**VIRGINIA DEPARTMENTS OF HEALTH AND HEALTH PROFESSIONS**
**MINUTES OF HB2345/SB1255 WORKGROUP**

Wednesday, July 19, 2023

4200 Innslake Dr
Glen Allen, Virginia 23060

| **CALL TO ORDER** | A meeting of the HB2345/SB1255 Workgroup was called to order at 10:14 a.m. |
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| **PRESIDING** | Ashley Carter, Department of Health Professions (DHP)<br>Kindall Bundy, Department of Health (VDH) |
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| **ATTENDEES PRESENT** | MaryAnn McNeil, Department of Medical Assistance Services (DMAS)<br>Ray Makhoul, Virginia Hospital and Healthcare Association (VHHA)<br>Clark Barrineau, Medical Society of Virginia (MSV)<br>Kelsey Wilkinson, Medical Society of Virginia (MSV)<br>Heidi Dix, Virginia Association of Health Plans (VAHP)<br>Karen Winslow, Virginia Pharmacists Association (VPhA)<br>Kyle Russell, Virginia Health Information (VHI)<br>Jacob Cooper, Private Sector Technology Expert (Bamboo Health)<br>Lanette Walker, Health and Human Resources Secretariat (HHR)<br>Sen. Siobhan Dunnavant, SB1255 patron and OB/GYN<br>Kindall Bundy, Department of Health (VDH)<br>Ashley Carter, Department of Health Professions (DHP) |
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| **ATTENDEES ABSENT** | None |
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| **STAFF PRESENT** | Arne Owens, Director, Department of Health Professions (DHP)<br>James Jenkins, Chief Deputy Director, Department of Health Professions (DHP)<br>Erin Barrett, Director of Legislative and Regulatory Affairs, Department of Health Professions (DHP) |
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| **WELCOME AND INTRODUCTIONS** | Ms. Ashley Carter welcomed everyone to the meeting and all attendees introduced themselves. |
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| **PURPOSE AND SCOPE OF THE WORKGROUP** | From HB2345/SB1255(2023): *study and establish a plan to develop and implement a system to share information regarding a patient's prescription history and medication reconciliation.* |
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| **PUBLIC COMMENT** | None Provided |
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| **FOLLOW UP ON ACTION ITEMS FROM 6/13**<br>Ashley Carter | Ms. Carter (DHP) discussed confidentially and opt-out procedures for Nebraska (NE) and Maryland (MD). Ms. Carter noted NE does not offer a patient opt-out option for prescriptions (controlled and non-controlled substances) but does offer an opt-out option for their HIE (~2% opt-out rate). MD, not yet operational for the all-med program, will allow patient opt-out for non-controlled substance reporting. MD pharmacies will still report all prescriptions; however, the information will not be redisclosed by the HIE. MD cumulative HIE opt-out is ~12,500 consumers (more than 200 new opt-outs per month on average). |

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| | Ms. Carter discussed further the action items from the last meeting regarding physician and veterinarian dispensing. Virginia requires physician dispensing and veterinarian dispensing to report to the PMP; veterinarians are required to report for a course of treatment lasting more than seven days. In NE, dispensing veterinarians are only required to report schedule II-V but does not require non-human non-controlled substances prescriptions to be reported. Dispensing veterinarians in MD are excluded from reporting non-controlled substances, but dispensers are required to report prescriptions written by veterinarians. MD and NE require dispensing physicians to report all meds. Ms. Carter presented other considerations to the workgroup that included interstate data sharing (TN currently prohibits non-controlled substances with data sharing) and law enforcement/regulatory access. In Virginia, state and federal law enforcement and regulatory personnel are allowed to access the PMP under specific circumstances.<br><br>Ms. Carter followed up on a question from Ms. Karen Winslow (VPhA) regarding date filled and date sold. The issue presents that the point-of-sale systems do not communicate with the pharmacy dispensing software applications and therefore is burdensome to correct. Ms. Winslow elaborated that pharmacy dispensing systems have improved but are not sophisticated enough. Changing date filled to date sold would require a regulatory change. |
| **FOLLOW UP ON ACTION ITEMS FROM 6/13**<br>Jacob Cooper | Mr. Jacob Cooper (Bamboo Health) began his presentation stating that Virginia (VA) is an innovate program in the PMP sector. Mr. Cooper discussed medication adherence and medication reconciliation in the context of an all med PMP and shared a mockup of what an all med PMP could look like building upon an interactive RX graph currently visible in the Virginia PMP patient report for controlled substances. In addition to a tabular list of prescriptions, which may be difficult to interpret, Mr. Cooper shared that the interactive RX graph allows more insight and enhances the user experience.<br><br>The group welcomed Sen. Siobhan Dunnavant (SB1255 patron and OB/GYN) giving a brief summary of the meeting and Mr. Cooper continued his presentation on the four main challenges an all-med program presents in data collection, workflow integration, user experience, and programmatic oversight.<br><br>Data collection challenge: Estimate all med reporting would reach up to 100M prescriptions annually. Mr. Cooper shared that a system is needed to handle such volume and with that comes challenges of validation, cleansing, patient matching, and submission compliance by every pharmacy, dispensing prescriber, and dispensing veterinarian. PMP Clearinghouse, the data collection mechanism for Virginia's PMP, collected 14.4 million dispensations in 2022 and has 2,400 dispensers delivering to Clearinghouse nightly. Clearinghouse is a national platform that supports 44 states with data collection and is collecting non-controlled substances today. Mr. Cooper also addressed the challenge of patient matching, the varied patient identifiers incorporated in Bamboo Health's algorithm, and the validation they have performed. Compared to an industry leading patient matching company, Bamboo's algorithm grouped patients 13% more effectively using the same dataset. |

