
The Role of EHRs in the Opioid Battle

What Regulators Need to Know

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Presenter



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Objectives



- **To educate**
 - How various regulations impact EHR implementation and development
 - How to craft regulations that are realistic and take advantage of EHR features to reduce inappropriate prescribing
- **To inform**
 - New York state's experience and lessons learned from ePrescribing mandate

Traditional Regulatory Trends Affecting EHRs



- There are 417+ federal and state requirements that impact EHR prescribing compliance

PRESCRIBING



Who can prescribe what?

FORMATTING

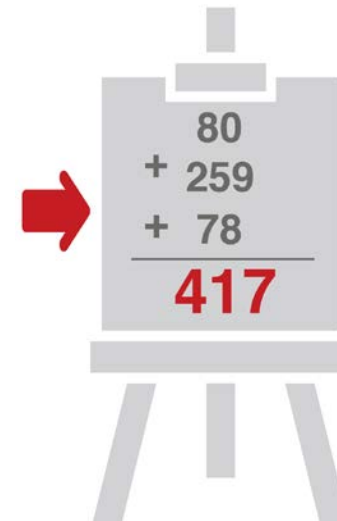


Printing specifics

DELIVERY



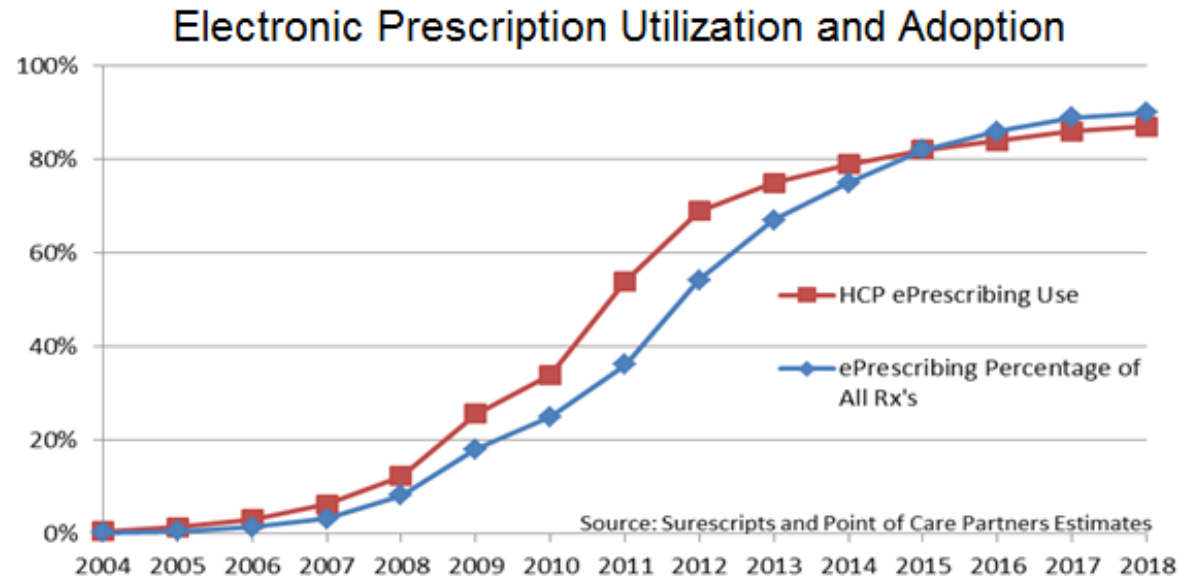
How does it get there?



Paper Prescriptions – the End is Near



- EHRs are primary method of writing prescriptions
- No more paper chart



1.4 Billion ePrescriptions transmitted in 2015

What is the regulatory impact of this trend?



- Laws and rules to allow electronic prescriptions
- Most rules are written with the paper paradigm in mind
 - Type of paper
 - Prescription blank formats
 - Wet signature vs electronic signature
 - DAW signature lines
 - Specific statements required on Rx blank
- Not all are relevant for ePrescriptions

Compliance can be very confusing!



