EHR Game Changers: New ePrescribing Regs On Horizon!

Trends Impacting Near-Term Product Road Maps

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Presenters

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Objectives

• Understand How Prescribing is Regulated

• Identify Key Trends that Impact EHR Design
  • Historical and Ongoing Trends
  • Opioid Crisis
  • Biosimilar Substitution Laws
  • Electronic Prior Authorization

• Crystal Ball – What Might be Next?
Governance of Prescribing Processes

• States govern prescriptions with many agencies, statutes and rules.

• DEA only governs controlled substance prescriptions
Noncompliant ePrescribing

Risks

• Dissatisfied customers and reduced confidence in your solution

• Staff time expense – help desk calls, routine software updates, emergency “hot fixes”

• Lost opportunity to use development staff to create new value for customers

Stakes are getting higher as new mandates have significant impact on EHRs, and penalties for prescriber noncompliance
Up-to-Date Compliant ePrescribing

Benefits

• Proactive vs. reactive
• Improved brand reputation
• Higher degree of customer confidence
• Eliminate the last minute scramble to meet unexpected regulatory requirements

Incorporate regulatory changes as part of normal product development
Traditional Regulatory Trends Affecting EHRs

- There are 417+ federal and state requirements that impact EHR prescribing compliance

PRESCRIBING

Who can prescribe what?

80

FORMATTING

Printing specifics

259

DELIVERY

How does it get there?

78

\[
\frac{80}{+} \frac{259}{+} \frac{78}{= 417}
\]
Each state independently enacts laws and rules to address state-specific and federal demands.
Trend: The Explosive Opioid Abuse Crisis

• Since 1999, the following statistics have *quadrupled*:
  • Prescription opioids sales but without an overall change in the amount of pain reported.
  • Deaths from prescription opioids – drugs like oxycodone, hydrocodone, and methadone.
  • 165,000 people have died from *prescription* opioid overdoses.¹

On an average day in the U.S.:

650,000+ opioid prescriptions are dispensed

78 people die from an opioid-related overdose


Opioid Epidemic: The Economic Impact

Perspective

The cost of opioid abuse is greater than the state budgets for Alaska, Delaware, Idaho, Iowa, Maine, Mississippi, New Hampshire, Oklahoma, Rhode Island, South Dakota, and Vermont combined.¹

$55 billion in health and social costs related to prescription opioid abuse each year.

$20 billion in emergency department and inpatient care for opioid poisonings.


Technology Success Story: Prescription Drug Monitoring Programs

✓ State-run databases of dispensing records for Controlled Substances
✓ Pharmacies and **dispensing prescribers** submit records
✓ Historically, PDMP utilization has been **optional** for clinicians

State Prescription Drug Database

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<th>Prescription Data Analysis</th>
<th>Total Prescriptions</th>
<th>90 Day Avg</th>
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<td>WY</td>
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</table>

Dispensing Prescriber ➔ Rx ➔ Pharmacy ➔ Profile ➔ Law Enforcement ➔ State Board ➔ Profile ➔ Prescriber ➔ Profile ➔ Pharmacy ➔ Rx ➔ Dispensing Prescriber

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Federal Action: Comprehensive Addiction and Recovery Act (CARA)

- Enacted 7/22/2016
- Reauthorizes National All Schedules Prescription Electronic Reporting Act (NASPER)
  - Grants to state PDMPs
  - New focus on Interoperability, ePrescribing, HIEs, EHRs
  - PDMP into the workflow
- Mandates VA facility prescribers to query the PDMP
Federal Action: Prescription Drug Monitoring Act of 2016 - PENDING

- Senate Bill 3209 Introduced 7/13/2016
- Within 2 years of enactment, all states to
  - Mandate pharmacists and prescribers to access the PDMP
  - Require dispense records to be reported to PDMP within 24 hours
  - Share data between states via a single hub
States are removing barriers to access
  - Allowing data sharing with EHRs
  - Encouraging integration into prescriber workflow

States are mandating prescriber utilization
  - Requiring registration for PDMP access
  - Requiring access before prescribing

25 states now require prescribers to view the PDMP when prescribing specified controlled substances
EHRs Can Be Part of the Solution

