



DrFirst[®]

The Evolving Landscape of Electronic Prescribing of Controlled Substances

An Industry Briefing for 2014

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Since 90% of all physicians write prescriptions for controlled substances, this industry briefing is designed to provide meaningful data and up-to-date resources to assist physicians and members of the healthcare industry to understand the benefits of electronic prescribing of controlled substances, while also addressing some common misconceptions that have unnecessarily hindered its adoption. In addition, we will discuss the relevant controls and processes the industry has put in place to ensure that e-prescribing of controlled substances is compliant with the various state and federal regulations created to ensure patient, provider and public safety.

The Changing Landscape of E-prescribing of Controlled Substances

At present, there are over 28,000 pharmacies accepting e-prescriptions for controlled substances. This number amounts to nearly 40% of the total number of retail pharmacies in the United States--an increase of 115% since March 2013--and includes a growing list of independent and large, national chains such as CVS, Walgreens, and Rite-Aid. Physician adoption and accreditation is accelerating rapidly as well. If electronic prescribing of controlled substances (EPCS) continues to mirror the adoption pattern we witnessed during the growth of e-prescribing, the next two years will see controlled substance e-prescribing become a mainstream practice among physicians who recognize the benefits of increased workflow efficiency, drug diversion protection, and the added patient safety benefits of controlled substance e-prescribing. All signs indicate that the industry has moved past the tipping point, and is now progressing toward widespread use.

A View of Controlled Substance E-prescribing by State

The following table shows states ranked by the percentage of controlled-substance e-prescribing pharmacies in each state. This data is based on pharmacy data from DrFirst's Rcopia® e-prescribing system as of July 7, 2014. For the latest information on controlled substances e-prescribing pharmacies visit <http://www.drfirst.com/epcsmap>.

Rank	State	% of EPCS-Enabled Pharmacies	% Change Since March 2014
1	Arizona	74.8%	91.9%
2	Rhode Island	68.2%	N/A
3	Delaware	64.3%	3.4%
4	District of Columbia	61.8%	15.7%
5	Massachusetts	59.3%	1.5%
6	New Hampshire	57.3%	0.5%
7	Illinois	54.3%	7.8%
8	California	51.0%	20.8%
9	North Carolina	50.6%	24.8%
10	Connecticut	50.6%	1.9%
11	Indiana	49.5%	11.2%
12	Nevada	48.2%	14.4%
13	Maine	48.0%	13.5%
14	Virginia	47.4%	8.6%
15	South Carolina	47.1%	10.7%
16	New Jersey	47.1%	30.5%
17	Iowa	47.1%	14.3%
18	Michigan	46.3%	19.8%
19	Wisconsin	44.4%	26.5%
20	Ohio	44.1%	14.9%
21	Pennsylvania	43.8%	4.4%
22	Oregon	43.1%	53.0%
23	Maryland	42.8%	16.9%
24	Washington	42.5%	52.0%
25	Texas	40.3%	9.2%
26	Louisiana	38.9%	15.4%
27	Colorado	38.5%	53.6%
28	Vermont	38.2%	5.5%
29	Mississippi	37.7%	68.3%
30	Wyoming	37.3%	98.9%
31	Tennessee	37.2%	14.8%
32	West Virginia	37.0%	8.1%
33	Idaho	36.8%	11.7%
34	Florida	36.4%	2.8%
35	Alabama	36.2%	25.6%
36	Nebraska	35.7%	265.1%
37	Hawaii	35.5%	17.1%

Rank	State	% of EPCS-Enabled Pharmacies	% Change Since March 2014
38	Missouri	35.3%	19.3%
39	Minnesota	32.9%	10.4%
40	New York	31.6%	83.7%
41	Kentucky	30.9%	10.9%
42	Georgia	30.5%	40.2%
43	Alaska	30.0%	367.3%
44	New Mexico	28.2%	12.1%
45	Oklahoma	27.2%	8.6%
46	South Dakota	26.4%	44.4%
47	Kansas	25.8%	9.1%
48	Utah	25.6%	49.1%
49	Arkansas	22.8%	N/A
50	North Dakota	8.4%	126.4%
Total		41.5%	18.6%

A Look at the Most Progressive States

Several states have taken a progressive stance on controlled substance e-prescribing, primarily as a tool to combat prescription drug fraud and abuse. These states have actively encouraged adoption amongst providers, as well as independent and chain pharmacies. In particular, Arizona and New York have both realized significant improvement in controlled substance e-prescribing use in their states.

