

Electronic Prescriptions for Controlled Substances (EPCS) in Arizona

September 2017



Overview

- Health Current
- What is EPCS?
- Simplified Drug Enforcement Administration's Ruling and Safeguards for Adoption of EPCS
- Current National and Arizona Landscape
- Benefits of EPCS
- Vendor Readiness
- EPCS & Opioid Crisis
- PDMP Mandate
- Closing Remarks

All lines have been placed on mute

Please use the “chat” feature to submit questions

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

- Health Current is the Health Information Exchange (HIE) in Arizona
- We integrate information with the delivery of care to improve individual and community health and wellbeing
- We have the most complete health record possible

Health Current has data on approximately **95%** of all inpatient discharges from hospitals throughout Arizona

Shared Commitments

- This webinar is provided through a shared commitment between Health Current and Arizona Health Care Cost Containment System (AHCCCS) to improve e-prescribing and EPCS rates across Arizona
- E-Prescribing and EPCS support Meaningful Use (MU) and other programs such as the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- E-prescribing and EPCS is a priority for the Centers for Medicare & Medicaid Services (CMS) through the Transforming Clinical Practice Initiative (TCPI)
 - The Practice Innovation Institute (Pii) is Arizona's TCPI

What is EPCS?

EPCS is the Electronic Prescribing of Controlled Substances

- Regulations issued by the Drug Enforcement Administration (DEA) in 2010 permit **prescribers to enter and send controlled substance prescriptions electronically** to pharmacies and enables pharmacies to receive, dispense and archive electronic prescriptions
- In April 2012, Arizona's governor signed into law legislation (HB2369) making EPCS **legal in Arizona** for controlled drug schedules II, III, IV, and V

Safeguards in the DEA Ruling

- Identity proofing (Prescribers)
- Two-factor authentication (Prescribers)
- Access control (Prescribers, Pharmacies)
- Secure network (Intermediaries)

Identity Verification Procedures

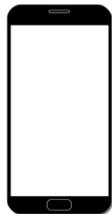
Identify Proofing

- Completed by an institution or third party
 - Vendors use different companies to complete identity proofing; confirm with the vendor which to use
- Prescriber proves they are who they say they are
 - Series of questions will be asked proving one's identity
- Face-to-face or remote
 - Some third parties require a face-to-face interaction

Identity Verification Procedures

Two-Factor Authentication

- What is two-factor authentication?
 - Proves the prescriber is authorized to digitally sign an electronic prescription for a controlled substance by using **two** of the following:
 - Something you have (hard token)
 - Something you know (password, PIN)
 - Something you are (biometric)
- Possible types of authentication devices:



Identity Verification Procedures

Access Control & Secure Network Identification

- Designated individuals at the practice must manage software permissions of users
 - Only designated prescribers can use the application for EPCS
 - Two designated people required to manage access permissions
 - One must be a DEA registrant who has gone through the ID proofing process



Third Party Audit and Certification Requirements

Electronic prescribers and pharmacy application providers must have a **third-party audit of the application at each of the following times:**

- Before the application may be used to create, sign, transmit, or process controlled substance prescriptions
- Whenever a functionality related to controlled substance prescription requirements is altered or every two years, whichever occurs first

General Third Party Audit and Certification Requirements

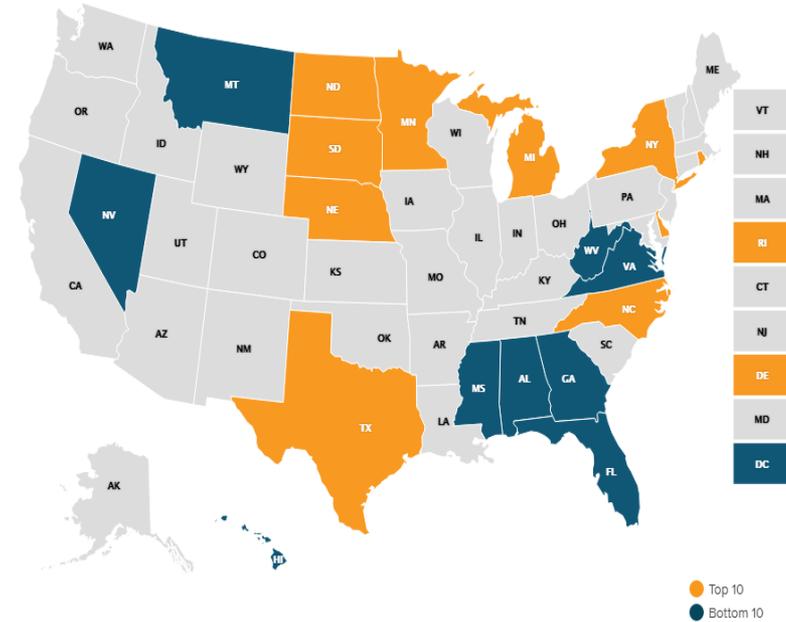
The third-party audit must be conducted by one of the following:

