Advancing Electronic Prescribing of Controlled Substances: Lessons Learned in Arizona

Insights from a Successful Six-Month, Multistakeholder Growth Initiative

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POINT-OF-CARE PARTNERS
Health IT Management Consultants

Contents and Background

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BACKGROUND OF THE AZHEC EPCS INITIATIVE

The Challenge

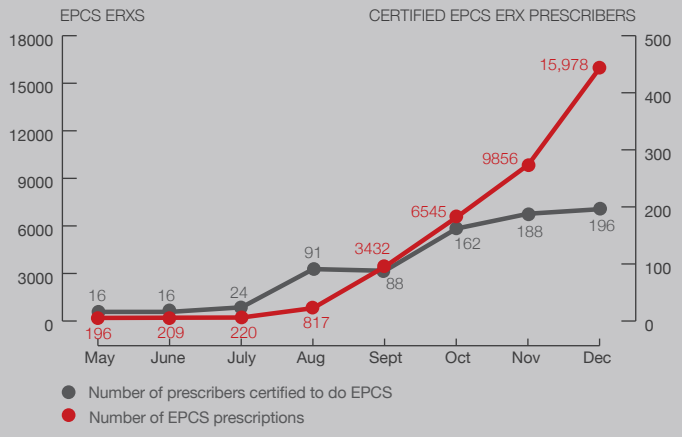
Advance the use of electronic prescribing of controlled substances (EPCS) in Arizona from a baseline of near zero to meaningful adoption by prescribers and pharmacies in only six months.

Actions

Eliminate barriers to adoption of EPCS through intensive education, collaboration among stakeholders and participant handholding. Use a two-phase approach to build on Arizona's overall ePrescribing success. Support the Regional Extension Center in working closely with physician practices, leading electronic health record (EHR) vendors and pharmacies to extend resources and spur adoption.

The Results: Arizona EPCS by the Numbers

From May to December 2013, Arizona saw a greater than 10-fold increase in the number of prescribers using EPCS, and an increase from less than 200 to nearly 16,000 EPCS transactions transmitted per month via five different EHR and ePrescribing systems.



