

Electronic Prescribing of Controlled Substances (EPCS): What You Need to Know

September 21, 2010

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Agenda

- Introduction/Objectives
- Understanding the Interim Final Rule
- Overview of the MA EPCS Project
- Utilization of SCRIPT
- Town Hall Discussion
- Live Q&A

Objectives

- Understand how EPCS will affect daily workflow in physician practices and pharmacies
- Identify the steps you will need to follow to prepare for EPCS
- Learn what is needed to exchange new prescriptions for controlled substances using the NCPDP SCRIPT Standard
- Understand what is needed to implement a strategy to become compliant with DEA regulations and state laws

Experience at Work...

- EPCS Multi-year Research Demonstration Project
 - Waiver Granted by DEA
 - Grant funded by the Agency for Healthcare Research and Quality
 - Performed in Berkshire County, Massachusetts

Participants

- Local Pharmacists
- DrFirst™
- Berkshire Health
- Big Y®
- Flynn's Pharmacy
- Nassif's Professional Pharmacy and Home Health Care
- Local Physicians
- Emdeon®
- Target®
- O'Laughlins Pharmacy
- Lenox Village Pharmacy
- Brandeis University

EPCS Research Project

- Project began in 2007
- First live prescriptions in January, 2010
- Over 2,000 controlled substance prescriptions transmitted program-to-date

Presenters

- Participants from the EPCS AHRQ funded research demonstration project in Massachusetts
- Representation from the National Council for Prescription Drug Programs (NCPDP) with information on SCRIPT standards implications of EPCS

Meet Your Panel



- **Grant Carrow, PhD**
Director, Drug Control Program,
Principal Investigator
Massachusetts Department of Public Health



- **Peter Kaufman, MD**
Chief Medical Officer, practicing physician
DrFirst, Inc



- **Stephen J. Kelleher, Jr., MHA, FACHE**
Project Manager
Massachusetts Department of Public Health

Meet Your Panel



- **Ann McDonald, RN, MN**
Berkshire Health Systems, Inc
EPCS Project Liaison
Massachusetts Department of Public Health



- **Lynne Gilbertson**
Vice President, Standards Development
NCPDP



- **Rick Sage**
Vice President, Clinical Services
Emdeon

Emdeon Town Hall

Electronic Prescribing of Controlled Substances (EPCS)

Town Hall Format

- Presentations from each of our panelists
- Moderator questions for each of our panelists
- Questions from the audience
 - Submit questions using the Q&A box
 - Questions via phone

Emdeon Town Hall
Electronic Prescribing of Controlled Substances (EPCS)

Understanding the Interim Final Rule (IFR)

Peter Kaufman, MD
Chief Medical Officer
DrFirst, Inc

Stephen Kelleher, MHA, FACHE
Project Manager
Massachusetts Department of Public Health

Section Agenda

- ePrescribing Overview, including EPCS
- Overview of Interim Final Rule
- Roles & Responsibilities
- MA EPCS Live Application
- Industry Timeline

Overview of ePrescribing

- 191 million Electronic Prescriptions in 2009¹
 - 12% of all prescriptions
 - 3x as many as 2008
- Lack of ePrescribing for Controlled Substances has been a barrier to further adoption of ePrescribing
- Drug Enforcement Administration (DEA) promulgated new rules effective June 1, 2010



¹ 2010 Surescripts National ePrescribing Progress Report

Benefits of ePrescribing

- Prescribers get additional decision support
- Application makes suggestions for drug substitution
- Patient's formulary information automatically referenced

Results of ePrescribing¹

- More efficient communications between pharmacists and physicians
- Legible prescription data
- Improved pharmacy and physician workflow
- Fewer phone calls from pharmacies to physicians
- Reduced patient wait times
- Reduced adverse drug events (ADEs)
- Increased patient safety
- Potential for overall improved patient satisfaction and customer loyalty

*¹Pharmacy: A Prescription for Improving the Healthcare System,
National Council for Prescription Drug Programs (NCPDP), October 2009*

Controlled Substances Rx

- Approximately 11% of all prescriptions
- 90% of prescribers write prescriptions for controlled substances¹



¹ Office of Diversion Control (DEA) 12/4/2007

Benefits of EPCS

- Safety – improve legibility and decrease ADEs
- Prescriber ease of use – single workflow for all electronic prescriptions
- Tracking – potential for electronic interface with prescription monitoring programs (PMP)
- Reduce Fraud & Abuse

DEA Concerns about Controlled Substances Had to be Addressed

- Diversion
 - Stolen prescription pads
 - Prescription alteration
 - Fake prescription blanks
 - Drug seeking behavior (non medical need)
 - Medication theft
 - Prescribers writing prescriptions for a non-medical purpose



The Interim Final Rule

DEA Issues Interim Final Rule (IFR)

- The Rule became effective June 1, 2010
- Removes federal legal barrier to EPCS
- Now state law, software applications, electronic networks and security mechanisms have to catch up
- In the meantime, there are good lessons learned in the pilot project that will help make your implementation easier

