

Medication Reconciliation & Polypharmacy Work Group

December 21, 2018



Agenda

Agenda

Welcome and Call to Order	Sarju Shah	2:00 PM
Public Comment	Attendees	2:05 PM
Review and Approval of November 16, 2018 Meeting Minutes	Attendees	2:10 PM
MRP Work Group Project Charter	Sean Jeffery	2:15 PM
Funding Opportunity Update	Allan Hackney	2:35 PM
Use Case Development	Sabina Sitaru	2:50 PM
MRP Work Group Timeline and Structure	Michael Matthews	3:20 PM
MRP Workshop & Hackathon	Tom Agresta	3:45 PM
Next Steps and Adjournment	Sarju Shah	3:55 PM

Public Comment



Review & Approval of:

November 16, 2018 Meeting Minutes



MRP Work Group Project Charter

Discussion & Recommendation for Approval

MRP Work Group Project Charter

Developed by Sean Jeffery, Diana Mager, and Tom Agresta, with support from OHS and CedarBridge Group.

➤ **Table of Contents:**

- Project Overview
- Project Milestones
- Project Organization
- Revision History

➤ **Project Goals and Objectives:**

- Develop, implement, and operate an effective organization structure and process
- Establish foundational definitions for Work Group activities
- Secure funding for planning, design, and development activities
- Identify mechanisms to enhance efficiency and effectiveness of cancelling prescription medications
- Develop strategies to operationalize deprescribing by defining responsibilities, communication, and training requirements for healthcare professionals
- Develop strategies for communicating with and engaging key stakeholders
- Support the implementation of priority solutions based on funding availability and design approval
- Support the evaluation of any implemented standards and solutions

MRP Work Group Project Charter

➤ Critical Success Factors

- Engaged and active Work Group members
- Effective support team
- Focus on practical and impactful solutions
- Secure funding to support the implementation of recommendations
- Successful communication strategy for stakeholders

➤ Major Project Milestones (with quarterly reports to the Health IT Advisory Council)

- Adoption of definitions for Medication Reconciliation and Polypharmacy
- Securing federal funding
- Planning and design of SMMS
- Work Group recommendations delivered to the HITO
- Support the pilot implementation of SMMS
- Support the evaluation of implemented standards and solutions



MRP Work Group Project Charter

Decision to approve MRP Work Group Project Charter

Funding Opportunity Update

Discussion Topic

Funding Opportunity Update

IAPD Funding:

- Planned Submission Date – January 2019
- Planning and design funding request for Statewide Medication Management Services (SMMS) - \$100,000 (FFY 2019) and \$150,000 (FFY 2020)
- Alternative approach for implementation funding request



SUPPORT Act:

- Three funding areas:
 - Near-real time reporting of pharmacies to PDMP
 - Flow of PDMP data across state lines
 - Integration into clinical workflows
- 100% federal funding – State Medicaid Directors funding mechanism via APD requests
- Funding available for 2 years
- Target: implementation funding

HR 6 Sec. 5042 – New Opportunity for HIT

HIT Implications of Sec. 5042

- **Support Act HR 6 Sec. 5042 provides for expansion of capabilities and use of Prescription Drug Monitoring Programs (PDMP's):**
 - Requires covered providers must check PDMP's before prescribing controlled substances
 - Anticipate rules favoring use of HIE's and medication reconciliation solutions for this purpose (rules in OMB)
 - Requires electronic access to State PDMP's by Medicaid
 - Provides 100% Federal funding to facilitate compliance
 - States must have data sharing and access for providers for all contiguous states to qualify for funding

- **HIT PMO convening relevant agencies to determine priorities:**
 - Includes DCP, DSS, DHMAS, DOC, OPM, DPH

- **CT uniquely positioned to respond:**
 - Med Rec Advisory Group already focused on the issues
 - HIT architectures and existing IAPD funding creating pathways for data sharing

- **Next steps:**
 - HITO to convene relevant agencies to develop priorities and common objectives
 - Awaiting release of implementation rules from OMB regarding funding proposal process

