September 26, 2017

The Honorable Mark Dayton
Governor
State of Minnesota
130 Capitol
75 Rev. Dr. Martin Luther King Jr. Boulevard
St. Paul, MN 55155

Dear Governor Dayton:

As Co-Chairs of the Minnesota e-Health Advisory Committee (Advisory Committee), which has legislative responsibilities under Minnesota Statutes, Section 62J.495 to advise the Minnesota Department of Health, we are responding to your request for a preliminary 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 the Minnesota Department of Health, Office of Health Information Technology (OHIT), has endorsed seven preliminary recommendations that should quickly begin to help mitigate the opioid epidemic.

To increase the rate of electronic prescribing of controlled substances (EPCS) and decrease the fraudulent use and diversion of paper prescriptions, the Advisory Committee recommends the following:

1. Identify barriers and provide targeted resources including grants, training and education, and technical assistance to in-need prescribers, including dentists, to implement EPCS. A specific need is funding to small, independent prescribers for the start-up and first year costs associated with EPCS.

2. Monitor progress and establish a timeline to implement penalties for non-compliance with Minnesota's e-prescribing mandate (Minnesota Statutes, Section 62J.497), focusing on EPCS.

To increase the rate of access to Prescription Monitoring Program (PMP) information by prescribers and dispensers, support safe patient care, and improve prescribing and dispensing practices, the Advisory Committee recommends the following:

3. Identify and remove barriers experienced by users of the PMP system and provide targeted resources to support access to the PMP by prescribers and dispensers. Areas to assess include but are not limited to cost to interface with the PMP, workflow integration, usability of information, and workforce training needs. Examples of targeted resources include grants, training and education, and assistance with infrastructure and connectivity.

   Identify opportunities to support the governance, operations and funding of the PMP and its integration into Minnesota's health information exchange (HIE) infrastructure.

4. After identified barriers to PMP are addressed, require prescribers and pharmacists to review the PMP before prescribing or dispensing controlled substances.

To improve the use of Prescription Monitoring Program (PMP) and other information for improved prevention, response, and care, the Advisory Committee recommends the following:

5. Allow the Board of Pharmacy to enter into data sharing agreements with other state and federal agencies, academia, local public health, payers, and other partners to prevent and respond to the misuse and overdose of opioids and other controlled substances. Potential PMP data uses include, but are not limited to:
   - Identification of critical needs for training and best practices for prescribers, dispensers, and other providers such as EMS and local public health.
   - Leveraging other data sources such as overdose, toxicology, drug seizure reports, and birth and death records to allow for more timely and accurate responses and actions to misuse and overdoses.
   - Identification of geographic areas and populations showing indicators of misuse and abuse to better target resources for prevention, response, and coordinated care and services.

6. Identify and support strategies, including possible legislative, regulatory, and policy changes, for dispensers, prescribers, payers, and other providers to share information and, if appropriate, take action, on prescribing and dispensing practices outside the normal guidelines and individuals at-risk for misuse and abuse.

For more information on the development of the preliminary recommendations, review the enclosed document, *Leveraging Electronic Health and Administrative Data to Prevent and Respond to Opioid Misuse and Overdose*.

The success of any of the preliminary or final recommendations will require a coordinated HIE infrastructure to ensure information flow, manage patient care, and support community health. Through a separate legislatively-mandated study, the Advisory Committee endorsed for public comment recommendations that will move Minnesota towards a more coordinated HIE infrastructure. The final HIE recommendations are due to the legislature in February. Any final recommendations for using e-health to prevent and respond to opioid misuse and overdose should take these additional HIE recommendations into consideration as well as align with national activities regarding EPCS, PMP, and related issues.

In preparation for the final recommendations due by the end of December, the Advisory Committee, in coordination with the Opioid and e-Health Steering Team and the Minnesota Department of Health, OHIT, will be discussing possible additional areas for recommendations including but not limited to:

- Overdose and misuse alerts to providers for improved treatment and outcomes.
- Telehealth for access to tapering off of opioids and other treatment options.
- Clinical decision support for improved provider and patient joint decision-making.
- Prior authorization to decrease administrative burden.
- E-health tools, such as patient portals and personal health records, to provide additional patient resources.

