EPCS Adoption:
Challenges and Solutions

Arizona's Experience

NASCSA Conference
October 22, 2014

Speakers

- **Dean Wright** holds a Bachelor of Science degree in Pharmacy from the University of New Mexico, College of Pharmacy. Dean worked in retail and long-term care pharmacy settings until 1991 when he became a Compliance Officer for the Arizona State Board of Pharmacy. As a Compliance Officer, he conducted compliance visits at regulated facilities, investigated complaints and violations of state and federal drug laws. In 1994, in addition to his regular duties, Dean became the Board's rule writer. In August 2007, he left compliance and moved into the Board office to become the Director of the Board's Prescription Monitoring Program.

- **Jeff Hull** is a registered pharmacist with more than 30 years of experience in the industry. Jeff recently managed the physician engagement program within a premier pharmacy benefit manager. In this time, he helped expand the use of e-Prescribing to the company's pharmacy by more than 300 percent across the country. In addition to consulting, he also works as an independent pharmacist, and has worked in chain drug store and mail order pharmacy settings as well. He has 15 years of experience in project and change management and just earned a master's degree in health informatics. Jeff is a member of these pharmacy-related organizations: APhA, HIMSS, AHIMA, OPA (Ohio Pharmacists Association).

Agenda

- ◎ EPCS: National Landscape

- ◎ EPCS adoption rate 'timeline' and common barriers

- ◎ EPCS Refresher

- ◎ The Arizona experience
  - − Timeline
  - − 2013 Project
  - − Results
  - − Ongoing Efforts

- ◎ Challenges/Opportunities

- ◎ Current Events
  - − PDMPs
  - − Hydrocodone re-scheduling

- ◎ Discussion & Q&A's

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EPCS: National Landscape

Executive Summary

2010: EPCS became 'legal' when DEA IFR published

2011-2012: State BOPs begin to write regulations;

2013: Major Pharmacy chains begin to accept EPCS Rx's but staff training is inconsistent

2014: Some limited areas of uptake, but overall nationwide use still lagging

Barriers to adoption still include:
1. Knowledge gap (of what is required for EPCS)
2. System (EHR/Pharmacy) readiness
3. Lack of understanding and 'comfortableness' with regulations
4. Few external drivers (i.e. MU)

What are the benefits of EPCS?

Physicians

- One workflow for all electronic prescriptions
- Condensed record keeping for all of a patient's prescription history
- Reduces fraud and abuse
- Improves legibility and decrease adverse drug events

Pharmacies

- One workflow/fewer phone calls to MD office
- Reduces fraud and abuse
- Prevents loss of revenue as EPCS Rxs are redirected to pharmacies that can accept them
- Reduces paper storage

Vendors

- Higher EHR use
- One workflow
- Prevents loss of revenue as EPCS Rxs are redirected to certified vendors

