Physicians' Perspective on EPCS

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Introduction

- **Represents over 120,000 doctors of internal medicine and medical students**
- **41% 5 or less physicians in the practice**
- **Solo practitioners**

2005 Member Survey

- **35% work in settings where they have EHR systems used for patient care**
- **5 or less physicians - only 20% of practices use EHRs**
- **19% of systems used to write a prescription**
- **13% used to communicate with a pharmacy**

Estimates

- **3 Billion Rx written yearly**
- **Universal adoption of eRx could result in $27 billion**
  - **ADE prevention**
  - **Better utilization of medications**
- **900 million prescription-related telephone calls annually**
  - **Questions**
  - **Clarification**
  - **Refills**

http://www.himss.org/ASP/topics_eprescribing.asp

Benefits of eRx

- **Reduction in prescription errors caused by illegible handwriting**
- **Automation of the process of checking for drug interactions and allergies**
- **Improvement in patient safety and increase efficiency**
  - **Clinical decision support**
  - **Alerts**

Major Concerns with CS

- **Major concerns with CS**
  - **Diversion of prescriptions**
  - **Abuse of controlled substances**
- **For those who are determined the current paper-based system makes this very easy**
  - **Lost or stolen prescription pad**
  - **Lost or stolen medications or scripts**
  - **Altered scripts**
  - **Fraudulent use of DEA numbers**

Physicians' Issues with CS

- **Use special prescription pads**
- **Have to maintain accurate records of scripts written**
- **High index of suspicion of abuse**
- **Those who legitimately and routinely prescribe CS are often under suspicion**

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Why EPCS?

- **For patients on CS:**
  - **Easier to obtain repeat prescriptions**
  - **Faster filling**
- **For physicians:**
  - **Reduced paperwork burden**
  - **Reduced forged or stolen prescriptions**
  - **Less ability for DEA number to be stolen**
  - **More ability to accurately monitor use of medications and compliance with treatment**
- **Generally, represents a closed system**

EPCS

Ideally the system should.....

- **Incorporate the functionality of current systems**
  - Should not involve extensive and/or expensive workarounds to implement

- **Role-based authorization**
  - Are you a provider?
  - And are you allowed to prescribe CS?
  - And if so what schedules?

EPCS

Ideally the system should.....

- **Authentication**
  - Most systems seem to do this fairly well but might consider an additional "challenge" e.g. digital signatures

- **Ensure integrity of the script**
  - Routinely store mirror copies of the electronic script – locally and remotely

EPCS

Ideally the system should.....

- **Ensure the non-repudiation of the script**
- **Ensure the privacy and security of patient information**
  - **Use SSL for transmission of script**
- **Provide a fill status or cancellation status notification to the provider**

State-level Monitoring of CS

- **Many states have a CS monitoring program**
  - **Monitor for doctor shopping**
  - **Monitor for unusually large amounts of dispensed meds or multiple requests in a relatively short period time**

- **EPCS in conjunction with the state program could allow for the monitoring of CS on the back end without direct physician intervention**

Key Points

- **Support the use of eRx for all prescriptions including CS**
  - **Asking physicians to implement EHR and eRx but to continue paper prescriptions for a group of medications will raise the bar for adoption**

- **Physicians will be able to accurately monitor use of controlled substances and compliance with treatment**
 - **Ensure integration with state programs**

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Key Points

- **Additional "challenge" for authentication and non-repudiation of e-prescriptions such as digital signatures**
  - **If this will not result in additional technical and financial burdens to physicians especially those in small medical offices**
- **Consistent with Medicare Modernization Act (MMA) language and the eRx final rule**
  - **Should extend to preemption of the myriad of state rules for CS**

Key Points

- **Consider incremental change**
- **Consider pilots to determine the technical and financial burdens to change system**

