

How your practice can help manage the opioid crisis

Rhea Davis and Cathy Durkan

athenahealth

Presenters



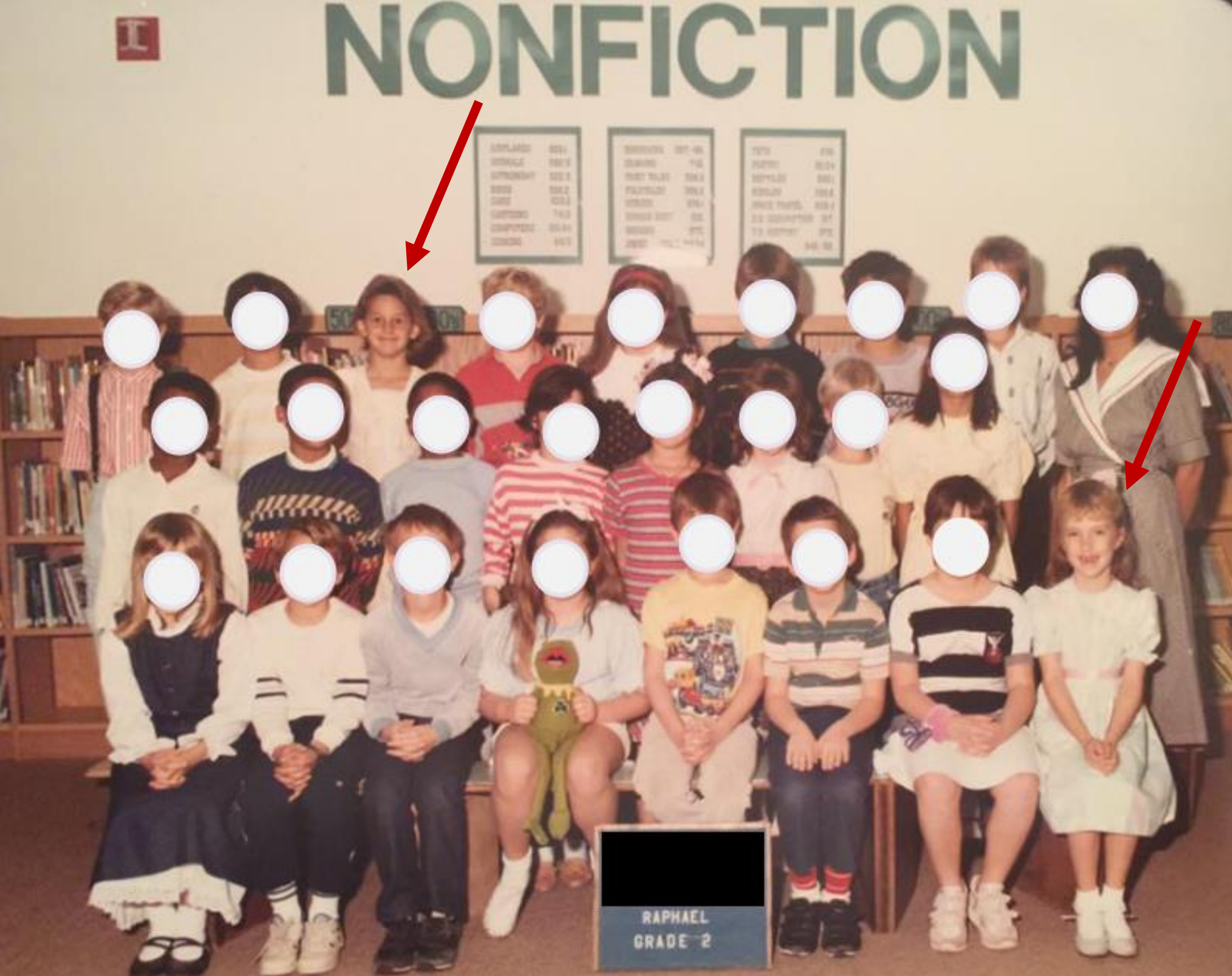
Rhea Davis

Customer Adoption Leader
rhurst@athenahealth.com



Cathy Durkan

ACM Technical Solutions Leader
cdurkan@athenahealth.com



Rachael passed away in March 2018 from an opioid overdose.

Executive Summary

Opportunities

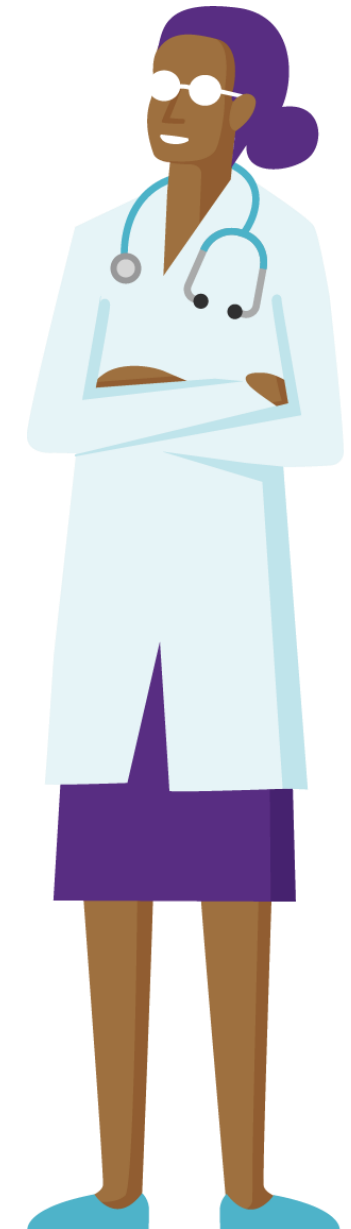
- Enhance care quality by increasing patient safety & patient satisfaction.
- Increase provider efficiency by reducing time and effort required for add-on ePrescribing functionalities.

Observations

- Nationwide Opioid Crisis.
- Dual workflows for prescribing controlled substances.
- Time to access the Prescription Drug Medication Program.

Outcomes

- Time reduction in current workflows.
- Earlier identification of at-risk substance abuse.
- Secure Provider DEA information.



Agenda

International Overdose Awareness Day: Doing Your Part to Fight the Opioid Crisis

- 1 National Opioid Crisis Background
- 2 Overview, Benefits and Timelines for our crisis fighting solutions
Prescription Drug Monitoring Program (PDMP)
Electronic Prescribing of Controlled Substances (EPCS)
- 3 EPCS roll out tips
- 4 Q&A



Combating the Opioid Crisis

Prescription drug abuse – A current epidemic

NBC NEWS

STORYLINE > AMERICA'S HEROIN EPIDEMIC

NEWS AMERICA'S HEROIN EPIDEMIC

Ohio Gov. John Kasich Limits Opioid Prescriptions to Just Seven Days

MAR 30 2017, 12:18 PM ET

by CORKY SIEMASZKO

NEWS SHOWS VIDEO CBSN MORE

America's opioid epidemic

Inside America's growing struggle with opioid painkillers and heroin addiction

Share: [Facebook] [Twitter]

HOME SEARCH The New York Times

Over Gulf, Harvey's Texans' Soggy

Texas Navigates Floodwaters — and Emotions

PAID POST: ADT The Dangers of Leaving Your Pets Home Alone

U.S.

Amid Opioid Overdoses, Ohio Coroner's Office Runs Out of Room for Bodies

The New York Times

Drug Deaths in America Are Rising Faster Than Ever

By JOSH KATZ JUNE 5, 2017

New data compiled from hundreds of health agencies reveals the extent of the drug overdose epidemic last year.

AKRON, Ohio — Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.

The death count is the latest consequence of an escalating public health crisis: opioid addiction, now made more deadly by an influx of illicitly manufactured fentanyl and similar drugs. Drug overdoses are now the leading cause of death among Americans under 50.

Although the data is preliminary, the Times's best estimate is that deaths rose 19 percent over the 52,404 recorded in 2015. And all evidence suggests the problem has continued to worsen in 2017.

The New York Times

How the Epidemic of Drug Overdose Deaths Ripples Across America

By HAEYOUN PARK and MATTHEW BLOCH JAN. 7, 2016

Overdose deaths per 100,000

Deaths from drug overdoses have jumped in nearly every county across the United States, driven largely by an increase in the use of prescription painkillers and heroin.

Latest

How addiction changes the brain

President Trump has called the opioid epidemic a national emergency, and 21 million Americans are addicted to drugs and alcohol

On AUGUST 25, 12:21 PM

OHIO Department of Health

News Release

John R. Kasich/ Governor
Richard Hodges/ Director

FOR IMMEDIATE RELEASE August 25, 2016

Contacts: ODH Office of Communications (614) 644-8562
OhioMHAS Office of Communications (614) 728-5090

Illicit Fentanyl Continues to Fuel Increase in Drug Overdose Deaths in Ohio

Report also shows progress in reducing prescription opioid abuse

COLUMBUS — The number of unintentional drug overdose deaths in Ohio increased again in 2015, driven by a sharp rise in fentanyl-related deaths, according to a new report released by the Ohio Department of Health (ODH). The number of fentanyl-related deaths in Ohio has increased from 84 in 2013, to 503 in 2014 and rose to 1,155 in 2015. Overall, drug overdose deaths in Ohio increased from 2,531 in 2014 to 3,050 in 2015.