- Improving Prescriber access to PDMP is a key strategy to reduce abuse
- Access outside the prescribing workflow is a hindrance to utilization

“Most primary care physicians are aware of PDMPs, but many find the data difficult to access.” Health Affairs March 2015
Integrated PDMP Access: Successfully Piloted

• ONC PDMP and Health IT Integration Pilot Programs
  • Chartered to identify and resolve barriers to interoperability
  • Executed use cases for integrated access to PDMPs via EHRs in pilot setting
  • Used NCPDP SCRIPT
  • Connected to States and Hubs

• EHRs participants include Epic, NextGen and Dr. First

• Wrapping up and reporting out now
  • Tweaks identified
  • Some are production ready

The S&I Framework is a collaborative community of participants from the public and private sectors who are focused on providing the tools, services and guidance to facilitate the functional exchange of health information. Learn more at www.sifframework.org
Regulatory Trend: States Mandating New Prescribing Methods and Limits

- ePrescribing Mandates such as New York, Minnesota and Maine
- Widely varying prescribing limits
Regulatory Trend:
States Mandating New Prescribing Limits and Methods

- State schedule variances
  - States placing drugs in different schedules than DEA
  - Impacts EPCS pathway for drugs not scheduled by DEA
- Partial filling of C-II’s allowed, with electronic notification back to prescriber (enacted)
- Requiring Non-Opiate Directive forms to be stored in the “interoperable EHR” (enacted, rules TBD)
Regulatory Trend: Biosimilar Substitution

At state level:

• New laws/regulations for biosimilar substitutions
  • Amending generic substitution rules to accommodate biosimilars

• 26 states are considering or have passed legislation establishing standards

It’s all about patient safety

Physician notification of pharmacist substitution is required.
The EHR Challenge: Pharmacy Notification to Prescriber

**Biosimilars**

- 22 states require physician to be notified of biologic dispensed via “interoperable EHR”

**Controlled Substances**

- Massachusetts allows patients to request partial dispensing of opioid prescription
  - Remainder of the prescription voided
  - **Pharmacist must notify prescriber** of amount actually dispensed
### Potential Solutions: Pharmacy-to-Prescriber Notification

**Medication History**

**Pros:**
- Supported today by all EHRs, EDI Networks, most payers and some pharmacies (for cash prescriptions)
- Financial model (for transactions) established

**Cons:**
- Delivered on demand, generally at time of visit
- Contains snapshot of active medications; may not include all fills
- Primary data source is payer; may not include cash prescriptions. Does not include drugs covered by medical benefit or info from non-participating payers or pharmacies
Potential Solutions: Pharmacy-to-Prescriber Notification

**Pros:**
- Delivered unsolicited at each fill
- Data source is pharmacy; every fill is captured

**Cons:**
- Not supported today by EHRs, Pharmacies or EDI Networks
- Financial model (for transactions) TBD
Regulatory Trend: Electronic Prior Authorization

- ePA specified in many states
  - 14 states require payers to support ePA
  - 1 state requires providers to use ePA

14 States Have ePA Mandates
Poll Question

WHICH OF THE FOLLOWING REGULATORY TRENDS ARE ON YOUR PRODUCT ROAD MAPS?

- PDMP Access Integration
- Electronic Prior Authorization
- Controlled Substance Prescribing Limits
- Biosimilar Substitution
What’s Next?

Ongoing whirlwind of Opiate legislation, state and federal
- ePrescribing mandates
- Stronger PDMPs with mandated utilization
- Restrictions on opiate prescriptions

Interoperability mandates
- PDMP
- HIE

Biosimilar trend continues

ePrior Authorization gains traction

Other trends unrelated to ePrescribing
- Telemedicine
- Privacy
Conclusions

✔ EHR regulatory support is critical for EHR success
✔ Prescribers are dependent upon their EHR vendors and trust them to support their requirements
✔ States will continue to regulate in different ways
✔ EHRs must anticipate regulatory impact and plan accordingly
Persistent Monitoring Ensures Compliance

- ePrescribing solutions providers must diligently monitor legislative activities at state and federal levels to avoid non-compliance risks.
- Point-of-Care Partners can help.
- Contact Bill Hein bill.hein@pocp.com or visit www.pocp.com/statelawreview