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ePCS and High Intensity Drug Trafficking Areas (HIDTA) Program
By James L. Holly, MD
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All Southeast Texas Medical Associates, LLP physicians can now prescribe controlled substances electronically (ePCS). A smaller group of SETMA physicians has been experimenting with this function for the past six months and now all physicians are authorized to use it,. This is another major step in the safe and effective use of controlled substances and places SETMA in the company of only 4% of physicians nationally who are currently using this function.

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:

    1. 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.
    2. 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
    3. 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.jameslhollymd.com/Letters/tools-for-e-prescribing-controlled-substances-pain- management-policy-and-urine-drug-screens
- http://www.jameslhollymd.com/Letters/pdfs/ePCS-Instructions.pdf

History of ePCS

In August, 2015, Vermont became the 50th state *to f*ully adopt regulations allowing technology to Prevent Prescription Fraud and Drug Diversion. "Care providers, pharmacies and government officials are working together to combat the prescription drug abuse epidemic that plagues our nation," said Tom Skelton, Chief Executive Officer of Surescripts, the nation's largest health information network. "Throwing out the prescription pad and opting for an electronic process makes it easier for patients to get the medications they need while helping to prevent fraud and abuse."

Deaths from prescription painkillers have quadrupled since 1999, killing more than 16,000 people in the United States in 2013. Nearly two million Americans, aged 12 or older, either abused or were dependent on opioids in 2013.

Federal and state authorities are responding to the rapid rise in opioid abuse and deaths. Earlier in August, the White House announced funding for its High Intensity Drug Trafficking Areas (HIDTA program that combines law enforcement and public health resources to help fight painkiller abuse, including the development of training for local law enforcement and first responders to help them handle heroin and prescription painkiller-related incidents.

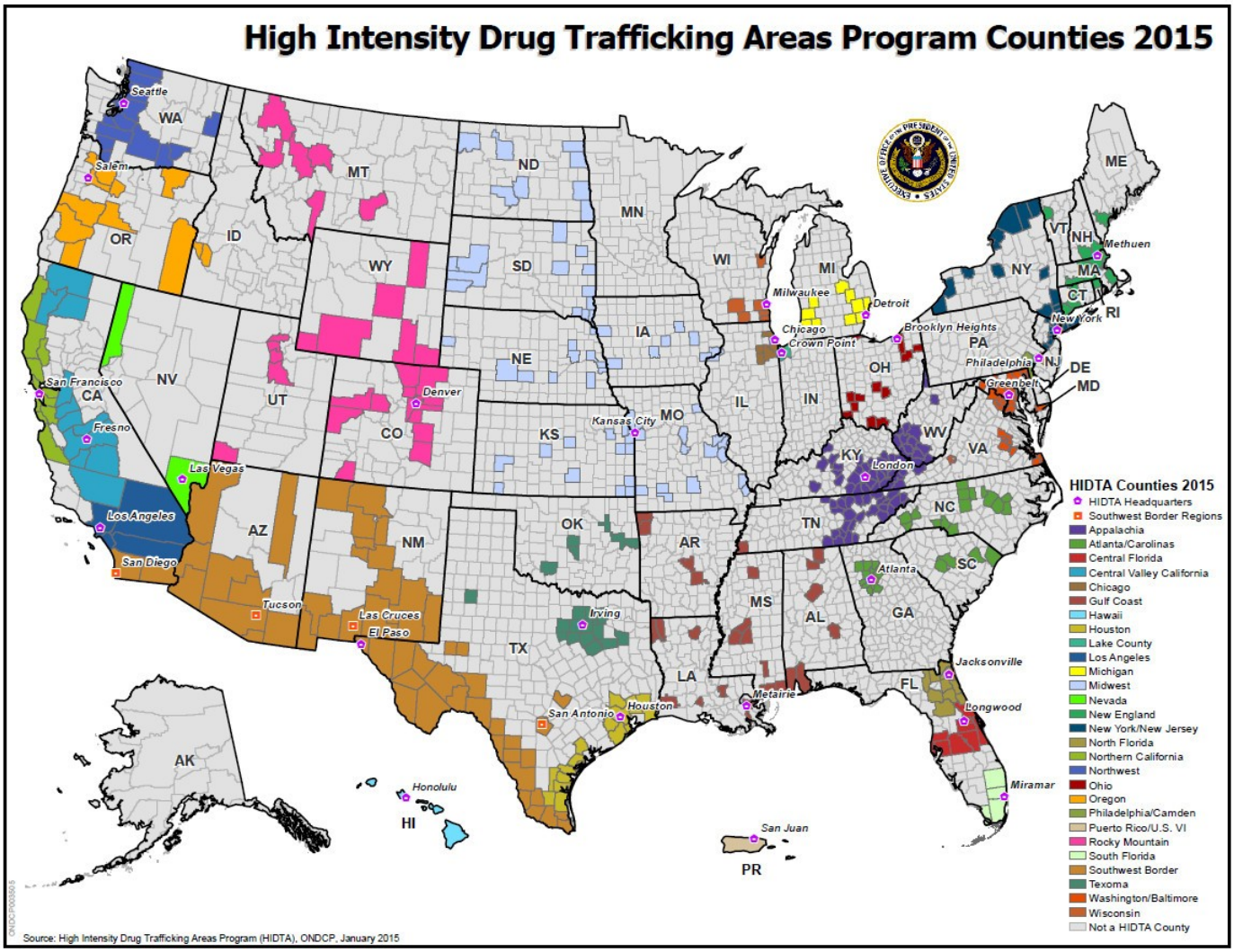
ePCS Only One Part of Solution

Making e-prescribing of controlled substances (EPCS) legal nationwide, while a critical step, is only one part of solving the problem of prescription painkiller abuse. The next step is for physicians in every state to adopt and use the technology. To support this goal, Surescripts is leading an online effort to educate physicians on the steps they need to take to begin using EPCS. The website (www.getEPCS.com) outlines the actions that physicians must take, offering easy to follow guidance on assessing the certification status of electronic health records software, obtaining identity proofing and signing credentials, and setting access controls.

All of these efforts are beginning to pay off. In just the first half of 2015, Surescripts processed 4 million electronic prescriptions for controlled substances, a significant increase over the 1.6 million processed in all of 2014.

High Intensity Drug Trafficking Areas Program Counties 2015

This Federal program is important to all Americans but is of particular concern to Southeast Texas healthcare providers because our area is identified as a high intensive drug trafficking area.



The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States.

The purpose of the program is to reduce drug trafficking and production in the United States by:

- Facilitating cooperation among Federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- Enhancing law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies;
- Providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and
- Supporting coordinated law enforcement strategies which maximize use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

There are currently 28 HIDTA's, which include approximately 17.2 percent of all counties in the United States and a little over 60 percent of the U.S. population. HIDTA-designated counties are located in 48 states, as well as in Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. View a map of the HIDTAs here.

Each HIDTA assesses the drug trafficking threat in its defined area for the upcoming year, develops a strategy to address that threat, designs initiatives to implement the strategy, proposes funding needed to carry out the initiatives, and prepares an annual report describing its performance the previous year. A central feature of the HIDTA program is the discretion granted to the Executive Boards to design and implement initiatives that confront drug trafficking threats in each HIDTA. The program's 59 Intelligence and Investigative Support Centers help HIDTA's identify new targets and trends, develop threat assessments, de-conflict targets and events, and manage cases.