How your practice can help manage the opioid crisis

Rhea Davis and Cathy Durkan

athenahealth

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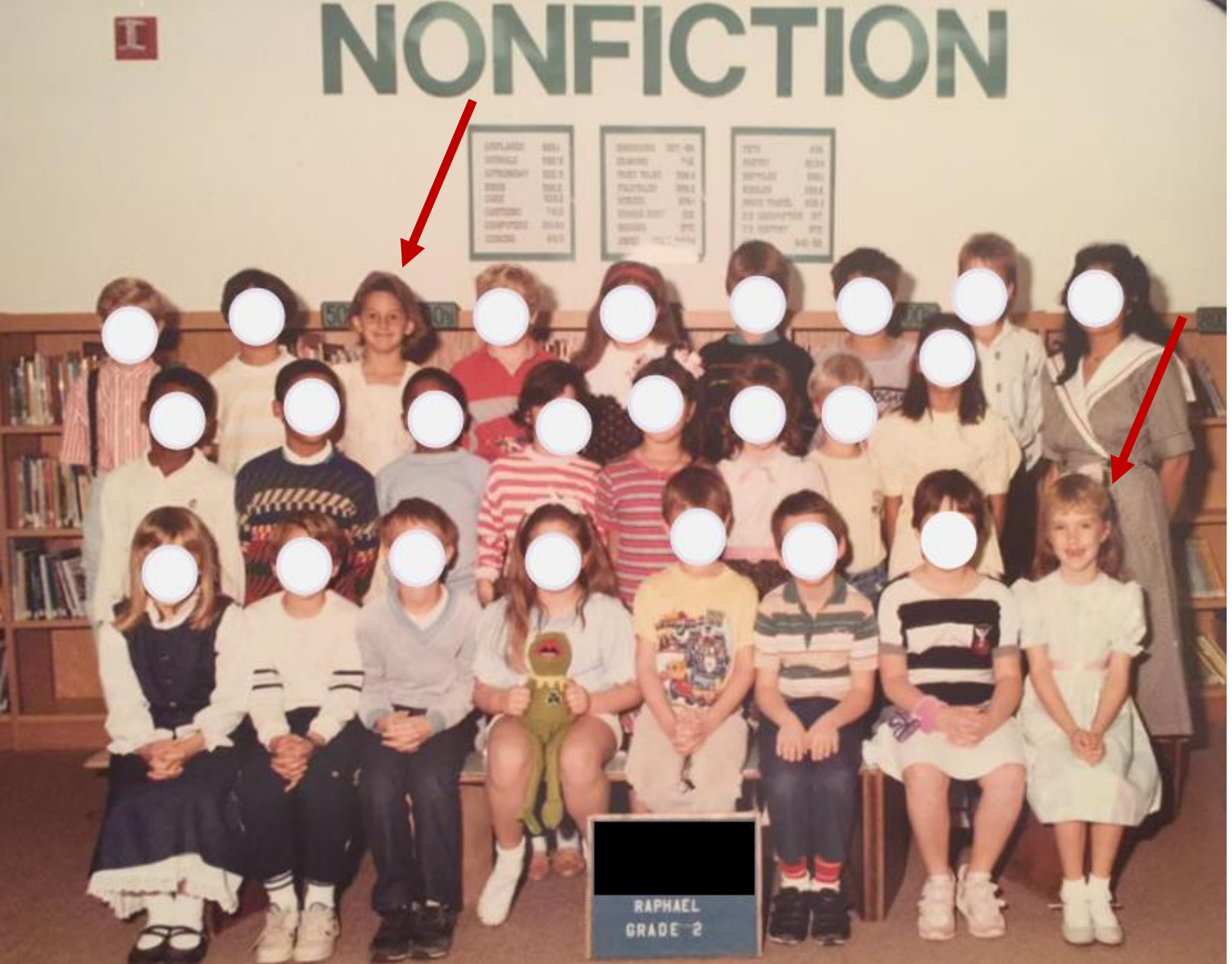


Centricity™ healthcare user group

Rachael passed away in March 2018 from an opioid overdose.

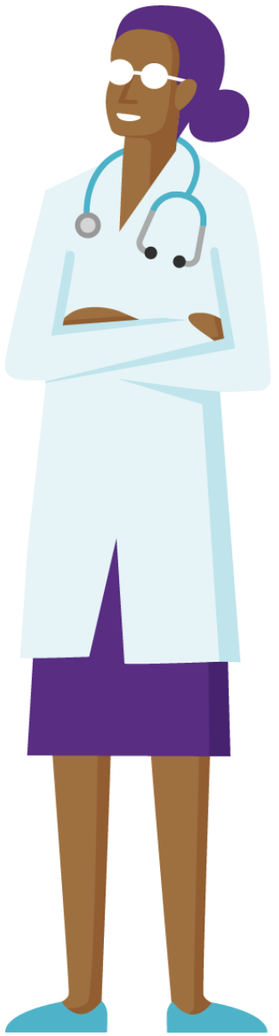
Executive Summary

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.



Opportunities

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

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

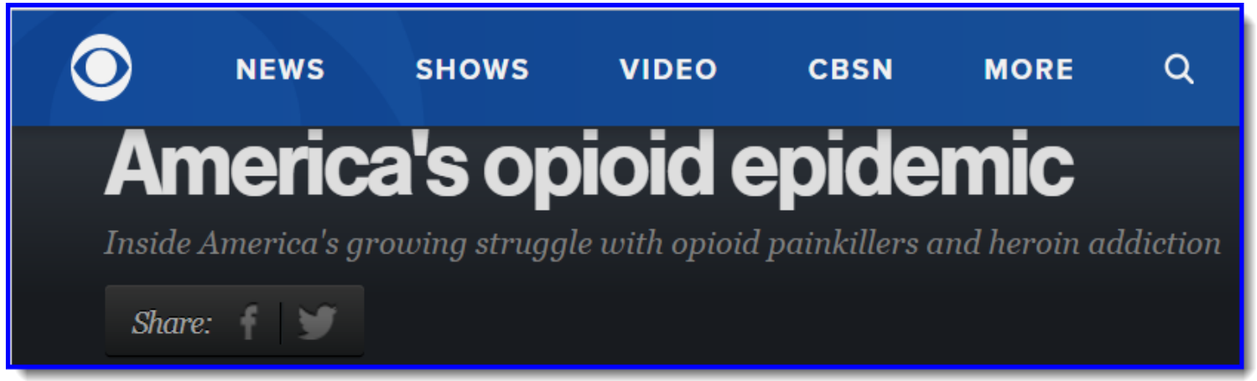
NBC NEWS SECTIONS NIGHTLY NEWS MSNBC MEET THE PRESS MEGYN KELLY DATELINE TODAY

STORYLINE › AMERICA'S HEROIN EPIDEMIC

NEWS
AMERICA'S HEROIN EPIDEMIC
MAR 30 2017, 12:18 PM ET

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

by CORKY SIEMASZKO


NEWS SHOWS VIDEO CBSN MORE

America's opioid epidemic

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

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HOME SEARCH The New York Times

Over Gulf, Harvey
s Texans' Soggy

Texans Navigate 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

Ohio Department of Health

News Release

John R. Kasich/ Governor
Richard Hodges/ Director

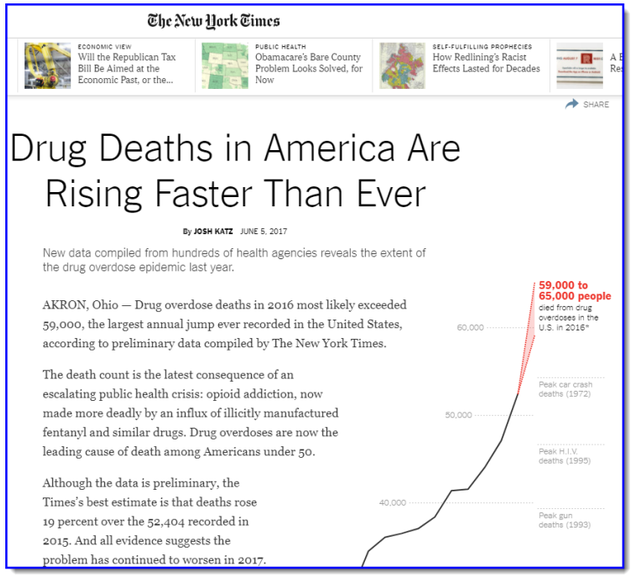
FOR IMMEDIATE RELEASE **August 25, 2016**

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.


The New York Times

ECONOMIC VIEW Will the Republican Tax Bill Be Aimed at the Economic Past, or the...

PUBLIC HEALTH Obamacare's Bare County Problem Looks Solved, for Now

SELF-FULFILLING PROPHECIES How Redlining's Racist Effects Lasted for Decades

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Drug Deaths in America Are Rising Faster Than Ever

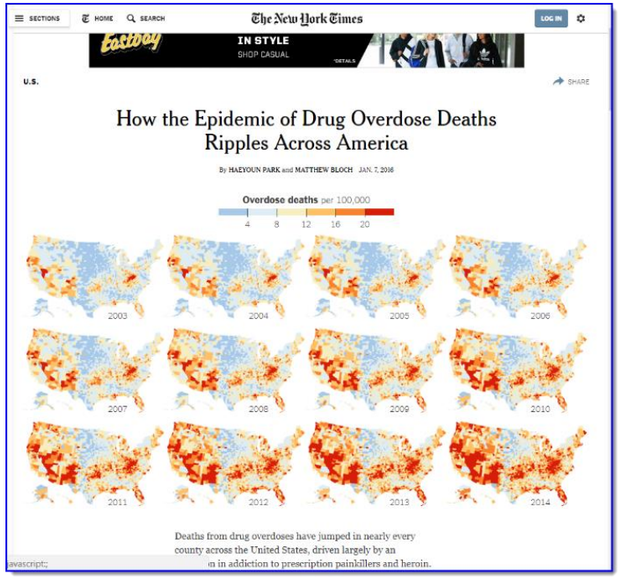
By JOSH KATZ JUNE 5, 2017

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.


