e-Prescribing Workgroup
CHARGE (DRAFT 10/17/18)

Charge
The purpose of this workgroup is to advance comprehensive implementation of e-prescribing standard transactions and procedures by Minnesota’s stakeholders. The work will address two key issues:

• Increasing adoption of electronic prescribing of controlled substance by Minnesota’s prescribers.
• Documenting and developing stakeholder consensus on addressing barriers to full implementation of the NCPDP SCRIPT standard and e-prescribing processes. Stakeholders include prescribers, dispensers, payers, and pharmacy benefit managers.

Context
In recent years the Minnesota e-Health Initiative has addressed several issues relating to e-prescribing transactions, workflows, and how e-health can address opioid misuse and abuse.

• In 2014-2015 the e-prescribing workgroup was convened to address a number of issues that have inhibited full functionality. Notably, The CANCEL and CHANGE transactions in the SCRIPT standard have not been fully implemented by EHR vendors and prescribers or pharmacies, so these functionalities have not been widely adopted. This creates patient safety concerns.
• In 2017, at the request of the Governor, the Minnesota e-Health Advisory Committee provided a set of recommendations for using e-health to prevent and respond to opioid misuse and overdose. A key recommendation is to increase the rate of e-prescribing of controlled substances (EPCS) among prescribers by providing education and supporting full implementation of all e-prescribing transactions
• In 2018 it was brought to OHIT’s attention that prescribers, dispensers, payers, and PBMs would like the e-Health Initiative to provide a neutral-party forum to discuss and resolve a list of issues. Among the items the group has identified are that can be used to manage opioid use and mitigate misuse are:
  o Use/Optimization of e-Prior Authorization (ePA).
  o Effective use of CANCEL transaction.
  o Inclusion of diagnosis codes on prescriptions and claims.
  o PMP use, including integration into workflow.
Proposed Activities

1. Increase the number/percent of EPCS-enabled prescribers (goal of 80% by 2020, as recommended to Governor Dayton by the Advisory Committee) by reaching out to targeted health system and physician groups, dubbed “EPCS Road Show.”
   a. The outreach message will focus on:
      i. Why this is important (script diversion, among other reasons).
      ii. Education on compliance with state laws and federal laws (HR6)
      iii. Inquiring about prescriber barriers to EPCS (e.g., cost, technology, workflow). I.e., what are the problems and what do you need to do this?
      iv. Prescriber commitment to support EPCS implementation.
   b. Audiences to reach include:
      i. Large health systems
         1. Leveraging the Minnesota Health Collaborative Opioid efforts.
         2. Engaging leadership and (potentially) compliance officers.
      ii. Provider and hospital associations.
      iii. Clinic groups that have reported low EPCS rates in the e-health surveys, targeting primary care, orthopedics, mental/behavioral health, pain clinics, and oral surgeons).
   c. OHIT staff will lead this effort with support from workgroup participants (and the Advisory Committee) to engage prescriber organizations.
   d. By January 2019 the workgroup will have a “Road Show” communication package and a schedule of outreach activities with the key audiences. The activities may include webinars as well as face-to-face meetings and partnerships with various organizations such as ICSI, MN HIMSS, MMA).
   e. By February 2019, communication to interested legislators about policy needs to support EPCS implementation.
   f. By May 2019 the workgroup will report to the Advisory Committee the current status of prescriber adoption (per Surescripts), a report on outreach activity, and potential future/continued activities.
2. Convene stakeholders to describe issues relating to e-prescribing processes and procedures, and develop consensus on implementation. This process may be a potential trial for the proposed “e-Health Uniformity Committee” process.
   a. Establish bi-monthly (approx.) meetings to compile and describe the issues, and prioritize action. Example issues include (see Appendix A for a preliminary list):
      i. Use/Optimization of e-Prior Authorization (ePA).
      ii. Effective use of CANCEL transaction.
      iii. Inclusion of diagnosis codes on prescriptions and claims.
   b. Form sub-groups as needed to address technical and/or subject matter content.
   c. Develop a plan to engage stakeholders to implement the plan.
   d. OHIT’s role will be as neutral convener; subject matter expertise is needed from the co-chairs and workgroup participants.
      i. Potentially pursue funding for a subject matter expert to facilitate meetings.
   e. Align with the other Initiative activities including the HIE Task Force.
   f. By May 2019 the workgroup will report to the Advisory Committee the status of the consensus activities and implementation plan.

Timeframe and Participant Expectations

In-person (and virtual, as needed) meetings will be held beginning October 2018 and every 4-6 weeks thereafter. Subgroup meetings are expected to be held in between to refine the “Road Show” messaging and address subject matter issues.

