

Information Technology, Healthcare Analytics and Patient Cannabis Use

The Cannabis Codes

- How cannabis use is recorded in Electronic Medical Records (EMR) Systems in Oregon
- How EMR data are used
- How patients can access and update their medical records
- How the state can provide consumer and public health protections to promote best data practices for information integrity

Prepared for Compassionate Oregon
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How cannabis patients and consumers are reported in Electronic Medical Records (EMR) Systems

- No consistent guidance on how to code for medical marijuana use.
- Code set developed under model that all cannabis use is abuse.

Impacts of Lack of Accurate Coding of Cannabis Use

- Bias in reporting more likely without standard guidance.
- Analytics derived from bad data not valid for health policy or public health studies.
- Data mining of EMR records by other sectors (e.g., life insurance) legally tag and “rate” (upcharge) when cannabis codes are in applicant’s EMR.

How Electronic Medical Records (EMR) data are used

The Core of the USA Healthcare Reimbursement System

- Designed to transmit health insurance claims for reimbursement from medical providers and hospitals to third party payers.
- Used to authorize and pay medical claims using a taxonomy of Diagnosis and Procedure Codes that are entered by service provider into EMR.
- High cost of systems and potential of health data collected drove policies to make EMR systems data a source of health information for healthcare policy, to communicate and transmit patient data between providers, and to collect epidemiological data.
 - **This requires good data quality.**

How patients can access and update their medical records

- Contact practice directly
(and if corrections are not made...)
- HIPAA (Federal, Office of Civil Rights) – provides procedures for patients to obtain their records and check for accuracy.
 - “Marijuana” related claims are not addressed.
 - The record belongs to the provider, not the patient.
 - A provider can choose to leave disputed info in chart and reject patient appeal.
 - The patient’s dispute record must be included in chart in provider setting, but dispute does not have to be transferred as part of the medical record.
- Licensing boards for regulating provider conduct
 - If cannabis bias is alleged, there is no recourse in Oregon unless there is other prohibited conduct.

How the state can provide consumer and public health protections to promote best data practices for information integrity

- Authorize OHA to develop guidance on coding for medical and therapeutic cannabis use
- Use existing code set with allowable modifiers to ensure compatibility with expensive EMR systems (EPIC, etc.).
- Ensure that Oregon Insurance Commission prohibits companies doing business in state to collect data on cannabis use (usually mined from the EMR) and to discriminate based on use of cannabis.
- Provide the same civil rights and patient protections to OMMP participants as other health programs.

Introduction:

My Background and How I Know Electronic Medical Systems About the Author – Elizabeth Porter, MSSM

I am a public health scientist with a background in systems management.

I served as the chief information officer for one of the busiest regulatory districts in the US, overseeing the modernization of the reporting and tracking systems for regulating water. My work history includes the development of complex land surveillance systems and reporting systems for a variety of applications.

I advised medical practices on EMR implementation, data quality benchmarking, charting and coding issues.

I conducted hundreds of public interest reviews, participated in rule-making and legislative reviews.

I served on a regional and national Medicare coverage advisory committee.

I participated on both working and strategic national committees addressing issues in information collection, retention, benchmarking and information ethics.

I contributed to the development of state, federal and international data standards.

My training is in both science and engineering.

I have no financial interests in the cannabis industry, cannabis tracking systems, EMR systems, or any alternative technologies.

