

ePrescribing and EPCS



Prepared for the Nebraska
Information Technology Commission

March 6, 2014



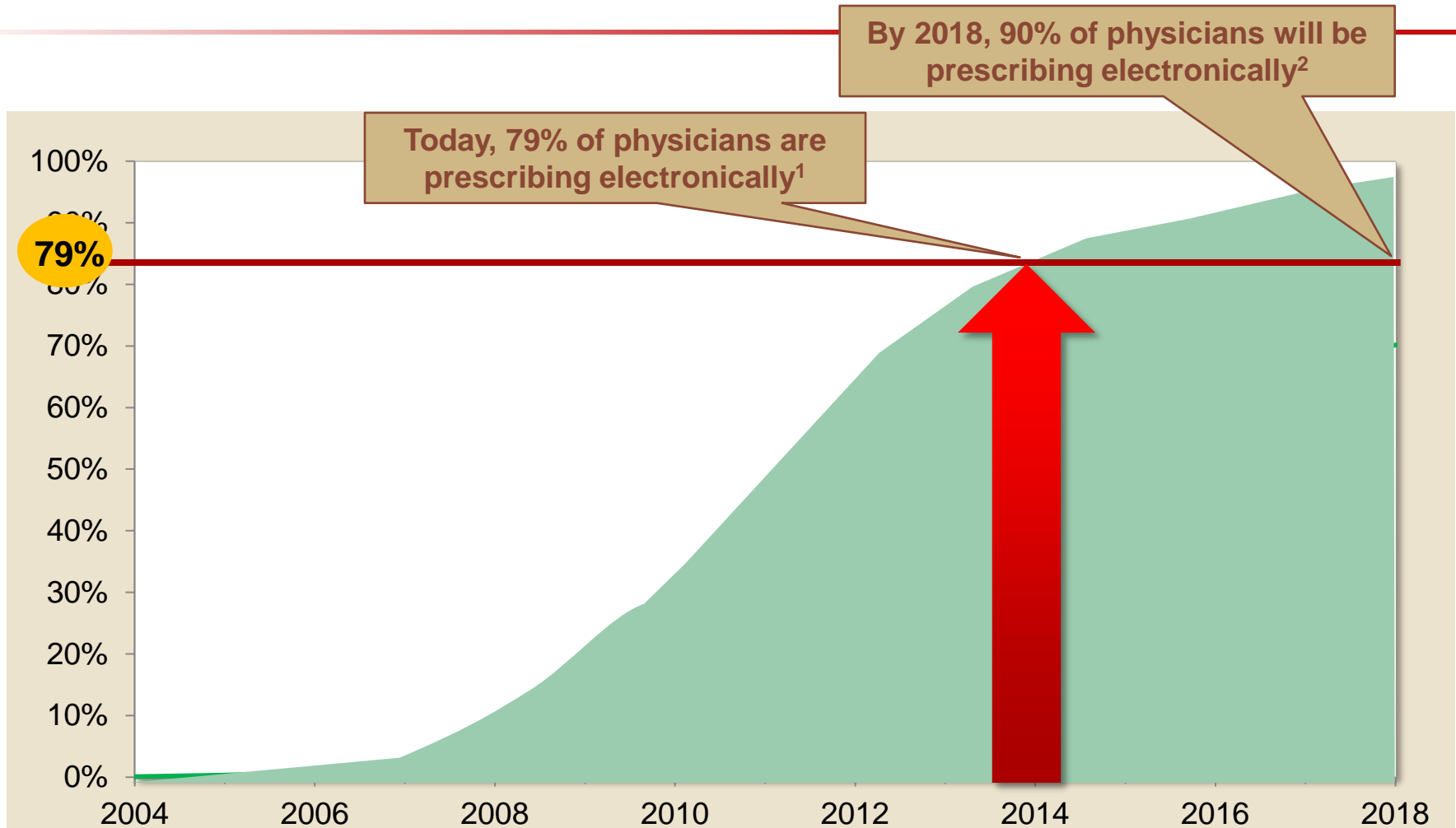
POINT-OF-CARE PARTNERS
HIT Strategy & Management Consultants