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EPCS Regulatory Status
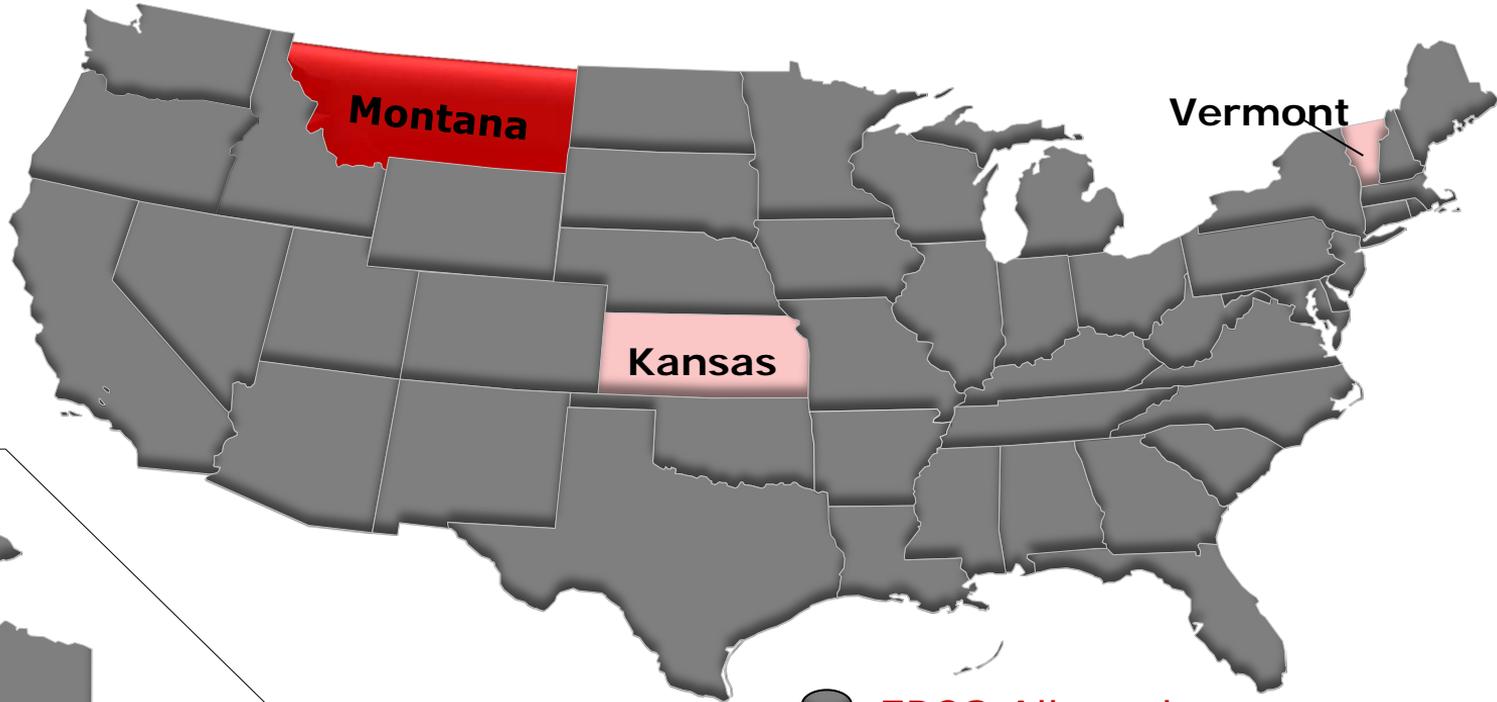
EPCS Allowed

EPCS Allowed CIII-CV

EPCS unclear

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Current EPCS Adoption - Nationwide

- As of July 31, 2014, 570,000 EPCS prescriptions were transmitted via Surescripts*
  - Translates to about 500 million of our 3.85 billion retail prescriptions
  - Less than 1% are being transmitted electronically nationwide
  - 14 of approx. 681 prescriber vendors certified for EPCS, including 3 of the top 5 EHRs*
  - 31,000 of 67,000 pharmacy locations are enabled for EPCS*

*Surescripts EPCS Progress Update, NCPDP Work Group Meeting, Philadelphia, PA, August 2014

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]

