<table>
<thead>
<tr>
<th>Agenda</th>
<th>Speaker</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Call to Order</td>
<td>Michael Matthews</td>
<td>11:00 AM</td>
</tr>
<tr>
<td>Public Comment</td>
<td>Attendees</td>
<td>11:05 AM</td>
</tr>
<tr>
<td>Review and Approval of December 21, 2018 Meeting Minutes</td>
<td>Attendees</td>
<td>11:10 AM</td>
</tr>
<tr>
<td>New Work Group Members</td>
<td>Michael Matthews</td>
<td>11:12 AM</td>
</tr>
<tr>
<td>Funding Opportunity Update</td>
<td>Michael Matthews</td>
<td>11:15 AM</td>
</tr>
<tr>
<td>Subcommittee Overview &amp; Project Charter Alignment</td>
<td>Michael Matthews</td>
<td>11:30 AM</td>
</tr>
<tr>
<td>Technology &amp; Innovation Subcommittee</td>
<td>Bruce Metz / Tom Agresta</td>
<td>11:40 AM</td>
</tr>
<tr>
<td>Medication Reconciliation &amp; Deprescribing Subcommittee</td>
<td>Amy Justice / Nate Rickles</td>
<td>11:55 AM</td>
</tr>
<tr>
<td>Engagement &amp; Safety Subcommittee</td>
<td>Anne VanHaaren / Nate Rickles</td>
<td>12:10 PM</td>
</tr>
<tr>
<td>Policy Subcommittee</td>
<td>Sean Jeffery</td>
<td>12:25 PM</td>
</tr>
<tr>
<td>Cancel Rx Executive Summary</td>
<td>Tom Agresta</td>
<td>12:40 PM</td>
</tr>
<tr>
<td>Medication Reconciliation Hackathon</td>
<td>Tom Agresta</td>
<td>12:50 PM</td>
</tr>
<tr>
<td>Next Steps and Adjournment</td>
<td>Michael Matthews</td>
<td>12:55 PM</td>
</tr>
</tbody>
</table>
Public Comment
Review & Approval of:

December 21, 2018 Meeting Minutes
New Work Group Members
Funding Opportunity Update

Discussion Topic
This IAPD represents a significant increase in the overall funding request (as opposed to past submissions) to support a range of activities, including:

- Continuation of previously approved FFY 2019 activities
- Broad technical assistance and onboarding support / Statewide HIE connection to Medicaid Node
- Unique process for developing and implementing use cases (Use Case Factory Model)
- Planning and development of other priority use cases and initiatives

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Title</th>
<th>Funding Period</th>
<th>Total</th>
<th>FFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/4/2017</td>
<td>APD-U (update)</td>
<td>10/1/2016 – 9/30/2017</td>
<td>$1,624,318</td>
<td>$1,461,886</td>
</tr>
<tr>
<td>10/4/2017</td>
<td>APD-U (update)</td>
<td>10/1/2017 – 9/30/2018</td>
<td>$4,972,990</td>
<td>$4,475,691</td>
</tr>
<tr>
<td>11/1/2017</td>
<td>APD-U (update)</td>
<td>10/1/2017 – 9/30/2019</td>
<td>$7,077,960</td>
<td>$6,370,164</td>
</tr>
<tr>
<td>9/5/2018</td>
<td>APD-U (update)</td>
<td>10/1/2018 – 9/30/2019</td>
<td>$19,247,972</td>
<td>$17,323,175</td>
</tr>
</tbody>
</table>
New Funding – Technical Assistance and Connection to Medicaid HIE Node

- Technical Assistance & Connectivity (TA&C) Program modeled after New Jersey’s deliverable-based approach for providing direct technical assistance and onboarding support to catalyze effective data sharing and adoption of trust framework.

- TA&C Program available to a wide range of healthcare providers and organizations, including qualified HIE nodes, CSMS, acute care and specialty hospitals, ACOs, FQHCs, behavioral health and LTPAC, EMT, and other Medicaid providers.