CNN Health + Live TV

FDA head calls for mandatory education, internet policing to fight opioid crisis

By Sandee LaMotte, CNN

Updated 4:55 PM ET, Wed April 4, 2018

Prescription drug abuse – A current epidemic

NEWS NBC NEWS NOW NIGHTLY NEWS MEET THE PRESS DATELINE MSNBC TODAY



Johnson & Johnson must pay over \$572 million for its role in Oklahoma opioid crisis, judge rules

Aug. 26, 2019, 4:08 PM EDT / Updated Aug. 26, 2019, 7:18 PM EDT

By Doha Madani

An Oklahoma judge on Monday ordered Johnson & Johnson to pay over \$572 million [for pushing doctors to prescribe opioids while downplaying the risks of addiction](#), actions that state prosecutors said helped fuel the state's opioid epidemic and led to more than 6,000 deaths over nearly two decades.

Oklahoma Attorney General Mike Hunter claimed in court that the sales push by Johnson & Johnson and its pharmaceutical subsidiary, Janssen, starting in the 1990s had created “a public nuisance” that led to the deaths.

J&J denied any wrongdoing, and its attorney, John Sparks, said state prosecutors had misinterpreted the public nuisance law, having previously limited it to disputes involving property or public spaces.


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Cleveland County District Judge Thad Balkman disagreed, and said that Johnson & Johnson’s “misleading marketing and promotion of opioids created a nuisance” in the state.

Johnson & Johnson must pay over \$572 million for its role in Oklahoma opioid crisis, judge rules

Oklahoma's attorney general claimed that the company marketed opioids to doctors while downplaying the risks of the addictive painkillers since the 1990s.

Yesteryear's advertisements...



COCAINE TOOTHACHE DROPS
Instantaneous Cure!
PRICE 15 CENTS.
Prepared by the
LLOYD MANUFACTURING CO.
219 HUDSON AVE., ALBANY, N. Y.
For sale by all Druggists.



ALLEN'S COCAINE TABLETS

FOR HAY FEVER
CATARRH,
AND THROAT TROUBLES.

CURE NEURALGIA, NEURVOSNESS,
HEADACHE AND SLEEPLESSNESS.

Price 50c. a Box at Druggists or by Mail.
Send for Pamphlet.

ALLEN COCAINE M'FG. CO.,
2342w4
1255 Broadway, N. Y.



BAYER
PHARMACEUTICAL PRODUCTS.

We are now sending to Physicians throughout the United States literature and samples of

ASPIRIN

The substitute for the Salicylates, agreeable of taste, free from unpleasant after-effects.

HEROIN

The Sedative for Coughs,
HEROIN HYDROCHLORIDE
Its water-soluble salt.
You will have call for them. Order a supply from your jobber.

Write for literature to
FARBENFABRIKEN OF ELBERFELD CO.
40 Stone Street, New York.
SOLE AGENTS

The "Allenburys" Throat Pastilles

No. 56.
Menthol, Eucalyptus and Cocaine
Menthol, 1 min. Eucalyptus Oil, 3/5 gr. Cocaine.
A Pastille may be taken every four or six hours, if required.

Manufactured by **Allen & Hanburys Ltd.** LONDON

COUGH

The Best of Clinical Experiences Designates Glyco-Heroin (Smith) as a Respiratory Sedative Superior in All Respects to the Preparations of Cocaine, Morphine, Codeine and Other Narcotics and without the danger of the habit or depressing effects which characterize the latter when given in doses sufficient to relieve the acute irritability of the bronchial, tracheal and laryngeal mucous membranes.

THE PROBLEM
of establishing a means to prevent cough in such cases as will give the best results in the shortest period of time and without the danger of the habit or depressing effects which characterize the latter when given in doses sufficient to relieve the acute irritability of the bronchial, tracheal and laryngeal mucous membranes.

HAS BEEN SOLVED BY
the pharmaceutical compound known as

GLYCO-HEROIN (SMITH)

The results obtained with Glyco-Heroin (Smith) in the alleviation and cure of cough are attested by numerous clinical studies and have appeared in the medical journals under the past few years.

Scientifically Compounded, Scientifically Conceived, GLYCO-HEROIN (SMITH) simply stands upon its merits before the profession, ready to prove its efficacy to all who are interested in the progress in the art of



A COLD BOTTLE ON A HOT DAY

Is a natural desire; but, remember, there is just one thing that the bottle can hold will enable you to forget worry and fatigue—**Coca-Cola** quenches the thirst, refreshes, invigorates, as nothing else can.

Its Purity Proved by Analysis

CHEMICAL DEPARTMENT
South Carolina College
COLUMBIA, S. C.

This is to certify that, pursuant to your request, I have brought to the open market (from the Merry Drug Co.) an original package of five gallons of Coca-Cola syrup bearing the label of "The Coca-Cola Co., Atlanta, Ga.," and have subjected the same to careful analysis.

The object of this investigation being to establish the presence or absence of cocaine, and possibly of other injurious alkaloids, I prepared ten quantities of three to five times the amount contained in a bottle of the carbonated beverage. Ten centimeters of the syrup were evaporated until the alkaloids were entirely removed, and different insoluble extracts were used in different portions. The crystalline substance thus obtained was further separated by fractional extraction, after which it was concentrated and tested. Shows this concentrated product, which would contain all of the cocaine, failed to respond to the tests for cocaine, it is clear that the alkaloid is absent, or, if present in all, there is insufficient to render it liable of detection. The active constituent of Coca-Cola Syrup proved to be caffeine, and in quantities seemingly less than in a cup of good coffee or tea.

There was no evidence of the presence of other alkaloids.
(Signed) W. B. BURNETT, Chemist.

Guaranteed under the Pure Food and Drugs Act, June 30, 1906.
Serial Number 3324.

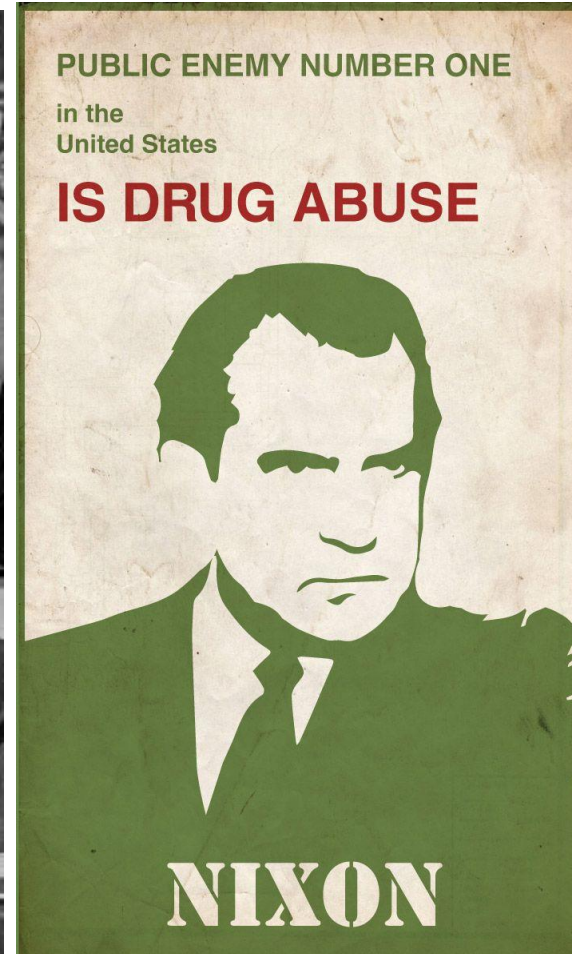
5c Everywhere 5c

Coca-Cola

Prescription drug abuse – An ongoing history



October 1970
Controlled Substances Act



June 1971
"War on Drugs"



1982
"Just Say No"



1990s
DARE programs

Pain – the 5th vital sign

Vital Signs

VS View: Standard Metric

Standard: Height: 64 in, Weight: 186 lb, Temp: 97.2 °F, Pulse: 75 /min, Resp: 18 /min, O2 Sat: 98 %

Metric: Height: cm, Weight: kg, Temp: °C

BMI: 31.92 kg/m² (Recommended BMI: 19-25)

Assessment:

Patient in pain? Yes No

Exercise Counseling: Yes No

Dietary Counseling: Yes No

Chief Complaint: LMP: [dropdown]

HPI	Entry	PMH	FH	SH	Risk Factors	ROS	VS	PE	Problems	CPOE A/P	Instructions/Plan	Copyright
08/27/2018	06/12/2018											
186	186											
150	150											
95	95											

The United States has been at the forefront in terms of prescription opioid consumption.

US Consumption of Global Supply 2009

99% hydrocodone

60% hydromorphone

81% oxycodone

Today's stats...

