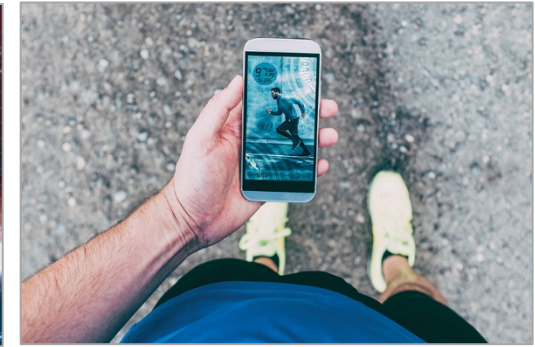# Durable Medical Equipment (DME) Electronic Prescribing (eRx) Stakeholder Work Group Kickoff Meeting

## February 7, 2019 – 9:00 AM EST

**Dial-in information:**

Phone only: 1-877-267-1577; 996 142 385

Webex: https://meetings.cms.gov/orion/joinmeeting.do?MTID=39f0ce79f14f4563838ac0299f1a94f6

*This meeting will be audio recorded for note-taking accuracy*

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# Agenda

- **Welcome and Introductions**

- **DME eRx Vision**

- **DME eRx Work Group Charter Review**

- **DME Ordering Current State**

- **Key Challenges/Barriers**

- **Next Steps**

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# Welcome and Introductions

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# CMS Center for Program Integrity (CPI) Partners



- **Melanie Combs-Dyer – Director, Provider Compliance Group (PCG), Center for Program Integrity (CPI), CMS**
  - MS, Health Administration; BS, Nursing
  - Extensive experience overseeing the implementation of multiple programs at CMS, such as the Medicare Recovery Audit Program, the esMD program & several prior authorization programs



- **Ashley Stedding - Management and Program Analyst, PCG, CPI, CMS**
  - BS, Business Administration
  - Government Task Lead for Medicare FFS DRLS Initiative

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# MITRE Facilitating Team

- **Nalini Ambrose – DME eRx Project Lead**
  - Master of Health Administration & Planning
  - 25 years experience in healthcare management, quality, performance measurement, health policy and data standards, both in industry healthcare settings and federal healthcare consulting

- **Dr. Helayne Sweet – DME eRx Work Group Lead**
  - Doctorate, Behavioral Health, MS, Health Informatics, MS, Computer Systems
  - 30 years experience in health information systems and HIT;  5 years as Senior Exec. for outpatient EHR solution, working closely with clinicians and practices in early  EHR adoption

- **Dr. April Berrian – DME eRx co-Work Group Lead**
  - Ph.D. Psychology
  - Over 20 years experience in organizational development, stakeholder engagement and enterprise transformation

- **Jenn Reed – Communications**
  - MSIT, Information Assurance; BA, Graphic Design
  - 30 years of experience in graphic design and communication design, Information Technology, and cyber-security

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# DME eRx Vision and Goals

# DME eRx Vision

- **Reduce improper payments in the Medicare Fee for Service program attributed to documentation and claims errors in DME ordering**

- **Reduce provider burden and streamline workflow through clinician access to a DME eRx mechanism that would reduce the time, effort and cost**

- **Improve electronic data exchange between key stakeholders across the DME eRx ecosystem**

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# Goals

**The Centers for Medicare and Medicaid Services (CMS) is spearheading the DME eRx Initiative to:**

- **Obtain a better understanding of the current environment for DME eRx,**
- **Identify potential challenges and barriers in the current DME eRx ecosystem, and**
- **Collaborate with industry stakeholders to establish best solutions for developing and implementing DME eRx**

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# DME eRx Work Group Charter

