Durable Medical Equipment (DME) ePrescribing (eRx) Stakeholder Work Group 03-19-2019 Meeting Summary

Date: March 19, 2019

Time: 1 pm – 2 pm EDT

Location: WebEx Online

Attendees: (Last Name Alphabetical) *Facilitator:* Helayne Sweet (MITRE)
Attendees: Nalini Ambrose (MITRE); Briana Barnes (Scope Infotech, Inc.), April Berrian (MITRE); Kim Brummett (American Association for Homecare); Ryan Burke (ResMed); Neala Campbell (MITRE); Sarah Corley (MITRE); Emil Di Motta (DMEWorks); Christina Fox (Med Claims Compliance Corporation (ClaimJudge)); Nandini Ganguly (EMDI-Scope Infotech); Kenneth Hodel (Apria/DME Hub); Robert Jarrin (ResMed); Jess Julian (MITRE); Troy Kaji (Contra Costa Regional Medical Center & Health Centers); Nick Knowleton (Brightree LLC); Stephanie Legree (Binsons); Christina Oundijian (eClinicalWorks); Jennifer Reed (MITRE); Zane Scholt (Apria); Deborah Silvers (Hoveround); Ashley Stedding (CMS/CPI); Pallavi Talekar (Scope Infotech); Gwen Turner (AdeptHealth); Wayne Van Halem (Wayne Van Halem Group); Deborah Wade (eClinicalWorks); Ray Wilkerson (EMDI - Scope Infotech)

Topic	Presenter	Objective	Decision/Discussion
Recap Last Work Group Discussion Current State Diagram Challenges to Current State	Helayne	To present updates from first meeting on recommended changes to current state and review and validate all challenges captured	Several additional challenges were identified by Work Group members during this session (refer below for each challenge).
Review Future State Diagram/Processes	Work Group Discussion	To review all the steps and processes in the proposed DME eRx future state work flow	Order status is generally not a high priority for clinicians but important for patients and DME suppliers, and level of granularity on order status may vary (e.g., scheduled for delivery and actually delivered are two different status for one supplier while accepted or rejected is how another tracks status).
Identify Challenges Related to Implementing Future State	Work Group Discussion	To facilitate an interactive discussion with Work Group members to identify challenges in implementing the DME	▪ Clinician perspective was that if one could capture some of the data from the DME device into the EHR (e.g., HbA1c

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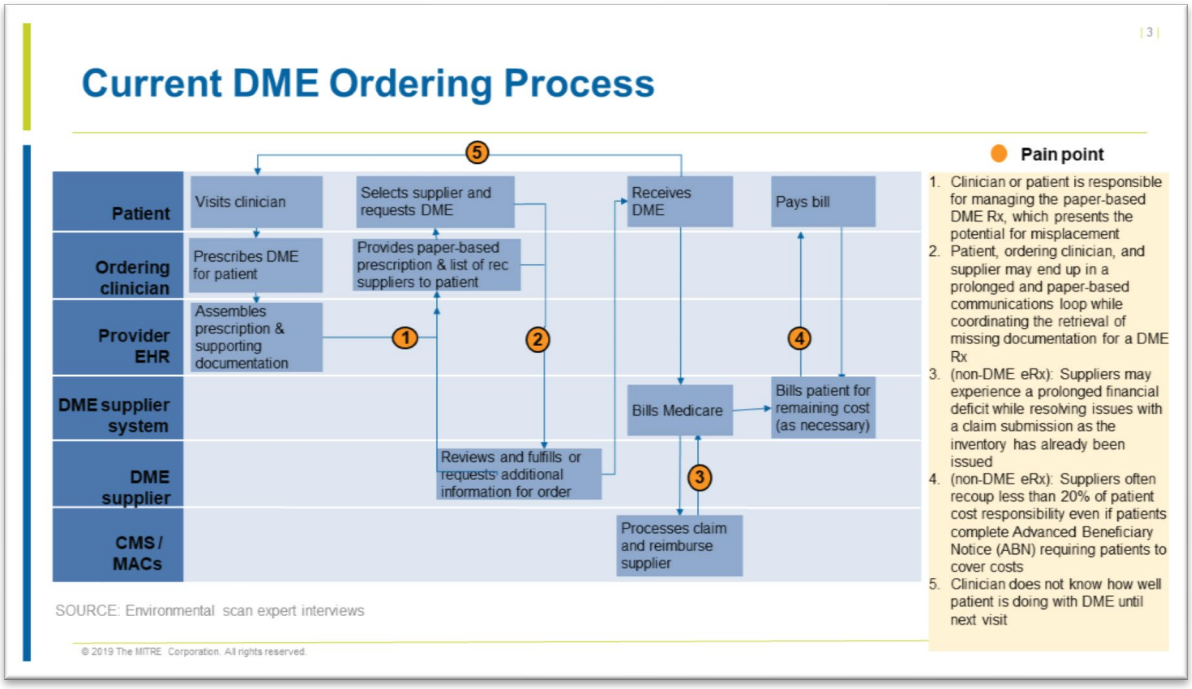
		eRx future state processes	▪ from glucometer strips) that would be a big benefit to providers ▪ In addition, clinician perspective was that electronic capture of patient compliance data this is available would be good (no standards exist today for this data exchange) Suppliers believe that trying to capture utilization data into the EHR would be challenging since not all supplies capture this type of data and there is no user interface or requirement in the EHR to do this today
Next Steps	Helayne	Discussion/Decision	▪ Need to look at data standards, data elements and what standard terminology would be needed Need to follow up about question on CPT codes as proprietary