Use Case Development

Discussion Topic

Introduction: HIE Entity Interim Chief Operating Officer

- Responsible for all business operations, including establishing the trust framework necessary to permit legal sharing of data, and building and executing the onboarding processes to connect hospitals, physicians and other health care settings to the entity. Sabina will also be the principal face to the human services state agencies that have need to share health data in pursuit of their missions.
- Reports to Allan Hackney at OHS in his role as HITO until the entity is formed. Thereafter, and subject to confirmation by the entity's board of directors, she will continue to report to him in his capacity as chairman of the entity's board.
- Sabina has a Masters degree in Information Systems Management (MISM) from Keller Graduate School of Management at Devry University, a BS in Accounting from Post University, Waterbury, CT, and is a Certified Government Chief Information Officer (CGCIO) and Certified Project Management Professional (PMP). Sabina also serves as chapter board Vice President of the Central CT Society for Information Management.
- Prior to this role Sabina served as Chief Innovation/Information Officer of the City of Hartford with citywide responsibility for Business Systems, Support Services, Network Operations, and the Project Management Office. She also held a number of increasingly senior roles within Hartford during her 21 years with the city.

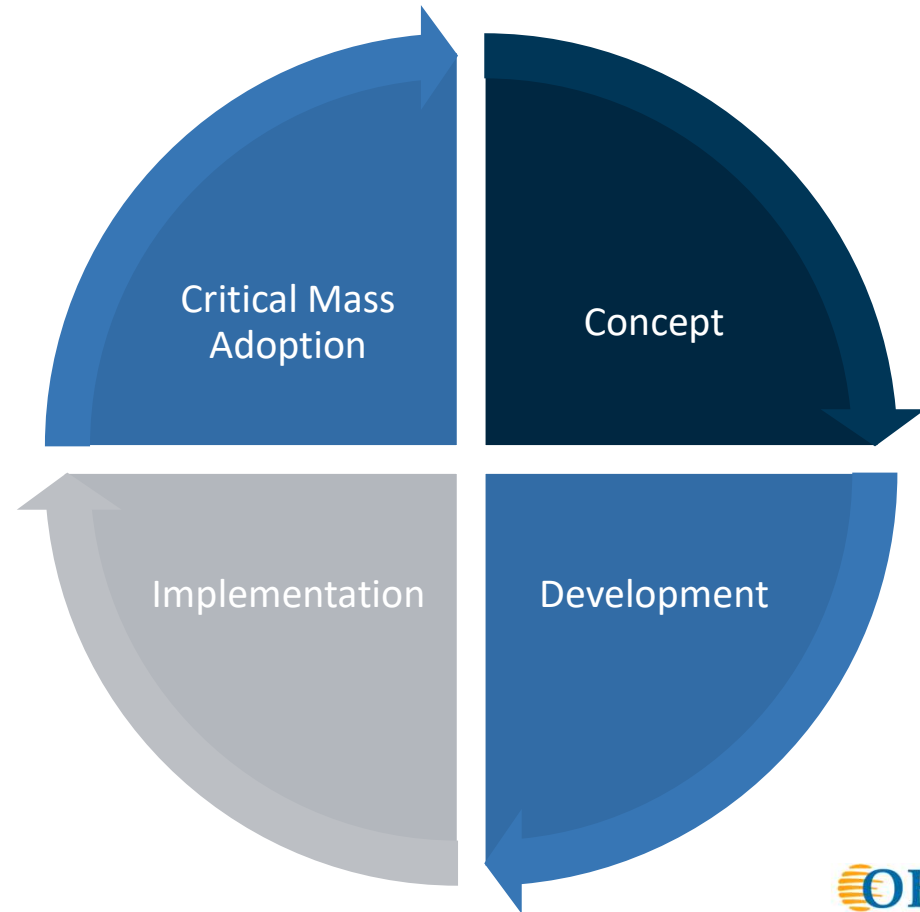


Sabina Sitaru

Use Case Development

Concept to Critical Mass

- Michigan Health Information Network (MiHIN) developed and implemented Use Case Factory (2012)
- Adapted Use Case Factory for Connecticut
- MRP Work Group to provide subject matter expertise and recommendations to inform use case development
- Med Rec use case to be implemented by the Connecticut Health Information Exchange Entity

