

Testimony of

Laura L. Adams

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Senate Committee on the Judiciary Hearing: Electronic Prescribing of Controlled Substances: Addressing Health Care and Law Enforcement Priorities

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Chairman Leahy and Members of the Committee, thank you for the opportunity to appear before you today to testify on this issue of great importance to the quality and safety of health care delivery in this country.

My name is Laura Adams and I'm President and CEO of the Rhode Island Quality Institute, a not-for-profit organization founded six years ago by then RI Attorney General, now US Senator, Sheldon Whitehouse. This multi-stakeholder organization, comprised of hospitals, physicians, nurses, consumers, insurers, and employers has the singular mission of significantly improving the quality, safety and value of health care in RI.

I'm here today to respectfully request that the Committee take action to urge the Drug Enforcement Administration and the Department of Justice to promulgate regulations for e-prescribing of controlled substances that are technology neutral; that build on today's safe and secure e-prescribing infrastructure; and allow for future changes and growth in technology, privacy and security safeguards, and industry expansion.

I'm going to speak about the need for these new regulations from the perspective of our broad-based coalition working together to transform the health care system in the state of RI. The Quality Institute serves as Rhode Island's Regional Health Information Organization (RHIO) and we strongly believe in the value of health information technology as an essential element in any viable proposal for addressing the problems that plague our health care system. It's our goal to bring the delivery of health care in our state out of the paper-based system, which we recognize as a root cause of significant waste and harm.

But in order for the people of our state and our nation to realize the promise of health information technology, their providers have to adopt it and use it. Our job in RI is to work diligently to lower barriers to adoption. Our Clinical IT Leadership Committee, a group of some of the most competent and respected thought-leader physicians in Rhode Island has identified the inability to electronically prescribe controlled substances as significant barrier to adoption. Some physicians on our Committee, who have devoting their scarce and valuable time to this work for more than three years, have cited this barrier as one of the primary reason that they themselves have not yet adopted electronic prescribing, even though they're sure of the benefits to patients, providers and those who pay for health care.

While approximately 12.5% of all prescribed drugs are controlled substances, perhaps a more significant number is the far higher percentage of patients that require the prescription of controlled substances in addition to medications that are permitted to be electronically prescribed. For example, in the very common situation where an elderly patient needs multiple medications to manage their chronic illnesses and some of the drugs are controlled, it makes it far more likely that a busy practitioner who has adopted electronic prescribing will default to the paper based system for all of the prescriptions for that patient rather than attempt to operate parallel systems in their complex office settings. Therefore, the inability to electronically prescribe controlled substances not only thwarts adoption in the first place, it suppresses the total number of electronic prescriptions written by those who providers who have adopted.

As I'm sure every member of the Committee knows, research has shown that medication errors are occurring at a disturbing rate in this country. With a staggering number of drugs on the market and more coming out all the time, it has become all but impossible for providers to rely on their memory for proper dosing, avoidance of drug-drug

interactions and allergic reactions. I think David Eddy said it best when he said, "The complexity of modern medicine has exceeded the capacity of the unaided human mind".

Controlled substances include some of the most potent and potentially harmful drugs if given the wrong dose or with other drugs that result in untoward reactions. When a misplaced decimal point or a drug interaction can be catastrophic, these patients are effectively being denied access to a system that could save their lives. Patients who require controlled substances deserve the same opportunity for safer prescribing as all other patients.

Another problem of great concern to Emergency Room physicians in RI--that the electronic prescription of controlled substances could significantly reduce --is "doctor shopping" This is when patients with addictions or drug dependency problems go from physician to physician to obtain controlled substances. Electronic prescribing by Emergency Room physicians can help to identify patients who doctor shop much more quickly and efficiently than is now possible. Electronic prescribing creates an immediate electronic footprint or audit trail that is documented and time-stamped through each point in the process, from the prescribers' location to the pharmacy. These electronic audit trails show who accessed the prescription and when. If the medication is electronically prescribed, these automatic audit trails can expose doctor shopping, even if the patient pays cash.

This is not to say that electronic prescribing of controlled substances can address every instance of drug diversion. Electronic prescribing, however, can go a long way toward reducing the incidence of doctor shopping, reducing the rate of those who successfully forge prescriptions and/or alter the originals and increasing law enforcement's ability to prosecute these cases.

Electronic prescribing is far more secure than paper prescriptions. Paper prescription pads are often stolen or counterfeited, signatures are forged, and drug quantities are altered before the prescription is delivered to the pharmacy.

Electronic prescribing involves transmission of prescriptions over secure, private networks--not simply the Internet--using industry-wide privacy and security standards to see to it that the transmissions are safe and secure.

I'm sure you've heard or will hear the testimony of experts in the area of secure transmission of data attesting to the safety and security of electronic prescribing. They'll speak to this in more depth.

But in short, the industry's ready. And the need has never been greater.

We're asking for your help to bring about the electronic prescribing of controlled substances and all of the benefits it affords consumers, providers and payers.

Thank you for this opportunity to come before you with this request.