Overview of the DEA Rule

- Provides practitioners with the option of signing and transmitting prescriptions for controlled substances electronically
- Permits pharmacies to receive, dispense, and archive electronic prescriptions
- Includes schedule II, III, IV, V controlled substances
- Participation is voluntary
- Written, manually signed, and oral prescriptions for controlled substances still permitted

DEA Security Safeguards

- Identity Proofing
- Access Control
- Prescriber responsible for licensure (DEA #, state CDS)
- Two-Factor Authentication
- Secure Network
- Digital signatures

Identity Proofing

- This is for Prescribers
 - Done by third party
(ask your vendor who to use to assure interoperability)
 - User proves they are who they say they are
 - Face-to-face or remote
- Prescriber receives a credential that authenticates each electronic prescription for a controlled substance; enables two-factor authentication for each prescription written
- Institutions can use credentialing data, act as “agent” for third party

Crypto Key



Two-Factor Authentication

- Proves the prescriber is authorized to digitally sign an EPCS
 - Something you have (hard token)
 - Something you know (password, PIN)
 - Something you are (biometric)
- There are different kinds of Hard Tokens
 - Digital signature (PKI, Cryptokey)
 - One-time password generator



Access Control

- This is for Prescribers and Pharmacies
- Designated individuals at the practice, institution, or pharmacy manage software permissions
 - Only appropriate prescribers can use application for EPCS
 - Only appropriate pharmacy staff can alter, annotate or delete prescription information for an EPCS

Access Control

- Requires two designated people to manage access permissions
 - Private Practice
 - One person must be a DEA registrant who has already gone through identity proofing
 - Institutions
 - Can use the medical staff office
 - Requires a second department to complete access controls

Secure Network

- This is what Emdeon eRx Network or Surescripts does
- DEA gives two options for secure transmission of an authenticated EPCS
- What we have now:
 - Flag designating that prescription has been sent by a DEA registrant using two-factor authentication
- What we will have later: End-to-End PKI
 - Digitally signed with prescriber's digital certificate
 - Encrypted with pharmacist's public key
 - Decrypted with pharmacist's private key

Digital Signatures

- Prescription must be signed at origin
 - If using cryptokey, sign with user's digital signature
 - If using other two-factor authentication, then signed with the vendor's digital signature, proving two-factor authentication was used
- Prescription must be signed at pharmacy end, either by pharmacist, by pharmacy system vendor, or network provider

Roles & Responsibilities

Affected Parties

- Prescribing Providers with DEA Registration
 - Physicians
 - Nurse Practitioners/Nurse Midwives
 - Physician Assistants
 - Podiatrists
 - Dentists
- Pharmacies
- Prescribing Software Applications
- Pharmacy Software Applications
- Intermediaries

Prescriber Responsibilities

Initial

- Select a certified prescribing application (get a copy of the report)
- Identity Proofing (one-time)
Maintain sole possession of hard token
- Set Access Controls for prescribers in the practice

Ongoing

- Create, sign and transmit prescriptions for Schedule II – V controlled substances
- Review application generated audits and problem reports; report security incidents to application and DEA
- Notify individual(s) setting access controls if
 - Hard token is lost, stolen or compromised
 - Authorization to prescribe controlled substances limited or removed

Pharmacy Responsibilities

Initial

- Select a certified pharmacy application (get a copy of the report)
- Set Access Controls to allow pharmacists to alter, annotate, or delete prescription information within the scope of the CSA.

Ongoing

- Receive, process, and archive Schedule II – V prescriptions
- Review application generated audits and problem reports; report security incidents to application and DEA
- Check for duplicate prescriptions if given a hard copy of an EPCS
 - Mark either hard copy or EPCS as void so prescription is only filled once.

Operational Responsibilities: Prescribers/Pharmacies

| <u>Stakeholder</u> | <u>Responsibility</u> | <u>Status</u> |
|--------------------|------------------------------------------------------------|---------------|
| Prescriber | 1. Certified Application | ✓ |
| | 2. Identity Proofed | ✓ |
| | 3. Access Controls Set | ✓ |
| | 4. Create, sign and transmit EPCS's | ✓ |
| | 5. Review application generated audits and problem reports | ✓ |
| | 6. Report security issues | ✓ |
| Pharmacy | 1. Certified Application | ✓ |
| | 2. Access Controls Set | ✓ |
| | 3. Receive/Process/Archive EPCS's | ✓ |
| | 4. Review application generated audits and problem reports | ✓ |
| | 5. Report security issues | ✓ |
| | 6. Check for duplicate EPCS's | ✓ |

Initial Responsibilities:

Technology Application Vendors (Prescribing and Pharmacy)

- Complete third-party audit certification
 - WebTrust, SystTrust, SAS 70
 - Certified Information System Auditor
 - DEA approved independent certification organization
- Evaluate application and re-program where necessary

Prescribing Application Vendors Only

- Select an Identity Proofing Organization for Prescribers

Ongoing Responsibilities: Prescribing Applications

- Allow logical access controls to be set at the provider level
- Require use of two-factor authentication for signing
- An “attestation statement” must appear on the screen at the time of signing the EPCS
- EPCS system must digitally sign and archive EPCS record
- EPCS system must have an internal audit trail (daily report)
- All DEA-required information must be part of the in prescription record
- The system be able to generate a record of controlled substance prescriptions for review (monthly)