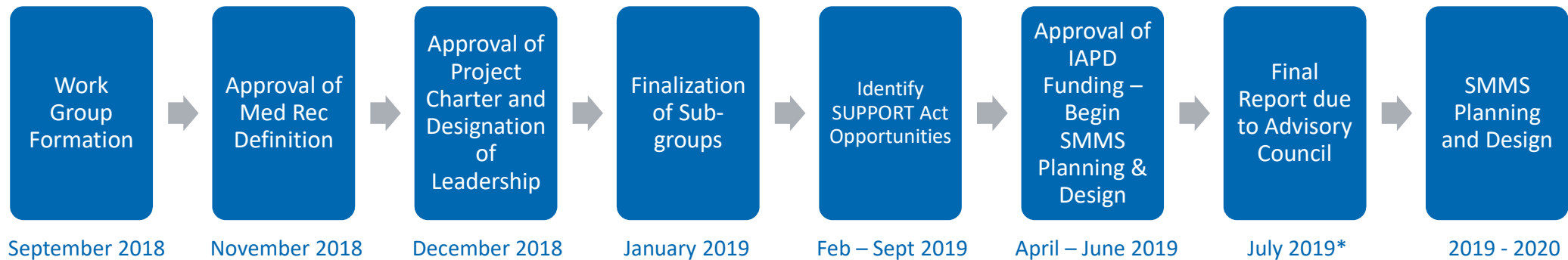




MRP Work Group Timeline and Structure

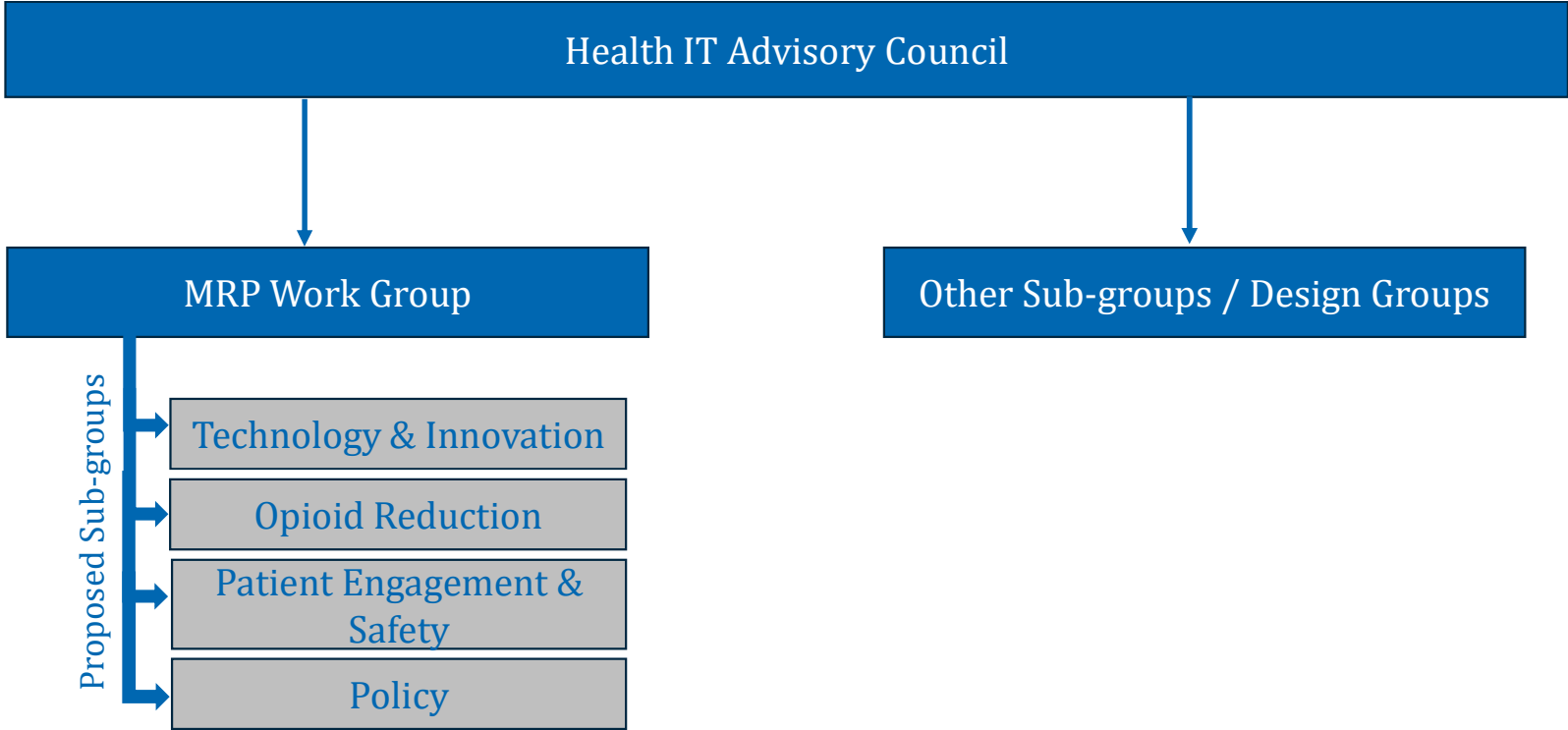
Discussion Topic

MRP Work Group Proposed Timeline



* Work Group can elect to extend the legislatively defined duration of the MRP Work Group

Strawman – MRP Work Group Structure



Interest in Leadership & Sub-groups

Leadership

Sean Jeffery (co-chair)

Tom Agresta

Nate Rickles*

Marghie Giuliano*

Nitu Kashyap

Opioid Reduction

Jameson Reuter

Nate Rickles

Sean Jeffery

Anne VanHaaren

Ece Tek

Marghie Giuliano

Nitu Kashyap

Ken Whitemore (Surescripts)

Policy Sub-group

Peter Tolisano

Jameson Reuter

Sean Jeffery

Marghie Giuliano

Patient Engagement & Safety

Nate Rickles

Sean Jeffery

Lesley Bennett

Anne VanHaaren

Kate Sacro

Marie Renauer (YNHH)

Technology & Innovation

Bruce Metz**

Tom Agresta

Sean Jeffery

Jennifer Osowiecki

Nitu Kashyap

Jake Star (VNA / Council)

