E-Prescribing, EPICS & PDMP: An Update
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Chief Executive Officer

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Arizona Health-e Connection is now **Health Current**

- Arizona’s primary resource for health information technology and exchange
- Health Current operates the Health Information Exchange (HIE) for Arizona
- A partner that gives providers the information they need to make better clinical decisions and keep people healthy

Health Current has over 500 participants and data on approximately **95%** of all inpatient discharges from hospitals throughout Arizona
Overview

• Overview of E-Prescribing and EPCS
• Arizona vs National Landscape
• 2017 eRx Statistics
• EPCS Mandate
• eRx and EPCS: The Basics
• PDMP Mandate & Access Options
What is E-Prescribing?

Electronic Prescribing (e-prescribing) occurs when a prescriber uses a computer or handheld device with software that enables the prescriber to:

• Electronically route the prescription to the patient’s pharmacy of choice
• Electronically access a patient’s prescription benefit (formulary)
• Electronically access a patient’s medication history

E-Prescribing is also known as eRx

In 2016, 73% of all Prescriptions in US were electronic

– Surescripts 2016 National Report
**What is EPCS?**

**EPCS** is the Electronic Prescribing of Controlled Substances

- Regulations issued by the Drug Enforcement Administration (DEA) in 2010 permits pharmacies to receive, dispense and archive electronic prescriptions
- In April 2012, Arizona’s governor signed into law legislation making EPCS **legal in Arizona**
# How Does Arizona Compare for Electronic Prescribing?

## National vs Arizona for E-Prescribing (2016 data)

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacies E-Prescribing Enabled</td>
<td>98%</td>
<td>99%</td>
</tr>
<tr>
<td>Active E-Prescribers</td>
<td>66%</td>
<td>58%</td>
</tr>
</tbody>
</table>

## National vs Arizona for EPCS (2016 data)

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<td>Pharmacies EPCS Enabled</td>
<td>91%</td>
<td>96%</td>
</tr>
<tr>
<td>Prescribers Enabled</td>
<td>17.1%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Surescripts June 2017 Data

Virtually All Arizona Pharmacies Enabled

Arizona prescribers lag behind national numbers
Where are we Today?
Surescripts 2017 National Progress Report

• Annual report distributed by Surescripts
• The good news… significant increases in all areas, but particularly in EPCS enablement and adoption
• The bad news… Arizona fell in the state rankings from #18 in 2016 to #22 in 2017
  • 96% pharmacy enablement
  • 12% prescriber enablement
  • 14% controlled substances prescribed electronically
• www.surescripts.com
E-Prescribing lets healthcare professionals in all care settings handle prescriptions safely and efficiently, while E-Prescribing for Controlled Substances (EPCS) integrates into existing workflows to offer new dimensions of safety and security for controlled substance prescriptions.

E-Prescriptions:
- 1.04 billion in 2013
- 1.2 billion in 2014
- 1.4 billion in 2015
- 1.6 billion in 2016
- 1.74 billion in 2017

Controlled Substances:
- 340,000 in 2013
- 1.67 million in 2014
- 12.81 million in 2015
- 45.34 million in 2016
- 77.33 million (26.6 million for opioids) in 2017
Percent of Prescriptions Delivered Electronically

**PERCENT OF PRESCRIPTIONS DELIVERED ELECTRONICALLY**

<table>
<thead>
<tr>
<th>Category</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Prescriptions</td>
<td>77%</td>
<td>73%</td>
</tr>
<tr>
<td>Non-Controlled Substances</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>Controlled Substances</td>
<td>21%</td>
<td>11%</td>
</tr>
</tbody>
</table>
The number of prescribers utilizing e-prescribing increased 8% in 2017.
PERCENT ENABLED FOR E-PRESCRIBING FOR CONTROLLED SUBSTANCES (EPCS)

The number of prescribers enabled for EPCS increased 59% in 2017.

