The Intersections between E-Prescribing and HIM

Webinar
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Faculty

Indra D. Osi, RHIA, CHP

Indra Osi has extensive knowledge of health information practices as evidenced by her varied career. She is a graduate of Loma Linda University with a Bachelor of Science degree in Health Information Management. She is currently pursuing her Masters in Health Information Management at Louisiana Tech University. She has held positions as Administrative Director of HIM at Kettering Medical Center, Ohio; and Director of HIM at hospitals in Kansas, Arizona, Oklahoma, and California. She is presently Director of Health Information Management at West Jefferson Medical Center (WJMC) in Marrero, Louisiana. Indra has also shared her expertise in health record management by consulting for behavioral medicine centers and teaching medical terminology and coding classes at the community college level.

Professionally, Indra has Chaired the Greater Dayton Hospital Association Medical Record Committee. She has also served as President-Elect of the Arizona Medical Record Association, President of the Moraine Valley Medical Record Association, and delegate to the American Health Information Management Association’s House of Delegates.

Indra had the distinction of being on duty during hurricane Katrina and its aftermath. WJMC is located on the west bank of the Mississippi river across from New Orleans. Without electricity, water, or computers the medical center remained open throughout the worst natural disaster in the history of the United States without the loss of one patient. Even with the environment caused by the hurricane, requests for medical records and other essential activities were maintained.

Lydia M. Washington, MS, RHIA, CPHIMS

Lydia Washington is director of practice leadership at AHIMA, providing professional expertise on HIM in the physician practice setting, data standards for public health and clinical records, and e-HIM. Prior to joining AHIMA, Ms. Washington served as director of HIM for MD Anderson Cancer Center in Houston, Texas, where she led the transition of the HIM department to electronic health records and led their HIPAA project management office.
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Webinar Agenda

- What is e-prescribing and how does it work?
- What regulations and standards support e-prescribing
- What incentives exist for using e-RX
- How to get prepared for e-RX
- What are the touch points with HIM

HOW E-PRESCRIBING WORKS
What Is E-Prescribing?

E-Prescribing is the computer-based electronic generation, transmission and filling of a prescription, taking the place of paper and faxed prescriptions.

A Formal Definition

"E-prescribing means the transmission, using electronic media, of prescription or prescription-related information between a prescriber, dispenser, pharmacy benefit manager, or health plan, either directly or through an intermediary, including an e-prescribing network. E-prescribing includes, but is not limited to, two-way transmissions between the point of care and the dispenser."
Benefits of E-Prescribing

- Improves patient safety
  - Could avoid 2 million adverse drug events annually, including 130,000 life-threatening
- Supports quality outcomes
- Reduced costs
  - Savings estimates of $27B annually
- Increases systemic efficiency
- All major stakeholders on board
  - Providers, payers, government, pharmaceutical industry

Levels of Sophistication

- Level 1 - electronic reference handbook
- Level 2 - stand alone prescription writer
- Level 3 - patient-specific prescription creation or re-filling
- Level 4 - medication management
- Level 5 - connectivity to dispensing site
- Level 6 - integration with an electronic medical record
Progression

Each level of electronic prescription writing confers varying degrees of improvements in patient safety.
Over the last 5 years national interest in e-prescribing has increased as the Federal Government has enacted legislation including the Medicare Modernization Act of 2003 (MMA).

How E-Prescribing Works

- Surescripts, Pharmacy Network Information
  - Connects prescribers, payers and pharmacies
  - Recently merged with RxHub to create nation’s largest network
  - RxHub and Surescripts were founded by the largest Pharmacy Benefits Managers (PBM’s)
Three Basic e-Prescribing Services

- Prescription Benefit
- Prescription History
- Prescription Routing

Pharmacy Information Network Services

- Pharmacy Benefits
  - Provides eligibility, benefits and formulary information to prescriber real time
  - Allows selection of covered drugs on formulary and lower cost alternatives
  - Minimizes the need for calls between pharmacy and doctor’s office
### Pharmacy Information Network Services