Current State of DME Ordering Process Review

An additional workflow related to the current process for how clinicians learn of patient compliance was included in the current state diagram, based on Work Group member feedback.

Figure 1: Current DME Ordering Process Diagram



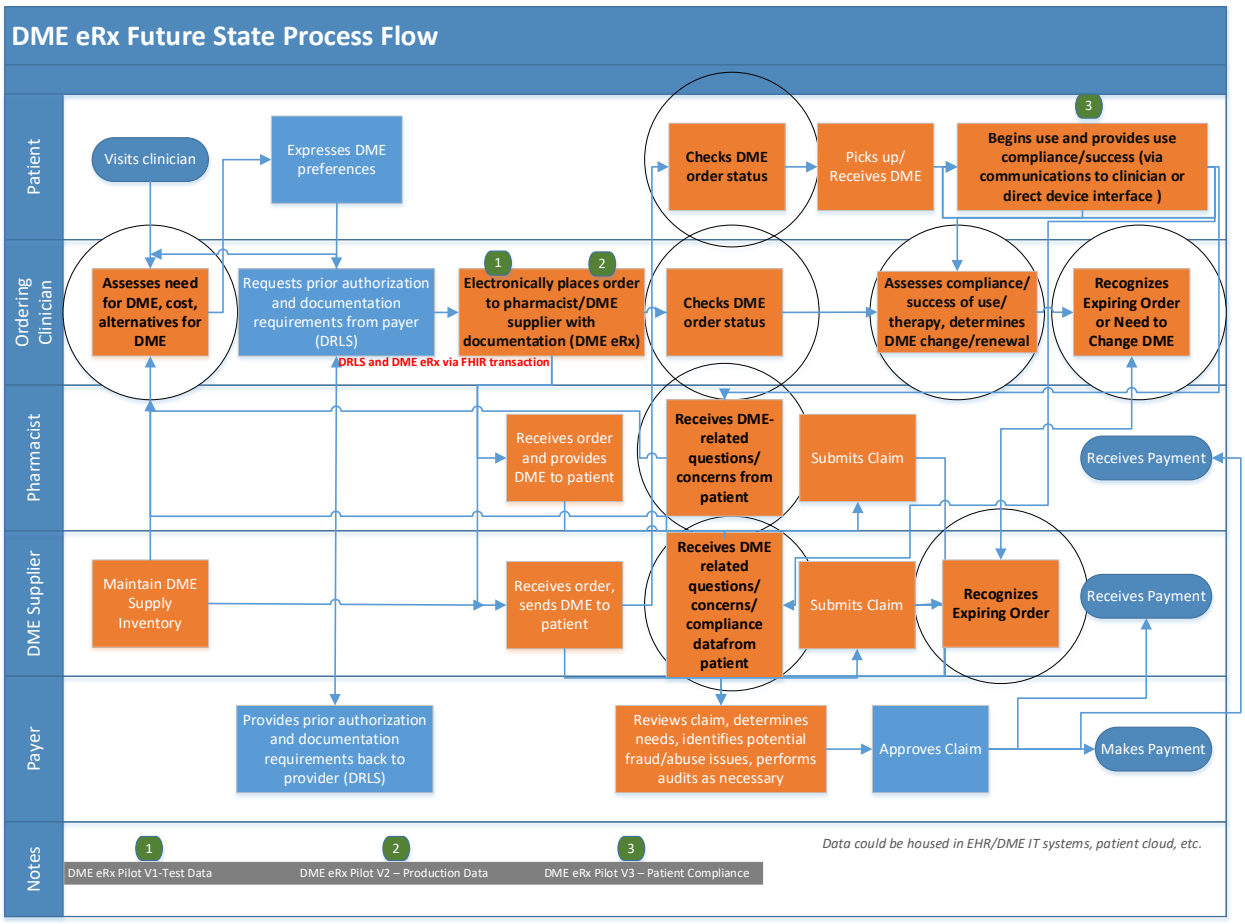
Additional Current State Challenges

- One additional challenge was added from last time and recognized as important which was the manual renewal process for expired/almost expired orders.
- The following additional new challenges were discovered from this Workgroup session:
  - Inability of clinicians to know when the DME has been delivered or renewed
  - Inability of ordering clinicians to easily pull in the needed data from the physical therapy notes or rehabilitation notes that are often the source for the order and could be used in the standard documentation
  - For some clinicians there is a lack of clarity on CMS requirements for electronic signatures (e.g., it was not clear whether the use of a tag line was sufficient to complete an electronic signature)
  - Clinicians only want to know the minimum about orders once they have been placed, mostly just when the order is not accepted (about 4% of the time). However, there are other reasons why suppliers need to reach back to clinicians (e.g., additional supplies need to be ordered that weren't included in original order, patient wants to change the order such as wants nasal mask instead of full phase mask, or patients send it back)
  - In providing options for patients, it is not possible for clinicians to list all the types of supplies that might be available
  - Not all devices capture utilization information – this would be a challenge for suppliers and would suggest this be a future-future state

- Inability to capture data from some DME devices that could be included in the EHR (e.g., HbA1c scores from glucometer strips which per clinicians would be a "BIG WIN")
- For therapy compliance, there is no user interface, no requirements for EHR vendors to build it into the EHR and it would be a stretch to mandate this further on EHR vendors

DME eRx Future State Process Flow

Figure 2 DME eRx Future State Process Flow Diagram



- The following feedback was provided by Work Group members on the future state:
  - Ideal if in future state key data from the Physical Therapy or Occupational Therapists notes which are often the original source for the order could be automatically pulled into the EHR and order transaction
  - Discussion also centered around need for clarification around the clinical data elements relevant to DME. Will there be standardized terminology that industry uses? (e.g., RxNorm for medication or SNOMED for diagnosis)
  - One participant noted a desire to have Procedure-to-Procedure (PTP) codes. These codes are proprietary and difficult to obtain; they are needed for payment requirements
- Work still needs to be done on this first draft and getting more definition on the standards would be needed.

- There is an opportunity to improve information exchange between the supplier and clinician, especially when the patient receives the DME and sends it back or asks for something different.