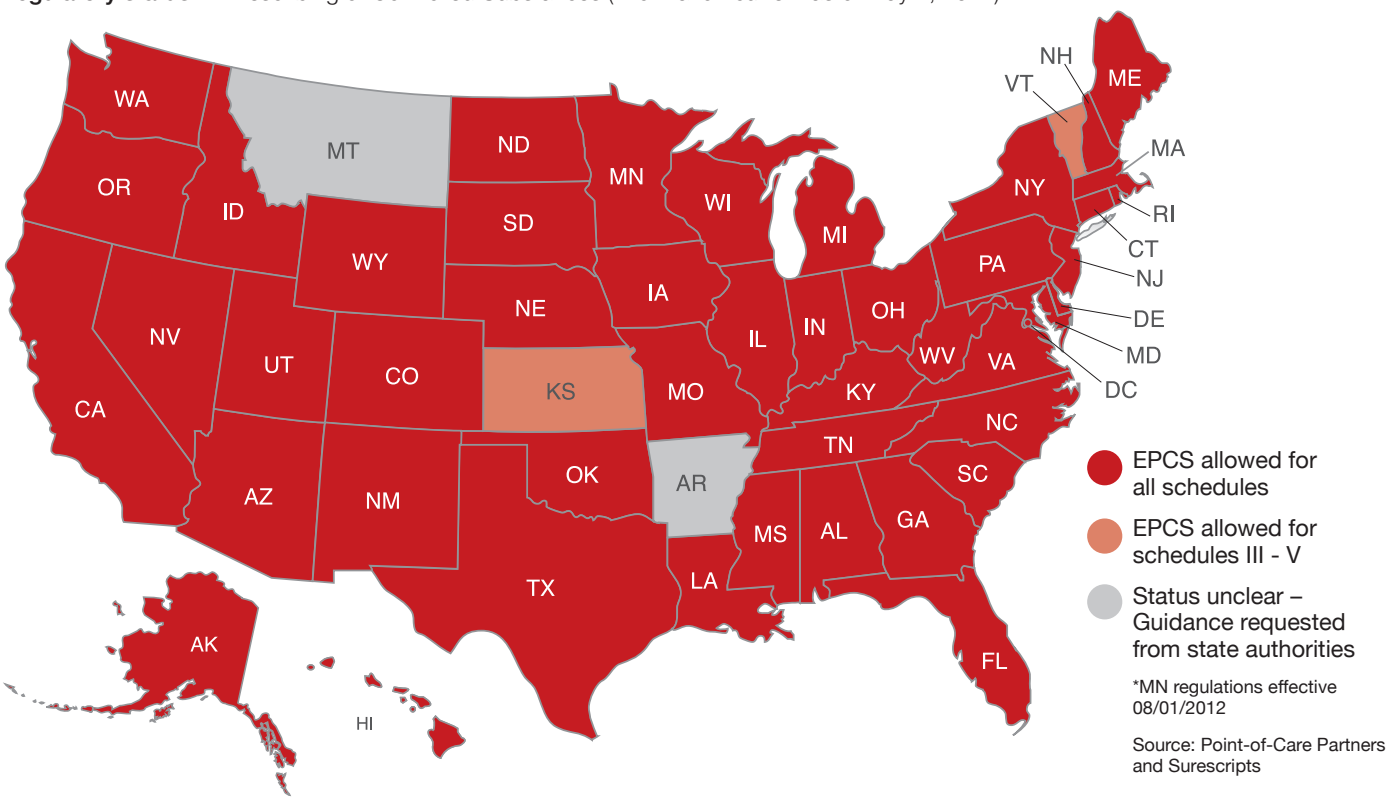
Introduction

Electronic prescribing of controlled substances (EPCS) became legal on June 1, 2010, when the Drug Enforcement Administration's (DEA) Interim Final Rule (IFR) for Electronic Prescriptions for Controlled Substances became effective. It became permissible nationwide for controlled substances in schedules II-V to be dispensed based upon electronically transmitted prescriptions from authorized prescribers and for pharmacies to receive, dispense and archive electronic prescriptions for controlled substances.

Health care providers must conform to both the IFR and their state Board of Pharmacy regulations for both controlled and non-controlled drugs. When the IFR became law, all states had to determine whether they would allow EPCS and for which Schedules or if they would impose additional restrictions (states could not be less restrictive than the DEA requirements).

During the past 2 years, nearly all states and Washington, DC have enacted legislation to allow EPCS. Today, 46 states allow EPCS for CII-CV; 2 allow it for CIII-CV and 2 states are unclear, or subject to interpretation.

Regulatory status: E-Prescribing of Controlled Substances (Information current as of May 1, 2014)



*MN regulations effective 08/01/2012

Source: Point-of-Care Partners and Surescripts

EPCS Benefits

Prescription drug abuse — especially for opioids — is at epidemic proportions. The Centers for Disease Control and Prevention has characterized prescription drug abuse and overdose as the second highest health threat in 2014. Deaths from overdoses of opioids rose to more than 16,600 in 2010. In addition to the documented benefits of electronic prescribing (ePrescribing), EPCS has the potential to significantly reduce prescription drug abuse by creating a secure, tamper-proof and auditable transaction that can reduce or eliminate diversion and fraud.

The DEA has quantified three types of benefits: reduced number of callbacks for both pharmacies and prescribers, reduced wait time for patients in the pharmacy, and cost-savings pharmacies will realize from eliminating storage of paper records. The potential savings are compelling. The DEA estimates annualized time savings as high as $439 million for pharmacies, physicians and dentists, assuming that electronic controlled substances prescriptions phase in over 15 years.

> "I like that I know where the prescription is being sent/filled. It reduces the multiple pharmacies some of my patients were using when they had the hard copy and the 'lost' prescriptions."
>
> Participating Arizona Prescriber

> "As a provider, I think EPCS is a good idea. This eliminates some of the disadvantages of hard-copy prescription of controlled substances. It eliminates the possibility of patient misuse by claiming a prescription lost/stolen. …This also will provide efficiency and time saving for clients by reducing waiting time to fill their prescription."
>
> Participating Arizona Prescriber

The annualized savings for public wait time could be as high as $1.08 billion, but could be significantly less if the pharmacy does not fill the prescription until the patient arrives or if the patient picks up his/her prescription outside work hours when work productivity would not be affected. For pharmacies, annualized savings from reduced storage costs of paper prescriptions could be as high as $1,381,746, again assuming that electronic controlled substances prescriptions phase in over 15 years.[1]