45%

Overdose deaths caused by depressants, opioids and antidepressants.

39%

Overdose deaths caused by cocaine, heroin, methamphetamine and amphetamines combined.

We've partnered with you for the past 5 years

Drs. Gawande and Murthy Discuss The Opioid Crisis — And What To Do Now

April 03, 2018 By [Martha Bebinger](#)



Michael Mast @mjmast · 30 Apr 2015
 @Atul_Gawande takes the floor to present the keynote at #CentricityLive



Charlie Baker tapped by Trump for opioid crisis commission



Governor Charlie Baker, on Wednesday. —Jonathan Wiggs / The Boston Globe AP, May 10, 2017

#centricitylive

Top Latest People Photos Videos News Broadcasts

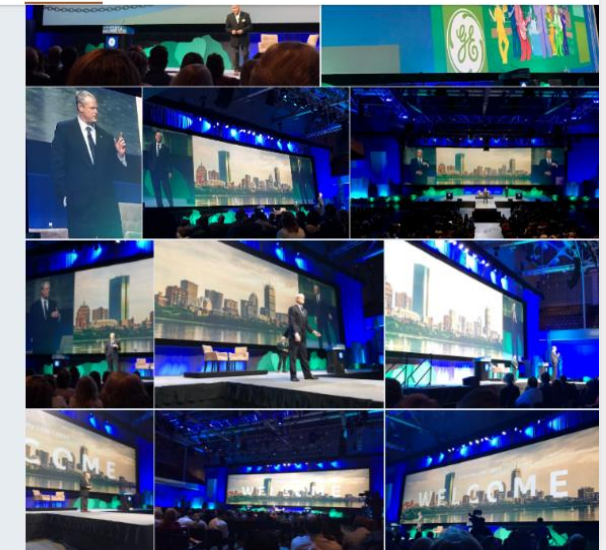
BOSTON (AP) — Republican Gov. Charlie Baker tapped President Donald Trump to sit on a commission to study addiction and the opioid crisis.

During the campaign, Trump vowed to combat the epidemic.

Trump also announced his intention Wednesday to name Democratic Rep. Patrick Kennedy of Rhode Island to a panel, to be chaired by Republican New Jersey Gov. Phil Murphy.

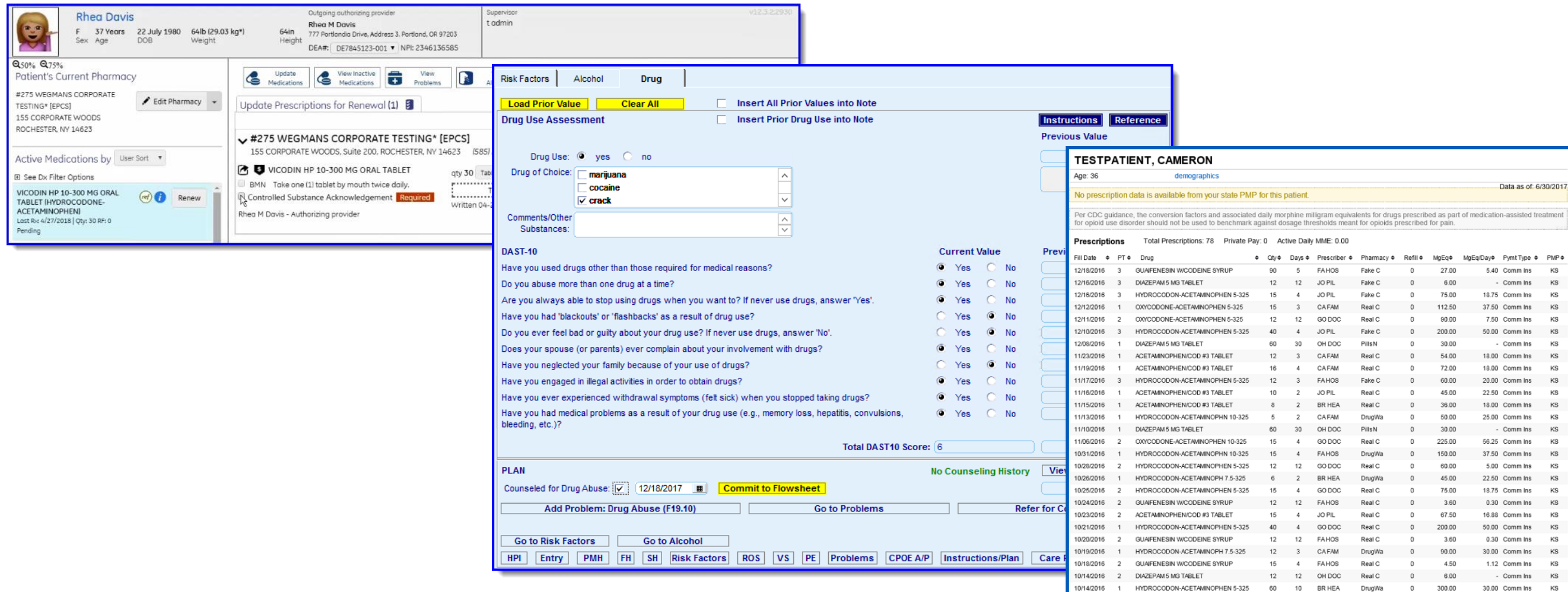
Dr. Madras is a professor of psychobiology at the University of Pennsylvania and a former drug policy adviser to President George W. Bush.

Massachusetts hasn't escaped the opioid crisis. On Wednesday that more than 2,000 people died from overdoses in Massachusetts last year as the crisis continued to shift from heroin to the synthetic opioid fentanyl.



Comprehensive tools to help at the point of care

- Identify drug purchase history outside of only the PBM.
- Reduce the risk of additional addiction.
- More securely send controlled substances to pharmacies.



Patient Information: Rhea Davis, 37 Years, 22 July 1980, 64lb (29.03 kg*), 64in Height. Outgoing authorizing provider: Rhea M Davis, 777 Portlandia Drive, Address 3, Portland, OR 97203. DEA#: DE7845123-001, NPI: 2346136585.

Drug Use Assessment (DAST-10):

Drug Use: yes no

Drug of Choice: marijuana, cocaine, crack

Comments/Other Substances:

DAST-10 Questions and Answers:

- Have you used drugs other than those required for medical reasons? Yes No
- Do you abuse more than one drug at a time? Yes No
- Are you always able to stop using drugs when you want to? If never use drugs, answer 'Yes'. Yes No
- Have you had 'blackouts' or 'flashbacks' as a result of drug use? Yes No
- Do you ever feel bad or guilty about your drug use? If never use drugs, answer 'No'. Yes No
- Does your spouse (or parents) ever complain about your involvement with drugs? Yes No
- Have you neglected your family because of your use of drugs? Yes No
- Have you engaged in illegal activities in order to obtain drugs? Yes No
- Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? Yes No
- Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? Yes No

Total DAST10 Score: 6

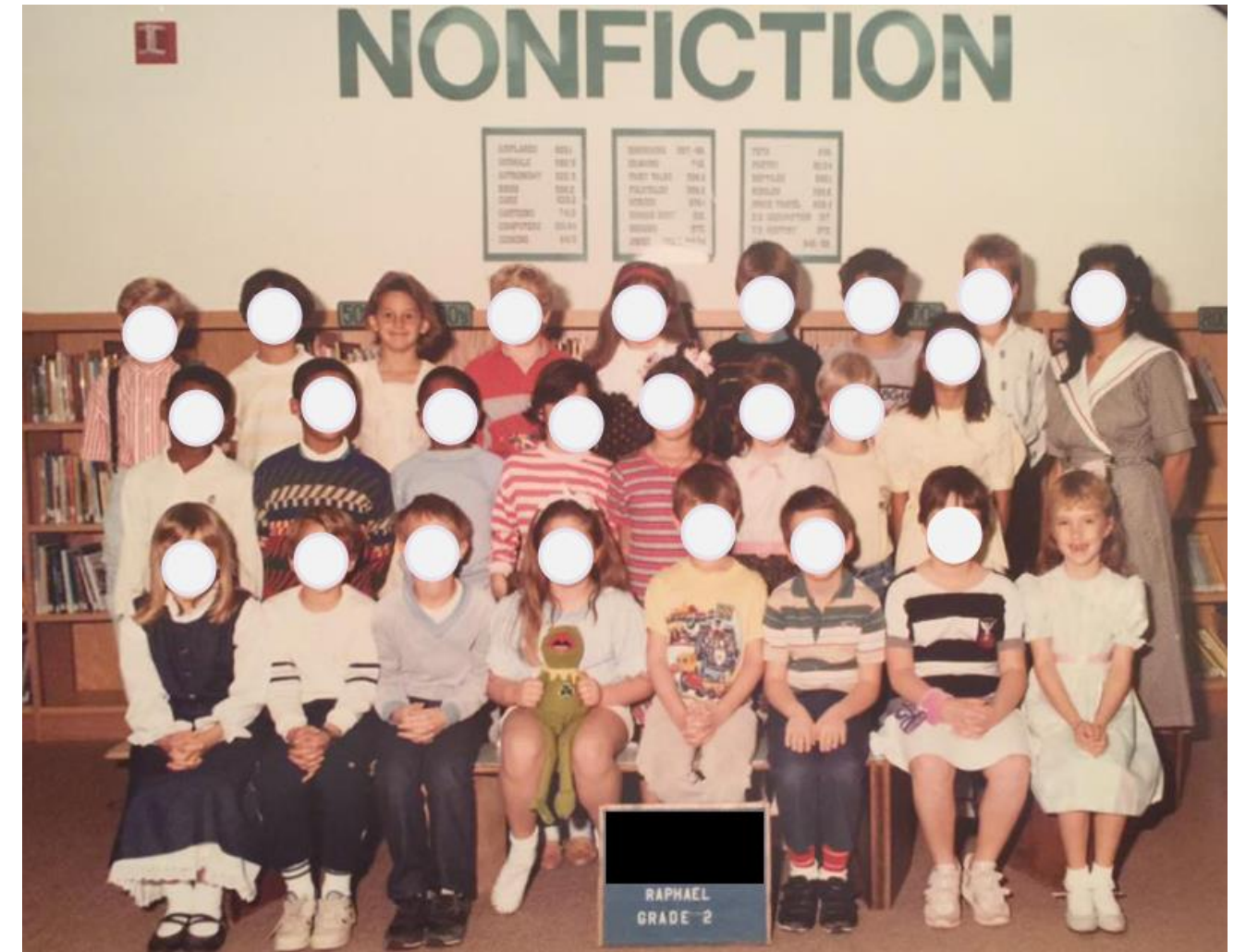
PLAN: No Counseling History. COUNSELED FOR DRUG ABUSE: 12/18/2017. Commit to Flowsheet.

