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Texas e-Prescribing of Controlled Substance Outreach Planning Group

October 22, 2015

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Dear Colleague:

After reading the following article (<http://www.theexaminer.com/features/commentary/fighting-prescription-drug-abuse>), David Fulton, MS, PMP, Communication Lead, Medicaid- CHIP Health Information Technology, Health and Human Services Commission, invited me to serve on Texas e-prescribing of controlled substances (EPCS) Outreach Planning Group. I was delighted to accept. Subsequently, he has asked me to give a five-minute introduction to Southeast Texas Medical Associates' involvement with ePCS on our first conference call this coming Tuesday. In addition to the following introduction to SETMA, we participate in the Dual Eligible Special Needs Plan (D-SNP), in regular Medicaid with plans to apply for Medicaid Stars in 2017.

The following is a brief introduction and description of SETMA's efforts to comply with the requirements of the Texas Medical Board in regard to controlled substances and, as a Patient-Centered Medical Home (PC-MH), to give our patients excellent care with their participation.

1. The following link is to **SETMA's Accreditations and Awards**: <http://www.jameslhollymd.com/Accreditations/pdfs/accreditations.pdf>. These include the Texas Physician Practice Quality Improvement Award for Preventive Medicine and PC-MH and Ambulatory Care accreditation by The Joint Commission, the Accreditation Association for Ambulatory Healthcare, the National Committee for Quality Assurance and URAC. SETMA is the only practice in the United States accredited by all four organizations.
2. SETMA is completing the seventh year of **public reporting by provider name** on over 300 quality metrics. This work is displayed at www.jameslhollymd.com at <http://www.jameslhollymd.com/Public-Reporting/pdfs/public-reports-by-type.pdf>.
3. An explanation of the **four seminal events** which occurred in May, 1999 which changed SETMA forever: <http://www.jameslhollymd.com/Your-Life-Your-Health/may-1999-four-seminal-events-in-setmas-history>. These events included the enunciation of ten principles of how to build a practice and an electronic patient management system, which in 2009 was discovered to be the principles of PC-MH.

4. SETMA's **letter to 105 area pharmacies** about whether they are compliant with ePCS or not: <http://www.jameslhollymd.com/Letters/pdfs/setmas-letter-with-inclusions-sent-to-105-pharmacies-about-eprescribing.pdf>.

Systematization of Pain-Medication Management

In 2003, SETMA systematized pain-medication management with a tool which can be reviewed at: <http://www.jameslhollymd.com/epm-tools/Tutorial-Pain-Management>. Included in this tool is "SETMA's refill policy" which states: "This represents SETMA's refill policy. This policy will print on the pain management document that will be given to the patient at the end of the visit. This policy states: "Under no circumstances will the medication be refilled:

- a. Prior to the renewal date at the prescribed dosage and frequency of use.
- b. Without the patient being seen in the office
- c. Without evidence of continuing need for medication
- d. On the weekend, evenings after hours, holidays or other times when your regular doctor is not available.

"The following reasons will not be accepted by any SETMA provider for an early refill of pain medication and/or medication with a significant potential for habituation:

1. My medications were stolen.
2. I only got half of the prescription filled.
3. I dropped my medications into the sink, the sewer, the swimming pool or other watery body.
4. I left my medication in my hotel on my trip.
5. I missed my appointment.
6. The neurosurgeon and/or the surgeon cancelled my appointment.

"Pain Medication Should Last - the date will automatically appear here which is a calculation of the number of pills given including refills and the maximum daily dose. This date will be the minimum time for a refill but does not indicate that the prescription should be refilled on this date. See explanation in number five below."

State Medical Board Strengthens Requirements and SETMA Responds

SETMA has responded to the State Medical Board changes by adding another tool which recommends the frequency of drug screening for "Drugs of Abuse" and/or "Drugs which require a Drug of Abuse Screening for Interaction." The steps of action with this tool are:

1. When the patient's electronic medical record is opened and the patient is taking drugs in either of these categories, an alert appears which states, "Urine Drug Screen Suggested."
2. Next to this suggestion is a button entitled "click here." When this button is clicked, the following appears.
3. Any drugs which have been prescribed for the patient and which should be periodically screen will appear in the appropriate box.

See the template below with the alert outlined in green. This does not mean that you must do a urine drug screen but that you should think about it and document why if you opted not to do one.