#### Prescription History
- Provides access to information about previous prescriptions using data from pharmacies and medication claims
- Improves patient safety and quality
- Can also be used for medication reconciliation when patient admitted to hospital

#### Prescription Routing
- Increases safety and efficiency by eliminating handwriting, paper, phone and faxes
- According to MGMA estimates, this can save up to $10,000 per year per physician
- Results in more efficient use of staff time
Electronic Prescribing Adoption

Prescribers Routing Prescriptions: Quarterly Growth


Prescription History

Prescription History: Quarterly Growth

**Prescription Routing**

Prescription Routing: Quarterly Growth


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**Pharmacy Adoption**

Community Pharmacies Connected for Prescription Routing

STANDARDS AND REGULATORY ISSUES

SCRIPT Standard

- Foundational by the National Council for Prescription Drug Programs (NCPDP)
- Adopted by CMS for Part D
- Covers
  - Transactions between prescribers and dispensers
  - Refill requests and responses
  - Prescription change requests and responses
  - Prescription cancellations
  - Eligibility and benefits queries
Part D Federal Data Standards

- CMS adopted e-RX data transaction standards under Part D in 42 CFR Part 423 for
  - Medication history
  - Formulary and benefits
  - Fill status notification
  - Provider identification
- Providers must comply with these standards whenever they use e-RX
- These are data standards, not functional standards

Certification

- Required to participate in the Surescripts Network
- Ensures that the software is able to send and receive electronic messages in accordance with NCPDP SCRIPT Standard
- Focuses on patient safety, ease of use and process efficiency
CCHIT

- Certifies EHR Products with e-RX functionality
- Currently working on certification for standalone products

Drug Enforcement Administration
Rule Barrier to e-RX

- Controlled substances include opiates, stimulants, depressants
- Under current law, prescriptions must be handwritten and are strictly regulated due to potential for abuse and diversion of drugs
- Currently comprise ~10-11% of all prescriptions
- Because of current restrictions pose a significant barrier to e-RX, requiring doctors to have a separate process for these drugs
### DEA Proposed Rule

- Issued June 2008
- Focus on safeguards against drug diversion and legal authorization to prescribe controlled substances through use of enhanced electronic security
- NPRM comments were gathered through early fall 2008; still awaiting final rule

### Requirements in DEA Proposed Rule:

- Identity-proofing
- Two-factor authentication
- Limited signing authority
- Immediate transmission and printing restrictions
- Verification through monthly logs
- Digital signing and archiving
- Audit trails
CMS INCENTIVES

MI PPA Incentives/ Penalties

- Section 132 of the Medicare Improvements for Patients and Providers Act (MIPPA), passed in July 2008, contains electronic prescribing incentive provisions for eligible professionals who are successful e-prescribers.

- Successful = Reported quality measure #125 in at least 50% of the cases in which the measure is reportable during the reporting year OR submitted a sufficient number of prescriptions as determined by the Secretary under Part D.
**MIPPA Payments**

Based on allowed Part B charges
- 2% in 2009 and 2010
- 1% in 2011 and 2012
- 0.5% in 2013

Penalties for non-e-prescribers
- -1% starting in 2012
- Escalation of -.5% each year up to -2% through 2014 and beyond

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**E-Prescribing Incentive Program - Overview-Participation**

- Eligible professional (PQRI)
- Authorized by state law to prescribe medication within his scope of practice
- All Medicare enrolled professionals can participate in the incentive program regardless of whether an agreement to accept assignment on all claims
- Participation is limited to the submission of quality data codes through the Medicare claim processing system
- There is no need to register or enroll to begin claims-based reporting
**E-Prescribing Incentive Program - Reporting**

- Effective for services as of Jan 1, 209
- Participating eligible professionals will report the corresponding appropriate numerator G-code on their claim
- As with PQRI, the paper based CMS 1500 claim form or the equivalent electronic transaction claim, the 837-P may be used
- Specifications for the 2009 e-prescribing measure are available on the CNMSE-Prescribing Incentive Program website at [http://www.cms.hhs.gov/ERXIncentive](http://www.cms.hhs.gov/ERXIncentive)

**E-Prescribing Incentive Program - Limitations**

- Incentive does not apply if the allowed charges for professionals services for the measure codes are less than 10% of the total allowed Medicare Part B charges
- E-Prescribing incentive payment will apply to allowed charges for all covered professional services, not just those associated with the e-prescribing measure
- As with PQRI, total charges includes the beneficiary deductive and copayment
- Covered services are only those that are paid under or based upon the MPFS only
**E-Prescribing Incentive Program - Overview**

A successful e-prescriber is defined as one who reports in at least 50 percent of the cases for which the measure is applicable for the reporting period.

