

# EHR STIMULUS TOUR 2009

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# ePrescribing Incentives: One On-Ramp to Stimulus

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# Agenda

- › Stimulus Funding and Electronic Prescribing
- › Overview of ePrescribing Incentives: MIPPA and PQRI
- › The Time is Now to Write and Report on Electronic Prescriptions to Receive Incentives: Here's How
- › Q&A



# Stimulus Funding and ePrescribing

- › Healthcare organizations of all sizes are already utilizing Electronic Health Records and ePrescribing to provide safer, more cost effective care
- › This is happening NOW
- › Start with what we know works, bring everyone to an acceptable standard, and build with an aggressive roadmap



# Stimulus Funding and ePrescribing

- › \$36 Billion in Incentives Require Proof of "Meaningful Use" which is defined in three ways in the Bill:
  - Use of a certified product complete with ePrescribing capability as determined appropriate by the Secretary of HHS
  - The EHR technology is connected for the electronic exchange of Personal Health Information
  - Complies with submission of reports on clinical quality measures



# Stimulus Funding and ePrescribing

**If you start now...**

**EHR  
Stimulus  
Funding**

**\$44,000\*  
over 5 yrs.**

+

**ePrescribe  
Incentive**

**\$3,000-5,000/yr.  
estimate**

+

**PQRI  
Incentive**

**\$3,000 - \$5,000/yr.  
estimate**

\*Based on Medicare ARRA incentives  
PQRI = Physician Quality Reporting Initiative

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# What's Working Today? ePrescribing

- Patient Safety/Clinical Quality
  - Ensures crucial information on patients and medications is delivered at the point of care including prior med history (Surescripts)
  - Prevents overprescribing, drug interactions and handwriting errors
- Cost Management
  - Allows a physician to understand cost ramifications of a prescription
- 68 Million Prescriptions routed electronically during 2008 -- Driven by successful CMS/PQRI incentives
- Enables physicians and their staff to make informed decisions
- The On-Ramp to the Electronic Healthcare Highway



# ePrescribing Growth is Happening – Will You Be Ready?

## › ePrescribing By The Numbers

- Prescriptions routed electronically more than doubled from 29 million in 2007 to 68 million in 2008
- More than 100,000 prescribers are now routing prescriptions electronically in the U.S. This is up from only 19,000 in 2006
- Already a 39 percent growth in prescriber adoption in 1<sup>st</sup> quarter of 2009

Surescripts



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# ePrescribing Growth is Happening – Will You Be Ready?

- › Allscripts is ranked #1 in electronic prescription routing for second consecutive year
- › We are on track to deliver 60 million electronic prescriptions in 2009 – more than doubling 2008 volume
- › This growth indicates the readiness for providers to migrate to ePrescribing in preparation for their EHR

Surescripts



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# Two Basic Approaches to ePrescribing...

- › Stand-alone ePrescribing
- › ePrescribing within an EHR

Both are eligible for Medicare Incentives

# Overview of Electronic Prescribing Incentives: MIPPA

- › Provides real financial incentives to physicians to electronically prescribe by 2012 with a Carrot/Stick approach
- › Provides penalties to those who don't beginning in 2012

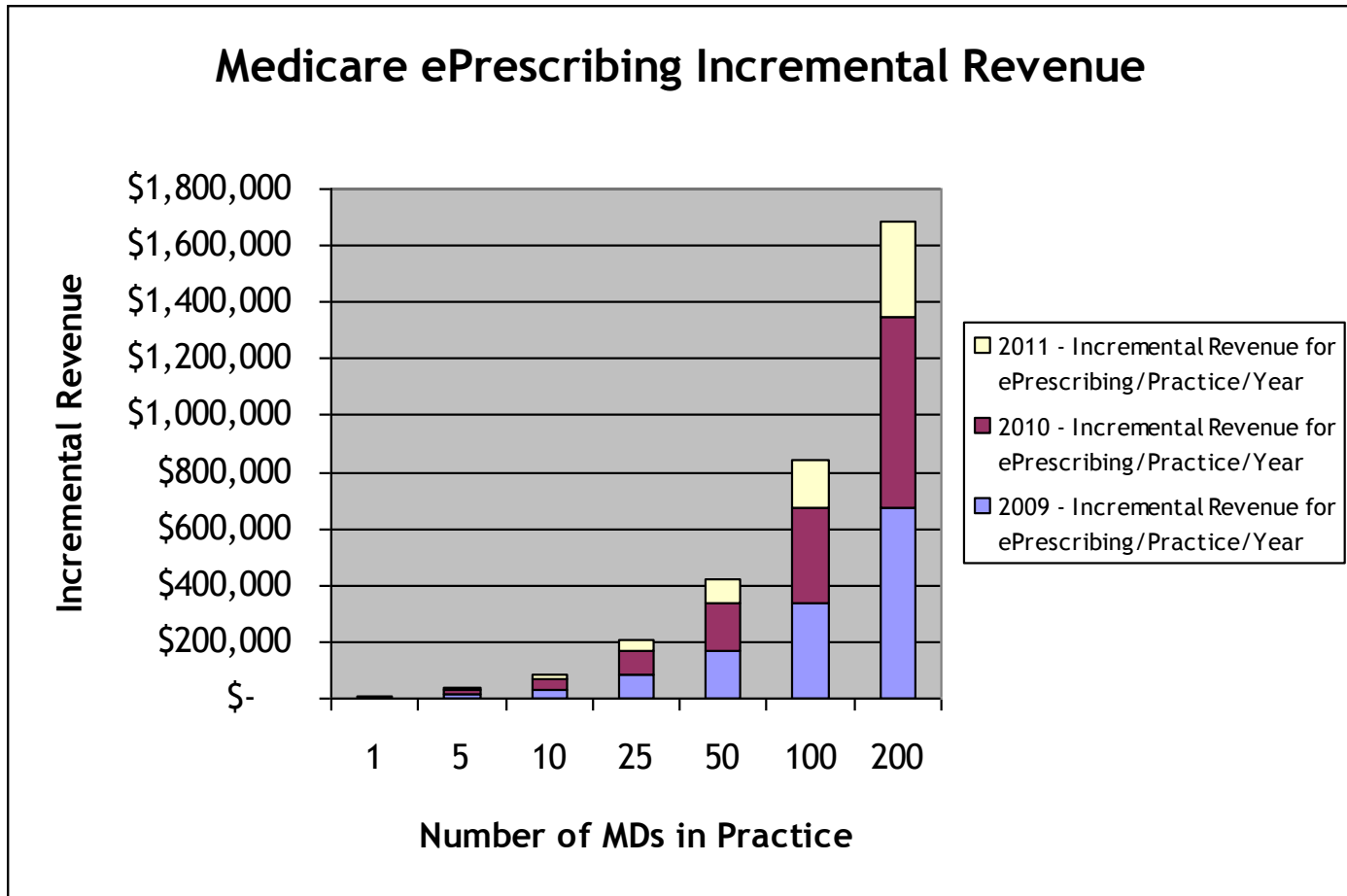
	Incentive	Penalty
<b>2009</b>	2%	None
<b>2010</b>	2%	None
<b>2011</b>	1%	None
<b>2012</b>	1%	1%
<b>2013</b>	0.5%	1.5%
<b>Beyond</b>	None	2%