79%
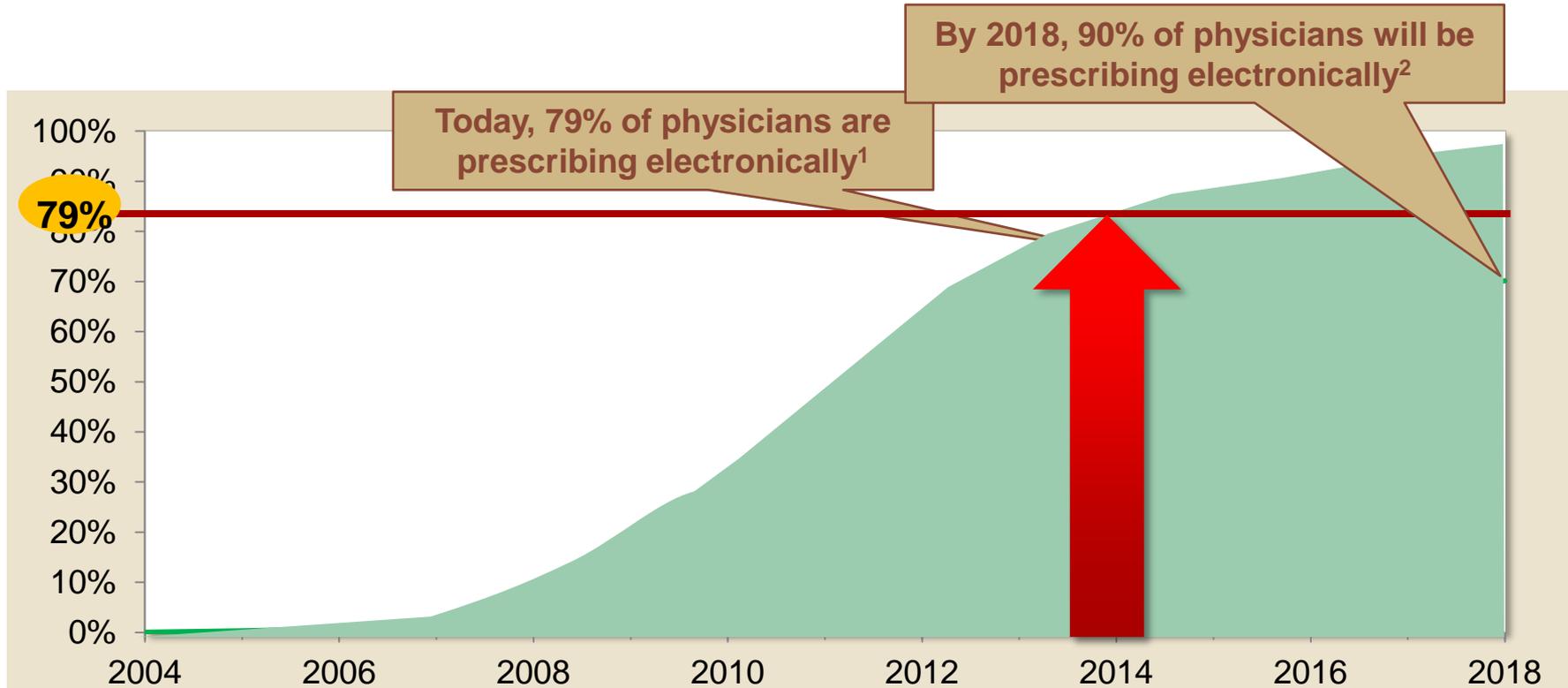
[1] ONC Health IT Dashboard, Quick Stat #9, through 2013
[2] Letter from CBO to Hon. Henry Waxman, Chairman, Committee on Energy & Commerce, January 2008

Most ePrescribing Occurs within EHRs

Percentage of ePrescribers using EHRs

Source: Surescripts National Progress Report on ePrescribing 2009, 2010, 2012
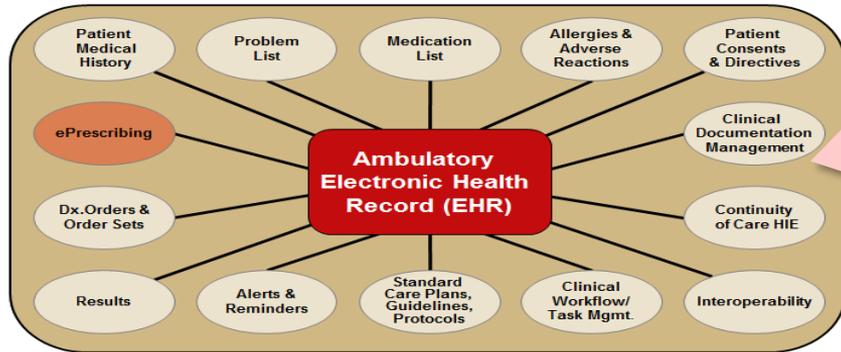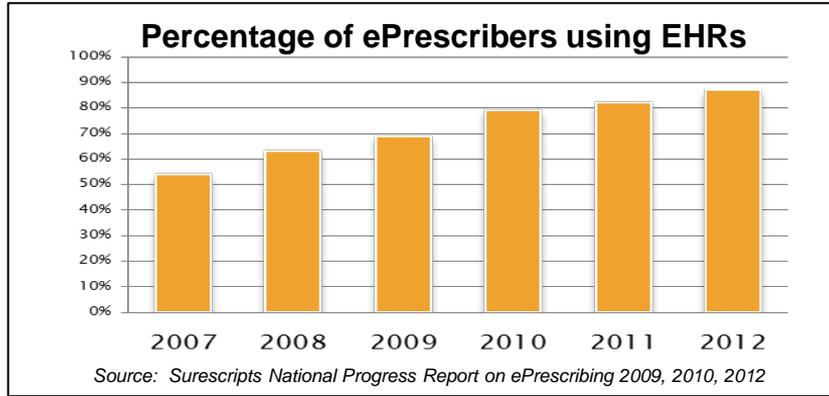
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Ideal ePrescribing Software Features within an EHR

- ⊙ 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 EPCS
- ⊙ Import diagnosis codes/other relevant medical information from the EMR into electronic prescription

Top States for ePrescribing

Safe-Rx 2013 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. Vermont
4. Wisconsin
5. Massachusetts
6. North Dakota
7. Connecticut
8. North Carolina
9. New Hampshire
10. South Dakota
11. Michigan
12. Oregon
13. Nebraska
14. Kansas
15. Virginia
16. Kentucky
17. Ohio

http://surescripts.com/news-center/national-progress-report-2013#rankings

Important Points on Controlled Substances

- Approximately 13%* 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

*National Association of Chain Drug Stores (NACDS) 2013 dispense data for all new prescriptions, refills, and renewals in the US.

