

Agenda

Meeting: EDIE Notification Advisory Committee

Date: Thursday, September 29, 2022 **Time:** 11:00 am -12:00 pm

Location: Zoom



Join Zoom Meeting

Meeting ID: 551 441 6808

<https://us02web.zoom.us/j/5514416808>

Topics	Time	Action	Lead
Welcome, introductions	8:00	Welcome	Mark Hetz Executive Director HIT Commons
Actions from July 19 meeting	8:05	Review	Mark Hetz
Flags Survey Results/next steps	8:15	Discuss & Decide	Justin Keller
Prescription Drug Monitoring Program update	8:45	Discuss	Jill Leake Mark Hetz
EDIE Notification experience – last 3 months	8:50	Discuss	Mark Hetz All
Announcements/Wrap-up <ul style="list-style-type: none">Review action itemsFuture Agenda topicsNext Meeting: TBD	8:55	Information	Mark Hetz



EDIE Notification Advisory Committee
September 29, 2022

Agenda

- Welcome/Introductions
- Actions from July 19 meeting
- Flag Survey Results/next steps
- Prescription Drug Monitoring Program Update
- EDIE Notification experience – last 3 months
- Announcements/Wrap up

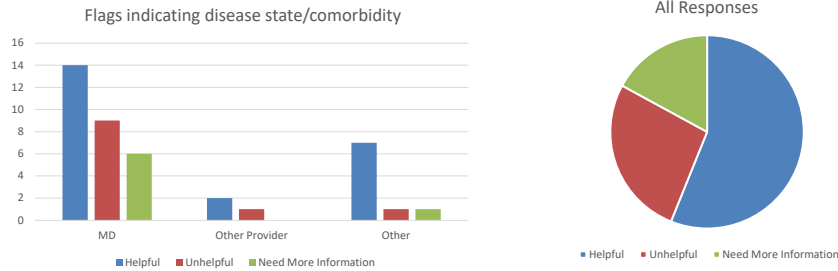
Action Items from July 19 meeting

- Eliminated COVID Results/Vaccination information from EDIE Notification
- Develop a revised flag survey based on ENAC feedback – sent to ED leadership at hospitals August 19th
- Contract executed between OHSU and Collective Medical for HERO flag – targeting October 3rd go-live
- MDRO notification – Test files exchanged, go-live in Sep-Oct
- Further investigation of PDMP criteria

Flag Survey Results

- We went from 5 responses (which we reviewed last time) to 44 responses
 - 31 emergency department physicians
 - 4 other providers in the ED (including MA, NP, etc.)
 - 9 other ED staff (e.g. care coordinators, etc.)
- 3 of the responses were blank on all of the questions (2 providers, 1 other provider), so they were removed from these results. **N=41**

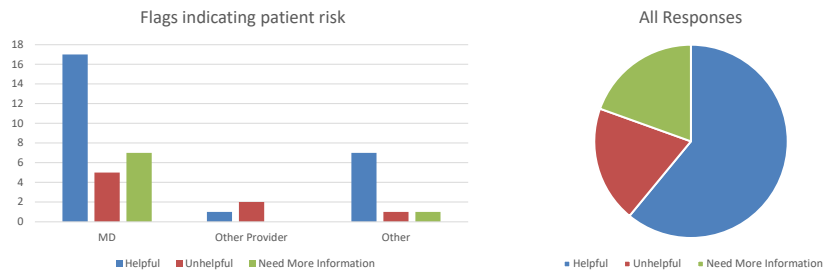
Flags indicating disease state/comorbidities



Flags about specific disease states or comorbidities (e.g., chronic disease in addition to behavioral health) for care coordination purposes with other providers/entities?

