Whereas, E-prescribing is a process enabled by electronic medical records (EMRs) that gets widespread support as a benefit of the EMR for patient safety and provider process benefit, and 
Whereas, The process for e-prescribing was designed in large part by automating preexisting paper, voice and fax processes; and 
Whereas, E-prescriptions are sent from prescriber systems to a central clearinghouse to resolve formulary and other issues prior to dispensing, and 
Whereas, The goal should be a strategically designed efficient process that allows each participant to perform the roles they must perform and not perform those they don’t need to perform while leveraging evolving technology; and 
Whereas, Good processes can always be made better; and 
Whereas, E-prescribing makes the process of obtaining refills less cumbersome for prescriber and patient alike, making e-prescribing of controlled substances a significant opportunity for physicians to fight the opioid crisis by prescribing smaller initial amounts of opioid medications; and 
Whereas, The current cumbersome requirement for two-factor authentication to e-prescribe controlled substances has tragically delayed widespread adoption of e-prescribing for controlled substances; and 
Whereas, Widespread adoption of e-prescribing for controlled substances would make physician contributions to this problem and its solutions more transparent and accountable; and 
Whereas, Using the same process for prescribing controlled substances as for all other medications deserves consideration as the alternative to doing the same thing we are doing and expecting a different result; and 
Whereas, Making it easier to do the right thing will make it more likely the right thing will be done; and 
Whereas, The steps requiring the expertise and license of the physician include the choice of drug, form, dose, instructions, duration and refills; and
Whereas, Prescriber expertise is not required to designate which pharmacy should ultimately fill the prescription when the prescription is e-prescribed using a nationwide clearinghouse (in most cases Surescripts); and

Whereas, Patients could authorize the pharmacy of their choice to retrieve the information needed to fill a prescription from the clearinghouse rather than involving the physician or staff in the error-prone choice of pharmacy, particularly when the pharmacy is outside the prescriber’s community; and

Whereas, Patients could authorize the physician to send their prescription directly to a specific specialty or compounding pharmacy (bypassing the clearinghouse) for purposes of improved quality or accessibility for patient benefit; therefore be it

RESOLVED, That our American Medical Association study current e-prescribing processes and make recommendations to improve these processes to make them as safe as possible for patients and as efficient as possible for prescribers. (Directive to Take Action)

Fiscal Note: Not yet determined

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