Arizona now outranks all other states, with nearly 75% of Arizona retail pharmacies enabled for controlled substance e-prescribing, an increase of 92% in the past three months. The Arizona Health-e Connection, which was instrumental in leading the passage of House Bill 2369 legalizing EPCS in 2012, has played a key role in driving EPCS adoption in the state through its E-Prescribing Initiative. The initiative is dedicated to increasing awareness and use of e-prescribing of controlled substances through a combination of educational outreach, live forums throughout the state, and an Arizona provider incentive program that launched in 2013.

In 2012, New York became the first state to enact a law making controlled substance e-prescribing mandatory via The Internet System for Tracking Over-Prescribing (I-STOP) Act. Compliance with I-STOP will become mandatory on March 27, 2015 and requires that New York prescribers both access the state's prescription monitoring program (PMP) before prescribing controlled substances, and transmit all prescriptions electronically. For pharmacies, the I-STOP law requires real-time reporting to the

PMP when filling prescriptions for controlled substances. I-STOP's effect on the availability of EPCS-enabled pharmacies has been significant. While at present New York ranks 40th in pharmacy density, the number of EPCS-enabled pharmacies is growing rapidly, increasing nearly 84% since March 2014. With more states evaluating mandatory use of the PMPs, we may also begin to see additional states employing mandatory e-prescribing requirements similar to New York.

Understanding the Benefits, Opportunities and Challenges of EPCS

One of the issues driving controlled substance e-prescribing is the epidemic of addiction, abuse and diversion of controlled substances in the U.S. and worldwide. An alarming 300% increase in the prescribing of opioid drugs between 1999 and 2010 is one of the many statistics that illustrate the crisis.¹ In 2011, according to the Centers for Disease Control and Prevention (CDC), drug overdoses surpassed traffic accidents as the leading cause of preventable deaths; this change was accelerated by a surge in the number of prescribed opioid analgesics.

Controlled substance e-prescribing delivers many of the same patient safety measures which traditional e-prescribing offers. As a fully electronic platform, it helps reduce the errors inherent in the paper-based prescribing process, such as illegible handwriting, misinterpreted abbreviations, and unclear dosages. Similarly, controlled substance e-prescribing technology can be configured with a medication history module, allowing providers to capture and view more complete prescription histories at the point of care, which can further reduce the likelihood of an adverse drug event, or patient doctor shopping. And, when real-time patient clinical decision support information is combined with transparent drug pricing models, clinicians can select both the most therapeutically appropriate medications for the patient, as well as the most cost-effective.² Finally, e-prescribing of controlled substances improves the workflow efficiency of both prescribers and practice staff by eliminating the need to handwrite prescriptions alongside the electronic prescription that most clinicians use for ordering legend drugs. Once this milestone of capturing and storing all prescriptions ordered within a practice has been achieved, it will be much easier for physicians and their practice leaders to analyze the information and spot larger trends. If there are opportunities for improvement they can be much more rapidly identified and addressed.

Background of Controlled Substance E-prescribing

Following years of deliberations, e-prescribing of controlled substances was made legal at the

national level in 2010 by the Drug Enforcement Agency (DEA). The DEA placed significant emphasis on developing comprehensive new requirements that strengthen current e-prescribing standards in order to ensure that controlled substances transmitted over this medium will not be abused or otherwise be illicitly diverted for unauthorized usage. DEA regulations have been modified to allow the use of e-prescribing for controlled substances, inclusive of Schedule II through Schedule V, and these regulations represent the cumulative sum of the federal regulatory framework that currently governs the ability to prescribe controlled substances electronically. The DEA's rules enable prescribers the option of e-prescribing controlled substances, but do not mandate e-prescribing schedule drugs at the federal level. Individual states, however, do have the additional right to regulate prescribing.

