Electronic Prescribing of Controlled Substances (EPCS)

November 1, 2018

Point·of·Care PARTNERS | HEALTH IT MANAGEMENT CONSULTANTS

Presenters

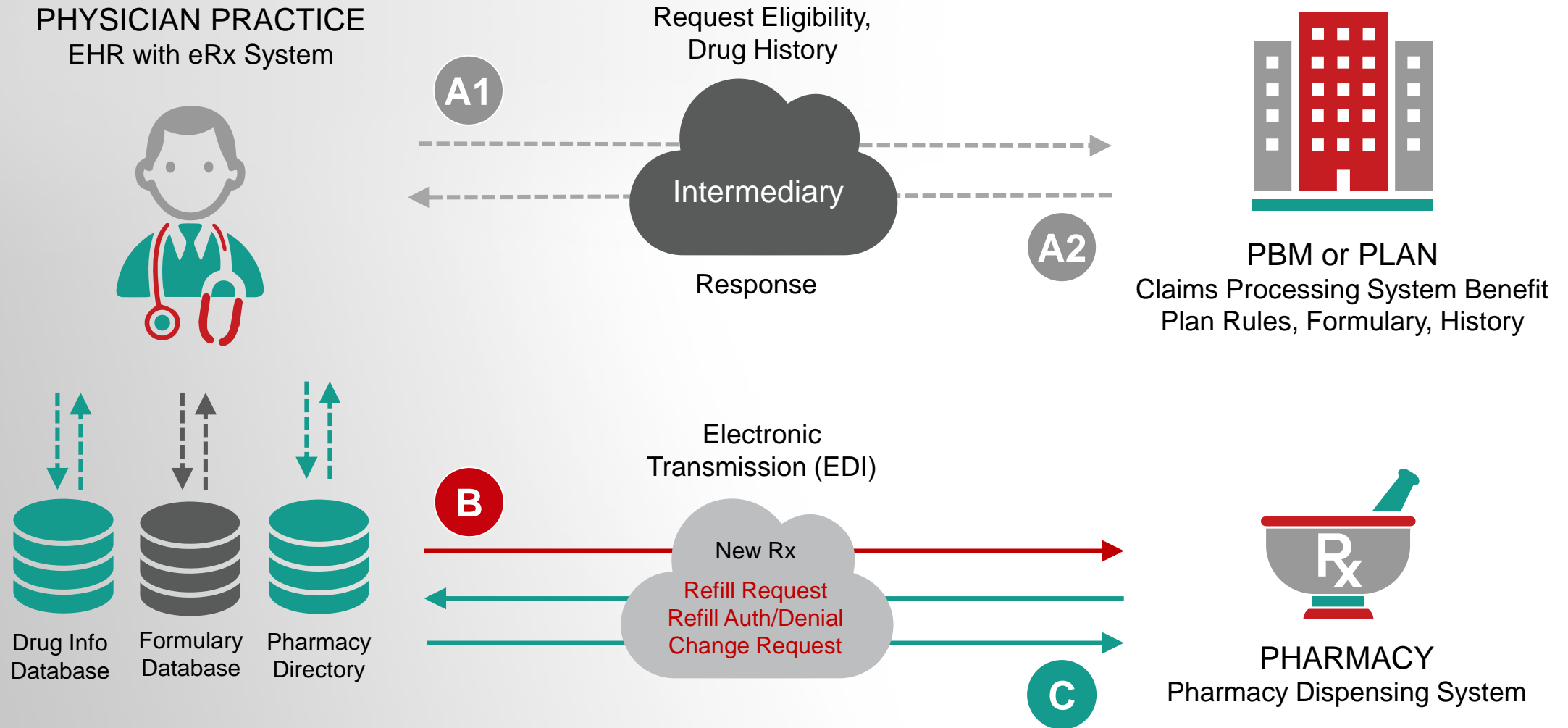**_Michelle Soble, R.Ph., MBA_**

Senior Consultant,
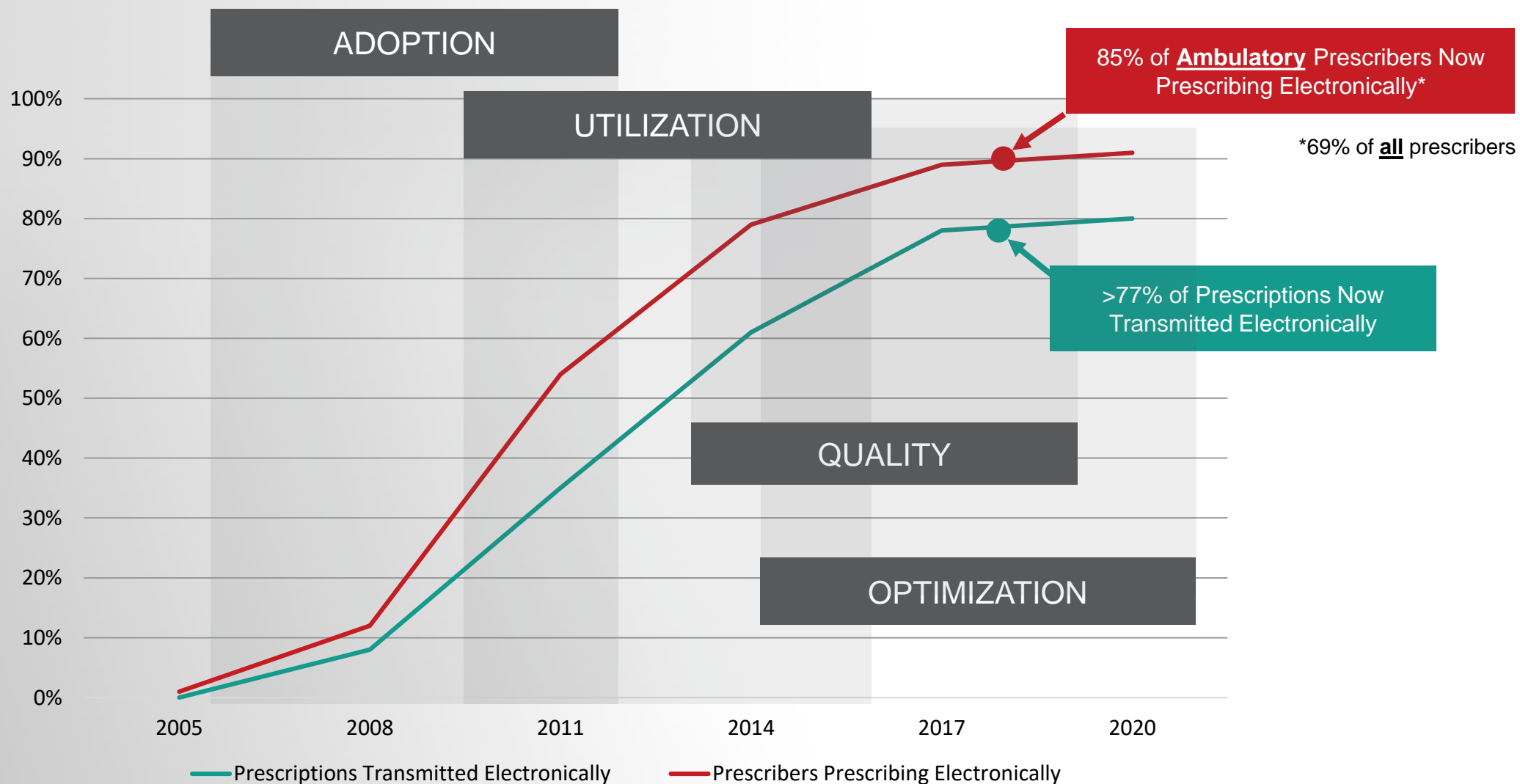Regulatory Resource Center
Point-of-Care Partners

Agenda

- Electronic Prescribing Overview
- Current State of ePrescribing/EPCS Adoption
- Enabling Prescribers for EPCS
- State Regulations and their Impact on Prescribers/EHRs
- Breakout Discussions

Current ePrescribing Flow

PHYSICIAN PRACTICE
EHR with eRx System

Request Eligibility,
Drug History

A1

Intermediary

Response

A2

PBM or PLAN
Claims Processing System Benefit
Plan Rules, Formulary, History

Drug Info
Database

Formulary
Database

Pharmacy
Directory

Electronic
Transmission (EDI)

B

New Rx

Refill Request
Refill Auth/Denial
Change Request

C

PHARMACY
Pharmacy Dispensing System

The Evolution of ePrescribing

85% of **Ambulatory** Prescribers Now Prescribing Electronically*

*69% of **all** prescribers

>77% of Prescriptions Now Transmitted Electronically

ADOPTION

UTILIZATION

QUALITY

OPTIMIZATION

— Prescriptions Transmitted Electronically   — Prescribers Prescribing Electronically

Source: Surescripts National Progress Report on ePrescribing 2017, personal conversations

What are the Benefits of e-Prescribing?