SOUTHEAST TEXAS MEDICAL ASSOCIATES, LLP

Patient: Sex: Age: Patient's Code Status:

Home Phone: Date of Birth:

Work Phone: **Patient has one or more alerts!** [Click Here to View Alerts](#)

Cell Phone:

Pre-Vist/Preventive Screening

Patient Eligible for Medicare Preventive Exam
Urine Drug Screening Suggested - [Click Here](#)

Intensive Behavioral Therapy Transtheoretical Model
Bridges to Excellence View

Preventive Care	Template Suites	Disease Management	Last Updated	Special Functions
SETMA's LESS Initiative I	Master GP I	Diabetes I	01/20/2015	Lab Present I
Last Updated: <input type="text" value="01/20/2015"/>	Pediatrics	Hypertension I	05/21/2013	Lab Future I
Preventing Diabetes I	Nursing Home I	Lipids I	04/08/2015	Lab Results I
Last Updated: <input type="text" value="//"/>	Ophthalmology	Acute Coronary Syn I	//	Hydration I
Preventing Hypertension I	Physical Therapy	Angina I	//	Nutrition I
Smoking Cessation I	Podiatry	Asthma	//	Guidelines I
Care Coordination Referral	Rheumatology	Cardiometabolic Risk Syn I	09/23/2013	Pain Management
PC-MH Coordination Review	Hospital Care	CHF I	//	Immunizations Print
Needs Attention!!	Hospital Care Summary I	Diabetes Education	//	Reportable Conditions
HEDIS NQF ACO	Daily Progress Note	Headaches	//	Information
Elderly Medication Summary	Admission Orders I	Renal Failure	//	Charge Posting Tutorial
STARS Program Measures		Weight Management I	//	E&M Coding Recommendations
Exercise Exercise I				Drug Interactions I
CHF Exercise I				Infusion Flowsheet
Diabetic Exercise I				Insulin Infusion

When the Urine-Drug-Screening tool is deployed, there are several reasons why a “suggested” drug screen alert might not be done, although many of those reasons are being shown to be invalid as we find that when we do the screen it proves the patient is not taking the medication.

Urine Drug Screening

Listed below are the medications from each category that are PRESENT/ACTIVE on this patient's medication list.
Screening suggestions are listed at the right of the template.

Help - To view the complete screening algorithm, click [here](#).
Click "List" below each medication box to see a complete list of medications which fall in each category.

Drugs of Pain Management

Schedule II Pain Medications	Other Pain Medications	Sleeping Medications	Attention Deficient Medications
HYDROCODONE/ACETAMIN OPHEN			
List	List	List	List

Screening Considerations

Suggested Screening Interval: days

Date of Most Recent Screening: / /

Consider Testing - Order Below

Drugs Which Require a Drug of Abuse Screening for Potential Interaction

Anti Psychotic Medications	Anti Depressant Medications	Anti Anxiety Medications	Anti Spasmodic Medications
ARIPRAZOLE			
List	List	List	List

Screening Considerations

Suggested Screening Interval: days

Date of Most Recent Screening: / /

Consider Testing - Order Below

If you opt to not test this patient, please document your reason.

If you opt not to do a drug screen, you can document your reason for not doing by click in the space which is outlined in green below and then selecting the appropriate reason in the second box below, also outlined in green.

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Drugs of Pain Management

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Screening Considerations

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Date of Most Recent Screening: / /

Consider Testing - Order Below

If you opt to not test this patient, please document your reason.

Urinedrug Notest ✖

Discussed with patient. May test at a later date. Patient has not taken medications within 7 days. Patient reports being tested elsewhere. Provider feels testing not needed.

SETMA is committed to complying with all State Board of Medicine requirements and to making sure that we use narcotics appropriately. These tools help us do that more efficiently.

SETMA and e-Prescribing of Controlled Substances (ePCS)

The following link describes the ePCS program in more detail:

<http://www.jameslhollymd.com/Your-Life-Your-Health/epcs-and-high-intensity-drug-trafficking-areas-hidta-program>. In the August 20, 2015 *Examiner*, this column discussed SETMA's addressing of the "conundrum for patient and provider use of pain medications": see <http://www.jameslhollymd.com/your-life-your-health/prescribing-pain-medications-a-conundrum-for-patient-and-provider>. The "conundrum" is created by the tension which exists between:

- patients who need pain medications and other medications which are subject to abuse,
- providers who want to properly treat patients with these medications,
- an increasing abuse of pain medications and
- increasing demands by the Texas Medical Board upon physicians who prescribe these medications.

As discussed in the article reference above, when I started practicing medicine in 1973, urine drug screens were done to determine whether or not a person was abusing medications, whether illegal or prescription drugs. Today, urine drugs screens are used to determine whether patients are taking their prescription pain medications or whether they are diverting them to illicit sales and use. Some physicians have adopted a policy of not prescribing any controlled substances; however that is as problematical as over prescribing. The Texas Medical Board requires physician to provide treatment for legitimate chronic pain conditions while also requiring physicians to use those medications appropriately. This is the conundrum.

SETMA's e-prescribing of controlled substances decreases the potential for abuse of pain medications and other potentially abused medications by:

- Eliminating the ability for duplication of prescriptions, refills and or number of pills prescribed for controlled substances,
- Creating an electronic record of all e-prescribed controlled substances,
- Requiring a provider-specific, unique six-digit number which changes every thirty-seconds for ePCS,
- Eliminating the ability for anyone but the prescribing physician from creating the e-prescription by:

Other elements of this program include:

- Requiring the physician to have a HIPPA compliant, secure, access-controlled electronic device for producing the 6-digit code. This device has a 12 digit code which is specific to the provider and which is hard-wired into the electronic device which produces the six-digit security codes.