EPCS Can Save Lives



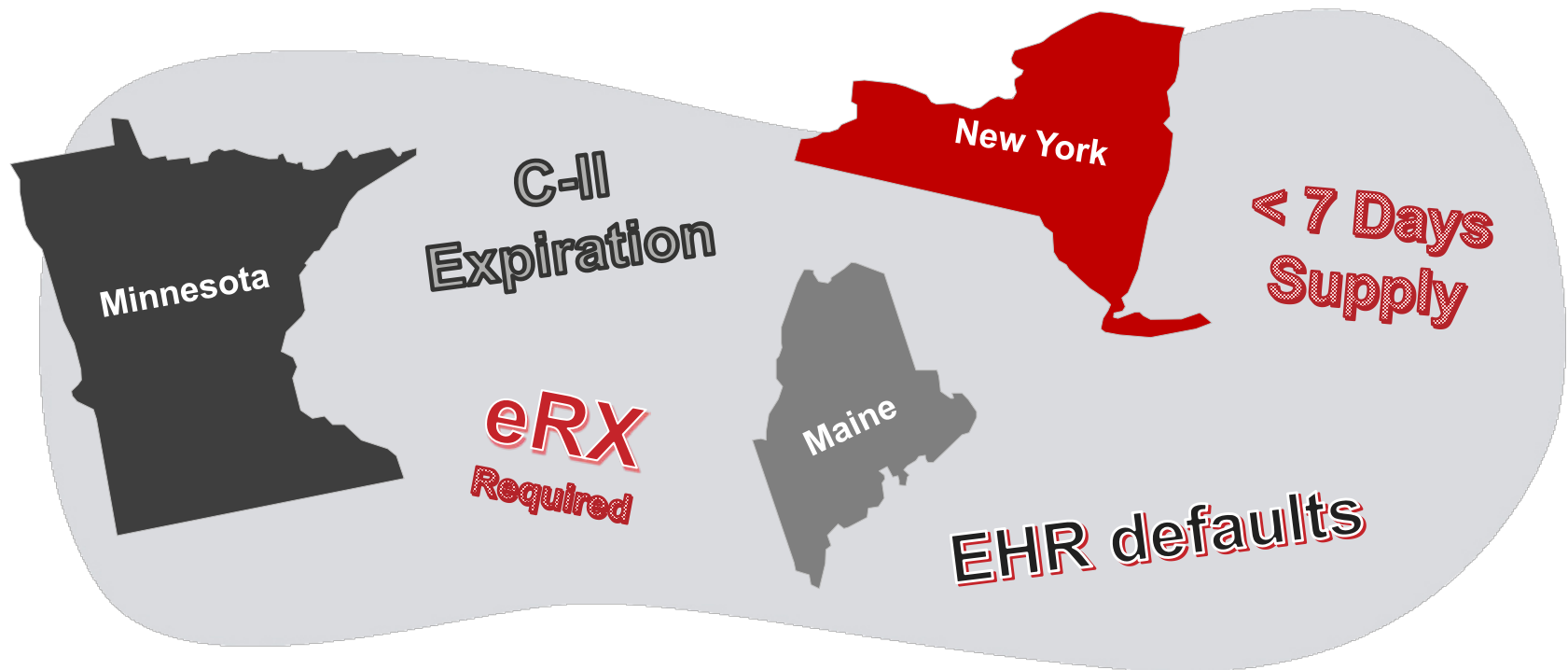
- Electronic Prescribing of Controlled Substances
- Helps to reduce fraud and abuse
- Technology provides enhanced security
- Prescribers authenticated
- Secure transmission
- Less opportunity for diversion or alteration¹

Only 18.3% of US prescribers are enabled to process controlled substance prescriptions electronically

¹ Data Source: Surescripts⁺ national health information network

Regulatory Trend: States Mandating New Prescribing Methods and Limits

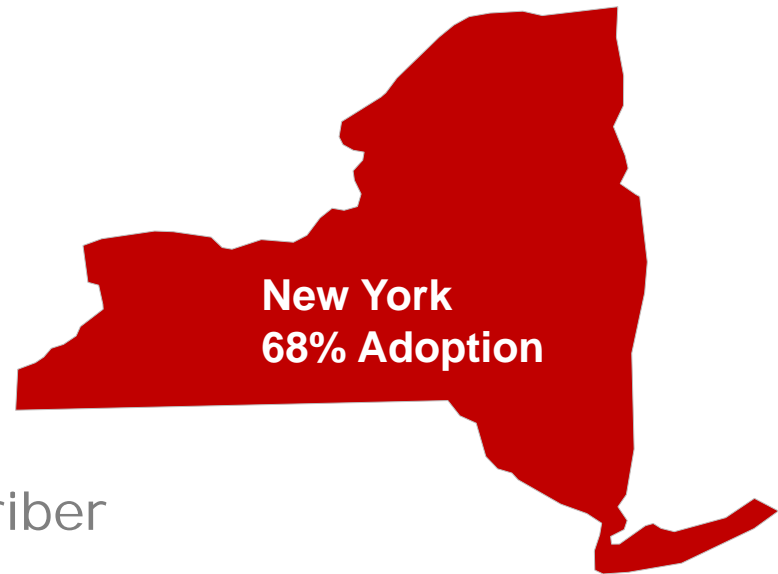
- ePrescribing Mandates such as New York, Minnesota and Maine
- Widely varying prescribing limits



