Integration of prescription drug monitoring programs (PDMPs) and electronic prescribing of controlled substances (EPCS) within the electronic health record (EHR) is critical to ensuring clinicians are able to easily access the data and tools they need at the point of care. Variation in the implementation and use of PDMPs and EPCS at the state level has created a barrier for the effective use of EHRs and other health information technology technology in the fight against the opioid epidemic.

**Your action is needed:** Support legislation that encourages ONC—in partnership with the CDC and SAMHSA—to provide best practices to states on a consistent, nationwide approach to implementation and integration of PDMPs and EPCS, including consistent reporting timelines, a minimum data set, and a standards-based approach to information exchange along with access to the national PDMP registry.

**VARIATION = COMPLEXITY = COST**

**PROBLEM:** EHR developers have to code **50 different flavors** of systems connectivity to respond to state-to-state variation = obstacle to interoperability between states and public health research opportunities

- **SLOWER** response to patients visiting multiple clinicians
- **BARRIER TO** cross-state or national data comparisons
- **INCREASES** cost to Health Systems and/or States

**SOLUTION:** Ask ONC to produce best practices recommendations to states.

**PROVIDER CONFUSION**

**PROBLEM:** Massive state-to-state variation in required and shareable data sets = major challenge to information exchange or use in public health

- **0 STATES** share the same requirements across all data categories
- **38 STATES** use APPRISS as PDMP vendor
- **13 STATES** do not have a PDMP query mandate

**SOLUTION:** Establish a common minimum data set based on clinical relevance.
**PROBLEM:** Inconsistent reporting timelines to PDMP systems = clinical decision workflow is hampered without real-time data

**REPORTING TIMEFRAMES**

- **2%** 3 DAYS (1 STATE)
- **2%** 5 MINUTES (1 STATE)
- **2%** 8 DAYS (1 STATE)
- **12%** 7 DAYS (6 STATES)
- **82%** 24 HOURS OR NEXT BUSINESS DAY (42 STATES)

Only 1 state (Oklahoma) has real-time reporting (within 5 minutes)

**SOLUTION:** Establish a consistent reporting timeline across the country to equip providers with real-time information at the point of prescription

---

**ePRESCRIBING OF CONTROLLED SUBSTANCES (EPCS)**

**PROBLEM:** Lack of EPCS mandates = low realization of EPCS benefits, including improved security, accuracy, workflows, and reduced prescription tampering

**EPCS MANDATES**

- **NONE**
- **PROPOSED**
- **IN EFFECT**
- **PASSED**

- **NY** is the only state with greater than 60% (mandated in 2016)

**SOLUTION:** Mandate that all states utilize EPCS consistent with clinically established best practices.

To learn more about EHRA’s Opioid Task Force and its work, please contact Sarah Willis-Garcia at swillis@himss.org.

[www.ehra.org](http://www.ehra.org)