

Understanding the 2011 e-Prescribing Mandate

Mandate

In 2008, the Minnesota Legislature enacted an e-Prescribing Mandate in order to improve quality outcomes and efficiency in health care: *“Effective January 1, 2011, all providers, group purchasers, prescribers, and dispensers must establish, maintain, and use an electronic prescription drug program. This program must comply with the applicable standards in this section for transmitting, directly or through an intermediary, prescriptions and prescription-related information using electronic media”* (Minnesota Statutes, section 62J.497).

Guidance

The 2011 e-prescribing mandate applies to the following:

- Licensed health care practitioners, including; doctors of medicine, osteopathy, dental surgery, dental medicine, podiatry, optometry, advanced practice nurses, and physician assistants;
- Providers or health care providers; a person or organization other than a nursing home that provides health care or medical care services within Minnesota for a fee and is eligible for reimbursement under the medical assistance program; and
- Pharmacies and pharmacists; a person authorized by law to dispense legend drugs pursuant to a valid prescription.

The Minnesota Department of Health (MDH) recommends providers and organizations move towards an EHR with e-prescribing functionality. While a stand-alone e-prescribing system is an alternative, it is important to note a stand-alone system may:

- Result in duplicative costs due to implementing e-prescribing and EHR systems.
- Distract from efforts to implement a more comprehensive EHR that includes e-prescribing functionality.

Long Term Care

The 2011 mandate does not apply to long term care (LTC) facilities. However, because LTC is such a vital part of our care delivery system, the Minnesota e-Health Advisory Committee which includes representation from LTC associations, recommends that these facilities also make progress toward implementing a fully functional EHR that includes e-prescribing. When LTC uses an EHR with e-prescribing capabilities, residents benefit from safer and more comprehensive care because:

- Multiple providers can exchange medication histories and other medical information; and
- Frequent back-and-forth migration between health care organizations can be more easily managed.

Home Care and Assisted Living

There are some health care providers, such as home care or assisted living centers, that need access to prescription information, but whose patients routinely receive prescribing services from other practitioners. These providers can meet the intent of the mandate by working with the practitioners in their area to arrange for the prescription to be submitted electronically directly to the dispensing pharmacy and for a copy of the prescription to be sent to the care provider.

Non-Compliance

MDH recognizes the mandate may not have been achievable by some providers by January 1, 2011. Additionally, MDH recognizes that some pharmacies were not ready to receive electronic prescriptions by January 1, 2011. It is critical that these providers and pharmacies demonstrate progress toward implementing an EHR with e-prescribing functionality in order to meet the intent of the mandate.

Currently, there is no enforcement mechanism or fine for not complying with the mandate. However, MDH does recommend that all providers prepare for compliance in order to realize the benefits of e-prescribing such as:

- Increased efficiency and quality outcomes;
- Improved ability to avoid adverse events.

The implications of non-compliance may include:

- Potential increased liability for providers;
- Negative impact on patient outcomes;
- Future establishment of formal enforcement mechanisms.

Standards

All e-prescribing transactions conducted in Minnesota require the use of national standards. Either NCPDP or HL-7 standards must be used for e-prescribing transactions within a health system such as:

- To a hospital or inpatient pharmacy;
- Using telepharmacy in a rural community;



- To an emergency department or other clinical setting utilizing an automated dispensing machine.

When e-prescribing transactions take place outside of your organization the appropriate NCPDP transaction standards must be used. This includes the exchange of eligibility information and medication history.

The transaction standards for e-prescribing in Minnesota, consistent with federal standards, are contained in Minnesota Statutes §62J.497 and are consistent with administrative simplification transactions required under Minnesota Statutes §62J.536.

e-Prescribing Controlled Substances

The Drug Enforcement Administration (DEA) released a Final Rule that became effective on June 1, 2010, allowing the electronic prescribing of controlled substances (EPCS). This final rule contains complex requirements that both e-prescribing point-of-care vendors and pharmacy software vendors must meet before facilitating or allowing EPCS. Because of this complexity, it is anticipated it will take time for e-prescribing applications to be programmed and certified per DEA guidelines. Please inquire with your vendor to find out their timeline for certification of EPCS.

State law does not prohibit the use of paper prescriptions, and MDH understands prescribers and pharmacists will still have a need to write or accept paper prescriptions in some circumstances. This may be due to downtime of electronic systems, compliance with DEA regulations pertaining to the electronic prescribing of controlled substances, or working with organizations not complying with the mandate.

Advice for Pharmacies

- Move forward in adopting and using e-prescribing even if the providers selected by your patients are not ready to submit prescriptions electronically.
- Communicate with providers in your area; let them know your pharmacy is able to receive electronic prescriptions.

Advice for Providers (prescribers)

- Move forward in adopting and using e-prescribing even if the pharmacies selected by your patients are not ready to accept prescriptions electronically.
- Communicate with your local pharmacies; let them know you are able to e-prescribe.
- Ask your e-prescribing vendor to automatically convert electronic prescriptions to a fax for those

pharmacies that are not yet ready to receive prescriptions electronically.

e-Prescribing and Meaningful Use

In addition to the Minnesota mandate, federal meaningful use criteria for Stage 1 requires e-prescribing in order for eligible providers to access Medicare and Medicaid incentive payments.

Federal meaningful use criteria for Stage 2 for eligible hospitals are expected to include e-prescribing. This is anticipated to be finalized and in place by 2013. MDH expects hospitals can demonstrate efforts toward adoption and meaningful use of an EHR that includes e-prescribing capabilities in order to meet the intent of the 2011 mandate.

Financial Incentives and Resources

Incentives for e-prescribing are available through Centers for Medicare and Medicaid Services (CMS) and the Medicare program. Information can be accessed at: <http://www.cms.gov/ERXincentive/>.

Information on CMS meaningful use incentives available through the Recovery Act can be found on the Minnesota e-Health Web site: <http://www.health.state.mn.us/e-health/index.html>.

A Practical Guide to Electronic Prescribing was released by the Minnesota e-Health Initiative in June 2009. For a copy of the document, please visit: <http://www.health.state.mn.us/ehealth/summit/g3e-prescribing2009.pdf>.

Standards Recommended to Achieve Interoperability in Minnesota was updated by the Minnesota e-Health Initiative in June 2010. For a copy of the document, please visit: <http://www.health.state.mn.us/e-health/standards/index.html>.

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