EPCS Mandates – Great Potential



- Increases EPCS adoption and utilization
- Optimize existing workflow
- Can be burdensome
 - NY has made recent tweaks
- The mandate is on the prescriber
 - The EHR adapts to support the client requirements



Electronic Health Record Mandates



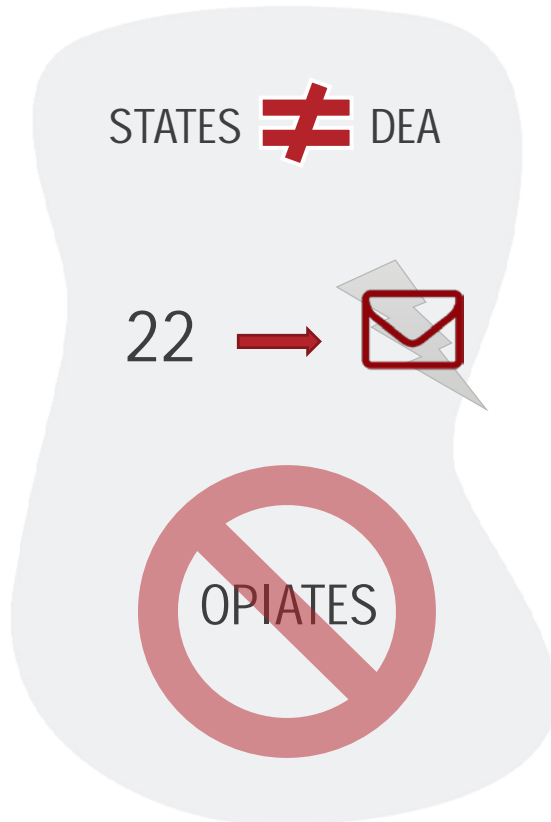
- Example: NJ Bill to require EHRs to default 3 day supply
- State level custom requirements are typically set up locally
- EHRs will accommodate whatever their prescriber clients require
 - Will build in capability to establish defaults by drug
 - Prescriber will would be on the hook to use it

Days Supply

The screenshot shows a 'Prescribe New Medication' form with the following fields and options:

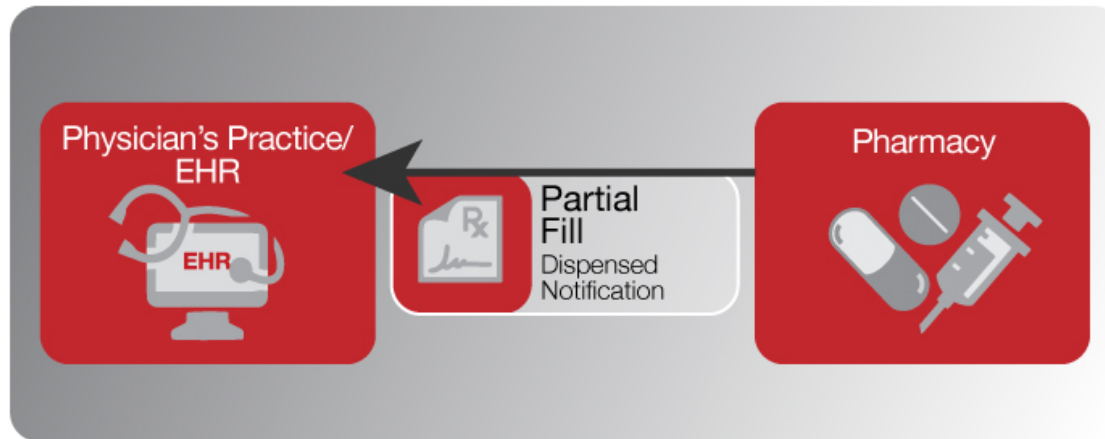
- *Drug Name: [Text Input]
- Indication: [Dropdown]
- *Dosage: [Dropdown]
- *Sig: [Text Input]
- Buttons: Modify, Special Instructions
- Duration: [Dropdown] # Day
- *Dispense: 1 [Dropdown] #
- *Refills: 0 [Dropdown] #
- *Effective Date: [Text Input]
- *Package: [Text Input]
- *Written Date: [Text Input]
- Options: Maintenance Drug, Administered In Office, Brand Name Necessary, GHB Drug, Samples Given, NADEAN
- Comment: For office use only [Text Input]
- *Prescriber: [Dropdown]
- Pharmacy Note: [Text Input]
- 210 characters remaining
- Buttons: Add to Favorites, Add Another, OK, Cancel

