Electronic Prescribing of Controlled Substances (EPCS)

November 1, 2018
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

A1
Request Eligibility, Drug History

Intermediary

A2
PBM or PLAN
Claims Processing System Benefit Plan Rules, Formulary, History

Drug Info Database
Formulary Database
Pharmacy Directory

B
Electronic Transmission (EDI)

New Rx
Refill Request
Refill Auth/Denial Change Request

C
PHARMACY
Pharmacy Dispensing System
The Evolution of ePrescribing

- **ADOPTION**
- **UTILIZATION**
- **QUALITY**
- **OPTIMIZATION**

- **85% of Ambulatory Prescribers Now Prescribing Electronically**
  - *69% of all prescribers*

- **>77% of Prescriptions Now Transmitted 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

Legible prescriptions

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

Improved patient safety

Reduce fraud and abuse

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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 will continue to mandate the use of EPCS, which will gradually increase use by physicians.
Where do you think we are nationally with EPCS adoption for pharmacies and prescribers?
EPCS was mandated in 2010.
8 Years Later, EPCS is still lagging.

EPCS-enabled Prescribers Nationwide: 29.3%*

EPCS-enabled Pharmacies Nationwide: 95.1%*

*Source: www.surescripts.com
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.

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

*As of June 2018

Source: Surescripts and Point-of-Care Partners
## Top EPCS States

<table>
<thead>
<tr>
<th>2017 Rank</th>
<th>2016 Rank</th>
<th>State</th>
<th>Pharmacy Enablement</th>
<th>Prescriber Enablement</th>
<th>Controlled Substances Prescribed Electronically</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>NY</td>
<td>97.8%</td>
<td>74.8%</td>
<td>93.8%</td>
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<tr>
<td>2</td>
<td>2</td>
<td>ND</td>
<td>98.2%</td>
<td>40.9%</td>
<td>57.0%</td>
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<tr>
<td>3</td>
<td>25</td>
<td>ME</td>
<td>99.3%</td>
<td>51.0%</td>
<td>41.2%</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>SD</td>
<td>96.2%</td>
<td>30.2%</td>
<td>37.3%</td>
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<tr>
<td>5</td>
<td>7</td>
<td>MN</td>
<td>95.9%</td>
<td>26.4%</td>
<td>34.2%</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>NE</td>
<td>91.1%</td>
<td>29.4%</td>
<td>30.8%</td>
</tr>
<tr>
<td>7</td>
<td>14</td>
<td>WI</td>
<td>95.4%</td>
<td>29.2%</td>
<td>25.5%</td>
</tr>
<tr>
<td>8</td>
<td>11</td>
<td>UT</td>
<td>96.2%</td>
<td>34.1%</td>
<td>16.7%</td>
</tr>
<tr>
<td>9</td>
<td>20</td>
<td>NH</td>
<td>99.2%</td>
<td>25.4%</td>
<td>20.9%</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>NC</td>
<td>96.8%</td>
<td>26.7%</td>
<td>21.4%</td>
</tr>
<tr>
<td>11</td>
<td>30</td>
<td>CT</td>
<td>99.4%</td>
<td>31.8%</td>
<td>10.7%</td>
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<tr>
<td>12</td>
<td>5</td>
<td>RI</td>
<td>99.4%</td>
<td>25.7%</td>
<td>17.0%</td>
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<tr>
<td>13</td>
<td>6</td>
<td>DE</td>
<td>97.5%</td>
<td>15.1%</td>
<td>31.9%</td>
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<tr>
<td>14</td>
<td>9</td>
<td>MI</td>
<td>96.5%</td>
<td>21.1%</td>
<td>21.3%</td>
</tr>
<tr>
<td>15</td>
<td>8</td>
<td>TX</td>
<td>93.9%</td>
<td>19.9%</td>
<td>24.4%</td>
</tr>
<tr>
<td>16</td>
<td>13</td>
<td>IN</td>
<td>96.8%</td>
<td>19.3%</td>
<td>16.6%</td>
</tr>
<tr>
<td>17</td>
<td>16</td>
<td>CA</td>
<td>91.7%</td>
<td>17.9%</td>
<td>19.2%</td>
</tr>
<tr>
<td>18</td>
<td>12</td>
<td>OR</td>
<td>96.2%</td>
<td>19.0%</td>
<td>13.4%</td>
</tr>
<tr>
<td>19</td>
<td>15</td>
<td>VT</td>
<td>93.1%</td>
<td>14.0%</td>
<td>19.7%</td>
</tr>
<tr>
<td>20</td>
<td>17</td>
<td>MA</td>
<td>96.2%</td>
<td>11.8%</td>
<td>16.9%</td>
</tr>
<tr>
<td>21</td>
<td>19</td>
<td>OH</td>
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<td>13.8%</td>
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<tr>
<td>22</td>
<td>18</td>
<td>AZ</td>
<td>96.9%</td>
<td>12.4%</td>
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<tr>
<td>23</td>
<td>23</td>
<td>MD</td>
<td>95.5%</td>
<td>10.9%</td>
<td>16.5%</td>
</tr>
<tr>
<td>24</td>
<td>32</td>
<td>MO</td>
<td>95.4%</td>
<td>12.9%</td>
<td>13.1%</td>
</tr>
<tr>
<td>25</td>
<td>24</td>
<td>CO</td>
<td>97.2%</td>
<td>12.7%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

Source: Surescripts 2017 National Progress Report
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
4. [The Opioid Epidemic By The Numbers](https://www.hhs.gov/opioids/), 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


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.
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

**OPIATE CRISIS**
- **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
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

Michelle Soble, R.Ph.
michelle.soble@pocp.com