Prescriptions Table:

Fill Date	PT	Drug	Qty	Days	Prescriber	Pharmacy	Refill	MgEq	MgEq/Day	Pymt Type	PMP
12/18/2016	3	GUAFENESIN WCODINE SYRUP	90	5	FAHOS	Fake C	0	27.00	5.40	Comm Ins	KS
12/16/2016	3	DIAZEPAM 5 MG TABLET	12	12	JO PIL	Fake C	0	6.00	-	Comm Ins	KS
12/16/2016	3	HYDROCODON-ACETAMINOPHEN 5-325	15	4	JO PIL	Fake C	0	75.00	18.75	Comm Ins	KS
12/12/2016	1	OXYCODONE-ACETAMINOPHEN 5-325	15	3	CAFAM	Real C	0	112.50	37.50	Comm Ins	KS
12/11/2016	2	OXYCODONE-ACETAMINOPHEN 5-325	12	12	GO DOC	Real C	0	90.00	7.50	Comm Ins	KS
12/10/2016	3	HYDROCODON-ACETAMINOPHEN 5-325	40	4	JO PIL	Fake C	0	200.00	50.00	Comm Ins	KS
12/08/2016	1	DIAZEPAM 5 MG TABLET	60	30	OH DOC	PillsN	0	30.00	-	Comm Ins	KS
11/23/2016	1	ACETAMINOPHEN/COD #3 TABLET	12	3	CAFAM	Real C	0	54.00	18.00	Comm Ins	KS
11/19/2016	1	ACETAMINOPHEN/COD #3 TABLET	16	4	CAFAM	Real C	0	72.00	18.00	Comm Ins	KS
11/17/2016	3	HYDROCODON-ACETAMINOPHEN 5-325	12	3	FAHOS	Fake C	0	60.00	20.00	Comm Ins	KS
11/16/2016	1	ACETAMINOPHEN/COD #3 TABLET	10	2	JO PIL	Real C	0	45.00	22.50	Comm Ins	KS
11/15/2016	1	ACETAMINOPHEN/COD #3 TABLET	8	2	BR HEA	Real C	0	36.00	18.00	Comm Ins	KS
11/13/2016	1	HYDROCODON-ACETAMINOPHEN 10-325	5	2	CAFAM	DrugWa	0	50.00	25.00	Comm Ins	KS
11/10/2016	1	DIAZEPAM 5 MG TABLET	60	30	OH DOC	PillsN	0	30.00	-	Comm Ins	KS
11/06/2016	2	OXYCODONE-ACETAMINOPHEN 10-325	15	4	GO DOC	Real C	0	225.00	56.25	Comm Ins	KS
10/31/2016	1	HYDROCODON-ACETAMINOPHEN 10-325	15	4	FAHOS	DrugWa	0	150.00	37.50	Comm Ins	KS
10/28/2016	2	HYDROCODON-ACETAMINOPHEN 5-325	12	12	GO DOC	Real C	0	60.00	5.00	Comm Ins	KS
10/26/2016	1	HYDROCODON-ACETAMINOPHEN 7.5-325	6	2	BR HEA	DrugWa	0	45.00	22.50	Comm Ins	KS
10/25/2016	2	HYDROCODON-ACETAMINOPHEN 5-325	15	4	GO DOC	Real C	0	75.00	18.75	Comm Ins	KS
10/24/2016	2	GUAFENESIN WCODINE SYRUP	12	12	FAHOS	Real C	0	3.60	0.30	Comm Ins	KS
10/23/2016	2	ACETAMINOPHEN/COD #3 TABLET	15	4	JO PIL	Real C	0	67.50	16.88	Comm Ins	KS
10/21/2016	1	HYDROCODON-ACETAMINOPHEN 5-325	40	4	GO DOC	Real C	0	200.00	50.00	Comm Ins	KS
10/20/2016	2	GUAFENESIN WCODINE SYRUP	12	12	FAHOS	Real C	0	3.60	0.30	Comm Ins	KS
10/19/2016	1	HYDROCODON-ACETAMINOPHEN 7.5-325	12	3	CAFAM	DrugWa	0	90.00	30.00	Comm Ins	KS
10/18/2016	2	GUAFENESIN WCODINE SYRUP	15	4	FAHOS	Real C	0	4.50	1.12	Comm Ins	KS
10/14/2016	2	DIAZEPAM 5 MG TABLET	12	12	OH DOC	Real C	0	6.00	-	Comm Ins	KS
10/14/2016	1	HYDROCODON-ACETAMINOPHEN 5-325	60	10	BR HEA	DrugWa	0	300.00	30.00	Comm Ins	KS

Why do we care?

- The opioid **epidemic is getting worse**. Overdose deaths in the US climbed by 21% between 2015 and 2016 – 2/3 of the deaths related to opioids¹.
- The nationwide **cost** of the crisis is over **\$500 billion** as a result of drug treatment services, inpatient hospital services, medical examiner costs, criminal justice costs, law enforcement costs².
- Impact on **quality of life** or pain endured by those affected.



Prescription Drug Monitoring Program (PDMP)

PDMP vs EPCS

Prescription Drug Monitoring Program

State regulated online electronic database containing a patient's controlled substance prescribing & dispensing history.

Electronic Prescribing of Controlled Substances

Federal regulation providing practitioners with the ability to write and transmit prescriptions for controlled substances electronically.



Who can use PDMP data?