# Sample Calculation for Family Practitioner

Patients Per Day	24
% of Practice Medicare	33
Medicare Pts/Day	8
Revenue per Patient	\$85
Practice Days/Year	250
Current Medicare Revenue/Year	\$170,000
% Increase with ePrescribing in 2009	2
<b>Incremental Revenue gain per MD/Year</b>	<b>\$3,400</b>



# Medicare ePrescribing Incremental Revenue



# CMS Qualified ePrescribing Solution

- › Allscripts ePrescribe™ and the Allscripts EHR family are CMS qualified electronic prescribing solutions because they can:
  - Generate a medication list incorporating medication history, if available
  - Select medications, transmit prescriptions electronically and conduct safety checks
  - Provide information on lower cost alternatives
  - Provide information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient's drug plan



# How Do Physicians Receive Their Incentive Payment?

- › Eligibility
  - Professionals must report on at least 50% of eligible patients
  - Incentive will be received on all claims if reporting is done on at least 50%
  - Must use a CMS qualified application
  - <http://www.cms.hhs.gov/ERxIncentive/>
- › G-Codes: One of these three must be used on the Superbill
  - All prescriptions were sent electronically (G8443)
  - No prescriptions were written (G8445)
  - Didn't write them electronically due to an exemption (i.e. controlled substances) (G8446)
- › Reporting Periods
  - One year in length. Payment will be received after the reporting period



# How Do Physicians Receive Their Incentive Payment?

- › The e-prescribing measure's denominator codes for professional offices and outpatient services must represent at least 10 percent of the total of allowed charges under Part B for all such covered services furnished by the eligible professional
- › HCPCS Codes:
  - 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, G0101, G0108, G0109



# Systems Must Use Standards

- › To the extent possible, electronic prescribing systems for 2009 should be compliant with the Medicare Part D standards which go into effect 4/1/09
  - The standards refer to the version of messaging that the e-prescribing program uses to send the information over the prescription network
- › It is similar to an update of a particular software product
- › As part of Surescripts vetting process, all vendors who are listed on the Surescripts website meet the 2009 Part D standards for the functions they provide

<http://www.surescripts.net/certification-status.html>

# How Do Physicians Receive Their Incentive Payment?

- › Electronic prescribers have the option to automate this process via our claims management product
  - Qualifying HCPCS codes are identified and flagged
  - Users prompted to add a recommended G-code
  - Integrated with standalone ePrescribe
- › Must report by June 30, 2009 to qualify for the incentive this year



# Overview of Electronic Prescribing Incentives: PQRI

- › Created by CMS Physicians Quality Reporting Initiative (PQRI) in 2007
- › Financial incentives for eligible professionals to participate in voluntary quality reporting
- › Bonus payment of 2% of total allowable charges for covered services
- › Claims based and registry based reporting



# P4P: Promising but Challenging

- › Manual processes are impractical
  - Constant changes in rules and measure definitions
  - Inadequate notice of changes
- › **An Automated Solution** is an essential companion to your EHR to bring transformation to your organization
- › **Clinical Quality Solution (CQS)** provides your physicians with a scalable seat at today's evidence-based reimbursement model table



# PQRI-How to Get Started

- › Determine eligibility
- › Determine which reporting option best fits your practice
- › Review the measures list and select measures to report



# Questions?

For more information on the Allscripts ePrescribe family of products, please visit [www.allscripts.com/ePrescribe](http://www.allscripts.com/ePrescribe).

To learn more about the CMS ePrescribing incentive program visit the CMS Guide via <http://www.cms.hhs.gov/ERxIncentive>.



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