

*ePrescribe*



*FLORIDA*



# **First Quarter Meeting**

April 23, 2009 Jacksonville, Florida

# Many Thanks to Our Sponsor

- BlueCross BlueShield of Florida



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of Florida**

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# Antitrust Guidelines

- GUIDELINES FOR MEETING TO DISCUSS POSSIBLE FLORIDA eHEALTH INFORMATION INTERCHANGE
- Guiding Principle: Avoid discussion that could evidence intent to use ehealth information interchange for anti-competitive purposes
- No discussion about the following should occur:
  - Prices or premium rates of any participating organization
  - Coverage provided by any participating organization
  - Provider reimbursement rates paid by any participating organization
  - Potential competitive effects of information interchange on any organization regardless of participation
  - Grounds for excluding any entity wanting to participate in information interchange
  - Potential restrictions on competitive activities of any participating organization
- Meeting minutes should adequately reflect matters discussed and be reviewed by attending counsel
- No discussion (other than social) should occur among participating organization outside meeting Slide Content

# ePrescribe Florida Leadership



## Steering Committee

Blue Cross and Blue Shield of Florida (BCBSF)

Humana

AvMed

RxHub, LLC.

Florida Academy of Family Physicians (FAFP)

Florida Medical Association (FMA)

SureScripts

Walgreens

## Advisory Council

Aetna

Albertsons

Agency for Health Care Administration (AHCA)

AstraZeneca

CIGNA HealthCare

CVS

eRxNetwork

Florida Chapters of HIMSS

Florida Drug Control Office of the Governor

FL Chapter, American Society of Consultant Pharmacists

Florida Pharmacy Association (FPA)

Florida Hospital Association (FHA)

Florida Osteopathic Medical Association (FOMA)

Florida Chapter of American College of Cardiology (ACCFL)

Florida Medicare Quality Improvement Organization (FMQAI)

Health First Health Plans

Pharmacy Provider Services Corporation (PPSC)

Publix

Rural Health Partnership

University of South Florida

UnitedHealthcare

Wal-Mart

Winn-Dixie

Well Florida

# Agenda – Thursday April 23, 2009

11:00 – 11:15	Welcome and Introductions	<b>Walt Culbertson</b> Executive Director ePrescribe Florida
11:15 – 11:30	<ol style="list-style-type: none"> <li>1. Annual Report from SureScripts             <ol style="list-style-type: none"> <li>1. Summary of 2008 progress</li> <li>2. Current Baseline</li> <li>3. Thoughts about 2009 Target Goals</li> </ol> </li> </ol>	<b>Todd Hardman</b> Vice-Chair ePrescribe Florida
11:30 – 12:00	<ol style="list-style-type: none"> <li>1. Introduction to the America Recovery and Reinvestment Act – ARRA 09 )             <ol style="list-style-type: none"> <li>1. Current Florida State and Agency for Health Care Administration (AHCA) strategy to coordinate regional requests for healthcare stimulus funding</li> </ol> </li> </ol>	<b>Carolyn Turner</b> <b>Chris Sullivan</b> Co-Chairs, Metrics and Analysis Workgroup
12:00 – 1:00	<ol style="list-style-type: none"> <li>1. LUNCH             <ol style="list-style-type: none"> <li>1. DEA Update</li> <li>2. Discuss confusion over Non-Schedule II Controlled Substances (present SureScripts Guidance)</li> </ol> </li> </ol>	<b>Chris Sullivan</b> <b>Walt Culbertson</b> <b>Todd Hardman</b>
1:00 – 2:00	<ol style="list-style-type: none"> <li>1. Strategy for leveraging the Health IT Stimulus (HITECH Provisions of the America Recovery and Reinvestment Act – ARRA 09 )             <ol style="list-style-type: none"> <li>1. Enhance our educational opportunity around EHR and HIE                 <ol style="list-style-type: none"> <li>1. Help providers establish a “technology” roadmap for their practices from where they are today in their technology adoption</li> <li>2. Standalone ePrescribing Solution Integration with EHR solutions</li> <li>3. Federal funding promotion and education</li> </ol> </li> <li>2. Discuss collaboration with the Rural Health Partnership and Well Florida to seek stimulus funding to “Connect” rural providers                 <ol style="list-style-type: none"> <li>1. EHR and ePrescribing education</li> <li>2. Vendor Agnostic framework</li> <li>3. Support Health Information Exchange (HIE) (local RHIOs and the state HIE)                     <ol style="list-style-type: none"> <li>1. Discuss addition of other direct stakeholders on the proposal (AHCA, RHIOs)?</li> </ol> </li> </ol> </li> <li>3. Identify other opportunities                 <ol style="list-style-type: none"> <li>1. Participation in other AHCA proposals?</li> <li>2. Opportunity to leverage ePrescribe America 501(C)6?</li> </ol> </li> </ol> </li> </ol>	<b>Walt Culbertson</b> <b>Kendra Siler-Marsiglio</b> Program Director, Rural Health Partnership <b>Chris Sullivan</b>

