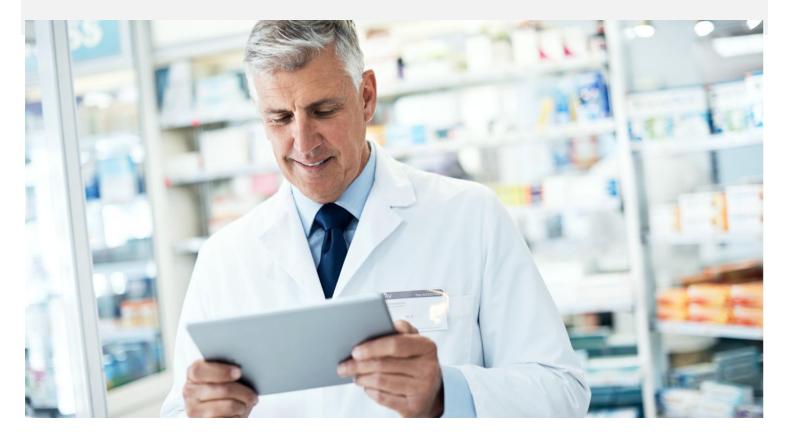# PointClickCare®

A Guide for ePrescribing and EPCS

With increasing medical complexity of residents, controlled substance abuse or misuse, and adverse drug events, senior care organizations are looking to enhance their medication management processes to ensure controls are in place for greater resident safety. ePrescribing offers a solution for these challenges, but many organizations, even those with electronic health record (EHR) technology in place, are still entrenched in manual medication management processes and need guidance on how to get started.

This guide is intended to provide education and steps to help you create a streamlined medication prescribing workflow.

1   ePrescribing (or Electronic Prescribing)

ePrescribing is a prescriber's ability to electronically send an accurate, error-free, and understandable prescription directly to a pharmacy from the point-of-care.[1] The prescription is electronically created, validated, and transmitted directly from the practitioner to a pharmacy or pharmacist using a secure pathway. This can be a standalone capability but ideally would be built into the EHR platform in place for maximum benefit.

Benefits of ePrescribing

1.   Improve Patient Safety & Quality of Care

Because ePrescribing automatically validates each order at point of entry, the care team sees improved prescription accuracy, which reduces the risk of miscommunications from manual processes. When completed within the EHR, users can see medication history before placing orders which means they can also avoid adverse drug events by understanding allergies and current medications. Additional automation like notification and alert systems, as well as built-in formulary checks, can also ensure greater safety and enhance medication administration protocols when ePrescribing is used.

2.   Increase Medication Administration Efficiency

ePrescribing can ensure the practitioner reviews and signs the order before submission to the pharmacy, and then the medication can be appropriately delivered and administered to the resident. This eliminates paper, fax, and the follow up phone calls that occur when the pharmacy can't read the script or signature, or the practitioner needs to ensure the order was received. Electronic ordering and transmission save time for the prescriber, the pharmacy, and the care delivery team by reducing manual steps, as well as enabling faster fulfillment and administration.

3.   Controlled Substance Compliance

Electronic Prescribing for Controlled Substances (EPCS) capabilities will be an inevitable requirement for senior care providers. Because ePrescribing is a building block for controlled substance compliance, senior care providers can reap the benefits of improved prescribing along with meeting state or federal mandates ahead of schedule.

2   Electronic Prescribing for Controlled Substances (EPCS)

The U.S. Drug Enforcement Administration (DEA), along with many state regulatory agencies, have created programs and legislation to deter the abuse and misuse of controlled substances like prescription opioids.

EPCS is a special instance of ePrescribing and is a set of requirements established by the DEA. The regulations provide pharmacies, hospitals, and practitioners with the ability to use technology for controlled substance prescriptions, while maintaining the closed system of controls on controlled substances dispensing.

EPCS technology also addresses the problem of forged or stolen prescriptions by requiring authentication of prescribers, improving security standards and auditing activity on EPCS platforms.