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| | Workflow integration challenge: Integration requires participation from EHR systems, pharmacy management systems, and hospital IT resources. Mr. Cooper stated integration would be costly and time intensive, could take between 12-18 months, and requires support which may be cumbersome to start from the ground up. At present, Bamboo Health has over 130 EHRs and pharmacy management systems that are currently integrated with Gateway. Rebuilding a new infrastructure would pose a challenge. NE, a state that does not use Gateway as a delivery method for integration, applied for and was awarded $10.5M by Centers for Medicaid Services (CMS) in 2020 to integrate their system within the workflow throughout the state. Comparatively, VA in the same year spent $806k for gateway integration. VA has over 5,200 facilities integrated with PMP in their EHR and pharmacy management systems. An analysis of prescription trends pre- and post-Gateway integration indicated a decline in Schedule II and Schedule IV dispensations by 28% and 31% respectively.<br><br>Sen. Dunnavant asked for clarification between Clearinghouse and Gateway. Mr. Cooper responded stating Clearinghouse is the collection mechanism and Gateway is the delivery mechanism, both are products contracted through Bamboo Health. Sen. Dunnavant asked if the Bamboo contract can be expanded and keep Gateway and all med prescriptions separate. Jacob replied, yes, it can be expanded to accommodate. Ms. Carter shared there is a current Gateway connection to the EDie alerts that delivers the NarxScores and are working to deliver a full PMP report to ER's. Sen. Dunnavant shared her vision for the availability of information in the workflow which includes cost analysis of prescriptions to determine the best option and having access to what a pharmacy management system can view.<br><br>User experience challenge: Jacob continued his presentation to discuss the user's experience. The ideal user experience may be different for a pharmacist and a provider. Current functionality shows a tiled layout approach that allows the report contents to be easily modified and tailored to specific roles. Mr. Cooper noted that NE incorporated a toggle to view controlled, non-controlled substances, or all prescriptions and that functionality could also be included.<br><br>Programmatic oversight challenge: Security, policy, and analytics should be considered when discussing an all med system. Mr. Cooper noted that current regulations and policies for collection of controlled substances can benefit non-controlled reporting.<br><br>Ms. MaryAnn McNeil (DMAS) had a question regarding NE's PMP and HIE, Jacob shared it is the same system. A homegrown PMP/HIE, like NE, can be costly if a commercial off the shelf solution is not the delivery mechanism. Mr. Cooper stated Gateway is used to deliver information to 17 state HIEs.<br><br>Sen. Dunnavant expressed that a single HIE is not the desired outcome and shared that it would be very expensive to create one in Virginia. |
| **OPEN DISCUSSION: With Sen. Siobhan Dunnavant, SB1255 patron and OB/GYN** | Sen. Siobhan Dunnavant, stated the purpose of the bill is to determine how to reconcile medications and to determine which platform should be used to view such information. Ms. Carter responded that the workgroup discussed at the June 13th meeting, possible solutions of expanding the Virginia PMP or |

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| | developing a new infrastructure to collect available non-controlled substances. The group consensus at the June 13th meeting was to build upon the existing infrastructure but is open to discussion. Sen. Dunnavant referenced the Joint Commission on Health Care (JCHC) Provider Data Sharing study in Fall 2022 and conversation with VHI shared the concern of the reporting to PMP within the current model may be cumbersome to pharmacy reporting software systems and would omit over the counter medications. Sen. Dunnavant expressed Smartchart legislation may be an easier model for an all med platform. Smartchart is building upon the existing application whereby the pharmacy is directly linked to the health plans where each participating provider would verify accuracy and the information would be sent to a central HIE.<br><br>Arne Owens (DHP) shared that the operation of PMP should not be disrupted from its primary purpose which is to provide information on dispensed controlled substances for healthcare providers to better inform treatment and dispensing decisions. Sen. Dunnavant agreed and shared she is a supporter and advocate of the PMP and that it is an invaluable asset. Sen. Dunnavant shared that the purpose of the bill is to build from an existing infrastructure to avoid duplication.<br><br>Kyle Russell (VHI) requested a representative from NE, the only operational all med PMP, present at the next workgroup. The group concurred and Ms. Carter offered to schedule a representative from NE for the next meeting.<br><br>Mr. Clark Barrineau (MSV) highlighted the electronic prior-auth bill set to come online in 2025 that Sen. Dunnavant is supporting and recommended potential alignment with both workgroups. |
| **RECOMMENDATIONS** | The workgroup will work towards the internal Sept 1st deadline for the report to the Secretary of Health and Human Resources' office. Sen. Dunnavant expressed the report draft should suggest the best processes and include cost of implementation. A presenter from NE will be invited to discuss their model of their HIE/all-med PMP. |
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| **NEXT MEETING DATE** | TBD |
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| **ADJOURN** | With all business concluded, Ms. Carter adjourned the meeting at 11:41 a.m. |
| | Kindall M. Bundy |
| | Kindall Bundy, Co-Lead |
| | Ashley O Carter |
| | Ashley Carter, Co-Lead |