Ongoing Responsibilities: Pharmacy Applications

- Allow logical access controls to be set by the pharmacy to ensure only authorized persons can annotate, alter, or delete prescription information
- Internal audit trail (daily reports)
- Digital signature of the EPCS upon receipt
 - If digital signature not available, intermediary must digitally sign EPCS
- Must be able to electronically import, display, and archive DEA information in record
- Must be able to generate a record of controlled substance prescriptions for review

Initial and Ongoing Responsibilities: Intermediaries

- Develop communication links with
 - Prescribing applications
 - Pharmacy system applications
 - Electronic health record applications
- Evaluate application and re-program where necessary
- Manage software version control so that all systems are interoperable
- Digitally sign EPCS when pharmacy application cannot

Operational Responsibilities: Technology Vendors

| <u><i>Stakeholder</i></u> | <u><i>Responsibility</i></u> | <u><i>Status</i></u> |
|------------------------------------|----------------------------------------------------------------|----------------------|
| Prescribing Application | 1. Third party audit complete | ✓ |
| | 2. Re-program for compliance | ✓ |
| | 3. CA/CSP/FBCA for Identity Proofing Selected for Clients | ✓ |
| | 4. Allow access controls | ✓ |
| | 5. Two-factor credential for signing | ✓ |
| | 6. Include all DEA-required information in prescription record | ✓ |
| | 7. Internal audit trail. Report security issues to DEA | ✓ |
| | 8. Digitally sign and archive record | ✓ |
| | 9. Generate a record of controlled substance prescriptions | ✓ |

Operational Responsibilities: Technology Vendors

| <u>Stakeholder</u> | <u>Responsibility</u> | <u>Status</u> |
|---------------------------------|------------------------------------------------------------|---------------|
| Pharmacy Application | 1. Third party audit complete | ✓ |
| | 2. Re-program for compliance | ✓ |
| | 3. Allow access controls | ✓ |
| | 4. Internal audit trail. Report security issues to DEA | ✓ |
| | 5. Digitally sign and archive record | ✓ |
| | 6. Import, display, and store DEA information in record | ✓ |
| | 7. Generate a record of controlled substance prescriptions | ✓ |

Operational Responsibilities: Technology Vendors

| <u><i>Stakeholder</i></u> | <u><i>Task</i></u> | <u><i>Status</i></u> |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Intermediary | <ol style="list-style-type: none">1. Develop communication links with applications2. Re-program for compliance3. Manage software version control to ensure interoperability.4. Ability to digitally sign EPCS's | <p>✓ ✓ ✓ ✓</p> |

Requirements for EPCS to Occur in a Community

- Prescribers must be using a certified application
- Pharmacies must be using a certified application
- Prescribers must be Identity-proofed
- Intermediaries must be able to communicate with prescribing and pharmacy software applications
- State laws must allow for EPCS to occur
 - Some states still need new statutes
 - Providers and pharmacists can encourage this by talking to your state associations, state authorities for controlled substances, and state legislators

*Function**Who**What***Prescribing****Provider**

1. Certified Application
2. Identity Proofed
3. Access Controls Set

Prescribing Application Vendor

1. Re-program for compliance.
2. CA/CSP/FBCA for Identity Proofing Selected for Clients
3. Third party audit complete

Transmitting**Intermediary**

Provides the infrastructure that connects a prescribing practitioner's computer system with a computer system used by a pharmacy.

1. Provider validation
2. Prescription validation (controlled v. non-controlled)
3. Version control to allow systems running different versions or formats to communicate
4. Digitally sign the prescription