Other stakeholder benefits include:

Physicians

- One electronic work flow for all prescriptions
- Condensed record keeping for all of a patient's prescription history
- Reduced liability for fraud and abuse
- Improved legibility and decreased adverse drug events

Pharmacies

- One work flow/fewer phone calls to physician office
- Reduces fraud and abuse
- Prevents loss of revenue as EPCS prescriptions are redirected to pharmacies that can accept them

Patients

- Eliminates need to pick up hard-copy prescriptions at physician offices and associated transportation issues for some patients
- Allows for a more complete medication history that includes controlled and non-controlled medications, improving patient safety and reducing the potential for overprescribing and abuse

[1] U.S. Department of Justice, Drug Enforcement Administration, *Economic Impact Analysis of the Interim Final Prescription Rule*, March 2010. Accessed at http://www.deadiversion.usdoj.gov/ecomm/e_rx/eia_dea_218.pdf.

Arizona Adopts EPCS

Arizona Health-e Connection (AzHeC) is a public-private partnership that improves health and wellness by advancing the secure and private sharing of electronic health information. In 2012, AzHeC helped lead the passage of House Bill 2369 (HB 2369), which legalized EPCS in Arizona. In 2013, despite the passage of EPCS legislation, Arizona and many other states were still grappling with how to invigorate EPCS adoption. It was clear that regulatory approval was not the only hurdle, particularly considering that 64% of Arizona's prescribers were using ePrescribing.

EPCS Certification and Security Measures Delay Uptake

While controlled substances only account for 13% of all prescriptions issued,[2] they are prescribed by 90% of prescribers,[3] the majority of whom now use ePrescribing systems. Although ePrescribing has become very widely adopted, demand from prescribers for EPCS remains low. This is partly because the IFR contains a number of EPCS-specific security requirements to prevent drug diversion, fraud and abuse that were not previously required for ePrescribing of non-controlled drugs.

For EPCS, prescribers must verify their ePrescribing solution is DEA certified and then must invest in technologies and establish processes to meet identity proofing, access controls, dual authentication and digital signature requirements. Pharmacies must also verify their systems are certified for EPCS, set up access controls, create an ePrescription audit process and adhere to record-keeping requirements.

These stringent requirements, along with limited and expensive certification and audit options for EHR vendors at the onset, prevented or significantly delayed EPCS adoption in nearly every state, including Arizona. Nationwide, more than 40% of pharmacies are EPCS enabled, while only 3% of providers are EPCS enabled.[4] Considering that nearly all pharmacies are accepting electronic prescriptions and 79% of physicians are prescribing electronically, there is a golden opportunity to expand EPCS to pharmacies and prescribers that have already invested in ePrescribing.

Removing EPCS Barriers in Arizona

Fast forward to mid-2013 and Arizona still had not moved the needle on EPCS adoption. AzHeC sought help to jump-start EPCS adoption by retaining Point-of-Care Partners (POCP) to lend expertise, contacts and an extra set of hands in support of the Regional Extension Center.

The state envisioned a three-phase process of planning, pilots and statewide rollout. Given the situation, the recommendation was to proceed with a limited rollout – in place of pilots – around the geographic locations of 16 physicians who were transmitting EPCS prescriptions to Walgreens, the pharmacy that was live with EPCS at that time. POCP then supported AzHeC as it engaged with physicians, pharmacies and EHR vendors.

[2] National Association of Chain Drug Stores (NACDS) 2013 dispense data for all new prescriptions, refills, and renewals in the US.
[3] Parks Thomas Cindy, Kim Meelee, McDonald Ann, et al. In Prescribers' Expectations and Barriers to Electronic Prescribing of Controlled Substances. *J Am Med Inform Assoc.* 2012;19(3):375-381.
[4] Whittemore, K. *Electronic Prescribing of Controlled Substances: Future Opportunities & Real-Life Experiences.* Presentation at the National Council for Prescription Drug Programs Annual Conference. Scottsdale, AZ, 2014.
[5] ONC Health IT Dashboard, Quick Stat #9, through 2013

The first step was a landscape assessment involving outreach to key stakeholders, and one of the first discoveries was that both providers and pharmacists mistakenly thought that EPCS was not legal in Arizona. There was also confusion regarding the steps required for a physician or pharmacy to become EPCS enabled. There were some cost barriers, especially on the physician side where there is a nominal charge for some of the tools used to keep EPCS prescribing secure. Lastly, neither physicians nor pharmacists were letting it be known that they wanted EPCS, leading their software vendors to conclude that it shouldn't be deemed a high priority. That changed.

