

# Medication Reconciliation & Polypharmacy Work Group

February 20, 2019



# Agenda

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

# Public Comment

# Review & Approval of:

December 21, 2018 Meeting Minutes

# New Work Group Members

# Funding Opportunity Update

Discussion Topic

# IAPD Appendix D – Overview

- 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

Approval Date	Title	Funding Period	Related to HIE	
			Total	FFP
5/4/2017	APD-U (update)	10/1/2016 – 9/30/2017	\$1,624,318	\$1,461,886
10/4/2017	APD-U (update)	10/1/2017 – 9/30/2018	\$4,972,990	\$4,475,691
11/1/2017	APD-U (update)	10/1/2017 – 9/30/2019	\$7,077,960	\$6,370,164
9/5/2018	APD-U (update)	10/1/2018 – 9/30/2019	\$19,247,972	\$17,323,175
<b>Under Review</b>	<b>APD-U (update)</b>	<b>10/1/2018 – 9/30/2020</b>	<b>\$55,218,106</b>	<b>\$49,696,295</b>

# 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.

Category	Vendor	FFY 2019	FFY 2020	Description of Services
Technical Assistance and Connectivity Program	HIE Entity	\$6,150,000	\$11,425,000	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
Medicaid Node Connection to the Statewide HIE	DSS	\$250,000	---	DSS has determined funding needed to connect the Medicaid HIE node to the statewide HIE. <b>Note:</b> funding amount may be revised based on the design put forth by the HIE through a future IAPD-U.



# New Funding – Other Initiatives

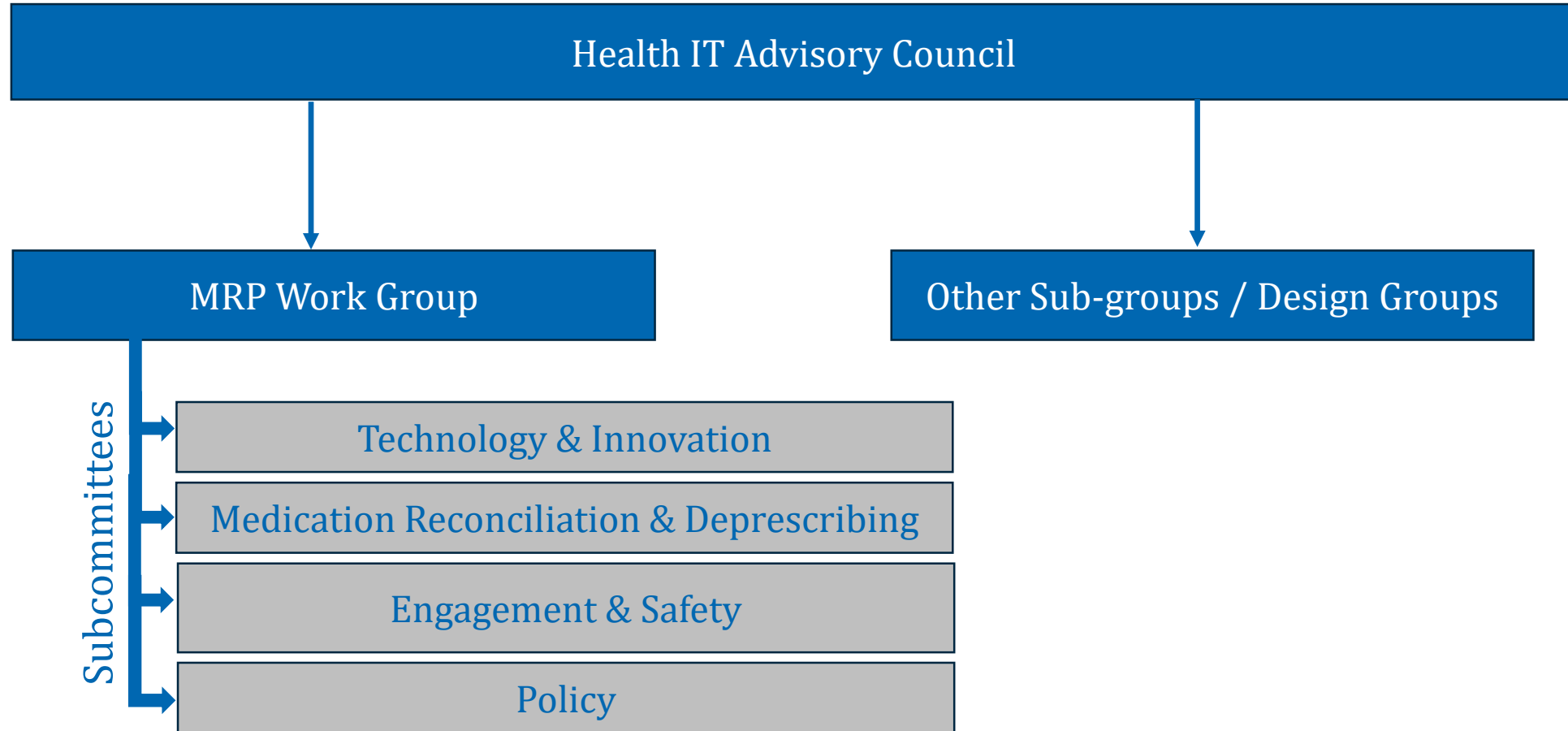
- New funding has been requested to support other prioritized use cases and initiatives, as outlined in the table below.
- Use Case Factory Model (UCFM) is a sociotechnical construct that enables prioritized and systematic data sharing among stakeholders aligned with the plan, design, and implementation 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.

