

Fact Sheet: E-Prescribing in Minnesota

Minnesota's e-prescribing requirement

Beginning January 1, 2011, all prescribers, dispensers, and payers in Minnesota will be required to implement and use e-prescribing systems that comply with common standards.¹

This means that all physician clinics, hospitals, pharmacies, and payers must be able to transmit prescriptions electronically either directly or through an intermediary such as SureScripts-RxHub. If providers transmit any related information (i.e., formulary or benefit information, eligibility status, medication history information), the statute also states which standards they must use for those transmissions.

What e-prescribing is

Electronic prescribing or "e-prescribing" is the use of computer-based systems to generate, transmit, and fill patient prescriptions, replacing paper and faxed prescriptions. E-prescribing allows health care providers to transmit and renew prescriptions electronically, to check patient benefits information, and to maintain current and accurate medication histories.

Benefits of e-prescribing

E-prescribing can benefit your patients and practice by:

- Improving patient safety and quality of care (i.e., eliminating illegibility, drug-drug or drug-allergy interactions)
- Increasing office efficiency (i.e., reducing phone calls, call-backs, and faxing to pharmacies)
- Increasing patient convenience (i.e., automating renewal requests, improving medication compliance, and decreasing patient hassles)

Make sure the Certification Commission for Health Information Technology (CCHIT) has certified your EHR system and e-prescribing system. For more information on CCHIT, go to www.cchit.org.

How e-prescribing works

Several transactions happen behind the scenes while the clinician performs just a few easy steps. To e-prescribe a clinician:

- Signs onto the system. This often requires an authentication process to prove identity and verify legal prescribing permissions.
- Identifies the patient record.
- Reviews the patient's medication and medical history.
- Prescribes a new medication or edits an existing prescription.
- Authorizes the prescription using an electronic signature.
- Selects the pharmacy and transmits the prescription to the dispenser.

Types of e-prescribing systems available

E-prescribing generates prescriptions using software and a transmission network, which links health care facilities to participating pharmacies. There are two choices available when you consider e-prescribing: stand-alone systems or e-prescribing within an EHR system.

Stand-alone systems are less costly—around \$500-\$2,500 per year—and are easier to implement. There are free web-based e-prescribing programs available to every prescriber in the United States, but the free systems may or may not meet a clinician's needs. (www.nationalerx.com)

Many EHRs offer e-prescribing functionalities. An EHR-based e-prescribing system offers the advantage of having all of the patient's information stored in a single place. However, implementing an EHR can be costly—between \$25,000- \$45,000 per physician, with annual costs for operating and maintaining the system between \$3,000 -\$9,000 per physician per year.

Depending on the e-prescribing system chosen, the basic technology an office needs to begin e-prescribing includes an Internet connection (preferably high speed) and/or a wireless network and desktop, laptop or tablets computers, hand-held PDAs, or a combination.

¹ Minnesota Statutes, section 62J.497

Required technical standards

There are several technical standards outlined in Minnesota's e-prescribing law that must be used when conducting various e-prescribing transactions. For more information on technical specifications, please visit www.health.state.mn.us/e-health/

Medicare's e-prescribing incentive program

Beginning in 2009, Medicare will provide incentives to eligible health care professionals who successfully e-prescribe. In 2009 and 2010, physicians who successfully e-prescribe may receive a bonus payment of 2 percent of their overall Medicare reimbursement. In 2011 and 2012, the incentive is reduced to 1 percent, and in 2013 it is cut to 0.5 percent. For those not e-prescribing by 2012, a 1 percent fee schedule penalty will be applied.

To participate in Medicare's optional e-prescribing incentive program you must register and report through the CMS Physician Quality Reporting Initiative (PQRI) using measure 125. For more information, please visit www.cms.hhs.gov/EPrescribing/

Tasks e-prescribing systems must perform

To ensure compatibility with other systems and participate in incentive programs, clinics will want to select a system that is able to:

- Send and retrieve patient formulary, eligibility, and benefits information
- Communicate and transmit patient medication history
- Perform prescribing transactions from the clinic to the pharmacy, including
 - sending and receiving messages
 - checking prescription status
 - reporting errors
 - sending new prescriptions
 - sending prescription change requests
 - refilling and canceling prescriptions
 - security, including staff verification and password change

Resources

Minnesota e-Health Initiative
www.health.state.mn.us/e-health

AMA Health Information Technology web page www.ama-assn.org

Agency for Healthcare Research and Quality (ARHQ) www.ahrq.gov/

American Academy of Family Physicians (AAFP) Center for Health Information Technology www.centerforhit.org/

Certification Commission for Health Information Technology (CCHIT) www.cchit.org/

Stratis Health, Minnesota's Medicare Quality Improvement Organization
www.stratishealth.org

"How-To" Guide to Help Clinicians Switch from Paper to E-Prescribing Systems"
By AMA, AAFP, ACP, and MGMA
www.ehealthinitiative.org

Electronic Prescribing Readiness Assessment
www.getrxconnected.com/

SureScripts-RxHub
www.SureScriptsRxHub.com