While nearly all of U.S. states have formally passed guidelines enabling controlled substance e-prescribing, some states have been slow to develop a local framework that successfully enables the industry to proceed in their local market. Much of this is due to the fact that when the DEA published its Interim Final Rule (IFR) on controlled substances, it created a number of questions and concerns for state regulatory bodies. Many of the concerns centered on whether software providers were meeting, or could meet, the technical and administrative requirements outlined by the DEA and, potentially, as modified by any state on an individual level.

Since that time, e-prescribing, electronic health record software, and pharmacy practice management application software vendors have devoted significant resources to two of the main technical requirements outlined by the IFR. First, completing the EPCS certification process, as required by the DEA in 21 CFR 1311.300 Application Provider Requirements—Third-party Audits or Certifications; and second, successfully attesting to the various requirements of EPCS 21 CFR - 1300, 1304, 1306 and 1311. Following the completion of this certification process, vendors are able to obtain a written copy of their third-party audit or certification.

The remaining technical requirement for controlled substance e-prescribing revolves around electronic authentication, or what is referred to as “identity proofing.” The National Institute of Standards and Technology (NIST), in special publication 800-63-2, defines electronic authentication as “the process of establishing confidence in user identities electronically presented to an information system.”³ NIST's most recent set of standards on the subject of authentication (version (v. 2), published on September 5, 2013), specifically recognizes healthcare organizations, such as hospitals, that agree to the “Conditions of Participation in Medicare” as examples of entities that should issue credentials meeting the Office of Management and Budget (OMB) and NIST Levels of Assurance (LOA) levels 2, 3, and 4 in order to follow

Medicare's guidelines rigorously. The identity proofing process, essentially a form of credentialing, is required for physicians and other authorized prescribers in order to provide yet another layer of security and authentication.

At last count, 49 states and the District of Columbia have approved e-prescribing of controlled substances for at least Schedules III through V, and most for Schedule II drugs as well. The states that do not allow Schedule II drugs to be sent electronically are Kansas and Vermont. There is still one state that has not approved controlled substances e-prescribing: Montana.

Vendors such as DrFirst have developed compliant systems that meet all of the DEA's requirements as well as Surescripts' strict certification processes. DrFirst was the first company to electronically transmit prescriptions for controlled substances under a DEA waiver. Now major pharmacy chains such as Rite-Aid, Walgreens, and CVS have the ability to accept electronic prescriptions for controlled substances in any state where it is legal and the individual state's guidelines have been published. Other pharmacy chains are certain to follow. Presently there are more than 28,000 pharmacies accepting controlled substance prescriptions electronically, and that number is increasing rapidly.

In short, all of the elements are in place to allow physicians to start e-prescribing controlled substances in all but a small number of individual states. These remaining regulatory barriers to adoption are being actively addressed and resolved on a state-by-state basis.

Subject Matter Expert Interviews

In order to provide an impactful overview of the history of controlled substance e-prescribing, the current state of the industry with regard to its national availability, and projected trends for controlled substance e-prescribing over the next several years, the following interviews were conducted with highly respected subject matter experts who have extensive experience in e-prescribing of legend and controlled substances, as well as security processes.

Interview: Peter N. Kaufman, MD

We asked Peter N. Kaufman, MD, a practicing physician and a highly regarded expert on controlled substance e-prescribing, to provide an overview of the benefits for physicians, the identity proofing process, and what the future looks like for e-prescribing controlled substances.

