

## Did you know...it's legal to e-prescribe controlled substances in Ohio?

By Dorothea Howe

While you may have heard otherwise, it's legal to e-prescribe controlled substances in Ohio, as well as in 48 other states. To ensure that you and other prescribers have the most up-to-date information possible, we've convened an Ohio E-Prescribing Task Force with representatives from Ohio and national entities to work through misconceptions and align procedures for the medical community.



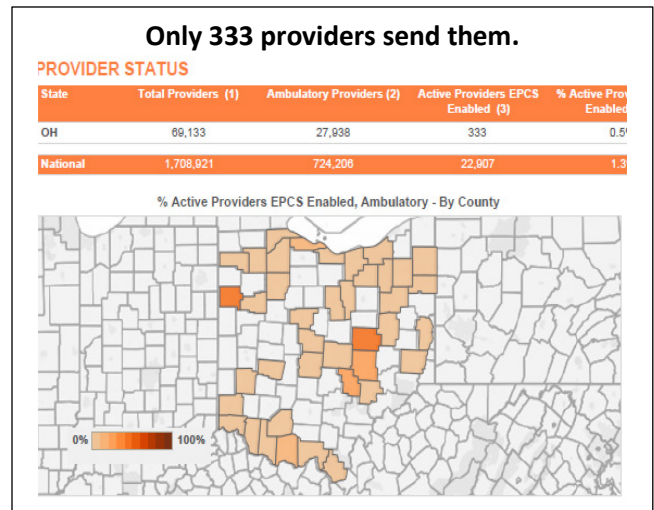
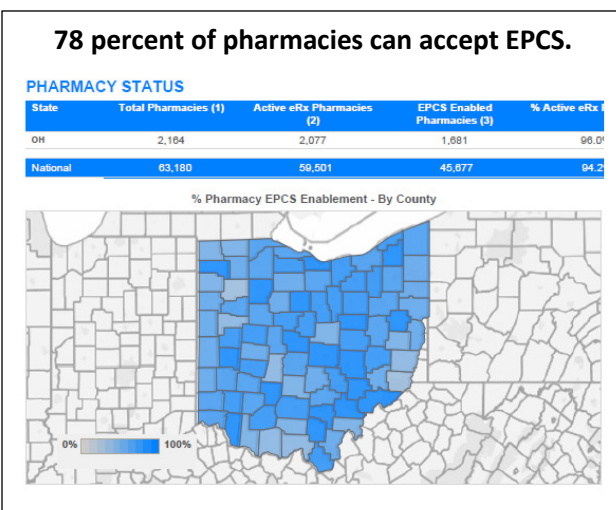
### We're legal to e-prescribe, but we're not doing it.

E-prescribing of [controlled substances](#) – EPCS for short – allows Ohio pharmacies to receive electronic prescriptions and permits providers to send them, according to the Drug Enforcement Administration's 2010 rules. As you can see from [this map](#), nearly all states can e-prescribe controlled substances (Surescripts).



Regulatory Status by State

There is widespread capability to receive these prescriptions in Ohio pharmacies – as of **April 2015, 78 percent of Ohio's pharmacies could accept them**. And yet, only 333 Ohio doctors were e-prescribing controlled substances. In May 2015, the percentage of pharmacies enabled to accept them rose to **81.6 percent**.





## **Ohio paved the way for controlled substance e-prescribing nationally.**

The State of Ohio Board of Pharmacy supports Ohio’s efforts to establish EPCS as a means of protecting the security of controlled substance prescriptions. The adoption of EPCS is the last step in a process started several years ago. The Office of the National Drug Control Policy in Washington, DC., invited two pharmacists from the State of Ohio Board of Pharmacy – Danna Droz, JD, RPh, and Joann Predina, MBA, RPh –to participate in a meeting on September 17, 2008.

The meeting was to discuss development of a secure system to e-prescribe controlled substances in the United States. Ohio was considered a leader in e-prescribing and controlled substances monitoring and the Ohio pharmacists had been invited to share their experiences. Predina had become an expert on the security and accuracy of e-prescribing systems, while Droz was considered an authority on controlled substances monitoring. The women learnt substance to the meeting as they shared information about the inconsistencies and the dangers of systems that did not have adequate controls built into the software. Concerns about e-prescribing systems at that time included:

- There was little standardization of the necessary data fields for e-prescribing; every vendor handled a little differently.
- Some fields were truncated so all the data could not be entered.
- Nothing was consistent, even something as simple as quantity values. Drug names and abbreviations were not standard.
- Generics were not matched to brand names correctly.
- Sig codes were not written in a form that the pharmacist could decipher.

Whether the imposition of software system certification standards as part of Meaningful Use or the U.S. pharmacy network improved itself, changes gradually occurred. As groups like National Council for Prescription Drug Programs (NCPDP), Surescripts, Emdeon, Relay Health and the National Association of Boards of Pharmacy (NABP) exerted control to bring order into the e-prescribing system, it improved and e-prescribing took off nationally. In Ohio, the state moved from three percent e-prescribing to more than 70 percent in just four years. Now, those same forces are working to encourage providers to e-prescribe controlled substances.

