

e-Prescribing Workgroup

OCTOBER 14, 2019 WEBINAR – MEETING NOTES

Materials posted at [Workgroup web page](#)

Objectives

- Review and provide input on e-Health Strategies for Preventing and Responding to Drug Overdose and Substance Misuse
- Potential workgroup priorities through Spring 2020

Input on e-Health Strategies for Preventing and Responding to Drug Overdose and Substance Misuse

Background

The Minnesota e-Health Advisory Committee recognizes a need to identify e-health strategies and actions to prevent and respond to drug overdose and substance misuse. Between now and spring 2020 MDH's Office of Health IT (OHIT) will lead a process of collecting input and information, developing strategies and actions, and seek endorsement from the Advisory Committee in the spring. This work will consider a broad spectrum of substances to better prepare for future public health epidemics.

Discussion questions

1. What information is needed for prescribing, dispensing, MTM, other?
2. What information is needed to support your role in preventing and responding to drug overdose and substance misuse?
3. What information do you have that could prevent and respond to drug overdose and substance misuse?

Workgroup comments

- What is the progress of PMP integration with EHRs? MDH will get updates from BOP as part of this information gathering process.
- The upcoming SCRIPT version (January 2020) includes a field for substance use. It's an optional field that uses SNOMED codes and support multiple substances/entries. The workgroup could support best practices for implementing this option.
- Expanding the types of drugs reported to the PMP to include therapeutic medications (this is also available in med history). Members are not sure how much retail Rx uses med history (if at all), so having this info in the PMP would support them. Nebraska includes all prescriptions in their PMP – would be good to learn more about how that is working out.

- Support legislation for pharmacists to be able to provide more types of care.

Potential workgroup priorities through Spring 2020

- OHIT is scheduling a webinar for Lee Mork to present about Allina's CancelRx implementation process. This will be November 22 from 11AM to noon (Central time). Watch for a separate notice.
 - Note that OHIT will schedule learning webinars on a variety of topics, to be held approximately every other month. Information on these will be shared with the workgroup and through OHIT's newsletter. If you have a topic of interest (to learn or present) please contact Karen.soderberg@state.mn.us
- We have not yet seen an NPRM from CMS for the EPCS requirement. The workgroup should continue outreach for prescriber enablement and be prepared to respond to an upcoming NPRM or RFI.
 - Note: a special workgroup meeting will be called if/when this happens to ensure timely response.
- Support reimbursement and adoption of virtual Rx visits for MTM. Currently this is reimbursed only if part of a clinic setting. Technology now allows for this type of consultation from a patient's home. This Rx-to-patient service can be valuable for many patients who have difficulty with mobility/transportation.
- Med reconciliation is a huge priority nationally. Surescripts recently hosted a conference at UMN with a panel addressing this. Connecticut is using their HIE and FHIR transactions to support this; Lisa Moon from Advocate Consulting (and an Advisory Committee member) may be able to share information on this and help think through how to apply better processes in Minnesota. It was reported that this panel provided interesting information, but not necessarily solutions. This workgroup should focus on solution, best practices, and how to address gaps in standards.
- The subgroup continues their study on the use of Diagnosis codes on prescriptions. An abstract was not submitted for the NCPDP Annual Technology & Business Conference.
- MTM and the need for community pharmacists to have access to relevant clinical information is an important issue for MDH. Steve Simenson is involved with an MTM pilot focused on care coordination for patients with cardiovascular disease. This is a potential learning topic for the workgroup.