

HHR/DHP E-Prescribing Workgroup

Tuesday, August 29, 2017
Perimeter Center, 2nd Floor Conference Center, Board Room 2
Henrico, Virginia

*****DRAFT***MEETING MINUTES**

Workgroup Members Present

David Brown, DC
Department of Health Professions, Director

Caroline Juran
Board of Pharmacy, Executive Director

Barbara Brown, Ph.D.
Virginia Hospital & Healthcare Association

Ruth A. Carter
Drug Enforcement Administration

Tyler Cox
HCA Hospitals

Carol Forster, MD
Kaiser Permanente

Kelly Gottschalk, DVM
Virginia Veterinary Medical Association

Richard Grossman
Virginia Council of Nurse Practitioners

Ralston King
Medical Society of Virginia

Stephanie Lynch
Virginia Association of Health Plans

Rusty Maney
Virginia Association of Chain Drug Stores

Johnny Moore
Virginia Pharmacists Association

Ken Whittemore, Jr., R.Ph., MBA
Surescripts, LLC

Alternate Members Present

B. Ellen Byrne, R.Ph., D.D.S., Ph.D.
Virginia Dental Association

Workgroup Members Absent

Omar Abubaker, DMD, Ph.D.
Virginia Dental Association

Jodi Manz, MSW
Policy Advisor, Office of the Secretary of Health & Human Resources

Staff Present

Laura Z. Rothrock, Virginia Department of Health Professions, Executive Assistant to Director
David E. Brown, DC

Sylvia Tamayo-Suijk, Virginia Board of Pharmacy, Executive Assistant to Caroline Juran

NOTE: Unless otherwise indicated below, the use of “Dr. Brown” refers to David E. Brown, DC.

Call to Order, Approval of Agenda and Approval of Draft Minutes:

David E. Brown, DC, Director, Department of Health Professions

The meeting was called to order at 9:12am. Dr. Brown provided the emergency egress instructions for Board Room 4 and then asked that the members introduce themselves. Following the introductions, Dr. Brown asked if there were any comments on or changes to the agenda; there were none. Likewise, Dr. Brown asked if there were any changes to the draft minutes; there were none. Dr. Gottschalk moved to accept the minutes; the motion was seconded and carried unanimously.

Call for Public Comment:

Dr. Brown asked if anyone in the audience wished to make any comments; there were none. Dr. Brown indicated that he would have to leave for a brief time during the meeting, and Ms. Juran would facilitate the meeting at that point.

Review of Additional Information Received:

Ms. Juran inquired if there were any comments or questions related to the additional information received since the first workgroup meeting and provided in the agenda packet at pages 11 – 84 [i.e., information from New York (blanket waiver), Maine, Virginia Dental Association, Surescripts, North Carolina, New York (official prescription forms), Rhode Island and Connecticut]. There were none.

Update on Action Items:

The workgroup discussed the action items listed in the minutes from the first meeting.

ACTION ITEM: Mr. Whittemore has asked his colleagues to generate an analysis by county for the workgroup.

The reports are in the agenda packet at pages 37 – 40. Dr. Brown inquired as to whether there is any data available for dentists. Mr. Whittemore will query his associates.

ACTION ITEM: There is a lot of variability of cost in the physician market, and Ms. Bates-Rowe will reach out to the New York medical society to identify a range of costs.

Mr. King provided information on costs. Individual provider costs are \$3,000 - \$10,000 on average for licensing fees and annual upgrades for electronic prescribing of controlled substances (EPCS), not Electronic Health Records (EHR), for any type of practitioner. New York has found that diversion and overall prescribing of controlled substances has decreased; however,

additional regulations and statute changes may have helped to curb the rise. Ms. Juran clarified a misconception that EHRs are needed in order to have EPCS; they can be purchased separately.

ACTION ITEM: Ms. Lynch may be able to provide additional information regarding additional costs for EMRs.

Ms. Lynch indicated there is a potential for 90/10 Hi-tech grant funding for implementation costs only. A sustainability plan would be needed.

ACTION ITEM: Ms. Juran will look into how New York defines RHCF (Residential Health Care Facility) and how it relates to the Virginia's licensing standards.

Ms. Juran indicated that New York has an exemption for nursing homes or RHCFs (analogous to Long-Term Care Facilities). Ms. Lynch inquired whether this would include hospitals and residential treatment facilities. Ms. Juran indicated that hospitals are covered elsewhere. She will consult with board counsel on using the term "Long-Term Care Facilities" in Virginia and whether it would include residential treatment facilities.

ACTION ITEM: Ms. Juran will work with board counsel regarding New York's exemption #12 [A non-patient specific prescription for an opioid antagonist (e.g., Naloxone)] since Virginia's language for dispensing an opioid antagonist is different.

Ms. Juran indicated that Virginia does not utilize non-patient specific prescriptions for Naloxone and other states have not included it. She will speak with board counsel.

ACTION ITEM: Mr. Duvall will get figures on potential costs for dentists to provide to the workgroup.

Virginia Dental Association provided costs for Prescription Monitoring Program (PMP) usage and software service and the time it takes to get into the PMP in a letter included in the agenda packet at pages 29 and 30. The PMP usage fee of \$50 per month and software service fee of \$40-50 per month do not include start-up costs. Dr. Forster felt that the information provided was inaccurate; as it does not cost anything to use the PMP, and it only takes seconds to access the PMP. Dr. Byrne indicated that the number of prescriptions written by dentists for narcotics is very low. Mr. King stated that there may be a difference in prescribing between oral surgeons and dentists.