- One DME supplier shared that this type of communication happens frequently at their company. They supply CPAP and have issues where doctors cannot list all possible combinations of supplies that a patient might need. So, they go home with a full mask and after a few days that mask might not work for the patient, they go to the supplier to get a prescription for a nasal mask and the DME supplier has to go back to the doctor and back to the patient. There may be a lot of back and forth at the beginning when the patient is getting used to the DME.
- In a future state, there would be a universal digital system.
- There was a discussion on patient compliance - how do we envision the future state of patient compliance data/information being shared, once the patient has received the DME. Medical devices were discussed that could capture, monitor, and send information back to the EHR. Is it a patient logging into a portal and relating their success? Is it something else that needs to be built into the EHR?
    - One participant shared that DME is a broad category, and that a narrow band may be determined by the prescriber and what they want to know
    - One participant noted that not all devices in the market place have the capabilities to send back data or other features, and even if there are ones that are technologically capable of sending back information or obtaining information, it can be a challenge for suppliers and that they can't afford to buy the high-end devices that can do this. Should this be a future-future state? One participant agreed that this should be a potential future-future state.
- From a clinician's perspective, a BIG WIN would be the ability to automatically capture the HbA1c scores from the glucometer strips.
    - CDE elements/templates could be required for hospitals and providers to be prompted to send the HbA1c along with the order
    - If NCPDP standards are baked in, it might be easier for EHR to install
    - Some pharmacy systems do not receive the physician's follow on notes, so this could create an issue with qualifying for DME
- Discussion around recognizing expiring orders:
    - If the DME is going to expire, this is something that the supplier might recognize and the supplier fulfills the order, but if additional documentation is needed, it gets denied, but the patient needs it
- Points were raised on information flow related to:
    - The ordering clinician – orders DME for a time, reassesses and determines the need to continue
    - The supplier knows for how long and when it will expire
    - How do these communications flow, so that there is contact, action and no gap for the patient?
        - Clinician gets a letter in the mail. (CURRENT)
        - For therapy compliance, there is really no user interface (UI) support, and no requirement for the EHR vendor to supply it (Future-Future state). Has to be a better methodology (hard letter or email to get notified)

Meeting close:

- The Handshake site will contain documents that capture challenges of the future state.

Next Steps

- There was a question regarding the future of the DME eRx and other work groups. Will they continue beyond this project? Will there be another phase?
    - Nalini to follow up on this question and report back to the Work Group.
- Next meeting scheduled for April 16th from 1-2 pm EDT.