- A person qualified to conduct a SysTrust, WebTrust, or SAS 70 audit
- A Certified Information System Auditor



Arizona Status for EPCS

Arizona is ranked **18th** in the Nation for EPCS



This rank is determined by how many prescribers are EPCS enabled, how many pharmacies are EPCS enabled, and the percentage of controlled substances prescriptions sent electronically

How Does Arizona Compare for EPCS?

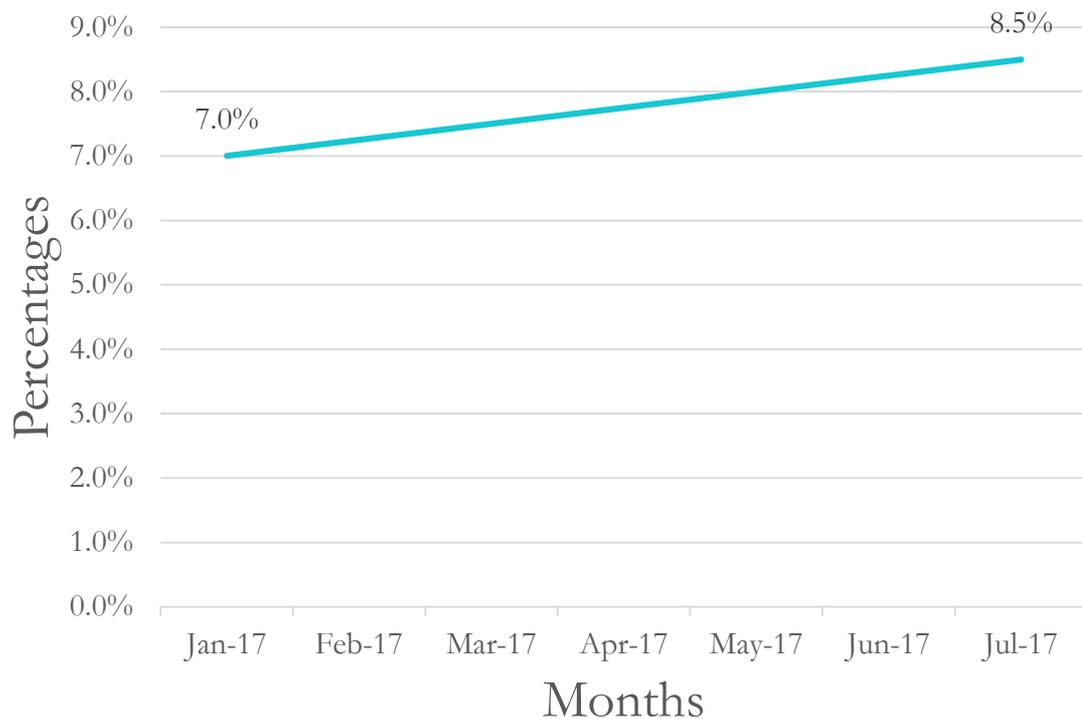
National vs Arizona for EPCS

	National	Arizona
Pharmacies EPCS Enabled	90.5%	94.5%
Prescribers Enabled	17.1%	8.5%

Virtually
all Arizona
pharmacies
enabled

Arizona prescribers lag behind national numbers

Arizona EPCS Statistics – Growth from January to July 2017



In just six months, Arizona has increased the number of EPCS certified prescribers by **1.5%**

Benefits of EPCS

- Improves patient care through clinical decision support and other safeguards
- Security
- Time savings
- Patient Adherence
- Meaningful Use

Benefits of EPCS

Improves patient care

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

- Electronic health record (EHR) systems have **clinical drug alerts** that, if utilized, can decrease adverse drug events and drug-to-drug interactions such as
 - Allergies
 - Inappropriate dosing
 - Duplicate therapies
 - Pregnancy/breast-feeding
- Prescription **errors can be reduced by 50%** or more by using clinical drug alerts
- Improves patient safety by **automatically** saving the new e-prescription in the patient's drug file versus flipping through a paper chart to find the medication list
- The combination of medication history and clinical decision support in the EHR assists the provider in making critical patient care decisions.