EHR EPCS certified vendors

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

- Advanced Data Systems, Inc. (Medics DocAssistant 7)
- Allscripts (ePrescribe 18.1)
- Bizmatics (PrognoCIS 3.0)
- Cerner (PowerChart 2012.01.19)
- Delta Care Rx (Hospice-Prescribing / 1.0)
- DrFirst (Rcopia 3.0)
- EMPS (ntreatment.com 2)
- Epic (Epic)
- Glenwood Systems (Glace EMR 4.5)
- Health Information Management Systems (HMS E-Scripts 2.0)
- Health Postbox Express (Health Postbox Express EMR)

- HealthPort (HealthPort EMR 9.02)
- MD Toolbox (2.0)
- MedFlow, Inc. (MedFlow EMR 8.01)
- Meditab (IMS 14)
- NewCrop (Core /13.05.14.05)
- NextGen (5.8X)
- OmniMD (13.7)
- RxNT (EHR 7.1)
- ScriptRx Inc. (ScriptRx 4.3)
- The Echo group (Clinician's Desktop / 8.1.3)
- Stratus EMR (StratusRx 2)
- TECNEX (MD-2 EHR/PM 5)
- VersaSuite (VersaSuite 8.2)
- Zenith Technology Solutions (Hygeia 5.0)

Step 1
- Re-program as necessary to meet DEA regs

Step 2
- Undergo 3rd part audit or certification

Step 3
- Train users on how to use
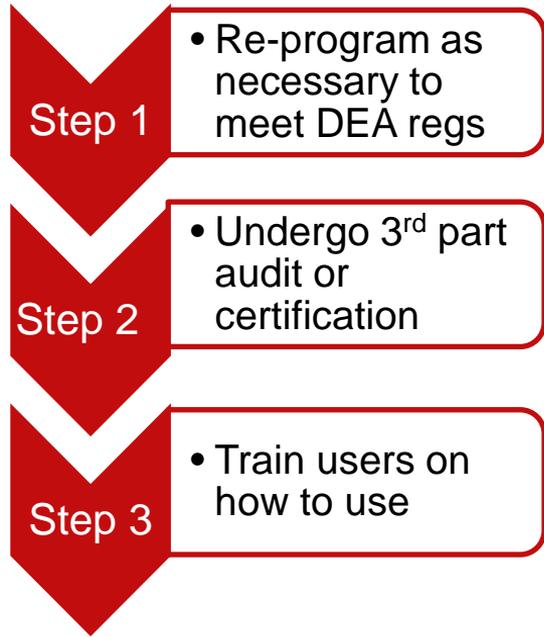
NOTE: Specific product type and version is important

*Actively Available status, As of 10/5/14
www.surescripts.com

Pharmacy software vendors

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

- AdvanceNet Health Solutions
- CarePoint
- Cerner Etreby
- Computer-Rx
- CVS/pharmacy
- Express Scripts
- Digital Business Solutions
- ExcelleRx
- Express Scripts
- FrameworkLTC by SoftWriters
- Foundation Systems
- H E B Pharmacy

- Health Business Systems
- KeyCentrix
- Kroger
- Lagniappe Pharmacy Services
- McKesson Pharmacy Systems
- MDScripts
- Micro Merchant Systems
- PDX
- Pharmacy Systems, Inc.
- PharMerica

- PioneerRx
- Prodigy Data Systems
- QS/1 Data Systems
- Rite Aid
- ScriptPro USA
- SuperValu
- Transaction Data Systems
- VIP Computer Systems
- Walgreens
- Walmart

*Through 10/5/14

NOTE: Pharmacies need to 'activate' EPCS capability. Just because their vendor is certified does not mean the pharmacy accepts EPCS Rx's

SureScripts transactions supported by EHR vendors in AZ

To rule out vendor participation as a factor in the SafeRx rankings, the prominent Arizona EHR vendors were analyzed. Pharmacy connectivity was also evaluated