# Agenda – Thursday April 23, 2009

<p>2:00 – 3:00</p>	<ol style="list-style-type: none"> <li>1. 2009 Provider Outreach Strategies             <ol style="list-style-type: none"> <li>1. Continuing “Get Connected” Dinner-and-Learn Seminar Series</li> <li>2. Starting “Get Connected” Lunch-and-Learn Audio Conferences                 <ol style="list-style-type: none"> <li>1. Focus on the Staff</li> </ol> </li> <li>3. How to identify and target “high prescribers” with the “Get Connected” message                 <ol style="list-style-type: none"> <li>1. Format and scope of outreach</li> <li>2. Candidates for the Lunch and Dinner Seminars</li> </ol> </li> <li>4. “Low Hanging Fruit” strategy - Targeted Campaign addressing those providers who are connected but not utilizing their ePrescribing capability                 <ol style="list-style-type: none"> <li>1. Leveraging the SuresScripts “Activated” But “Not Active” Report</li> <li>2. Outreach to the Vendor Community</li> </ol> </li> <li>5. Identifying larger delivery systems that are not yet connected</li> <li>6. ePrescribing Safety Campaign                 <ol style="list-style-type: none"> <li>1. Preventing new errors</li> <li>2. Assessing the Pharmacist view of e-prescriptions</li> </ol> </li> </ol> </li> </ol>	<p><b>Dr. Tom Lampone</b> <b>Chair Provider Outreach Workgroup</b> <b>Walt Culbertson</b> <b>Todd Hardman</b></p>
<p>3:00 – 4:00</p>	<ol style="list-style-type: none"> <li>1. Operating Plan Execution             <ol style="list-style-type: none"> <li>1. Compare and contrast Operating Plan with information from previous sessions</li> <li>2. 2009 Goals and Objectives</li> <li>3. Resources and engaging new groups or types of stakeholders</li> </ol> </li> </ol>	<p><b>Catherine Peper,</b> <b>Chair ePrescribe Florida</b></p>
<p>4:00 – 4:15</p>	<ol style="list-style-type: none"> <li>1. Wrap-up and Adjourn</li> </ol>	

# **DEA Update Controlled Substances III, IV, V**



Vendor and Provider Outreach Updates

# Questions About Non-Cat II e-Scripts

**From:** Fred Whitson  
[mailto:fwhitson@medone.org]  
**Sent:** Wednesday, April 08, 2009 1:18 PM  
**To:** Walt Culbertson  
**Subject:** RE: May 6 EMR/Stimulus event in Jacksonville

The issue came up at the Board of Medicine meeting when someone said “You can’t electronically prescribe controlled substances and one MD said, “Yes you can, just not Cat II’s, I ePrescribe Cat IIIs, IVs, and Vs all the time. I’d like to have a statement clarifying that and the status of the FDA rule – to send out to our members. Thanks.