Category	Vendor	FFY 2019	FFY 2020	Description of Services
Establish Use Case Factory Model	HIE Entity	\$300,000	\$1,000,000	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.
<b>Statewide Medication Management Services (SMMS) – Planning &amp; Design</b>	<b>OHS - TBD</b>	<b>\$100,000</b>	<b>\$150,000</b>	<b>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.</b>
Establish a Statewide Electronic Consent Management Service	HIE Entity	\$300,000	\$900,000	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.
eConsult and eReferrals Use Case	HIE Entity	\$100,000	\$150,000	Plan, design, and develop an eConsult and eReferrals use case and integrate with core services.
Auditing Function	OHS – TBD	\$184,500	\$342,750	Provide required audit functions to support the Technical Assistance & Connectivity Program.

# Subcommittee Overview & Project Charter Alignment

Discussion Topic

# MRP Work Group Structure



# 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

Amy Justice\*

Nate Rickles\*

Sean Jeffery

Anne VanHaaren

Ece Tek

Marghie Giuliano

Nitu Kashyap

Diane Mager

Jameson Reuter

Jennifer Osowiecki

Marie Renauer (YNNH)

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 & Subcommittee Alignment

 = MRP Work Group

 = Engagement & Safety






























 = Tech & Innovation

 = Med Rec & Deprescribing

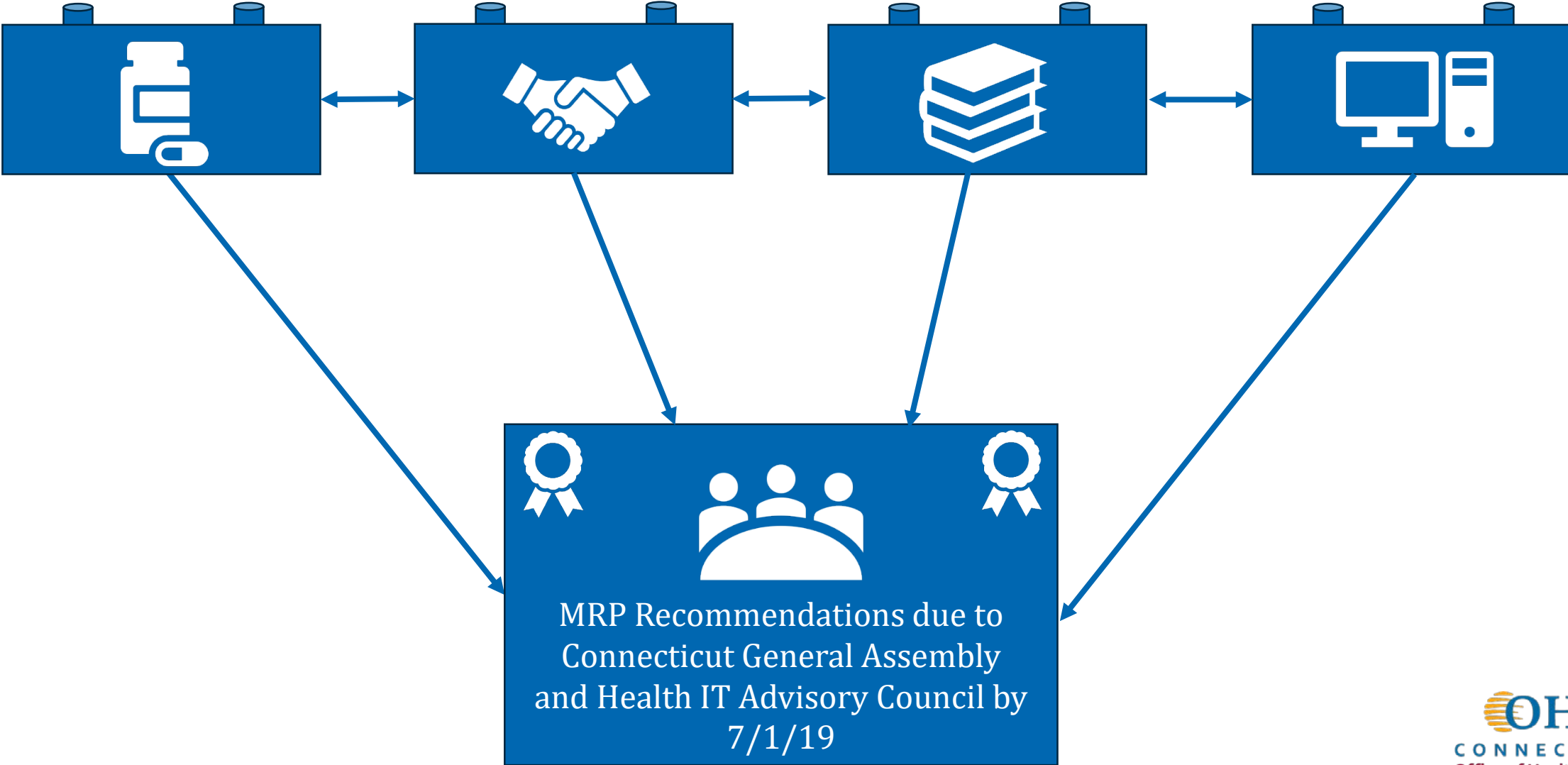
 = Policy

## 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					

# Building Block Approach for the Development of Recommendations



# 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

# 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

# Medication Reconciliation Hackathon

Discussion Topic

# OHS Medication Reconciliation Hackathon – Presented by UConn Health

## **Purpose:**

- Increase awareness of medication reconciliation challenges
- Increase awareness of how a statewide HIE in 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

**Registration:** <https://health.uconn.edu/quantitative-medicine/hackathon-2019/>

# 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

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