Clinical decision support within the eRx interface:
- DUR alerts
- Medication history

Improved patient safety

Legible prescriptions

Reduce fraud and abuse

Streamlines record keeping and reduces administrative hassle

Access to patient-specific formulary and benefit design information or requirements:
- Quantity limits
- Generic step therapy
- Prior authorization

What are the Benefits of Electronic Prescribing of Controlled Substances (EPCS)?

All of the benefits of e-prescribing, PLUS

One workflow for all prescriptions

Added patient convenience – No more picking up paper prescriptions from your office!

States Where Electronic Prescribing is Required

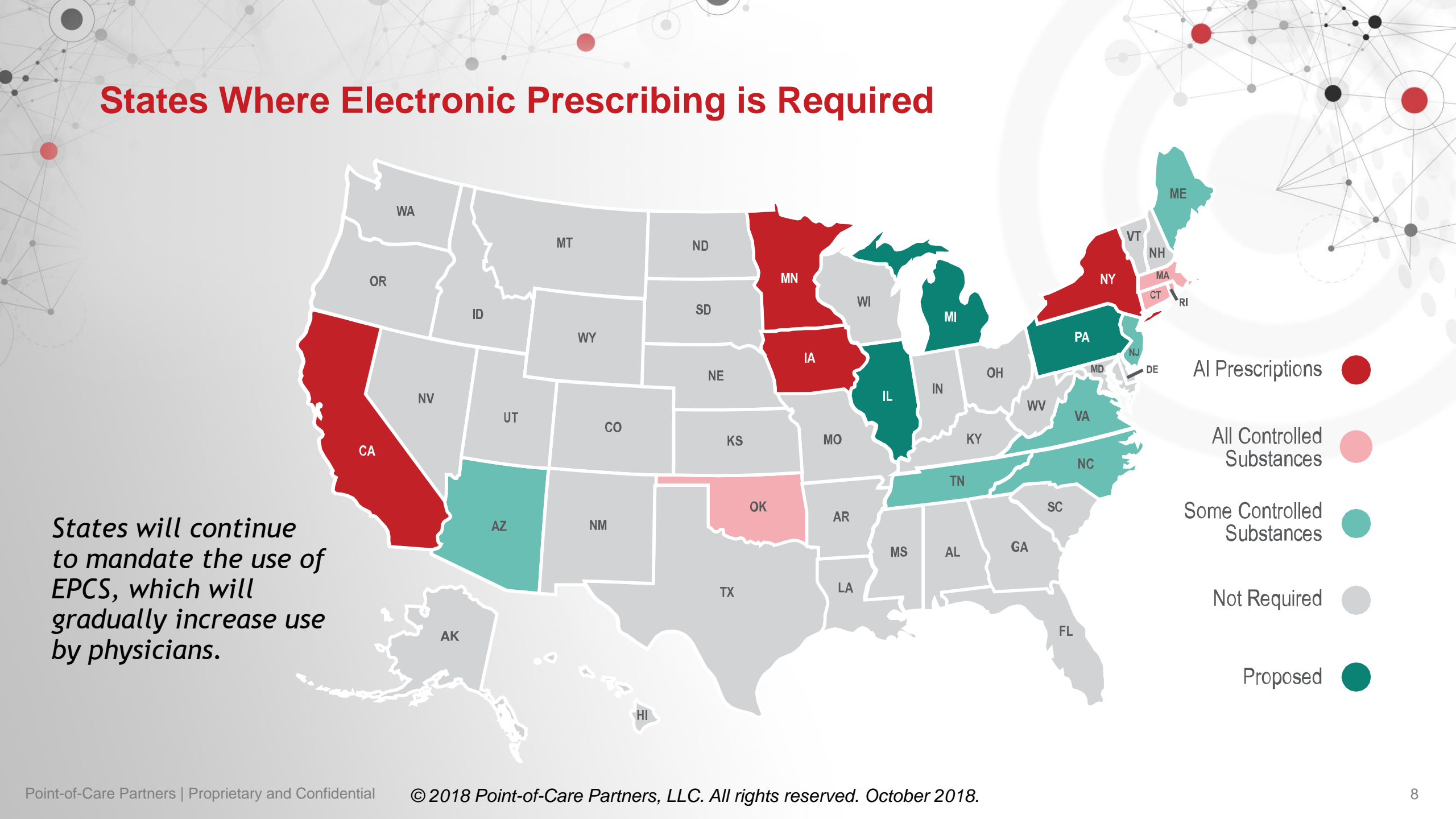*States will continue to mandate the use of EPCS, which will gradually increase use by physicians.*

All Prescriptions

All Controlled Substances

Some Controlled Substances

Not Required

Proposed

Group Discussion

Where do you think we are nationally with EPCS adoption for pharmacies and prescribers?

