

# Tracker e-Prescribing

# 101.



—  
The Complete Guide

# What is e-Prescribing?

Electronic prescribing, known in short as e-Prescribing, is a method of prescription transaction that allows dentists to write and send prescriptions to pharmacies electronically instead of writing, phoning-in, or faxing. It ultimately replaces the costly paper prescription pad and tamper-proof printing paper from a dentist's office for good.

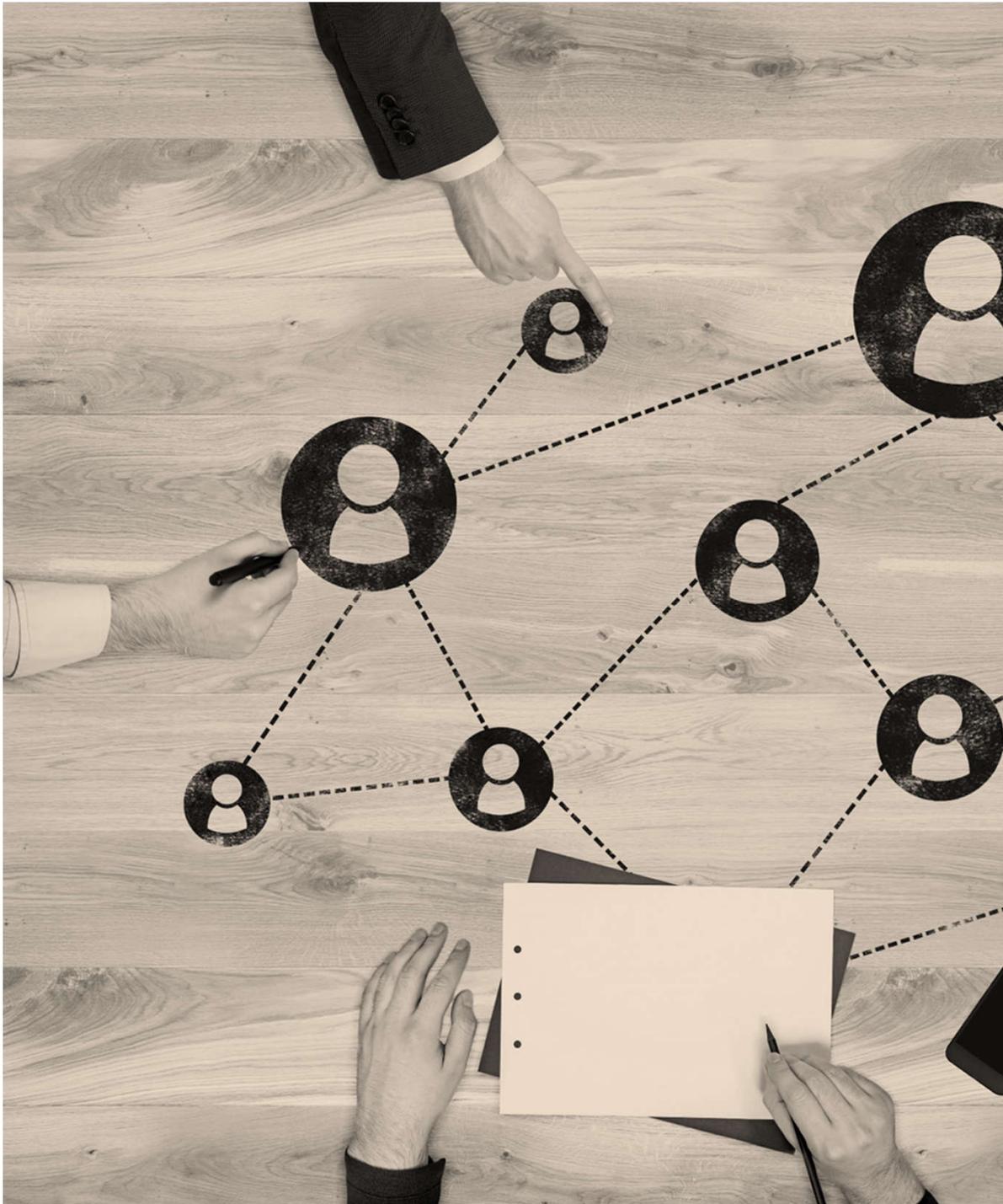
e-Prescribing solutions can do the following:

- **NewRx:** Route new prescriptions to the patient's pharmacy of choice.
- **Refills:** Receive prescription renewal requests and submit responses between dentist and pharmacy.
- **Medication History:** View aggregated medication history data from pharmacies and pharmacy benefit managers (PBMs) upon receipt of patient consent.
- **Prescription Benefit:** Surescripts' Prescription Benefit service puts eligibility, benefits and formulary information at a dentist's fingertips at the time of prescribing. This enables dentists to select medications that are on formulary and are covered by the patient's drug benefit.
- **Electronic Prescribing of Controlled Substances (EPCS):** e-Prescribing solution has achieved Surescripts EPCS certification and has provided third-party audit documentation as required by the DEA.