- Requiring two-factor authentication for access to EMR for ePCS, which is first the physician's personal, secure password for accessing the EMR for prescribing the controlled substances and
- Requiring the physician to have in their personal possession their smart card which is the second factor authentication for accessing SETMA's EMR which is the platform ePCS.

e-PCS is also an important element of Patient-Centered Medical Home. The following two links give further information on SETMA's e-PCS and controlled substances:

<http://www.jamesholllymd.com/Letters/tools-for-e-prescribing-controlled-substances-pain-management-policy-and-urine-drug-screens>.

SETMA: How To Do e-Prescribing of Controlled Substances

The following is the link to the description of this proves:

<http://www.jamesholllymd.com/Letters/pdfs/ePCS-Instructions.pdf>.

ePCS Instructions

ePCS = Electronic Prescribing of Controlled Substances

A couple of important notes:

1. Only providers who have had ePCS access granted in NextGen may send controlled substance prescriptions. The provider's smart card, PIN number and code from their SETMA iPhone are all required to send each prescription. Thus, nurses and unit clerks may not send the prescriptions on behalf of the provider.
2. A provider may only renew and send a controlled substance that he/she originally wrote. You may not renew and send an ePCS prescription that was created by another provider. In this case, you would need to stop the previous prescription rather than renew it and then create a new prescription to send.

How-To send an ePCS prescription:

1. All steps for creating and entering the ePCS prescription are the same as for any other medication entry into NextGen. The only difference in the process will be when you go to send the prescription electronically to the pharmacy.
2. When you go to send a controlled substance you will see this additional section (circled below)of information at the bottom of the screen under "Authorization Required."

Send Prescription

Patient Information
 Name: Chart QTtest
 Gender: Male
 Date of Birth: 1/1/1932
 Date of Issuance: 8/19/2015

Prescriber Information
 Name: James L Holly, MD
 Address: 3570 College Suite 200
 Beaumont, TX 777014679
 Phone: (409) 833-9797
 DEA Number: AH2524355

Select	Medication	Sig	Quantity	Refills	Start Date	Comments	DA
<input checked="" type="checkbox"/>	hydrocodone 10 mg-acetaminophen 300 mg tablet	take 1 tablet by oral route every 8 hours as needed	30 Tablet	0	8/19/2015		No

Destination
 Force to Fax
 Destination: <No pharmacy listed for patient>
 Patient's Primary Default Pharmacy
 Address:
 City:
 State: Zip
 Phone:
 Fax:

Alerts
 Patient is not eligible for mail-order prescriptions
 Selected pharmacy does not support EPCS service level

Actions
[Manage Patient Pharmacies](#)
[Additional Transaction Details](#)

Authentication Required
 User Name: jholly
 Password:
 Enterprise: SETMA
 Practice: Southeast Texas Medical Associates
 Token Password:
 Attestation: By completing the two-factor authentication protocol at this time, you are legally signing the prescription(s) and authorizing the transmission of the above information to the pharmacy for dispensing. The two-factor authentication protocol may only be completed by the practitioner whose name and DEA registration number appear above.

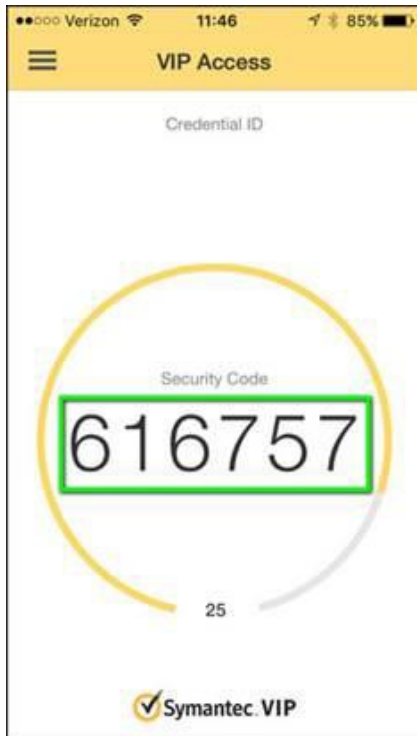
Buttons: Preview Rx, Send, Cancel

- Note that not all pharmacies can receive ePCS prescriptions but most can. If the pharmacy is not capable of receiving the controlled substance electronically, this warning (circled below) will be displayed. In this case you would need to send the prescription by another method.

Alerts
 Selected pharmacy does not support EPCS service level

Actions
[Manage Patient Pharmacies](#)
[Additional Transaction Details](#)

- In the "Password:" box you will need to enter the PIN number that is associated with your smart card.
- In the "Token Password" box you will need to enter the rolling code from the VIP Access app on your iPhone.



6. Once you have successfully entered both the Password and the Token Password you will be able to click the “Send” button and the prescription will be routed to the pharmacy like all other electronic prescriptions.

SETMA thinks that ePCS is a significant improvement in healthcare and supports its use by all providers for all patients needing controlled substance prescriptions.

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