Example: This patient has been identified as having Diabetes and a Behavioral Health diagnosis and may need additional Care Coordination

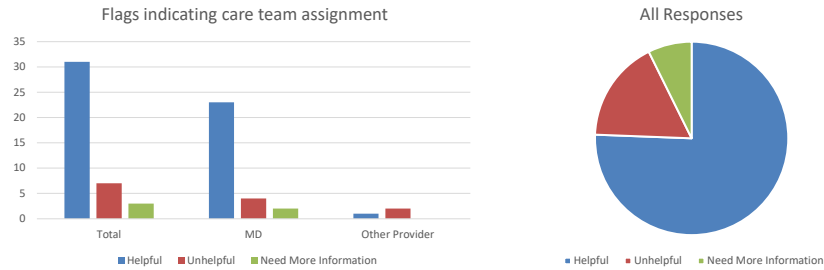
Flags that indicate patient risk



Flags about patient risk (low/medium/high, IMPACTS for high utilizers of ED)?

Example: Patient is considered in the lowest of three medically high risk categories

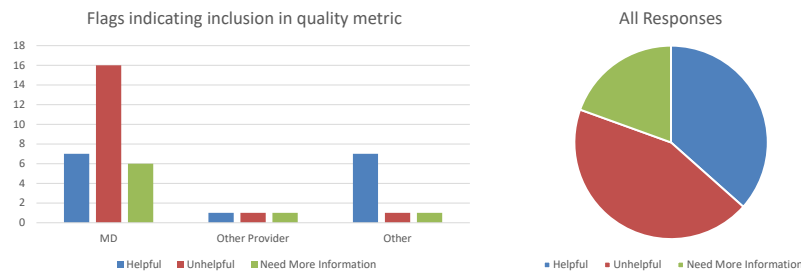
Flags that indicate care team assignment



Flags about assignment to a CCO, DCO, an ACT team, or other entity for care coordination purposes?

Example: Person is enrolled with Telecare ACT for intensive outpatient mental health, can provide clinical collateral, and can help support complex discharge planning as needed. The ACT team can be reached 24/7 via the Multnomah County Call Center 503 988-4888.

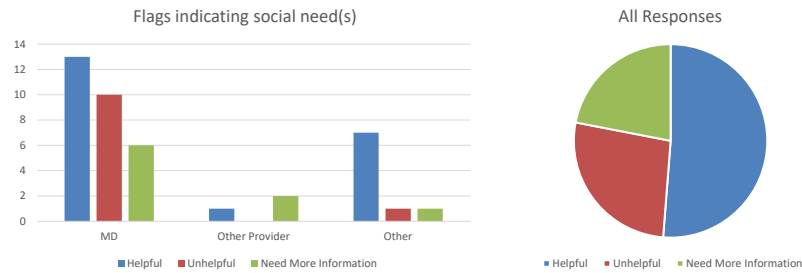
Flags about quality metrics



Flags about patient's inclusion in a quality metric (e.g., ED Disparity Metric for CCOs)?

Example: Oregon has developed a flag (Oregon ED Disparity Measure) to help support Medicaid members with mental illness. Oregon Health Authority uses claims data with a 36-month rolling look back period to identify members who have had two or more diagnoses of mental illness (does not need to be primary) in any setting (e.g. ED, Inpatient, primary care). Flagged members are included in the ED Disparity Measure denominator population. Flags are updated weekly.

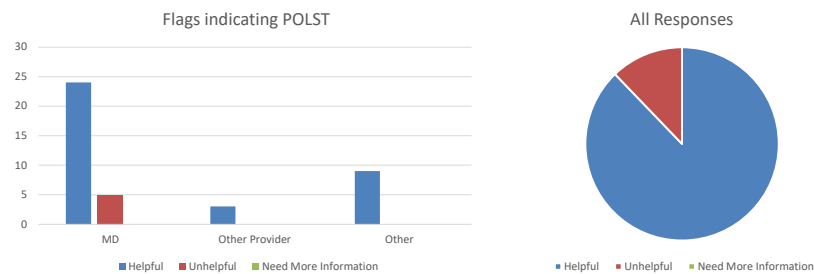
Flags about social needs



Flags about social service needs (e.g., Lane County unhoused flag, access to non-emergency medical transport services, etc.)?