EHR Vendor	Benefit	Med Hx	Retail	Mail	EPCS
Allscripts	✓	✓	✓	✓	*
Amazing Charts	✓	✓	✓	✓	✗
Athena Health	✓	✓	✓	✓	✗
Cerner	✓	✓	✓	✓	**
DrFirst	✓	✓	✓	✓	✓
eCW	✓	✓	✓	✓	✗
E-MDS	✓	✓	✓	✓	✗
Epic	✓	✓	✓	✓	✓
GE	✓	✓	✓	✓	✗
Macpractice	✓	✓	✓	✓	✗
McKesson	✓	✓	✓	✓	✗
NextGen	✓	✓	✓	✓	✓
Nexttech	✓	✓	✓	✓	✗
Practice Fusion	✓	✓	✓	✓	✗
Vitera	✓	✓	✓	✓	✗

% of community pharmacies connected in Arizona
97%
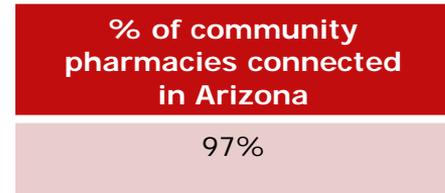
Source: SureScripts

* Allscripts ePrescribe standalone only, not EHRs
** Cerner Powerchart only, not standalone

All of the prominent Arizona EHR vendors support New Prescriptions, Refills, Eligibility/Benefit and Medication History. Pharmacy connectivity is robust

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EPCS Adoption Snapshot:

Savannah, GA (with 25-mile radius)

ePrescribing-enabled Pharmacies – Savannah, GA Vicinity As of 10/5/2014

Search tool located at www.surescripts.com/epcs

EPCS-enabled Pharmacies – Savannah, GA Vicinity
As of 10/5/2014

31401 | 25 Miles ▼ | Physician name (optional) | Show only physicians

🏠 / Network Connections / Find E-Prescribing Pharmacies

47 pharmacies found within 25.0 miles of Savannah, GA 31401

CVS/Pharmacy #4187   0.7 Miles
119 Bull St
SAVANNAH, GA 31401
(912) 232-1120 ☎
Enabled for EPCS*

TARGET PHARMACY #2331   2.8 Miles
1907 E Victory Dr
SAVANNAH, GA 31404
(912) 644-1600 ☎
Enabled for EPCS*

Clearview

ePrescribing-enabled Physicians – Savannah, GA Vicinity As of 10/5/2014

| 31401 | 25 Miles ▾ | Physician name (optional) | Show only physicians enabled for EPCS ☐ |

🏠 / Network Connections / Find E-Prescribing Physicians

1130 physicians found within 25.0 miles of Savannah, GA 31401

Afolabi, Sheena   0.4 Miles
106 East Broad Street
Savannah, GA 31401
(912) 527-1000 ☎

Alcius, Martine   0.4 Miles
106 E Broad St
Savannah, GA 31401
(912) 527-1000 ☎

Eiland, Carolyn   0.4 Miles
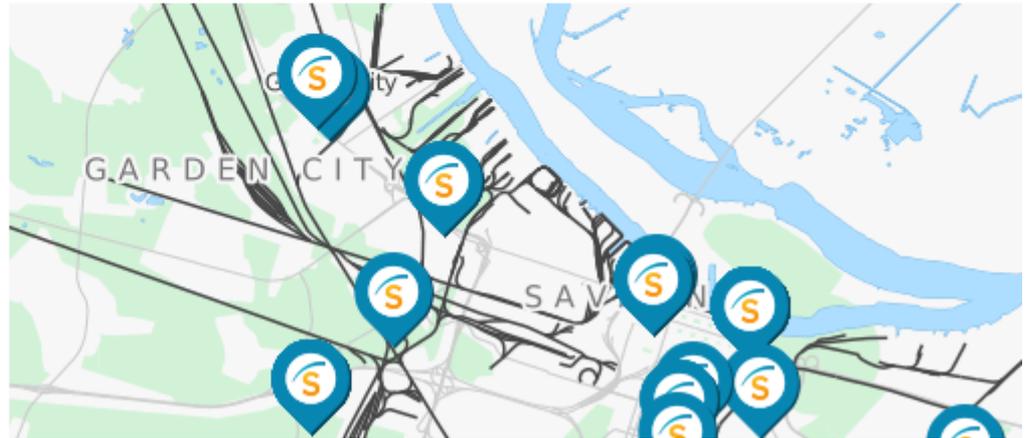
EPCS-enabled Physicians – Savannah, GA Vicinity
As of 10/5/2014