The Importance of EPCS

According to the 2019 National Survey of Drug Use and Health (NSDUH), 70,630 people died from drug overdose, and 10.1 million people misused prescription opioids.[2]

Medication safety in senior care environments also offers a strong case for the checks and balances of ePrescribing and EPCS. Errors in medication prescribing and filling are some of the most common types of medical errors. In the United States, medical errors are now a third leading cause of death, accounting for up to 9,000 deaths annually.[3] For the more vulnerable senior population, a study by the American Geriatrics Society showed that medication errors affected 16-27% of nursing home residents.[4]

In states that have enacted ePrescribing legislation in the ambulatory setting, studies have shown significant benefits. For example, error rates decreased from 42.5 per 100 prescriptions to 6.6 per 100 prescriptions, nearly a seventh of the previous level, in just one year after the adoption of ePrescribing.[5] Coupling ePrescribing with EPCS offers further benefits with additional security while still maintaining a singular workflow. As of 2023, 81.9% of e-prescribers were enabled for EPCS nationwide; however, 96.5% of pharmacies were already capable of supporting EPCS.[6]

3   EPCS Regulations

EPCS is legal in all 50 states and the District of Columbia. In addition, at the federal level, the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act (the SUPPORT Act) came into effect as of January 1, 2021. Section 2003 of that rule requires that Medicare Part D prescriptions for schedule II-IV controlled substances shall be transmitted electronically.[7]

As of January 1, 2023, CMS began enforcing the SUPPORT Act, which requires ePrescribing of all Medicare Part D controlled prescriptions. Compliance actions for long-term care (LTC) facilities were exempted from that effective date but are scheduled to begin on January 1, 2025.

Many states are following the lead of this rule and creating their own legislation for EPCS requirements. Some states have a different deadline or have excluded LTC facilities from their requirements. It is worth noting that states may choose to create more prohibitive rules, but many states may simply rely upon the SUPPORT act.

4   Five Steps to Get Ready for EPCS

It is apparent that EPCS will be a requirement affecting all providers and prescribers supporting senior care facilities in the future. Therefore, it is important to prepare as soon as possible. Below are some steps you can take to get ready.

1. Determine the EPCS mandate status for your facilities at the state and Federal levels.
    a. Follow the Federal requirements as they evolve.
    b. Follow your states' specific requirements.
    c. Consult with your legal counsel. There may be exemptions or waivers that apply, but you should gain expert advice to be sure of all obligations and avoid penalties.

2. Evaluate your technology capabilities and readiness for EPCS.

    i. Assess your EHR capabilities and make sure ePrescribing is supported, if needed, an EPCS module is available and your EHR provider is certified by the DEA to electronically prescribe.

    ii. Determine pharmacy capabilities. Most pharmacies are EPCS ready but it's a good idea to check with them to be certain they are ready when you are.

    iii. Integrate with your pharmacies to support direct transmission of electronic orders. Your EHR provider can help you do that.

3. Create a plan.

    - Even if you have all the technology components in place, defining a plan for each step in the implementation process is always a best practice.

4. Engage and prepare your prescribers.

    - Prescriber buy-in is key to success. Providing awareness, education, and training well in advance of your cutover will help prescribers prepare for signing orders electronically, and any new workflows that are required.

5. Consider going mobile.

    - Prescriber adoption can be easier when it's part of their normal activities. If your EHR has a mobile app for reviewing and signing orders, as well as access medication history, that can help improve the experience.

To learn more about PointClickCare's Medication Management solutions, including ePrescribing and EPCS capabilities as well as supporting solutions that can further enhance the ePrescribing workflow, [click here](#) or contact your PointClickCare representative.

[1] https://www.cms.gov/Medicare/E-Health/Eprescribing
[2] https://www.samhsa.gov/data/release/2019-national-survey-drug-use-and-health-nsduh-releases
[3] https://www.hopkinsmedicine.org/news/media/releases/study_suggests_medical_errors_now_third_leading_cause_of_death_in_the_us

[4] https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.14683
[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3995494/
[6] https://surescripts.com/what-we-do/e-prescribing-for-controlled-substances
[7] https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1