ACTION ITEM: Mr. Whittemore will look into what categories New York's first year waivers were.

Ms. Juran provided that there were groups of practices upgrading their systems, and in the first year there were approximately 6,200 waivers accounting for approximately 19,000 prescribers. Virginia is three years out from the process; and prescribers should not wait, as the process is labor intensive. Mr. Whittemore indicated that New York drove EHRs to adopt EPCS functionality which should help Virginia. If a waiver process is not included, prescribers would be encouraged to come into compliance quicker.

ACTION ITEM: Ms. Lynch will look into the possibility of 90/10 Hi-tech matching funds.

This item was previously addressed in the meeting.

ACTION ITEM: Mr. Moore indicated that VPhA will poll its members regarding impact of expanding mandate to all drug Schedules.

Mr. Moore stated that the members have not yet been polled, but he will do today and forward results to Dr. Brown and Ms. Juran by Wednesday, September 3, 2017.

ACTION ITEM: Ms. Juran will follow-up to see if New York placed exemptions in regulation or some form of guidance.

ACTION ITEM: Dr. Brown requested that the members talk to stakeholders to determine if e-prescribing should be limited to opiates.

Ms. Juran indicated that New York's regulations pertain to all drugs, but states are requiring different things. Mr. King noted that the intent of the legislation was opiates and if it is expanded, providers who do not normally prescribe opiates would be put in a difficult position. Dr. Forster stated that there is abuse/misuse of ADHD drugs; Ms. Carter will get data on diversion of ADHD drugs. There was no conclusive recommendation, and Ms. Juran will note such in the Interim Report.

Review of Draft Interim Report:

A draft of the Interim Report which will be provided to the Secretary of Health and Human Resources (found on pages 85 – 88 of the agenda packet) was discussed. There were no comments on the first paragraph which provides background information on the workgroup.

For the second paragraph, Dr. Gottschalk noted that an explanation should be given as to what Surescripts is, since it is not common knowledge. Dr. Forster added that the Surescripts information does not include Kaiser Permanente and others.

There was discussion amongst the workgroup members regarding exceptions to the mandate. In the second full paragraph on page 86 (page 2 of the draft interim report), it was indicated that some clarification may be needed in regards to “orders” versus “prescriptions” where residential treatment centers are concerned. With respect to “...prescriptions with complicated directions; prescriptions with directions longer than 140 characters or for compounded drugs...” Mr. Whittemore indicated these will be resolved with the next update of Surescripts and will not be a problem three years from now when Virginia’s implementation is to take place.

There were no objections to the wording of the recommended legislative amendment in the third full paragraph on page 86; however, there was some discussion as to “identity proofing” for written or oral prescriptions. The Board of Pharmacy will be considering this at its next Regulatory Committee meeting. Dr. Brown inquired as to whether data on the percentage of prescriptions on paper could be obtained to determine if it would slow the process.

As noted in the first paragraph on page 87 (page 3 of the draft interim report), North Carolina did not include a waiver provision in its 2017 legislation. The workgroup discussed the need for a waiver process. Mr. King would like the report to indicate there may be a need for waivers; while Dr. Barbara Brown indicated VHHA would support there not be a waiver.

The workgroup discussed the exemption for low volume (i.e., no more than 25 prescriptions for controlled substances containing an opiate within one calendar year) outlined in the second paragraph on page 87 and how it might be enforced. Dr. Brown indicated that unless there was something in the law requiring DHP to do an audit, DHP would rely on the complaint process to find issues of non-compliance. Ms. Juran noted that during a routine pharmacy inspection the inspector would not look at prescription records to determine how they were transmitted. Mr. Maney pointed out that this is a provider issue, not a pharmacist issue; therefore, the Board of Pharmacy would not be involved in enforcement. Dr. Barbara Brown inquired as to whether the Virginia PMP could have a designation for paper versus electronic to capture the data. Mr. Whittemore indicated that electronic prescribing systems know it is an electronic prescription and automatically fill the fields; the pharmacist would have to input information if a prescription is on paper. Ms. Juran will consult the PMP Director to determine if there is a field in the PMP system to note whether the prescription is electronic or not.

In addition to using Hi-tech grant funding as mentioned in the third paragraph on page 87, the workgroup discussed additional funding methods, such as CARA (Comprehensive Addiction and Recovery Act) which provides funding to mitigate the opioid crisis and implement electronic prescribing and SAMHSA (Substance Abuse and Mental Health Services Administration). This funding is for implementation costs, not ongoing funding, and would not be available to

individual practitioners. The wording “other potential federal funding” will be added to the report.

Additional items related to the report were discussed including: ongoing surveys and outreach by the professional associations, how to track data for implementation, and education of providers as to the ease of using electronic prescribing. Ms. Juran indicated that the professional associations in New York were very helpful during the implementation by disseminating information as to the legal versus practical aspects of electronic prescribing.

Next Steps:

Ms. Juran noted that there will be ongoing data collection; however, the workgroup will not need to meet again. Ms. Juran indicated that once the report is disseminated to the legislators, it will be presented to the workgroup members. This should occur in November.

Dr. Brown thanked everyone for attending and preparing for the meetings and noted it has been a very effective process.

Adjourn:

With no further business to discuss, Dr. Brown adjourned the meeting at 11:03am.

David E. Brown, DC
Director

Date