



MINUTES OF THE APRIL 18, 2012 MEETING OF THE E-PRESCRIBING WORK GROUP OF THE ILLINOIS OFFICE OF HEALTH INFORMATION TECHNOLOGY

The e-Prescribing Work Group of the Illinois Office of Health Information Technology (OHIT) pursuant to notice duly given, held a meeting at 10:05 a.m. on April 18, 2012 at the State of Illinois James R. Thompson Center in downtown Chicago, Illinois and via teleconference.

In person participants:

Phil Burgess	Illinois State Board of Pharmacy
Sony Rao	Rush Hospital Medical Center
Krysta Heaney	Office of Health Information Technology (OHIT)
Saro Loucks	OHIT
Mary McGinnis	OHIT

Participants via phone:

Mohsin Ansari	Walgreens
Lisa Arndt	Illinois Department of Healthcare and Family Services (HFS)
Anita Corey	HFS
Melissa Kahle	HFS
Pat Law	HFS
Cal Lewis	HFS
Karen McGrath	HFS
Elizabeth McKnight	Alliance of Chicago Health Network
Terry Rogers	HFS – Bureau of Comprehensive Health Services
Blake Roth	HFS



Welcome and Introduction of Members

Mary McGinnis (Mary) introduced herself and welcomed the attending members. Members in attendance introduced themselves along with a brief overview of their background and interest in e-prescribing.

Approval of Minutes

Pending correction, 'Chico-metro' to 'Chicago-metro', the minutes were unanimously approved.

Program Information Update

Mary provided the group with an update of current statewide e-prescribing statistics. Mary explained that OHIT is responsible for tracking and reporting on the number of pharmacies in Illinois that are actively e-prescribing and setting quarterly goals. ONC has contracted with Surescripts to provide monthly reports of Surescripts' network e-prescribing data to Office of the National Coordinator (ONC) Health Information Exchange (HIE) Cooperative Agreement grantees. OHIT has noticed, after analyzing the data for several years, a gap in the number of independent pharmacies activated for e-prescribing.

- Currently, 92.3% of Illinois pharmacies are actively accepting electronic scripts. The goal is to have 93.5% of Illinois pharmacies active by the end of the quarter (Q2).
- Currently 77.5% of independent pharmacies in Illinois are actively accepting electronic scripts. The goal is to have 83% of Illinois independent pharmacies active by the end of the quarter (Q2).
- Currently 42% of Illinois authorized physicians, physician assistants and nurse practitioners are actively e-prescribing. The goal for authorized providers is 47% by the end of the quarter (Q2).

Sony Rao (Sony) described her work conducting peer-to-peer outreach to Illinois pharmacies enabled with e-prescribing technology but not currently accepting electronic scripts. Sony provided an overview of the comments and feedback she had received. A few of the independent pharmacies had been acquired by chain pharmacies and had recently begun, as of January, accepting electronic scripts. Many owners and managers of these independent pharmacies had concerns about who would cover the cost of e-prescribing. While independent pharmacy owners thought e-prescribing was great for patient safety and they would love to be involved, they couldn't see making the financial commitment and did not understand why the costs fell to the pharmacy. They had difficulty understanding why the cost could not be shared evenly between the insurance companies, providers and the pharmacy.

Mary thought this would be good information to report back to the ONC. She also spoke about some mapping previously done of how many eligible providers for the Medicare and Medicaid incentives are in those areas. The independent pharmacies not e-prescribing



tended to be in very small communities for example, county where there is only 5,000-10,000 people. **Mary** proposed a possible plan to motivate those independent pharmacies not e-prescribing: In order for the physicians in their community to be eligible for Meaningful Use Stage 2 they will need to begin e-prescribing, this market demand may move the remaining independent pharmacies to adoption e-prescribing technology.

Phil Burgess (Phil) suggested a targeted outreach approach. Phil recommended a mailing to physicians in communities with low adoption of e-prescribing; sending letters to both physicians and pharmacies educating them on four benefits to e-prescribing: 1) promoting Meaningful Use; 2) promoting patient safety; 3) informing them of the electronic prescribing of controlled substances; and 4) notifying them of the Medicare (Medicare Improvements for Patients and Providers Act, MIPPA) penalties in place for not e-prescribing. There was a discussion of pursuing multiple means of communications as the most effective form of outreach.

Phil asked if any of the independent pharmacies contacted expressed a concern about the legality of e-prescribing. **Sony** shared that pharmacies were eager to learn about recent changes to Illinois law to allow for the electronic prescribing of controlled substances.

Mary asked if the Work Group members had recommendations on how to move the physicians, physician assistants, and nurse practitioner provider population towards e-prescribing. **Phil** noted that based on his experience there appeared to be some apprehension among the pharmacist community on the proper protocol for receiving electronic scripts from nurse practitioners and physician assistants. Phil felt this may be an area for additional education.

Mohsin Ansari (Mohsin) added that many of these providers might not be aware of Meaningful Use and various other incentives. **Mohsin** explained that there is a lot of training and cost associated with implementing e-prescribing and this may be prohibitive to many smaller providers. Additionally, prior to recent legislative changes, having to maintain dual workflows for hand-writing controlled substance scripts has presented a barrier in the past.

