

e-Prescribing Workgroup

FEBRUARY 13, 2020 MEETING NOTES

Updates

NCPDP workgroup meeting

- Several workgroup members attended the February NCPDP workgroup meetings and reported that:
 - The real-time benefit tool (RTBT) pilot is progressing.
 - NCPDP is working on standards for a consumer-facing RTBT tool. This is expected to be a tool used by plans and proposed as a requirement in the recent CMS 2021 proposed rule (impacting Part D plans) and offering varied/redundant points of access for the consumer (e.g., portal, app, phone).
 - NCPDP is responding to NCVHS request for updating the telecom standard. Hearings begin in late March.

National conferences (ONC, National Health Policy)

- Karen Soderberg (MDH) attended the National Health Policy Conference sponsored by AcademyHealth. Much of discussion is on consumer access to information and social determinants of health.
- Anne Schloegel (MDH) attended ONC's Annual Meeting. There was not much discussion on topics relating to eRx, but MDH will engage other states on general HIE topics. This could impact community pharmacies in the future (e.g., MTM).

ONC strategic plan

- ONC released the draft 2020-2025 Federal Health IT Strategic Plan for public comment. MDH is collecting comments by email to submit a coordinated response to ONC on behalf of the Minnesota e-Health Initiative. Information is at:
<https://www.health.state.mn.us/facilities/ehealth/coordresponse/index.html>.

Minnesota legislature

- HF 3031 has been introduced by Rep. Cantrell (Dem, 56A) requiring use of RTBT by January 2021.
https://www.revisor.mn.gov/bills/text.php?number=HF3031&version=0&session=ls91&session_year=2020&session_number=0
There are a number of nuances in the current language that should be discussed. Karen will arrange a separate call to go through in detail.

Issues with SCRIPT implementation

- SCRIPT 2017071 guidance on how to work around the required height and weight requirement. In practice, particularly pediatrics, it is not always feasible to capture that information. NCPDP approved guidance for addressing this and will continue work to address it in the schema.
- In general, there are issues when pharmacies don't update at the same time as prescribers. Many little nuances that create a lot of problems for the health systems. Some examples:
 - International addresses don't transmit to pharmacies that have not updated. This is especially problematic for Mayo Clinic with many international patients.

- Walgreens didn't follow instructions from Surescripts, resulting in a large volume of rejected scripts landing back at Allina's "error pool".

EPCS during EHR update

- Julie Ehlers (Ridgeview Health) shared that they will need to revert to manual EPCS as they migrate to Epic in March 2021. They do not plan to upgrade their current system prior to conversion. Lee Mork (Allina Health) shared best practices suggestions to help manage the transition and reduce risk of diverted paper scripts.
- In early January Rainy Lake Medical Center contacted MDH with information that OptumRx has already moved to EPCS for their home delivery business. Starting March 1, any scripts sent manually will be rejected and the member will need to fill it at a retail pharmacy. MDH wants to be sure that consumers are not adversely impacted by this, and reached out to Optum's government relations to get more information. As it turns out, OptumRx will allow exceptions for both prescribers and members (e.g., implementing EPCS in 2020, hardship, lack of transportation). MDH will work with Minnesota's professional associations to disseminate this information.

Pharmacy non-compliance

- Karen (MDH) will arrange a meeting with BOP and the workgroup co-chairs to discuss how we can work together to encourage pharmacies to comply with the e-prescribing mandate.
- MDH does not have a current list of pharmacies. Luke Slindee (Optum) directed Karen (MDH) to the NPPES database info to get updated pharmacy list.