SECTIONS HOME SEARCH The New York Times LOG IN

IN STYLE SHOP CASUAL

U.S. SHARE

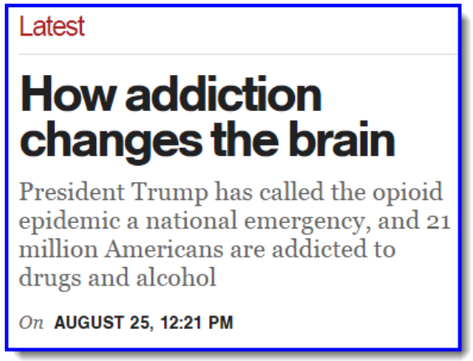
How the Epidemic of Drug Overdose Deaths Ripples Across America

By HAEYOUN PARK and MATTHEW BLOCH JAN. 7, 2016

Overdose deaths per 100,000
4 8 12 16 20

2003 2004 2005 2006
2007 2008 2009 2010
2011 2012 2013 2014

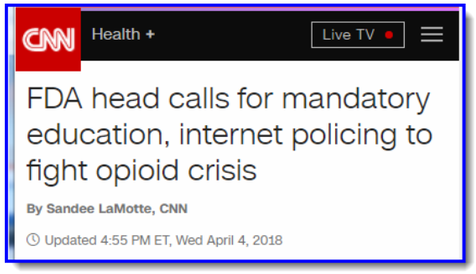
Deaths from drug overdoses have jumped in nearly every county across the United States, driven largely by an
in addiction to prescription painkillers and heroin.


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**


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

NEWS

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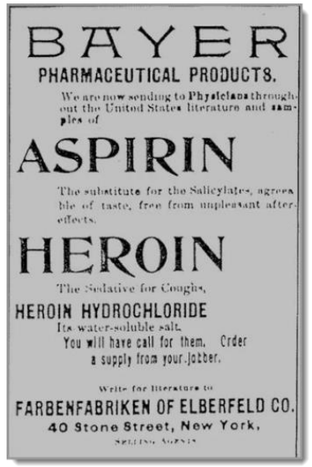
Cleveland County District Judge Thad Balkman disagreed, and said that Johnson & Johnson’s “misleading marketing and promotion of opioids created a nuisance" in the state.

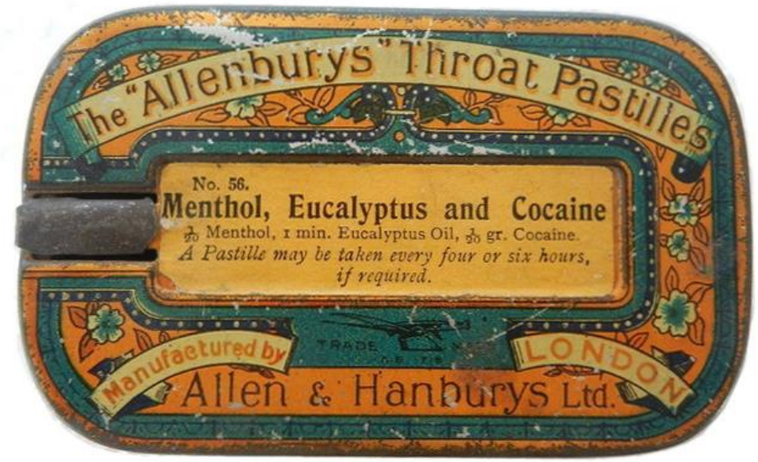
Johnson & Johnson must pay over $572 million for its role in Oklahoma opioid crisis, judge rules

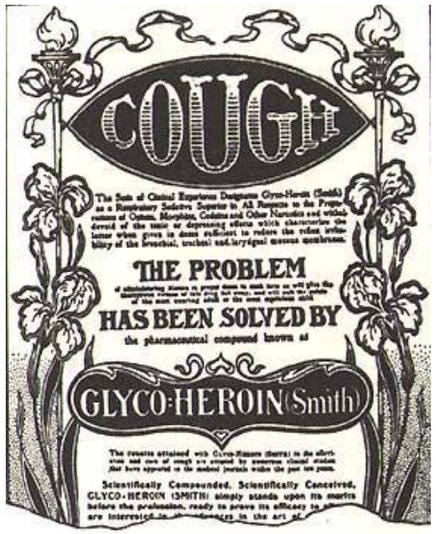
Oklahoma's attorney general claimed that the company marketed opioids to doctors while downplaying the risks of the addictive painkillers since the 1990s.

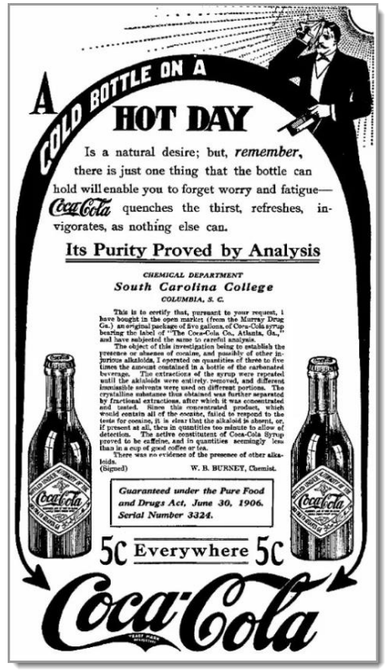
https://www.nbcnews.com/news/us-news/johnson-johnson-must-pay-over-572-million-its-role-oklahoma-n1046476

Yesteryear's advertisements…





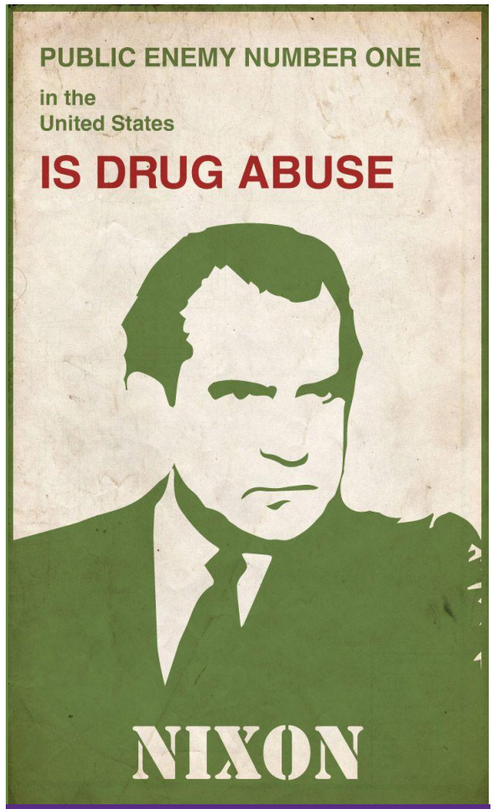




Source: https://io9.gizmodo.com/how-todays-illegal-drugs-were-marketed-as-medicines-510258499

Prescription drug abuse – An ongoing history

October 1970
Controlled Substances Act

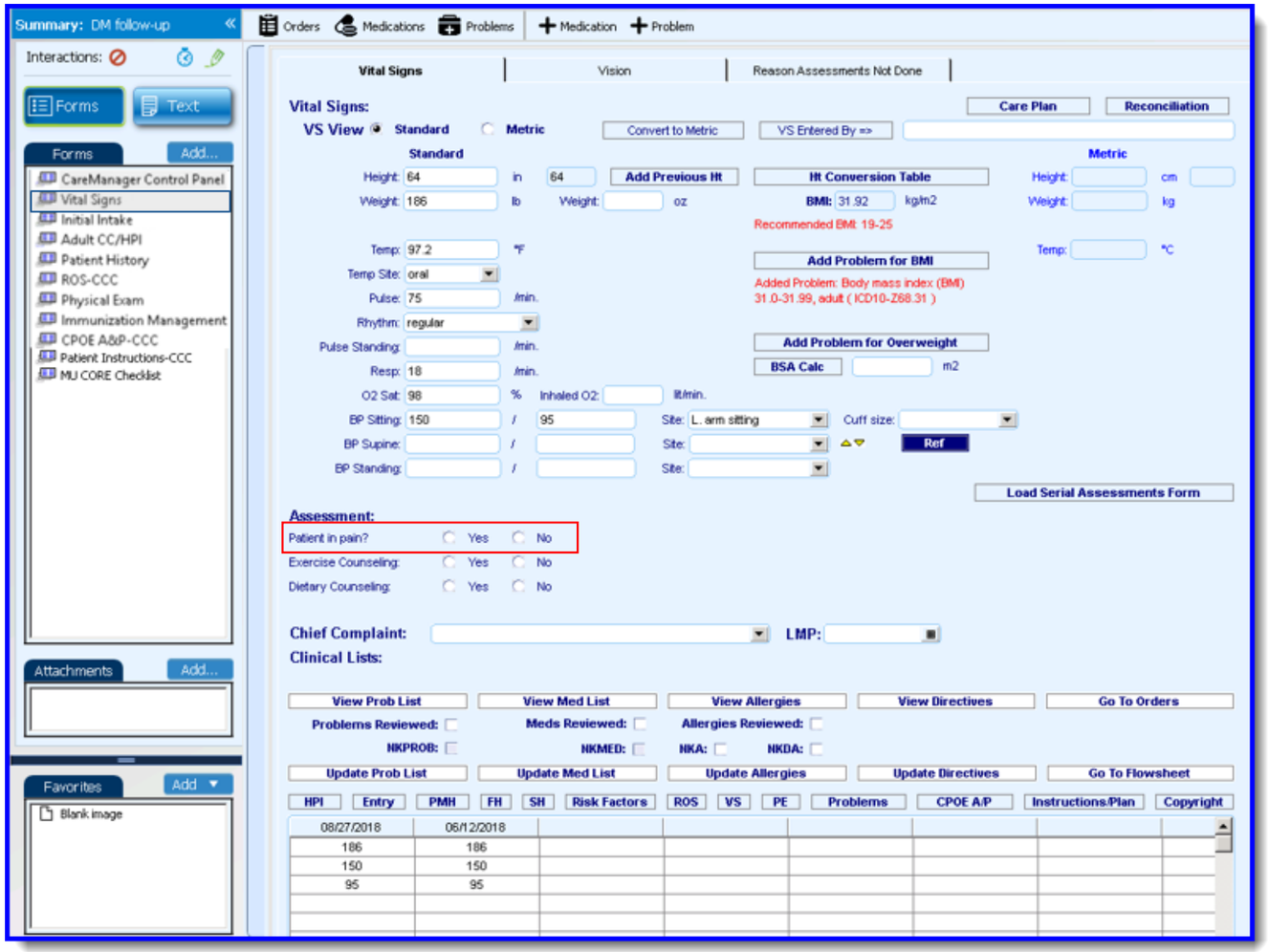


June 1971
“War on Drugs”