The AzHeC Model

A Pathway to Improving Patient Safety and the ePrescribing Work Flow

Under the direction of the Arizona Strategic Enterprise Technology (ASET), AzHeC and with support from the Regional Extension Center, Point-of-Care Partners began a limited program rollout to qualified participants in Tucson, Prescott Valley and Glendale.

- Participating institutions were Maricopa Integrated Health System, Jewish Family & Children's Service and Southeast Arizona Medical Center
- Pharmacies: Walgreens, CVS
- ePrescribing/EHR systems: DrFirst, NextGen, NewCrop, Allscripts ePrescribe

One learning from the limited rollout was that even though Arizona passed House Bill 2369 (HB 2369) in 2012 to allow EPCS in Arizona for schedules II-V, AzHeC uncovered that multiple pharmacies were not aware EPCS was legal in Arizona.

Kevin Rhode, director of information technology for Jewish Family & Children's Service, participated in the initial rollout. He found lack of knowledge to be a primary barrier to successful EPCS prescriptions at his six clinics. "Ninety percent of our issues were due to pharmacy knowledge gaps. One of our patients was told at the pharmacy that his electronic prescription was illegal and could not be filled," explains Mr. Rhode. "The pharmacy was part of a leading chain participating in AzHeC that had fully enabled EPCS. Point-of-Care Partners intervened and together, working with their contacts, we were able to quickly address the issue."

In early October 2013, the initiative was extended statewide. Newly added participants received educational materials, troubleshooting assistance and access to phase I participants for dialog and help with issue resolution. Point-of-Care Partners encouraged all EHRs and pharmacies to complete EPCS certification, where needed. In addition, two POCP team members provided project oversight and centralized problem reporting/resolution.

In-person meetings and webinars encouraged both prescribers and pharmacies to get started (EPCS webinar for prescribers, EPCS webinar for pharmacists). Key messages that resonated with both prescribers and pharmacies were:

1) EPCS is legal for all schedules
2) There are multiple EHR and pharmacy systems ready for EPCS now
3) There are resources to help prescribers and pharmacies with identity proofing, two-factor authentication and system certification

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"It was a chicken and egg situation. Doctors did not think pharmacies were ready to accept EPCS transactions and pharmacies did not think prescribers were enabled for EPCS."

Jeff Hull, RPh, Senior Point-of-Care Partners Consultant

Obstacles Identified and Overcome

Throughout the course of the AzHeC EPCS initiative, a number of obstacles were identified. The project management team addressed each obstacle, which smoothed the way for adoption.

Provider not authorized. In some cases, behavioral health prescriptions were being denied by the pharmacy benefit manager (PBM). We learned that the pharmacy system would allow only one payer to be attached to the prescription, and that it was defaulting to the medical benefit rather than pharmacy benefit. This particular information technology (IT) fix required a new software release, but in the meantime the issue was flagged and pharmacies were alerted to check the payer for denied prescriptions and to resubmit, if necessary.

Two-factor authentication. Two-factor authentication is one of the DEA-mandated requirements for EPCS. Because two-factor authentication is not required for ePrescribing of non-controlled drugs, acquisition of this technology was perceived to be a barrier. The success of ePrescribing, and particularly EPCS, greatly depends on the EHR technology and their level of support, Kevin Rhode explained. "Two-factor authentication was not a problem. It has been really easy for our prescribers to come onboard. We use NextGen's med module with Semantic VIP two-factor authentication loaded to a smartphone. Our prescribers are ready to use EPCS after a 30-minute webinar and walk-through."

Overall, the solutions offered to meet the two factor authentication requirement were not as difficult as physicians feared.

EPCS Knowledge. To proactively address knowledge gaps, AzHeC sponsored free webinars to explain the legality of EPCS, how to implement it and to demonstrate the EPCS work flow. The 30-minute webinars, customized for providers and pharmacies, were well attended and recorded for wider dissemination.

