DRAFT e-Health Strategies for Preventing and Responding to Drug Overdose and Substance Misuse
2019-2020 WORK PLAN

Introduction
In the summer of 2017, Governor Dayton requested the Minnesota e-Health Advisory Committee (Advisory Committee) provide a set of recommendations for using e-health to prevent and respond to opioid misuse and overdose. The advisory committee, with input from the Opioids and e-Health Steering Team and Minnesota Department of Health (MDH), Office of Health Information Technology (OHIT), submitted seven recommendations in December 2017 (Appendix A). The Advisory Committee believed implementation of the recommendations could have a significant impact on mitigating the opioid epidemic. Today, the Advisory Committee recognizes the need to update the recommendations to 1) better reflect the current drug overdose and substance misuse epidemic and 2) transform the recommendations to e-health strategies and collective actions for the Advisory Committee and partners.

Work Summary
The purpose of the work is to
1. Update recommendations to develop e-health strategies to prevent and respond to drug overdose and substance misuse;
2. Articulate how the e-health strategies support the consumer, providers, and communities in their efforts to prevent and respond to drug overdoses and substance misuse; and
3. Develop collective actions that the Advisory Committee and its partners can take to support or implement the e-health strategies.

In addition, the e-health strategies and collective actions should align with local, state, and federal activities. The e-health strategies may be broad in nature with the collective actions more concrete. Although resources availability and likelihood of happening are part of the development of e-health strategies and collective action, the work should not be limited to e-health strategies and collective actions that have full funding or policy support.

This is project is led by the OHIT with input from the Advisory Committee and subject matter experts.
Commonly Used Terms

Medication-Assisted Treatment (MAT): Integrates medications (e.g., methadone, buprenorphine, or naltrexone) with behavioral therapies and medications to treat substance use disorders.\(^1\)

Naloxone: Medication (opioid antagonist) administered to rapidly reverse opioid overdose. Naloxone is commonly sold under the brand names Narcan\(^\circ\) and Evzio\(^\circ\). It is available through injectors (intramuscular or IM), nasal sprays, and auto-injectors.\(^1\)

Non-Medical Use of Prescription Drugs: Use of prescription opioids for reasons or in ways other than as prescribed, or without a prescription.\(^1\)

Overdose: Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.\(^2\)

Substance Misuse: The use of a substance for a purpose not consistent with legal or medical guidelines.\(^1\)

More terms found at the Language of Substance Use Disorder.

Project Phases, Tasks, & Deliverables

That work will be achieved through the 3 phases and associated high-level tasks and deliverables listed below. Throughout the work, the following items will be considered/addressed:

1. The consumer lens will be applied and each e-health strategy will include an explanation of how this benefits the consumer or how not doing this will hurt the consumer.
2. Any burden or unintended consequence due to the collective action or e-health strategy will be documented.
3. Collective actions can be assigned to the Advisory Committee and its workgroups, the Governor, Legislature, state agencies and boards, consumers, providers, communities, and other partners.
4. E-health strategies and collective actions should connect to the Minnesota e-Health Initiative’s vision, mission, and principles (Appendix B).

Phase 1: Collect Information

October 2019 – November 2019

2. Update e-Prescribing numbers to reflect current status.

\(^1\) From SAMHSA’s Center for the Application of Prevention Technology’s Opioid Misuse and Overdose Glossary of Terms (PDF)

\(^2\) Retrieved from CDC Commonly Used Opioid Terms
3. Collect input from e-Prescribing workgroup.
4. Assure/align definition of substance misuse with MDH.
5. Review/incorporate MDH activities such as ODMAP, look over new Opioid funding activities, and opioid dashboard.
6. Reach out to school nurses, MN Dental Association, and others.
8. Research EHR standard and activity around tracking vaping and other data elements needed for drug overdose and substance misuse.
9. Meet with Stratis’s telehealth group for input.

Phase 2: Develop e-Health Strategies and Collective Action
November 2019 – January 2020
1. Develop strategies and collective actions
2. Identify and engage steering team to provide input two times on drafts of strategies and collective actions (12/2/19 & 1/13/20)
3. Review from PMP, e-Rx workgroup, HPCD/IVPS, Aasa, HP, and others
4. Update to Advisory Committee (12/9/19)

Phase 3: Endorse and Distribute Work
February 2020 – May 2020
1. Request endorsement of e-health strategies and collective actions (2/10/20)
2. Request endorsement of e-health strategies and collective actions (4/22/20)
3. Share/distribute e-health strategies and collective actions (ongoing)
Appendix A: Opioids and e-Health Report

A SUMMARY OF THE 2017 MINNESOTA E-HEALTH ADVISORY COMMITTEE’S OPIOIDS AND E-HEALTH RECOMMENDATIONS

Introduction

In response to the opioid epidemic, Governor Dayton requested the Minnesota e-Health Advisory Committee provide a set of recommendations for using e-health to prevent and respond to opioid misuse and overdose. The advisory committee, with input from the Opioids and e-Health Steering Team and Minnesota Department of Health, Office of Health Information Technology (OHIT), developed seven recommendations. The advisory committee believes implementation of the recommendations can have a significant impact on mitigating the opioid epidemic. OHIT developed this report to summarize the approach, recommendations and next steps of the advisory committee’s work on opioids and e-health.