Prescription Drug Monitoring Program and Health Integration

Healthcare Providers



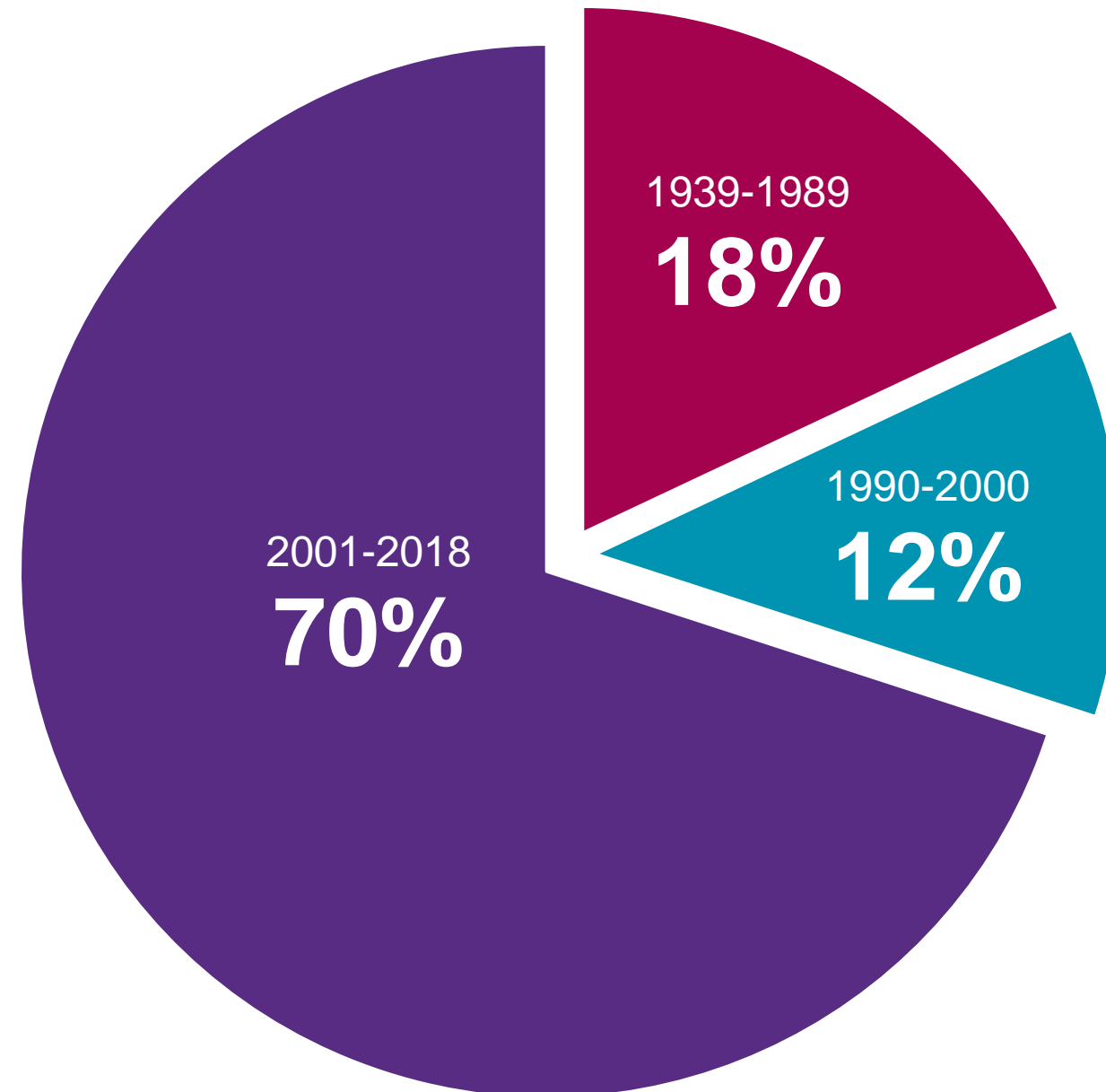
Prescription Drug
Monitoring Program



Pharmacists



PDMP State Enablement



Prescription Drug Monitoring Program (PDMP)

Enhanced care quality

- Increased patient safety.
- Facilitate the identification, intervention, and treatment of persons addicted to prescription drugs.
- Eliminates duplicate therapies leading to possible overdose.

Increased efficiency

- Eliminates dual PDMP workflows requiring access to a separate tool.
- 99% of reports generated within 3-4 seconds.

Current State

Based on a 2017 case study of 3 customers (140 providers) polled regarding the time they spend checking state databases to obtain medication information.

Prescription Drug Monitoring Program (PDMP)

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Current State

38 PDMP
reports pulled
per day from
state portal.



4-5 MINUTES
per look-up
in the state
portal.



**2.85
HOURS**
of physician
time per day.

Prescription Drug Monitoring Program (PDMP)

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- 99% of reports generated within 3-4 seconds.

**Future State...
with integrated
PDMP**

38 PDMP
reports pulled
per day from
state portal.



3-4 SECONDS
per look-up in
integrated PDMP.



2.2 MINUTES
per day spent
gathering
this data.

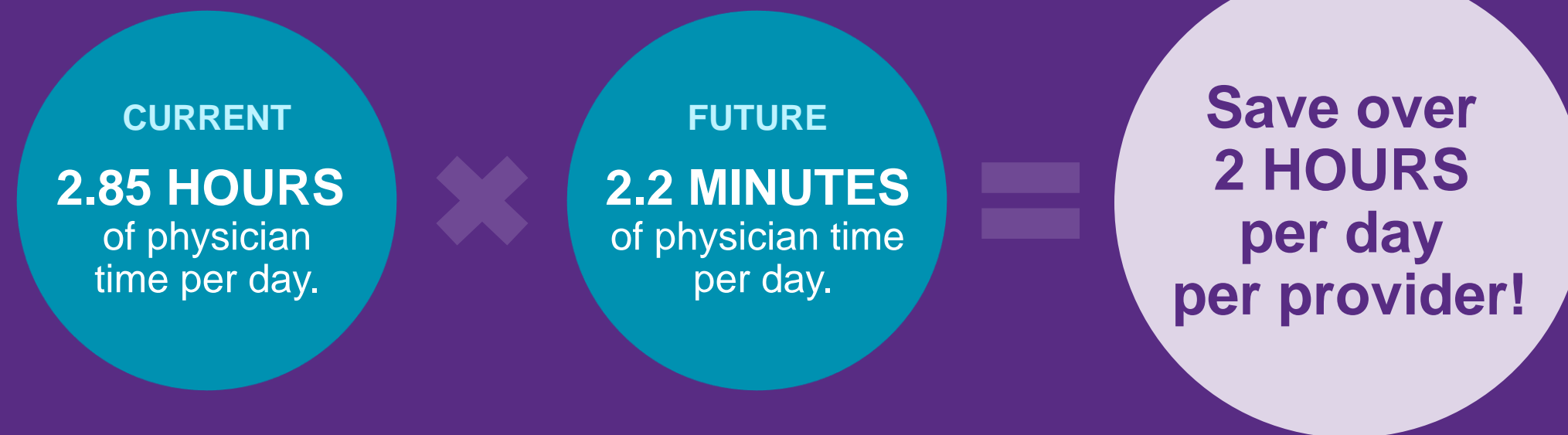
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Within the application (CPS and CEMR)

Update Medications

Description (if available)	Instructions	Dose	Start Date	Formulary	Dispense	Last Rx
ADASAV 100 MG TAB (AZATHIOPRINE)	Take one (1) tablet by mouth four times daily	100 MG	05/29/2017	ADASAV 100MG TAB	#30/Tablet x 0	
VELLIVYTRIN SR 200 MG ORAL TAB (XANIC)	Take one (1) tablet by mouth twice daily	200 MG	05/29/2017	VELLIVYTRIN SR 200MG TAB	#30/Tablet x 0	
RHEA'S TESTING MEDICATION	Take codine plus grape flavo...		05/29/2017	ABDOMINAL	#12 x 0, 09/02	
ZOLOFT 100 MG ORAL TABS (SERTRALIN)	TAKE 2 TABLETS EVERY DAY	100 MG				
OXYCONTIN 16 MG T134 (OXYCODONE)	Take one (1) tablet by mouth every 4 hours	16 MG	11/15/2016		#5/Tablet x 5	
ALLERGALEERAY 100 MG ORAL TAB	Take one (1) tablet by mouth every 12 hours	100 MG	08/17/2018		#10/Tablet x 2	

Controlled Drug Report

New Medication

Patient: Amy Sebesta
 Birth: 08/22/2008
 Age: 8 Years & 11 Months Old
 Sex: Male
 Height: 67 in (170.3 cm)
 Weight: 123 lb (55.76 kg)
 BMI: 1.57 kg/m²

Find Medication: Reference List...

Formulary: OOH HealthCare of Utah Three Tier

Controlled Drug Report

Change Medication

Patient: Amy Sebesta
 Birth: 08/22/2008
 Age: 8 Years & 11 Months Old
 Sex: Male
 Height: 67 in (170.3 cm)
 Weight: 123 lb (55.76 kg)
 BMI: 1.57 kg/m²

Find Medication: Reference List...

Formulary: OOH HealthCare of Utah Three Tier

Controlled Drug Report

Amy Sebesta
 8 Years, 11 Months
 M Sex, 22 Sept 2008 DOB, 123lb (55.79 kg*) Weight, 63in Height

Outgoing authorizing provider: Rhea M Davis
 777 Fordonda Drive, Address 3, Portland, OR 97203
 DEA#: DE7845123-001 NPI: 2346136585

Supervisor: t admin DEAN: DES454257-001

Update Medications | View Inactive Medications | View Problems | View Allergies | **Controlled Drug Report** | View Appointments | Moderate Interactions

Pending

Update Prescriptions for Renewal (2)

OPTUMRX MAIL SERVICE* [EPCS]
 2858 Loker Avenue East, Suite #100, Corisbad, CA 92010 (800) 791-7658

Update Medications
 New Medication
 Change Medication
 Prescription Refill Form

**Not visible unless the license key is valid in Admin. If the PMP role is "none" then the options are grayed out.*

PDMP & NarxCare reports

+ Demographics

- Summary

Summary	Narcotics* (excluding buprenorphine):	Buprenorphine*
Total Prescriptions: 39	Current Qty: 211	Current Qty: 0
Total Prescribers: 13	Current MME/day: 100.00	Current mg/day: 0.00
Total Pharmacies: 15	30 Day Avg MME/day: 81.17	30 Day Avg mg/day: 0.00