We understand the importance of this topic and thank you for your leadership in reviewing these preliminary recommendations. We welcome any comments or suggestions to best guide this work to mitigate the opioid crisis and look forward to submitting our final recommendations in December.

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Enclosure: Leveraging Electronic Health and Administrative Data to Prevent and Respond to Opioid Misuse and Overdose

DEPARTMENT OF HEALTH

Leveraging Electronic Health and Administrative Data to Prevent and Respond to Opioid Misuse and Overdose

SUMMARY OF ACTIVITY AND FINDINGS

Document Purpose

Governor Mark Dayton requested the Minnesota e-Health Advisory Committee provide a set of recommendations for e-health strategies to address the current epidemic of opioid abuse and overdose. This report was developed by the Office of Health Information Technology (OHIT) to document the activity and findings to date and to assist the Advisory Committee in responding to the Governor's request. It provides an overview of the epidemic, identifies key challenges and needs to be addressed, and identifies possible actions for Minnesota to take.

Introduction

The Problem

Opioid deaths continue to rise in Minnesota. In 2016, there were 376 total opioid overdose deaths including 186 from prescription opioids. Prescription opioid deaths rose 12% from 2015 to 2016. During the first nine months of 2016 (January to September), there were 2,074 hospital-treated opioid overdoses and 1109 emergency department visits for opioids. In addition, from 2012 to 2015, the number of diagnoses of neonatal abstinence syndrome, problems that occur in babies while exposed to opiate drugs in utero, increased over 300%, from 239 to 765[i].

However, these statistics do not adequately reflect the full health, economic, social service, criminal justice, and other impacts of the current opioid epidemic on individuals, their families, their communities, and the state. It has been estimated nationally that:

- For every person who dies from opioids, over 850 others are in various stages of misuse, abuse and treatment[ii];
- Over 1,000 people are treated daily in emergency departments for misusing prescription opioids[iii]; and
- The economic toll of prescription opioid overdose, abuse, and dependence in the US is now over $78 billion annually[iv].

The broad-scale manufacture, prescribing, and dispensing of prescription opioids coincides with the misuse and overdose of opioids. For example:

More than 240 million prescriptions for opioids were written in 2014[v], and "pharmacies received and ultimately dispensed the equivalent of 69 tons of pure oxycodone and 42 tons of pure hydrocodone," – "enough to give 40 5-mg Percocet and 24 5-mg Vicodin" to each and every one of the more than 325 million people in the United States[vi].