1982
“Just Say No”

1990s
DARE programs

Pain – the 5th vital sign



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

Source: https://www.pharmaceutical-journal.com/opinion/comment/the-prescription-opioid-addiction-and-abuse-epidemic-how-it-happened-and-what-we-can-do-about-it/20068579.article?firstPass=false

Today’s stats…

45%

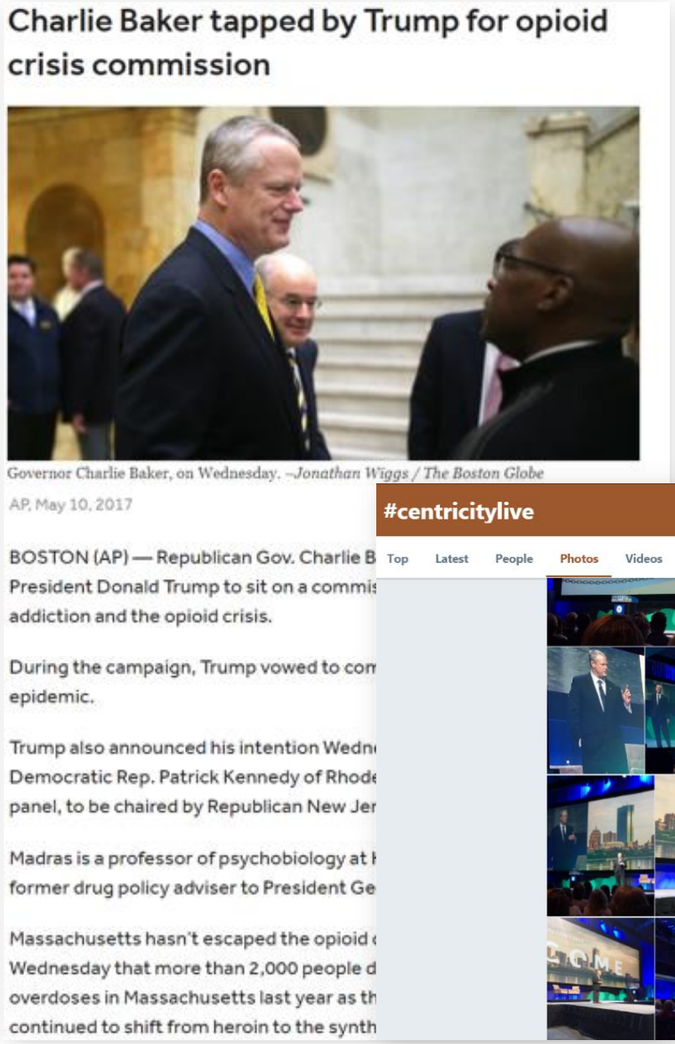
Overdose deaths caused by depressants, opioids and antidepressants.

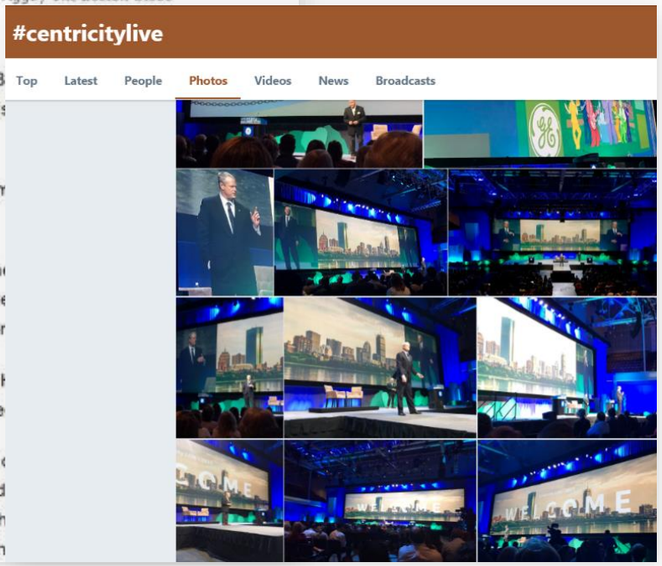
39%

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

Source: https://www.drugfreeworld.org/drugfacts/prescription/abuse-international-statistics.html

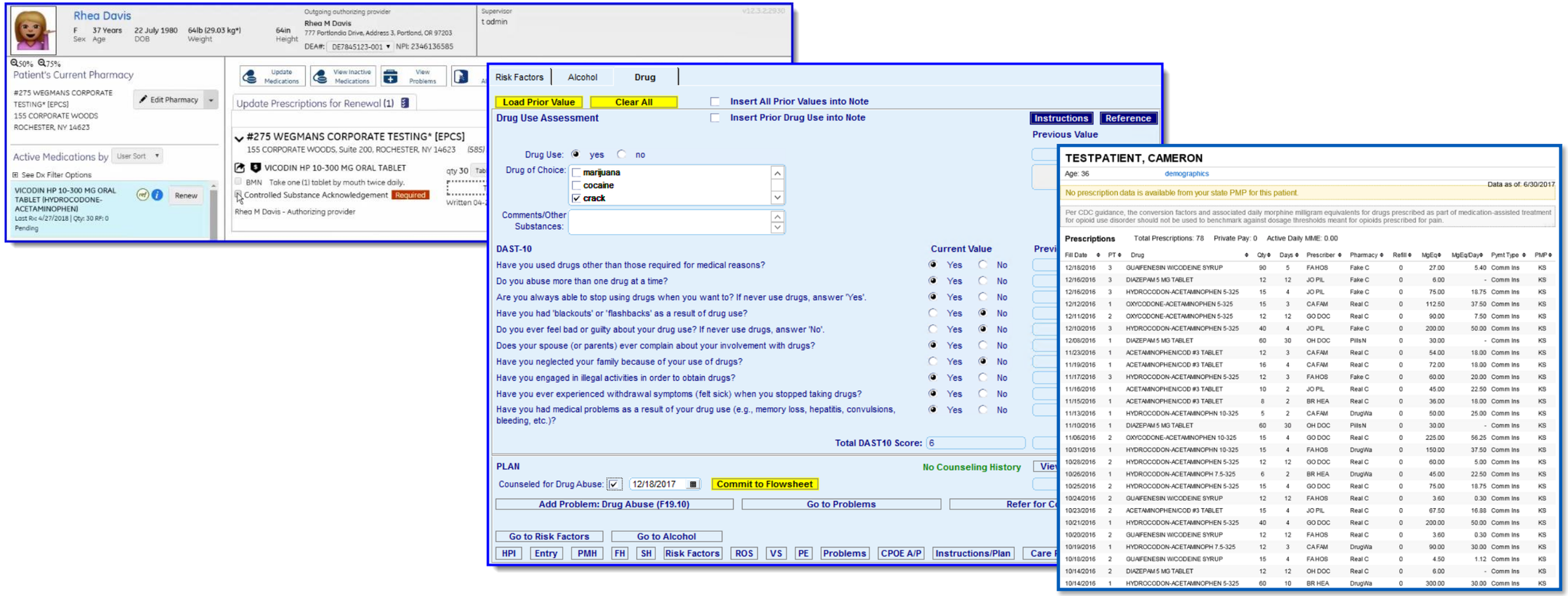
We've partnered with you for the past 5 years





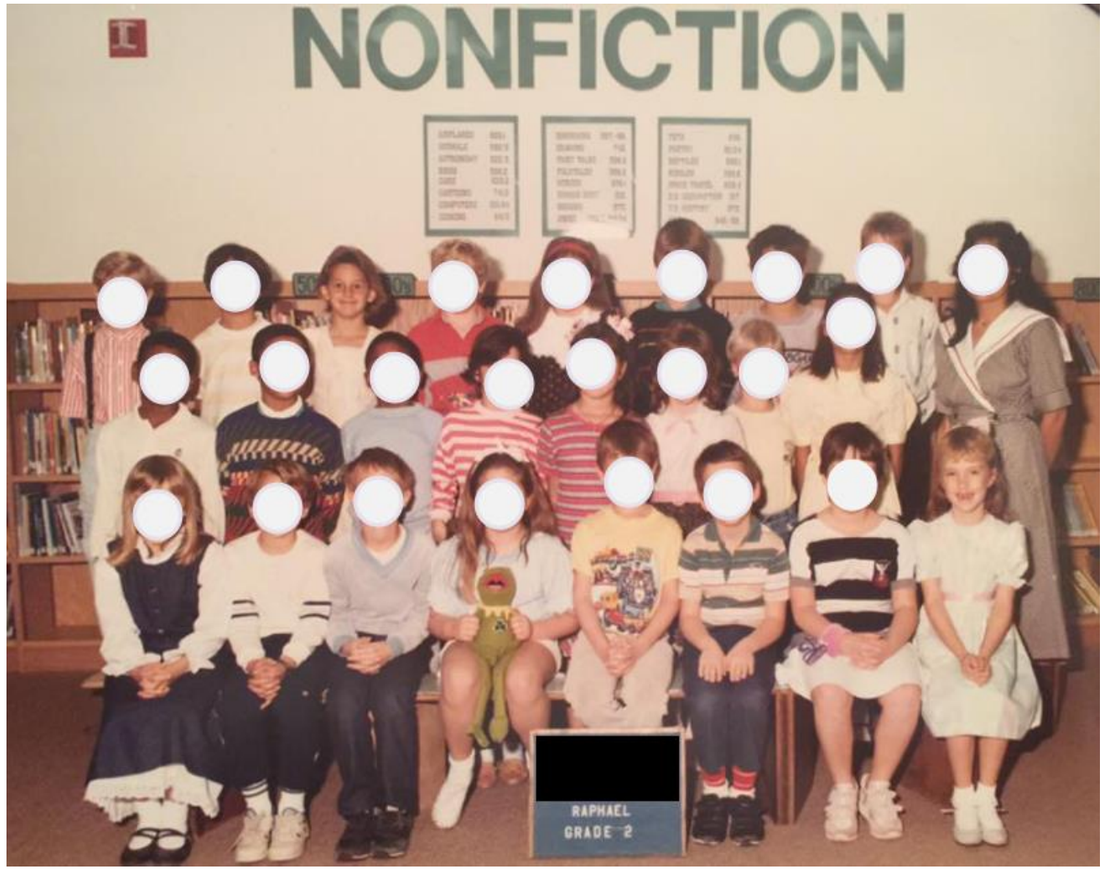
Comprehensive tools to help at the point of care

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



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 opioids[1].
- 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 costs[2].
- Impact on **quality of life** or pain endured by those affected.