EPCS Enabled Prescribers and Pharmacies

**EPCS-enabled
Prescribers Nationwide**

29.3% *

**EPCS-enabled
Pharmacies Nationwide**

95.1% *

*EPCS was mandated in 2010.
8 Years Later, EPCS is still lagging.*

EPCS Adoption Examples: States with Enacted Legislation

As of 2015, all 50 states plus the District of Columbia have approved EPCS for all schedules. Adoption and penalties in states with mandates vary widely.

States with Enacted Legislation				
State	Effective Date	Additional Info	Prescriber EPCS Enablement*	Pharmacy EPCS Enablement*
Minnesota	01/01/11	All medications, all schedules. No penalties for non-compliance. All medications, all schedules. No penalties for non-compliance.	29.6%	96.1%
New York	03/27/16	All prescriptions including controlled substances.	75.7%	98.3%
Maine	07/01/17	All controlled substances containing opiates. Penalties: $250/violation up to $5,000/calendar year.	59.7%	98.9%
Connecticut	01/01/18	All controlled substances. No specific penalties.	54.5%	98.2%
Arizona	01/01/19 & 07/01/19	Schedule II opioids on a staggered implementation based on population.	17.2%	97.7%
New Jersey	05/01/19	Vendors operating in NJ must adopt EPCS for Schedule II controlled substances no later than 5/1/20.	11.7%	96.8%

As of June 2018

Top EPCS States

2017 Rank	2016 Rank	State	Pharmacy Enablement	Prescriber Enablement	Controlled Substances Prescribed Electronically
1	**1**	**NY**	**97.8%**	**74.8%**	**93.8%**
2	2	ND	98.2%	40.9%	57.0%
3	**25**	**ME**	**99.3%**	**51.0%**	**41.2%**
4	3	SD	96.2%	30.2%	37.3%
5	7	MN	95.9%	26.4%	34.2%
6	4	NE	91.1%	29.4%	30.8%
7	14	WI	95.4%	29.2%	25.5%
8	11	UT	96.2%	34.1%	16.7%
9	20	NH	99.2%	25.4%	20.9%
10	10	NC	96.8%	26.7%	21.4%
11	**30**	**CT**	**99.4%**	**31.8%**	**10.7%**
12	5	RI	99.4%	25.7%	17.0%
13	6	DE	97.5%	15.1%	31.9%

2017 Rank	2016 Rank	State	Pharmacy Enablement	Prescriber Enablement	Controlled Substances Prescribed Electronically
14	9	MI	96.5%	21.1%	21.3%
15	8	TX	93.9%	19.9%	24.4%
16	13	IN	96.8%	19.3%	16.6%
17	16	CA	91.7%	17.9%	19.2%
18	12	OR	96.2%	19.0%	13.4%
19	15	VT	93.1%	14.0%	19.7%
20	17	MA	96.2%	11.8%	16.9%
21	19	OH	95.2%	13.8%	15.0%
22	18	AZ	96.9%	12.4%	14.2%
23	23	MD	95.5%	10.9%	16.5%
24	32	MO	95.4%	12.9%	13.1%
25	24	CO	97.2%	12.7%	11.4%

Group Breakouts

What do you think are the barriers to EPCS adoption?

What do you think are the three best practices to increasing EPCS adoption?

Big Picture: Traditional Regulatory Trends Affecting Prescribing

There are 485+ federal and state requirements that impact EHR prescribing compliance