Opioid and e-Health Project

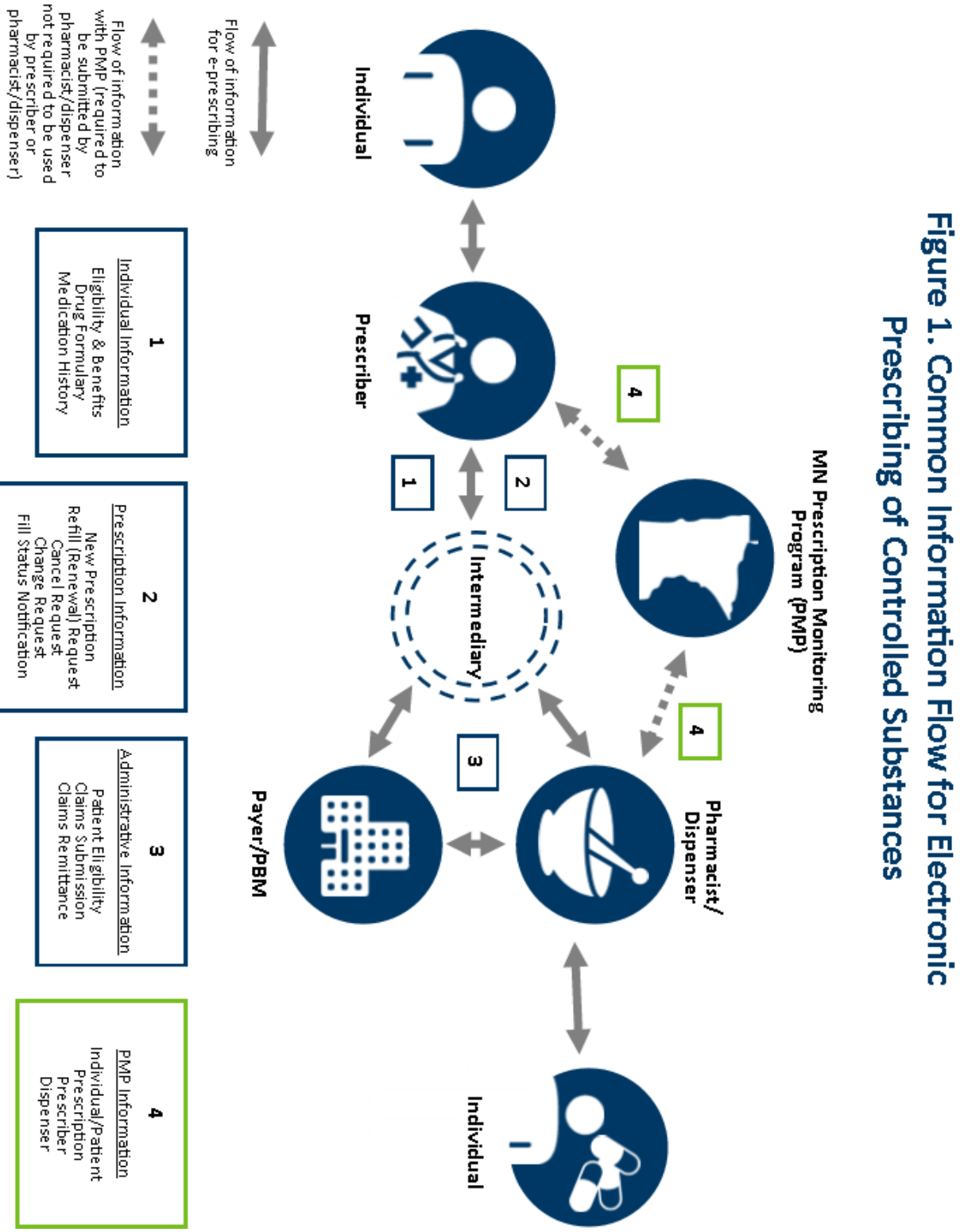
OHIT, in coordination with the Minnesota e-Health Advisory Committee, are leading the *Opioid and e-Health Project* to help address the opioid epidemic by leveraging electronic health and administrative data. ***The purpose of the project is to identify, evaluate, and recommend strategies to leverage electronic health and administrative data to prevent and respond to the opioid misuse and abuse.*** The project focuses on health and administrative data collected, used, and shared through a Common Information Flow for Electronic Prescribing of Controlled Substances (Figure 1).

The key transactions and movement of data and information in Figure 1 are for the purposes of

1. Verifying patient insurance coverage and eligibility for health care services
2. Using clinical decision support tools for care
3. Accessing and using the prescription monitoring program
4. Prescribing controlled substances
5. Informing the individual about their treatment, prescription, and health
6. Submitting billing and payment details

With feedback from the Minnesota e-Health Advisory Committee and in response to a specific request in a letter from Governor Dayton, the project scope was expanded to examine additional e-health areas including telehealth.

Figure 1. Common Information Flow for Electronic Prescribing of Controlled Substances



Methods

The project focused on key information, stakeholders, and policies represented in Figure 1 and as identified by the Advisory Committee and Governor. These were reviewed in the following activities.

Minnesota Environmental Scan

This work focused on obtaining information and perspectives regarding the electronic health care information needed to address the opioid epidemic, 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.

A consultant interviewed Minnesota prescribers, payers, pharmacies and state agencies directly involved with the current electronic exchange of health and administrative information regarding the electronic exchange of health and administrative information and the opportunities to use such exchange to manage opioid use. Themes were summarized and incorporated into next steps of the project

Engaging Partners and Collecting Input during the Minnesota e-Health Summit

OHIT staff gathered input 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 attended the session, including providers, payers, vendors and public health representatives. The participants 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 nationwide scan built upon themes of the Minnesota scan. A literature review was conducted to obtain 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." Note, this was not a legal analysis but a scan of strategies implemented by states and/or state legislatures to address the opioid epidemic. Themes identified were aligned with additional findings.

