
  - [https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234](https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234)
- Primaris: 800-735-6776, ext.117; spogones@primaris.org
- Missouri Health Information Technology Assistance Center: EHRhelp@missouri.edu; 877-882-9933
Your Phone Line is Now Open!

- Click on the “hand” on your computer to ask a question & press * 6 to unmute your phone.
E-Rx Incentive program Measure

- The electronic prescribing measure contains a numerator and denominator
- Numerator Code: G8553
- Denominator Codes:
  - 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90862, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0108, and G0109
Learning and Action Network (LANS)

- Based on a proven model to foster change and rapid improvement in healthcare
- Providers with shared goals convene in learning sessions to share best practices
- Action periods between sessions allow providers to test small changes and make improvements
- Webinars promote team development and professional expertise
Effectively use your EHR to:
- Apply Meaningful Use objectives and CQMs to improve practice performance and patient care
- Promote reporting and metrics, especially preventive and cardiac care
- Achieve care management, care coordination and assist in care transitions
- Promote patient engagement and self-management

Contact Abhi Ray aray@primaris.org
To Receive CME Credit

1. Go to: http://www.EHRhelp.missouri.edu

2. Click on [Image] on our home page

3. Look for today’s Webinar title

4. Download pdf or complete online questionnaire

5. Submit or fax completed questionnaire to 573-882-5666 by: Friday, March 9, 2012
To Receive AOA Credit

1. Go to: http://www.EHRhelp.missouri.edu

2. Click on Webinars on our home page

3. Look for today’s Webinar title

4. Download pdf questionnaire by
5. Friday March 9, 2012
6. Mail or fax completed questionnaire to the American Osteopathic Association
Upcoming Advanced Webinar

New Time: 5:00 – 6:00 p.m.

April 11

Stage 2
Meaningful Use: What’s Next?

Susan Shumate
EHR Implementation Specialist
Primaris
March 15th
“Selecting an EHR”
Presenter:
Margalit Gur-Arie
EHR Pathway
For More Information:

- Website: [http://ehrhelp.missouri.edu](http://ehrhelp.missouri.edu)
- E-Mail: EHRhelp@missouri.edu
- Phone: 1-877-882-9933