

Medication Reconciliation & Polypharmacy Work Group

March 18, 2019



Agenda

Welcome and Call to Order	Michael Matthews	2:00 PM
Public Comment	Attendees	2:05 PM
Review and Approval of February 20, 2019 Meeting Minutes	Attendees	2:10 PM
Update on Funding Opportunities	Sarju Shah / Michael Matthews	2:15 PM
Caregiver Perspective: Defining Value	Brenda Shipley	2:35 PM
Update on Student Research Assignments	Nate Rickles	3:10 PM
Overview of Final Report Outline and Components	Michael Matthews	3:25 PM
Overview of Current Action Items	Attendees	3:40 PM
Medication Reconciliation Hackathon	Tom Agresta	3:45 PM
Update on Subcommittee Scheduling	Sarju Shah	3:50 PM
Next Steps and Adjournment	Michael Matthews	3:55 PM

Public Comment

Review & Approval of:

February 20, 2019 Meeting Minutes

Update on Funding Opportunities

Discussion Topic

Federal Funds for Planning

- Time Period: April – September 2019
- Funding amount: \$100,000
- Purpose:
 - Examine current practices offered in the state
 - Identify gaps and needs in medication management services
 - Assess the variability of data and processes
 - Inform the components of integrated Med Rec solution

H.R.6 – SUPPORT for Patients and Communities Act

H.R. 6

One Hundred Fifteenth Congress
of the
United States of America

AT THE SECOND SESSION

Began and held at the City of Washington on Wednesday,
the third day of January, two thousand and eighteen

An Act

To provide for opioid use disorder prevention, recovery, and treatment, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act” or the “SUPPORT for Patients and Communities Act”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—MEDICAID PROVISIONS TO ADDRESS THE OPIOID CRISIS

- Sec. 1001. At-risk youth Medicaid protection.
 - Sec. 1002. Health insurance for former foster youth.
 - Sec. 1003. Demonstration project to increase substance use provider capacity under the Medicaid program.
 - Sec. 1004. Medicaid drug review and utilization.
 - Sec. 1005. Guidance to improve care for infants with neonatal abstinence syndrome and their mothers; GAO study on gaps in Medicaid coverage for pregnant and postpartum women with substance use disorder.
 - Sec. 1006. Medicaid health homes for substance-use-disorder Medicaid enrollees.
 - Sec. 1007. Caring recovery for infants and babies.
 - Sec. 1008. Peer support enhancement and evaluation review.
 - Sec. 1009. Medicaid substance use disorder treatment via telehealth.
 - Sec. 1010. Enhancing patient access to non-opioid treatment options.
 - Sec. 1011. Assessing barriers to opioid use disorder treatment.
 - Sec. 1012. Help for moms and babies.
 - Sec. 1013. Securing flexibility to treat substance use disorders.
 - Sec. 1014. MACPAC study and report on MAT utilization controls under State Medicaid programs.
 - Sec. 1015. Opioid addiction treatment programs enhancement.
 - Sec. 1016. Better data sharing to combat the opioid crisis.
 - Sec. 1017. Report on innovative State initiatives and strategies to provide housing-related services and supports to individuals struggling with substance use disorders under Medicaid.
 - Sec. 1018. Technical assistance and support for innovative State strategies to provide housing-related supports under Medicaid.
- TITLE II—MEDICARE PROVISIONS TO ADDRESS THE OPIOID CRISIS
- Sec. 2001. Expanding the use of telehealth services for the treatment of opioid use disorder and other substance use disorders.
 - Sec. 2002. Comprehensive screenings for seniors.
 - Sec. 2003. Every prescription conveyed securely.
 - Sec. 2004. Requiring prescription drug plan sponsors under Medicare to establish drug management programs for at-risk beneficiaries.
 - Sec. 2005. Medicare coverage of certain services furnished by opioid treatment programs.
 - Sec. 2006. Encouraging appropriate prescribing under Medicare for victims of opioid overdose.