Agenda



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

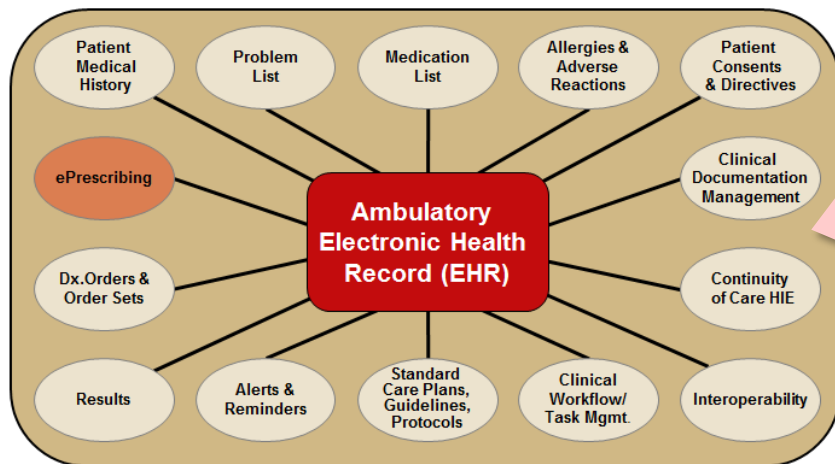
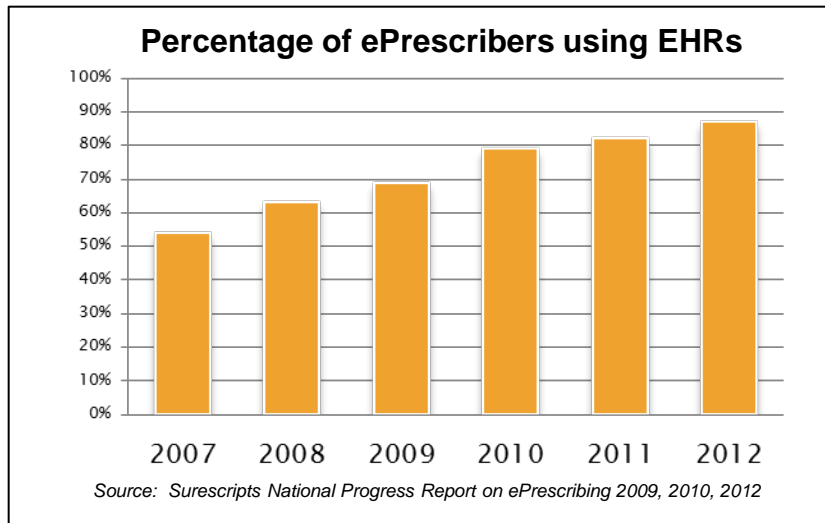
ePrescribing is now the Standard of Care



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



Copyright © 2010 Point-of-Care Partners, LLC

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

EHR Technology Vendor Types



| EHR type | # |
|-------------------------------|------------|
| EHR with its own eRx software | 376 |
| EHRs with DrFirst embedded | 134 |
| EHRs with NewCrop embedded | 119 |
| EHRs with DoseSpot embedded | 35 |
| Others | 17 |
| TOTAL | 681 |