Benefits of EPCS

Security and Time Savings

- Security
 - E-prescriptions are much more secure than paper prescriptions which can be tampered with, lost or stolen
 - Pharmacist is able to be certain of prescribing provider's orders when prescription received electronically
 - Prescriber's DEA number no longer out in circulation on paper prescriptions
- Time Savings
 - One workflow for non-controlled and controlled prescriptions
 - Prescribers have access to patient's health plan drug coverage information
 - Eliminates phone calls and inaccuracies
 - HealthEast Care System example

Benefits of EPCS

Patient Adherence

Majority of adults prefer electronic prescriptions

Older Adults' Perceptions of E-Prescribing: Impact on Patient Care – Schleiden, et al.

“When I get there [the pharmacy] it’s ready. Otherwise I have to sit there and wait or come back.”

“I don’t have to worry about losing the paper, and to me, it’s faster.”

- 68.4% believed that e-prescribing had improved care they received.
- 17.5% reported being more likely to pick up e-prescriptions.
- Nearly all were satisfied with their prescriber and pharmacy & the convenience of e-prescribing has made it their preferred method of delivery.

Benefits of EPCS

Patient adherence

Consumer Opinions of Health Information Exchange, e-Prescribing, and Personal Health Records – Cochran, et al.

“As someone who calls in prescriptions rather frequently, having it in an electronic form it would save my time.”

“I don’t live in the same town as my doctor so being able to save that time-wise . . . [and] just to have it right away would be really nice.”

- This study demonstrated that though patients are concerned with drug costs, they see definite benefits of convenience and safety in e-prescribing.

Benefits of EPCS

Meeting Meaningful Use & MIPS Requirements

- Medicaid EHR Modified Stage 2 Objective 4: Electronic Prescribing (eRX)
 - Objective: Generate and transmit permissible prescriptions electronically
- Merit-based Incentive Payment System (MIPS)
 - Advancing Care Information Category – e-prescribing
- When attempting to meet requirements, many organizations are finding it difficult without EPCS
 - If in a hurry, a prescriber is more likely to write all prescriptions on paper or print all if a controlled prescription will also be given
 - EPCS helps to drive the adoption of electronic prescribing of non-controlled drugs, albeit indirectly
- Wooster Community Hospital example

Electronic Health Records (EHR) Systems are EPCS Ready



Arizona's Most Widely Used Electronic Health Record (EHR) Systems are EPCS Ready

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

Is Your Electronic Health Record (EHR) System Ready?

How to check EPCS certification

Use the web address below to check the status of EPCS for your EHR

Network Connections / MNS / Prescriber Software

Find Provider E-Prescribing Software

Filters

SOFTWARE TYPE

Standalone

EMR

[See all Software Types](#)

CAPABILITIES

Prescription Benefit

Medication History

Rx New

Renewal Rx

EPCS

LTPAC

RxChange

CancelRx

[See all Capabilities](#)

Browse Certified Provider Software Solutions

The table below reflects the most recent version of the software that has been certified by Surescripts. Contact your e-prescribing/EHR vendor to request the certification status of earlier versions.

- Certified for this service and actively available
- Certified for this service but may not yet be available- ask your EHR vendor
- Additional information about this product's certification status is available.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z (OTHERS)

Print

Company Name	Software Application Name & Version	New Rx	Rx Renewal	EPCS	Medication History	Prescription Benefit	LTPAC	RxChange	CancelRx
Medical Information Technology 781.821.3000	Ambulatory Order Management Application / Medical Practice Management 6.0								
Medical Information Technology, Inc. (781) 821-3000	Web-Based 6.1 (Ambulatory) / 6.1								
Medical Mastermind 800.747.9099	Mastermind / 5								

www.surescripts.com/network-connections/mns/prescriber-software

“We are reaching a point at which the downsides of implementing changes are vastly outweighed by the benefits of moving forward with EPCS.”

Imprivata A quick Guide to EPCS

EPCS and Combating the Opioid Epidemic Crisis

- On June 5, 2017, Governor Doug Ducey declared a statewide opioid public health emergency for Arizona due to an increase of overdose deaths
- On September 7, 2017, the Arizona Department of Health Services (ADHS) released a proposal which includes:
 - Requirement of **EPCS** for schedule II drugs
 - Requirement of pharmacists to check the **PDMP** before dispensing an opioid or benzodiazepine
 - Different labeling and packaging for opioid drugs
 - Regulation of pain clinics
 - Requirement of at least 3 hours of CME for all professions that prescribe/dispense opioids
 - Limits on first fill quantities for opioid naïve patients

Why is EPCS Important to Arizona?