<table>
<thead>
<tr>
<th>Category</th>
<th>Vendor</th>
<th>FFY 2019</th>
<th>FFY 2020</th>
<th>Description of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Assistance and Connectivity Program</td>
<td>HIE Entity</td>
<td>$6,150,000</td>
<td>$11,425,000</td>
<td>HIE Entity will develop and administer the Technical Assistance and Connectivity Program by off-setting the initial cost of connection with a qualified HIE node and provide technical and onboarding assistance.</td>
</tr>
<tr>
<td>Medicaid Node Connection to the Statewide HIE</td>
<td>DSS</td>
<td>$250,000</td>
<td>---</td>
<td>DSS has determined funding needed to connect the Medicaid HIE node to the statewide HIE. <strong>Note:</strong> funding amount may be revised based on the design put forth by the HIE through a future IAPD-U.</td>
</tr>
</tbody>
</table>
New Funding – Other Initiatives

- New funding has been requested to support other prioritized use cases and initiatives, as outlined in the table below.
- Use Case Factory Model (UCFM) is a sociotechnical construct that enables prioritized and systematic data sharing among stakeholders aligned with the plan, design, and implementation process.
- UCFM includes an agile stage-gate methodology that allows all stakeholders to contribute conceptual ideas into a process that refines concepts against the technical, regulatory, financial, and organizational constraints and evaluates the magnitude of the value proposition.

<table>
<thead>
<tr>
<th>Category</th>
<th>Vendor</th>
<th>FFY 2019</th>
<th>FFY 2020</th>
<th>Description of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish Use Case Factory Model</td>
<td>HIE Entity</td>
<td>$300,000</td>
<td>$1,000,000</td>
<td>Plan, design, develop, and establish the Use Case Factory Model to allow for high-value data sharing efforts to be prioritized and the technology demonstrated to ensure progression toward adoption in FFY 2020.</td>
</tr>
<tr>
<td>Statewide Medication Management Services (SMMS) – Planning &amp; Design</td>
<td>OHS - TBD</td>
<td>$100,000</td>
<td>$150,000</td>
<td>Provide SME to facilitate the planning and development of the SMMS, including facilitation of design groups, development of business/technical requirements to support the use case, workflow mapping, and additional stakeholder engagement and outreach to support implementation.</td>
</tr>
<tr>
<td>Establish a Statewide Electronic Consent Management Service</td>
<td>HIE Entity</td>
<td>$300,000</td>
<td>$900,000</td>
<td>Plan, design, and develop a statewide electronic consent management service (eCMS) use case, integrate the eCMS with core services, develop wireframe, and support organizations to pilot the service.</td>
</tr>
<tr>
<td>eConsult and eReferrals Use Case</td>
<td>HIE Entity</td>
<td>$100,000</td>
<td>$150,000</td>
<td>Plan, design, and develop an eConsult and eReferrals use case and integrate with core services.</td>
</tr>
<tr>
<td>Auditing Function</td>
<td>OHS – TBD</td>
<td>$184,500</td>
<td>$342,750</td>
<td>Provide required audit functions to support the Technical Assistance &amp; Connectivity Program.</td>
</tr>
</tbody>
</table>
Subcommittee Overview & Project Charter Alignment

Discussion Topic
MRP Work Group Structure

- Health IT Advisory Council
- MRP Work Group
  - Technology & Innovation
  - Medication Reconciliation & Deprescribing
  - Engagement & Safety
  - Policy
- Other Sub-groups / Design Groups
## Overview of Subcommittees

### Technology & Innovation
- **Bruce Metz***
- Tom Agresta
- Sean Jeffery
- Jennifer Osowiecki
- Nitu Kashyap
- Stacy Ward-Charlerie (Surescripts)
- Samantha Pitts (JHMI)

### Medication Reconciliation & Deprescribing
- **Nate Rickles***
- Amy Justice*
- Nate Rickles*
- Sean Jeffery
- Anne VanHaaren
- Ece Tek
- Marghie Giuliano
- Nitu Kashyap
- Diane Mager
- Jameson Reuter
- Jennifer Osowiecki
- Marie Renauer (YNHH)
- Ken Whittemore (Surescripts)

### Engagement & Safety
- **Nate Rickles***
- Anne VanHaaren*
- Lesley Bennett
- Sean Jeffery
- Kate Sacro
- Marie Renauer (YNHH)