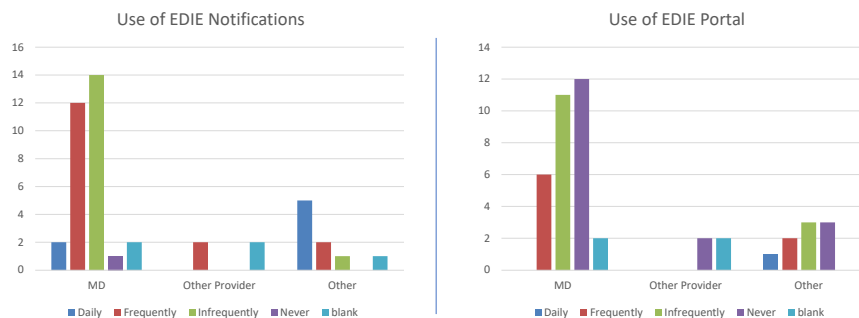
Example: This client is identified as Unhoused or Housing Insecure in Lane County, OR. Patient is part of the IMPACTS cohort to identify and manage patients with high utilization patterns of the jail system and ED

Flagging POLST



Flags directing ED staff to POLST available within the Collective portal or the POLST registry website?

Use of EDIE Notifications and Web Portal



N=44, we included blank responses to these questions

Next Steps

- December CCO/DCO Session on use of Collective Medical/EDIE
 - How to best use flags
- HIT Commons will not support future flag development on quality metrics without first getting feedback of ENAC

PDMP Updates

September 29, 2022

PDMP Notification Criteria - reminder

- Statewide PDMP notification criteria were originally developed by the State of Washington and agreed upon by OCEP & Best Practice Committee for use in Oregon in 2018.
- The PDMP report is triggered for any patient who meets one or more of the following criteria, and includes a 6-month overview of prescription history:
 1. 3 or more prescribers within 12 months
 2. 4 or more controlled substance II-V prescriptions within 12 months
 3. 2 or more controlled substance II-V prescriptions within last 40 days
 4. Any prescription for methadone, suboxone, fentanyl transdermal, LA morphine, and LA oxycontin within last 6 months
 5. Any overlapping prescriptions for narcotics (controlled substance II-V) and benzodiazepines with last 6 months
 6. More than 90 average MED/day prescribed within the last 15 days

Recap & Updates

Discussion from July meeting:

- Schedule V drugs likely do not need to be included
- Tramadol & gabapentin seem to be triggering quite a few notifications and are unnecessary

Findings:

1. Oregon PDMP does not collect schedule V drugs, so no notifications are triggered on these drugs
2. Gabapentin is not a scheduled drug but is collected by the PDMP. Collective has not been able to tell us whether it is triggering notifications or just showing up in rx history if triggered by another drug. We will keep on this...
3. Tramadol is a schedule IV drug and does trigger notifications. If possible to modify, do we want to remove this or any other schedule IV drugs? (see next slide)

Schedule IV drugs

Narcotics

- Opioid receptor agonists (tramadol, Darvocet-N, Motofen)

Depressants

- Barbiturates (all)
- Benzodiazepines (all)
- Carbamates (mebutamate, meprobamate)
- Muscle relaxants (carisoprodol)
- Orexin antagonists (Quviviq, Dayvigo, Belsomra)
- Neuroactive steroids (alfaxalone, brexanolone)
- Sedative-hypnotics (Midrin, Somnote, Placidyl, Valmid, Lusedra, Sonata, Ambien, Imovane, chloral betaine, petrichloral)
- Other: paraldehyde

Stimulants

- Appetite suppressants (cathine, diethylpropion, fencamfamine, fenproporex, mazindol, mefenorex, phentermine,

sibutramine)

- Other (modafinil, pemoline, pipradrol, SDX, solriamfetol, SPA)

Other Drugs

- Fenfluramine
- Lorcaserin
- Pentazocine, butorphanol
- Eluxadoline

EDIE Notification Experience – last 3 months

- Have the changes made this year improved the EDIE experience?
- Where are there still pain points?
- What's missing from the EDIE notification?

Announcements/Wrap up

- Review action items
- Future Agenda Topics?
 - Send suggestions for topics for next meeting to mark@orhealthleadershipcouncil.org
- Next Meeting
 - Proposed: 3rd or 4th week of February
 - Doodle poll in next few weeks

Thank you!