

## *Real World Examples*

- [Geisinger: Leveraging EPCS to combat opioid abuse while saving \\$1M per month](#)  
Geisinger Health System is a 767-bed health system serving 3 million patients in Pennsylvania and New Jersey. In an effort to address opioid abuse, Geisinger implemented a comprehensive approach that included encouraging non-opioid reliant therapies, leveraging the Pennsylvania state prescription drug monitoring programs, linking the provider dashboard to their EHR and enabling EPCS. This approach allowed Geisinger to reduce opioid prescribing by 50 percent, with even higher reductions as the program continued. The EPCS initiative has also generated a significant cost savings of nearly \$1 million per month by eliminating inefficiencies associated with paper prescriptions.
- [Hartford HealthCare: A blueprint for EPCS success](#)  
Hartford HealthCare is a 1,954-bed system based in Hartford, Conn. In June 2017, the state of Connecticut passed a new law mandating EPCS. Moving to EPCS would ultimately deliver a single, electronic prescribing workflow for all medications and address the challenges of paper prescriptions. However, given the complexity of the DEA requirements for EPCS, Hartford HealthCare needed to develop a comprehensive plan to roll out a fully compliant EPCS solution in time to meet the deadline. As a result, Hartford HealthCare was able to improve workflow efficiency, increase provider and patient satisfaction and decrease the risk of drug diversion and fraud.

## Measuring Success

Some of the measurable success metrics for EPCS include:

- EPCS utilization rates
- Reduction in paper prescriptions (and associated costs)
- Time savings for providers and other staff (including the associated cost)
  - There is a group of providers who legitimately need to prescribe these medications at an order of magnitude higher than others, such as oncologists or palliative care specialists. Like any workflow, there are advantages and disadvantages of EPCS. The ability to cancel or transfer eRx's when a pharmacy is closed or does not have the prescribed medication in stock is a consideration that needs to be accounted for in the process planning and execution. Many provider systems view this as an opportunity to re-examine their workflows on selection of pharmacy and assure that they are defaulting to those pharmacies that are preferred by the hospital, provider, and/or patients. This will vary by hours of operation, geography, medications on formulary and ability to communicate with prescribers proactively and retrospectively.
- Reduction in pharmacy callbacks (including the associated cost)
- Patient-specific measures:
  - Patients, who are typically exhausted and in pain after a surgical procedure or hospital stay, should experience a decreased wait time at a pharmacy. The prescriber will determine which pharmacy was able to fill the required prescribed drug and direct the patient/care giver to that pharmacy.
  - While EPCS can help prevent fraud, drug diversion, abuse and addiction, it can make it *easier* for patients who truly need controlled substances to get their medications filled in a timely and convenient manner.
  - It is important to remember that there are many patients who legitimately need controlled medications, opioids included, and care providers should be careful not to perpetuate a stigma or bias on this population of patients.

## Helpful Resources

- [EPCS Checklist: A step-by-step project planning guide](#)
- [Find E-Prescribing & EHR Software for Providers](#)
- [Surescripts 2017 National Progress Report](#)
- [Map of state EPCS requirements](#)
- [Drug Enforcement Administration \(DEA\) IFR: Electronic Prescriptions for Controlled Substances](#)