Summary of MDH and Minnesota Activities to Address Opioid Epidemic

OHIT staff contacted all MDH divisions and relevant programs regarding their activities related to the opioid epidemic. The programs were asked to share the description and goal of the activity as well as the information used and needed. In addition, programs were asked about other opioid activities occurring in Minnesota. A summary of all the responses will be compiled at a later date and included in subsequent updates and information dissemination. Of special note is the Opioid Dashboard (www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/) released by Injury and Violence Prevention Section at MDH which includes all statewide data related to opioid use, misuse, and overdose.

Opioids and e-Health Steering Team

The purpose of the Opioids and e-Health Steering Team is to provide the Advisory Committee with input on recommendations and strategies for using e-health to prevent and respond to opioid misuse and overdose. Specifically, Governor Dayton has requested that the Minnesota e-Health Advisory Committee provide a set of recommendations for how e-health can help mitigate the opioid epidemic. The recommendations are to encourage more robust e-prescribing of controlled substance (EPCS) and other e-health strategies including: better integration of the Minnesota Prescription Monitoring Program (PMP) into electronic health records; more robust sharing of the data with partners seeking to develop prevention efforts; and development of decision support tools that can engage prescribing behavior at the point of care.

Areas for Action

The following areas for action and related recommendations are being considered to prevent and respond to opioid misuse and overdose:

1. Electronic Prescribing of Controlled Substances (EPCS)
2. Prescribers and Dispensers Access Prescription Monitoring Program (PMP) Information before Prescribing and Dispensing Controlled Substances
3. PMP Information to Support Community Health
4. Overdose and Misuse Alerting
5. Telehealth for Access to Tapering Off and Treatment Options
6. Clinical Decision Support (CDS)
7. Prior Authorizations

Each area for action includes a brief synopsis of why the area is important to mitigating the opioid epidemic, the status of activities in other states and Minnesota, and includes preliminary recommendations (if developed) and a menu of possible other actions for the Advisory Committee to review.

The areas for action and related recommendations and actions can only achieve their full impact when leveraging the current and evolving e-health ecosystem, in particular health information exchange. The recommendations and actions proposed below should be implemented based on the findings and lessons learned from the Minnesota e-Health Initiative and the Minnesota Health Information Exchange (HIE) Study. The study is assessing Minnesota's legal, financial, and regulatory framework for health information exchange, and its report with recommendations is due to the Legislature in February.

In addition to the e-health related recommendations, the final segment of this section includes other areas of action discovered during the course of the project that are outside the e-health project until further research or work is completed.

Recommendations

Area for Action #1	Electronic Prescribing of Controlled Substances (EPCS)
Why this Area is Important	EPCS helps to reduce fraud and abuse of controlled substances by eliminating the opportunity for fraudulent duplication and diversion of paper prescriptions. EPCS requires and provides enhanced security features (e.g., two-factor authentication), so that prescribers' identities can be authenticated and prescriptions can be securely transmitted to pharmacies without risk of diversion. The Minnesota e-prescribing mandate (MS §62J.497) requires the electronic prescribing (e-prescribing) of all prescriptions, including prescriptions for controlled substances, unless e-prescribing is expressly prohibited by state or federal law. There is currently no penalty in the mandate for non-compliance. Some of the functionality named in statute is not widely used, which inhibits the full advantages of EPCS. It is estimated that approximately 8% of prescriptions for controlled substances are currently being e-prescribed. Most pharmacies are enabled to e-prescribe but only about 24% of prescribers and 3% of dentists are EPCS enabled[vii].
Brief Description of other State or Federal Actions	11 states have proposed (7) or approved (4) legislation to require electronic prescribing of controlled substances. ▪ 3 states have implemented a law to require EPCS ▪ 2 states enforce EPCS with penalties, imprisonment, or both

