NYS E-Prescribing Mandate

“The good, the bad ...and the truly frustrating!”

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Learning Objectives

• Describe the current state of e-prescribing and EPCS in NYS
• List the advantages of e-prescribing and EPCS
• List examples of provider challenges
• List examples of pharmacy challenges
• Propose options for collaboration between pharmacists and providers to improve patient outcomes
• List resources for more information
ePrescribing Success ...  

• Published studies demonstrate that e-prescribing reduces medication errors, improves efficiencies, reduces costs, and lifts first-fill adherence 10%¹  

... Brings New Challenges  

• Data quality issues are magnified  

• Lack of industry-wide implementation of new functionalities and messages limits potential value  

• Inconsistent end-user training and user errors highlights gaps  

¹ The National Progress Report on e-Prescribing and Interoperable Health Care Year 2011, Surescripts May 2012
The Time for Optimization is Now.

98% of chain pharmacies and 88% independent pharmacies have adopted the technology\(^1\)
40% of licensed providers are actively ePrescribing\(^2\)
EPCS increased by 400% in 2014

Number of Prescriptions

- **Adoption**
  - Eliminate paper prescriptions
  - Deliver important medical information electronically
  - Build positive experiences

- **Utilization**
  - Legalization in all 50 states
  - DEA proposed EPCS rule
  - AARA $19 billion to drive adoption
  - Meaningful Use incentives

- **Optimization**
  - Workflow efficiencies
  - Customer experience
  - Expanded communication
  - Additional functionalities

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1. Based on active pharmacies on Surescripts network in April 2015 and NCPDP pharmacy location data
2. Based on active prescribers on Surescripts network in April 2015 and Enclarity prescriber data
E-Prescribing in NYS

• After March 27 2016, **All** prescriptions must be sent electronically and **not** printed or hand written
  – Any exceptions require documentation for the reason for the script not being sent electronically (ie technical failure) sent to NYS BNE.
  – Waivers are allowed under a limited list of circumstances and must be renewed yearly

• Required for all medications in the outpatient setting or on discharge from inpatient, or the emergency department.

• FAX prescriptions are only allowed for prescription failures or exemptions and must be sent on an approved NYS prescription form and have an original provider signature
Electronic Prescribing of Controlled Substances (EPCS)

• Value of EPCS
  – Lower fraud and abuse
  – Secure electronic records
  – Improved safety & patient care

• 75% of pharmacies are already enabled for EPCS, but only 2% of providers are enabled

• Driving provider adoption is key to realizing the value of EPCS

• getEPCS.com is a great reference to help providers get enabled
Ideal ePrescription: Best Practices

Standardized & Codified Datasets
• Data auto-population triggers clinical decision support checks

Clinical Accuracy
• Ensures appropriate patient medication therapy

Complete and Accurate Data Content
• Eliminates phone calls and workflow disruptions

Key Focus Areas:
• Standardization & Codification of E-prescriptions
• Completeness and Accuracy of Data content within an ePrescription message
# Ideal ePrescription - Critical Data Elements

<table>
<thead>
<tr>
<th>Category</th>
<th>Requirements</th>
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</table>
| Drug Descriptions                | • Elimination of “free-text” data  
                                 | • Standardized Drug Descriptions                                            |
| Drug Identifiers                 | • Accurate NDC and RxNorm drug identifiers                                  |
|                                  | • Consistent sending of RxNorm RxCUIs                                       |
| Patient Directions (Sig)         | • Complete and unambiguous patient directions                              |
|                                  | • Implementation of Structured & Codified Sig format                        |
| Quantity / Quantity Qualifiers   | • Valid and appropriate prescription quantities                             |
|                                  | • Metric and non-generic quantity qualifiers only                           |
| Days Supply                      | • Accurate days supply information that is not conflicting with other      |
|                                  | prescription data elements                                                  |
## Ideal ePrescription - Critical Functionalities