Dispensing**Pharmacy**


1. Certified Application
2. Access Controls Set

Pharmacy Application Vendor

1. Re-program for compliance.
2. Third party audit complete

MA EPCS Live Application

Pharmacy Selection

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|  | Select Patient Manage Medications Manage Allergies | Prescription Report Additional Options Members Area | Help / Contact Us Log Out Refresh / Clear |
| Practice Information | | | |
| Practice: Metropolitan Gastroenterology Group User: Peter Kaufman [Schedule] [Messages] | | | |
| Patient Demographic Information | | | |
| Patient: Yuri A Faker [Prescribe] [Change Demographics] | DOB: 10/10/1959 Gender: Male | | |
| Phone: (301) 555-9876 (home) | LOV: 09/19/2008 [Visit Today] | | |
| Pharmacy: drfirst test pharmacy - test, MD <input type="button" value="v"/> | Formulary: Aetna <input type="button" value="v"/> | | |
| Patient Pharmacy Information | | | |
| Click on a pharmacy name to select that pharmacy for this patient. | | | |
| Report a pharmacy data problem | | | |
| (E): accepts electronic prescriptions | | | |
| 24: is open 24 hours | | | |
| No Fax: does not accept faxes at all | | | |
| C: EPCS Participant | | | |
| GREAT BARRINGTON, MA | | | |
| <input checked="" type="checkbox"/> CVS/pharmacy# 8970 (E) (362 MAIN STREET SUITE 2, phone (413) 528-2860, fax (413) 528-4588) [Edit] [Favor] | | | |
| <input checked="" type="checkbox"/> Price Chopper Stockbridge Rd #155 (C) (E) (320 Stockbridge Road, phone (413) 528-2408, fax (413) 528-5064) [Edit] [Favor] | | | |
| <input checked="" type="checkbox"/> RITE AID - 197 MAIN ST (E) (197 MAIN ST., phone (413) 528-2424, fax (413) 528-5605) [Edit] [Favor] | | | |
| <input checked="" type="checkbox"/> RITE AID-700 MAIN ST STE 3 (E) (700 MAIN ST STE 3, phone (413) 528-5460, fax (413) 528-5588) [Edit] [Favor] | | | |
| Housatonic, MA | | | |
| <input checked="" type="checkbox"/> Housatonic Pharmacy (Depot Street P.O. Box 511, phone (413) 274-6678, fax (413) 274-3378) [Edit] [Favor] | | | |
| LANESBOROUGH, MA | | | |
| <input checked="" type="checkbox"/> TARGET PHARMACY #2127 (C) (E) (655 CHESHIRE RD, phone (413) 236-4223, fax (413) 236-4223) [Edit] [Delete] [Favor] | | | |
| LEE, MA | | | |
| <input checked="" type="checkbox"/> RITE AID - 25 PARK ST (E) (25 PARK STREET, phone (413) 243-2402, fax (413) 243-4199) [Edit] [Delete] [Favor] | | | |

Face Sheet



Select Patient
Manage Medications
Manage Allergies

Prescription Report
Additional Options
Members Area

Help / Contact Us
Log Out
Refresh / Clear

Practice Information

Practice: Enterprise Office 1 **User:** Brandon Demo [\[Schedule\]](#) [\[Messages\]](#)

Patient Demographic Information

Patient: test test [\[Prescribe\]](#) [\[Change Demographics\]](#) **DOB:**
Phone: (111) 111-1111 (home) **LOV:**
Pharmacy: EPCS Test Pharmacy (C) - 555 Fifth St, Rockville, MD ▼ [\[View\]](#) [\[Change\]](#) [\[Formular\]](#)

Prescribe a Medication

Select Medication for Prescription

Name:
Favorites: -Choose a Favorite- ▼

Medications [\[Manage Medications\]](#)

View: [\[Detail\]](#) [\[Mini\]](#) [\[PBM/Pharmacy History\]](#) **Actions:** [\[Renew Selected\]](#) [\[Select All\]](#) [\[Select None\]](#) [\[Check Interactions for Selected\]](#)

- insulin admin supplies** Insulin Pen : 1 pen subcutaneously four times a day as directed Disp. 4 NR (last: 08/03/2009) by BD
 Actions: [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- Lipitor (atorvastatin)** Tablet 20 mg : 1 tablet by mouth once a day Disp. 30 Rfl #5 (last: 07/15/2009) by BD
 Actions: [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- Lopressor (metoprolol tartrate)** Tablet 100 mg : 1 tablet by mouth twice a day Disp. 60 Rfl #1 (last: 08/04/2009) by BD
 Actions: [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- opium tincture** Tincture 10 mg/mL : 1 ml by mouth once a day as needed for pain Disp. 180 NR (last: 08/03/2009) by BD
 Actions: [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- OxyContin (oxycodone)** Tablet Sustained Release 12 hr 10 mg : 1 tablet by mouth single dose as needed Disp. 1 NR (last: 08/03/2009) by BD
 Actions: [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)

Drug Selection

Prescribe a Medication

Select Medication for Prescription

Name:

Find

Category Search

Favorites:

-Choose a Favorite-



Use

View/Edit

Use free text 'oxy'

oxybutynin (Oxytrol)

Patch Semiweekly 3.9 mg/24 hr

oxybutynin chloride

Tablet 5 mg

oxybutynin chloride (generic, Ditropan XL)

Tab.Sust Rel Osmotic Push 24hr 5 mg

Tab.Sust Rel Osmotic Push 24hr 10 mg

Tab.Sust Rel Osmotic Push 24hr 15 mg

oxybutynin chloride (generic, Ditropan)

Syrup 5 mg/5 mL

oxybutynin chloride (Gelnique)

Gel in Packet 10%

oxycodone (generic, Dazidox) **Schedule II**

Tablet 10 mg

Tablet 20 mg

oxycodone (generic, ETH-Oxydose, Roxicodone Intenso) **Schedule II**

Concentrate 20 mg/mL

oxycodone (generic, OxyContin) **Schedule II**

Tablet Sustained Release 12 hr 10 mg

oxycodone (OxyContin) **Schedule II**

Tablet Sustained Release 12 hr 15 mg

oxycodone (generic, OxyContin) **Schedule II**

Tablet Sustained Release 12 hr 20 mg

oxycodone (OxyContin) **Schedule II**

Tablet Sustained Release 12 hr 30 mg

oxycodone (generic, OxyContin) **Schedule II**

Tablet Sustained Release 12 hr 40 mg

[What Do These Codes Mean?](#)