- Improved access to long-term treatment
- Focus on opioid over-prescribing
- Tracking synthetic opioids
- Expansion of access to medication-assisted treatment
- Community support services
- Resources for research and education

SEC. 5042. MEDICAID PROVIDERS ARE REQUIRED TO NOTE EXPERIENCES IN RECORD SYSTEMS TO HELP IN-NEED PATIENTS.

PDMP Requirements

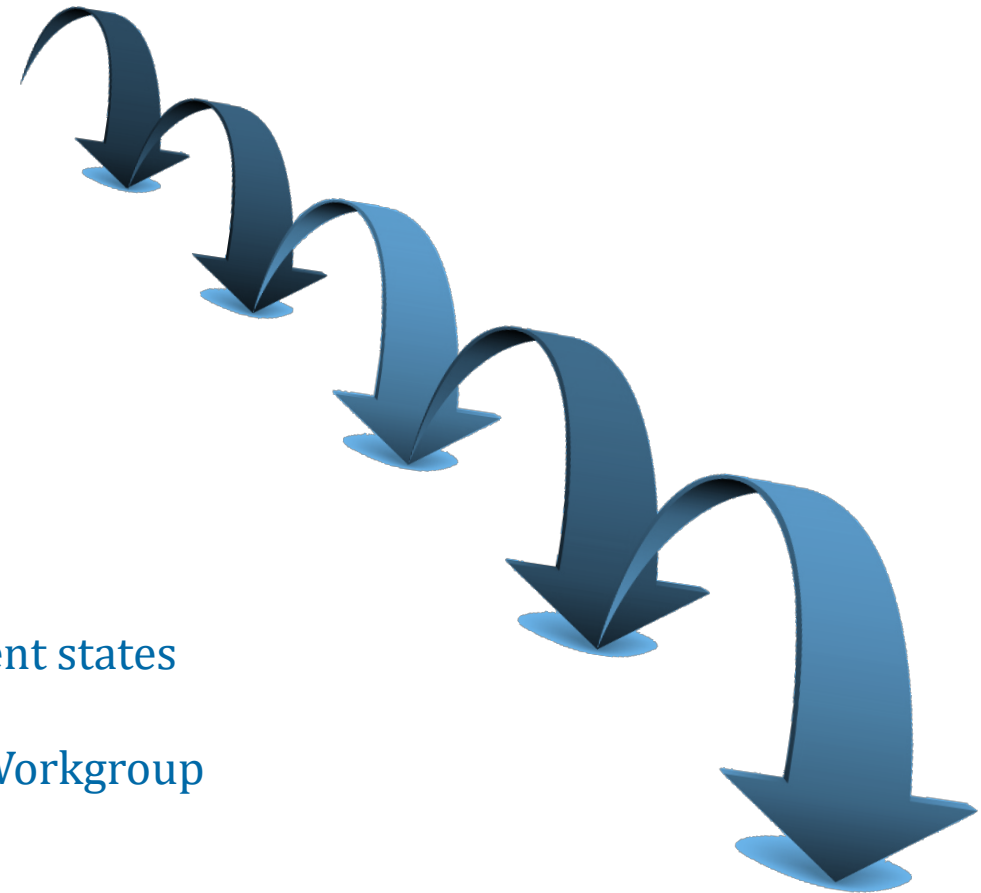
- Integrations of PDMP data into prescribing systems including EHRs
- Systems for the electronic prescription of controlled substances
- Connections of the PDMP to Medicaid
- Interstate data connections to contiguous states
- Systems or enhancements to existing systems which support the reporting, including electronic case reporting
- Medicaid Managed Care connections to the PDMP as optional,
- Persistent access for Medicaid providers to PDMP data in emergencies
- Incorporating other data elements to help inform providers