1: https://www.vox.com/2018/1/10/16872012/opioid-epidemic-medication-addiction-map 2: https://www.marketwatch.com/story/how-much-the-opioid-epidemic-costs-the-us-2017-10-27

Prescription Drug Monitoring Program (PDMP)

PDMP vs EPCS

Prescription Drug Monitoring Program

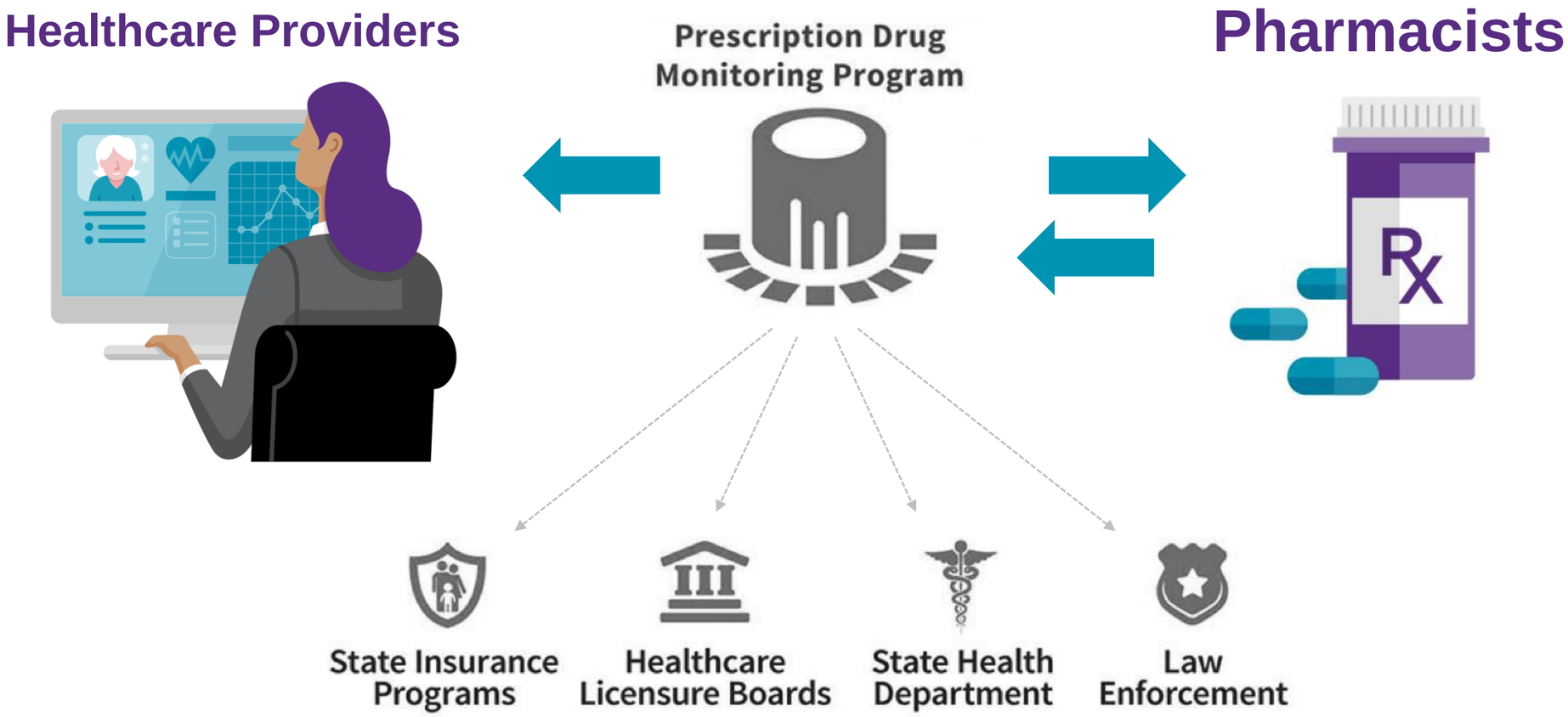
State regulated online electronic database containing a patient's controlled substance prescribing & dispensing history.

Electronic Prescribing of Controlled Substances

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

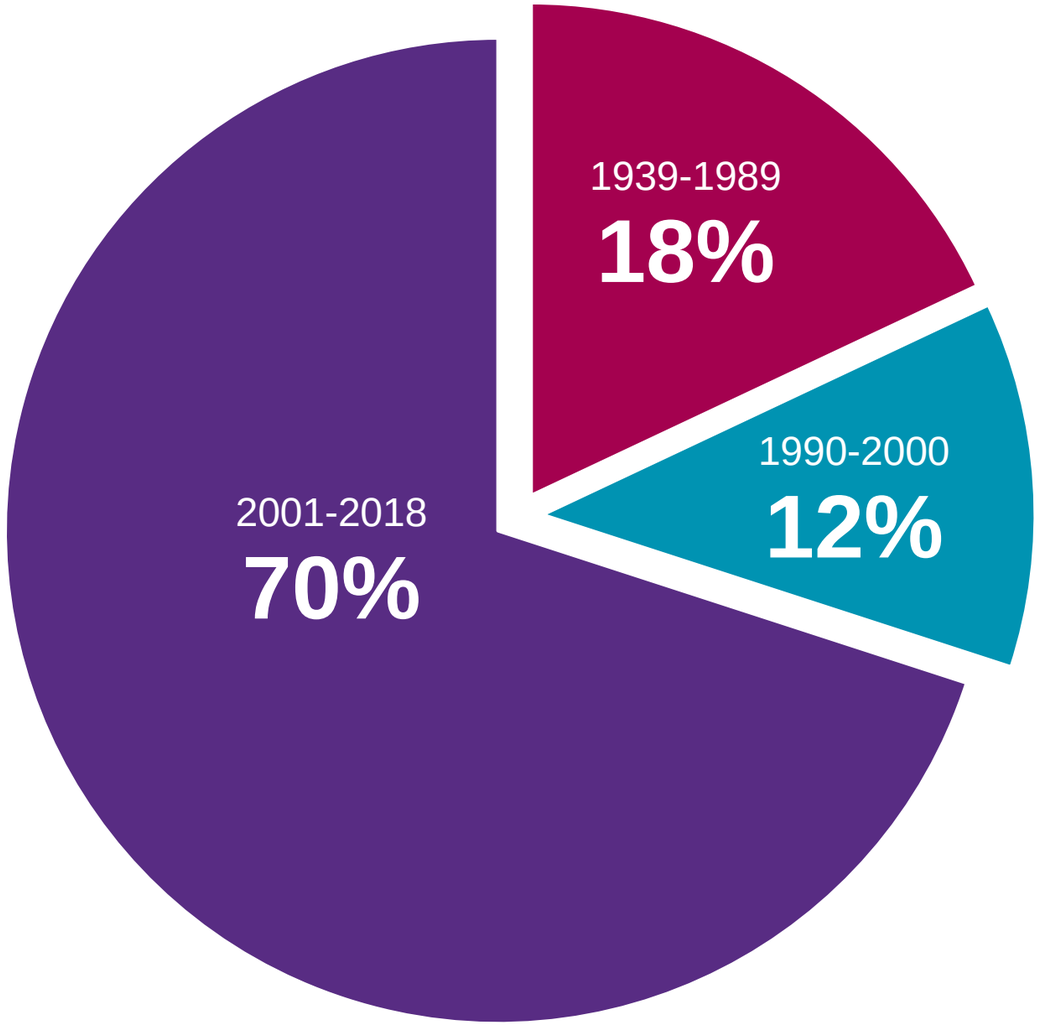
Who can use PDMP data?

Prescription Drug Monitoring Program and Health Integration



Source: https://www.healthit.gov/playbook/public/img/prescription-drug-monitoring-program.jpg

PDMP State Enablement



Source: http://www.pdmpassist.org/pdf/PPTs/LE2012/1_Giglio_HistoryofPDMPs.pdf

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.

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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.

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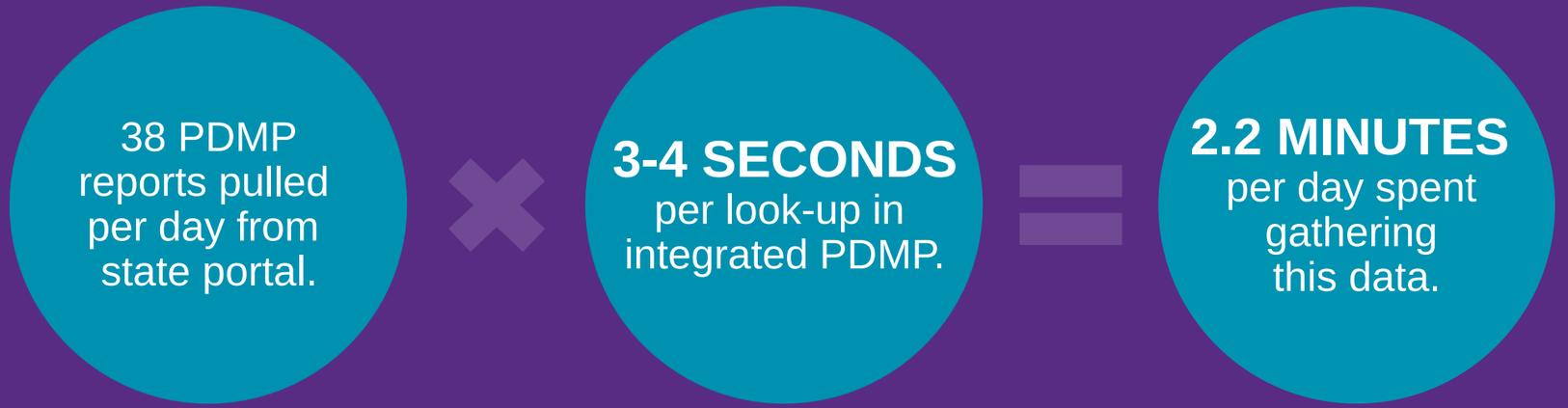
Future State… with integrated PDMP



