



**MINUTES OF THE JUNE 25, 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 10:07 a.m. on June 25, 2012 at the State of Illinois James R. Thompson Center in downtown Chicago, Illinois and via teleconference.

In person participants:

Mary McGinnis	OHIT
Saro Loucks	OHIT
Krysta Heaney	OHIT
Grace Park	OHIT
Phil Burgess	Illinois State Board of Pharmacy
Sony Rao	Rush University Medical Center
Jeff Krueger	Rush University Medical Center

Participants via phone:

Anita Corey	HFS
Cal Lewis	HFS
Karen McGrath	HFS
Melissa Kahle	HFS
Mohsin Ansari	Walgreens
Elizabeth McKnight	Alliance of Chicago Health Network
Andrew Hamilton	Alliance of Chicago Health Network

Welcome and Introduction of Members

Mary McGinnis (Mary) welcomed members to the meeting. Members in attendance introduced themselves along with a brief overview of their background. The group reviewed minutes from April 18, 2012. No revisions were offered.

Program Information Notice (PIN) Update

There were no PIN updates for the data that OHIT receives from the Office of National Coordinator (ONC) and Surescripts.



Mary provided the group with an update of the current e-prescribing landscape in Illinois. The data that OHIT has analyzed indicates that the infrastructure is in place for the possibility of high e-prescribing in the state. Surescripts data demonstrate steady progression of e-prescribing in Illinois. However, Illinois is still about 20 points below the national average in the number of office-based physicians are currently e-prescribing. **Mary** requested that at the Work Group brainstorm possible explanations for the gap and strategies for educating providers of availability of e-prescribing in the state. **Mary** presented statistics demonstrating the current situation (graphs will be posted online) among Illinois independent pharmacies:

- 93% of Illinois pharmacies enabled for e-prescribing
- 83% of Illinois independent pharmacies enabled for e-prescribing
- 45% of Illinois independent pharmacies enabled for e-prescribing in 2008

Sony Rao (Sony) has conducted peer-to-peer outreach to about 50 Illinois independent pharmacies either not enabled or not active, based on data prior to Jan 2012. 20 of the 50 have been enabled or are receiving e-prescriptions as of Jan 1, 2012. The next outreach target is the approximately 60 independent pharmacies that are not yet enabled. Sony and Jeff Krueger will contact them and report back at the next Work Group, hopefully with answers to why or why not pharmacies are e-prescribing.

Mary reported that OHIT's research from last year revealed that many of the not enabled, not active independent pharmacies are in smaller counties and a disproportionate share are in St. Clair County in southern Illinois near the Missouri border. **Mary** emphasized the importance of uncovering why these pharmacies, particularly those in St. Clair, are not e-prescribing.

Phil Burgess (Phil) noted that it may be that they exchange prescriptions with Missouri. A potential barrier to e-prescribing is misconceptions about laws regarding interstate e-prescribing, such as the faulty assumption that it is illegal. He suggested that Sony ask those pharmacies in St. Clair whether this is the case.

Mary reported that nationally, office-based physicians are prescribing at about 58% while it is at about 43% in Illinois. Reasons for this gap are not clear, but an assumption is that Medicaid prescribers are not e-prescribing because they don't have access to their patients' full medication history. **Mary** asked whether from the pharmaceutical perspective there may be additional assumptions or suggestions worth further investigation.

Phil asked, given that many of the pharmacies of interest are in southern Illinois, whether a partnership with the pharmacy school in Edwardsville would be helpful. He



offered to forward to Mary the contact information of the Dean there. Perhaps a student would be interested in studying this issue as a student project.

Melissa Kahle (Melissa) asked for the source of these statistics and who would know who is e-prescribing and who is not. **Mary** explained that Surescripts provides information in details about pharmacies enabled for e-prescribing. Though it has not been part of the standard set of data, OHIT would like information on physicians as well. Although there may be some networks that do not use Surescripts, 95% of pharmacy transactions go through Surescripts so the data from Surescripts is a representation of the statewide situation. OHIT has gained access to the data through a grant from ONC. Because of the interagency agreement with HFS, if HFS finds any data useful, OHIT can share that information with HFS.

Phil added that he can try to help with contacting Ken Whitmore from Surescripts. Mary will send Phil a follow up email about Surescripts' providing additional detail on the physician prescriber data files.

Healthcare and Family Services PBM-IS Procurement Update

Mary asked representatives from HFS for an update on the procurement for pharmacy benefit manager (PBM) services. An RFP from the Bureau of Pharmacy Services and the Office of Information Services of HFS had recently been posted to the Illinois Procurement Bulletin. **Melissa** replied that an RFP to procure a commercial off-the-shelf PBM system had been approved and posted on June 14, 2012. Proposals from vendors are due at 1pm on August 30, 2012. The requirements are listed in the RFP. A colleague from HFS added that after the August 30th deadline, there will be a proposal evaluation period including a product demonstration component. This period will followed by a contract negotiation. As a result, the project will most likely start around the first quarter of 2013 and preparing the system will require an additional year. **Mary** reminded the group that Medicaid providers need the PBM system by 1/1/2014 to meet stage 2 of meaningful use. Medicaid physicians will not be eligible for incentives for medication reconciliation without this capability. **Mary** requested that this deadline be made known to the vendors.