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Duplicate Content / Message IDs</td>
<td>• No duplicate e-prescription content or message ids</td>
</tr>
<tr>
<td>Rx Change / Rx Cancel</td>
<td>• Network-wide implementation of Rx Change and Cancel Rx messages</td>
</tr>
<tr>
<td>Notes to Pharmacist</td>
<td>• Codified data text strings</td>
</tr>
<tr>
<td></td>
<td>• Free text restricted to pharmacist information only</td>
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<tr>
<td>Electronic Prescription of Controlled Substance</td>
<td>• Full Implementation and Deployment of EPCS functionality</td>
</tr>
<tr>
<td>Provider type</td>
<td>Soarian eRx</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>Faculty Practice only - Attending or NP or PA with own DEA#</td>
<td>X</td>
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<tr>
<td>Faculty Practice and hospital - Attending or NP or PA with own DEA#</td>
<td>X</td>
</tr>
<tr>
<td>Hospital only - with no EPCS (pathology etc, or using own non AMC office eRx) - Attending or NP or PA</td>
<td>X</td>
</tr>
<tr>
<td>Hospital only - with eRx and EPCS - Attending or NP or PA with own DEA#</td>
<td>X</td>
</tr>
<tr>
<td>Hospital only - Resident physician and no eRx or EPCS (pathology etc) -</td>
<td>X</td>
</tr>
<tr>
<td>Hospital only - Resident physician or NP or PA using hospital DEA#</td>
<td>X</td>
</tr>
<tr>
<td>Resident physician Faculty practice and hospital or NP or PA using hospital DEA#</td>
<td>X</td>
</tr>
</tbody>
</table>
Backend process for Physicians / Providers using own DEA number:

• Identity proofing by credentialing office completed (current credentialing process is sufficient)
• List of providers received by IT security and entered into EMR (must be done by an approved individual listed for that specific role)
• List of names entered individually into SureScripts synchronization section of EMR
• List of providers given final approval by Medical Directors office
• Final access turned on when registration/enrollment of fingerprint and phone software is complete
• A spreadsheet including a list of all registered clinicians sent to NYS DEA
Provider Challenges for Registration

Backend process in Soarian Clinicals for Physicians / Providers using Institutional DEA number with suffix (Resident physicians and mid level providers using the Institutional DEA number)

- Identity proofing completed by Residency program office (or credentialing office for mid-level providers). Current credentialing process is sufficient.
- List of providers received by IT security and entered into EMR (must be done by an approved individual listed for that specific role)
- List of providers approved in EMR by a second separate approved IT security staff member
- List of providers approved in EMR by a third separate approved IT security staff member
- List of names entered individually into SureScripts synchronization section of EMR
- List of providers given final approval by Medical Directors office
- Final access turned on when registration/enrollment of finger print and phone software is complete
- A spread sheet including a list of all registered clinicians sent to NYS DEA
Provider Challenges for Registration

Backend Process for Outpatient EMR using key fob/phone app authentication (most common)

• Identity proofing by credentialing office completed (current credentialing process is sufficient).
• Providers must each also complete registration form online (ROPES) with NYS DOH
• List of providers received by IT security and entered into EMR (must be done by an approved individual listed for that specific role)
• List of names entered individually into SureScripts synchronization section of EMR
• List of providers given final approval by Physician designated by practice with DEA license.
• Final access turned on when registration/enrollment of key fob and phone software is complete
What does it look like?
DISCHARGE, ONE  
DOB: 03/24/1967  
Gender: Female

Rx Retail: ALBANY MED CTR HOSP PHCY
ALBANY MED CTR HOSP PHCY
NEW SCOTLAND AVE PHCY DPT
ALBANY, NY 12208
518-262-3271

Mail Order: None Selected

Prescription: None Available

Discharge Medications (1)  |  Held Home Meds (0)  |  Stopped Home Meds (0)

- **oxyCODONE-acetaminophen**: 5 mg-325 mg Tablet
  Directions: 1 tablet oral every four hours PRN pain-moderate
  Status: Unknown
  Preferred Level: continued
  Continued By: Patricia Hale, MD
  Max Daily Dose: 4

Select each ePrescribed controlled substance prescription below to confirm they are ready for signing.