# The Benefits of e-Prescribing.

- Protects the 58% of dentists that fall victim to prescription fraud and identity theft, specifically the misuse of a dentist's DEA number, forged signatures, and stolen prescription pads.
- Curbs prescription drug abuse and increases patient safety. No longer will a patient have access to a paper prescription, therefore no more altered dispense quantities, stolen prescription pads, or lost or duplicate prescriptions.
- Ensures that any drug-drug and drug-allergy interactions based on a patient's medication history are found and reported to the dentist before the prescription order is completed.
- Makes sure that the dentist is providing enough specific information for the pharmacist to fill the prescription, including the name of the drug, the dosage, its physical form, the route, and the dentist's instructions.
- Lowers costs associated with purchasing expensive paper prescription pads and the time and resources spent on redundant administrative tasks.
- Simplifies clinical workflows and allows dentists to do what they do best and spend more time with their patients, which helps to increase patient satisfaction.
- Eliminates the time and effort of trying to understand the dentist's handwriting, as well as the chance of an error in that translation.
- Increases patient medication pick-up adherence. Between 28% and 31% of all paper prescriptions either never make it to the pharmacy, or are not picked up once patients see how much it will cost.
- Drives down healthcare costs by checking a patient's pharmacy benefit and associated formulary at point of care to encourage the dentist to choose the best medication option, both medically and financially.





## Who can e-Prescribe?

State or provincial legislation governs who can write a prescription, and under these rulings, any licensed dentist allowed to write prescriptions by hand can also prescribe electronically.

Many electronic prescribing vendors also allow the use of proxy users, such as dental assistants or office staff. While they cannot legally send a prescription to a pharmacy, they are able to access the e-Prescribing solution and fill in all required fields of the prescription for a dentist to then approve and send.

## What pharmacies allow e-Prescribing?

All 50 states and D.C. allow the e-Prescribing of both controlled and non-controlled substances and more than 90% of pharmacies can receive e-Prescriptions. Of course this includes the larger retail pharmacy chains such as CVS and Walgreens and mail-order pharmacies like Catamaran and Express Scripts.



## EPCS

EPCS stands for the **Electronic Prescribing of Controlled Substances** and is a technology that has been put into place to help address the rising issue of prescription drug abuse in the United States.

## Controlled Substances

A controlled substance is a drug or chemical, such as illicitly used drugs or prescription medications, that is regulated by a government based on the drug or chemical's manufacture, possession, or use.

## Identity Proofing

Identity Proofing is a DEA mandated process in which a dentist confirms his or her identity with the e-Prescribing solution. According to the DEA, the EPCS identity proofing session must be based on the dentist's financial information such as a credit card.

## Two-Factor Authentication

This two-step process is part of EPCS and ensures that only an authorized dentist can electronically sign and send controlled substance prescriptions to a pharmacy, thus increasing patient safety. The process includes the entry of something you have, such as a token generated one-time code, and something you know, like a password.

## Controlled Substances Categorization

A drug is typically classified as "controlled" due to the potential detrimental effects on a person's health and well-being. As a result, state and federal governments have seen fit to regulate such substances.

It's for this reason that drugs, substances, and certain chemicals used to make drugs of this caliber are classified into five categories.

The drug segregation is dependent upon the drug's acceptable medical use and the drug's abuse or dependency potential.

# EPCS.

# Schedules of Medication.

## Schedule I

- Drugs with no currently accepted medical use and hold a high potential for abuse.
- Examples: Heroin, Marijuana (Cannabis), LSD

## Schedule II

- Drugs that are accepted for medical use, but have a high potential for abuse, with use potentially leading to severe psychological or physical dependence.
- Examples: Vicodin, OxyContin, Adderall

## Schedule III

- Drugs with a moderate to low potential for physical and psychological dependence.
- Examples: anabolic steroids, testosterone, and Tylenol with codeine

## Schedule IV

- Drugs within this category have a low potential for abuse and dependence.
- Examples: benzodiazepines (Xanax, Valium, Ativan), Tramadol, Ambien

## Schedule V

- The lowest schedule for controlled substances, these drugs have lower potential for abuse and consist of preparations containing limited quantities of certain narcotics.
- Examples: Robitussin AC, Lyrica, Motofen

# The Opioid Epidemic.

Opioids are substances that act on the body's opioid receptors to produce euphoric effects, better known as a "high", and are most often used medically to treat moderate to severe pain that may not respond well to other pain medications.