- Prescriptions

Prescriptions Total Prescriptions: 39 Private Pay: 14

Fill Date	ID	Written	Drug	Qty	Days	Rx #	Prescriber	Pharmacy	Refill	Daily Dose	Pymt Type	PMP
05/08/2018	1	05/08/2018	HYDROCODON-ACETAMINOPHEN 5-325	120	30	111789696	Ca Fam	We Fil	0	20.00 MME	Private Pay	OH
05/04/2018	1	05/04/2018	CLONAZEPAM 0.5 MG TABLET	90	30	1058176	BA DOC	DrugWa	1		Comm Ins	KS
04/19/2018	1	04/19/2018	ALPRAZOLAM 1 MG TABLET	120	30	04077535	Go Doc	PillsN	0		Private Pay	OH
04/19/2018	1	04/19/2018	OXYCODONE HCL ER 40 MG TABLET	30	30	65465486	Fa Hos	Fake C	0	60.00 MME	Private Pay	OH
04/18/2018	2	04/18/2018	ALPRAZOLAM 0.5 MG TABLET	60	30	664233	Ca Fam	Real C	0		Comm Ins	OH
04/17/2018	1	04/17/2018	ALPRAZOLAM 1 MG TABLET	60	30	11767692	Ca Fam	We Fil	0		Private Pay	OH
04/09/2018	1	04/09/2018	CLONAZEPAM 0.5 MG TABLET	90	30	1058176	BA DOC	DrugWa	0		Comm Ins	KS
04/02/2018	1	04/02/2018	HYDROCODON-ACETAMINOPHN 10-325	180	90	333217146	BR HEA	Real C	0	20.00 MME	Comm Ins	KS
03/19/2018	1	03/19/2018	OXYCODONE-ACETAMINOPHEN 5-325	60	30	11767600	Ca Fam	We Fil	0	15.00 MME	Private Pay	OH
02/23/2018	1	02/23/2018	PERCOCET 5-325 MG TABLET	120	30	04076995	Go Doc	PillsN	0		Private Pay	OH
02/23/2018	1	02/23/2018	PERCOCET 5-325 MG TABLET	15	15	333241138	Br Hea	Real C	0	7.50 MME	Medicaid	OH
02/22/2018	1	02/22/2018	PERCOCET 5-325 MG TABLET	180	60	333241138	Br Hea	Real C	0	7.50 MME	Medicaid	OH
02/17/2018	1	02/17/2018	ALPRAZOLAM 1 MG TABLET	120	30	358797	Go Doc	PillsN	0		Comm Ins	KS
01/22/2018	1	01/22/2018	OXYCODONE HCL 5 MG TABLET	60	30	05077535	Go Doc	PillsN	0	15.00 MME	Private Pay	OH
01/05/2018	1	01/05/2018	ALPRAZOLAM 1 MG TABLET	60	60	05077535	Go Doc	PillsN	0	15.00 MME	Private Pay	OH
12/01/2017	1	12/01/2017	ALPRAZOLAM 1 MG TABLET	60	30	067615	Go Doc	PillsN	0		Private Pay	OH
11/28/2017	1	11/28/2017	PERCOCET 5-325 MG TABLET	120	30	333217143	Br Hea	Real C	0		Medicaid	OH

PDMP Report includes:

- Fill Date
- Product and strength
- Quantity dispensed
- Anticipated number of days the prescription should last

NarxCare Report includes:

- Prescribing Physician
- Dispensing pharmacy
- Method of payment (including cash transactions)

+ TESTPATIENT, BETTY

- Risk Indicators

NARX SCORES	OVERDOSE RISK SCORE	ADDITIONAL RISK INDICATORS (2)						
<table style="width: 100%; text-align: center;"> <tr> <td>Narcotic</td> <td>Sedative</td> <td>Stimulant</td> </tr> <tr> <td style="font-size: 2em;">933</td> <td style="font-size: 2em;">944</td> <td style="font-size: 2em;">000</td> </tr> </table>	Narcotic	Sedative	Stimulant	933	944	000	<div style="font-size: 2em; font-weight: bold;">970</div> <p>(Range 000-999)</p>	<ul style="list-style-type: none"> ! >= 4 opioid or sedative dispensing pharmacies in any 90 day period in the last 2 years ! >= 5 opioid or sedative providers in any year in the last 2 years
Narcotic	Sedative	Stimulant						
933	944	000						
Explanation and Guidance	Explanation and Guidance	Explanation and Guidance						

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

- Graphs

RX GRAPH ■ Narcotic ■ Sedative ■ Stimulant

All Prescribers

Prescribers

- 13 - Pill, John
- 12 - Ohio, Doc
- 11 - Family, Candis
- 10 - Hosp, M
- 9 - Doc, Good
- 8 - Doctor, Bad
- 7 - Pill, John
- 6 - Headache, Brenna
- 5 - Headache, B
- 4 - Hospital, Fake
- 3 - Doc, Good
- 2 - Doctor, Bad
- 1 - Family, C

Timeline

Implementing PDMP

Clinic registers
with State
Agency or
directly with
APPRISS.

APPRISS
notifies
Customer
of approval.

PDMP
Setup

Workflow
Training

PDMP Go
Live

Resources



Your next steps...



Contact your State or Appriss directly.
based on funding availability.



Assess hardware needs.
Upgrade CPS/CEMR if applicable.



Configure Centricity.
Go-live training.
Go-live and monitoring.

Electronic Prescribing of Controlled Substances (EPCS)

Benefits of EPCS

Enhanced care quality

Increased patient safety

- Reduces prescription errors and inaccuracies.
- Reduces adverse drug and allergy interactions.¹

Increased patient satisfaction

- Eliminates repeat office visits.
- Decreases Pharmacy wait times.

Drug and allergy
interactions
decreased
60%

Increased efficiency

- Eliminates dual prescribing workflows.

Improved security

- Reduces the risk of fraudulent, stolen, or altered prescriptions.²
- Safeguards the Provider's DEA number(s).

Implementation Process

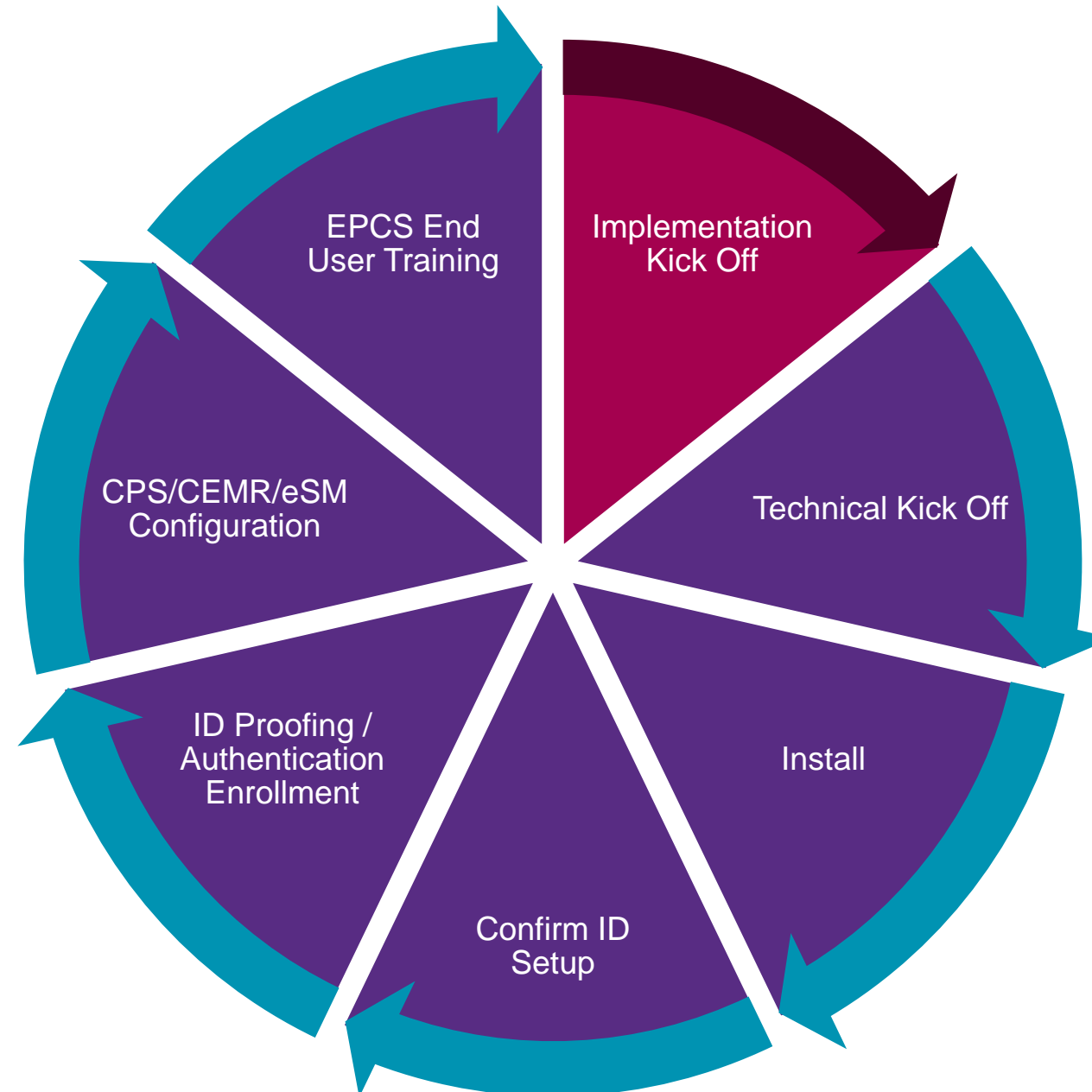
Scoping and Approval

Decide early
what your
two factors of
authentication
will be



- ✓ **Something you know**
(eg: password)
- ✓ **Something you have**
(eg: app on your phone)
- ✓ **Something you are**
(eg: fingerprint)

