



December 21, 2017

The Honorable Mark Dayton
Governor
State of Minnesota
130 Capitol
75 Rev. Dr. Martin Luther King Jr. Boulevard
St. Paul, MN 55155

Dear Governor Dayton:

Thank you for seeking the advice of the Minnesota e-Health Advisory Committee (Advisory Committee) and requesting a set of recommendations for using e-health to prevent and respond to opioid misuse and overdose.

As co-chairs of the Advisory Committee, which has legislative responsibilities under Minnesota Statutes, Section 62J.495 to advise the Minnesota Department of Health, we are submitting the final set of recommendations. The Advisory Committee, with input from the Opioids and e-Health Steering Team and the Minnesota Department of Health, Office of Health Information Technology, endorsed seven final recommendations that expand the preliminary recommendations by providing additional detail, and identifying additional areas for action. We believe implementation of the following recommendations can have a significant impact on mitigating the opioid epidemic.

The Advisory Committee recommends that:

1. By July 2018, the Minnesota Legislature should provide resources to fully implement and ensure compliance with Minnesota Statutes Section 62J.497 including a focus on increasing the rate of e-prescribing of controlled substances from approximately 20 percent (Surescripts 2016 National Progress Report) to over 80 percent by 2020. Implementation of this recommendation should occur with input from the Minnesota e-Health Advisory Committee to:
 - Provide or ensure statewide education and technical assistance on e-prescribing of controlled substances.
 - Support full-implementation of all electronic prescribing related transactions in the nationally-recognized National Council for Prescription Drug Programs Standards, including electronic prior authorization and Formulary and Benefits.
 - Provide grants to increase the rate of e-prescribing of controlled substances. Grantees include, but are not limited to, prescribers that serve rural or underserved populations; prescribers that have small, independent practices; and other providers needing support such as dentists.
 - Support the use of evidence-based clinical guidelines and clinical decision support.
 - Monitor the status of e-prescribing, specifically for controlled substances, and assess the barriers to e-prescribing of controlled substances.
 - Develop and implement policy options including rulemaking and enforcement for non-compliance of e-prescribing as needed, if goals are not met.

2. By January 2019, the Board of Pharmacy, with input from the Minnesota e-Health Advisory Committee, health and health care provider associations and other stakeholders, should develop requirements and an implementation plan to improve the Prescription Monitoring Program. The requirements and implementation plan should include use cases and policies for the required use of the Prescription Monitoring Program. The implementation plan should:

- Address affordable, effective and seamless use of the Prescription Monitoring Program by prescribers and dispensers through the electronic health record, other health information technology, and integration into Minnesota's health information exchange services, and include full implementation of clinical guidelines and clinical decision support and access to other states' Prescription Monitoring Program information.
- Improve stakeholder input and oversight, representative governance, regulatory authority, and funding of the Prescription Monitoring Program to support alignment with state and federal requirements and standards, improve data quality and usability, support patient consent and privacy, and meet workforce-training needs.

The Governor and Legislature should appropriate funds for the development and implementation of the requirements and implementation plan to improve the Prescription Monitoring Program.

3. By July 2018, the Minnesota Legislature should amend Minnesota Statutes, Section 152.126 to expand the permitted uses of Prescription Monitoring Program data. The updated language should ensure that state and federal agencies, tribal governments, academia, local public health, payers, and other partners are able to appropriately access and analyze information for improved prevention, response, and care while safeguarding patient privacy in accordance with state and federal law. Transparent processes and principles developed by the Board of Pharmacy with input from the Minnesota e-Health Advisory Committee and other stakeholders should guide access to the Prescription Monitoring Program data. Potential data uses should include, but are not limited to:

- Identify geographic areas and populations showing indicators of misuse and abuse to better target resources for prevention, response, and coordinated care, treatment, and services.
- Ensure more timely and accurate responses to misuse and overdoses by leveraging other data sources such as overdose, toxicology, and drug seizure reports; medical examiner/coroner data; payer claims; poison control reports; and birth and death records.
- Support the development and use of advanced clinical decision support and clinical guidelines to flag suspicious behavior and/or patterns and identify individuals at risk for opioid misuse at the point of care and beyond.
- Identify critical needs for training and best practices for prescribers, dispensers and other providers such as emergency medical services and local public health.

The Governor and Legislature should appropriate funds to support the expanded uses of the Prescription Monitoring Programs data, and develop and implement the transparent processes and principles to guide access to data.

4. State agencies and associations should, by September 2018, review, update, and provide education on e-health and opioids policies and guidelines to ensure dispensers, prescribers, payers, and other providers, including the care team:

- Have appropriate and timely access to health information
- Can subsequently share health information
- Understand their scope of action related to the health information.

Use cases should include, but are not limited to, instances when prescribing and dispensing practices are outside nationally recognized clinical guidelines, such as those published by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration, and individuals are at-risk for misuse and abuse.

5. The Governor, by July 2018, should ensure access and coverage for all Minnesotans and providers, and provide resources for grants and technical assistance, to expand access to services and care enabled by telehealth, telemedicine and other forms of virtual technology to fill access gaps in opioid tapering and withdrawal, chemical dependency, mental health, and alternative pain treatment and services.
6. The Governor should support state agencies and stakeholders in participating in statewide coordinated health information exchange services. The support should be consistent with the findings of the Minnesota Health Information Exchange Study, which will be submitted to the Legislature in February of 2018; align with input from the Minnesota e-Health Advisory Committee; ensure providers and public health have access to information to support individual and community health services and support:
 - Alerts for emergency services, urgent care, and other medical visits relating to substance misuse and overdose.
 - Referrals to substance abuse treatment and community services.
 - Access to patient health history including medication lists.
7. The Minnesota Department of Health, by December 2018, should submit to the Governor and the Legislature, an update to their informatics profile that assesses the gaps in current information and information systems used to prevent and respond to substance misuse and overdose and identify resources needed to fill those gaps. The Governor and Legislature should appropriate funds to ensure those needs are met.

The Advisory Committee recognizes that mitigating the opioid epidemic goes beyond e-health. We acknowledge the need for better access to and coverage for health services, specifically opioid tapering and withdrawal, chemical dependency, mental health and alternative pain treatment and services. Therefore, we also recommend the Governor to work to ensure all Minnesotans have access to the treatment and services needed to achieve health and wellbeing.

The Advisory Committee and its stakeholders will continue to prioritize work to mitigate the opioid epidemic. In the coming months, we will be moving forward with the findings of the legislatively-mandated study on health information exchange which improves the seamless flow of information to

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prescribers and dispensers. We will continue to monitor and provide input into state and national activities regarding e-prescribing of controlled substances, Prescription Monitoring Programs, and related issues. In addition, we will finalize a report on leveraging e-health to prevent and respond to opioids misuse and overdose. We welcome any comments or suggestions to guide this work.

We recognize the importance of this topic and thank you for your leadership in taking action on these recommendations. We would be happy to discuss these recommendations in detail or respond to additional questions or requests. Please contact us through Martin LaVenture, Minnesota Department of Health, Office of Health Information Technology at martin.laventure@state.mn.us.

Thank you again for the opportunity to provide input on using e-health to prevent and respond to opioids misuse and overdose.



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Cc: Daniel L. Pollock, J.D., Acting Commissioner of Health