- **oxyCODONE-acetaminophen**: 5 mg-325 mg Tablet
  Directions: 1 tablet oral every four hours as needed pain-moderate
  Max Daily Dose: 4
  Quantity: 20
  Quantity Unit: Tablet
  Refills: 0
  Output: ePrescribe
  Pharmacy: Retail
  DAW: No
### ePrescribed Controlled Substances (1)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Quantity</th>
<th>Unit</th>
<th>Refill</th>
<th>Output</th>
<th>ePrescribe</th>
<th>Pharmacy</th>
<th>Retail</th>
<th>DAW</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>oxyCODONE-acetaminophen 5 mg 325 mg Tablet</td>
<td>20</td>
<td>Tablet</td>
<td>0</td>
<td>Output</td>
<td>ePrescribe</td>
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<td>DAW</td>
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By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the below information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.
Discharge Medication Reconciliation

Current and Home Medications (0)

Continue All Home Medications

Sort by: Home Med Indicator

Discharge Medications (1)

Add, + Favorites, Save to Favorites, Quality Measures

Oxycodone-acetaminophen 5 mg-325 mg Tablet

Directions: 1 tablet oral every four hours PRN pain-moderate

Status: Unknown  Preferred Level:  Continued By: Patricia Hale, MD Max Daily Dose: 4
Provider Challenges - Implementation

• Education and registration challenges
• Lack of preferred pharmacy information and difficulty identifying pharmacy locations
• Lack of information on pharmacy hours of operation
• Lack of accurate allergy information
• Failed scripts notification and management
• Delayed scripts notification and management
• Resident physician registration in pharmacy systems
• Unannounced and announced pharmacy system down times
• Difficulty in prescribing complex meds or meds for newborns before naming
Provider Challenges - Implementation

• How to manage nursing home, rehab and other types of discharges regarding medications
• How to manage durable medical supplies
• Limitations on acceptance of e-prescriptions out of state.
• How to manage pharmacy and patient calls regarding medications
• Limitations and complications for providers who practice in different sites with different EMR systems
Pharmacy Challenges - Implementation

• Which paper scripts should be accepted?-does the provider have an exemption or an approved reason to use paper?

• Workflow management changes and monitoring system for new prescriptions

• Inconsistencies in Pharmacy software between vendors and between upgrades

• Providers entering information in the wrong areas of the prescription forms

• Incomplete or inconsistent prescription information

• Truncated information
Provider Challenges - Implementation

- Downtime and other computer issues
- Finding and communicating with a provider on scripts with errors or insufficient information
- Communicating with providers and managing patient expectations regarding limitation in renewals, changes, and cancellations
- Patients going to wrong locations to pick up medications
Recent Developments

Late last week, the State Senate and Assembly released their one-house budgets, delineating their positions, setting the stage for negotiations with each other and the Governor for next year's state budget. The Senate bill includes three provisions that relate to the ePrescribing mandate and would combine the provisions of three separate pieces of legislation to:

- **Alleviate Reporting Requirements When Practitioners Use Limited Exceptions:** When practitioners exercise any of the allowable exceptions to e-prescribing—such as information technology systems being down temporarily—and issue a paper prescription for either a controlled or non-controlled substance, this provision would require only that practitioners maintain information about that exception in their records. This would replace the current law requirement that such documentation be filed with the Department of Health.

- **Exception for Phone Orders:** The provision would create a new exception for practitioners from the e-prescribing mandate in the case of telephone orders for prescriptions for patients who are in an inpatient setting such as a hospital or nursing home.

- **Exemption for Low Volume Prescribers:** This provision would allow practitioners who certify to the Department of Health that they prescribe fewer than 25 prescriptions per year to be exempt from the e-prescribing mandate.

Another HIT provision of note is the $30 million appropriation for the Statewide Health Information Network for New York (SHIN-NY), present in both the Senate and Assembly budgets, and in the Executive Budget proposal.

Voting on final budget bills is scheduled to occur March 28-31. State fiscal year 2016-2017 begins April 1. HANYS will keep the HANYS HIT Strategy Group informed on the budget negotiations as it pertains to these provisions specifically.

HANYS HIT Update 03/13/16
What we can do together = Communicate!

• “Partners in Prescriptions” program
• Give patients clear information on the name and address of your pharmacy – give on cards or other materials they can carry with them
• Share names and contact information for point person contacts providers can communicate with to share issues and concerns
NYS HIMSS:  http://nys.himsschapter.org/
HIMSS NA:  http://www.himss.org/
NYS BNE:  http://www.health.ny.gov/professionals/narcotic/
(especially the updated FAQ)
SureScripts:  http://www.surescripts.com
CE credit

- Full name
- Address
- Email Address
- Phone number
- NAPB e-profile #
- Birth date (MM/YYYY)

- Please send to wyu@winthrop.org