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**

<http://surescripts.com/news-center/national-progress-report>

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

EPCS is LEGAL in the US



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

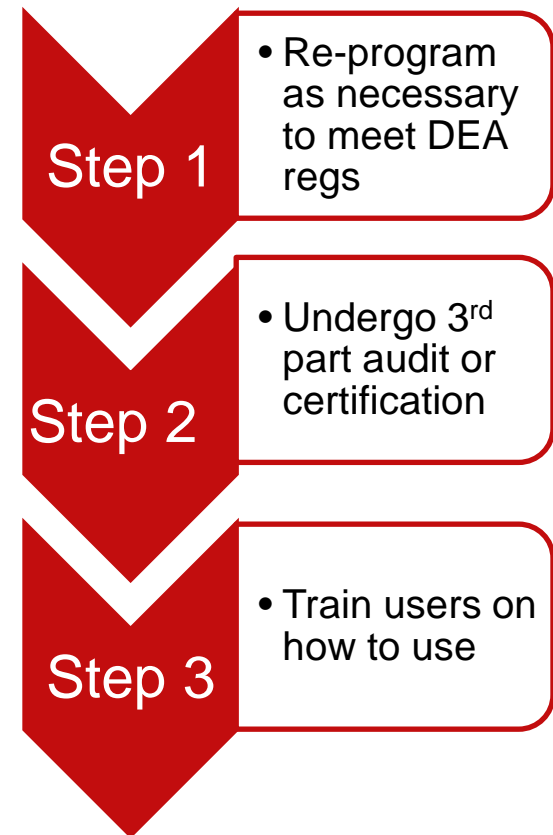


- Approximately 8-10% of all Rx's written in the community setting are for controlled drugs
- The illegal diversion of controlled drugs is an issue in most areas of the country. EPCS can reduce the incidence of forged, handwritten Rx's as well as those that are called in by unauthorized people
- Rx's 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

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 (Prognosis 3.0)
- ⊙ Cerner (PowerChart 2012.01.19)
- ⊙ Delta Care Rx (Hospice-Prescribing / 1.0)
- ⊙ DrFirst (Rcopia 3.0)
- ⊙ Epic (2012)
- ⊙ Glenwood Systems (Glance 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

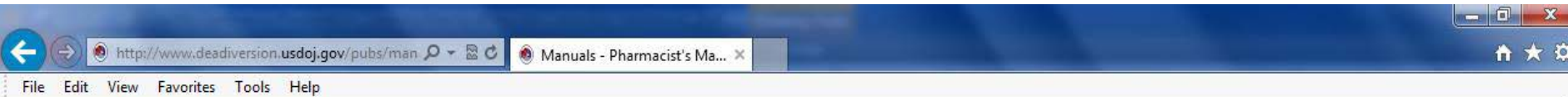
What does a Pharmacy need to do?



- ⊙ 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

An Informational Outline of the Controlled Substances Act Revised 2010

http://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm_content.htm#9



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION OFFICE OF DIVERSION CONTROL

 Search[HOME](#)[REGISTRATION](#)[REPORTING](#)[RESOURCES](#)[ABOUT US](#)

[RESOURCES](#) > [Publications & Manuals](#) > [Manuals](#) > [Pharmacist's Manual](#) > [SECTION IX-XIV](#)

Pharmacist's Manual - SECTION IX-XIV

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

- Cases Against Doctors
- Chemical Control Program
- CMEA (Combat Meth Epidemic Act)
- Controlled Substance Schedules
- DATA Waived Physicians
- Drug Disposal Information
- Drug and Chemical Information
- E-commerce Initiatives
- Federal Agencies & Related Links
- Federal Register Notices
- National Take-Back Initiative
- NFLIS
- Publications & Manuals
- Questions & Answers
- Significant Guidance Documents
- Title 21 Code of Federal Regulations
- Title 21 USC Codified CSA