To move the dial on EPCS adoption, stakeholder engagement, prescriber education/support and financial incentives are crucial. In addition, prescribers must first ePrescribe. In Arizona, 64% of physicians are active ePrescribers, and 50% of eligible prescriptions are ePrescribed. The AzHeC model can be used to advance ePrescribing overall and increase EPCS adoption.

Conclusion

Through the Arizona EPCS initiative, AzHeC coordinated the interests of key stakeholders, with advice, counsel, support and, where needed, intervention from POCP. By showing leadership, Arizona has spurred physician use of EPCS, created a safer channel for prescribing controlled substances and improved patient safety/care through consolidated record keeping for patients' medication history, increased prescription legibility and decreased adverse drug events.

AzHeC focused its efforts to raise prescriber and pharmacy awareness through education. This dispelled many misconceptions, from regulatory questions to how to begin the EPCS process. And, what ultimately drove EPCS adoption in Arizona was a concerted multiple-stakeholder effort.

Translating the Value

EPCS holds great promise for reducing drug-related deaths and improving medication management through EHRs and pharmacy systems, if these systems are enabled and their users are prepared for EPCS. This is no small task, considering that the requirements for each contributor to the EPCS equation are unique and laws vary by state. As noted earlier, the DEA projected a 15-year phase-in for electronic controlled substances prescriptions. In absence of government mandates or focused growth initiatives like the AzHeC initiative, EPCS could take that long or longer to reach meaningful levels of adoption; however, it doesn't have to.

Attempts have been made to accelerate adoption, including the one in Arizona; however, they haven't had the "ripple effect" on other states as one would have hoped. Other states have tried mandates and incentives which, alone, will likely be effective only in combination with a coordinated educational effort appropriately and uniquely directed to multiple key stakeholders.

Each state — and situation — is different, and a multitude of key variables must be taken into account in putting together a successful plan. While Arizona achieved noteworthy success with its program, the fact is, what worked in Arizona worked in Arizona, and may not be optimal for other geographies.

But there is a program that will work. With more than 10 years experience in working with multi-stakeholder ePrescribing and other health IT initiatives, POCP is the ideal partner to assist with achieving "Arizona-like" success in EPCS adoption and utilization.

Lessons Learned

- There are still physicians and pharmacists who do not know/believe EPCS is legal! Short-term, stakeholders need to raise prescriber and pharmacy awareness through more education.
- EPCS remains a low priority for many EHR vendors; client request for EPCS functionality is an effective way to move it up on their priority list.
- The physician and pharmacy communities have strong interest in using EPCS.
- Stakeholder engagement is critical.
- It is crucial to identify an EPCS champion at each practice to ease adoption.
- Two-factor authentication was challenging for some prescribers/EHRs. Authentication to a smartphone was the most popular option.
- Prescribers using certified EHRs were concerned about the cost to participate in EPCS.
- Not all pharmacies in EPCS-ready chains were aware they could receive EPCS prescriptions. Engaging in-state chain leadership is critical.
- Initially, prescribers experienced an increase in calls from pharmacies and patients due to a lack of understanding of the pilot program.
- Chain pharmacies, in particular, have resources set aside to support EPCS rollout.
- Even in pharmacies that are certified for EPCS, additional training for pharmacy staff is needed.
- Physicians need go-to resources for issue resolution or they may drop the use of the technology. It is crucial for EHR and ePrescribing vendors to provide hands-on assistance and training to prescribers.

About Point-of-Care Partners

Point-of-Care Partners (POCP) is a leading management consulting firm assisting health care organizations in the evaluation, development and implementation of winning health information management strategies in a rapidly evolving electronic world. Our accomplished health care consultants, core services and methodologies are focused on positioning your organization for success in the integrated, data-driven world of value-based care.

POCP specializes in two areas: eCare Management and eMedication Management.

- eCare Management incorporates health care quality and cost that benefit from the recording, storing, transmitting, accessing, integration, sharing and use of clinical and administrative health information.
- eMedication Management covers the effective, efficient and appropriate use of pharmacy and life sciences information to improve clinical outcomes and eliminate unnecessary expenses.

For more about how POCP can advance EPCS in your state, please contact Tony Schueth at tonys@pocp.com or 954-346-1999.

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