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

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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.

Surescripts June 2016 National Report
### How Does Arizona Compare for EPCS?

#### National vs Arizona for EPCS

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Arizona</th>
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<tbody>
<tr>
<td>Pharmacies EPCS Enabled</td>
<td>90.5%</td>
<td>94.5%</td>
</tr>
<tr>
<td>Prescribers Enabled</td>
<td>17.1%</td>
<td>8.5%</td>
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- Virtually all Arizona pharmacies enabled
- Arizona prescribers lag behind national numbers

Surescripts June 2017 Arizona Data
Arizona Statistics by County

EPCS Enabled Prescribers: 8.5%
EPCS Enabled Pharmacies: 94.5%

Surescripts 2017 Arizona Report
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
Implements 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


“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

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://pharmacypmp.az.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

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

Or visit our website at www.healthcurrent.org
References


House Bill HR 3528 Every Prescription Conveyed Securely Act:  
https://www.congress.gov/bill/115th-congress/house-bill/3528?q=%7B%22search%22%3A%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.