IAPD Requirements

- State has defined who are covered providers
- State has defined the “timing, manner, and form” under which a covered provider is required to check the PDMP before prescribing an individual a controlled substance.
- For providers who make a good faith effort to check a PDMP but cannot, it is recommended that the state describe what kinds of paper or electronic documentation the state may wish to review to confirm a good faith effort was made
- State’s RFPs (if applicable, general sole source guidance still applies), contracts and IAPDs confirms that the system is to be a Qualified PDMP
- State facilitates **integration of PDMP information into electronic workflow of covered providers’ prescribing system.**
- State also has described if there is a **data sharing between the PDMP program and the State Medicaid agency**
- State has described if they are choosing to facilitate **access between the PDMP program and any managed care entity.**
- State has described how they are going to ensure **access to PDMP data in the case of natural disasters** and similar situations

Planning Process

- Establish OHS and DCP leadership group
 - Background data gathering
 - Draft of straw man
 - Communication with CMS
- Establish multi-agency planning group
 - Review opportunities
 - Establish priorities
 - Develop recommendations for funding request
- Collaboration with other stakeholders
 - NECSCO for cross-border exchange with adjacent states
 - eHealth Exchange for national opportunities
 - Communication with Med Rec Polypharmacy Workgroup
- Review by Health IT Advisory Council
- Submit funding request to CMS