Enter Details



Select Patient
Manage Medications
Manage Allergies

Prescription Report
Additional Options
Members Area

Help / Contact Us
Log Out
Refresh / Clear

Practice Information

Practice: Enterprise Office 1 User: Brandon Demo [\[Schedule\]](#) [\[Messages\]](#)

Patient Demographic Information

Patient: test test [\[Prescribe\]](#) [\[Change Demographics\]](#) DOB: 05/06/1974 Gender: Male
Phone: (111) 111-1111 (home) LOV: 06/21/2009 [\[Visit Today\]](#)
Pharmacy: EPCS Test Pharmacy (555 Fifth St. Rockville MD) C [\[View\]](#) [\[Change\]](#) Formulary: Not entered

Enter Details - Oral/Topical Drugs

Provider: Demo, Brandon

Pharmacy: EPCS Test Pharmacy (C) (555 Fifth St. Rockville MD) [\[Change\]](#) [\[Remove\]](#)

Drug: oxycodone Tablet 10 mg **Schedule II**

Take 2 tab po TID #42 No Rfl

Sig: Take 2 tablet by mouth three times a day

Duration: seven days Patient Weight: kg

Quantity: tablet

Refills: none

Associated Problem:

Directions to Pharmacist: Substitution permitted

Directions to Patient:

Comments (For office use only will not appear on prescription):

C-II Indication / DEA Warning

Allergies/Adverse Reactions [\[Manage Allergies\]](#)

| Drug | Reaction |
|-------------|----------|
| amoxicillin | rash |

Problems [\[Manage Problems\]](#)

| Code | Description |
|-------|--------------------------------------------------|
| 273.3 | Macroglobulinemia |
| 36.12 | (Aorto) Coronary Bypass of Two Coronary Arteries |

Pending Prescriptions for this Patient [\[Show All Prescriptions\]](#)

[\[Select All\]](#) [\[Select None\]](#) [\[Delete Selected\]](#)

Signature Password:

[Add to Meds](#) [Print Pharmacy](#)

Signing the controlled-substance prescription shown indicates review, confirmation that the information is accurate, and intent to sign.

| Serial# | Dr/Staff | Name | Date | Status | Drug | Sig | Qty | Rfl(s) | Action |
|-----------------------------------------------|----------|---------------------------|------------|---------------------------|-----------------------------------------------|---------------------------------------------|-----|--------|---------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> AA-674154 | BD | test test | 07/28/2009 | pending | Lipitor (atorvastatin) Tablet 20 mg | 1 tablet by mouth once a day | 30 | 5 | Modify Delete Favor |
| <input checked="" type="checkbox"/> AA-674155 | BD | test test | 07/28/2009 | pending WARNING | Lopressor (metoprolol tartrate) Tablet 100 mg | -- 1 tablet by mouth twice a day | 60 | 1 | Modify Delete Favor |
| <input checked="" type="checkbox"/> AA-674302 | BD | test test | 08/03/2009 | pending | aspirin Tablet, Chewable 81 mg | 1 tablet by mouth single dose as needed | 1 | none | Modify Delete Favor |
| <input type="checkbox"/> AA-674309 | BD | test test | 08/03/2009 | pending WARNING | opium tincture Tincture 10 mg/mL | 1 ml by mouth once a day as needed for pain | 180 | none | Modify Delete Favor |
| <input type="checkbox"/> AA-674380 | BD | test test | 08/05/2009 | pending WARNING | oxycodone Tablet 10 mg | 2 tablet by mouth three times a day | 42 | none | Modify Delete Favor |

SCHEDULE 2

SCHEDULE 2

Signing the controlled-substance prescription shown indicates review, confirmation that the information is accurate, and intent to sign.

Signature Password:

Password Entry

Allergies/Adverse Reactions [\[Manage Allergies\]](#)

| Drug | Reaction |
|-------------|----------|
| amoxicillin | rash |

Problems [\[Manage Problems\]](#)

| Code | Description |
|-------|--------------------------------------------------|
| 273.3 | Macroglobulinemia |
| 36.12 | (Aorto) Coronary Bypass of Two Coronary Arteries |

Pending Prescriptions for this Patient [\[Show All Prescriptions\]](#)

[\[Select All\]](#) [\[Select None\]](#) [\[Delete Selected\]](#)

Signature Password:

[Add to Meds](#) [Print Pharmacy](#)

| Serial# | Dr/Staff | Name | Date | Status | Drug | Sig | Qty | Rfl(s) | Action |
|-----------------------------------------------|----------|-----------|------------|---------------------------|--------------------------------------------------|---------------------------------------------------|-----|--------|---------------------------------------------------------------------------|
| <input type="checkbox"/> AA-674154 | BD | test test | 07/28/2009 | pending | Lipitor (atorvastatin) Tablet 20 mg | 1 tablet by mouth once a day | 30 | 5 | Modify Delete Favor |
| <input type="checkbox"/> AA-674155 | BD | test test | 07/28/2009 | pending WARNING | Lopressor (metoprolol tartrate) Tablet 100 mg | -- 1 tablet by mouth twice a day | 60 | 1 | Modify Delete Favor |
| <input type="checkbox"/> AA-674302 | BD | test test | 08/03/2009 | pending | aspirin Tablet, Chewable 81 mg | 1 tablet by mouth single dose as needed | 1 | none | Modify Delete Favor |
| <input type="checkbox"/> AA-674309 | BD | test test | 08/03/2009 | pending WARNING | opium tincture Tincture 10 mg/mL | 1 ml by mouth once a day as needed for pain | 180 | none | Modify Delete Favor |
| <input checked="" type="checkbox"/> AA-674380 | BD | test test | 08/05/2009 | pending WARNING | oxycodone Tablet 10 mg | 2 tablet by mouth three times a day | 42 | none | Modify Delete Favor |

SCHEDULE 2

SCHEDULE 2

Signature Password:

Signing the controlled-substance prescription shown indicates review, confirmation that the information is accurate, and intent to sign.