### Policy
- **Peter Tolisano / Valencia Bagby-Young**
- Jameson Reuter
- Sean Jeffery
- Marghie Giuliano
- Rod Marriott

*Chair / Co-chair
## Project Charter Goals

<table>
<thead>
<tr>
<th>Project Charter Goals</th>
<th>Alignment with Subcommittees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop, implement, and operate an effective organization structure and process</td>
<td>= MRP Work Group</td>
</tr>
<tr>
<td>2. Establish foundational definitions for MRP Work Group activities</td>
<td>= Engagement &amp; Safety</td>
</tr>
<tr>
<td>3. Secure funding for planning, design, and development/implementation activities</td>
<td>= Med Rec &amp; Deprescribing</td>
</tr>
<tr>
<td>4. Develop strategies to operationalize medication reconciliation by defining responsibilities, communication, and training requirements for healthcare professionals</td>
<td>= Tech &amp; Innovation</td>
</tr>
<tr>
<td>5. Identify mechanisms to enhance efficiency and effectiveness of cancelling prescription medications</td>
<td>= Policy</td>
</tr>
<tr>
<td>6. Develop strategies to operationalize deprescribing by defining responsibilities, communication, and training requirements for healthcare professionals</td>
<td></td>
</tr>
<tr>
<td>7. Develop strategies for communicating with and engaging key stakeholders</td>
<td></td>
</tr>
<tr>
<td>8. Support the implementation of priority recommendations based on funding availability and design approval</td>
<td></td>
</tr>
<tr>
<td>9. Evaluate the effectiveness of any implemented standards and solutions</td>
<td></td>
</tr>
</tbody>
</table>
Building Block Approach for the Development of Recommendations

MRP Recommendations due to Connecticut General Assembly and Health IT Advisory Council by 7/1/19
Technology & Innovation Subcommittee

Discussion Topic
Technology & Innovation Subcommittee

- First meeting took place on January 14, 2019
- Bruce Metz volunteered to serve as Chair of the subcommittee
- Agreed to a monthly meeting cadence (through May 2019)
- Subcommittee stressed the importance of close collaboration and alignment with the other subcommittees
- Action Item – Members will conduct research on current technology and best practices, which will be presented and discussed at the next Subcommittee meeting.
- Other considerations that were discussed:
  - Subcommittee should conduct an examination of products and solutions, through research and demonstrations, in order to understand all available options, best practices, issues, and gaps
  - Subcommittee should focus on technology that uses modern architecture
  - Subcommittee should consider how HIE services are being designed to efficiently maximize benefits
  - Subcommittee should consider user-centered design principles for solutions
Medication Reconciliation & Deprescribing Subcommittee

Discussion Topic
Med Rec & Deprescribing Subcommittee

- First meeting took place on January 22, 2019; second meeting on February 20, 2019
- Amy Justice volunteered to serve as Chair
- Agreed to a monthly meeting cadence (through May 2019)
- Subcommittee stressed the importance of close collaboration and alignment with the other subcommittees
- Subcommittee agreed to limit their focus to filled, active, prescription medications (as a starting place)
- Action Items – the Subcommittee agreed to develop summary documents to outline the current process, progress, barriers, and recommended next steps for the following three areas:
  - Obtaining an accurate list of filled, active, prescription medications and making this information available to patients, providers, and patient’s designated care givers.
  - Cancelling prescriptions for medications and making this information available to patients, providers, and patient’s designated care givers.
  - Convincing patients and providers to stop (deprescribe) medications that may be harmful due to known contraindications or due to problematic side effects, for example.
- Subcommittee will review summary documents and determine next steps for the finalization and distribution to other Subcommittees and MRP Work Group
Engagement & Safety Subcommittee

Discussion Topic
Engagement & Safety Subcommittee

- First meeting took place on January 23, 2019
- Anne VanHaaren and Nate Rickles volunteered to serve as Co-chairs
- Agreed to a monthly meeting cadence (through May 2019)
- Subcommittee stressed the importance of close collaboration and alignment with the other subcommittees
- Subcommittee agreed that the scope will be limited to patient safety concerns relevant to medication reconciliation, deprescribing, and polypharmacy
- Subcommittee agreed that their work needs to be inclusive of both patients and provider engagement

Action Items:
- Nate Rickles volunteered to engage his pharmacy students to support the literature review and background research process for this subcommittee, and to explore the possibility of providing student support to other subcommittees
- Subcommittee will begin to develop strawman outlines and define necessary components of relevant engagement and communication-related documents, as detailed in the Project Charter (Tool-Kits and Communication Plan)
Policy Subcommittee

Discussion Topic
Policy Subcommittee

- First meeting took place on January 30, 2019
- Leadership was not identified
- Subcommittee discussed the idea of “lead vs. follow” in terms to its work and relationship with other Subcommittees.
- Subcommittee decided to a hybrid model, in which some background research and literature review will be conducted up-front (lead), but the majority of the work will be focused on supporting other Subcommittees, as directed and requested (follow)
- Scope will include an analysis of policies and barriers from Connecticut, as well as at the federal level and from relevant private organizations
CancelRx Work Group Executive Summary

Discussion Topic
The Office of Health Strategy’s Annual Report to the Connecticut General Assembly was submitted on 1/31/19 with the CancelRx Executive Summary included as an appendix.

