

# HEALTH INFORMATION TECHNOLOGY: A POWERFUL TOOL IN ATTACKING THE OPIOID CRISIS

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# PURPOSE

To serve the nation with the single most trusted and capable health information network, built to increase patient safety, lower costs and ensure quality care.

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# THE SURESCRIPTS NETWORK ALLIANCE™

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**4.8 MILLION**  
E-PRESCRIPTIONS DAILY

**13.7 BILLION**  
TRANSACTIONS ANNUALLY

**VIRTUALLY ALL:**  
ELECTRONIC HEALTH RECORDS (EHRs),  
PHARMACY BENEFIT MANAGERS  
(PBMs), PHARMACIES AND CLINICIANS

**PLUS:**  
HEALTH PLANS, LONG-TERM  
CARE AND SPECIALTY  
PHARMACY ORGANIZATIONS

# ABOUT CONTROLLED SUBSTANCE PRESCRIPTIONS

An important therapeutic option for many patients

- 13% of total prescriptions are controlled substances
- Potential exists for addiction and abuse
- States have varying regulatory requirements



## Challenges with Paper Rx for Controlled Substances

- **Fraudulent** prescription pad forgery is a concern
- Many states require **special prescription pads** and record keeping
- **Dual work** is required when paper Rx pads are used for controlled substances in practices that e-prescribe

# MULTIPLE PROVIDERS

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- Multiple prescribers or pharmacies associated with increased risk for potentially fatal overdose
  - Risk increases with number of prescribers and pharmacies
- In West Virginia (2005-2007),  $\geq 4$  prescribers and  $\geq 4$  pharmacies in previous 6 months increased risk of drug-related death **3.6-fold**<sup>1</sup>
- In Tennessee (2008-2011),  $\geq 4$  prescribers and  $\geq 4$  pharmacies increased risk of opioid-related overdose death **6.5- and 6.0-fold**, respectively<sup>2</sup>

1. Peirce GL, et al. *Med Care*. 2012;50(6):494-500. doi: 10.1097/MLR.0b013e31824ebd81. PubMed PMID: 22410408.

2. Gwira Baumblatt J et al. *JAMA Intern Med* 2014;174:796-801. PMID: 24589873.

# ELECTRONIC PRESCRIBING OF CONTROLLED SUBSTANCES

One efficient workflow for all prescriptions

- Reduced fraud and abuse
- Secure electronic records
- Improved safety and patient care
- Permitted by DEA since 2010 & states by 2015



## Annualized Cost Savings Potential of \$700 Million

- Reduced pharmacy/prescriber phone callbacks
- Reduced need to store paper prescriptions

*Economic Impact Analysis of the Interim Final Electronic Prescription Rule  
DEA, U.S. Department of Justice, March 2010*

# THE REQUIREMENTS OF EPCS

- Electronic prescribing for controlled substances (EPCS) could address the challenges of paper...
- ...but required compliance with the DEA IFR
- Checking government-issued photo ID's
- Two-factor authentication for order signing
- Recordkeeping for all EPCS activities



# 77% OF MEDICATIONS ARE E-PRESCRIBED, BUT WE HAVE OPPORTUNITIES TO IMPROVE.

NATIONAL

**+90%**

OF NON-CONTROLLED  
SUBSTANCES ARE  
E-PRESCRIBED.

