

e-Prescribing Workgroup

MAY 13, 2019 PHONE CALL – MEETING NOTES

Materials posted at [Workgroup web page](#)

Regulatory updates

No discussion; MN still in session.

ONC's NPRM comments

- The Minnesota e-Health Initiative will submit a coordinated response to the ONC on the information blocking NPRM related to PDMP data integration into the EHR. The Minnesota Legislature's position as of today is that PDMP data is available for view-only access to the state's database, so integration of data "into" the EHR is not allowed. In addition, the data we collect can be retained for only 12 months after January 1, 2020.
- Appriss, the technical vendor used by Minnesota's PDMP for EHR workflow integration, has been in touch with Tom Carter at CDC. Evidently the gist of the ONC question was around consumer access – how to consider the PDMP as a registry expanding who and how it is accessed. Appriss also working on SMART on FHIR.
- Consider using MedHx (included as part of ONC S&I framework). MedHx offers latency advantage with near real-time data transmission, whereas PDMP reporting requirements vary by state. MedHx is widely used by providers today and named as a required transaction in state statute.
- Request/receive via MedHx vs. reporting to PDMP (ASAP). Two different standards for two different purposes.
- There was no consensus on comments other than to point out state laws.

Priorities discussion

Question introduced about integration of eRx and eCare Plan standards.

- Timeline for implementation of eCare Plan is based on HL7 balloting, which is underway and due out later this year. The standard is a profile based on CCDA with information relevant to pharmacists. In the meantime, vendors are using different standards.
- NCPDP Foundation is supporting a project using the eCare Plan.
- Karen attending MNHIMSS next week and will share with group at next meeting.

Diagnosis code

- Not easy for prescriber to include. Sometimes sent in Dx, Sig, MD Notes; not always easy to automate when sent in non-Dx fields. Education re: need to use Dx field for claims payment. If not on NewRx, requires a change message. Promote as best practice.

- Distinction between diagnosis and indication (who is recipient of information). Knowing reason for opioid Rx could be useful (acute vs. chronic pain).

Measures and demonstrating value

- How do we measure? Claims? On Rx? PDMP data? Can Surescripts help? Tricia will research.
- Include Dx on diabetes and/or opioids as starting point (opioids might be precluded by EPCS readiness).
- Case study on gabapentin? Has multiple indications – show variation. Methotrexate, new anti-coagulants?
- Lit review - Karen will follow up with Mark Siska and do some lit searches on evidence base for value.