

## Implementation Sub-Committee

June 27, 2016

### Meeting Minutes

<u>Committee Members Present:</u>	
Amy Reynoldson, DHHS-DPH	Ashley Newmyer, DHHS-DPH
Cathy Graeff, Sonora Advisory Group	Connie Bolte, U Save Pharmacy
<u>Bob Rauner, Physician</u>	<u>Kaytlynn, NPA Pharmacy Student</u>
<u>Tracey Bowman, Walgreen's</u>	Joel Kurzman, NACDS
<u>Deb Bass, NeHII</u>	Joyce Schmeackle, Evaluator
Felicia Quintana-Zinn, DHHS-DPH	Kevin Borchers, Methodist Hospital
Jina Ragland, NMA	Marcia Mueting, NPA
Dale Mahlman, NMA	Will Schmeackle, Evaluator
Rachel Houseman, NeHII	Todd Stull, DHHS-DBH

Agenda Item	Discussion	Action
NeHII Update	Rachel provided an updated on the implementation timeline. Contract to be signed in the near future with DrFirst. NeHII is on target to test the PDMP system at the end of July. Kevin is working to get all mail order pharmacies connected to the system. NeHII is working on developing the training for the PDMP users. The Implementation Guide 1.1 version is available.	Amy will send PDMP Work Group members the Implementation Guide 1.1.
Challenges Identified	Rachel described the potential gap in data collection when the systems transitions. The current data cannot be migrated from the current system to the new system as NeHII does not have rights to that data. The potential gap in data collection will be November and December 2016. There is expected to be some data collection from dispensers October, November, and December 2016 but will not be comprehensive. NeHII understands that pharmacies have barriers for submitting data prior to 1/1/17. NeHII stated that they will have the capabilities to collect all prescriptions once the new system is up and running but pharmacies may not submit all script data given that the law does not mandate until 1/1/18. It was suggested that the training materials include information to guide meaningful use and reconciliation.	NA

	<p>Discussion: It was asked if the PDMP is available on a portal and then workflow later. Rachel provided that the PDMP is part of the HIE platform, which is already part of the workflow for those that have the connection. Those connections will increase and allow more to have the PDMP as part of the workflow. It was encouraged to allow users to look at the system and have a hand's on experience before finalizing the contract.</p>	
Functionalities	<p>Amy provided an update on the prioritized functionalities that were included in the CDC Supplemental Grant application. Those functions include: sorting medications (controlled vs all prescriptions); ID high risk patients; notifications (solicited/unsolicited); calculation of morphine milligram equivalence (MME); and request for information proposal regarding interstate connectivity.</p> <p>The CDC PDO PfS Supplemental grant was submitted on time and we expect to award notifications to come in mid-August.</p> <p>The group discussed ways to identify high risk patients including the CDC recommended formula (5 prescribers, 5 dispensers, within 6 months) and MME. It was suggested that we look into the Medicare Part D measure as it includes different levels of risk. Group also discussed notifications and what criteria to use to send the notifications.</p>	<ol style="list-style-type: none"> <li>1. Provide group with options to prioritize high risk patients and notification to PDMP users</li> <li>2. Review the PDMP Center of Excellence – Options for Unsolicited Reporting</li> <li>3. Research Medicare Part D information regarding the high risk patient identification methods</li> </ol>
Next Steps	<ol style="list-style-type: none"> <li>1. Identify criteria of high risk patient</li> <li>2. Identify criteria for notifications</li> <li>3. Use PDMP Center of Excellence as a guide</li> </ol>	<p>Provide options to group prior to next sub-committee meeting.</p>
<p>Next Implementation Sub-Committee – July 22, 10-11 am, 1-888-820-1398, Attendee code 9787087#</p>		