Regulatory Trend: States Mandating New Prescribing Limits and Methods



- State schedule variances
 - States placing drugs in different schedules than DEA
 - Impacts EPCS pathway for drugs not scheduled by DEA
- Partial filling of C-II's allowed, with electronic notification back to prescriber (enacted)
- Requiring Non-Opiate Directive forms to be stored in the "interoperable EHR" (enacted, rules TBD)

The EHR Challenge: Pharmacy Notification to Prescriber



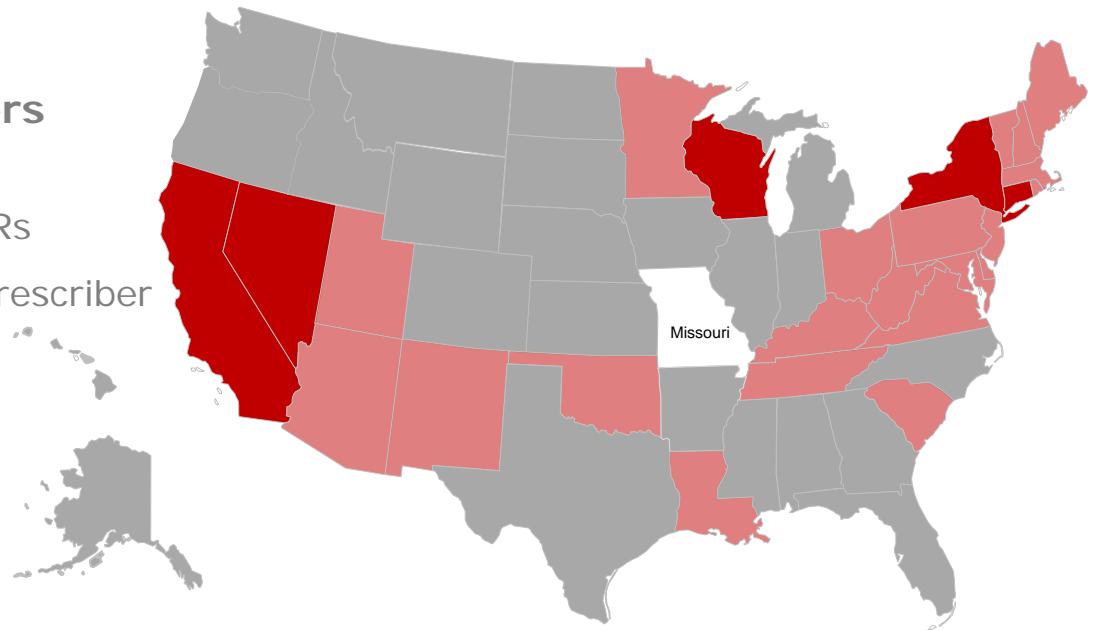
Controlled Substances

- Massachusetts allows patients to request partial dispensing of opioid prescription
 - Remainder of the prescription voided
 - **Pharmacist must notify prescriber** of amount actually dispensed
 - Notification via "interoperable EHR"

Regulatory Trend: States Addressing PDMP EHR Workflow Integration



- States are removing barriers to access
 - Allowing data sharing with EHRs
 - Encouraging integration into prescriber workflow
- States are mandating prescriber utilization
 - Requiring registration for PDMP access
 - Requiring access before prescribing



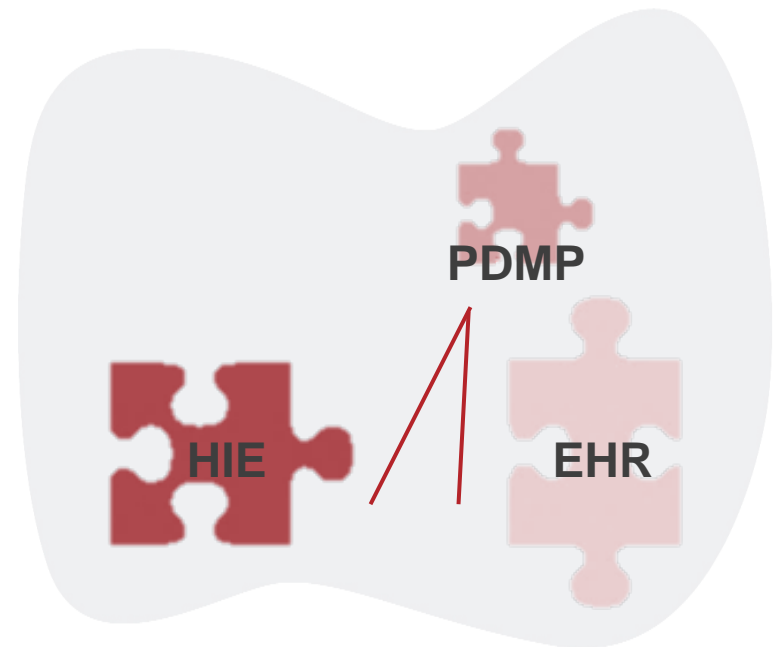
- For all Controlled Substances
- For Some Controlled Substance Prescriptions
- Not Required
- No PDMP