Opioid drugs work by binding opioid receptors in the brain, spinal cord, and other areas of the body to reduce the sending of pain messages to the brain, thus simultaneously reducing the physical feelings of said pain.

They create artificial endorphins, the body's natural painkillers, which tap into the "reward" sector of someone's brain.

However, with chronic use, opioids eventually trick the brain into stopping the production of these endorphins naturally.

In doing so, the tolerance level increases and a patient is left with taking more medication to achieve the same effect.

They are most dangerous when taken in certain ways to increase the "high", such as crushing pills and then snorting or injecting the powder, or combining the pills with alcohol or drugs, especially benzodiazepines.

While some patients do take them for their intended purpose, they can still risk dangerous adverse reactions by not taking them exactly as prescribed, i.e. they take more at one time, or combine them with other medications not checked by their dentist.

Unfortunately, the fear of the intense withdrawal symptoms is often the biggest culprit when it comes to patients remaining addicted and ultimately leads them to continue taking the medication even if they no longer want to.





In 2012 alone, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.

In comparison to ten, even five years ago, this number is dramatically increasing as time goes on and more and more opioid overdoses are being reported on a daily basis.

Physicians and dentists are collectively responsible for providing 81.6% of opioid prescriptions in the United States and because of this, they have a very unique role in mitigating the impact of this opioid epidemic.

Opioid addiction often starts at the hands of healthcare professionals simply trying to do their job, prescribing pain medications to relieve their patients of painful woes, especially during post-operative recovery. Specifically, wisdom teeth extraction for dentists.

While many prescriptions are meant for initial, short-term treatment, when the pill bottle and refills run out, patients are left seeking alternatives to create that euphoric escape they've become so accustomed to.

This could mean an endless search of several different prescribers to prescribe more substances (also known as doctor shopping), purchasing pills on the black market, or worse, turning to heroin as a cheaper and more readily available alternative.

The associated stigma often deters patients from receiving proper rehabilitation treatment and even if they do seek treatment, the government currently limits the number of patients a single provider may treat with drugs such as buprenorphine or methadone, which are both proven to reduce cravings and save lives. This leads to many patients relapsing.

#### How does e-Prescribing help?

- e-Prescribing diminishes the possibilities of duplicate or lost prescriptions since the prescription is sent directly to the patient's pharmacy.
- A patient will no longer have a paper prescription where the dispense quantity can be altered.
- Prescriber's will have access to a patient's medication history, therefore they can determine if a patient is doctor-shopping or has a history of substance abuse.

**Cont.**

# Key Players

## Prescription Drug Monitoring Programs (PDMPs)

In an effort to combat prescription drug abuse, states are starting to insist that prescribers conduct a bit of research before writing prescriptions for addictive medications like pain medications or benzodiazepines.

States have therefore created statewide **Prescription Drug Monitoring Programs (PDMPs)** to monitor an individual's controlled substance dispense trends as a means to assist a prescriber in making smarter treatment decisions.

The goal here is to check a patient's medication history to determine if the patient is doctor-shopping or if they may have potential complications with medication(s) they are taking ... or have taken.

Ultimately, PDMPs aid a prescriber in understanding the risks involved in prescribing these powerful medications. A PDMP is not meant to be another government-controlled, green monster hanging on a practitioner's back at all times; it is meant to serve as a safety extension for prescribers, but most importantly for their patients.

**Test Patient**  
Female, 51 yrs

DOB:  
Nov 4, 1965

Patient Address:  
408 N. Milwaukee Ave  
Libertyville, IL 60048

Patient Phone:  
(847) 999-9999

Drug Allergies:  
• Codeine

[View Details/Edit](#)

Coverage Details:  
Plan:  
SURESCRIPTS LLC

Patient not found.