Dr. Kaufman has lectured nationally on computers in medicine, electronic medical records, the Internet and medical practice, and high-tech medicine. He is a board-certified gastroenterologist and continues to practice medicine for a gastroenterology practice in Bethesda, Maryland. Dr. Kaufman participates in multiple national organizations promoting standards in healthcare, including for the Office of the National Coordinator of Healthcare IT (ONC) on their Healthcare IT Standards Committee, Privacy and Security Workgroup, the Physicians EHR Coalition (PEHRC, Executive Board, former co-chair), NCPDP (Workgroup 11), and the AMA (delegate from the American Gastroenterological Association). He participated on the eRx Workgroups for CCHIT (Stand-alone eRx Workgroup) and HIMSS. Dr. Kaufman also serves as the chief medical officer at DrFirst, with the primary goal of prioritizing provider needs as well as modernizing the continuum-of-care across the nation through connected healthcare communities.

What are the benefits of controlled substance e-prescribing for physicians?

“The reason a doctor would want to electronically prescribe controlled substances is that most doctors, about 90%, write prescriptions for controlled substances. The estimate is that approximately 11% of all prescriptions written are for controlled substances. Many doctors are moving to e-prescribing, and it is certainly easier to have one system—and one workflow—for all prescribing than to have multiple processes. In addition, when you prescribe electronically it automatically creates an electronic record. In some states you must maintain duplicate or triplicate paper records. In many doctor’s offices those paper records may or may not make it into the patient’s chart, or the record is also not always easily found. It is often quite difficult to perform a search on those paper records.

The third benefit for doctors with regard to controlled substances is the ability to link into their state’s prescription monitoring database. This allows the prescriber to know if the patient has received a prescription for a controlled substance from other doctors and when those prescriptions were written. Now this link to the state databases is not in wide use yet, however, I expect that to become much more widespread in the near future.

Another benefit of e-prescribing for controlled substances is the same for e-prescribing in general. Specifically, the prescriptions are legible, they are checked for clinical alerts such as drug-to-drug and drug-to-allergy interactions, pregnancy, breast feeding, dosing, duplicate therapy, and issues of that nature. Again with e-prescribing, the doctor has access to the patient’s formulary information and there’s a convenience factor for the patient. The patient only has to go to the pharmacy once and

therefore is more likely to be adherent.

The last benefit is that we believe electronic prescribing of controlled substances will significantly reduce fraud and abuse. For example, it's a lot easier to steal a prescription pad (or create one's own prescription form) and fake a signature than it is to get into this extremely secure system."

How does the "identity proofing" process work?

"The identity proofing process is accomplished over the Internet, and it is based on verifying identities using a combination of personal identity verification (such as confirming name, address, Social Security number, DEA number, date of birth), knowledge-based authentication (interactive questions designed to ensure an individual is who they claim to be), and verification of account information (generally a financial instrument such as a credit card number). The majority of doctors—more than 90%—are able to complete the process entirely online.

With that said, there are a number of initiatives underway to develop a streamlined, simple process for identity risk assessment. I believe that the results of these efforts will be to help the controlled substance e-prescribing industry dramatically improve its completion rates so that within a year, we should see completion rates of identity proofing up to around 98% or 99%. Another aspect of controlled substance e-prescribing security is the issuance of a hard token which is a small fob that can be carried on your keychain. For doctors who don't want one more thing to carry around, there are also 'soft' tokens which can be generated by a smart phone app."

What are your thoughts on the future of e-prescribing of controlled substances?

"In the fairly near future, I expect that we will see controlled substance e-prescribing becoming legally authorized in the remaining states in which it is still not legal. There will also be many more pharmacies able to accept e-prescriptions for controlled substances. Today, Rite-Aid and Walgreens have activated controlled substance e-prescribing in all states where the practice is legal. CVS, the nation's largest pharmacy chain, is rolling out on a state by state basis, currently amounting to sixteen states, but obviously many more to come. I also expect improved identity proofing that is faster and more efficient. For example, DrFirst is setting up an alternate process to assist doctors who have some difficulty getting through the online identity proofing process.