The Goal…..
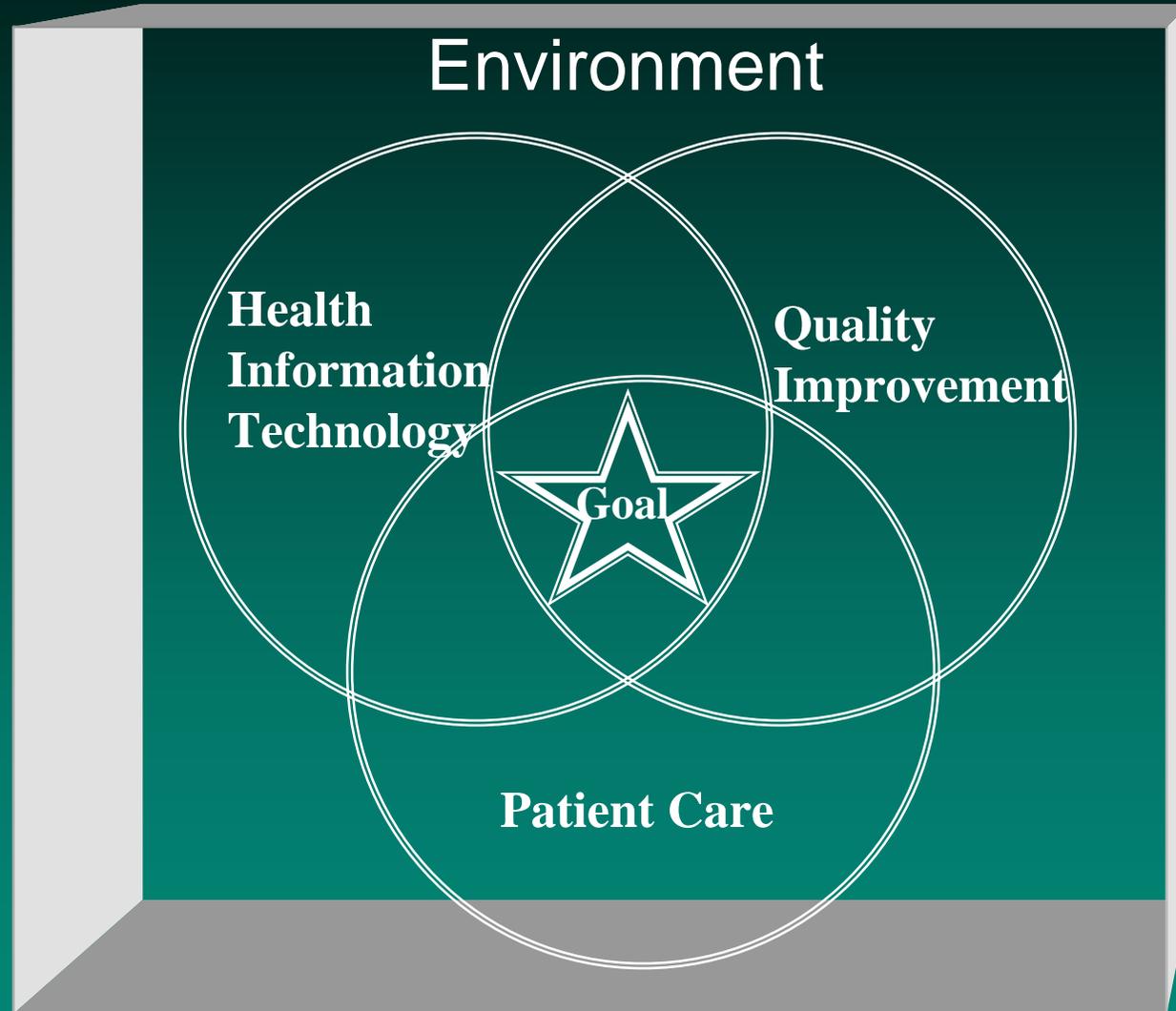
Summary

- **Do not to raise the bar to technology adoption – consider incremental change**

- **The current technology seems sufficient but recognize the need for an additional challenge for authentication and non-repudiation**

- **Further study is needed**