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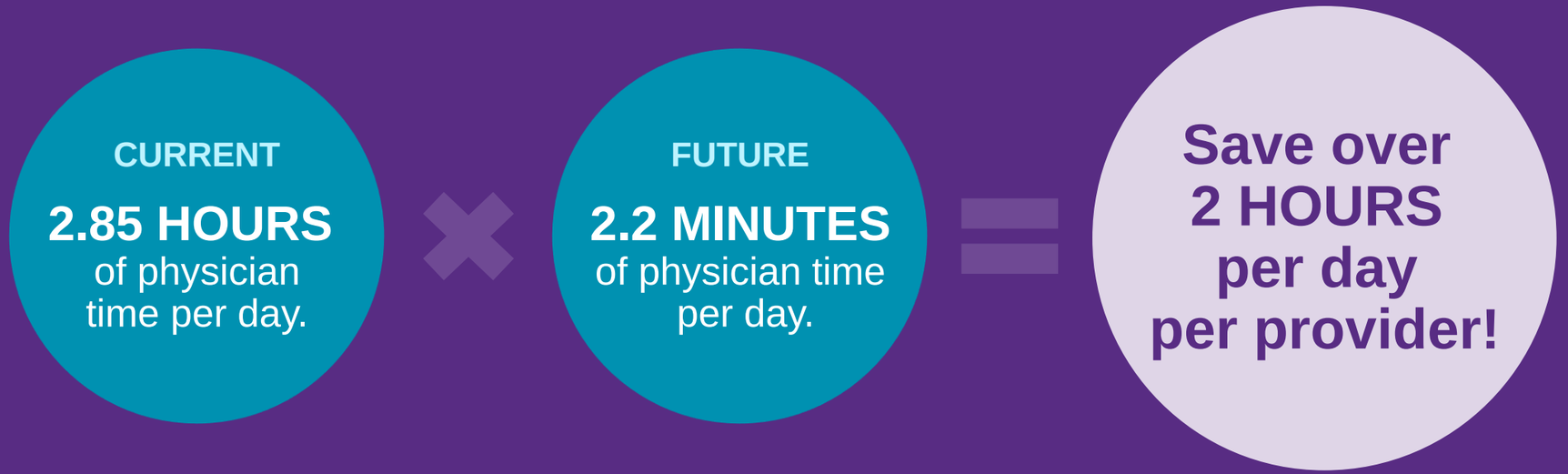
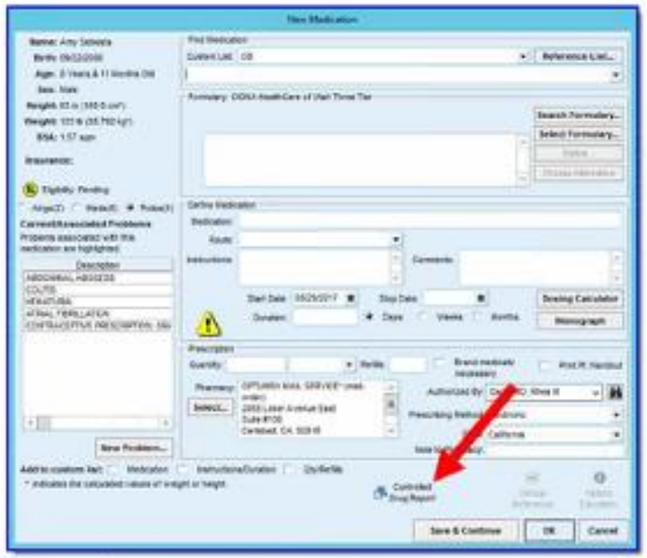
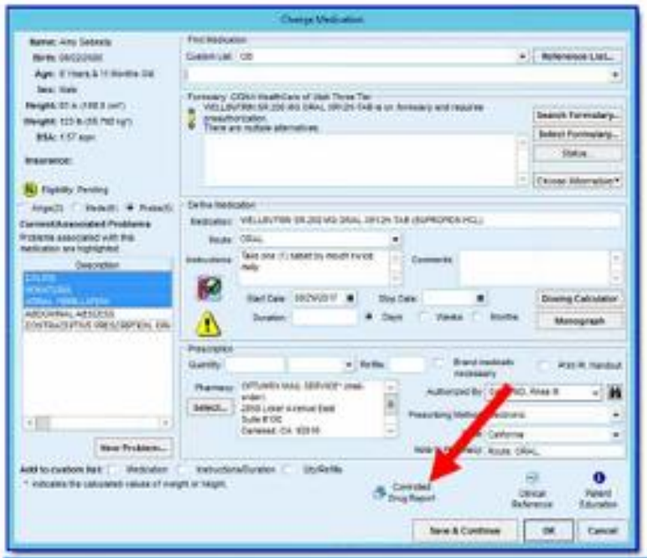


Within the application (CPS and CEMR)