I also anticipate individual state prescription drug monitoring programs working in conjunction with

controlled substance e-prescribing systems. This will make it much easier to control, monitor and reduce drug diversion and abuse into a much smaller pool. Substance abuse of controlled substances is a major problem in this country and an issue that the DEA is very concerned about. For example, in the state of New York, real-time prescription monitoring has been mandated by the I-STOP legislation and has been required of all New York physicians since August 2013. Many states are likely to follow suit and require real-time monitoring as a first line of defense against prescription drug diversion.

So the technology solution is available today and the barriers to adoption are falling away. For example, DrFirst is making our EPCS Gold product available to all of our software EMR partners and associates to integrate into their EHR systems or to use as a stand-alone controlled substance prescribing solution that works with an existing e-prescribing solution. We've invested the time, resources, and effort to meet all of the DEA's stringent requirements and undertake extensive auditing so other software solution providers do not have to go through the expensive and time-consuming process of DEA certification."

Interview: Michelle Soble-Lernor, RPH

We asked Michelle Soble-Lernor, the chief pharmacy officer at DrFirst, to discuss some of the major concerns which pharmacists and physicians within the medical community have regarding controlled substance e-prescribing. Ms. Soble-Lernor is a respected voice within the pharmacist and healthcare IT community, with over 25 years of pharmacy experience and 10 years of healthcare technology experience. Ms. Soble-Lernor is frequently asked to participate on industry panels, and she is a respected lecturer at two schools of pharmacy in Arizona.

What is Helping or Hindering the Adoption of E-prescribing of Controlled Substances?

"Just like back in 2003 when e-prescribing was launched, there were early adopters of the technology, and the users usually had limited pharmacies that would accept electronic prescriptions. In those early days, there were challenges. Sometimes prescriptions were not delivered; pharmacies would not accept the prescriptions and even state board of pharmacy laws needed to be changed to allow for electronic prescribing.

Fast forward 10 years later and we are having similar issues with the implementation of e-prescribing of controlled substances. Pharmacies are sometimes not fully aware of the laws in their states and may not accept the prescriptions, sometimes the prescriptions go undelivered, and state laws still have not fully

caught up to the industry. In order to overcome these barriers, education for users and pharmacists is key to moving the industry from paper to electronic prescriptions for controlled substances. Providers and pharmacists need to work together to ensure controlled substance prescriptions are being sent for legitimate medical purposes and are not fraudulently created. Trust on both sides is critical to the implementation of controlled substance e-prescribing and widespread adoption.”

What Do Prescribers Need to Know About the Identity Proofing Process?

“Our identity proofing process is managed by Experian. However, some doctors are uncomfortable providing or confirming personal financial information over the Internet. Everyone knows not to provide credit card or financial information over the Internet unless you are absolutely certain your information will be secure. That’s just ingrained in all of us now. That hesitation is one of the issues that contribute to the approximate 10% failure rate on first attempts to complete the identity proofing process.

A key to alleviating these concerns is the ongoing education process to user communities. As online services and capabilities expand, so too will the use of personal information in verifying identities. Users are more likely to feel comfortable providing their information online if they: 1) trust that the application they are using is secure, and, 2) have confidence that the information is being used with a purpose specific to the application and not for other purposes, such as marketing.”

Why should pharmacies implement controlled substance e-prescribing?

“As a pharmacist, I have certainly seen my share of modified prescriptions from patients. Refills are changed from 1 to 4 on Vicodin or Soma prescriptions. Thanks to security paper, fraudulent prescriptions are on the decline; however, the old saying still applies: if there is a will, there is a way. Patients who are doctor shopping will certainly find a way to modify prescriptions. Electronic prescribing of controlled substances provides pharmacists with the assurance that the prescription they receive is exactly what the provider originally ordered and has not been tampered with on the way to the pharmacy.

Controlled substance prescriptions can still be given to patients without legitimate medical needs, but the use of the PMP and e-prescribing can at least alert the provider and pharmacists of doctor shoppers.”