Area for Action #1	Electronic Prescribing of Controlled Substances (EPCS)
	▪ 1 state has convened a work group for EPCS implementation by 2020 HR 3528, Every Prescription Conveyed Securely Act, has been introduced by Reps. Katherine Clark (D-MA) and Markwayne Mullin (R-OK). The bill would require electronic prescribing for controlled substance medications in Medicare Part D.
Minnesota Actions to Date	The Minnesota Department of Health and partners are updating educational materials to inform prescribers about the requirement to e-prescribe of controlled substances.
Preliminary Recommendations	1. Identify barriers and provide targeted resources including grants, training and education, and technical assistance to in-need prescribers, including dentists, to implement EPCS. A specific need is funding to small, independent prescribers for the start-up and first year costs associated with EPCS. 2. Monitor progress and establish a timeline to implement penalties for non-compliance with Minnesota's e-prescribing mandate (Minnesota Statutes, Section 62J.497), focusing on EPCS.
Possible Recommendations Requiring Additional Discussion and Consensus	1. Identify and support best practices for educating the patient on prescribing, treatment, and prevention information using e-health.

Area for Action #2	Prescribers and Dispensers Access Prescription Monitoring Program (PMP) Information before Prescribing and Dispensing Controlled Substances
Why this Area is Important and action is needed	When prescribers and dispensers query their state's prescription monitoring programs, they have access to information about the controlled drugs that their patient has previously obtained. With this knowledge, prescribers and dispensers are able to: 1) identify individuals who may have a substance abuse problem or are at risk; 2) effectively communicate with patients about their drug history; and 3) refrain from providing controlled substances to "doctor shoppers" while also comfortably prescribing or dispensing to those who are not. When

Area for Action #2	Prescribers and Dispensers Access Prescription Monitoring Program (PMP) Information before Prescribing and Dispensing Controlled Substances
	a large percentage of practitioners uses the PMP, the collective care that each patient receives across providers can be improved. Currently, neither prescribers nor dispensers are required to review the PMP before prescribing or dispensing. Minnesota is not able to accurately estimate the use of the PMP but based on anecdotal evidence there is a gap between possible usage and actual usage. One possible reason for this gap may be the lack of cost-effective, integrated access to the PMP. Any activity that requires providers to go outside of their system-driven workflow is likely to have to have lower utilization than an integrated workflow. Other possible reasons may include limited usability of the information, and lack of understanding of PMP and its uses.
Brief Description of other State or Federal Actions	16 states require prescribers to review/consult their state's prescription drug monitoring program before prescribing opioids or other controlled substances. Note: There are exceptions in every state that requires use. CDC recommends requiring universal PDMP/PMP use. Mandates for prescribers to register with their state's program, use it, or both are supported by research as effective tools to realize the PDMP's full potential. The President's Commission on Combating Drug Addiction and the Opioid Crisis has noted that PDMPs need to be easier to use, and should include other data such as overdose histories so doctors will be likelier to use them. The Office of the National Coordinator for Health Information Technology's PDMP & Health IT Integration Initiative seeks to address the lack of uniform standards for PDMPs to share their prescription drug data with health IT systems. The Initiative aims to establish a standardized approach to delivering data stored in the PDMP/PMP to EHRs, pharmacies, and HIEs. The ONC and the Substance Abuse Mental Health Services Administration developed pilot studies in 9 states to test different technical solutions.
Minnesota Actions to Date	Minnesota licensed pharmacists practicing in the state, and Minnesota licensed prescribers who have a valid DEA registration and are practicing in the state, must have and maintain an account with the PMP but are not required to use the PMP before prescribing controlled