In 2010, because of the leading work of the State of Ohio Board of Pharmacy, the security of e-prescribing systems became a major issue addressed by the DEA’s proposed regulations for EPCS. The model for e-prescribing vendor review developed by the State of Ohio Board of Pharmacy, coupled with its recommendations for two-factor authentication, became the basis for the DEA’s process for the country.

## **Really? Five Ohioans die every day from drug overdoses.**

Now, the hope is that Ohio’s commitment to improving e-prescribing can also impact the drug diversion and prescription drug overdoses that have plagued the state over the past decade. Drug overdose deaths are considered a [public health crisis in Ohio](#) with a 413 percent increase in the number of deaths from 1999 to 2013. About five people die each day in Ohio because of drug overdoses. Although heroin



accounts for the majority of overdose deaths in 2013, prescription opioid pain medications remain a significant contributor to the overdose problem. More than a third (34.4 percent) of fatal unintentional overdoses involved prescription opioid pain medications in Ohio in 2013.

In response to these deaths, the state established the Governor’s Cabinet Opiate Action Team's [Professional Education Workgroup](#) to address the continuing epidemic of prescription opioid abuse and overdose death in Ohio.

“Since many opioid addicts were first exposed to these drugs through prescriptions for legitimate pain issues, and later become dependent or addicted to the powerful substances, health care providers and organizations can play a critical role for their patients by adopting consensus-based opioid prescribing guidelines,” the workgroup reported.

The guidelines set parameters for chronic, non-terminal care as well as Ohio’s Emergency and acute care facilities for the prescriptions of opioids and other controlled substances. To support these guidelines, the use of electronic communications can help to mitigate opioid drug abuse, fraud and potential overdoses.

#### **Just in case you’re skeptical.**

To add to the importance of reducing errors by e-prescribing, adverse drug events (ADEs) may be reduced as well. It’s no wonder that the IMS Institute for Healthcare Informatics has estimated [\\$200 billion in annual costs](#) stemming from adverse events.

[AHRQ highlights](#) that computer monitoring systems prevent and detect ADEs.

- Patients who experienced adverse drug events were hospitalized an average of 8 to 12 days longer than patients who did not suffer ADEs, and their hospitalization cost \$16,000 to \$24,000 more.
- Anywhere from 28 percent to 95 percent of ADEs can be prevented by reducing medication errors through computerized monitoring systems.
- Computerized medication order entry has the potential to prevent an estimated 84 percent of dose, frequency, and route errors.
- Hospitals can save as much as \$500,000 annually in direct costs by using computerized systems.

And when the prescription gets sent to the pharmacist electronically instead of being written on paper and handed to the patient, it’s more likely to get filled. The World Health Organization has estimated that there are [125,000 premature deaths](#) and billions in preventable costs due to patients failing to adhere to medication treatments. Surescripts has analyzed that up to [\\$240 billion in healthcare savings](#) can be achieved over the next 10 years through the greater medication adherence achieved through e-prescribing.

E-prescribing also can save on employee’s time, simply because it may reduce the need for telephone calls back and forth between the physician’s office and pharmacy because of paper errors. And it also [saves money](#) on paper supplies for prescription tablets.



Today, [between 3% and 9% of drugs](#) that are diverted for abuse are tied to fraud and forgery of paper prescriptions. The electronic prescribing of controlled substances can help combat this epidemic by replacing the fraud-prone paper prescription pad.

The Drug Enforcement Administration found that e-prescribing could yield up to \$700 million in annual savings.

**Maybe we can solve this problem together.**

Ohio is involved with a national initiative to encourage the e-prescribing of controlled substances. If you want to check out this national initiative, go to [getepcs.org](http://getepcs.org). To handle the issue of e-prescribing, we first formed a committee in 2010 to study its use in general, and those members produced [Research and Recommendations on e-Prescribing in Ohio](#). The report recognized that general e-prescribing was being adopted quickly in Ohio but that pharmacists and prescribers needed to be educated about EPCS.

Now, the task force is reconvened to support the widespread adoption of EPCS in Ohio. It's only a matter of time before this becomes more common in every state. In New York, new laws for e-prescribing [mandate](#) its use.

Spearheaded by the Ohio Health Information Partnership, the E-Prescribing Task Force includes Surescripts, the Ohio Pharmacists Association, State of Ohio Board of Pharmacy, State of Ohio Medical Board, Ohio State Dental Board, State of Ohio Nursing Board, Ohio Department of Health, Governor's Office of Health Transformation, Ohio Osteopathic Association, Ohio State Medical Association, Ohio Hospital Association, Pfizer Quality, and numerous prescribers and hospitals.

For more information on pharmacy, physician and institutional guidelines for e-prescribing of controlled substances, go to <http://www.clinisync.org/index.php/about-us/e-prescribing-taskforce.html>. Together, with widespread implementation of EPCS, we can configure a system that works better for everyone in the medical community.

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