31401 | 25 Miles ▾ | Physician name (optional) | Show only physicians enabled for EPCS ☑

🏠 / Network Connections / Find E-Prescribing Physicians

1 physicians found within 25.0 miles of Savannah, GA 31401

Mccullough, Tonya   3.7 Miles
820 E 67th St
Savannah, GA 31405
(912) 355-9818 📞
Enabled for EPCS*

Clearview

Locating EPCS-Enabled Physicians and Pharmacies in Your Area

- ◎ www.surescripts.com/epcs
  - – Click on "State Readiness and Local Search Tool" tab
  - – Input desired search criteria

  Note: The Surescripts ePrescribing search tool may not include every EPCS-enabled pharmacy and prescriber. Of 1 billion electronic prescriptions in 2013, approximately 21 million flowed through other networks. (source: Point-of-Care Partners)

Find EPCS Enabled Locations Nearby

Physicians	Pharmacies

Enter ZIP or City, State

Mile Radius
5 Miles

Physician Name
Physician name (optional)

☑ Show only physicians enabled for EPCS

Find Locations

EPCS Refresher

Summary of Stakeholder Requirements

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

- 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

ePrescribing in Arizona

Pre-Initiative Environment - Arizona

It is estimated (Oct 2013) that 80% of physicians in Arizona utilize EHRs.[*]   As of December 2012, 64% of physicians utilized ePrescribing

Demographic Snapshot

- 6,507 active ePrescribers (y/e 2012)[**]

- 15,269 active physicians (11/12)[***]

- 1,068 pharmacies[****] (97% electronic)[*]
  - 133 Independent
  - 935 Chain
  - Walgreens (250), CVS (136), Frys (119) represent 60%

Percentage of offices by # of physicians

- 1 Physician — 52%
- 2 Physicians — 19%
- 3 - 5 Physicians — 19%
- 6 - 9 Physicains — 6%
- 10 - 19 Physicians — 3%
- 20+ Physicians — 1%
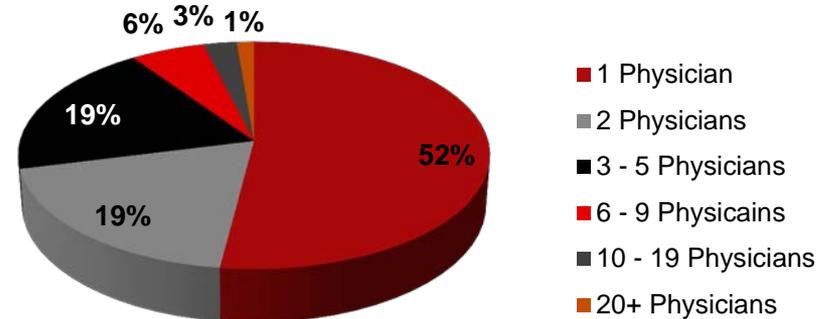
Source: SK&A

The 16% gap between EHR users and ePrescribers represents an opportunity to enhance Arizona's Safe-Rx ranking.

Project Timeline

May	June	July	August	September	October	November	December

Landscape Analysis

- Plan

Prepare for Limited Roll Out

- Engage Participants

**Limited Roll Out
Prepare for State-wide Roll Out**

- Begin EPCS Pilot in 4 key areas
- Recruit additional Pharmacies and EHR vendors to certify

Review Learnings from Pilot Summit

State Wide Roll Out

- Get all Prescribers doing EPCS or on a path to certification by EOY
- Measure Results