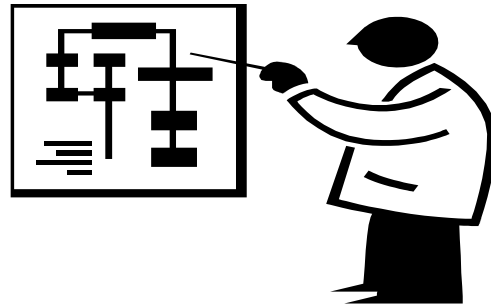
Common Barriers to EPCS

- 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



Reduces diversion,
and abuse

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

cost of storing
paper
prescriptions



Condenses
recordkeeping for
patients' prescription
history

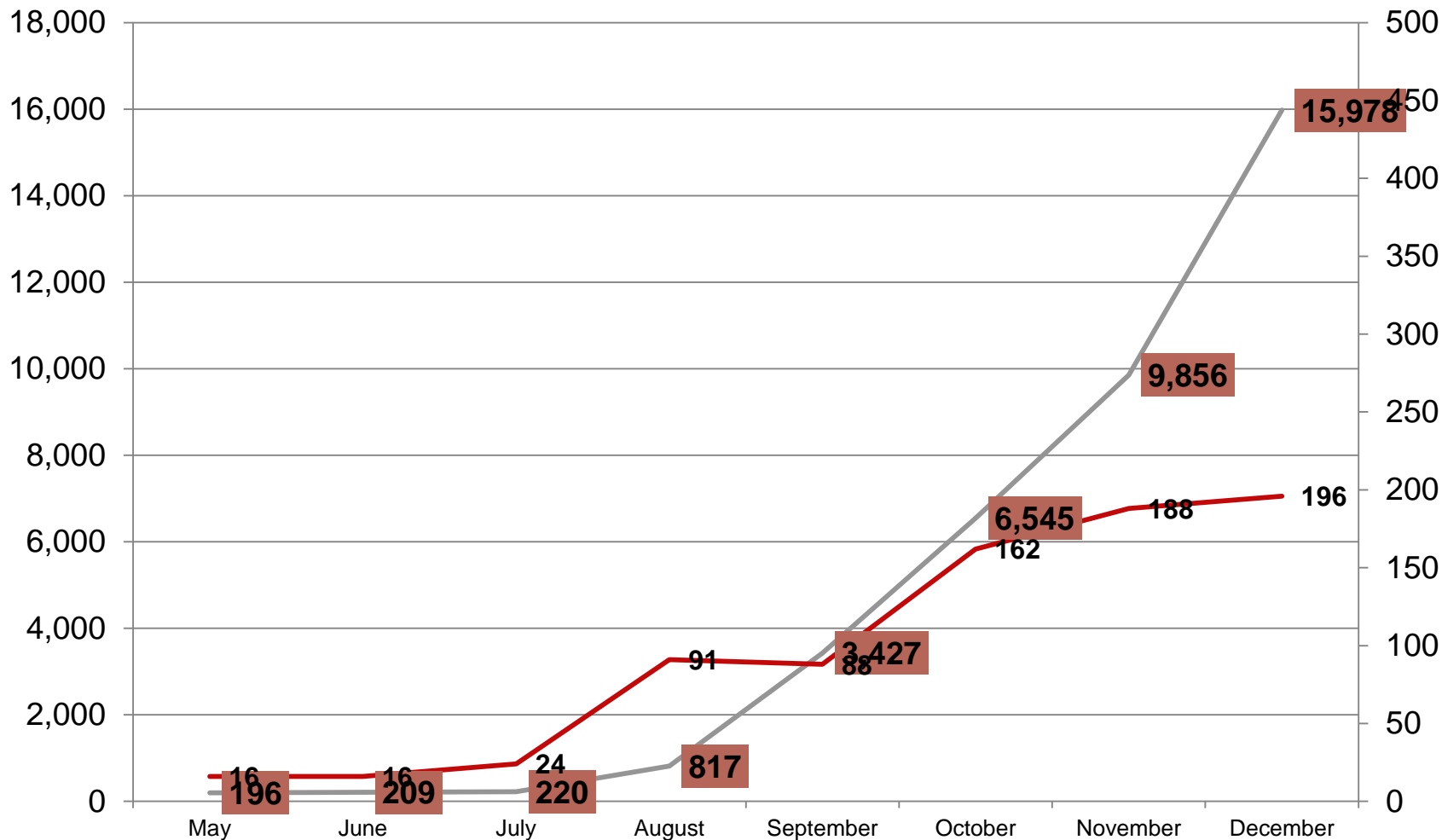


Improves legibility
and decreases
adverse drug
events





Arizona Experience



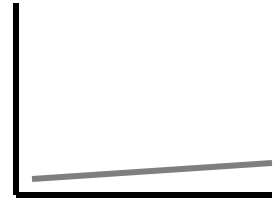
— Number of EPCS eRx's

— Number of Prescribers CERTIFIED to do EPCS

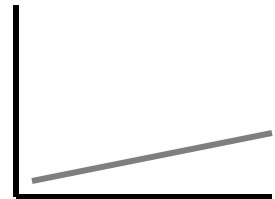
Options for Nebraska



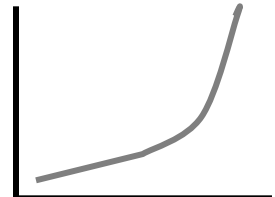
1. Do nothing – let growth be organic



2. Work directly with key stakeholder



3. Coordinate state-wide launch



Jeff Hull, RPh
Senior Consultant
jeff.hull@pocp.com | 740-972-1986

Tony Schueth, MS
CEO & Managing Partner
tonys@pocp.com | 954-346-1999



POINT-OF-CARE PARTNERS
HIT Strategy & Management Consultants

www.pocp.com