Area for Action #2	Prescribers and Dispensers Access Prescription Monitoring Program (PMP) Information before Prescribing and Dispensing Controlled Substances
	substances. Maintaining an account requires updating their profile every 12 months. The Minnesota Boards of Medical Practice, Nursing, and Pharmacy recommend that health care professionals use the PMP prior to prescribing or dispensing controlled substances. PMP staff regularly analyze data to detect potential "doctor-shoppers" and send out alerts to prescribers and pharmacists. The Minnesota Board of Pharmacy awarded two grants to integrate access to the MN PMP data into provider EHRs. Successful integration has occurred at St Mary's Emergency Department, Rochester, and is in development at St. Luke's, Duluth.
Preliminary Recommendations	1. Identify and remove barriers experienced by users of the PMP system and provide targeted resources to support access to the PMP by prescribers and dispensers. Areas to assess include but are not limited to cost to interface with the PMP, workflow integration, usability of information, and workforce training needs. Examples of targeted resources include grants, training and education, and assistance with infrastructure and connectivity. 2. Identify opportunities to support the governance, operations and funding of the PMP and its integration into Minnesota's health information exchange (HIE) infrastructure. 3. After identified barriers to PMP are addressed, require prescribers and pharmacists to review the PMP before prescribing or dispensing controlled substances.
Possible Recommendations Requiring Additional Discussion and Consensus	1. Identify and support best practices for educating the patient on prescribing, treatment, and prevention information using e-health.

Area for Action #3	PMP Information to Support Community Health
Why this Area is Important	Data in the PMP offers a wealth of information for researchers and policy makers to identify areas where opioid abuse and overdose are occurring, and trends in controlled substances use and abuse. Limited authorized analyses of these data will support more timely identification of patterns and concentrations of opioid use and abuse, and consequently more rapid response in developing solutions. Currently, state laws limit the use of the data and prevents leveraging the data to address opioid misuse and overdose.
Brief Description of other State or Federal Actions	The Centers for Disease Control and Prevention recommends making PMP/PDMP information accessible to public health agencies for tracking trends.
Minnesota Actions to Date	PMP staff regularly analyze data to detect potential "doctor-shoppers" and retrospectively send out alerts to prescribers and pharmacists.
Preliminary Recommendations	1. Allow the Board of Pharmacy to enter into data sharing agreements with other state and federal agencies, academia, local public health, payers, and other partners to prevent and respond to the misuse and overdose of opioids and other controlled substances. Potential PMP data uses include, but are not limited to: ▪ Identification of critical needs for training and best practices for prescribers, dispensers, and other providers such as EMS and local public health. ▪ Leveraging other data sources such as overdose, toxicology, drug seizure reports, and birth and death records to allow for more timely and accurate responses and actions to misuse and overdoses. ▪ Identification of geographic areas and populations showing indicators of misuse and abuse to better target resources for prevention, response, and coordinated care and services. 2. Identify and support strategies, including possible legislative, regulatory, and policy changes, for dispensers, prescribers, payers, and other providers to share information and, if appropriate, take action, on prescribing and dispensing practices outside the normal guidelines and individuals at-risk for misuse and abuse.
Possible Recommendations Requiring	TBD

Area for Action #3	PMP Information to Support Community Health
Additional Discussion and Consensus	

Area for Action #4	Overdose and Misuse Alerting and Reporting
Why this Area is Important	Alerting of providers and others to support care coordination can improve effectiveness of care and efficiency of communications. Currently, laws and workflows limit the sharing of information that is important to improve patient care, identifying at-risk individuals for opioid misuse and overdose.
Brief Description of other State or Federal Actions	The President's Commission on Combating Drug Addiction and the Opioid Crisis recommends that state and federal prescription drug monitoring programs, including for the Department of Veterans Affairs, share information on patients' prescribing histories by July 2018. The Commission also noted that PDMPs need to be easier to use and should include other data like overdose histories so providers will be likelier to use them. Forty-nine states now have PDMPs, forty-two of those states share information across state borders. Minnesota exchanges information with 36 other states. The Overdose Prevention and Patient Safety Act (H.R. 3545) was introduced July 28 by Rep. Tim Murphy (R-PA) with bipartisan support. H.R. 3545 is designed to align the law enacted in 1970 for disclosure of substance use disorder records with the Health Insurance Portability and Accountability Act (HIPAA) which was enacted in 1996. H.R. 3545 will allow appropriate access to patient information that is essential for providing whole-person coordinated care and it also strengthens protections for a patient's substance use disorder records. Giving health care providers access to a patient's entire health history will help prevent overdoses and harmful drug-to-drug interactions. www.helpendopioidcrisis.org/
Minnesota Actions to Date	A legislatively directed study will identify and address opportunities to support/advance HIE. The report is due to the legislature in February 2018.