Mary asked if HFS had any data on the number of Medicaid providers actively e-prescribing. **Karon McGrath (Karon)** explained that there is a field on the pharmacy claim that identifies the source of the prescription. HFS will follow-up to determine if that field has been added to the Enterprise Data Warehouse (EDW). If that data has been added HFS will be able to determine the percent of Medicaid providers e-prescribing. **Mary** explained that baseline data on Medicaid providers would be helpful in making comparisons between assumed growth in e-prescribing after the procurement for the HFS PBM-IS vendor is complete and Medicaid providers are able to access advanced e-prescribing functionality, e.g. medication histories, adverse drug reactions, and medication reconciliation. **Mary** shared with the group a concern raised by Carle Clinic in Champaign, Illinois. They have doctors who see Medicare and Medicaid patients as well as commercial patients. With



their Medicare and commercial patients they are able to e-prescribe and see a patient's full medical history - but are unable to do so with their Medicaid patients.

Karon explained that HFS is putting the final touches on the PBM-IS procurement this week after which HFS is hopeful to send it to federal CMS for their review and approval. Based on past experience, the CMS approval process usually takes around ninety days. The procurement will most likely not be posted until July. The procurement will be for a full pharmacy benefit management system to replace part of the current legacy main frame system. E-prescribing will be one of the major requirements of the PBM-IS. The planned PBM-IS implementation is scheduled for early 2014.

e-Prescribing of Controlled Substances

Phil explained that there is still some confusion that providers cannot e-prescribe C2s, which as of January, 1st, 2012 is untrue. **Phil** stated that he also sits on another committee, the Prescription Monitoring Program (PMP) Committee, which oversees the entire Prescription Monitoring Program in Illinois. Randy Malan, head of the program, asked Phil to discuss and receive input from this Work Group on the possibility of the PMP operating as a filter for C2 prescriptions. Phil further explained that as the physician would generate a C2 prescription, it would be filtered through the PMP which would then validate that the physician in fact had the appropriate credentials to e-prescribe controlled substances. The PMP would verify that physicians are maintaining their federal and state DEA numbers and would verify that other authorized providers were operating under the appropriate protocols. This new system would ensure that when the prescription comes into the pharmacy the pharmacist would know that a third party entity had verified the information.

The advantage to this system would be the security and pharmacist's comfort in knowing the prescription is legitimate. The disadvantage is that this screening process might be cumbersome and time consuming. **Sony** added that this may lead to a lot of miscommunication or lost information. The provider would have to be notified if the C2 prescription has been blocked. If only the pharmacy knows that would put added responsibility on the pharmacy to contact the provider; the pharmacy may not know the reason the script was denied. **Mary** also shared her concerns about the speed of the process. **Mohsin** commented that Surescripts does not verify the validity of the DEA license. This is something the physician's software should validate- digital signatures are the extent of the validation. Phil noted that this proposal may require legislative and or regulatory approval before the Department of Human Services could pursue further.

Mary asked to further discuss the new statute effective January, 1st, 2012, as well as the need to educate pharmacists and providers about the fact that this particular class of drugs can be electronically prescribed, suggesting there may not be enough information in the field on what the law means. **Phil** stated that there is a newsletter on the Pharmacy Board's website that will begin addressing these issues. As Chairman of the Board, a priority is to develop a regular process to release regular newsletters. In addition, Phil



noted that he personally writes letters for two industry magazines, but only a subset of pharmacists are members of those two organizations. In the next issue, there will be an article address the electronic prescribing of controlled substances.

There was discussion of using the HFS listserve as an additional means of outreach. **Pat Law (Pat)** recommended that OHIT staff draft something to submit for the Department's consideration for release as a provider notice.

Mary directed a question to Mohsin, asking if Walgreen's pharmacists know that these classes can now be electronically prescribed. Mohsin explained that Walgreens works with its pharmacists to keep them informed of changing protocols. As Walgreens rolls out electronic prescribing on controlled substances (EPCS) to different states, there is a communication piece that goes along with that and they make all their field people aware, including pharmacy staff, that they can now accept controlled substances coming through the e-prescribing channel.

Moshin further explained that these communications are very specific to their pharmacy software. The challenge becomes sending the appropriate message that prescribers need to meet all the regulations and certified software requirements prior to electronically prescribing controlled substances. Moshin suggested the message be crafted to communicate that prescribers should work with their electronic medical record vendor to get software ready and that more and more pharmacies are coming onboard - just sending an EPCS script without appropriate system upgrades is neither sufficient nor compliant with the new DEA regulations.

Phil asked whether a master list of approved software systems was available to share with the Work Group. **Mohsin** will work to get the list to the e-Prescribing Work Group. **Mohsin** stated that there are four eRx systems that have been approved to date. Surescripts is in this limited availability pilot phase.

Mary requested that **Mohsin** informally speak to other members of large franchise pharmacies to learn more about how they are informing their field members of this change.

Mary adds that this is somewhat similar to the electronic health record (EHR) upgrade/certification process required under the Medicare and Medicaid EHR Incentive Programs where providers had existing EHRs that had to be certified as part of the criteria. At the time there were only three-hundred certified companies, now there are thousands of different modules for EHRs that serve different functions.

Mary suggested hosting a webinar to assist pharmacies and providers navigate through the process of enabling EPCE in the most efficient way possible. After recorded, the webinar can be made available on the ILHIE website. Phil noted it would be particularly useful for smaller independent pharmacies that have

Public Comment



There were no comments offered.

Adjourn

The meeting was adjourned at 11:15 am.