Interview: Tom Sullivan, MD

Tom Sullivan, MD joined DrFirst in 2004, just after completing his term as president of the Massachusetts Medical Society. He is known throughout the healthcare industry as the father of the Continuity of Care Record (“CCR”) and a leader on the future of healthcare technology. He is assisting DrFirst in ensuring that DrFirst’s flagship e-prescribing product, Rcopia, continues to add the functionality necessary to maintain its leadership position both in electronic prescribing and as a channel of communication between various sectors of the healthcare community and the physician. Dr. Sullivan is nationally active in organized medical groups, and is a past co-chair of the Physicians EHR Consortium, and both a delegate to the American Medical Association (AMA), and a past member and chair of their Council on Medical Service. He is also the chair of the Healthcare Workgroup, helping the US Department of Commerce achieve the goals of their National Strategy for Trusted Identities in Cyberspace (NSTIC), particularly surrounding identity proofing.

Can you describe the history of DrFirst’s work to achieve a solution for controlled substance e-prescribing?

“This dates back to the company’s founding in the 2000. Pharmacies, pharmaceutical companies, and health plans all recognized the clear return on investment for e-prescribing. So once we established e-prescribing and it became successful the next logical question was: why can’t you do the same thing with controlled substances? In some ways it was a pragmatic challenge in terms of identifying the issues and hurdles that needed to be overcome. One of the major issues was communicating and collaborating with the DEA. They were extremely concerned about security and identity proofing. But even back then, the DEA realized better than anyone that there was a growing problem of drug abuse and illegal diversion.

However, unlike other agencies within the federal government, such as the Department of Health and Human Services, the Centers for Medicare and Medicaid and others who are focused on a range of issues concerning quality of healthcare, the DEA has a very singular and narrow focus. Their mission is stopping fraud, drug abuse, and illegal diversion. Since their main concern was security, they proposed a series of security requirements that were so difficult to implement no one was even interested in pursuing a solution. However, our company’s founder, Jim Chen, had an extensive background in internet security, having worked on the early development of VPN’s or Virtual Private Networks. He became very interested in this problem, and it was also a natural extension of what we were

doing in e-prescribing which also requires security, privacy, and other advanced features in order to accommodate the healthcare industry.

At that time, I was the president of the Massachusetts Medical Society and I had an opportunity to testify about the value of e-prescribing before the Massachusetts House, the Senate, and the governor of Massachusetts's office. Mitt Romney was the governor at that time, and I was asked to meet with one of his Cabinet members.

The end result of these efforts was that we at DrFirst were able to obtain a grant from Agency for Healthcare Research and Quality (AHRQ), and we conducted the very first pilot project on controlled substance e-prescribing. It was a 3-year project that was conducted under the auspices of the Massachusetts Department of Public Health, controlled substances division.

We had a DEA waiver to electronically prescribe controlled substances in western Massachusetts and shared the results in order to ensure that everyone could learn from our experiences. We presented the results of our work in a 2011 study published in the Journal of the American Medical Informatics Association by Brandeis University.

Our leadership in controlled substance e-prescribing was the result of strong leadership from key people within our organization, such as Jim Chen and Dr. Peter Kaufman, having a strong vision for this product and the benefits which it offers the market. We were willing to take the risk and devote the significant time and resources to conducting this first ever pilot project and study.

On an individual basis, I have also served on a number of national committees on behalf of DrFirst, and we are still leading the way in terms of making e-prescribing controlled substances more efficient. We are actively working with state regulatory bodies as well as federal agencies to educate, inform and even offer technical solutions. We see tremendous efficiency and value in having a fully electronic system for prescribing all drugs—both legend drugs and controlled substances. This efficiency will drive down costs along with reducing errors and promoting more patient safety in our healthcare system.