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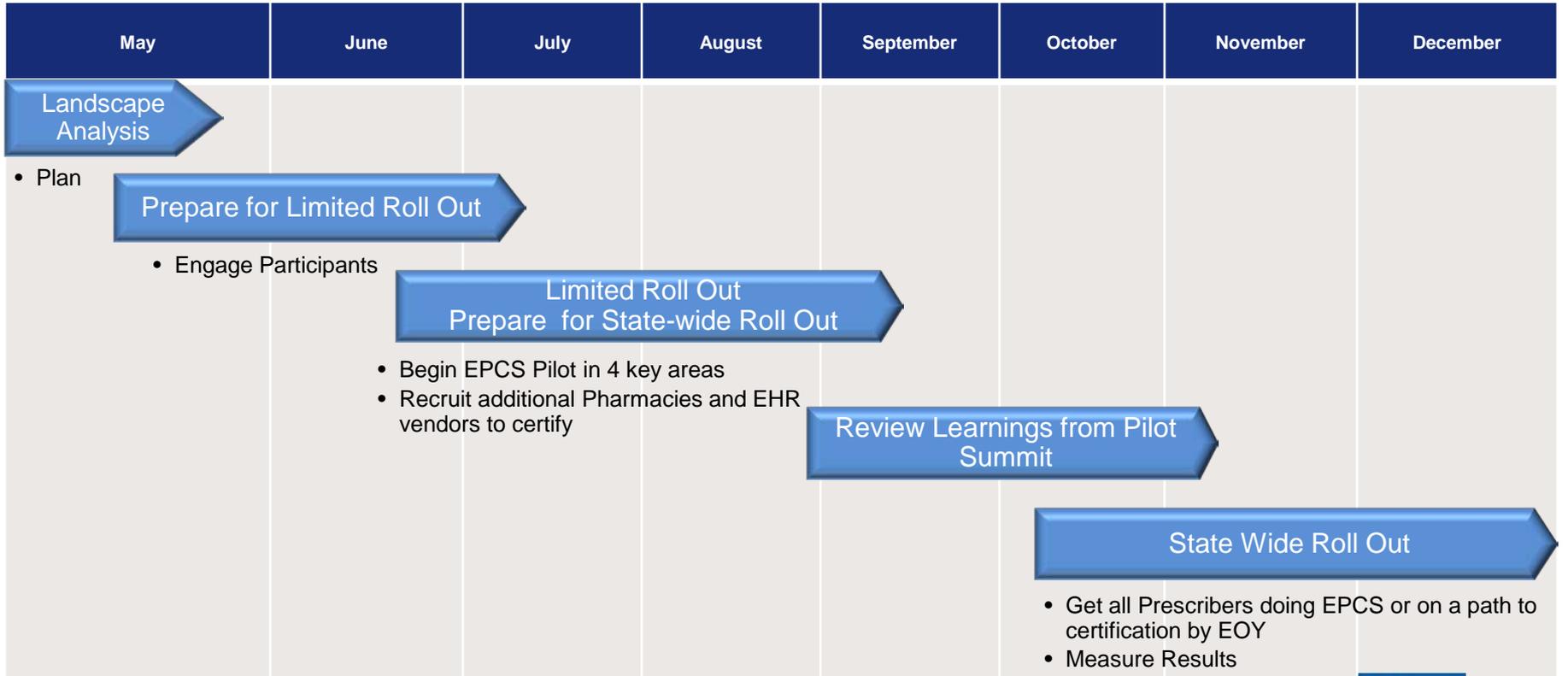
Statewide Rollout

◉ Many prescriber and pharmacy system vendors are now EPCS-certified and we plan to grow the lists:

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Prescriber Vendors
1. **Allscripts**
2. Cerner Corporation
3. **DrFirst**
4. **Epic**
5. Glenwood Systems
6. MD Toolbox
7. **NewCrop**
8. **NextGen**
9. RxNT
10. Stratus EMR

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Pharmacy Vendors
1. CarePoint
2. Cerner Etreby
3. **CVS/pharmacy**
4. **Express Scripts**
5. H E B Pharmacy
6. McKesson Pharmacy Systems
7. MDScripts
8. Rite Aid
9. SoftWriters
10. SUPERVALU
11. **Walgreens**

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as of May 31, 2013
Bold = major players in AZ

The AZ numbers speak for themselves!

