

2018 PGIP Fact Sheet

Electronic Prescribing of Controlled Substances

Overview

Value Partnerships, in conjunction with the Blue Cross Pharmacy team, has created the Electronic Prescribing of Controlled Substances Initiative to address the growing opiate epidemic. The Electronic Prescribing of Controlled Substances Initiative was launched in early 2016, and its objective is to increase the number of controlled substance (schedule II-V) prescriptions sent electronically by PGIP physicians. Value Partnerships set a specific goal of increasing the average percentage of electronically prescribed controlled substances to 25 percent by December 31, 2018. As of September 30, 2017, the Physician Organizations have exceeded that goal, achieving a rate of 26.6 percent.

Background

In the past decade, the volume of prescriptions for opioids has significantly increased. The Centers for Disease Control and Prevention has declared the rate of abuse and deaths from prescription painkillers to be an epidemic.ⁱ

Drug diversion – the use of prescription drugs for recreational purposes – is a real concern and contributes to the illegal distribution or abuse of prescription drugs. Drug diversion can result in drug addictions, overdoses, drug-related emergency room visits and death and has contributed to a fourfold increase in substance abuse treatment admissions from 1998 to 2008 for individuals ages 12 and over.ⁱⁱ

According to Surescripts® in 2013, more than two million Americans abused prescription painkillers such as hydrocodone, oxycodone and methadone. Since 1999, overdose deaths involving prescriptions have quadrupled. In 2014, deaths from prescription drug abuse outnumbered deaths from heroin and cocaine combined.ⁱⁱⁱ

To help ensure safe, secure and appropriate use of schedule II narcotics, it is necessary for health professionals to move toward eliminating the paper prescription and implement electronic prescribing of controlled substances. By connecting physicians and pharmacists electronically, there is an opportunity to improve care, reduce fraud and identify potential instances of abuse.

Goals and objectives

This initiative is designed to increase electronic prescribing of controlled substances to improve patient safety and health outcomes. The problems with the abuse of schedule II – V controlled

substances are significant and costly. This work demonstrates Blue Cross' and the PGIP community's commitment to the long-term health and wellness of Michigan.

Increasing the number of electronically-submitted controlled substance prescriptions should also help providers achieve the Centers for Medicare & Medicaid Services' electronic health record meaningful use requirements. For meaningful use, interim rules require that 60 percent of all prescriptions be transmitted electronically. Providers may find it difficult to meet these thresholds without including controlled substances.

Incentive design

Blue Cross will provide POs with quarterly Electronic Prescribing Opportunity Reports that include performance data about prescribing of controlled substances (generic or brand). Data will include all-payer prescription routing data for new prescriptions (not renewals) processed through Express Scripts.

The reports are designed to help POs identify opportunities to improve EPCS performance and assess resource requirements to meet initiative goals and objectives. The report will include overall routing information on schedule II-V prescribing for both retail and mail order prescriptions. Resources to identify participating electronic medical records and stand-alone vendors along with contact information are available on the Surescripts® sponsored website, www.getepcs.com. Additional information regarding e-prescribing and EPCS can be found on the Surescripts® website, www.surescripts.com.

Physician Organizations participating in the PGIP Electronic Prescribing of Controlled Substances Initiative are expected to:

- Utilize the EPCS Opportunity Reports to identify opportunities to improve EPCS performance, including the following types of activities:
 - Identify and educate providers not currently engaged with EPCS.
 - Access vendor/system capability as identified in vendor certification information available on the Surescripts® website and/or the PGIP Collaboration site.
 - Track physicians' and/or practices' EPCS performance.
 - Outreach to physicians or practices that have low EPCS utilization trends.
 - Identify high EPCS performers (i.e., physicians and/or practices) and facilitate best practice sharing.
 - Identify physicians and/or practices that aren't EPCS vendor-certified and help them start EPCS.
 - Educate physicians and/or practices to make full use of their EPCS tool.

- Additional requirements can be found in the Electronic Prescribing of Controlled Substances Initiative Plan.

Blue Cross reserves the right to modify its evaluative and administrative processes related to the initiative.

In this initiative, POs will receive rewards for improving their average performance in EPCS. Rewards are based on PO improvement from the baseline, which is updated annually to reflect a more current baseline.