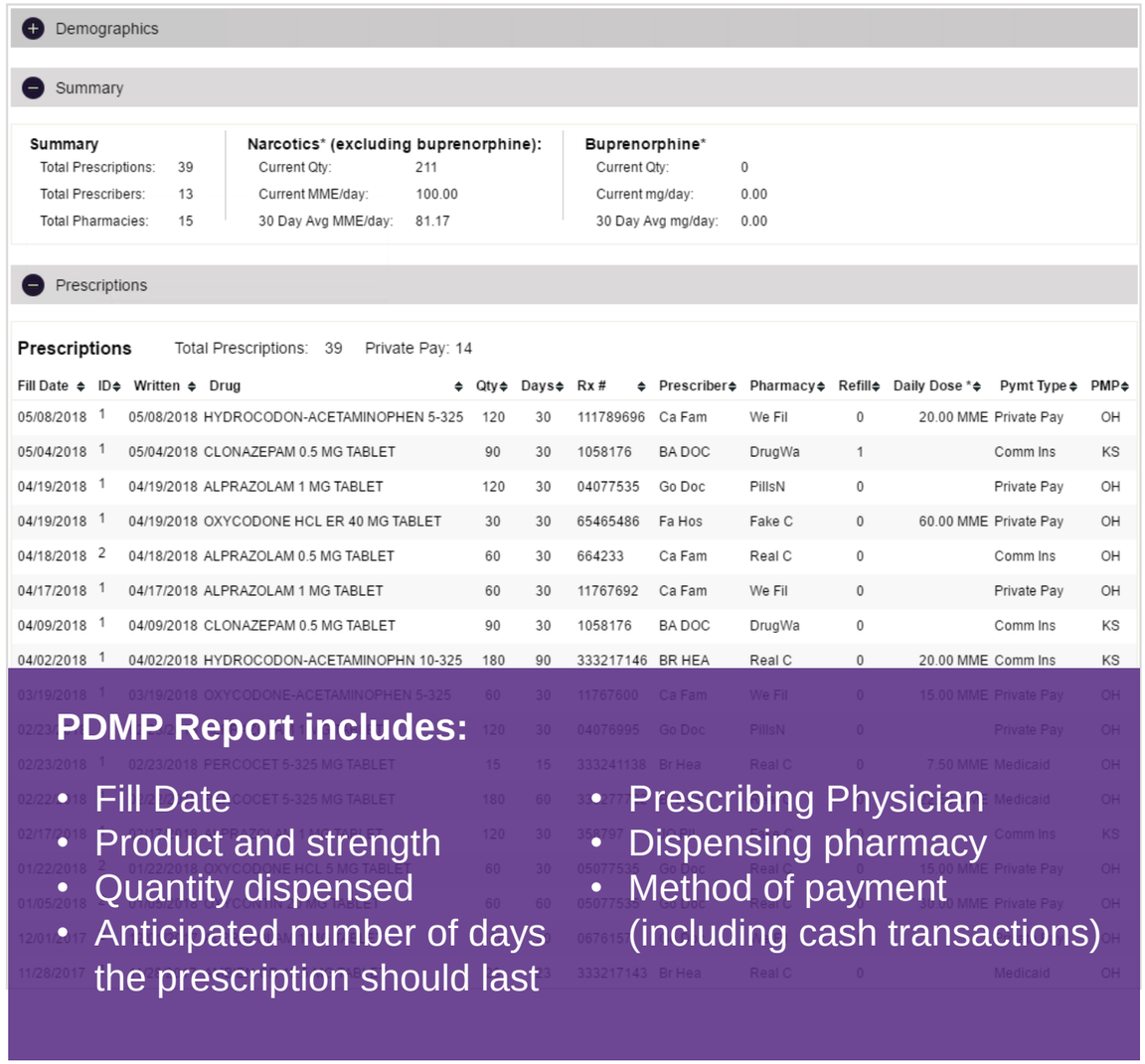




Update Medications
New Medication
Change Medication
Prescription Refill Form

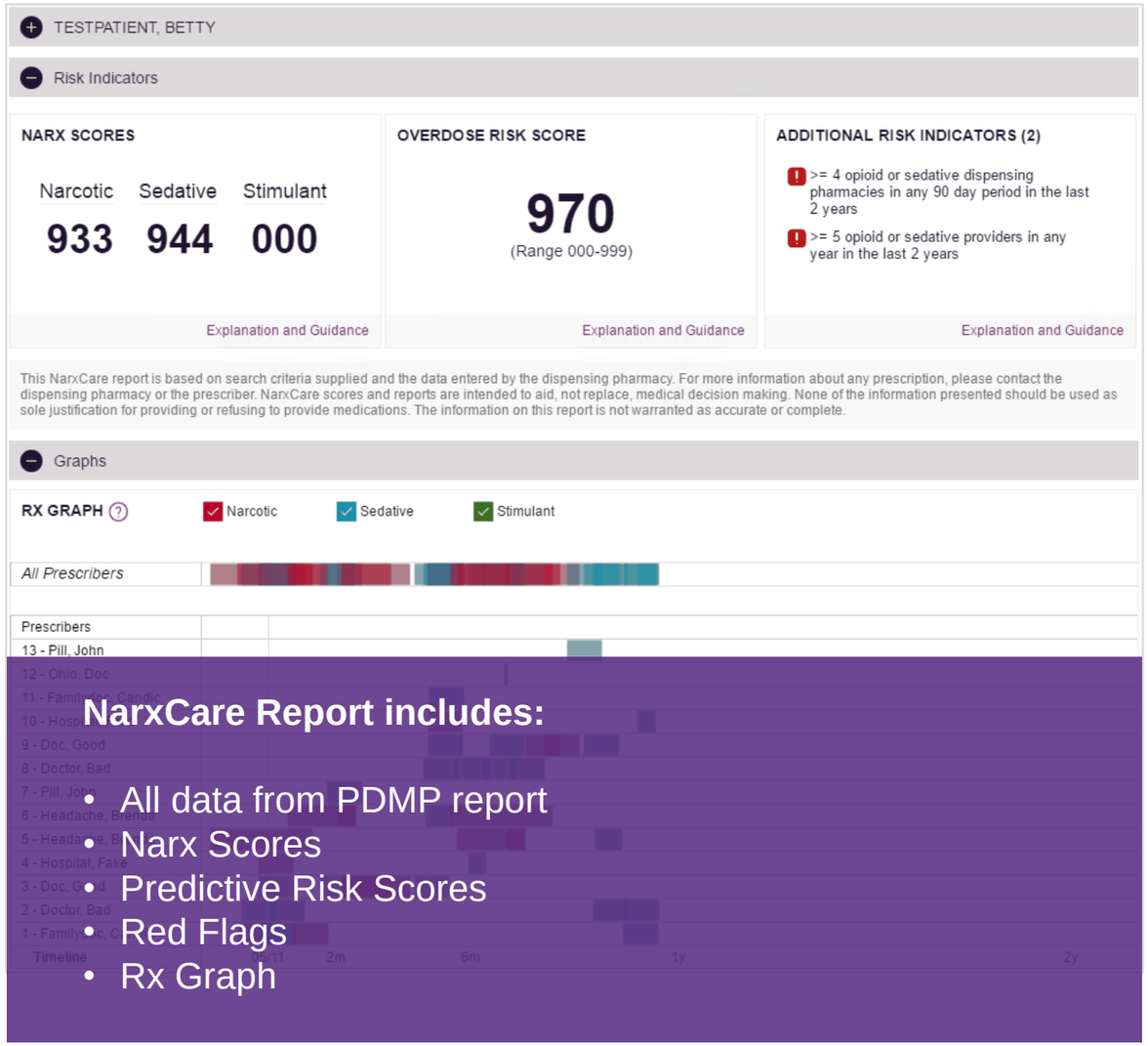
**Not visible unless the license key is valid in Admin. If the PMP role is "none" then the options are grayed out.*

PDMP & NarxCare reports



PDMP Report includes:

- Fill Date
- Product and strength
- Quantity dispensed
- Anticipated number of days the prescription should last
- Prescribing Physician
- Dispensing pharmacy
- Method of payment (including cash transactions)

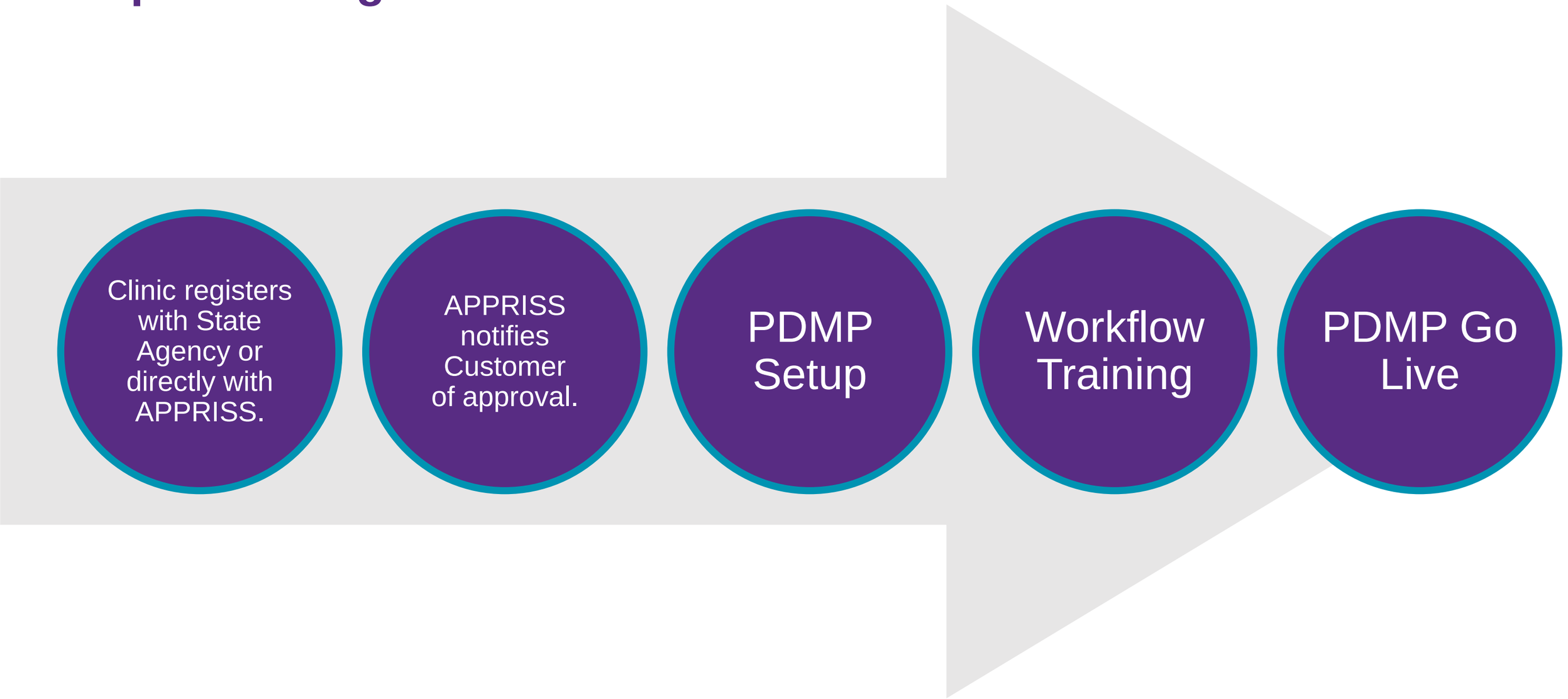


NarxCare Report includes:

- All data from PDMP report
- Narx Scores
- Predictive Risk Scores
- Red Flags
- Rx Graph

Any descriptions of future functionality reflect current product direction, are for informational purposes only and do not constitute a commitment to provide specific functionality.
Timing and availability are subject to change and applicable regulatory approvals.

Implementing PDMP



Resources

NASCSA
National Association of State
Controlled Substances Authorities

U.S. JUSTICE DEPARTMENT
DRUG ENFORCEMENT ADMINISTRATION

APPRISS®
HEALTH

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).

1. https://www.imprivata.com/why-epcs-matters 2. http://www.deadiversion.usdoj.gov/ecomm/e_rx/mtgs/mtg050202.htm

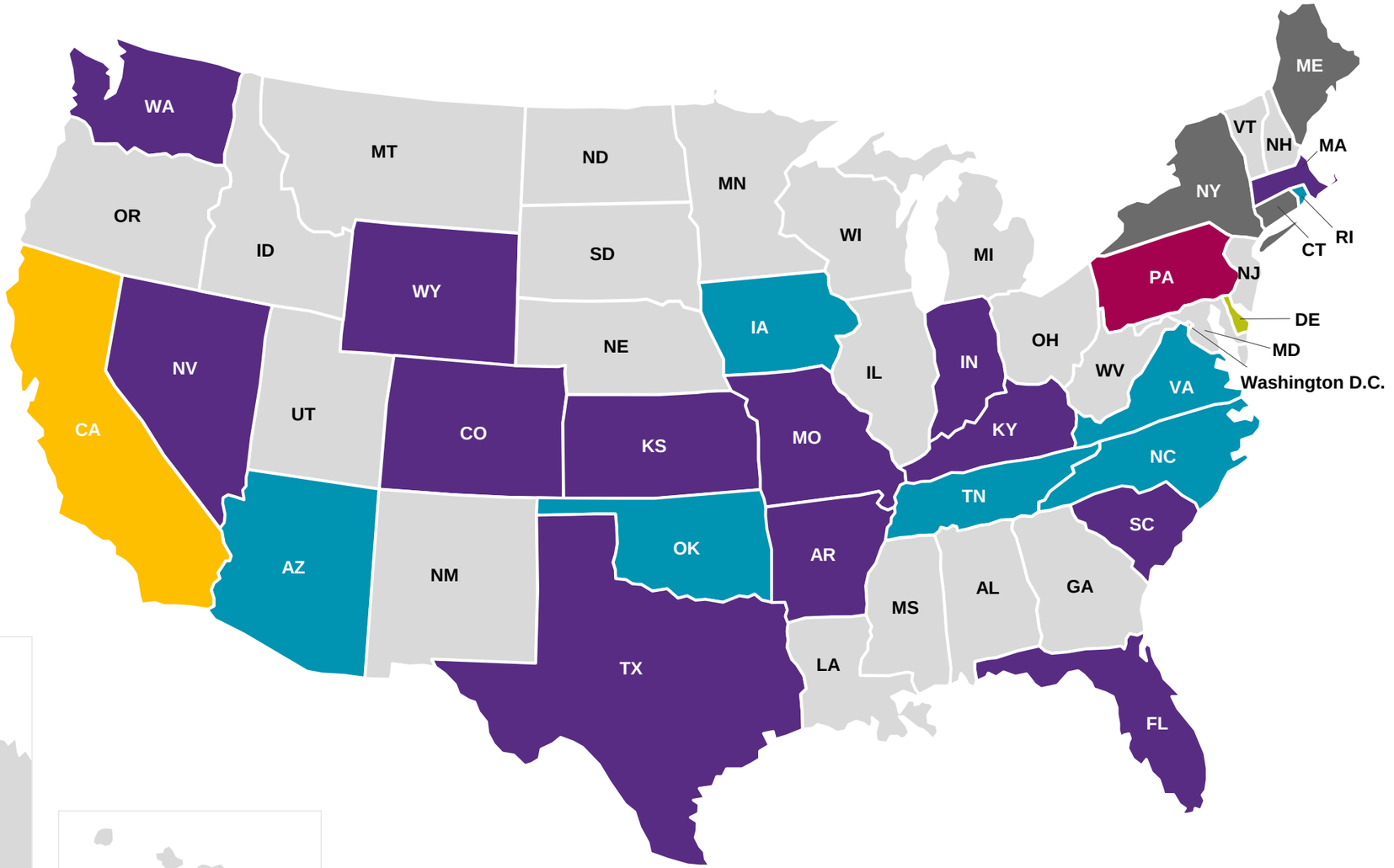
Active

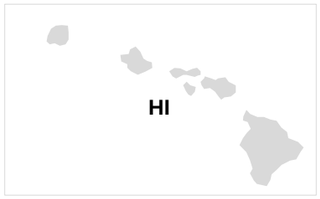
2019

2020

2021

2022





**Disclaimer: Practices are responsible for monitoring their State's mandate status, especially those with pending legislation, as those could finalize at any time. Data Source: https://www.Imprivata.com/state-epcs-legislation