Area for Action #4	Overdose and Misuse Alerting and Reporting
Preliminary Recommendations	TBD
Possible Recommendations Requiring Additional Discussion and Consensus	1. Assess and identify best practices for using alerts and/or reporting and health information exchange to prevent and respond to opioid misuse and overdose. Possible use cases to assess include emergency department, urgent care, and EMS visits related to opioid overdose; patient's daily MME dose is nearing or above guidelines; and refills of naloxone. 2. Support alert integration and follow-up/care coordination into workflow; include providers across the care continuum such as local public health and community and social services. 3. Develop best practices for trigger events that would result in alerts and/or reporting of an overdose event. 4. Assess and identify best practices for educating patients on prescribing, treatment, and prevention information. 5. Identify and support best practices for payers to implement and communicate about restricted recipient program/lock-in participants.

Area for Action #5	Telehealth for Access to Tapering Off and Treatment Options
Why this Area is Important	Telehealth is a tool to support providers performing services at the top of their license and serve urban and rural populations in tapering off of opioids. Telehealth is used for the tapering off sessions, one visit with the primary care provider/prescriber for every five with the pharmacist. The individual tapers off of opioids at a rate that avoids or minimizes physical withdrawals. These visits happen every two weeks and the use of telehealth reduces barriers of access to providers, travel, and time off of work for the individual. "Because addiction treatment is often out of reach for many in rural America, expanding access to telemedicine is an important step towards making sure rural communities have the tools they need to fight the opioid epidemic," – former U.S Agriculture Secretary Vilsack
Brief Description of other State or Federal Actions	Project ECHO: Extension for Community Health Outcomes, a telehealth training model launched by the University of New Mexico Health Sciences Center in 2011, connects healthcare specialists with rural

Area for Action #5	Telehealth for Access to Tapering Off and Treatment Options
	providers and their patient populations through a hubs and spokes model. AHRQ launched a three-year $9 million effort to train rural health providers in Medication-Assisted Treatment (MAT). They will use m-Health apps, online training, and specialist consults to help primary care physicians treat an estimated 20,000 residents fighting opioid addiction in Oklahoma, Colorado, and Pennsylvania. $1.4 million pledged to five projects in Virginia, Tennessee, and Kentucky by the U.S Department of Agriculture as a part of the federal Distance Learning & Telemedicine Programs. These projects all create, expand, or improve health care provider's connections with rural communities through telemedicine.
Minnesota Actions to Date	Opioid tapering services using either in-person or videoconferencing telehealth services are being offered by Essentia Health and other healthcare facilities. Essentia Health has decided that no matter the patient's ability to pay, the tapering services will be provided. In the 2015 Minnesota Telemedicine Law, pharmacists are not listed as an eligible provider of telehealth. Minnesota Medical Assistance will pay for the pharmacists' services using telehealth. Medicare does not list pharmacists as eligible providers for telehealth and does not pay for services.
Preliminary Recommendations	TBD
Possible Recommendations Requiring Additional Discussion and Consensus	1. Mandate coverage of opioid tapering services, whether in-person or via telehealth, by all Minnesota insurers that includes the cost to the provider/prescriber and pharmacist. 2. Support federal level actions that will allow for better coverage and access to treatment and tapering off of opioids using telehealth such as requesting CMS to cover telehealth as a strategy for treatment and tapering. 3. Support, through grants and other funding strategies, the use of telehealth to extend scarce provider resources and training to reach all of MN, including all rural communities. 4. Support use of telehealth for access to pain treatment services and specialists.

Area for Action #5	Telehealth for Access to Tapering Off and Treatment Options
	5. Assure broadband access across Minnesota for patients and providers across the care continuum.