NATIONAL

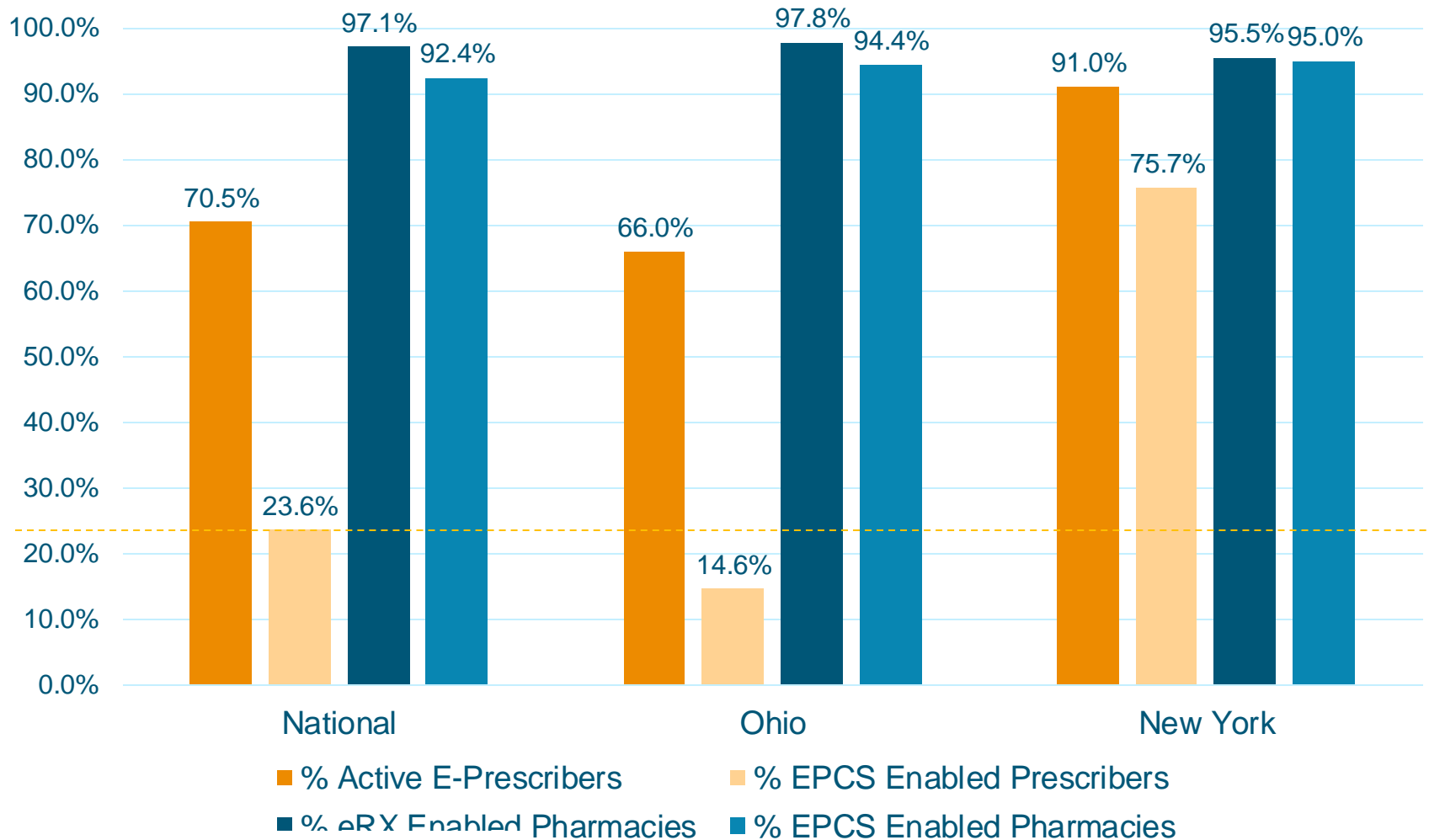
**21%**

OF CONTROLLED  
SUBSTANCES ARE  
E-PRESCRIBED.



# EPCS TODAY

## E-Prescribing Enablement Status as of Feb 2018



# U.S. HB 3528—EVERY PRESCRIPTION CONVEYED SECURELY ACT

- On or after January 1, 2020... “A prescription for a covered part D drug under a prescription drug plan (or under an MA-PD plan) for a schedule II, III, IV, or V controlled substance shall be transmitted by a health care practitioner electronically...”
- Exceptions for certain circumstances—
  - Prescriber and dispenser are the same entity
  - Prescription cannot be transmitted electronically due to the constraints of NCPDP SCRIPT
  - Prescription issued by practitioner who has received a waiver not to exceed one year
  - Impractical for individual involved to obtain e-prescribed medication in a timely manner
  - Non-patient specific prescription pursuant to a standing order, approved protocol, etc.
  - Prescribing a drug under a research protocol
  - FDA requires the prescription to contain certain elements not accomplishable via e-prescribing
- Neither part D plans nor pharmacists are required to verify any of the above—they can continue to dispense part D drugs via otherwise valid written, oral or fax prescriptions
- The Secretary via rulemaking can enforce and specify penalties for noncompliance

**OVER  
1.4 BILLION**

**MEDICATION HISTORIES  
NATIONALLY (2017)**

**A more complete picture  
of patient's health history**

## **Medication History**

for Ambulatory  
for Reconciliation  
for Populations

**2017 AND Q1 2018**

**9,900 CONNECTED HEALTHCARE ORGANIZATIONS WITH 72,000 PROVIDERS NATIONWIDE**

**VISIT HISTORY CDA'S FOR OVER 44.5 MILLION PATIENTS**

**CONTAINED INFORMATION ABOUT 1 BILLION ENCOUNTERS IN ALL 50 US STATES & 5 US TERRITORIES**

**A more complete picture of patient's health history**

**Medication History**

for Ambulatory  
for Reconciliation  
for Populations

**Clinical History**



[surescripts.com/networkalliance](https://surescripts.com/networkalliance)