PARTNERSHIP for HEALTH IT PATIENT SAFETY
Making healthcare safer together

ECRI Institute
The Discipline of Science. The Integrity of Independence.

Partnership Update

May 2018

Data Snapshot: Opioid Crisis – Will Mandatory E-Prescribing Help?

Background

E-prescribing has been shown to improve medication safety through improved adherence and reduction of errors. Medicare e-prescribing requirements were enacted in 2008. According to Surescripts, 90% of non-controlled substances are now e-prescribed, but only 21% of controlled substances are prescribed electronically. As the healthcare industry is challenged by overprescribing of controlled substances and the media reports regularly on an opioid epidemic, we are left querying whether electronic prescribing of controlled substances (EPCS) will be one of the solutions.

EPCS has been available in all states since 2015, but adoption of the technology for prescribing controlled substances has been slow. Only a handful of states mandate e-prescribing for controlled substances.

How can EPCS help? Electronic prescribing:

1) Creates efficiencies using one workflow for all prescribing
2) Can use the CancelRx feature along with EPCS transaction to enable the accurate discontinuation of a prescription
3) Potentially reduces opioid prescription fraud and abuse
4) May impede diversion

Events Reviewed

The events reviewed, which were submitted to ECRI Institute PSO, highlight the need for the electronic safeguards that are provided with the use of EPCS avoiding potential hazards (e.g., print to paper, change in pharmacy).

- A provider electronically prescribed a controlled substance for the patient. The prescription was intended for short-term use and was written for 12 tablets. The prescription was not printed on tamper-resistant paper. The patient altered the 12 tablets to 120. The pharmacy filled the prescription from the paper prescription presented by the patient. The patient later presented to the emergency department (ED) with an overdose. Read more about the subject at electronic prescribing of controlled substances.
- The provider electronically prescribed morphine ER 60 mg. After discussion with the patient, the provider reduced the dosage. He discontinued the original morphine prescription in the electronic health record (EHR). However, assuming that the discontinuation message was sent to the pharmacy, he did not contact the pharmacy directly. The patient later phoned the pharmacy after receiving an automated reminder call that the prescription for morphine ER 60 mg was ready for pickup. The patient called to inform the pharmacist that the prescriber had reduced the dose of the morphine and had sent a new prescription to a pharmacy closer to his home. Read more about canceling prescriptions at CancelRx.
- Often providers intend Schedule II controlled substances to be filled at a later date for prophylactic/pre-procedure medication orders or when prescribing a 90-day supply (sequential orders). Depending on the EHR and the pharmacy system used, the start date may not be transmitted from provider system to the pharmacy system. Without the start date, the pharmacy will fill the prescription when the request is received. The patients pick up the medication when notified and begin to take it.

Contributing Factors

Electronic systems, state regulations and requirements, provider workflow, interoperability, and field exchange are often seen as the basis for events related to over-prescribing, confusing or unclear instructions, and safety hazards. A few of the contributing factors for these events are as follows:

- Different workflows and requirements for prescribing controlled and non-controlled substances
- State laws and regulations
- Use of discontinuation features available in provider systems and not uniformly activated in pharmacy systems
- Different display of the same fields in pharmacy and provider systems (e.g., start dates)

Lessons Learned

Overall, e-prescribing has generated positive results; however, its mandatory use for prescribing controlled substances will not be without challenges. For the provider to securely and safely prescribe opioids for patients who need them, the technology must comply with the Drug Enforcement Administration (DEA) requirements and use a two-factor authentication system, which adds another step to the process. It is important to do this without overburdening the prescriber. As with the implementation of any new technology, education will be required. EPCS is only one tool available to reduce the use of opioids and other controlled substances.

Recommendations have been made for healthcare providers to begin using e-prescribing for controlled substances for Medicare Part D prescriptions beginning in 2020. Note that this accounts for only a small percentage of prescribing. Stakeholders may want to further investigate this option.

Important Announcements

Partnership News

- See the March 16, 2018, news release, ECRI Institute Committed to Building a National Health IT Safety Collaborative
- Get involved: Participate in the Partnership's workgroup Clinical Decision Support for Drug-Allergy Interactions. As evidenced by the workgroup's title, its focus is drug-allergy interactions. The goal of this workgroup is to derive optimal recommendations for capturing and transmitting information to ensure the right information is presented to the right person, in the appropriate clinical decision support (CDS) intervention format, at the most appropriate time in the workflow. The kick-off meeting was held on Thursday, April 26, 2018. The workgroup will continue to meet on June 21, July 19, August 16, and September 20, from noon to 1:00 p.m. ET. If you would like to participate, contact us at hit@ecri.org.
- We are excited to announce that the Partnership for Health IT Patient Safety is collaborating with HIMSS Electronic Health Record Association (EHRA) on a joint Safe Opioid Prescribing Project. The workgroup held its first meeting on April 3, 2018, and will continue to meet monthly from May to September 2018.

Important Announcements

SAVE THESE DATES in 2018 for Partnership Meetings

The Partnership for Health IT Patient Safety gathers stakeholders quarterly. Three of these quarterly meetings occur via web conferencing and the fourth is the annual in-person meeting. The remaining 2018 Partnership meeting dates are:

- July 24, 2018
- In-Person meeting October 24, 2018

Mark your calendars because we hope to see you there!

The *Partnership for Health IT Patient Safety* is sponsored through funding from the Gordon and Betty Moore Foundation.

Collaborating Organizations

Need to Submit an Event?

Partnership participants can submit events through your membership portal.

If you need assistance, please contact us at hit@ecri.org.

Get in Touch with the Partnership

Do you have questions about any of these articles? Get in touch with us today by e-mailing hit@ecri.org. If you wish to submit information for this publication, please submit items for the Update using the subject line "Partnership Update" to hit@ecri.org.

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