EPCS Planning Process



Identity Proofing



Individual

A provider that is issued a Personal Federal DEA Registration Number for the right to dispense, administer, or prescribe controlled substances (e.g., narcotics) **and who is not implementing through an employer that possesses an Institutional DEA number.**



Institutional

A provider that is issued a Personal Federal DEA Registration Number for the right to dispense, administer, or prescribe controlled substances (e.g., narcotics) **and who is employed by an organization that possesses an Institutional DEA number.** Providers can still transmit prescriptions using their Individual DEA number, but are covered under the Institutional designation due to their employment.

Generally, Institutional DEA organizations will store and dispense controlled substances for their patients on premise or have their own residency program.

If unsure, please contact the DEA for confirmation.

Individual ID Proofing Introduction

The DEA requires all Individual providers complete ID Proofing using an approved credentialing service provider (CSP).

- CSP identity proofing is provided through the Confirm ID solution.
- Individual identity proofing requires providers to answer a series of questions based on their credit history.
- Can only be performed once the Confirm ID installation and training have been completed.
 - Not dependent on your Centricity upgrade, if needed.
- Must be performed on a computer in your network.

Personal Verification

Personal Information	Government ID Information
First Name <input type="text" value="George"/>	Photo ID Type* <input type="text" value="U.S. Military Photo ID"/>
Last Name <input type="text" value="Washington"/>	ID Number* <input type="text" value="123456789"/>
Telephone* <input type="text" value="xxx-xxx-xxxx"/>	Expiration Date* <input type="text" value="02/22/2022"/>
Birth Date* <input type="text" value="02/22/1732"/>	
Home Address* <input type="text" value="Popes Creek Estate"/>	
City* <input type="text" value="Wakefield"/>	
State* <input type="text" value="Virginia"/>	
Postal Code* <input type="text" value="12345"/>	

Government ID Information

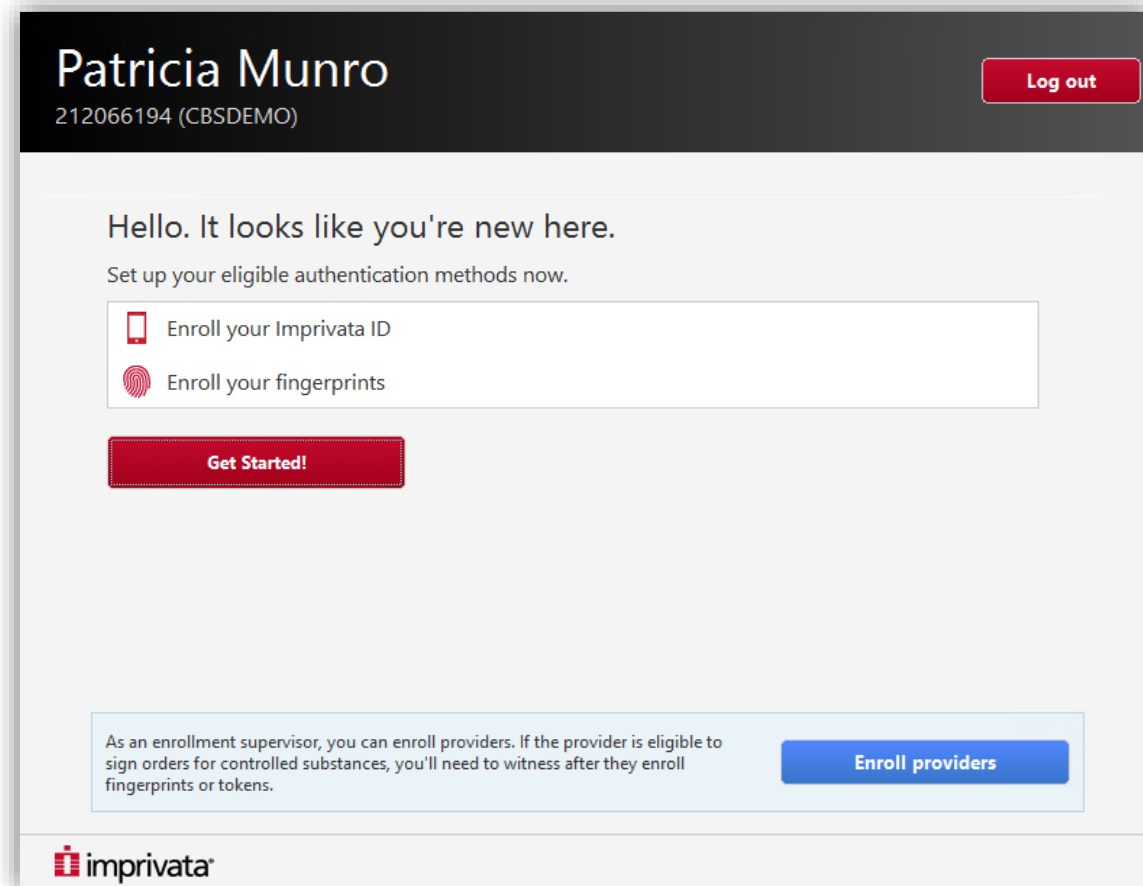
Photo ID Type*

- U.S. Passport
- U.S. Passport Card
- Permanent Resident Card or Alien Registration Receipt Card
- Foreign Passport
- CAC Card
- PIV Card
- U.S. Military Photo ID
- US Drivers license or ID card
- Federal state or local government ID
- School ID card with a photograph
- U.S. Military card or draft record
- Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Card
- Canada driver's license
- Other Photo ID issued by Government Entity

Institutional ID Proofing Introduction

Institutional Providers use their own credentialing office to validate Provider identification.

- Can only be performed once the Confirm ID installation and training have been completed.
 - Not dependent on your Centricity upgrade, if needed.
- Enrollment Supervisors must witness authentication enrollment, including photographic ID validation, from within the Confirm ID solution.
- Must be performed on a computer in your network.



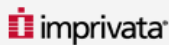
Patricia Munro
212066194 (CBSDEMO) [Log out](#)

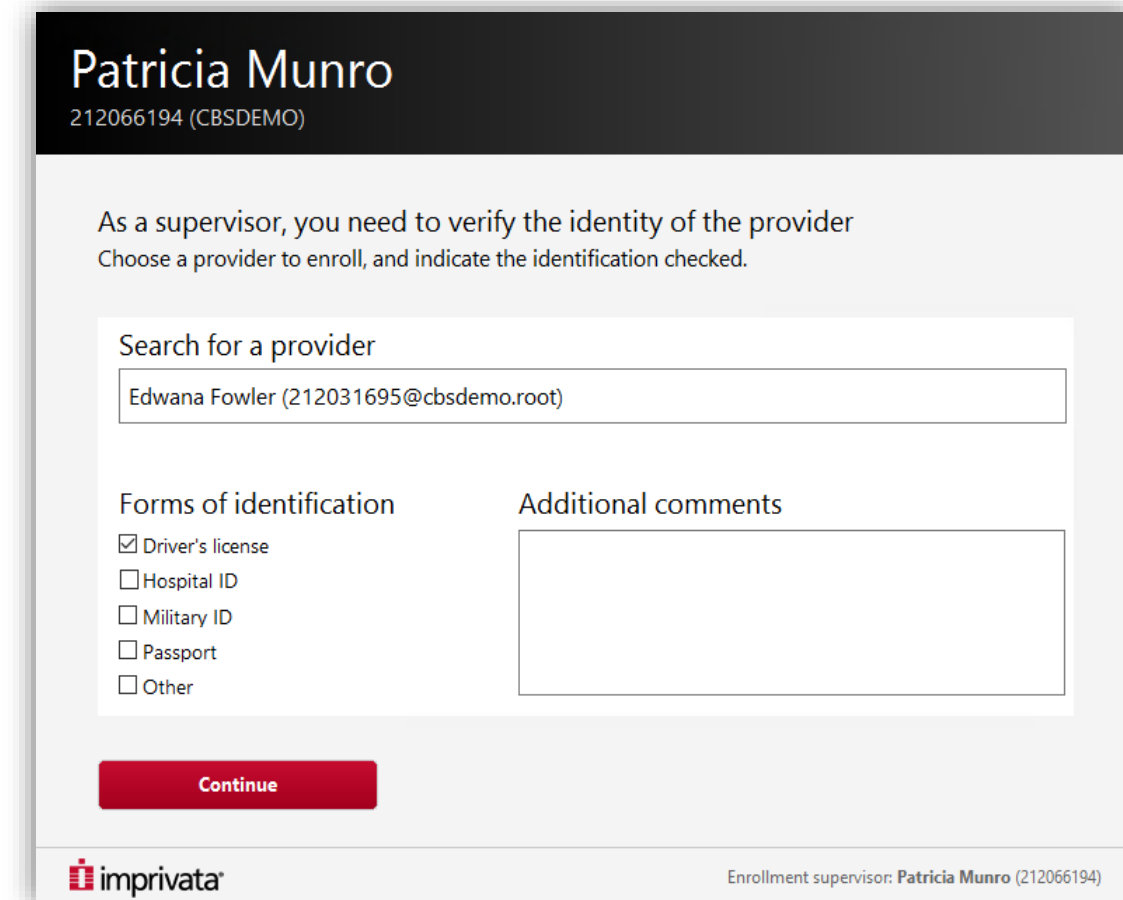
Hello. It looks like you're new here.
Set up your eligible authentication methods now.