Melissa will reply to the attendees at the Work Group with the reference number for the RFP. It is also available on "purchase.state.Illinois.us" under HFS.

e-Prescribing of Controlled Substances (EPCS) Education Strategy



Mary provided an update on conversations with two organizations recognized from the physician perspective as certified for e-prescribing of controlled substances. There are currently four companies in the nation with this capability: DrFirst, NewCrop, NextGen and RxNT. Krysta Heaney and Mary were able to speak with Dr First and NewCrop, both of whom were interested in the connection with the Medicaid agency and interested in varying degrees in the PBM RFP. The organizations were referred to the procurement bulletin to confirm their functionality to e-prescribe. Each organization connects with around 160+ EMRs and has an EPCS module. **Mary** reported that according to webinars with the e-prescribing community of practice, despite a handful of companies that do pharmacy or provider module, there is a slow uptake of EPCS nationally. Pharmacies and providers must go through a certification process and have their module audited according to DEA standards. Also, controlled substances make up only about 10% of all prescribed drugs. So, although EPCS may be available, it is being not widely utilized.

Mary asked Mohsin where Walgreen is in the certification process with Surescripts. **Mohsin** reported that Walgreens attained certification nationally late last year. Walgreens' strategy has been to go to all states where EPCS is legal. Currently, they are half way there and anticipate they will activate all sites within two weeks. Prior to this, the situation was very much like the chicken and egg dilemma. Physicians were not ready to move until pharmacies in their area were activated and ready to receive transactions. The pharmacies were in turn waiting until providers were signing up because they would have to invest in setting things up. Eventually, Walgreens decided that they need to demonstrate to the pharmacies that they are ready. All the Walgreens pharmacies in Illinois were activated in June.

Phil will send Mohsin a relevant article which is to be published in the Illinois Pharmacist magazine and the Illinois Hospital Pharmacist magazine. The article reiterates that controlled substances can now be prescribed electronically, how prescription of controlled substances used to be a barrier for physicians, and that e-prescribing could increase patient adherence.

Mary asked Mohsin whether Walgreens receives reports on uptake of e-prescriptions and how Walgreens communicated this service to its network of pharmacies. **Mohsin** confirmed that Walgreens can track EPCS and that in fact, uptake has been very low. There is only one doctor currently signed up for EPCS. Transaction volume in Illinois is low. Other states are slightly higher but not significantly.

Mary asked whether the slow uptake was mostly an education or awareness issue. **Mohsin** confirmed that both were relevant. He reiterated that physicians must be notified that software vendors and pharmacies are ready.



Phil asked whether Mohsin knew of physician groups or communications that could be targeted for awareness efforts. **Mohsin** thought that vendors would be important since they have regular contact with their physicians and suggested that Surescripts could help push other vendors forward. **Mary** added that in her conversations with the two vendors, there were different levels of willingness. She agreed that there might be some opportunity for joint communication with the organization that was more receptive, especially since Walgreens is now enabled. **Phil** noted that it was surprising that the four vendors are not advertising their EPCS module as a differential point.

Andrew suggested partnering with Regional Extension Centers since they have connections to vendors and providers directly. From the safety net perspective, the Alliance could do more work with its sites to go through the necessary processes. He also suggested contacting the network of Federally Qualified Health Centers, the Illinois Primary Healthcare Association, and the network of safety net providers.

Mary brought up Nan Robertson from Oregon, which has also experience the slow uptake of EPCS. Nan has recently presented to her state board of pharmacists. **Mary** offered to connect Nan and Phil to aid Illinois' education campaign.

Surescripts Data Fields and ANSI 5010 Compliance

Andrew described Alliance's difficulty with passing data from EMR systems to Surescripts after making the programmatic changes to make data ANSI 5010 compliant. Surescripts has not upgraded their part of the e-prescribing network to be compliant with ANSI 5010, so transferring data becomes a workflow issue for providers. Between 1 and 20% of prescriptions for mostly the commercially insured patients are bounced back. **Mary** will forward email to Phil.

Phil described his article on e-prescribing and patient adherence. **Mary** suggested that it be sent out via an e-prescribing newsletter on the listserv.

Krysta has prepared information from multiple states that had their own educational campaigns on EPCS.

Summary of Next Steps

Saro Loucks will set up regular Work Groups for every 6 weeks. **Sony and Jeff** will contact Illinois independent pharmacies. **Phil** will follow up on the Surescripts/ANSI 5010 issue and on obtaining additional e-prescribing data from Surescripts.



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Meeting adjourned at 11:04.

Minutes prepared by Saro Loucks