At these meetings participants are expected to:

- Provide expert input and subject matter expertise on effective and safe e-prescribing practices.
- Engage their organization’s commitment to support the workgroup activities and goals.
- Participate in EPCS communication/outreach activities, as appropriate.
- Engage colleagues and network to participate with the workgroup.
Leadership

Workgroup Co-Chairs

- Steve Simenson, BPharm, FAPhA, President and Managing Partner, Goodrich Pharmacy
- Lee Mork, MBA, MS, RPh, Director of Pharmacy, Allina Health Group – Primary Care and Specialty Clinics

MDH Staff Lead:

- Karen Soderberg, karen.soderberg@state.mn.us; ph: 651-201-3576

Meetings are open to the public; information will be posted at:

  http://www.health.state.mn.us/e-health/workgroups/erxwghome.html

Inquiries can be directed to the staff lead or mn.ehealth@state.mn.us
# Appendix A: Preliminary e-prescribing issues

Based on a June 5, 2018 informal convening of Minnesota stakeholders.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Sub-topic</th>
<th>Discussion</th>
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</thead>
<tbody>
<tr>
<td>Use/Optimization of ePA</td>
<td>False Positives</td>
<td>Some are only doing retrospective due to inaccurate F&amp;B data. May have pharmacy run test claim to determine if PA is needed</td>
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<td></td>
<td>Claims Process</td>
<td>Resubmit until claim goes through.</td>
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<tr>
<td>Point of Care Decision Support Tools</td>
<td>Benefits/Eligibility Information</td>
<td>Automated process to run 270/271 and MedHx nightly; manual for same-day patients</td>
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<td></td>
<td>Formulary Management</td>
<td>Alternatives, when sent, sort alphabetically. Concerns about quality/integrity of F&amp;B data, moving towards RTBC processes</td>
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<tr>
<td>Refill data in EMR</td>
<td>Claims data in EMR</td>
<td>Using MedHx data to update medication details. MedHx can/does include claims and pharmacy records. Limited use of RxFill messages.</td>
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<tr>
<td>PBM gaps in care report</td>
<td>Integration in provider workflow</td>
<td>Want to see this move to electronic process. Need way to manage alerts to be specific; i.e. diabetics w/o statin, alert should fire based on total cholesterol level. Assumption is current paper notifications may not be worked; might be assigned to MTM pharmacist.</td>
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<tr>
<td>RxCancel Messages</td>
<td>Duplicate therapies</td>
<td>Some groups have made a reason code mandatory in order to send a CancelRx message. Have a policy around how duplicate Rxs are handled. Need process to implement effectively in in-patient setting. For integrated pharmacies, d/c in EMR removes it for pharmacy.</td>
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<tr>
<td>Alternatives</td>
<td>Notification to MD and RPh – claim reject messages, F&amp;B files</td>
<td>Want ability to more effectively/accurately identify preferred alternatives to prescribers (at POC) and pharmacies.</td>
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<td>Topic</td>
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<tr>
<td><strong>Real Time Prescription Benefit Checks</strong></td>
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<td>Definite interest and activity around this; proprietary solutions will be used until standard is ready.</td>
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<td>Use of Diagnosis codes</td>
<td>On eRx</td>
<td>One system sends on all Rxs. Acknowledge benefits of sending for counseling, PA support</td>
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<td></td>
<td>On Claims</td>
<td>Generally not sending on claim, unless needed for PA or payment (Part B). Could be unintended consequence of having available on Rx...payers could require, deny for off-label use.</td>
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<td>Opioids</td>
<td>Decision support</td>
<td>Lots of work integrating guidelines on quantity, day supply, MME into workflow.</td>
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<td>PMP integration</td>
<td>Not complete</td>
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<td></td>
<td>EPCS</td>
<td>One system up and running, using reporting to deal with prescribers who are writing hard copy.</td>
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<td>DHS MCO program changes</td>
<td>PI project out of statewide WG; patient/provider outreach, formulary and UM edits</td>
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<td>Rule 1557</td>
<td>Anti-discrimination (e.g. transgender patients)</td>
<td>How is gender information (status) captured in EMR and transmitted to pharmacy? Can impact dosing. There is a group at NCPDP looking at data exchange options within NCPDP transactions.</td>
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<td>Medical Marijuana</td>
<td>Policies around prescribing, charting</td>
<td>Concern around interactions. Note: SCRIPT 2017071 will allow for more substance use information to be exchanged (alcohol, marijuana, tobacco, etc.)</td>
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