**Key Findings Presented:**

- There is a significant opportunity to enhance patient safety if the CancelRx standard is adopted in a manner that is workflow-friendly for prescribers, pharmacists, and patients.

- There are a number of stakeholders who would benefit financially from a reduction in inadvertent prescribing that would occur as a result of CancelRx adoption.

- There are a number of challenges that need to be overcome for widespread adoption and effective use to occur.
CancelRx Work Group Recommendations

1) Conduct a formal assessment of the ROI for the CancelRx standard and other medication reconciliation recommendations to support the widespread adoption by pharmacies.

2) Conduct a formal assessment of the legislative / policy considerations associated with a mandate to require participation in the CancelRx standard by CT pharmacies and practitioners.

3) Explore the possibility of utilizing HIE funding to support onboarding, technical assistance, education, training, and implementation for pharmacies and practitioners.

4) Standardize pharmacy CancelRx workflows through technical assistance support.

5) Launch a statewide public health campaign to raise awareness for medication safety, CancelRx, medication reconciliation, polypharmacy, election prescriptions for controlled substances, etc.

6) Develop a business case for the sustainability of CancelRx that is endorsed and supported by the state’s HIE effort and associated stakeholders (e.g. payers conducting cost containment analysis).

7) Develop incentive program to support the adoption and use of the CancelRx standard and conduct pilot programs to determine ROI for each organization.

8) Conduct analysis of funding opportunities available to help address polypharmacy and reduce opioid misuse.

9) Partner with the Connecticut PDMP, SAMHSA, and other organizations / stakeholders to determine how CancelRx can be supported by, or provide support to, relevant program efforts.
Acceptance of CancelRx Work Group leader’s application to present at the American Medical Informatics Association (AMIA) Clinical Informatics Conference (May 2019), titled: *Promoting Medication Safety Through a Multi-stakeholder State Group in CT: Improving Deprescribing by Use of the CancelRx Messaging Standard*

**Session Objectives – Participants will:**

1. Understand the CancelRx ePrescribing standard and its role in successfully Deprescribing medications to avoid patient safety risks
2. Understand how the complex process of intertwined issues of clinician workflow, technical standards, and return on investment decisions all need to be considered when attempting a broad adoption of the CancelRx messaging standard
3. Understand how a multi-stakeholder state-wide effort has led to additional efforts to address prescription safety
Medication Reconciliation Hackathon

Discussion Topic
Purpose:

- Increase awareness of medication reconciliation challenges
- Increase awareness of how a statewide HIE might facilitate effective, efficient, and user-friendly medication reconciliation
- Refine a medication reconciliation use case by identifying requirements
- Share FHIR and SMART on FHIR education and experience in Health IT standards
- Development of a simple diagrammatic and software prototype

Target Participants:

- Prescribing clinicians
- Pharmacists
- Analysts
- Informaticians
- Software engineers
- Developers & programmers
- Students in medicine, pharmacy & engineering
- Patient advocates
OHS Medication Reconciliation Hackathon – Presented by UConn Health

**Date:** April 5 & 6, 2019

**Time:** 8am-5pm

**Location:** UConn Health – Academic Entrance

**Cost:** Free

Next Steps & Adjournment
MRP Work Group Meetings

- Meeting #1 – September 24, 2018 (3pm – 5pm)
- Meeting #2 – October 15, 2018 (3pm – 5pm)
- Meeting #3 – November 16, 2018 (12pm – 2pm)
- Meeting #4 – December 21, 2018 (2pm – 4pm)
- Meeting #5 – February 20, 2019 (11am – 1pm)
- Meeting #6 – March 18, 2019 (2pm – 4pm)
- Meeting #7 – April 15, 2019 (2pm – 4 pm)
Contact Information

Sarju Shah, HIT Program Manager, OHS - Sarju.Shah@ct.gov

Michael Matthews, Facilitator, CedarBridge Group- Michael@cedarbridgegroup.com

Chris Robinson, Project Manager, CedarBridge Group- chris@cedarbridgegroup.com