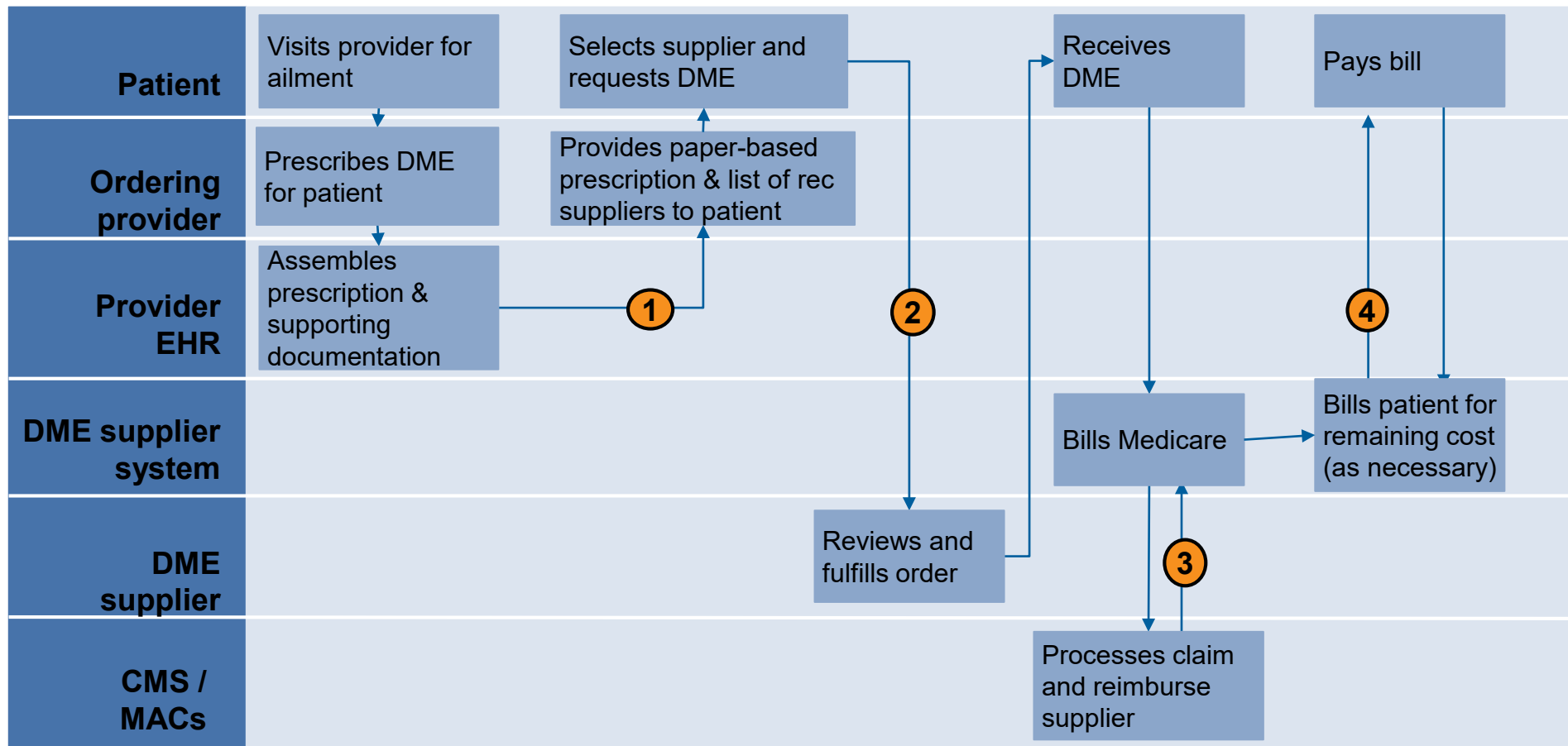# DME eRx Stakeholder Work Group Charter - Objectives

- **Inform key stakeholders interested in the objectives for a DME eRx ecosystem across all care settings**

- **Identify challenges or areas of concern for a future DME eRx ecosystem**

- **Provide recommendations for addressing these challenges/concerns**

- **Encourage broader support among all relevant stakeholders**

- **Solicit ideas and participation related to potential future DME eRx pilot(s)**

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# DME eRx Stakeholder Work Group Charter - Expectations

- **Meeting Frequency and Behavioral Norms**

  - 60 minutes monthly via Webex through June 2019 (and potentially beyond)

    - Participate in subgroup meetings as needed

  - Agendas to be distributed at least three working days prior to meetings

  - Agree to start/stop meetings on time, stay engaged, allow interruption-free speech, seek understanding, and test for consensus