Controlled substance e-prescribing offers many additional practical benefits aside from preventing prescription drug abuse, as it is also aimed at improving dimensions of the American healthcare system which are historically inefficient and problematic. Part of the inefficiency which I am referring to is driven by the regulatory issues surrounding controlled substances, and we all understand the need

for maintaining the correct balance between efficiency and conducting our due diligence as medical providers. However, we envision that universal adoption of e-prescribing for all drugs will resolve many of the inefficiencies with regard to the prescription and usage of these medications so that—in the big picture—the pharmaco-economic and patient safety system is more manageable, effective, and efficient. This is a highly worthwhile goal.”

Why is e-prescribing of controlled substances so important?

“It’s incredibly important because there is a huge epidemic of drug abuse and illegal diversion in this country. Twenty years ago most people who were diverting drugs were getting their prescriptions illegally from stolen or forged and altered paper prescriptions. Today, most of the diversion and drug abuse comes from legitimate doctors writing legitimate prescriptions. For instance, we are seeing this phenomenon with teenagers who sustain an injury playing sports. They receive a prescription for a narcotic, sometimes more than they need and they can easily become addicted if not properly monitored. Another frequent example occurs when a family member receives a prescription for a controlled substance and only takes a few of the pills in the bottle. Then, an adolescent or another family member decides to experiment with the rest of the pills and subsequently becomes addicted that way.

These issues affect all age groups, and prescription drug abuse has become a major societal problem. The inefficiencies and problems with paper-based systems and records exacerbate these issues through making the practice of doctor shopping easier, and making prescription drug abuse more likely to occur.

Another reason why I believe controlled substance e-prescribing will be highly beneficial for the American healthcare community is that there’s a huge problem with workflow within our healthcare system and there is also what I refer to as “legendary redundancy” across the industry. Over the past fourteen years, we have acquired plenty of experience with e-prescribing of non-controlled substances. With controlled substance e-prescribing, the question is making the workflow smoother and more efficient for the prescribers, having better and more timely audit trails, making it safer for patients, easier for pharmacists and helping law enforcement officials carry out their mandates. Of course, there’s some training involved for doctors and there are some obstacles left to overcome. There’s also an adoption curve as is the case with any new technology. All this being said, over the past year, e-prescribing of legend substances has matured, now that more than half of all providers use e-prescribing. I believe that controlled substance e-prescribing will follow a similar trajectory and reach



the same point fairly soon. The benefits of controlled substance e-prescribing simply far outweigh the obstacles.”

Predicting the Future of Controlled Substance E-prescribing: Common Trends

Since EPCS adoption varies from state to state, it is difficult to make concrete projections regarding how the industry will adapt to e-prescribing of controlled substances in the coming months and years. One thing we can note is that many industry insiders view current adoption patterns as a reflection of what we first saw with the adoption of e-prescribing. In both cases we saw various third parties such as payers, or, in the case of controlled substances, state law enforcement officials and pharmacy board leaders, take the initiative to either promote or require that doctors begin using the new technology. Nevertheless, the industry’s adoption of controlled substance e-prescribing has been comparatively slow to what we are accustomed to seeing with other health IT innovations with similarly high levels of support, and much of the reason why can be traced back to the complexity of managing federal and state compliance standards regarding controlled substances.

There are no clearly identifiable geographic, demographic, or political patterns linking the states which currently have the highest density of pharmacies accepting controlled substances electronically. This being said, the one common thread that is currently linking all of these states together is the presence of a highly favorable regulatory and statutory environment which enables pharmacists and providers to begin seriously using controlled substance e-prescribing to combat the rising tide of prescription drug abuse.

About DrFirst

DrFirst pioneers technology solutions that inform the doctor-patient point of encounter, optimizing provider access to patient information, enhancing the doctor’s clinical view of the patient, and improving care delivery and clinical outcomes. Our growth is driven by a commitment to innovation, security, and reliability across a wide array of services, including Medication Management, Medication Adherence, and Secure Communication and Collaboration. We are proud of our track record of service to more than 300 EMR/EHR/HIS vendors and an extensive network of providers, hospitals and patients.

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Footnotes

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