Patient's Preferred Pharmacies:  
**CA Pharmacy Store 10.6**  
1313-A S. Harbor Boulevard  
Anaheim, CA 92804  
(714) 212-1113  
Fax: (714) 113-2224  
Specialties: Retail, EPCS

[Add/Edit Preferred Pharmacies](#)

[Add New Prescription](#)  
[Add Patient Reported](#)

**Patient's New Prescriptions(to be approved)**

Medication	Dispense	Date	Refills	
<b>penicillin V potassium 250 mg tablet</b> NO Substitutions Allowed 5 Days Supply Sig: 1 tablet every 6 hours for 5 days	20 Tablets	Feb 17, 2017	0	<a href="#">Edit</a> <a href="#">Delete</a>

PIN:  [Approve & Send](#) [Approve & Print](#) [Delete](#) [Change PIN](#)

**Patient's Active Medications**

Simple Detailed Sort By: Date

Medication	Dispense	Date	Dispensings	Status
<b>Medrol Dosepak 4 mg tablet</b> Sig: Use As Directed On Package <a href="#">View Pharmacy</a> <a href="#">Reprint Prescription</a>	1 Box	Feb 7, 2017	0	<a href="#">Reorder</a> <a href="#">Remove</a>

**Patient's Medication History**

Disclaimer: Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

Patient has given consent to retrieve medication history.

[Show Medication History](#)

Sample Prescription Interface

## DoseSpot Sample Prescription Interface

**dose spot** 1 pending prescription

**Patient Details** Welcome Steve Schneeberger

Stratum Access

**Test Patient**  
Female, 51 yrs

DOB:  
Nov 4, 1965

Patient Address:  
408 N. Milwaukee Ave  
Libertyville, IL 60048

Patient Phone:  
(847) 999-9999

Drug Allergies:  
• Codeine

Coverage Details:  
Plan:  
SURESCRIPTS LLC

Patient not found.

Patient's Preferred Pharmacies:  
**CA Pharmacy Store 10.6**  
1313-A S. Harbor Boulevard  
Anaheim, CA 92804  
(714) 212-1113  
Fax: (714) 113-2224  
Specialties: Retail, EPCS

[Add New Prescription](#)  
[Add Patient Reported](#)

**Patient's Active Medications**

Simple Detailed Sort By: Date

Medication	Dispense	Date	Dispensings	Status
<b>Medrol Dosepak 4 mg tablet</b> Sig: Use As Directed On Package	1 Box	Feb 7, 2017	0	<a href="#">Reorder</a> <a href="#">Remove</a>

[View Pharmacy](#)  
[Reprint Prescription](#)

**Patient's Medication History**

Disclaimer: Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

Patient has given consent to retrieve medication history.

[Show Medication History](#)

## Integrated Rx in Patient Record

Notes Mounts Images Documents Summary Perio Transactions Treatment Plans Estimate Info

**Notes**

Type <ALL> Display <ALL>  Active Only  Hide Empty

Type	Date	Type	Teeth	Created By	Provider	Note	Template
	Feb 6, 2017	Prescription		Admin		[DoseSpot Prescription] Medication Id: 365510 Created On: 2/7/2017 4:08:31 PM Description: Medrol Dosepak 4 mg tablet Generic Drug Name: methylPREDNISolone Route: oral Dispense Units: Box Days Supply: 7 Quantity: 1 Strength: 4 mg Refills: 0...	DoseSpot Prescription

## Key Players

### State Mandates

Here are three states who have mandated e-Prescribing:

**New York** : The first state to mandate and enforce its e-Prescribing laws as of March 2016, New York requires prescribers to check their state PDMP database and prescribers who continue to write paper prescriptions are subject to fines, jail time, or both. Since implementing, total numbers of opioid analgesics prescribed fell by 78%.

**Minnesota**: Technically the first state to deploy mandatory e-Prescribing, they currently do not enforce the use of such technology. The MN Department of Health recently reported that drug overdose deaths jumped 11% between 2014 and 2015 and more than half were related to prescription drugs, specifically opioid pain relievers, rather than illegal street drugs.

**Maine**: Experiencing one of the highest death rates in the country due to opioid overdose, Maine recently mandated e-Prescribing for Schedule II controlled substances and will be put into effect come June 2017. Similar to New York, prescribers will face fines, jail time, or both if they choose to utilize paper prescription pads.

Learn More ...



Schedule a Meeting...  
with your Support Team.



Stratum Access Technologies, Inc.  
408 N. Milwaukee Avenue  
Libertyville, IL 60048  
847.680.4456



[www.stratumaccess.com](http://www.stratumaccess.com)