- **Reaching agreement**

  - **Develop consensus** through discussion and consideration of multiple options

- **Preparing with Background material**

  - **Review and provide feedback as needed** on multiple related drafts and documents

  - New information provided as **"read-ahead" prior** to the meeting

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# DME eRx Current State and Pain Points

# The Current DME Ordering Process is Highly Manual and Burdensome for Stakeholders

● **Pain point**

| Stakeholder | Process Steps |
|---|---|
| **Patient** | Visits provider for ailment → Selects supplier and requests DME → Receives DME → Pays bill |
| **Ordering provider** | Prescribes DME for patient → Provides paper-based prescription & list of rec suppliers to patient |
| **Provider EHR** | Assembles prescription & supporting documentation — ① |
| **DME supplier system** | Bills Medicare → Bills patient for remaining cost (as necessary) — ④ |
| **DME supplier** | Reviews and fulfills order — ② |
| **CMS / MACs** | Processes claim and reimburse supplier — ③ |

- **Illustrative pain points**
- Patient is responsible for managing the paper-based DME Rx, which presents the potential for misplacement
- Patient, prescriber, and supplier may end up in a prolonged and paper-based communications loop while coordinating the retrieval of missing documentation for a DME Rx
- (non-DME eRx): Suppliers may experience a prolonged financial deficit while resolving issues with a claim submission as the inventory has already been issued
- (non-DME eRx): Suppliers often recoup less than 20% of patient cost responsibility even if patients complete Advanced Beneficiary Notice (ABN) requiring patients to cover costs

SOURCE: Environmental scan expert interviews

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# DME Ordering Current State Challenges

- **DME ordering occurs primarily via a paper- and fax-based processes**

- **The current process is time consuming and burdensome, and often requires several back and forth exchanges before supplier delivery to the patient**

- **Patients are uninformed about product options and cost**

- **Multiple stakeholders are involved in the process**

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# Key Challenges and Barriers:
# Soliciting Feedback for Future Discussion

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# Open Discussion:  Challenges/Barriers

- **Identify top challenges related to DME eRx and develop potential recommendations for helping CMS address these challenges**

- **Examples include …**

  – What timelines do you envision for implementing functionality needed for DME eRx?

  – What are the user interface considerations?

  – What would be potential costs to your organization?

- **Discuss or chat your ideas or additional questions for future discussion**

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# Challenges

**Challenges – Ordering Clinicians**

**Challenges – Suppliers**

**Challenges – Patients**

**Challenges – EHR/DME Vendors**

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# Challenges (continued)

**Challenges – Ordering Clinicians**

**Challenges – Suppliers**

**Challenges – Patients**

**Challenges – EHR/DME Vendors**

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# Next Steps

# Next Steps

- **Next meeting:**

  – Look for a Doodle poll for best days/times for upcoming meetings, then an Outlook invitation in your email for a meeting scheduled for end of Feb 2019 or beginning of March (to be sent from MITRE)

- **Expect to receive from MITRE:**

  – Meeting notes within one week following meeting

  – Read-ahead material for meetings at least 3 working days prior to scheduled meeting

  – Access to an external repository for relevant documents in PDF format

- **Communicate between meetings by:**

  – Sending questions or comments to Dr. Helayne Sweet at hsweet@mitre.org where the message will be triaged and forwarded to the appropriate person for a response

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# Points of Contact and Useful Links

- **MITRE Facilitator:**

  – Dr. Helayne Sweet, hsweet@mitre.org: 703-582-1346 M

  – Dr. April Berrian, aberrian@mitre.org

  – Nalini Ambrose, nambrose@mitre.org

  – Jennifer Reed, jlr@mitre.org

- **After our DME eRx Kickoff meeting, Jennifer Reed (MITRE team) will send an invitation to join the MITRE DME eRx Work Group on MITRE's Handshake collaboration platform. The site will host our presentations, notes, and other resources that work group members may find useful.**

- **We also invite you to send email to the DME eRx email group with any questions at DMEeRxWorkGroup@groups.mitre.org**

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# Question and Answer (Q&A)

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