TOP 5 SPECIALTIES USING ELECTRONIC PRESCRIBING FOR CONTROLLED SUBSTANCES (EPCS)

- PAIN MEDICINE SPECIALISTS 25%
- PSYCHIATRISTS 25%
- ONCOLOGISTS 24%
- FAMILY PRACTITIONERS 21%
- SPORTS MEDICINE SPECIALISTS 20%
The Impact of EPCS Mandates

*Prescriber enablement in states with EPCS mandates*

- **January 2016:** 10%
- **July 2016:** 32%
- **January 2017:** 51%
- **July 2017:** 75%
- **December 2017:** 80%

**MN:** E-prescribing required for all prescriptions, including controlled substances (but with a specific penalty for non-compliance)

**NY:** E-prescribing required for all prescriptions, including controlled substances

**ME:** E-prescribing required for opioids

**CT:** E-prescribing required for all controlled substances
EPCS Mandate in Arizona

• SB 1001 – the Az Opioid Epidemic legislation – mandates EPCS for all Schedule II controlled substances in 2019
• January 1, 2019 – mandate goes into effect for counties with 150,000+ population
• July 1, 2019 – mandate goes into effect for counties with less than 150,000 population
• There will be a waiver process to claim an exemption due to lack of broadband access or other issues that prevent a medical practitioner from being able to utilize EPCS technology. Unsure of what will be included in this waiver options as valid reasons for an exemption, beyond lack of appropriate broadband access
Why E-Prescribe?

Improve patient care

E-prescribing is a recognized and proven effective tool to improve patients’ health outcomes and reduce costs

• Eliminates phone calls and inaccuracies
• Decreases adverse drug events and drug-to-drug interactions
• Increases patient adherence

Electronic prescribing improves patient first-fill medication adherence rates by 10%. This seemingly small increase in fill rate helps greatly reduce hospital readmissions and improve patient care.
Why E-Prescribe?

Majority of adults prefer electronic prescriptions

Reports have shown the preference amongst adults for electronically sent prescriptions to their pharmacies

   
   • 68.4% believed that e-prescribing had improved care they received by their doctor or nurse
   
   • 17.5% reported being more likely to pick up e-prescriptions

   • Nearly all subjects were satisfied with their prescriber and pharmacy in dealing with e-prescriptions and that e-prescriptions are now their preferred method of delivery due to added convenience to the patient
Why E-Prescribe?

Majority of adults prefer electronic prescriptions


- Patients saw improvements in safety, reduction in fraud and abuse, speed and convenience, and prescription accuracy when a medication was e-prescribed
- Demonstrated that patients are concerned with cost but can see a definite benefit of convenience and safety of e-prescribing
- “I don’t live in the same town as my doctor so being able to save that time-wise without having to drive down there [pharmacy] and wait however long it’s gong to take, just to have it right away would be really nice”
Why E-Prescribe?
Meaningful Use & VBP

• Meeting Meaningful Use requirements
  – Medicaid EHR Modified Stage 2 Objective 4: Electronic Prescribing (eRX)
    ▪ Objective: Generate and transmit permissible prescriptions electronically (eRX)
    ▪ Measure: More than 50% of all permissible prescriptions written by the electronic prescriber (EP) are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology

• Potentially receiving a higher reimbursement rate under AHCCCS’ Value Based Purchasing program
## Common Barriers to E-Prescribing & EPCS

<table>
<thead>
<tr>
<th>Barrier</th>
<th>How to Overcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Believe EPCS is NOT legal</td>
<td>EPCS has been legal in Arizona since 2012 and 96% of pharmacies in Arizona can accept a controlled prescription electronically</td>
</tr>
</tbody>
</table>
| Time Consuming          | A small investment in time, in the beginning, pays off in increased efficiency in the long run.  
**Time savings:** favorite drug lists can be created to make prescribing easier and faster; fits into your EHR workflow; reduction in transcription errors; access to patient formulary while prescribing |
## Common Barriers to E-Prescribing & EPCS

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</thead>
<tbody>
<tr>
<td>Not able to adjust dosing instructions as desired</td>
<td>“Free Form” options are available through some EHR/EMRs</td>
</tr>
<tr>
<td>Concern about the security of electronic prescriptions</td>
<td>Electronic prescriptions are sent through certified technology that uses private, secure, and closed networks. Electronic prescription information is NOT sent over of the open internet or as an email.</td>
</tr>
</tbody>
</table>
Electronic Health Record (EHR) Systems are ready
Top 10 EHR systems used in Arizona are eRx and EPCS capable