EPCS ERXS   CERTIFIED EPCS ERX PRESCRIBERS

15,978

9856

6545

91

3432

24

16   16

3432

88

817

196   209   220

162

188

196

May   June   July   Aug   Sept   Oct   Nov   Dec

● Number of EPCS prescriptions
● Number of prescribers certified to do EPCS
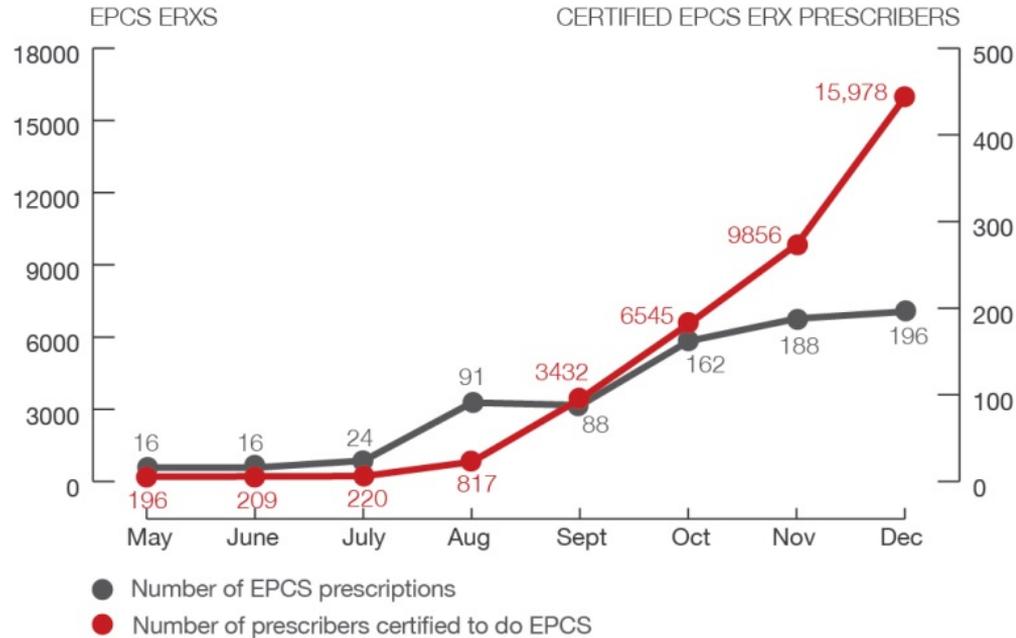
From May to Dec. 2013, Arizona saw a greater than 1000% increase in the number of Prescribers doing EPCS.

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Participating Arizona Provider Views

"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."

" 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."

Challenges and Opportunities

Challenges or Opportunities?

- ◉ Re-Scheduling of hydrocodone combination products (HCPs) to CII
  - HCPs are the most frequently prescribed opioid in the United States: nearly 137 million prescriptions for HCPs were dispensed in 2013
  - Oral phoned in prescriptions are no longer allowed for HCPs and prescriptions must either be hard copy, or transmitted by EPCS where allowed
  - In states where PA's and APN's are prohibited from prescribing CII's, these midlevel prescribers are no longer allowed to prescribe HCPs
  - Refills are no longer allowed except for legitimate prescriptions issued before 10/6/2014 and until 4/8/2015, if the Rx authorizes refills
  - EPCS can improve HCP access for patients with legitimate needs

Challenges or Opportunities?

- I-STOP: New York Senate Bill 7637/Assembly Bill 10623: Internet System for Tracking Over-Prescribing (I-STOP) Act
  - <u>All</u> prescriptions must be electronic by March 27, 2015 with very limited exceptions (primary exception is for veterinarians).
  - Among other things, New York prescribers are required to check the New York State prescription drug monitoring program registry database before writing a prescription for <u>any</u> controlled substance.
  - According to the New York Bureau of Narcotic Enforcement (BNE), non-compliance is punishable by a $2,000 fine, imprisonment not exceeding one year or both.
  - As of December 31, 2013, 62% of physicians in New York were routing prescriptions (Surescripts)
  - Identity proofing must be completed and the practitioner must obtain two-factor authentication **prior to registering** his/her certified EPCS software application with BNE.
  - Registration requirements are ongoing

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Conclusion and Recommendations

Address 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

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Lesson Learned in AZ

- There are still physicians and pharmacists who do not know/believe EPCS is legal!
- 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.
- The key is to have champions onboard for prescribers.
- 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.

Lessons Learned in AZ

- 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 a place to go for issues resolution or they may drop the use of the technology.

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What can States do to advance EPCS?

1. Do nothing – let growth be organic

2. Work directly with key stakeholder

3. Coordinate state-wide launch
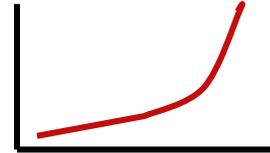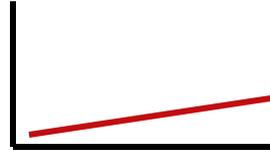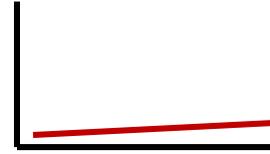
Thank You!

Questions?

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