Baseline EPCS rates will be calculated by creating a PO-level EPCS score among those physicians who prescribe 25 or more new controlled substances during the reporting period, as indicated in the quarterly Opportunity Reports. Rates will be calculated using the physician list, which is updated annually by the PO and submitted to Blue Cross. The rates reported for those physicians will be calculated over one year from the end of the third quarter the previous year to the end of the third quarter for the current year.

The payment method generates a single summary score for each PO that represents the weighted sum of the PO's normalized improvement score. The normalized improvement score – the ratio of current improvement to the theoretical optimal improvement – is similarly represented along a scale from 0-1, where 1 represents the most improvement over the baseline measurement period and 0 represents the least improvement over the baseline.

The PO summary score reflects a commensurate payment relative to improvement of other participating POs. An additional size factor is included in the calculation and will be based on the number of qualified physicians in the calculation. The requirement for a physician to be included in the calculation is 25 or more controlled substance prescribed in the reporting period.

Zero improvement or negative improvement will result in no reward payment.

Participation criteria

For POs to achieve success in this initiative, a specific focus should be on working with physicians (both specialists and primary care physicians) who are prescribing 25 or more new controlled substances per quarter and have opportunity to improve their EPCS rate.

All PGIP Physician Organizations and their member physicians prescribing 25 or more new controlled substances are eligible to participate. Physician Organizations may review their opportunity report to identify physicians who have prescribed 25 or more new controlled substances scripts per quarter and their average EPCS rate. This report is delivered to

Physician Organization EDDI boxes quarterly. The opportunity report naming convention is pgXXX_PO_Name_Quarter_Year_Rx-Oppt.

Evaluation

The Electronic Prescribing of Controlled Substances Initiative will be evaluated annually to assess the usefulness of the initiative's incentive metrics and impact.

To conduct an annual assessment, Value Partnerships and pharmacy teams will examine EPCS measures to ensure they are trending toward goal. The teams will also be assessing effectiveness of educational programs, materials and ongoing coaching work completed as a part of this project.

Specific data collection tools may vary by initiative. Value Partnerships will continue to use the PGIP Physician Organizations progress as a method for collecting specific data about the initiative. Other data sources for initiative assessment include data dashboards and data sets, the PGIP Self- Assessment Dataset, PO interviews, the PGIP Collaborative website, focus groups, work groups and various other sources. Data are tracked, compiled and reported to POs and other stakeholders on an annual basis.

Long-term evaluation of cost savings achieved through this and other PGIP initiatives will be conducted by analytic departments within Blue Cross.

Results

The rate at which PGIP Physician Organizations prescribed controlled substances electronically has continued to rise from 5.5 percent to 26.6 percent by September 30, 2017.

For additional information about this initiative contact:

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About Value Partnerships

Over a decade of innovation, Value Partnerships is a collection of clinically-oriented initiatives among Michigan physicians, hospitals, and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing health complications, controlling cost trends, eliminating errors, and improving healthcare outcomes throughout Michigan.

About PGIP

PGIP, a BCBSM **Value Partnerships** program, encourages, and rewards practitioners to more effectively manage patient populations and build an infrastructure to more robustly measure and monitor care quality. Over **40** Physician Organizations across the state of Michigan -

representing nearly **20,000 primary care physicians and specialists** - are working together in PGIP to improve the delivery of healthcare for Michigan Blues members.

PGIP is cultivating a healthier future for all Michigan residents by catalyzing an all-payer system. Patients throughout the state, regardless of payer, benefit from improved care processes developed in the PGIP provider community.

For additional information about PGIP:

Send an email to valuepartnerships@bcbsm.com.

Visit our website at www.valuepartnerships.com.

ⁱ Centers for Disease Control and Prevention (CDC). "CDC grand rounds: prescription drug overdoses-a US epidemic." *MMWR. Morbidity and mortality weekly report* 61.1 (2012): 10.

ⁱⁱ Wind, Nick, "America, it's time for an intervention: drug overdoses are killing more people than cars, guns." *Huffington Post* (2013)., http://www.huffingtonpost.com/2013/08/30/drug-overdose-deaths_n_3843690.html

ⁱⁱⁱ <http://surescripts.com/news-center/blog!/content/posts/2015/08/28/with-epcs-legal-nationwide-there-is-still-work-to-do>

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