

# Medication Reconciliation & Polypharmacy Work Group

## *Medication Reconciliation & Deprescribing Sub-committee*

February 20, 2019



# Agenda

## Agenda

Welcome and Call to Order	Michael Matthews	10:00 AM
Public Comment	Attendees	10:05 AM
Recap of Previous Meeting	Amy Justice	10:10 AM
Review and Discuss Previous Action Items	Amy Justice	10:20 AM
<ul style="list-style-type: none"><li>• Task 1: Obtaining an Accurate List</li><li>• Task 2: Cancelling Prescriptions</li><li>• Task 3: Deprescribing</li></ul>	Tom Agresta Sean Jeffery	
Next Steps & Adjournment	Michael Matthews	10:55 AM

# Public Comment

# Recap of Previous Meeting

Discussion Topic

# Medication Reconciliation & Deprescribing Sub-committee

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## MRP Work Group Members

Nate Rickles

Jameson Reuter

Sean Jeffery

Anne VanHaaren

Ece Tek

Marghie Giuliano

Nitu Kashyap

Diane Mager

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## Additional Members

Ken Whittemore

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# 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 three areas (detailed in a later slide)
- Subcommittee will review summary documents and determine next steps for the finalization and distribution to other Subcommittees and MRP Work Group

# Project Charter & Subcommittee Alignment

 = MRP Work Group

 = Engagement & Safety































 = Tech & Innovation

 = Med Rec & Deprescribing

 = Policy

## Project Charter Goals

## Alignment with Subcommittees

1. Develop, implement, and operate an effective organization structure and process					
2. Establish foundational definitions for MRP Work Group activities					
3. Secure funding for planning, design, and development/implementation activities					
4. Develop strategies to operationalize medication reconciliation by defining responsibilities, communication, and training requirements for healthcare professionals					
5. Identify mechanisms to enhance efficiency and effectiveness of cancelling prescription medications					
6. Develop strategies to operationalize deprescribing by defining responsibilities, communication, and training requirements for healthcare professionals					
7. Develop strategies for communicating with and engaging key stakeholders					
8. Support the implementation of priority recommendations based on funding availability and design approval					
9. Evaluate the effectiveness of any implemented standards and solutions					

# Review and Discuss Summary Documents

Discussion



# Summary Document Assignments

- During the January 22<sup>nd</sup> meeting, the Subcommittee agreed to produce the following summary documents:
  - ❑ **Summary 1:** Obtaining an accurate list of filled, active, prescription medications and making this information available to patients, providers, and patient's designated care givers. (Amy Justice)
  - ❑ **Summary 2:** Cancelling prescriptions for medications that are no longer meant to be taken (as decided by the provider or patient) and making this information available to patients, providers, and patient's designated care givers. (Tom Agresta)
  - ❑ **Summary 3:** Convincing patients and providers to stop (deprescribe) medications that may be harmful either due to known contraindications or due to problematic side effects, such as neurocognitive compromise, toxicity, falls, etc. (Sean Jeffery)
- Summary Documents are 2-3 page documents that summarize the following:
  - ❑ What has been accomplished / current progress
  - ❑ Major barriers that need to be overcome
  - ❑ Recommendations for next steps

# Task 1: Obtaining an Accurate List

Obtaining an accurate list of filled, active, prescription medications and making this information available to patients, providers, and patient's designated care givers.

(Amy Justice)

- What has been accomplished / current progress
- Major barriers that need to be overcome
  - ❑ Data use and privacy
  - ❑ Requirements surrounding access to patients and their designees
  - ❑ Expanding infrastructure support
- Recommendations for next steps
  - ❑ Conduct a detailed exploration of the feasibility and privacy issues associated with expanding the PMP, in parallel with the exploration of the HIE / database of active medications
  - ❑ Development of specific recommendations regarding the responsibilities of the state, as they pertain to potential solutions, such as a database of active medications
  - ❑ Exploration of how this data can be appropriately integrated into the HIE

# Task 2: Cancelling Prescriptions

## CancelRx Work Group – Executive Summary:

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.

# CancelRx Work Group – Panel Presentation at AMIA

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

# Task 3: Deprescribing

Convincing patients and providers to stop (deprescribe) medications that may be harmful either due to known contraindications or due to problematic side effects, such as neurocognitive compromise, toxicity, falls, etc. (Sean Jeffery)

- What has been accomplished / current progress
- Major barriers that need to be overcome
- Recommendations for next steps

# Next Steps & Adjournment

# Contact Information

Sarju Shah, HIT Program Manger, OHS - [Sarju.Shah@ct.gov](mailto:Sarju.Shah@ct.gov)

Michael Matthews, Facilitator, CedarBridge Group–  
[Michael@cedarbridgegroup.com](mailto:Michael@cedarbridgegroup.com)

Chris Robinson, Project Manager, CedarBridge Group–  
[chris@cedarbridgegroup.com](mailto:chris@cedarbridgegroup.com)