ePrescribing and EPCS

Prepared for the Nebraska Information Technology Commission

March 6, 2014
Agenda

- Current ePrescribing and EPCS environment
- Benefits of EPCS
- Overview of technology vendors
- What does a Prescriber needs to do to EPCS
- What does a Pharmacist need to
- Select Notes on Controlled Drugs
- Arizona Update
- Barriers and day-to-day details
ePrescribing is now the Standard of Care

Today, 79% of physicians are prescribing electronically\(^1\)

By 2018, 90% of physicians will be prescribing electronically\(^2\)

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\(^1\) ONC Health IT Dashboard, *Quick Stat #9*, through 2013

\(^2\) Letter from CBO to Hon. Henry Waxman, Chairman, Committee on Energy & Commerce, January 2008
Most ePrescribing Occurs within EHRs

- Percentages of ePrescribers using EHRs:
  - 2007: 0%
  - 2008: 10%
  - 2009: 20%
  - 2010: 50%
  - 2011: 80%
  - 2012: 100%


Ideal ePrescribing Software Features within an EHR
- Generates a medication list
- Select medications, transmit prescriptions, respond to refill requests and conduct safety checks electronically
- Customize DUR alerts based on user’s preferences
- Provide eligibility-informed formulary data, medication history, and prior authorization requirements electronically from the patient’s drug plan.
- Provide mail-order eligibility information and ability to transmit to mail-order electronically
- Ability to handle ePrescribing of controlled substances (EPCS)
- Import diagnosis codes and other relevant medical information from the EMR into electronic prescription

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## EHR Technology Vendor Types

<table>
<thead>
<tr>
<th>EHR type</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR with its own eRx software</td>
<td>376</td>
</tr>
<tr>
<td>EHRs with DrFirst embedded</td>
<td>134</td>
</tr>
<tr>
<td>EHRs with NewCrop embedded</td>
<td>119</td>
</tr>
<tr>
<td>EHRs with DoseSpot embedded</td>
<td>35</td>
</tr>
<tr>
<td>Others</td>
<td>17</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>681</strong></td>
</tr>
</tbody>
</table>

462 EHRs are certified for prescription benefits (eligibility + formulary) and 681 for Rx routing.
Top States for ePrescribing

Safe-Rx 2012 highlights

Safe-Rx Rankings measure each state’s progress in advancing healthcare safety, efficiency and quality through the adoption and use of ePrescribing. The rankings recognize the full utilization of ePrescribing based on volume of use for all three ePrescribing services: Prescription Benefit, Medication History and Prescription Routing.

1. Delaware
2. Minnesota
3. Ohio
4. New Hampshire
5. Massachusetts
6. North Carolina
7. Vermont
8. Missouri
9. Maine
10. South Dakota
11. Wisconsin
12. Iowa
13. Connecticut
14. Pennsylvania
15. North Dakota
16. Michigan
17. Nebraska

Gaps in ePrescribing

- Problems with electronic prescriptions
  - “7% of eRxs that have problems negate the efficiency gained from the other 93%.” – Walgreens executive

- Problems with formulary
  - Inaccurate, incomplete, too high a level, inconsistent with point-of-sale

- Lack of automation of specialty prescribing

- Non-integration of REMs

- Post-prescribing, paper-, fax- and phone-managed prior authorization

- Controlled substances not being transmitted electronically
DEA’s Interim Final Rule for Electronic Prescriptions for Controlled Substances was published on March 31, 2010 at 75 FR 16236-16319 and became effective on June 1, 2010.
Important Points on Controlled Substances

• Approximately 8-10% of all Rx’s written in the community setting are for controlled drugs

• The illegal diversion of controlled drugs is an issue in most areas of the country. EPCS can reduce the incidence of forged, handwritten Rx’s as well as those that are called in by unauthorized people

• Rx’s for CII’s that have to be hand-written today and physically provided to the patient to take to a pharmacy for dispensing can now (with the use of EPCS) be done without the need of the prescriber or patient to meet in person. This is especially convenient for after-hours situations
47 States + DC Have Adopted EPCS Regulations
EHR EPCS certified vendors

The following pharmacies and pharmacy software vendors have completed Surescripts certification and their third-party audits for e-prescribing of controlled substances:

- Allscripts (ePrescribe 17.0.2.124)
- Bizmatics (PrognoCIS 3.0)
- Cerner (PowerChart 2012.01.19)
- Delta Care Rx (Hospice-Prescribing / 1.0)
- DrFirst (Rcopia 3.0)
- Epic (2012)
- Glenwood Systems (Glace EMR 4.5)
- Medics (DocAssistant 5.2)
- MD Toolbox (2.0)
- NewCrop (Core /12.6)
- NextGen (5.8X)
- OmniMD (11.2)
- RxNT (EHR 7.1)
- The Echo group (Clinician's Desktop / 8.1.3)

NOTE: Specific product type and version is important
Pharmacy software vendors

The following pharmacies and pharmacy software vendors have completed Surescripts certification and their third-party audits for ePrescribing of controlled substances:

- CarePoint
- Cerner Etreby
- CVS/pharmacy
- Express Scripts
- FrameworkLTC by SoftWriters
- H E B Pharmacy
- Health Business Systems
- KeyCentrix
- McKesson Pharmacy Systems
- MDScripts
- Micro Merchant Systems
- PDX
- PharMerica
- PioneerRx
- QS/1 Data Systems
- Rite Aid
- SuperValu
- Transaction Data Systems
- VIP Computer Systems
- Walgreens

NOTE: Pharmacies need to ‘activate’ EPCS capability. Just because their vendor is certified does not mean the pharmacy accepts EPCS Rx’s
### Summary of Requirements for each Stakeholder

#### Prescribers
- Select certified application
- Apply for identity proofing
- Set access controls
- ‘Sign’ EPCS Rx’s using approved protocol

#### Application Providers (EHRs)
- Evaluate applications and re-program as necessary
- Undergo third-party audit or certification to determine if application meets DEA’s requirements

#### Pharmacies
- Select certified application
- Set access controls
- Process and archive prescriptions

#### Intermediaries (Surescripts, Emdeon)
- Evaluate applications and re-program as necessary
- Support digital signature
- Manage software version control to ensure interoperability
What does a Prescriber Office need to do?

- Check the Surescripts website to verify that your ePrescribing application is EPCS certified
  - Note: Make sure the version used is certified

- Obtain an audit report generated by your software vendor indicating compliance with the IFR

- Adhere to ID verification procedures and access controls:
  - ID Proofing
  - Two Factor Authentication/
    Digital Signing
What does a Pharmacy need to do?

- Contact your Pharmacy System vendor and ask if they are certified to do EPCS.
  - If yes, proceed
  - If no, then you cannot accept EPCS Rx’s until they are certified

- Set up Access Controls

- Create an eRx Audit process

- Adhere to record-keeping requirements
SECTION IX – VALID PRESCRIPTION REQUIREMENTS

To dispense controlled substances, a pharmacist must know the requirements for a valid prescription which are described in this section. A prescription is an order for medication which is dispensed to or for an ultimate user. A prescription is not an order for medication which is dispensed for immediate administration to the ultimate user (i.e., an order to dispense a drug to an inpatient for immediate administration in a hospital is not a prescription).

A prescription for a controlled substance must be dated and signed on the date when issued. The prescription must include the patient’s full name and address, and the practitioner’s full name, address, and DEA registration number.

The prescription must also include:
1. Drug name
2. Strength
3. Dosage form
4. Quantity prescribed
5. Directions for use
6. Number of refills authorized (if any)

A prescription must be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner on the date when issued. An individual (i.e., secretary or nurse) may be designated by the practitioner to prepare prescriptions for the practitioner’s signature. The practitioner is responsible for ensuring the prescription conforms to all requirements of the law.
Common Barriers to EPCS

• Lack of knowledge that EPCS is legal
• Lack of certification by technology used
• Lack of understanding of the regulations
• ‘Chicken and Egg’ syndrome by Prescribers & Pharmacies
Benefits of EPCS

Creates **one workflow for all** electronic prescriptions

Condenses recordkeeping for patients’ prescription history

Reduces diversion, and abuse

call-backs, and time it takes for pharmacy & physicians’

cost of storing paper prescriptions

Improves legibility and decreases adverse drug events
Arizona Experience

- Number of EPCS eRx's
- Number of Prescribers CERTIFIED to do EPCS

May: 16, June: 169, July: 220, August: 817, September: 3,427, October: 6,545, November: 9,856, December: 15,978

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Options for Nebraska

1. Do nothing – let growth be organic

2. Work directly with key stakeholder

3. Coordinate state-wide launch
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