Signing the controlled-substance prescription shown indicates review, confirmation that the information is accurate, and intent to sign.

No Token in Place

Allergies/Adverse Reactions [\[Manage Allergies\]](#)

| Drug | Reaction |
|-------------|----------|
| amoxicillin | rash |

Problems [\[Manage Problems\]](#)

| Code | Description |
|-------|--------------------------------------------------|
| 273.3 | Macroglobulinemia |
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Pending Prescriptions for this Patient [\[Show All Prescriptions\]](#)

[\[Select All\]](#) [\[Select None\]](#) [\[Delete Selected\]](#)

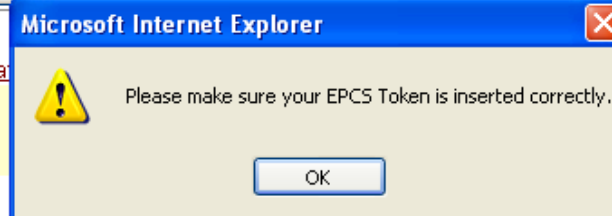
Signature Password: ●●●●●●

Add to Meds Print Pharmacy

| Serial# | Dr/Sta | Qty | Rfl(s) | Action |
|-----------------------------------------------|--------|-------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> AA-674154 | BD | 1 tablet by mouth once a day | 30 5 | Modify Delete Favor |
| <input type="checkbox"/> AA-674155 | BD | 1 tablet by mouth twice a day | 60 1 | Modify Delete Favor |
| <input type="checkbox"/> AA-674302 | BD | aspirin Tablet, Chewable 81 mg | 1 none | Modify Delete Favor |
| <input type="checkbox"/> AA-674309 | BD | opium tincture Tincture 10 mg/mL | 1 ml by mouth once a day as needed for pain | 180 none Modify Delete Favor |
| <input checked="" type="checkbox"/> AA-674380 | BD | oxycodone Tablet 10 mg | 2 tablet by mouth three times a day | 42 none Modify Delete Favor |

Signature Password:

Signing the controlled-substance prescription shown indicates review, confirmation that the information is accurate, and intent to sign.



Signing the controlled-substance prescription shown indicates review, confirmation that the information is accurate, and intent to sign.

Token in Place

Allergies/Adverse Reactions [\[Manage Allergies\]](#)

| Drug | Reaction |
|-------------|----------|
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Problems [\[Manage Problems\]](#)

| Code | Description |
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[\[Select All\]](#) [\[Select None\]](#) [\[Delete Selected\]](#)

Signature Password:

[Add to Meds](#) [Print Pharmacy](#)

| Serial# | Dr/Staff | Name | Date | Status | Drug | Sig | Qty | Rfl(s) | Action |
|-----------------------------------------------|----------|-----------|------------|---------------------------|--------------------------------------------------|---------------------------------------------------|-----|--------|---------------------------------------------------------------------------|
| <input type="checkbox"/> AA-674154 | BD | test test | 07/28/2009 | pending | Lipitor (atorvastatin) Tablet 20 mg | 1 tablet by mouth once a day | 30 | 5 | Modify Delete Favor |
| <input type="checkbox"/> AA-674155 | BD | test test | 07/28/2009 | pending WARNING | Lopressor (metoprolol tartrate) Tablet 100 mg | -- 1 tablet by mouth twice a day | 60 | 1 | Modify Delete Favor |
| <input type="checkbox"/> AA-674302 | BD | test test | 08/03/2009 | pending | aspirin Tablet, Chewable 81 mg | 1 tablet by mouth single dose as needed | 1 | none | Modify Delete Favor |
| <input type="checkbox"/> AA-674309 | BD | test test | 08/03/2009 | pending WARNING | opium tincture Tincture 10 mg/mL | 1 ml by mouth once a day as needed for pain | 180 | none | Modify Delete Favor |
| SCHEDULE 2 | | | | | | | | | |
| <input checked="" type="checkbox"/> AA-674380 | BD | test test | 08/05/2009 | pending WARNING | oxycodone Tablet 10 mg | 2 tablet by mouth three times a day | 42 | none | Modify Delete Favor |
| SCHEDULE 2 | | | | | | | | | |

Signing the controlled-substance prescription shown indicates review, confirmation that the information is accurate, and intent to sign.

Signature Password:

Signing the controlled-substance prescription shown indicates review, confirmation that the information is accurate, and intent to sign.