Attached is the Ohio statement.

e-  
Prescribing  
Controlled  
Substances  
- 2/25/09

As a reminder, and in response to questions we have received, the DEA currently prohibits the electronic transmission of controlled substance prescriptions.

According to the Ohio State Board of Pharmacy’s Web site:

1.No Schedule II controlled substances shall be sent to a pharmacy using an electronic prescription transmission system.

2. There can be multiple prescriptions, including controlled substances in Schedules III, IV, and V, issued on one prescription blank when using an electronic prescription transmission system to send a prescription to a pharmacy [see OAC Rule 4729-5-13]. However, it should be noted that the DEA currently does not allow for the electronic transmission of controlled substance prescriptions. The DEA does allow the information to be transferred to a pharmacy, but then requires the pharmacist to treat it as an oral prescription. To create an oral prescription the pharmacist must then personally contact the prescriber by telephone and verify the transmitted information. Therefore, due to the increased legal burdens placed on the pharmacist and prescriber, many vendors involved with the transmission of electronic prescriptions have chosen to prohibit the transmission of controlled substance prescriptions at this time.

To view the entire Ohio State Board of Pharmacy’s Web page on e-prescribing, please [click here](#).

# SureScripts Guidance

## Options for Transmitting Controlled Substance Prescriptions

- Until the DEA finalizes its EPCS rules, there are three methods available to transmit controlled substance prescriptions—written, oral, and via facsimile. The rules for written and oral prescriptions are straightforward and understood by most SureScripts partners and participating providers. The rules for faxing controlled substance prescriptions are a bit more arcane, however, so we will review the DEA’s policy on this transmission method here:
  1. If a prescription for a controlled substance for an outpatient in Schedules III through V is written in the traditional fashion on a sheet of paper, *is physically signed by the prescriber*, and is put into a fax machine and faxed to a pharmacy, it is considered an “oral” prescription by the DEA and is legal.
  2. Schedule II prescriptions for outpatients may be faxed to pharmacies for preparation purposes, but the prescription cannot be dispensed until the pharmacist receives the actual original written prescription. (Exceptions: Faxing of Schedule II medications *is* allowed for parenteral products and for patients in long-term care facilities or those who are under hospice care.)
  3. If *any* type of electronic device, whether it is a PC, fax server, handheld, cellular telephone, or any other type of technology generates and faxes a prescription *electronically* to a pharmacy and either (a) isn’t signed or (b) contains an electronic or digital signature, this is not considered a legal controlled substance prescription and is unacceptable to the DEA. These are exactly the methods of transmission, in addition to totally electronic transmission, that the DEA seeks to regulate in the EPCS rules, and until these rules are finalized, such methods cannot be used.

# SureScripts Guidance

## Approaches to Controlled Substance Prescriptions During the Transition

- During the period from when electronic prescribing is introduced and the DEA finalizes its EPCS rules, SureScripts partners and participating providers will have to employ hybrid methods for handling controlled substance prescriptions. Acceptable hybrid methods include:
  1. Using electronic transmission for non-controlled substances, but traditional written or oral prescriptions for controlled substances.
  2. Using electronic transmission for non-controlled substances, but requiring the physician to print out, physically sign, and fax Schedule III through V controlled substance prescriptions to pharmacies. These signed prescriptions could also be carried by the patient to the pharmacy.
  3. Using electronic transmission for all prescriptions excluding Schedule II, but requiring pharmacists to call physician offices to verify the authenticity of Schedule III through V controlled substance prescriptions. When documented as required by state law with a notation as to who verified the prescription (e.g., the prescriber or agent), this in effect makes them oral prescriptions. (*Important Note: Use of this third method requires that both the physicians and pharmacists involved must have knowledge of its requirements and have agreed in advance to use this method.*)

# Questions?

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“Save Time.. Save Money.. Save Lives..”  
“ ePrescribe America!”

**THANKS FOR ATTENDING!!**