Why Electronic Prescribing of Controlled Substances (EPCS) is a Texas Medicaid Priority

Emergency Department (ED) Over Utilization:
Drug Abuse Warning Network (DAWN) estimates that over 1.2 million emergency department (ED) visits involved nonmedical use of prescription medicines, over-the-counter (OTC) drugs, or other types of pharmaceuticals (Rx) in 2011. DAWN estimated there were over 200,000 ED visits resulting from drug-related suicide attempts in 2011 and nearly all involved a prescription drug or OTC medication.

- 41% increase in drug-related suicide attempts from 2004 to 2011.
- 46% of medical emergencies involved nonmedical use of pain relief Rx.
  - 29% were related to narcotic pain relievers.
  - 40% involved after ED follow-up
- 132% rise in medical emergencies from nonmedical use of Rx from 2004 to 2011
  - 183% rise in opiate/opioid involvement.

Medicaid Cost:
Medicaid annual spending on opioid prescriptions tripled between 1998 and 2003 to nearly $1.2 billion. Analysis of direct costs of insured members showed that health care costs are 8 times higher for opioid abusers compared to non-abusers when researchers took into account hospital inpatient, physician Outpatient and prescription drug costs.

Under-Age Prescription Abuse:
77% of the Texas Medicaid population is under age 18. In 2014 Texas Department of State Health Services (DSHS), in conjunction with the Public Policy Research Institute (PPRI) at Texas A&M University conducted its Texas School Survey of Substance Use and surveyed about 33,463 students in grades 7-12 from 93 school districts across the State. About 2.5% of students in 2014 reported using oxycodone products non-medically in their lifetime and 5.2% reported using hydrocodone products non-medically in their lifetime. Both prevalence rates were lower than those reported in 2012. Prescription misuse has also been identified as a problem among youths by New York State studies.

Texas e-Prescribe Under-performance:
Texas was ranked 12th for EPCS readiness by Surescripts in 2014. Surescripts based EPCS readiness on the percent of enabled pharmacies, prescribers and controlled substances prescribed electronically. Readiness does not measure the number of prescribers, utilization, or efficiency in pharmacy transactions. Readiness is also relative to under-utilization across most States. Texas Medicaid is under-performing in eRx. Surescripts reports 57% national eRx of non-controlled substances, Texas eRx is lagging at 53% and Medicaid is even farther behind at 44% of which those EP and EH not in the EHR Incentive Program are at about 25%. Increasing the Texas abysmally low (3%) EPCS rate will raise the Texas overall eRx rate.

Fraud and Diversion:
In Texas, California, Illinois, New York, and North Carolina for fiscal years 2006 and 2007 the Government Accountability Office (GAO) found tens of thousands of Medicaid beneficiaries and providers involved in potential fraudulent purchases of controlled substances, abusive purchases of controlled substances, or both through the Medicaid program.

- About 65,000 Medicaid beneficiaries in the five selected states acquired the same type of controlled substances from six or more different medical practitioners. Such doctor shopping resulted in about $63 million in Medicaid payments.
- Medicaid paid over $2 million in controlled substance prescriptions written or filled by 65 medical practitioners and pharmacies barred, excluded, or both from federal health care programs, including Medicaid, for such offenses as illegally selling controlled substances.
According to Social Security Administration data, pharmacies filled controlled substance prescriptions of over 1,800 beneficiaries who were dead at that time.

**Economic Burden on Society:**
Total US societal costs of prescription opioid abuse were estimated at $55.7 billion in 2007.

- Workplace costs were $25.6 billion (46%) in lost earnings from premature death ($11.2 billion) and reduced compensation/lost employment ($7.9 billion)
- Health care costs accounted for $25.0 billion (45%) primarily from excess medical and prescription costs ($23.7 billion).
- Criminal justice costs accounted for $5.1 billion (9%) largely comprised of correctional facility ($2.3 billion) and police costs ($1.5 billion).

**White House 2 Year Action Plan:**
October 21, 2015 the Obama Administration announced a 2 year aggressive federal, state, local and private sector effort aimed at addressing the Rx and OTC epidemic in the U.S.

- 540,000 health care providers will complete opioid prescriber training.
- 4 million health care providers will be targeted for awareness messaging on opioid abuse, appropriate prescribing practices, and actions they can take to be a part of the solution.
- Centers for Disease Control and Prevention (CDC) will invest $8.5 million developing tools and resources to help inform prescribers about appropriate opioid prescribing.
- HHS launched HHS.gov/opioids as a one-stop federal resource with tools and information on prescription drug abuse, prevention, treatment, and response.
- Centers for Medicare and Medicaid Services (CMS) will advise States on steps to reduce the risk of overdose and is testing three new Medicare prescription drug plan measures designed to identify potential opioid overutilization.

**EPCS as an Intervention:**
- In 2007 Dr. Grant Carrow and his team at the Massachusetts Department of Public Health researched EPCS. 43% of Providers surveyed who participated in the project, indicated that EPCS made it easier to identify diversion or misuse of medications.

- Dr. Tom Sullivan, practicing cardiologist notes that the single greatest benefit of EPCS to clinical prescribers is the ability to send all drugs electronically and have a single application that creates, manages, and stores every Rx, with detailed verification and safety checks at every step.

References are available upon request.