SafeNet Borderless Security
Rainbow Technologies iKeyVirtualReader 0 on slot 10
Token inserted

javascript:popup("servlet/rcopia.servlet.WebServlet?screen=PatientSummaryScreen&actionx=display_prescription&prescriptionid=AA-674380");

EPCS Successful



Select Patient
Manage Medications
Manage Allergies

Prescription Report
Additional Options
Members Area

Help / Contact Us
Log Out
Refresh / Clear

Practice Information

Practice: Enterprise Office 1 User: Brandon Demo [\[Schedule\]](#) [\[Messages\]](#)

Patient Demographic Information

Patient: test test [\[Prescribe\]](#) [\[Change Demographics\]](#) DOB:
Phone: (111) 111-1111 (home) LOV:
Pharmacy: EPCS Test Pharmacy (C) - 555 Fifth St., Rockville, MD ▼ [\[View\]](#) [\[Change\]](#) [\[Formularies\]](#)

Prescription 674381 for oxycodone for test test was signed and sent to EPCS Test Pharmacy.

Prescribe a Medication

Select Medication for Prescription

Name:
Favorites: ▼

Medications [\[Manage Medications\]](#)

View: [\[Detail\]](#) [\[Mini\]](#) [\[PBM/Pharmacy History\]](#) Actions: [\[Renew Selected\]](#) [\[Select All\]](#) [\[Select None\]](#) [\[Check Interactions for Selected\]](#)

- insulin admin supplies** Insulin Pen : 1 pen subcutaneously four times a day as directed Disp. 4 NR (last: 08/03/2009) by BD
Actions: [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- Lipitor (atorvastatin)** Tablet 20 mg : 1 tablet by mouth once a day Disp. 30 Rfl #5 (last: 07/15/2009) by BD
Actions: [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- Lopressor (metoprolol tartrate)** Tablet 100 mg : 1 tablet by mouth twice a day Disp. 60 Rfl #1 (last: 08/04/2009) by BD
Actions: [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- opium tincture** Tincture 10 mg/ml : 1 ml by mouth once a day as needed for pain Disp. 180 NR (last: 08/03/2009) by BD

Industry EPCS Timeline

- DEA approved auditing/certification bodies not yet named
- Many vendors hope to begin certification by Q1 2011
- Expect some/many pharmacies by Q3 2011
- Expect most pharmacies using by 2013

These are all guesses!

Contacts

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Emdeon Town Hall

Electronic Prescribing of Controlled Substances (EPCS)

Overview of the MA EPCS Project

Grant M. Carrow, Ph.D.

Director, Drug Control Program
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Massachusetts Department of Public Health

Ann McDonald, RN, MN

Berkshire Health Systems, Inc
EPCS Project Liaison
Massachusetts Department of Public Health

Section Agenda

- Collaborators
- Project Background
- EPCS Implementation Berkshire County
- Observations and Conclusions
- Next Steps

EPCS Demonstration Project Collaborators

- MA Department of Public Health, Drug Control Program
- DrFirst, Inc., Rockville, MD
- eRx Network, *an Emdeon company*, Fort Worth, TX
- Brandeis University, Heller School for Social Policy and Management
- Berkshire Health Systems, Inc.
- U. S. Department of Justice, Drug Enforcement Administration
- Supported by a grant from the U.S. Agency for Healthcare Research and Quality

Project Purpose and Method

- Encourage the expansion, adoption and diffusion of e-prescribing, a key component of health IT and electronic health records, to improve medication management by ambulatory care clinicians at the point-of-care.
- Test and demonstrate the safety, security, quality and effectiveness of electronic transmission of prescriptions for federally controlled medications in the ambulatory care setting.

Highlights of Key Project Milestones

| Date | Event |
|------------------|---------------------------------------------------------------|
| 9/30/2007 | MA EPCS Project Begins |
| 9/18/2008 | Memorandum of Agreement finalized between DEA and MDPH |
| 9/14/2009 | First EPCS Transmitted - Pilot Initiated |
| 1/20/2010 | System Activation with 33 providers |

Project Baseline Survey Results

A survey of 246 providers in Berkshire County conducted in 2008-09 as part of this project, indicated that while most prescribers surveyed view potential security measures (i.e., authenticating one's identity in person and carrying a token or flash drive) as a small inconvenience with the advantages outweighing the burden, being required to keep the token in one's possession at all times is seen as a large inconvenience that may prevent them from using EPCS.¹

¹ Thomas, C., Kim, M.L., McDonald, A., Blackman, M. M., Kreiner, P., Kelleher, S., Kaufman, P., Carrow, G. Enabling Electronic Prescribing for Controlled Substances: Perspectives of Physicians and Other Prescribers, AHRQ 2009 Annual Conference, Washington, DC, September, 2009.