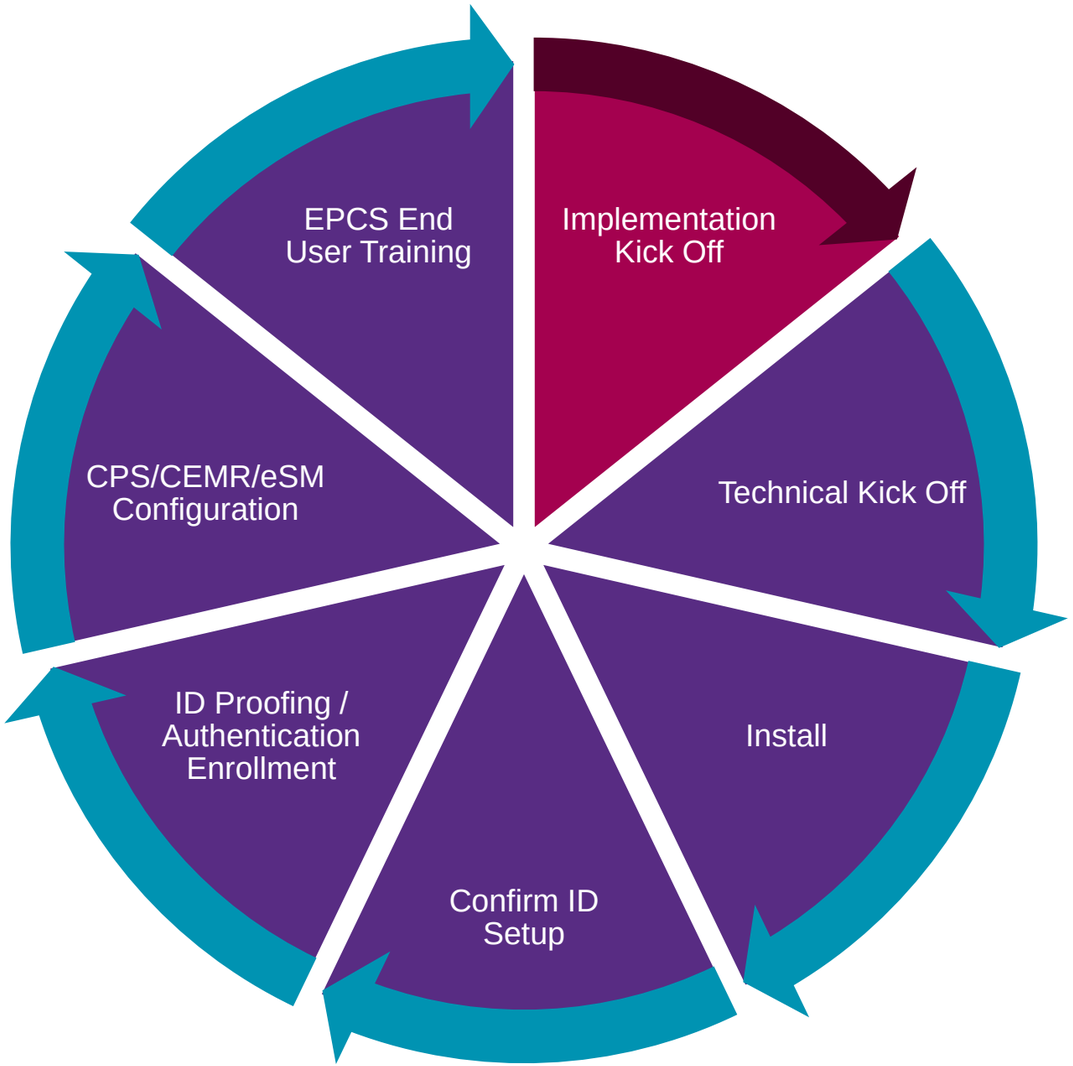
Implementation Process

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 and 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.

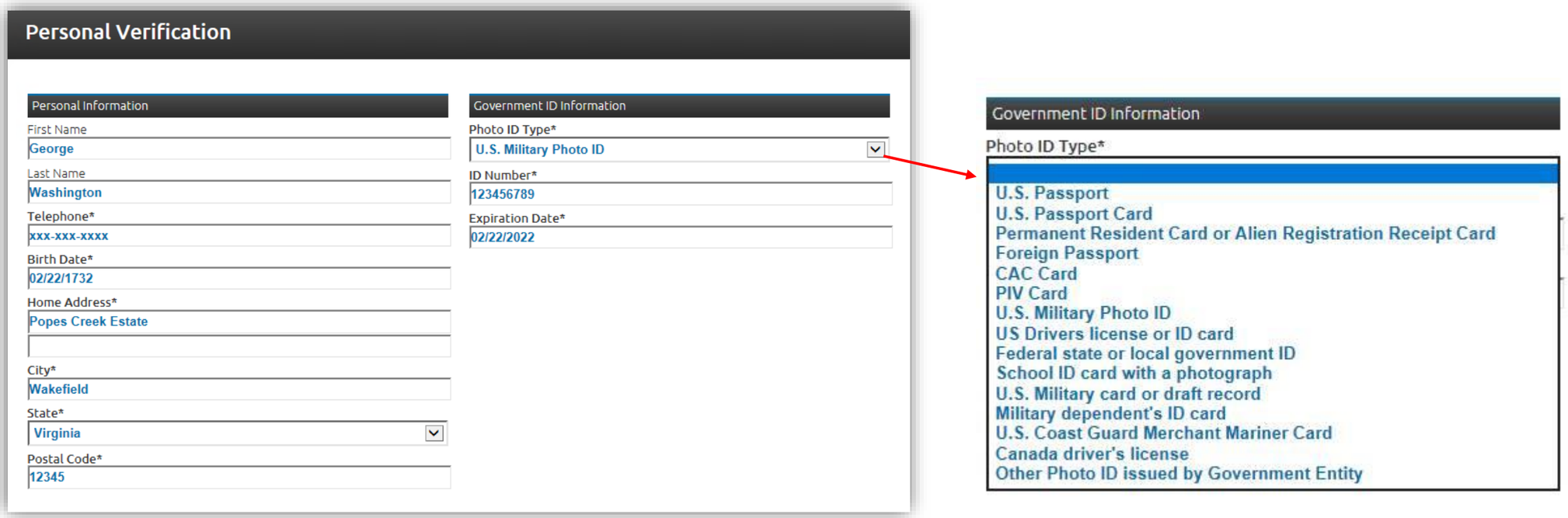
Generally, Institutional DEA organizations will store and dispense controlled substances for their patients on premise or have their own residency program.

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).

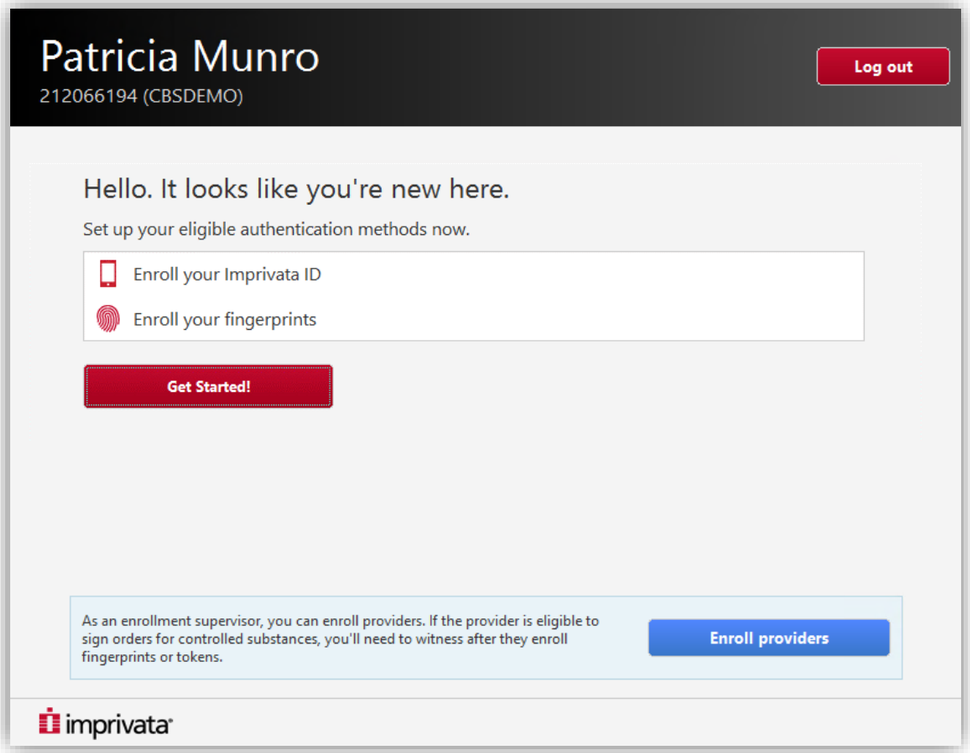
- CSP identity proofing is provided through the Confirm ID solution.
- Individual identity proofing requires providers to answer a series of questions based on their credit history.
- Can only be performed once the Confirm ID installation and training have been completed.
  - Not dependent on your Centricity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