The utilization and adoption of EPCS can reduce overdoses and fatalities by providing a safer way to enter and send a prescription directly to a pharmacy

More than 2 Arizonans die every day due to opioid overdoses

2016 Arizona Opioid Report

EPCS – National Efforts

Bipartisan legislation, HR 3528 - Every Prescription Conveyed Securely Act, was introduced on July 28, 2017

- Requires healthcare prescribers to electronically send covered all scheduled drugs II, III, IV, and V electronically for a Medicare Part D prescription drug plan
- In short - it will mandate the use EPCS

“HR 3528 marks a historic milestone for the recognition of the role information technology can play in combatting prescription drug abuse, and, particularly, opioids.” Imprivata

Prescription Drug Monitoring Program (PDMP)

What is a PDMP?

PDMPs are state run databases that collect patient-specific prescription information at the time of dispensing from a pharmacy

What is the purpose of a PDMP?

Improve clinical decision-making, reducing doctor shopping, reduce inappropriate prescribing, reducing diversion of controlled substances, and assisting in other efforts to curb the prescription drug abuse epidemic

Beginning in October 16, 2017, Arizona prescribers will be **required** to access information from the PDMP before a prescription for an opioid analgesic or benzodiazepine controlled substance is generated

Prescription Drug Monitoring Program (PDMP)

Ways to connect

1. Health Current - Health Information Exchange (HIE) Portal
 - A link to the PDMP can be found on the home page after logging in to the HIE portal
2. EHR/Pharmacy management system
 - Integration with PDMP
 - <https://pharmacympmz.gov/integration-interest-form>
3. Arizona Board of Pharmacy - <https://arizona.pmpaware.net/login>

Additional Information

Health Current will be hosting a webinar on PDMP. Please check our events page for registration information. <https://healthcurrent.org/news-events/events/>

Prescription Drug Monitoring Program (PDMP)

National Efforts

New York:

75% decrease in doctor shopping

9.5% decrease in opioid prescriptions

Source: Brandeis University PDMP Center of Excellence

Florida:

50% decrease in overdose deaths caused by oxycodone by regulating pain clinics mandating a PDMP check before prescribing controlled substances

Source: AZCENTRAL Article: *Pharmacy Officials Try to Stop Prescription Fraud, But Addicts Remain Persistent*

Kentucky and Tennessee:

Saw declines in prescribing of opioids after prescribers were MANDATED to use their prescription drug monitoring databases (PDMP)

Source: Brandeis University PDMP Center of Excellence

Washington State:

Used the PDMP to match Medicaid enrollees to those on Worker's Comp who obtained a controlled substance prescription paid by Medicaid and a second prescription for pain paid for in cash on the same day

Source: Brandeis University PDMP Center of Excellence

Closing Remarks

- EPCS provides convenience, accountability, and security that paper prescriptions lack
- Health information technology (HIT), including EPCS, is an important tool in improving patient care and safety
- Local and national efforts are headed toward the required use of HIT
- EPCS and PDMP are seen as important tools in assisting in fighting the opioid crisis
- Health Current is a resource for EPCS and a solution provider for PDMP access

Contact Information

Toni Leyba, PharmD, RPh

Health Current Clinical Informatics Pharmacist

Email: toni.leyba@healthcurrent.org or erx@healthcurrent.org

602-449-7873

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

For information about joining the Pi Institute, visit www.piaz.org or call 602-688-7200

Or visit our website at www.healthcurrent.org

References

Arizona House Bill 2369 (HB2369): <https://healthcurrent.org/wp-content/uploads/2017/04/Arizona-House-Bill-HB2369.pdf>

House Bill HR 3528 Every Prescription Conveyed Securely Act:
<https://www.congress.gov/bill/115th-congress/house-bill/3528?q=%7B%22search%22%3A%5B%22hr+3528%22%5D%7D&r=1>

Surescripts:

- www.surescripts.com
- www.getepcs.com

Infogard:

- Electronic Prescriptions for Controlled Substances (EPCS) Requirements for Providers and Applications Series
- <http://blog.infogard.com/electronic-prescriptions-for-controlled-substances-epcs-requirements-for-providers-and-applications-series-part-1-assuring-that-your-application-is-dea-compliant/>

References

Imprivata:

- A Planning Guide for Electronic Prescriptions for Controlled Substances (EPCS)
- A Quick Guide to EPCS
- <http://www.imprivata.com/eprescribingepcs>
- Webinar “EPCS: What you need to know to meet DEA requirements and drive provider adoption”

Arizona Department of Health Services

- 2016 Arizona Opioid Report
- Opioid Action Plan

Regulatory Reference Links

[DEA: Interim Final Rule: The Electronic Prescriptions for Controlled Substances](#)

Published March, 2010

The rule outlines requirements that are descriptive of the outcomes that the DEA wants to achieve. This is not a technical implementation specification. They have been very prescriptive around security requirements, but leave the actual implementation up to the applications and the auditors to determine how to be compliant, and meet their user needs.