Approach

The approach initially focused on the collection, use, and sharing of information necessary for the electronic prescribing of controlled substances (Figure 1) as requested by the advisory committee. With the request from Governor Dayton and input from the community, the scope was broadened to include additional uses of e-health to prevent and respond to opioid misuse and overdose. The following activities were critical to the development of the recommendations and building greater understanding of using e-health to prevent and respond to the opioid epidemic.

Minnesota Environmental Scan

Prescribers, payers, pharmacies and state agencies provided information and perspectives regarding the electronic health care information needed to address the opioid epidemic. The interviews focused on two areas including:

1. Whether and how such information is or could be exchanged via the types of data exchange subject to MN 62J.536 and 62J.495-4982; and
2. Any possible issues or constraints associated with the standard, electronic exchange or use of information needed to address the epidemic and how they might be addressed.
Figure 1. Common Information Flow for Electronic Prescribing of Controlled Substances
Engaging Partners and Collecting Input during the Minnesota e-Health Summit

During the 2017 Minnesota e-Health Summit’s, ‘Leveraging e-Health to Prevent and Respond to Opioid Misuse and Overdose’ session approximately 30 participants from across the care continuum shared feedback on:

- Preferred/recommended data sources;
- How information can best be provided/communicated via standard, electronic health business transactions and electronic health records;
- How electronic health data can be leveraged to help address the opioid epidemic;
- Key obstacles/challenges to providing/communicating the needed information; and
- Changes/solutions needed to address the challenges/obstacles.

Nationwide Scan of Strategies Implemented by States to Address Opioid Epidemic

The scan obtained information about other states’ legislative and policy strategies for addressing the epidemic. Key words used in the review included: “opioids,” “EPCS” (electronic prescribing of controlled substances), “prescription monitoring program/prescription drug monitoring program,” (PMP/PDMP) “medical cannabis,” and “individual/patient education.”

Opioids and e-Health Steering Team

The Opioids and e-Health Steering Team provided input to the Advisory Committee on recommendations and strategies for using e-health to prevent and respond to opioid misuse and overdose. The participants of the Steering Team included experts in prescribing and dispensing controlled substances, e-prescribing controlled substances, and the Minnesota Prescription Monitoring Program. The Steering Team met twice and shared their perspectives and experiences during numerous advisory committee and public meetings.

Recommendations

The advisory committee believes implementation of the following recommendations can have a significant impact on mitigating the opioid epidemic.

The advisory committee recommends that:

1. By July 2018, the Minnesota Legislature should provide resources to fully implement and ensure compliance with Minnesota Statutes Section 62J.497 including a focus on increasing the rate of e-prescribing of controlled substances from approximately 20 percent (Surescripts 2016 National Progress Report) to over 80 percent by 2020. Implementation of this recommendation should occur with input from the Minnesota e-Health Advisory Committee to:
a. Provide or ensure statewide education and technical assistance on electronic prescribing (e-prescribing) of controlled substances.
b. Support full-implementation of all e-prescribing related transactions in the nationally recognized National Council for Prescription Drug Programs Standards (NCPDP), including electronic prior authorization and Formulary and Benefits.
c. Provide grants to increase the rate of e-prescribing of controlled substances. Grantees include, but are not limited to, prescribers that serve rural or underserved populations; prescribers that have small, independent practices; and other providers needing support such as dentists.
d. Support the use of evidence-based clinical guidelines and clinical decision support.
e. Monitor the status of e-prescribing, specifically for controlled substances, and assess the barriers to e-prescribing of controlled substances.
f. Develop and implement policy options including rulemaking and enforcement for non-compliance of e-prescribing as needed, if goals are not met.

2. By January 2019, the Minnesota Board of Pharmacy, with input from the Minnesota e-Health Advisory Committee, health and health care provider associations, and other stakeholders, should develop requirements and an implementation plan to improve the Prescription Monitoring Program (PMP). The requirements and implementation plan should include use cases and policies for the required use of the PMP. The implementation plan should:
   a. Address affordable, effective and seamless use of the PMP by prescribers and dispensers through the EHR, other HIT, and integration into Minnesota’s HIE and include full implementation of clinical guidelines and clinical decision support and access to other states’ PMP information.
   b. Improve stakeholder input and oversight, representative governance, regulatory authority, and funding of the PMP to support alignment with state and federal requirements and standards, improve data quality and usability, support patient consent and privacy, and meet workforce-training needs.

The Governor and Legislature should appropriate funds for the development and implementation of the requirements and implementation plan to improve the PMP.