Area for Action #6	Clinical Decision Support (CDS)
Why this Area is Important	Clinical decision supports are automated rules, often in an electronic health record, that provide providers and patients with clinical knowledge and patient-related information, intelligently filtered and presented at appropriate times, to enhance patient care. This tool can be used, especially when incorporated with information from the PMP, to identify high-risk prescribing practices and patients, patient safety issues, and possible adverse drug events. As updated guidelines for prescribing opioids are developed and if the PMP information becomes available, prescribers will need to update their clinical decision support tools.
Brief Description of other State or Federal Actions	NIH Pilot Study in Development: Clinical decision support for opioid use disorders in medical settings: Pilot Usability Testing in an EMR. The primary objective of this two-year pilot study is to program opioid use disorder (OUD) clinical decision support (CDS) for use in an electronic medical record (EMR). The secondary objectives of this pilot study are to: 1) evaluate feasibility, usability, and acceptability with buprenorphine prescribing primary care providers during a six-month pilot phase and 2) assess changes in readiness to identify and manage OUD, provider satisfaction with OUD CDS, and usage.
Minnesota Actions to Date	ICSI's Opioid Workgroup is currently working on standardizing prescribing practices in acute pain, ED, clinical, dental, and post-operative settings. Materials and products are expected starting in the fall of 2017. DHS's Opioid Prescribing Improvement Program is working towards preventing the progression from opioid use for acute pain to new chronic opioid use, reducing variation in opioid prescribing behavior, and providing prescribers with resources to communicate with their patients about pain and opioid use.

Area for Action #6	Clinical Decision Support (CDS)
Preliminary Recommendations	TBD
Possible Recommendations Requiring Additional Discussion and Consensus	1. Provide targeted resources to at-risk and in-need prescribers such as grants and loans, training and education, and technical assistance. (For example grants and technical assistance to small and independent prescribers, such as dentists and behavioral health to use CDS for pain treatment). 2. Support statewide implementation of updated clinical decision support to be integrated into workflow, for use cases such as: a. Initial pain visit (pre-opioid prescription) b. Possible misuse opioids visit c. Post overdose visit d. Senior/Medicare population visit

Area for Action #7	Prior Authorization
Why this Area is Important	One approach to managing opioid use includes applying limits on the amount (either by unit or morphine equivalence dose) prescribed or dispensed at one point in time. For patients who have a demonstrated clinical need for a greater amount, electronic prior authorization should be used to support a request for the larger amount. The inclusion of diagnosis/indication on a prescription could waive the PA edit, as could knowing the patient's hospice status.
Brief Description of other State or Federal Actions	▪ 15 states require support for ePA transaction (most name NCPDP transactions). ▪ 12 states allow electronic submission, standard method either not specified OR not mandated. ▪ An NPRM from HHS is anticipated Fall 2017 that will name the NCPDP transactions for use in ePA for pharmacy benefits (for Medicare Part D beneficiaries). While the NPRM applies only to Medicare Part D, the industry has historically applied the changes specified in the rule to other populations, i.e. commercial plans.
Minnesota Actions to Date	ePA is mandated under Minnesota Statutes 62J.497, with a January 1, 2016 compliance date although adoption is not complete.

Area for Action #7	Prior Authorization
Preliminary Recommendations	TBD
Possible Recommendations Requiring Additional Discussion and Consensus	1. Identify the barriers and actions to address barriers to ePA adoption. Areas to assess include cost, workflow integration, and workforce training needs and use cases to assess include waiving PA requirements for specific diagnosis or status (i.e., hospice). 1. Provide targeted resources to settings that are at-risk and in-need to use ePA including grants and loans, training and education, and technical assistance.

The Steering Team also reviewed issues and possible recommendations relating to dispensers reporting controlled substances dispensed to the PMP. It was determined that there is high compliance and resources should focus on other areas.

Additional areas for action, that are currently outside the scope of the e-health project until additional work is completed, include:

1. Support updated opioid and naloxone prescribing guidelines.
2. Support non-opioid alternatives and treatment for pain.
3. Require providers to provide patient education on opioids.
4. Require provider education on opioid prescribing best practices.
5. Broaden access to naloxone by revising statutory language regarding the dispensing of naloxone by pharmacists.
6. Expand access to safe disposal of medications.
7. Support partial fills of opioid prescriptions.
8. Review the role of veterinarians in prescribing and dispensing controlled substances, and associated reporting requirements.

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09/21/2017

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