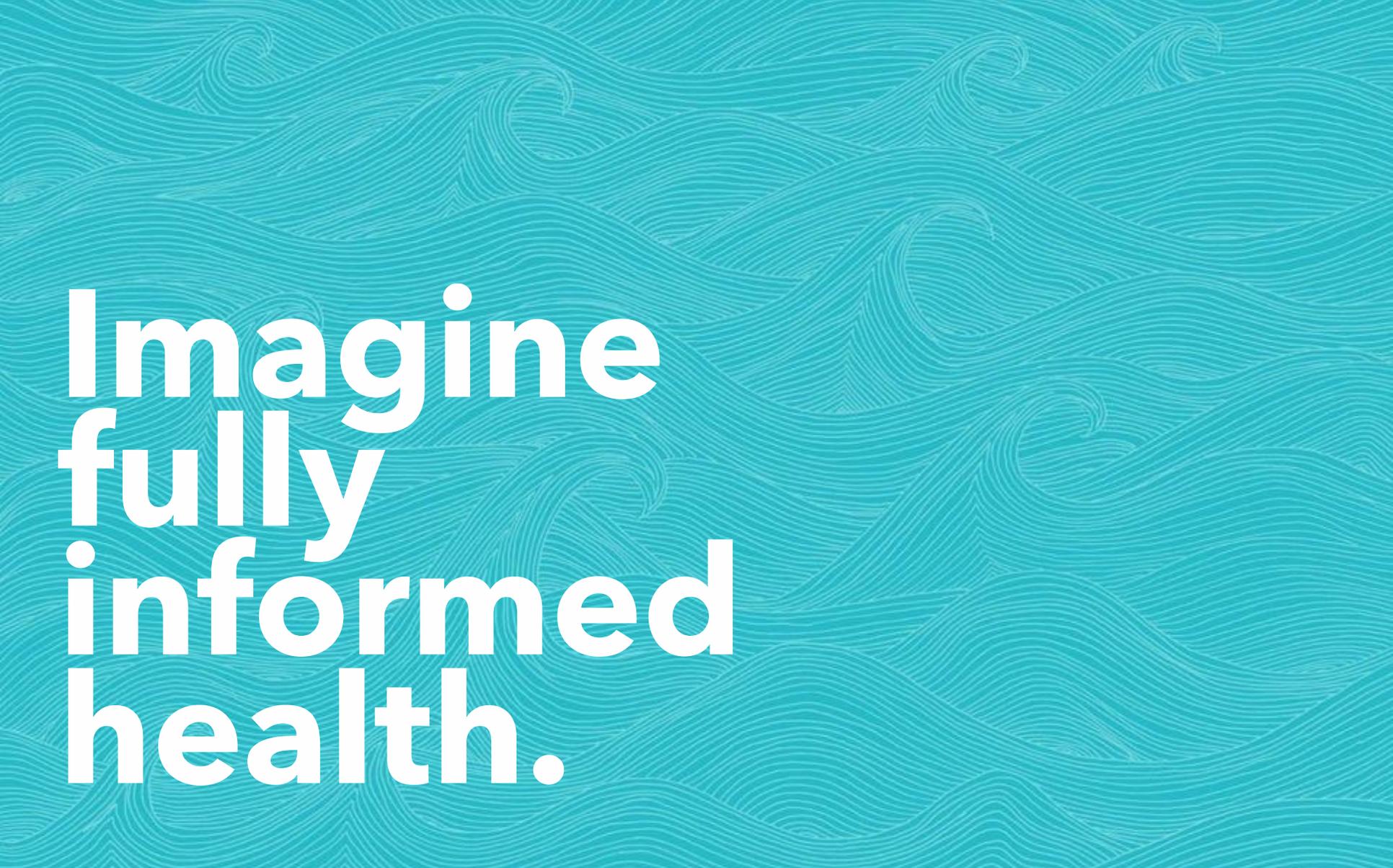
[DEA: Electronic Prescriptions for Controlled Substances Clarification about Audits](#)

Published October, 2011

The DEA published clarification on the Third Party Audits

[DEA: EPCS Interim Final Rule - Questions and Answers for Prescribing Practitioners](#)

[EPCS 101 Webinar - Overview of IFR](#)



**Imagine
fully
informed
health.**



healthcurrent

Imagine fully informed health