

e-Prescribing Workgroup

DECEMBER 9, 2019 MEETING NOTES

Updates

- E-health strategies group will meet in January. Contact Karen if you are interested in participating.
- Karen will start to schedule meetings for 2020. They may not be a standing time, but will still be every 6-8 weeks (or more frequent if needed).

Activities discussion

The following topics were discussed for potential action and/or inclusion in an updated workgroup charge.

Workforce

With recently-announced reductions in the workforce, what are opportunities to help pharmacists apply their skills elsewhere in the health care industry, perhaps focusing on informatics. The Initiative has recognized the importance of workforce training to address evolving technology (e.g., agile skills), impending shortages due to fewer people entering the workforce, and increasing care needs of the baby boomer generation. This is probably a good opportunity to collectively discuss and piggyback on any meetings or learning topics that the Initiative arranges.

Next step: Invite workgroup to participate with any formal or informal discussions organized by the Minnesota e-Health Initiative. At this time no discussions are scheduled.

Pharmacies not complying with e-prescribing mandate

There are still pharmacies that are not on electronic systems, creating workflow issues for prescribers. There may be opportunity to work with the Board of Pharmacy for them to promote the requirement (and professional best practice) of using an electronic system while they are out doing on-site examinations.

Next step: MDH will arrange a meeting with BOP to discuss this problem and develop a solution.

SCRIPT 2017071 readiness

Which optional features of the new version are of interest? PDX has many customers asking about NewRxRequest and Transfer. General comments were that organizations have been focused on implementing the bare minimum for 2020, and now will need to play catch-up for other priorities that were put on the back-burner to meet those minimum needs. Lee commented that these are not a priority at Allina at this time. Their strategy is to follow Epic's lead – when they make a functionality part of a core bundle, then Allina will implement alongside that bundle (rather than making separate request). This may also be a good opportunity to update the e-prescribing guidance (<https://www.health.state.mn.us/facilities/ehealth/eprescribing/docs/erxguide2015.pdf>) and promote that through BOP, other licensing boards, and stakeholder associations.

Next step: Karen will reach out to Epic to find out more about their implementation timeframe.

EPCS uptake

Karen has put this outreach on the backburner for a few months but will reach out again to some target groups starting in January. These will focus on MN Dental and any prescriber organizations (e.g., Minnesota Medical Assn, specialty provider associations). Tricia will provide a MN and national update for the next meeting.

Next step: Karen will reach out to MN Dental to identify opportunities for outreach.

CancelRx:

MDH and the e-Health Initiative held a webinar on November 22 featuring Lee Mork and Steve Simenson. Steve provided some background on the SCRIPT transactions and importance of CancelRx, and Lee walked through the process and lessons learned from Allina's implementation. The webinar was attended by 25 people and will be available for viewing via MDH's Youtube channel after it has been transcribed for subtitles (this may take a while).

Next step: Tricia to provide CancelRx updates for next meeting.

Diagnosis code study

Tricia at Surescripts is waiting for the opportunity to collect a 3-year data set, and will learn more on the timeframe later this week. The group prefers to wait for this full dataset rather than conduct analysis piecemeal. In the meantime, the subgroup will reconvene to discuss other project work such as literature reviews.

Next step: Karen will arrange a meeting.

Medication Therapy Management

Many MN stakeholders have successfully implemented eCare Plan. It may be helpful to reach out to Brian Isetts (UMN) to learn more about efforts behind this and if/how the workgroup can support it.

Next step: Karen will contact and discuss with Brian Isetts and others.

ePrior Authorization

Federal rules are expected by the end of December. EHR certification rule is expected in January, and will reference ePA.

Next step: Keep an eye out for the rules; discuss implications at next workgroup meeting.

Medication Reconciliation

Need to identify what (specifically) is the problem we need to solve. We know generally that med rec goes well for most patients, but about 15-20% who visit specialists and/or have complex conditions have issues. Also fragmented care. May be able to get inpatient rec done, but outpatient is a challenge, compounded by not knowing what a patient actually does with their meds. PMP for all meds may be a solution – Nebraska has implemented this (as part of their HIE). NC, MD, DE are looking into it. Also CT – may be able to arrange a discussion with them. MN has laws relating to PMP and data use that may need to be changed to allow for better use; also, BOP houses the PMP and may not want to share.

Next step: Consider dedicating a meeting to this topic and invite additional SMEs to the discussion.

Real Time Benefit Check

For Medicare Part D, health plans must offer 1 tool by January 2021. Health plans can choose any tool, which may place a burden on providers to have multiple tools in place. The rule came out before the standard was developed; a beta version was released earlier in 2019 and we currently have pilots in place. Workgroup could create a forum to promote awareness and national guidance, potentially including Minnesota's Administrative Uniformity Committee (AUC).

Next step: Consider dedicating a meeting to this topic and invite additional SMEs to the discussion.