3. By July 2018, the Minnesota Legislature should amend Minnesota Statutes, Section 152.126 to expand the permitted uses of Prescription Monitoring Program data. The updated language should ensure that state and federal agencies, tribal governments, academia, local public health, payers, and other partners are able to appropriately access and analyze information for improved prevention, response, and care while
safeguarding patient privacy in accordance with state and federal law. Transparent processes and principles developed by the Board of Pharmacy with input from the Minnesota e-Health Advisory Committee and other stakeholders should guide access to the Prescription Monitoring Program data. Potential data uses should include, but are not limited to:

a. Identify geographic areas and populations showing indicators of misuse and abuse to better target resources for prevention, response, and coordinated care, treatment, and services.

b. Ensure more timely and accurate responses to misuse and overdoses by leveraging other data sources such as overdose, toxicology, and drug seizure reports; medical examiner/coroner data; payer claims; poison control reports; and birth and death records.

c. Support the development and use of advanced clinical decision support and clinical guidelines to flag suspicious behavior and/or patterns and identify individuals at risk for opioid misuse at the point of care and beyond.

d. Identify critical needs for training and best practices for prescribers, dispensers and other providers such as emergency medical services and local public health.

The Governor and Legislature should appropriate funds to support the expanded uses of the Prescription Monitoring Programs data, and develop and implement the transparent processes and principles to guide access to data.

4. State agencies and associations should, by September 2018, review, update, and provide education on e-health and opioids policies and guidelines to ensure dispensers, prescribers, payers, and other providers, including the care team, have appropriate and timely access to health information, can subsequently share information, and understand their scope of action related to the information. Use cases should include, but are not limited to, instances when prescribing and dispensing practices are outside nationally recognized clinical guidelines, such as those published by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration, and individuals are at-risk for misuse and abuse.

5. The Governor, by July 2018, should ensure access and coverage for all Minnesotans and providers, and provide resources for grants and technical assistance, to expand access to services and care enabled by telehealth, telemedicine and other forms of virtual technology to fill access gaps in opioid tapering and withdrawal, chemical dependency, mental health, and alternative pain treatment and services.

6. The Governor should support state agencies and stakeholders in participating in statewide coordinated HIE services. The support should be consistent with the findings
of Minnesota Health Information Exchange Study, which will be submitted to the Legislature in February of 2018, align with input from the Minnesota e-Health Advisory Committee, ensure providers and public health have access to information to support individual and community health services, and support:

a. Alerts for emergency services, urgent care, and other medical visits relating to substance misuse and overdose.
b. Referrals to substance abuse treatment and community services.
c. Access to patient health history including medication lists.

7. The Minnesota Department of Health, by December 2018, should submit to the Governor and the Legislature an update to their informatics profile that assesses the gaps in current information and information systems used to prevent and respond to substance misuse and overdose and identify resources needed to fill those gaps. The Governor and Legislature should appropriate funds to ensure those needs are met.

The advisory committee also recognized that mitigating the opioid epidemic goes beyond e-health. There is a need for better access to and coverage for health services, specifically opioid tapering and withdrawal, chemical dependency, mental health and alternative pain treatment and services. Therefore, they also recommend the Governor work to ensure all Minnesotans have access to the treatment and services needed to achieve health and wellbeing.

**Next Steps**

The advisory committee and its stakeholders will continue to prioritize work to mitigate the opioid epidemic. In the coming months, it will move forward with the findings of the legislatively mandated study on HIE, which improves the seamless flow of information to prescribers and dispensers. It will continue to monitor and provide input into state and national activities regarding e-prescribing of controlled substances, Prescription Monitoring Program, and related issues.
Appendix B: Minnesota e-Health Initiative

Minnesota e-Health Initiative Vision
All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.

Minnesota e-Health Initiative Mission
- Empower individuals, families, and caregivers to use information and technology to make informed health and wellness decisions.
- Promote research and implementation of evidence-based policies to support best practices and improve outcomes.
- Improve community and public health through timely and actionable information.
- Support providers, care teams, and services in the collection, use and sharing of information through technology and health information exchange.
- Use information to advance knowledge, wisdom, and practice by assuring:
  - Strong leadership and strategic collaborations that support innovation and stay informed of trends influencing health and technology.
  - Well-trained and educated e-health-savvy workforce.
  - Sustainable and adaptable resources for guidance and implementation.
  - Standards and policies for collection, use and sharing of information, including personal health and medicine and factors that influence health such as genetics, geography, and gender.
  - Protection of health information and patient access to health information.
  - Measurement of progress on the adoption and effective use of health information technology and health information exchange.

Minnesota e-Health Initiative Guiding Principles
The Minnesota e-Health Initiative takes collective action that meets the statutory requirements in Minnesota Statutes 62J.495 to advise the commissioner of health, provide guidance to the community, and
- Supports the vision and mission of the Minnesota e-Health Initiative.
- Ensures that decisions are objective and align with science and evidence-based research.
- Advances e-health equity and supports e-health across the care continuum.
- Values integrity, quality and collaboration.
- Considers all aspects of and factors influencing health and wellbeing.
- Leverages current resources and opportunities.
- Respects human dignity and promotes cultural competency.