

E-prescribing controlled substances: Here's why the clicks add up

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Electronic prescribing has taken off, making it easier for physicians to get orders quickly and safely to the pharmacy of the patient's choice. Yet while 70% of physicians e-prescribe, only 20% are able to electronically order controlled substances such as analgesic opioids.

And accessing the information in state prescription drug-monitoring program (PDMP) databases—a key tool to prevent opioid misuse or diversion—is another question altogether. It often means that physicians have to start a separate workflow with new windows, logins, and more clicks and keystrokes.

In a June letter sent to 36 EHR vendors, AMA Executive Vice President and CEO James L. Madara, MD, asked for help to improve the interoperability of e-prescribing systems. He noted that not all EHR vendor products can satisfy the requirements for electronic prescribing for controlled substances (EPCS), and that implementation has been set back due to questions about certification, patient concerns and cost to prescribers.

Uptake of e-prescribing also has been waylaid by “cumbersome workflows and applications that do not take physician needs into account,” Dr. Madara wrote.

“EHR vendors are integral to achieving improvements in the transparency and interoperability of e-prescription systems, both to improve the clinical utility of EHRs and to help ensure physicians have accurate information about a patient's prescription history,” he added. “This increased awareness will ensure clinicians can make informed prescribing decisions and intervene when there may be signs of prescription drug misuse or uncoordinated care.”

Despite the interoperability obstacles, America's physicians are using PDMPs more than ever, with over 460 million queries made in 2018, triple the 136 million queries in 2016. Learn more about physicians' efforts in the AMA Opioid Task Force's 2019 report on the progress made in ending the

opioid epidemic.

No need to start from scratch

There are resources to help integrate PDMPs and EHRs, including the Ideal Minimum Dataset for PDMP Response to EHR Inquiry created by the Electronic Health Record Association, as well as the guidelines featured in the Health IT Playbook issued by the Office of the National Coordinator for Health Information Technology.

“The AMA encourages your organization to increase the transparency and interoperability of custom connections between your EHR products and PDMP software,” Dr. Madara wrote to the EHR vendors’ leaders.

Some health care organizations have successfully integrated their PDMPs and EHRs, among them the University of North Carolina Health Care System and AMA group member Ochsner Health System . In his letter, Dr. Madara encouraged vendors that have already moved to boost PDMP-EHR interoperability to share their experience with the AMA and the public to promote faster and broader implementation of this critically needed functionality.

How regulations add to the click count

The burden does not lie solely on vendors’ shoulders, the AMA says. More should be done to:

- Modernize U.S. Drug Enforcement Administration (DEA) rules for EPCS to let doctors deploy the user-friendly devices they already have—such as fingerprint readers on laptop computers and mobile phones—to satisfy multifactor-authentication requirements.
- Cut regulations that stifle health IT development to allow vendors the flexibility to respond to and incorporate physician and patient needs, rather than one-size-fits-all government standards.
- Support state PDMPs with resources to expand capabilities and allow for better integration with multiple EHRs.

The AMA has worked with the DEA, Congress and the President’s Commission on Combating Drug Addiction and the Opioid Crisis, to change the regulations that pose barriers to EPCS adoption.

The Association also advocates consistent and sufficient resources to support states in maintaining and improving their PDMPs, including dedicated funding streams to support the availability of grants and federally supported appropriations.