Legislative and regulatory updates

MN session ended with Some related to opioids, renewed health care access fund (OHIT funding), assisted living regs/rules

ePA rule is expected to be released this week.

Diagnosis code measurement discussion

The group discussed these proposed measures:

1. Percentage of all prescriptions with a valid (actual ICD 10) diagnosis code
2. Percentage of all opioid prescriptions with a valid (actual ICD 10) diagnosis code
3. Percentage of all prescriptions with a related diagnosis code

Discussion

The consensus was that this is a good starting point, but specifics need to be discussed for Surescripts to proceed with approval. Several questions were discussed, leading to a research proposal.

Q: What is the purpose of the analysis? To examine the claims process or other?
   A: We should examine the use case of the pharmacist receiving the information.

Q: What code field to use?
   A: Use the diagnosis field as designated in SCRIPT.

Q: What do we mean by “valid”?
   A: Suggest using: valid syntax (matches ICD10 syntax); invalid syntax; no code. We will not plan to test “patient validity” – meaning that it is the correct diagnosis code.

Q: Which diagnosis codes to examine? Many scripts have more than one diagnosis.
   A: Ideal situation would be a one-to-one association between diagnosis and drug, but don’t expect that in the data. Therefore, examine all diagnosis codes.
Research proposal

Create three medication subsets that are commonly associated with a condition. Suggestions are:

- Gabapentin (pain)
- Propranolol (high blood pressure)
- Metformin (diabetes)

Luke can run NDC lists for these conditions. We will not add opioids at this point – these can have a broad range of diagnoses to complicate the analysis.

Parameters:

- Look at diagnosis element only – primary and secondary
- Start with 2016 data (post-ICD10 implementation). Monitor trends on a monthly or quarterly basis (yearly deemed to be too infrequent).
- Data will include only Minnesota pharmacies. This aligns with our goal of improving prescriber/pharmacist communication.
- Data normalization needed (e.g. 123.45/12345, Z12.34/z12.34)
- Luke can provide flat file of valid ICD-10 codes (decimal/no decimal) if needed
- Surescripts has opioid definition per compendia

Next steps:

- Luke and Tricia will review the proposal and requirements, then Karen will send to the workgroup. Any final questions/issues will be included in that email.
- A subgroup of pharmacists will review the NDC lists that Luke develops.
- All results will be shared as aggregated information. No personal health information will be included.
- The data request is subject to legal approval at Surescripts.
- Karen suggests that we develop a project charter to refine and document the methodology. This will support publication efforts.