



E-Prescribing: What Optometrists Need to Know

E-Prescribing has been described as the solution to improving patient safety and reducing sky-rocketing medication costs due to medication errors. The main reasons for these errors are illegible hand-writing, incorrect dosing, and missed drug/allergy reactions. With approximately 3 billion prescriptions written annually, writing prescriptions can be streamlined and made efficient by using an e-prescribing system.

E-Prescribing is the ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point of care. E-Prescribing is an electronic way to generate prescriptions through an automated data entry process utilizing e-prescribing software and a transmission network that links to participating pharmacies. E-Prescribing is **not** simply emailing prescriptions or faxing prescriptions to the pharmacists.

By eliminating paper, phone and fax from prescribing, electronic prescribing makes it easier for patients to access their medications through a safer and more efficient process, and it improves the quality of patient care. E-prescribing replaces old, error-prone approaches to prescribing - e.g., handwritten prescriptions, computer-printed prescriptions and computer-faxed prescriptions. If a patient does not want a prescription sent electronically, or a pharmacy does not yet accept e-prescriptions, the optometrist would be able to print a prescription for the patient through the e-prescribing technology.

The inclusion of electronic prescribing in the Medicare Modernization Act (MMA) of 2003 gave momentum to the movement, and the July 2006 Institute of Medicine report on the role of e-prescribing in reducing medication errors has received widespread publicity, helping to build awareness of e-prescribing's role in enhancing patient safety. E-Prescribing is one of the key action items in the government's plan to expedite the adoption of electronic medical records and build a national electronic health information infrastructure in the United States.

The MMA created a new voluntary prescription drug benefit under Medicare. Although e-prescribing was optional for health care professionals and pharmacies, Medicare required drug plans participating in the new prescription benefit to support electronic prescribing. On April 2, 2008, the Centers for Medicare and Medicaid Services (CMS) released a final rule adopting four standards for use in e-prescribing: formulary and benefits, medication history, fill status information, and the National Provider Identifier (NPI). For more information on these standards, go to www.cms.hhs.gov/EPrescribing/.

Bipartisan e-prescribing legislation was included in the Medicare Improvement for Patients and Providers Act (MIPPA) that was supported by AOA and became law on July 15, 2008. MIPPA creates new financial incentives to encourage Medicare providers to adopt and use technology to order prescriptions electronically. Experts expect e-prescribing to reduce medical errors and help clinicians provide care in a more cost-effective, efficient and safe manner. Congress authorized a 2 percent bonus in 2009 and 2010, reduced to 1.0 percent in 2011 and 2012, and 0.5 percent in 2013, for eligible physicians on all Medicare claims if they successfully e-prescribe. Congress also authorized Medicare to penalize eligible doctors who don't e-prescribe 1.0 percent in 2012, 1.5 percent in 2013, and 2.0 percent in 2014 and beyond.

To earn the bonus payment for 2009, you must use a "qualified" e-prescribing system and report the e-prescribing quality measure through your Medicare Part B claims on at least 50 percent of applicable cases. That is, you must report the appropriate G code (G8443, G8445, or G8446) on at least 50 percent of your Medicare claims that include one of the codes linked to e-prescribing. The procedural codes that apply for potentially reporting are: 90801, 90802, 90804-09, 92002, 92004, 92012, 92014, 96150-52, 99201-05, 99211-15, 99241-45, G0101, and G0108-09.