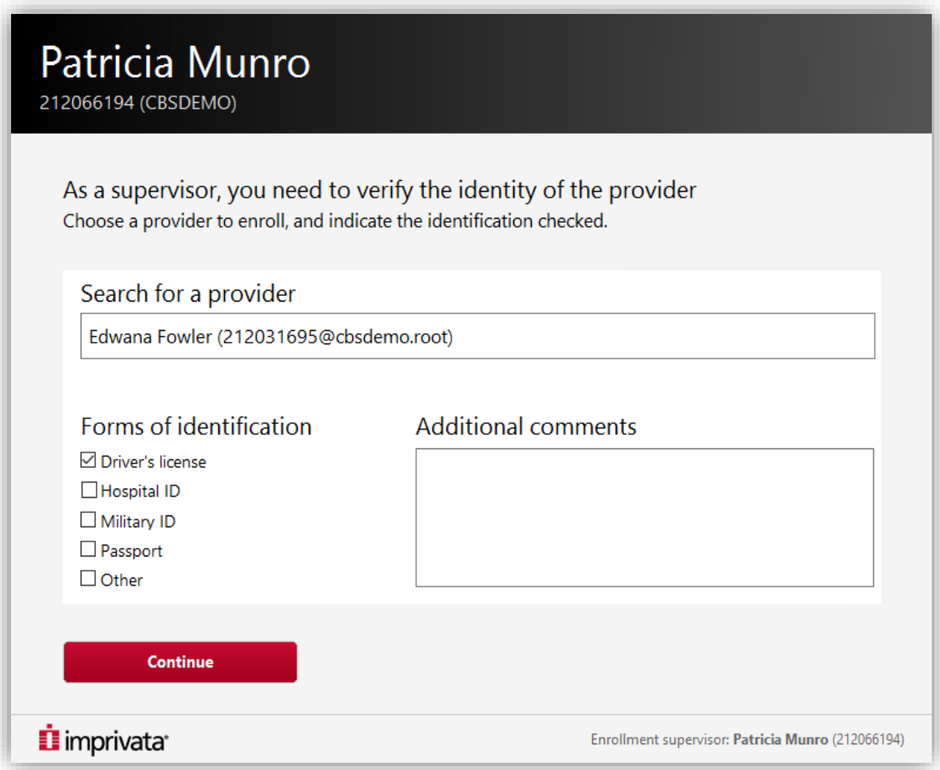


Institutional ID Proofing Introduction

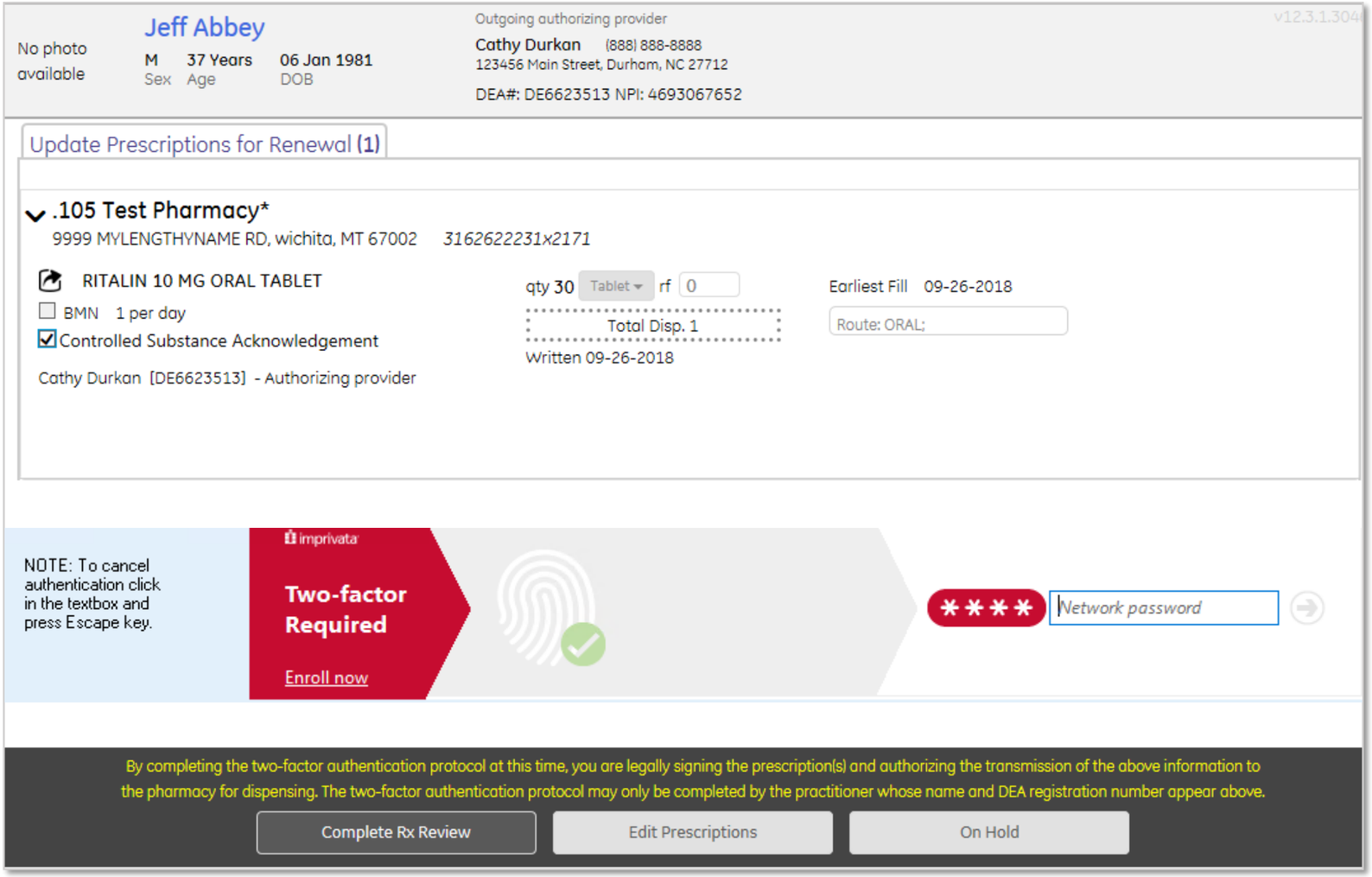
Institutional Providers use their own credentialing office to validate Provider identification.

- 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.





Two Factor Authentication within Centricity



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	Plan	Execute
• Contract for EPCS. • Assess Software Needs. • CPS 12.2+ or CEMR 9.10+*. • Centricity ePrescribing 4.2+. • Active Directory.	• Assess hardware needs. • Upgrade CPS/CEMR if applicable. • Install and set-up of Confirm ID Appliance and endpoint devices.	• Configure Confirm ID. • Complete Provider ID Proofing. • Centricity configuration. • Enroll/Approve providers. • Go-live training.

*Best practice: upgrade to latest version whenever possible

The payoff is REAL...

and worth it!

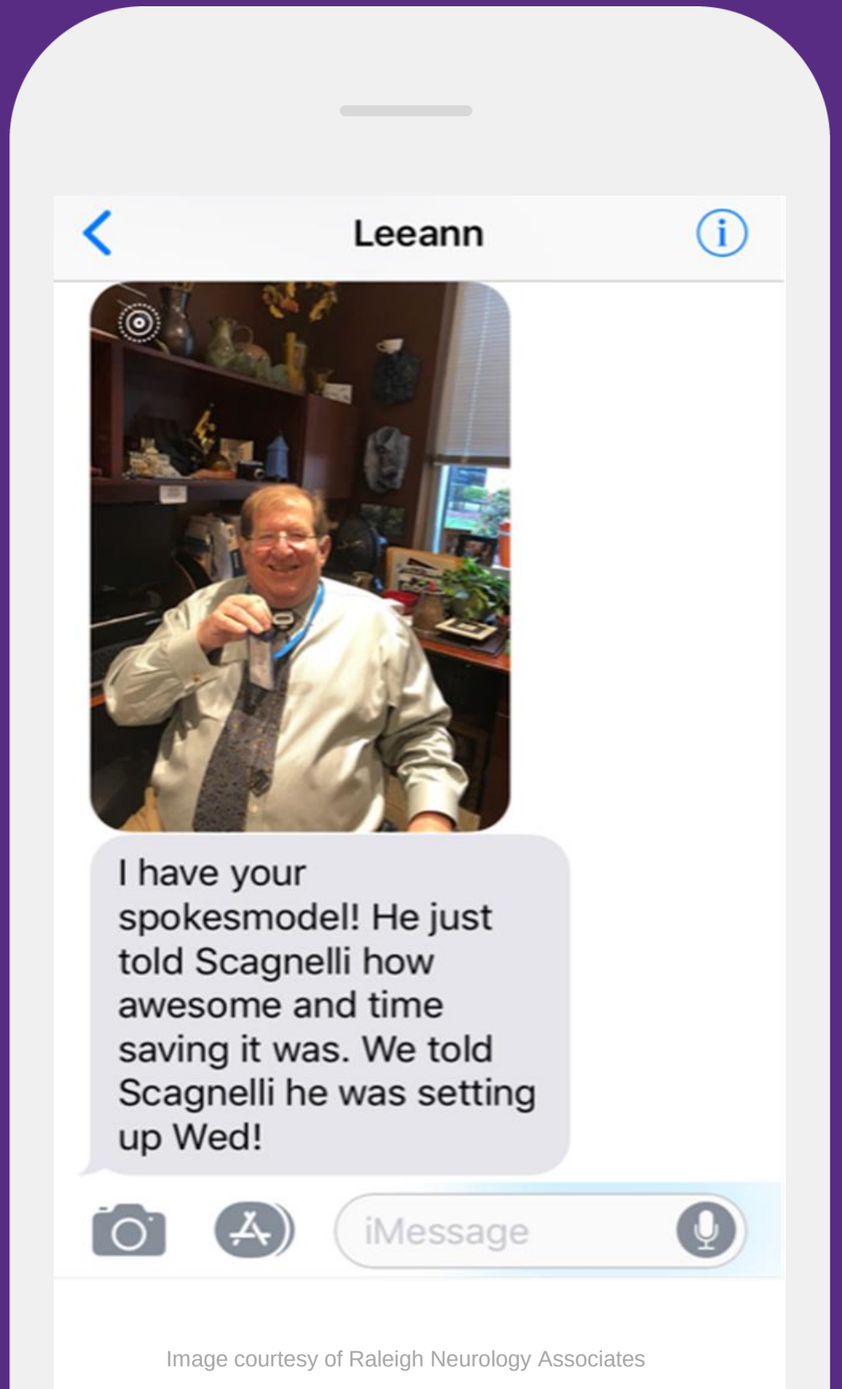


Image courtesy of Raleigh Neurology Associates

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

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