E-Prescribing

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It seems in the information age in which we currently exist, the favorite letters of choice are "e" and "i." All one needs to do is add one of these letters to the beginning of another commonly used verb or noun (e.g., telephone, commerce, health), and the reader instantly knows the verb or noun is something different – faster, technologically advanced and more efficient. Many of these ideas and products have become "necessities" in our lives that only a few years ago were not even concepts. The latest Centers for Medicare & Medicaid Services (CMS) incentive program on "E-prescribing" hopes to achieve for medical prescriptions what Apple did for music players – revolutionize the industry.

E-prescribing, or electronic prescribing, is the electronic generation, transmission and filling of a patient's prescription. It replaces the old paper-based system in which a patient would bring the prescription to the pharmacy to be filled.

The Medicare Modernization Act of 2003 included e-prescribing in its text and helped focus attention on the concept. The Institute of Medicine (IOM) report, "Preventing Medication Errors," issued in July 2006, estimated that as many as 800,000 adverse drug events occur each year at facilities in the United States. The report advocated that use of e-prescribing will reduce the number of adverse events and result in improved patient safety. It also called for adoption of e-prescribing by 2010.

In the November 19, 2008, Final Rule, CMS identifies the following potential advantages to e-prescribing:

- Improving patient safety and quality of care by (reducing medication errors by up to 86 percent):
  - Reducing illegibility
  - Reducing oral miscommunications
  - Providing warnings and alert systems
  - Providing access to patient's medication history;
- Reducing time spent on pharmacy telephone calls and faxing;
- Automation of renewals and authorization;
- Improving formulary adherence (from 14 percent to 88 percent after e-prescribing implementation); and
- Improving drug surveillance/recall.

Though CMS included an e-prescribing measure in the Physician Quality Reporting Initiative (PQRI) in 2008, the Medicare Improvements for Patients and Providers Act (MIPPA) removed the e-prescribing measure from PQRI in 2009 and adopted it for use in a new E-Prescribing Incentive Program. This new program provides an additional 2.0-percent payment incentive in 2009 and 2010 exclusive of the PQRI incentive. Yes, this means that physicians who successfully participate in PQRI and the E-Prescribing Incentive Program could receive an additional 4.0 percent payment. Similar to PQRI, there is no enrollment application or process for a physician to complete prior to participation.

To be considered an eligible professional for purposes of the E-Prescribing Incentive Program:

1. You must have adopted an e-prescribing system that meets all of the requirements specified by CMS (see below);
2. Your Medicare-allowed charges for all covered professional services for the e-prescribing measure codes must make up at least 10 percent of your total Medicare Part B-allowed charges.

Given the second criterion for an eligible professional, the program will most likely pertain to pain physicians rather than anesthesiologists. However, providers should consider their own practice and determine whether they think they meet the participation requirements.

According to the eHealth Initiative, there are essentially two choices available to a provider considering an e-prescribing system: a stand-alone e-prescribing system, or e-prescribing within an electronic health record (EHR). The stand-alone system is less complex and costly and takes less time to implement; however, complications could arise should the provider determine in the future to transition to an EHR system. The EHR system, on the other hand, affords immediate electronic access to all patient data in the system, and thus could help identify medication issues, allergies and other patient safety-related concerns. Your system choice represents a substantial resource investment, both in financing and training, and you should seek advice from as many resources as possible (see below for some

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suggestions) and consider consulting experts in the various technologies prior to a decision.

Regardless of the system chosen, if the provider wishes to participate in the E-Prescribing Incentive Program, the system must meet all of the following requirements:

1. Generate a complete active medication list incorporating electronic data received from pharmacies and benefit managers (PBMs), if available.
2. Select medications, print prescriptions, electronically transmit prescriptions, and conduct all alerts.
3. Provide information related to lower cost, therapeutically appropriate alternatives (if any). The availability of an e-prescribing system to receive tiered formulary information, if available, would meet this requirement for 2009.
4. Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan, if available.
5. Employ the e-prescribing standards adopted by the Secretary for Part D by virtue of the 2003 Medicare Modernization Act.

A successful e-prescriber for a reporting period is an eligible professional who meets the first criteria below, or if determined appropriate by the Secretary, the second requirement.

1. The eligible professional reported the e-prescribing quality measure #125 in at least 50 percent of the cases in which the measure is reportable by the eligible professional during the reporting period, January 1, 2009, through December 31, 2009.
2. The eligible professional electronically submitted a sufficient number of prescriptions (as determined by the Secretary) under Part D during the reporting period.

It is important to note that while the current program offers a 2.0-percent incentive payment, future reporting periods will see a gradual reduction in the incentive for eligible professionals who successfully participate. Further, in 2012, the program emphasis changes to a disincentive wherein eligible professionals will incur payment reductions if they do not successfully report. While there are no current plans to link PQRI lack of participation with a reduction in reimbursement, it does not take a crystal ball to surmise that this could very well be on the horizon.

While not applicable to all of our members, we strongly encourage you to evaluate your practice and consider participation in the E-Prescribing Incentive Program and take advantage of another potential incentive payment.

Table 1: Reasons to Participate!

Reporting Period	Incentive Payment
2010	2.0%
2011	1.0%
2012	1.0%
2013	0.5%

Table 2: More Reasons to Participate!

Reporting Period	Payment Differentials
2012	-1.0%
2013	-1.5%
2014 and each subsequent year	-2.0%

Sources:

- PQRI - http://www.cms.hhs.gov/pqri/.
- PQRI Measure Specifications http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp#TopOfPage.
- CMS Press Release on Improper Payment http://www.cms.hhs.gov/apps/media/press_releases.asp.
- National Priorities Partnership Web Site www.nationalpriorities partnership.org.
- Senator Max Baucus white paper - http://finance.senate.gov/healthreform2009/finalwhitepaper.pdf.
- Stead, W. PQRI: Physicians' Guide to Implementing Medicare's Physician Quality Reporting Initiative: An Insider's View, 2008 (American Medical Association, 2008).
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- Hospital Compare www.hospitalcompare.hhs.gov.
- CMS E-Prescribing Guide http://www.cms.hhs.gov/partnerships/ downloads/11399.pdf.