PRESCRIBING

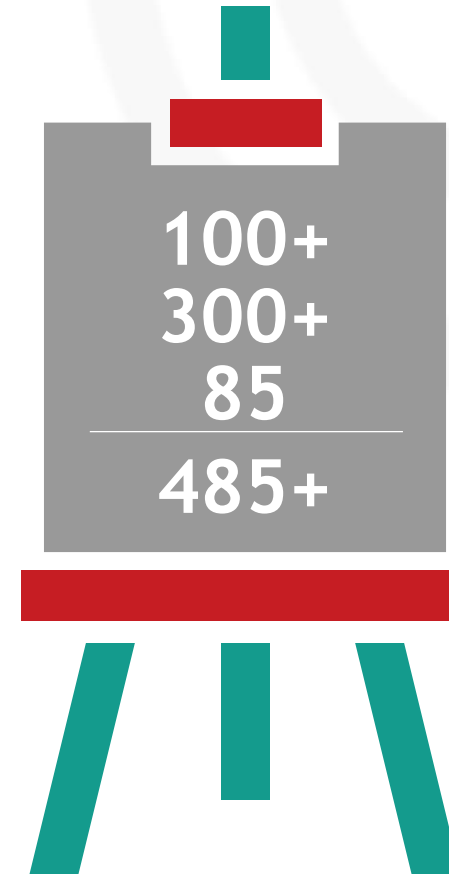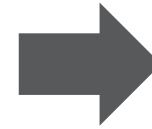**100+**

Who can prescribe what?

FORMATTING

300+

Printing Specifics

DELIVERY

85

How does it get there?

100+
300+
85
___
485+

Trend: The Explosive Opioid Abuse Crisis

The Opioid Epidemic in 2016:

- Opioid overdoses accounted for more than 42,000 deaths in 2016, more than any previous year on record[1]

- An estimated 17,087 of these opioid deaths were attributed to overdosing on *commonly prescribed* opioids[1]

- 11.4 million people misused prescription opioids in 2016[2]

- Of those, 2 million people misused prescription opioids for the first time[2]

On an average day in the U.S.:

523,000+

opioid prescriptions are dispensed[3]

130+

people die from an opioid-related overdose[4]

SOURCES
1. NCHS Data Brief No. 293, December 2017
2. 2017 National Survey on Drug Use and Health, Mortality in the United States
3. U.S. Opioid Prescribing Rate Maps, CDC website. Accessed Sept. 21, 2018
4. The Opioid Epidemic By The Numbers. HHS website. Accessed Sept. 21, 2018

Opioid Epidemic: The Economic Impact

Perspective

"To be sure, electronic health records (EHRs) and other health IT stakeholders can play a valuable role in facilitating prescriber compliance with mandated behavior changes that will ultimately limit the number of future addicts."

Fighting the Opioid Epidemic at the State- and Rx-Level

$95 billion in health and social costs related to prescription opioid abuse each year

Opioid overdose emergency department visits rose **30%** in all parts of the U.S. from July 2016 through September 2017

$92,408 was the average cost to treat overdose patients admitted to hospital intensive care units in 2015

Sources: Center for Value in Health Care, The Potential Societal Benefit of Eliminating Opioid Overdoses, Deaths, and Substance Abuse Disorders Exceeds $95 Billion Per Year, https://altarum.org/sites/default/files/uploaded-publication-files/Research-Brief_Opioid-Epidemic-Economic-Burden.pdf Published Nov. 16, 2017. Accessed Sept. 21, 2018.
CDC Vital Signs. CDC.gov https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html. Published March 2018. Accessed Sept. 21, 2018.
Crain's Chicago Business, What It Costs Hospitals to Reverse An Opioid Overdose, http://www.chicagobusiness.com/article/20180216/ISSUE01/180219915/heroin-opioid-overdoses-cost-illinois-hospitals   Published February 16, 2018. Accessed Sept. 21, 2018.