Stacy Ward Charlerie (Surescripts)

Marie Renauer (YNHH)

*Nominated

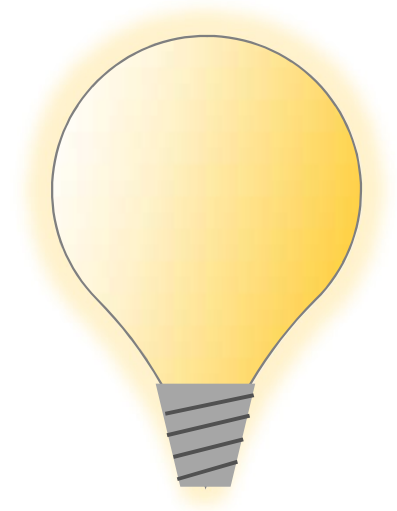
**Volunteered to Chair

Med Rec Workshop / Hackathon

Update

Upcoming Event: Medication Reconciliation FHIR Workshop & Hackathon

- On behalf of OHS, UConn Health is organizing an event/ competition for teams to create tech solutions for Medication Reconciliation (Spring 2019)
- Who: Clinicians, informaticians & programmers
- Workshop is currently in the planning phase – all ideas are welcome!
- To share your event ideas, please contact :
 - Kate Hayden, MPH, UCH HIT Program Coordinator at khayden@uchc.edu
 - Tom Agresta, MD, HIT PMO Clinical Advisor at agresta@uchc.edu



Upcoming 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 – January 14, 2019 (2pm – 4pm)

Contact Information

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Michael@cedarbridgegroup.com

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