Confidential feedback reports will be available near the time that the incentive payments will be made in 2010.

Identify-verification process will be implemented prior to accessing the report.

CMS is required to post on the CMS website a list of the names of the eligible professionals who are successful e-prescribers.

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**E-RX and ARRA**

- E-prescribing is considered as demonstration of ‘meaningful use’ of a certified EHR under sec 4101.
- Incentives for Eligible Professionals
- Physician who receive ARRA incentive payments are no longer eligible to receive incentives for e-RX under MI PPA
**E-PRESCRIBING READINESS**

**Getting Ready for E-prescribing**

- Clear identification of goals and expectations
- Level of commitment, including champions and resources
- Communication with stakeholders, including patients
- Workflow analysis
- System selection criteria based on above
Workflow Issues

- Workflow analysis and re-design as well as change management are critical to success with e-prescribing

Considerations
- Controlled drug prescriptions
- Standalone vs. EHR based software

E-Prescribing and HIM
HIM touch points

- Coding/reporting
- Complete EHR documentation
- Privacy/patient consent
- Patient identification
- Readiness/workflow assessment
- Knowledge of regulation/standards

Coding/Reporting

- Identification of encounter specific CPT and HCPCS codes
- Data capture processes
- Denominator codes identifies the population
Coding/ Reporting

- Denominator codes
  - 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809
  - 92002, 92004, 92012, 92014
  - 99201 - 99205, 99212 - 99215
  - 99241, 99242, 99244, 99245
  - G0101, G0108, G0109

- Measure #125 to be reported on every patient visit for which a denominator code applies

G Codes used in Numerator

- G8443 Used a qualified system to send all prescriptions associated with encounter
- G8445 Had a qualified system but no prescription generated
- G8446 Had a qualified system but prescribed a narcotic or other controlled substance
- G8446 Had a qualified system but state or federal law required phone or fax
**G Codes used in Numerator**

- G8446 Had a qualified system but the pharmacy system can’t receive e-prescriptions
- G8446 Had a qualified system but the patient asked that the prescription be phoned in or printed

**Coding and Claims Support Considerations**

- Standalone vs. EHR submission
- Front office vs. back office data entry
- Physician vs. non-physician code selection
- EHR connectivity
EHR Clinical Documentation to Support e-RX

- Problem list—up to date with start and end dates for each problem
- Allergies
- Medication history—updated at each visit; available from information exchange?

Privacy/Consent

- Concerns about how information in the pharmacy information network is used
- ARRA prohibition against selling health information
- Patient consent required for physicians to access medication hx from Surescripts
Patient Identification

- Can impact workflow
- Depends on:
  - Accuracy of the database (practice as well as pharmacy network)
  - Completeness of the database - pts without insurance not included
- Conservative algorithms result in missed patients and also potential duplicates

Resource/Reference List

- “CMS E-Prescribing Incentives, February, 2009”
  www.surescripts.com
- www.surescripts.com
Thank you!

Audio Seminar Discussion

Following today’s live seminar
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Upcoming Webinars

- The Legal Health Record and E-Discovery: Where You Need to Be
  June 9, 2009
- Auditing for Privacy and Security Compliance
  June 23, 2009
- MPI Clean Up: It’s a Must!
  July 21, 2009
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Certificates will be awarded for AHIMA CEUs.
Appendix

Resource/Reference List
CE Certificate Instructions
Appendix

Resource/ Reference List


“CMS E-Prescribing Incentives, February, 2009
http://www.surescripts.com

http://www.surescripts.com

http://healthit.ahrq.gov/portal

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