

Healthcare Technology Featured Article

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Three Factors Contributing to Lagging Provider Adoption of EPCS



All sectors of health care are rapidly going digital. However, electronic prescribing for controlled substances (EPCS) is lagging way behind on the adoption curve. Surescripts data show that only 14% of prescribers are utilizing EPCS as compared with 64% who conduct “basic” electronic prescribing (ePrescribing), or ePrescribing for noncontrolled substances.

What is behind this adoption gap? The most frequently cited reason is cost. Here are three things to know concerning the costs of EPCS and other factors that may affect adoption. The analysis is based in part on research by Point-of-Care Partners.

- 1. Costs associated with basic ePrescribing.** Both basic ePrescribing and EPCS typically are features within electronic health record software (EHRs). Virtually all EHRs include basic ePrescribing. EPCS is often an add-on that prescribers can request. For many EHRs, basic ePrescribing is included in the price of the software. As shown in Table 1 (below), others charge annual fees ranging from \$180 per provider to as much as \$1,200 per provider, with the majority falling somewhere in the middle.

Table 1. Costs for basic ePrescribing in the most widely used EHRs. Source: Point-of-Care Partners.

| EHR | Annual Cost of ePrescribing |
|-------------------------|-----------------------------|
| Allscripts Professional | \$0.00 (included w/EHR) |
| Allscripts Touchworks | \$0.00 (included w/EHR) |

| | |
|---------------------|----------------------------------|
| Amazing Charts | \$0.00 (included w/EHR) |
| Athena | \$0.00 (included w/EHR) |
| Cerner | Varies based upon # of providers |
| DrFirst | \$948 per provider |
| eClinicalWorks | \$0 (included w/EHR) |
| e-MDs | \$0 (included w/EHR) |
| Epic | Varies based upon # of providers |
| GE Centricity | \$0 (included w/EHR) |
| Greenway Intergy | \$372 per provider |
| Greenway PrimeSuite | \$180 per provider |
| NewCrop | \$948 per provider |
| NextGen | \$0 (included w/EHR) |
| Practice Fusion | \$1,188 per provider |

2. Costs associated with EPCS. EPCS systems must meet stringent Drug Enforcement Administration (DEA) requirements for credentialing, software certification and dual factor authentication. To cover those costs, many EHR vendors have imposed fees, which vary widely by product and by vendor. In many cases, basic ePrescribing is included in the EHR without a specific itemized fee. In some cases, EPCS follows the same model, although an EPCS surcharge is common. In some cases, the authentication token needed for EPCS is included in the surcharge; in other cases, it is priced separately. The following is a summary of costs associated with EPCS in the most widely used EHRs, which are estimated to represent about two-thirds of ambulatory EHR market share.

Table 2. Costs associated with EPCS in the most widely used EHRs. Source: Point-of-Care Partners.

| EHR | EPCS Setup (One-time fee) | Annual Ongoing Cost | Token for EPCS |
|-------------------------|----------------------------------|--------------------------|-----------------------------|
| Allscripts Professional | \$340 per provider | \$150 per provider | Included in ongoing cost |
| Allscripts Touchworks | \$6,000 per practice | \$150 per provider | Negotiated directly |
| Amazing Charts | \$0 | \$250 per provider | Included in ongoing cost |
| Athena | \$0 | \$0 per provider | Included in ongoing cost |
| Cerner | Varies based upon # of providers | | |
| DrFirst | \$0 | \$500 per provider | Included in ongoing cost |
| eClinicalWorks | \$250 per provider | \$0 per provider | \$250 per year per provider |
| e-MDs | \$225 per provider | \$120 per provider | Included in ongoing cost |
| Epic | Varies based upon # of providers | | |
| GE Centricity | \$0 | \$5,988 per provider | Included in ongoing cost |
| Greenway Intergy | \$150 per provider | \$90 per provider | Included in ongoing cost |
| Greenway PrimeSuite | \$150 per provider | \$90 per provider | Included in ongoing cost |
| NewCrop | \$150 per provider | \$150 per provider | Included in ongoing cost |
| NextGen | \$0 | included in ePrescribing | Negotiated directly |
| Practice Fusion | \$0 | included in ePrescribing | Included in ongoing cost |

3. Going beyond costs. Costs are a major decision factor in adopting health IT. However, there are potentially offsetting factors to be considered, such as the following:

- **Return on investment (ROI).** Positive early ROI analyses are emerging. An example is ROI results presented at the March 2018 meeting of the Healthcare and Information Management Systems Society (HIMSS) by Geisinger Health, which is a large, integrated delivery system in Pennsylvania. Geisinger demonstrated calculated savings of \$1,000,000 in the first year as a result of implementation of EPCS across 126 clinics and 1,661 physicians. These savings were achieved through reductions in call center and diversion control human resources, as well as prescribing efficiency for physicians and nurses. Using EPCS, prescribers reduced the amount of time spent per controlled substance prescription from 3-5 minutes to 30 seconds. At Geisinger, in addition to improving provider satisfaction, EPCS enhanced patient safety and care quality through better pain management and a significant reduction in opioid prescriptions. These are important measures—not only in and of themselves, but also as factors upon which providers will be measured and reimbursed as healthcare transitions to value-based care.
- **Mandates.** In an effort to fight the opioid epidemic, several states have followed New York’s lead and are mandating — or are soon to mandate — EPCS. According to data from POCP’s [Regulatory Resource Center](#), four are mandating EPCS and another five have passed legislation requiring electronic prescribing for opioids. Other states are considering jumping on the bandwagon. Legislation is pending in Congress to mandate EPCS for Medicare Part D, also as a way to address the opioid crisis. Regardless of cost concerns, mandates will drive adoption of EPCS.

Conclusion. For a provider who writes few controlled substance prescriptions, the costs and fees for EPCS, as outlined above, may not be viewed as cost effective. However, it may be different for the typical provider, for whom controlled substance prescriptions account for 15-20 percent of their prescription volume. For those providers, the cost of adding EPCS is not exorbitant on a per-prescription basis.

Thinking in terms of addressing a national public health crisis, the cost of EPCS is a small price in comparison to the costs of treating opioid addiction, unnecessary emergency department visits and hospitalizations for overdoses, and lost productivity due to death and disability. These are [estimated](#) to cost the US economy more than \$500 billion annually.

Ultimately, cost may not be the only factor affecting EPCS adoption. As healthcare transitions to value-based reimbursement, the costs of EPCS must be viewed within a broader context. This includes costs versus benefits for patient care and quality, reimbursement based on metrics related to EPCS and the requirements of value-based care organizations and integrated delivery networks for implementing EPCS using specific EHRs.

Finally, the costs of EPCS adoption may be a moot point if EPCS is mandated at the state and federal levels. However, increased uptake due to mandates may drive down implementation costs, but this will be in a longer-term horizon.

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