E-prescribing Incentive Program Quick Reference: G-Codes	
If you...	Report
√ Used a qualified e-prescribing system for all of the prescriptions	G8443
√ Had a qualified e-prescribing system, but didn't generate any prescriptions during this encounter.	G8445
√ Had a qualified e-prescribing system, but prescribed narcotics or other controlled substances	G8446
√ Had a qualified e-prescribing system, and state or Federal law required you to phone in or print the prescriptions	G8446
√ Had a qualified e-prescribing system, and the patient asked that you phone in or print the prescriptions	G8446
√ Had a qualified e-prescribing system, and the pharmacy system can't receive electronic transmission	G8446

Use G8443 when all prescriptions created during the encounter were generated using a qualified e-prescribing system. Use G8446 when you have access to a qualified e-prescribing system but some or all prescriptions generated during the encounter were printed or phoned in as required by state or federal law or regulations, patient request, or pharmacy system being unable to receive electronic transmission; or because the prescription(s) were for narcotics or other controlled substances which cannot be e-prescribed. Use G8445 when no prescriptions were generated during the encounter but you have access to a qualified e-prescribing system.

There are two types of “qualified” e-prescribing systems: a system for e-prescribing only (a “stand-alone” system), or an electronic health record (EHR) system with e-prescribing functionality. The system must be able to do all of the following: 1) Generate a complete medication list that incorporates data from pharmacies and benefit managers. 2) Select medications, transmit prescriptions electronically using the applicable standards, and warn the prescriber of possible undesirable or unsafe situations. 3) Provide information on lower-cost, therapeutically-appropriate alternatives (for 2009, tiered formulary information, if available, meets this requirement). 4) Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient’s drug plan.

As AOA previously alerted the profession, all written Medicaid prescriptions must be on a tamper-resistant prescription pads as of April 1, 2008 (see <http://www.aoa.org/x4842.xml>). Electronic prescriptions are excluded from using tamper-resistant prescription pads which, in essence, encourages greater use of e-prescribing.

E-Prescribing contributes significantly to practice efficiency and patient safety:

- Automation of the entire prescribing process helps reduce the risk of medication errors. New prescriptions go directly to the pharmacy’s computer and eliminate handwritten, phone and faxed based communications between the optometrist and pharmacies. Renewal requests come back into the optometrist’s e-prescribing/EMR application for authorization. Optometrists gain real-time electronic functionality and the ability to automatically check for drug/allergy interactions.
- Refill automation reduces the potential for fraud or tampering by eliminating the use of handwritten or printed prescriptions that can be altered before reaching the pharmacist.

- Access to patient medication history through histories shared by pharmacies and payer sources allows optometrists to make informed decisions and decreases the risk of adverse drug events.

RESOURCES TO USE

Optometrists should evaluate e-prescribing software systems as well as full EMR systems that may likely include an e-prescribing function. The e-prescribing vendor will need to utilize a company which supplies the electronic prescribing network (hub or gateway for transmissions) such as SureScripts - RxHub (<http://surescripts.com/>).[♦]

The National e-Prescribing Patient Safety Initiative (NEPSI) (www.nationalerx.com)[♦] is a new coalition of the nation's most prominent technology companies and healthcare organizations dedicated to improving patient safety and reducing harmful medication errors. To accelerate the adoption of electronic prescribing, NEPSI will make Web-based electronic prescribing software available free to every physician in America. The NEPSI offering, eRx NOW™[♦], is Web-based software from Allscripts. The AOA Washington Office is aware of a concern that NEPSI requires DEA numbers for prescribers to access this software, and is seeking remedies to allow optometrists to participate in this and similar programs. Given AOA's proactive efforts, Allscripts and SureScripts have informed AOA that the requirement of a DEA number will be substituted by the NPI number. Both CMS and the Drug Enforcement Administration have indicated that DEA#s should only be required for controlled substances.

An online portal (www.GetRxConnected.com) allows optometrists to follow a step-by-step process designed to help transition from paper-based prescribing to e-prescribing. AOA has joined this effort to support this educational outreach program. Likewise, a patient portal on e-prescribing is available (www.learnabouteprescriptions.com/).[♦]

The health care system is changing with technology and reimbursement may depend on greater use of that technology. The movement on e-prescribing is yet another indicator that health care practices will become more "paperless" environments, and coincides with efforts to adopt and fully implement EHR/EMR systems in clinical settings.

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[♦] AOA listing of these companies/products/services in no way constitutes an AOA endorsement or preference.