26 states now require prescribers to view the PDMP when prescribing specified controlled substances

Federal Action: Comprehensive Addiction and Recovery Act (CARA)



- Enacted 7/22/2016
- Reauthorizes National All Schedules Prescription Electronic Reporting Act (NASPER)
 - Grants to state PDMPs
 - New focus on **Interoperability, ePrescribing, HIEs, EHRs**
 - PDMP into the workflow
- Mandates VA facility prescribers to query the PDMP



EHRs Can Be Part of the Solution



- Improving Prescriber access to PDMP is a key strategy to reduce abuse
- Access outside the prescribing workflow is a hindrance to utilization

“Most primary care physicians are aware of PDMPs, but many find the data difficult to access.” Health Affairs March 2015

State PDMP

Patient Name: [REDACTED]

Pat ID	Patient Name	DOB	Address
1	[REDACTED]	10/27/1957	1401 WORTH BL, LEXINGTON, KY
2	[REDACTED]	10/27/1957	1401 WORTH BL APT 1, LEXINGTON, KY
3	[REDACTED]	10/27/1957	1401 WORTH BL APT 2, LEXINGTON, KY

9/2014	10/2014	11/2014	12/2014	1/2015	2/2015	3/2015	4/2015			
Drug Name	Patient DOB	Qty	Days	Prescriber Name	Prescriber DEA City	Pharmacy Name	Pharmacy City	Rpt To	Daily MED	Pat ID
Vicodin	10/27/1957	5	15	[REDACTED]	Lexington	[REDACTED]	Hazard	KY	180	3
Alprazolam	10/27/1957	30	15	[REDACTED]	Lexington	[REDACTED]	Hazard	KY	2	2
Vicodin	10/27/1957	5	15	[REDACTED]	Lexington	[REDACTED]	Hazard	KY	180	2
Alprazolam	10/27/1957	45	15	[REDACTED]	Lexington	[REDACTED]	Hazard	KY	2	2
Vicodin	10/27/1957	5	15	[REDACTED]	Lexington	[REDACTED]	Hazard	KY	180	2
Vicodin	10/27/1957	5	15	[REDACTED]	Lexington	[REDACTED]	Hazard	KY	180	2

Prescribe New Medication

* Drug Name: **Vicodin Rx**

Indication: [REDACTED]

* Dosage: [REDACTED]

* Sig: [REDACTED]

Duration: [REDACTED] # Day * Start Date: [REDACTED]

* Dispense: [REDACTED] # * Package: [REDACTED]

* Refills: [REDACTED] # Options: Maintenance Drug
 Brand Name Necessary
 Samples Given

Comment: [REDACTED]

* Prescriber: User, Admin

Add to Favorites Add Another OK Cancel

Integrated PDMP Access: Successfully Piloted



- **ONC PDMP and Health IT Integration Pilot Programs**
 - Chartered to identify and resolve barriers to interoperability
 - Executed use cases for integrated access to PDMPs via EHRs in pilot setting
 - Used NCPDP SCRIPT
 - Connected to States and Hubs
- **EHRs participants included Epic and Dr. First**
- **States included Arizona, Kentucky, Virginia, Washington, Wisconsin**
- **Pilot reported out last month**
 - Tweaks identified
 - Some are production ready



EHR Integrated PDMP: By the States



- **Arizona**

- Posting list of EHRs that are integrated with PDMP
- PDMP to be integrated with HIE

- **Iowa**

- Statutes to allow secure access for EHRs

- **Maryland, New Mexico, Vermont, Virginia**

- Requirements PDMP access to be documented in Med Rec

- **Massachusetts**

- EMR integration information "coming soon" on website

- **Rhode Island**

- Allows data disclosure to EHRs

- **Tennessee**

- Practices must provide access to PDMP

- **Utah**

- Data to be made available to compliant EHRs by 11/1/2017

- **Washington**

- Allows data to be stored in EHR

Real World Experience



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