- Amazing Charts
- Athena
- Cerner
- eClinicalWorks
- eMDs
- GE Centricity
- Greenway
- McKesson
- NextGen
- Practice Fusion

- Many, many more systems are EPCS enabled now.
- Only handful on Surescripts website not listed as EPCS certified.
- Search the web address below to check the status of EPCS of your EHR:
www.surescripts.com/network-connections/mns/prescriber-software
How to Get Started E-Prescribing

• All certified EHR systems have e-prescribing capabilities
• Contact your vendor for training if your office is not currently utilizing
• Make sure to be using the most current version of your software
How to Get Started: EPCS

• Notify your vendor that your prescribers are ready to begin using EPCS
• Complete identity proofing requirements
• Obtain dual (two-factor) authentication device or process
• Set up security access controls

Our research found:
• Average yearly costs for EPCS range from $100 to $250 per provider
• Monthly fees may also apply and typically range from $7.50 to $15 per provider
Tips to Using E-Prescribing and EPCS

• Make certain to send your prescriptions immediately, do not batch or put them into a queue (this causes a delay of the prescription getting to the pharmacy)
• Train all members of your care team in the features of your software to streamline workflow
• Designate both an EHR/EMR and e-prescribing expert in your office
Tips to Using E-Prescribing and EPCS

• Educate your patients on the benefits of e-prescribing for them
  – Time savings for your patients, especially at the pharmacy
  – Improves medication safety by checking for allergies, drug-to-drug interactions, and contraindications
  – Sent to the pharmacy of their choice
  – The new drug being prescribed can be verified with the prescription drug formulary to make certain that it is covered
Potential Costs of NOT E-Prescribing

- Not meeting Meaningful Use requirements
- No extra reimbursement from Value Based Purchasing program
- Two separate workflows for prescribing
- Mistakes made due to no electronic clinical drug support
  - No drug-to-drug interaction, allergy or contraindication automated support
- Transcription errors
- Increased time spent on the phone with pharmacies to verify prescriptions
- And soon… not being in compliance with state mandate (EPCS)
Prescription Drug Monitoring Program (PDMP) Mandate

Starting last fall, prescribers are required to check the Arizona Controlled Substances Prescription Monitoring Program (PMP) before a prescription for a controlled substance is generated.
Options for Meeting PMP Mandate

1. Prescriber must first register with Board of Pharmacy.
2. Three options to comply:

   a) Access via the Board of Pharmacy Website
      - Manual log-in of prescriber, license & patient name; available now.

   b) Access via an Electronic Health Record (EHR)
      - Providers should check with vendor on availability, timing & costs.

   c) Access via Health Current
      - First need to be HIE participant; then need to be connected to HIE portal.
EHR Access to PMP

• EHR integration is best for workflow if available
• According to Board of Pharmacy website:
  • 20+ systems already integrated
  • 20+ systems working on integration
• Check with your vendor to find out their status and ask about next steps and pricing to incorporate PMP into your EHR
Health Current Access to PMP
Choose PMP Tab
Directed to AZ PMP

### Testpatient, Abby
- **Gender:** Female
- **DOB:** 07/01/1970 (47 yrs)
- **Address:** 165 Parkview Rd, Columbus, OH 43209
- **Community ID:** 4202719

### Demographics
- **Age:** 47

### Prescriptions
- **Total Prescriptions:** 15
- **Private Pay:** 0
- **Active Daily MME:** 0.00

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<tr>
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<th>Qty</th>
<th>Days</th>
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<th>Pharmacy</th>
<th>Refill</th>
<th>MgEq</th>
<th>MgEq/Day</th>
<th>Pynt Type</th>
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Contact Information

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For information about joining Health Current, contact recruitment@healthcurrent.org or call 602-688-7200

Or visit our website at www.healthcurrent.org
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