Federal Legislation

Enactment of H.R. 6
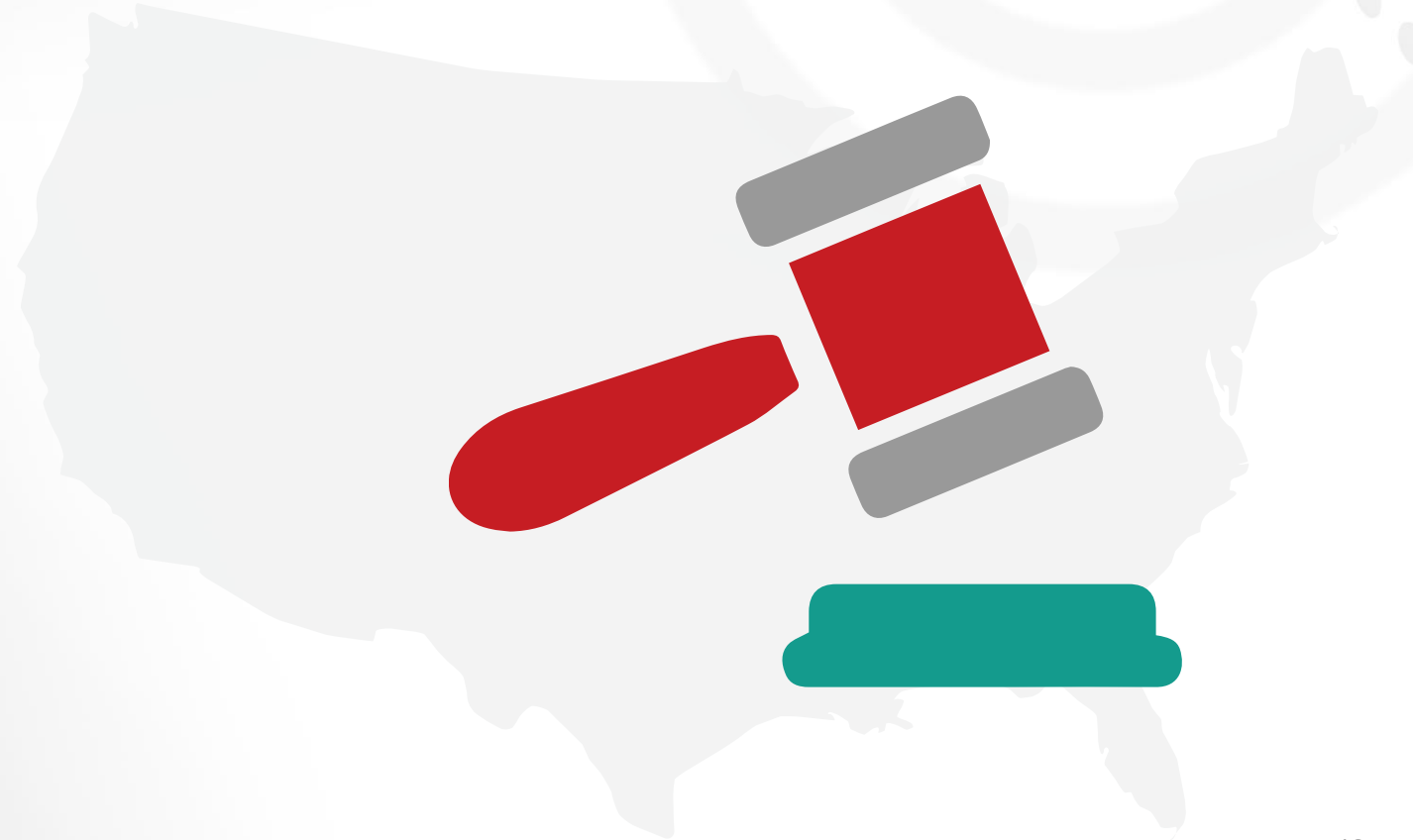
- On 10/24/2018, President Trump enacted H.R .6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. Among *multiple provisions*, H.R. 6:

  - Expands medication-assisted treatment for opioid use disorders.

  - Mandates EPCS for Medicare Part D covered prescriptions under any Medicare Part D prescription drug plan (or under an MA-PD plan). This includes schedule II-V controlled substances. The **effective date is 1/1/2021.**

  - Mandates electronic prior authorizations for covered Part D drugs. The **effective date is not later than 1/1/2021.**

Group Discussion

What is your state doing to combat the opioid crisis?

State Legislative/Regulatory Activity (As of October 2018)

ELECTRONIC PRESCRIBING of CONTROLLED SUBSTANCES (EPCS)

17

states and federal government have current or pending

EPCS MANDATES

PRESCRIPTION DRUG MONITORING (PDMP)

42

states require prescribers access their PDMP before prescribing

CONTROLLED SUBSTANCES

Some states are sponsoring or requiring access via EHRs and others are sponsoring access via their HIE

28

states limit opioid prescribing to a
7 DAY SUPPLY OR LESS

42

states require prescribers to counsel patients before
PRESCRIBING OPIOIDS

States are ramping up on rules governing controlled substance prescribing including new limits on prescribing e.g. days supply maximums; limits by prescriber type

States are requiring additional data, such as diagnosis, on the prescription

OPIATE CRISIS

Summary

- The majority of prescribers are enabled for ePrescribing

- 17 states have mandated or proposed rules for EPCS – a dramatic increase from 2017

- States with EPCS mandates have the highest adoption levels

- Prescribers are dependent upon their EHR vendors to proactively support regulatory requirements

- Major EHR system updates can take up to a year

Thank You

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