- Enroll your Imprivata ID
- Enroll your fingerprints

[Get Started!](#)

As an enrollment supervisor, you can enroll providers. If the provider is eligible to sign orders for controlled substances, you'll need to witness after they enroll fingerprints or tokens. [Enroll providers](#)





Patricia Munro
212066194 (CBSDEMO)

As a supervisor, you need to verify the identity of the provider
Choose a provider to enroll, and indicate the identification checked.


Search for a provider
Edwana Fowler (212031695@cbsdemo.root)

Forms of identification

- Driver's license
- Hospital ID
- Military ID
- Passport
- Other

Additional comments

[Continue](#)

 Enrollment supervisor: Patricia Munro (212066194)

Two Factor Authentication within Centricity

Jeff Abbey

No photo available

M 37 Years 06 Jan 1981
Sex Age DOB


Outgoing authorizing provider

Cathy Durkan (888) 888-8888
123456 Main Street, Durham, NC 27712
DEA#: DE6623513 NPI: 4693067652

v12.3.1.304

Update Prescriptions for Renewal (1)

✓ **.105 Test Pharmacy***
9999 MYLENGTHYNAME RD, wichita, MT 67002 3162622231x2171


 **RITALIN 10 MG ORAL TABLET** qty 30 Tablet rf 0 Earliest Fill 09-26-2018

BMN 1 per day Total Disp. 1 Route: ORAL;


Controlled Substance Acknowledgement
Written 09-26-2018


Cathy Durkan [DE6623513] - Authorizing provider

NOTE: To cancel authentication click in the textbox and press Escape key.

 **Two-factor Required**

[Enroll now](#)



**** 

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.

Complete Rx Review

Edit Prescriptions

On Hold

ID Proofing - Tips and Tricks

- Prepare providers early!
- Download app before starting.
- Computer connection to your environment.
- Individual deployment
 - Identify the Enrollers & Approvers
 - SSN, Home address, Mobile phone (not company mobile)
 - Know your credit history
 - Remove blocking services
- Institutional deployment
 - Identify the Enrollment Supervisors
 - Identity Enrollers & Approvers

Your next steps

Initiate

- Contract for EPCS.
- Assess Software Needs.
- CPS 12.2+ or CEMR 9.10+*.
- Centricity ePrescribing 4.2+.
- Active Directory.

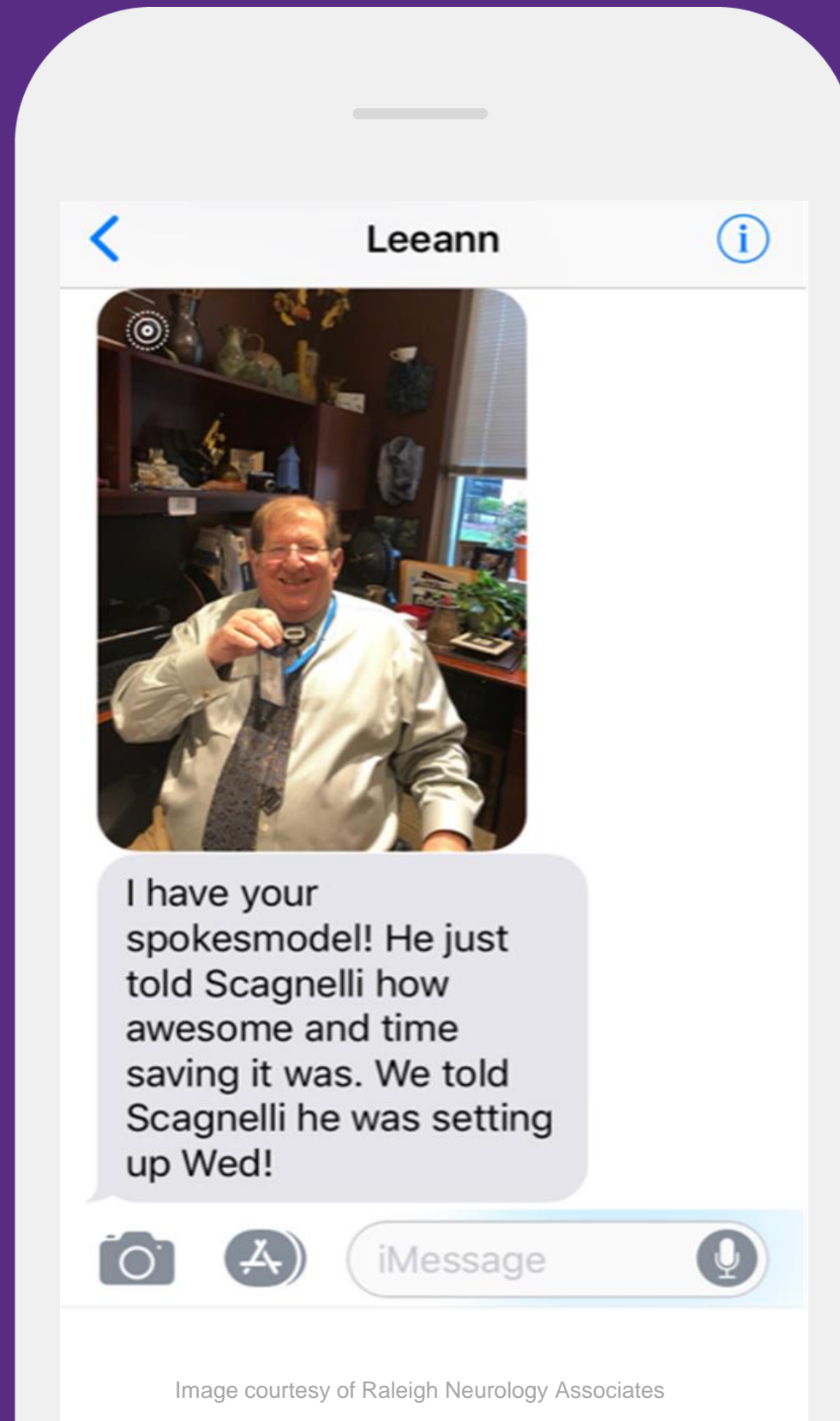
Plan

- Assess hardware needs.
- Upgrade CPS/CEMR if applicable.
- Install and set-up of Confirm ID Appliance and endpoint devices.

Execute

- Configure Confirm ID.
- Complete Provider ID Proofing.
- Centricity configuration.
- Enroll/Approve providers.
- Go-live training.

The payoff is
REAL...
and worth it!



Summary and Next Steps

Helping you achieve the outcomes that matter most

Enhanced Care Quality

- Increase patient safety by reducing prescription errors and inaccuracies.
- Early identification of potential substance abuse.
- Remove the need for repeat provider visits for medication refills, as well as decrease wait times at the pharmacy.

Improved Provider Efficiency

- Reduce effort to obtain PDMP data, enabling early identification of potential at-risk patients.
- Eliminate dual prescribing workflows for controlled substances.

Resources



Join us in the Usability Lab

Room: Mediterranean 7

Friday 10:30-5pm, Saturday 9-5pm

Sign up for one-on-one, 45 minute sessions and give us feedback on work-in-progress designs!

Topics:

- Morning Huddle
- Immunizations
- Graphical Timeline
- **Med Module**



Action Items

EMR and Clinical Manager

- Evaluate current workflows to determine potential time savings for your Practice.

EMR Manager

- Contact your VAR or athenahealth salesperson for more information on these solutions.
- Research your State requirements.

IT Manager

- Evaluate environment for minimum system requirements for these solutions.



Q&A

Thank you



Rhea Davis

Customer Adoption Leader
rhurst@athenahealth.com



Cathy Durkan

ACM Technical Solutions Leader
cdurkan@athenahealth.com