EPCS Implementation in Berkshire County, MA

- Participating Pharmacies 9
- Participating Prescribers 160
 - Group I 89
 - Prescriber who have sent EPCS's 53
 - Prescribers who have not sent EPCS's 36
 - Group II 75

Total EPCS as of 7/20/2010

2,046

Implementation Corollaries to IFR

- Uniform process for identity proofing
- Use of two-factor authentication (cryptokey)
- Use of a secure network
- Auditable trail
- Archived prescriptions

Observations/Conclusions

- Provider adoption of EPCS enhanced when a critical mass of pharmacies in the community accept EPCS
- Adoption of cryptokey technology was easier than predicted by baseline survey results
- For providers actively using EPCS (46), operational satisfaction is high
- Failed transmissions were not a significant problem (only 1 to date)

Observations and Conclusions: Impact on Workflow

- Provider
 - Reduced steps to get EPCS to the pharmacy
 - Reduced printing/filing
 - Improved opportunities to access medication history
- Pharmacy
 - Improved legibility
 - No identifiable improvements to work flow
 - Still need to enter prescription information
 - Increased transaction costs (transaction fee per EPCS)
 - 100% of third party payors will reimburse for controlled substances prescribed electronically

Observations and Conclusions: Challenges to Implementation

- Pharmacy Participation
- Provider Adoption / Workflow Challenges
- Technology Challenges

Next Steps

- Post implementation survey of providers
- Activate and authenticate second group of providers (previously the Study Control)
- Data analysis and dissemination of results

Contacts

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Electronic Prescribing of Controlled Substances (EPCS)

Utilization of SCRIPT

Lynne Gilbertson
Vice President, Standards Development
NCPDP

Controlled Substance Prescriptions

- Interim Final Rule *with comments*
 - We could still see a Final Rule and some items may or may not be modified
- DEA guidance website
http://www.deadiversion.usdoj.gov/ecommm/e_rx/index.html
- Two options for verification:
 - Digitally signing the prescription with the individual practitioner's private key
 - Verify that the practitioner signed the prescription by checking the data field that indicates the prescription was signed; or
Display the field for the pharmacist's verification

Supporting New Business Need

- SCRIPT 8.1 currently in use. The industry is preparing for 10.6. How does the industry support transmission of prescriptions, with least impact?
 - NCPDP convened an industry task group of interested people who reviewed the standard and considered multiple suggestions and reached consensus
 - In August, NCPDP Work Group 11 ePrescribing and Related Transactions discussed, modified, and then approved recommendations
 - Directed to publish the information in the **SCRIPT Implementation Recommendations document**

Impact to NCPDP SCRIPT 8.1

- Option 2 is supported
 - Digital Signature Indicator
 - Controlled Substance Indicator
 - Earliest Fill Date
 - Drug Abuse Treatment Indicator
 - Medication Indication for GHB (Gamma-Hydroxybutyric acid)
- SCRIPT Implementation Recommendations document
 - http://www.ncpdp.org/members/members_download.aspx
Choose “SCRIPT Standards Guidance Documents” from menu

Digital Signature Indicator

- Use Drug Coverage Status
 - Drug Coverage Status repeats up to five times
 - Value “SI” (Signed Prescription)
 - Description: This indicates the prescription has been signed according to the DEA requirements for electronic prescribing of controlled substances
- In future versions of SCRIPT this will be a separate data element.

Controlled Substance Indicator

- Use Drug Coverage Status also
 - Drug Coverage Status repeats up to five times
 - Value “CS” (Controlled Substance)
 - Description: This is a controlled substance as defined by the DEA or more restrictive applicable regulation
- DEA Schedule has been added in SCRIPT 10.5 and will be used for this indicator in the future

Earliest Fill Date

- Use Effective Date
 - EDI – use Date (DRU-Ø4Ø) with qualifier for Effective Date
 - Note: DRU-Ø4Ø Date occurs up to 5 times in SCRIPT 8.1 and up to 9 times in SCRIPT 10.6, so multiple occurrences are supported for NewRx requirements.
 - XML – use <EffectiveDate>
 - In the future we will add a new date for Earliest Fill Date

Drug Abuse Treatment Indicator

- Use Free Text
 - *For Schedule II usage*
 - Use text “NADEAN:xxxxxxxx” (Narcotics Addiction DEA Number)
 - The qualifier for Data 2000 Waiver ID (Used for prescriptions for opioid addiction treatment medications) was added to the External Code List (ECL) in January 2010 and that can be used when updating to a new ECL

Medication Indication

- Use Free Text
 - *For GHB (Gamma-Hydroxybutyric acid)*
 - A free text description of the medical need for GHB
 - In the future it may become a separate field or be incorporated into the Sig fields

Impact to NCPDP SCRIPT 10.6

- Option 2 is supported
 - The same *except*
 - Controlled Substance Indicator is not placed in Drug Coverage Status. The field DEA Schedule is to be used.

Contacts

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Emdeon Town Hall
Electronic Prescribing of Controlled Substances (EPCS)

Town Hall Discussion

Moderator: Rick Sage
Vice President, Clinical Services
Emdeon

Questions?

Resources

- Download Now
 - Presentation
 - Frequently Asked Questions
- General Inquiries: epcstownhall@emdeon.com
- DEA guidance
http://www.deadiversion.usdoj.gov/ecomm/e_rx/index.html
- NCPDP SCRIPT Implementation Recommendations
http://www.ncpdp.org/members/members_download.aspx

*Thank you for participating!
Additional EPCS Town Halls are planned -
Details will be e-mailed to today's registrants*