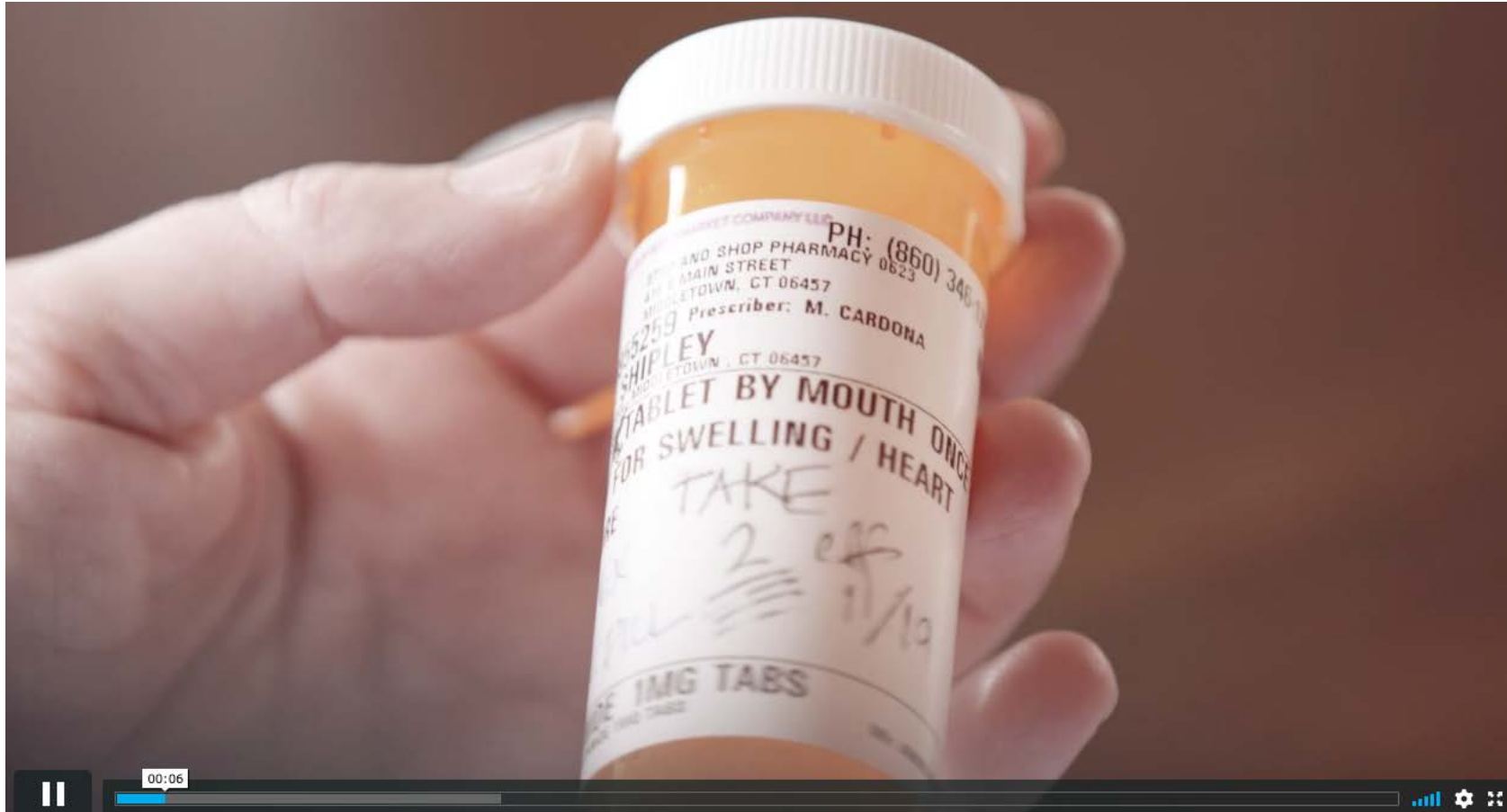


Caregiver Perspective: Defining Value

Presentation & Discussion

Brenda Shipley - Introduction

Video – Caregiver Perspective



<https://vimeo.com/liftfilms/review/311306072/24e58b1eb7>

Review Value List

Discussion

Update on Student Research Assignments

Discussion Topic

Student Research Assignments

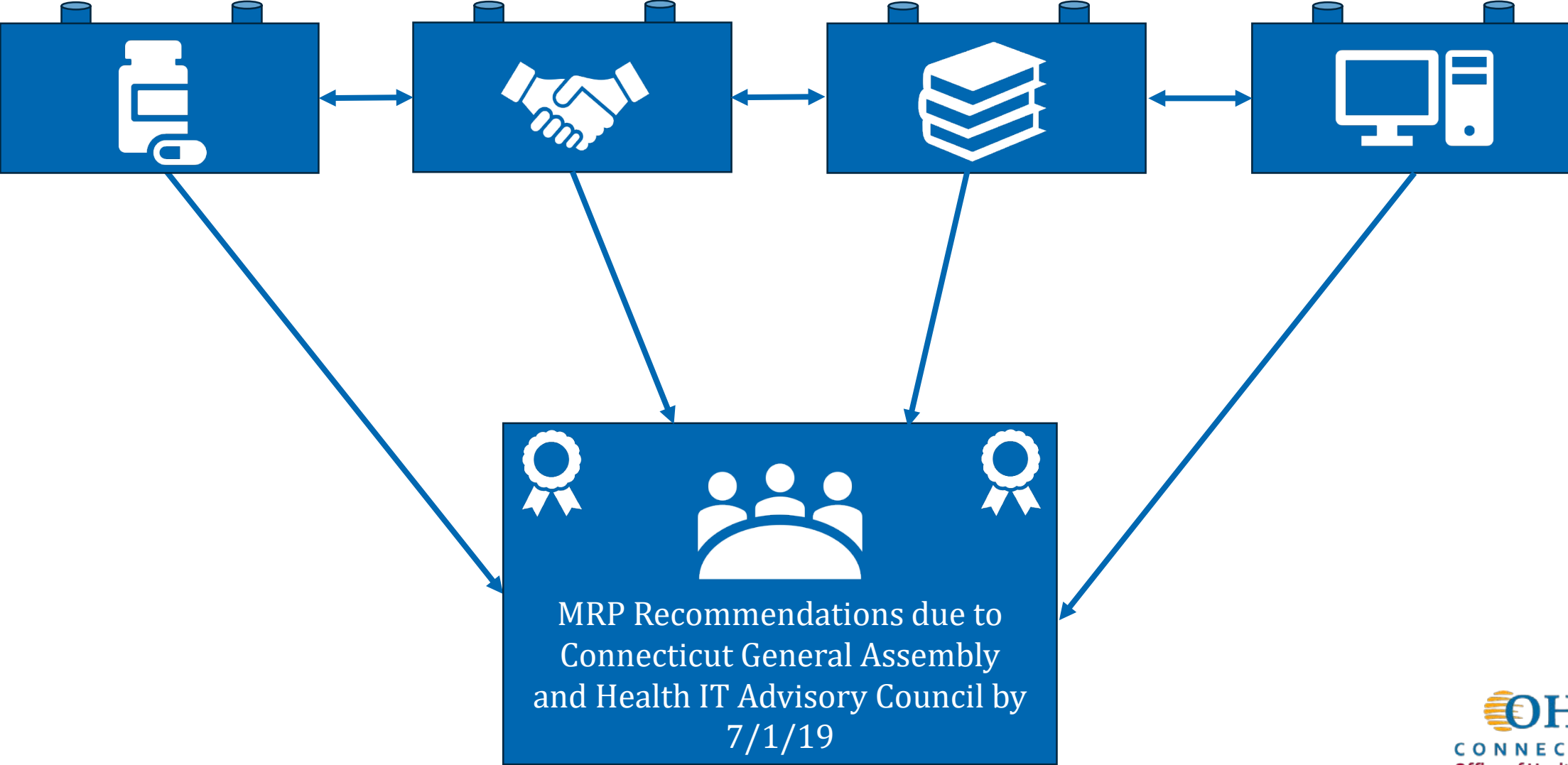
Nate Rickles and Anne VanHaaren are coordinating with pharmacy students to conduct a literature review, focusing on the following criteria:

- Studies showing the nature and extent of OTCs missing from a medication list
- Studies showing the nature and extent of initial prescription nonadherence
- Studies showing the nature and extent auto-refill overestimates medication adherence and list accuracy
- Studies showing the nature and extent to which patient verification was incorporated into the accuracy of medication list and data entry of medication reconciliation
- Studies showing how different data sources separately, and in combination, impact the accuracy of a medication list (assuming some gold standard)
- Studies showing the nature and extent to which lists are inaccurate due to cash payments, rebate programs, coupons, etc.
- Studies exploring the nature and extent to which lists are inaccurate due to consideration of PRN medications
- Studies exploring the potential or realized ROI associated with effective medication reconciliation

Overview of Final Report Outline and Components

Discussion Topic

Building Block Approach for the Development of Recommendations



Final Report Outline and Components

Final report and recommendations will be modeled after the reports developed by previous Advisory Council Design Group. The table of contents may include the following:

- Acknowledgements
- Executive Summary & Overview of Recommendations
- Project Structure and Process
 - Project Charter
 - Membership
 - Process & Subcommittees
- Background
- MRP Work Group Final Recommendations & Considerations
- Next Steps & Closing Thoughts
- Appendix A – Glossary of Terms
- Appendix B – Process Diagrams
- Appendix C – CancelRx Recommendations
- Appendix D – Medication Reconciliation & Deprescribing Subcommittee Recommendations
- Appendix E – Technology & Innovation Subcommittee Recommendations
- Appendix F – Engagement & Safety Subcommittee Recommendations
- Appendix G – Policy Subcommittee Recommendations

Overview of Current Action Items

Discussion Topic

Current Action Items

Overall MRP Work Group:

- Develop a glossary of key terms and data dictionary
- Develop process diagrams – utilizing CancelRx documents as starting place
- Develop list of terms and processes related to DCP and PDMP (Rod Marriott)
- Possible engagement of Tom Woodruff / Office of State Comptroller
- Review / Approve Outline of Final Report and Recommendations

Med Rec & Deprescribing Subcommittee:

- Finalization of 3 summary documents (accurate list, cancelling prescription, and deprescribing) and distribution to overall MRP Work Group
- Development of glossary and process descriptions from payer / PBM perspective (Jameson Reuter)

Tech & Innovation Subcommittee:

- Conduct research and develop spreadsheet of existing products/systems and best practices

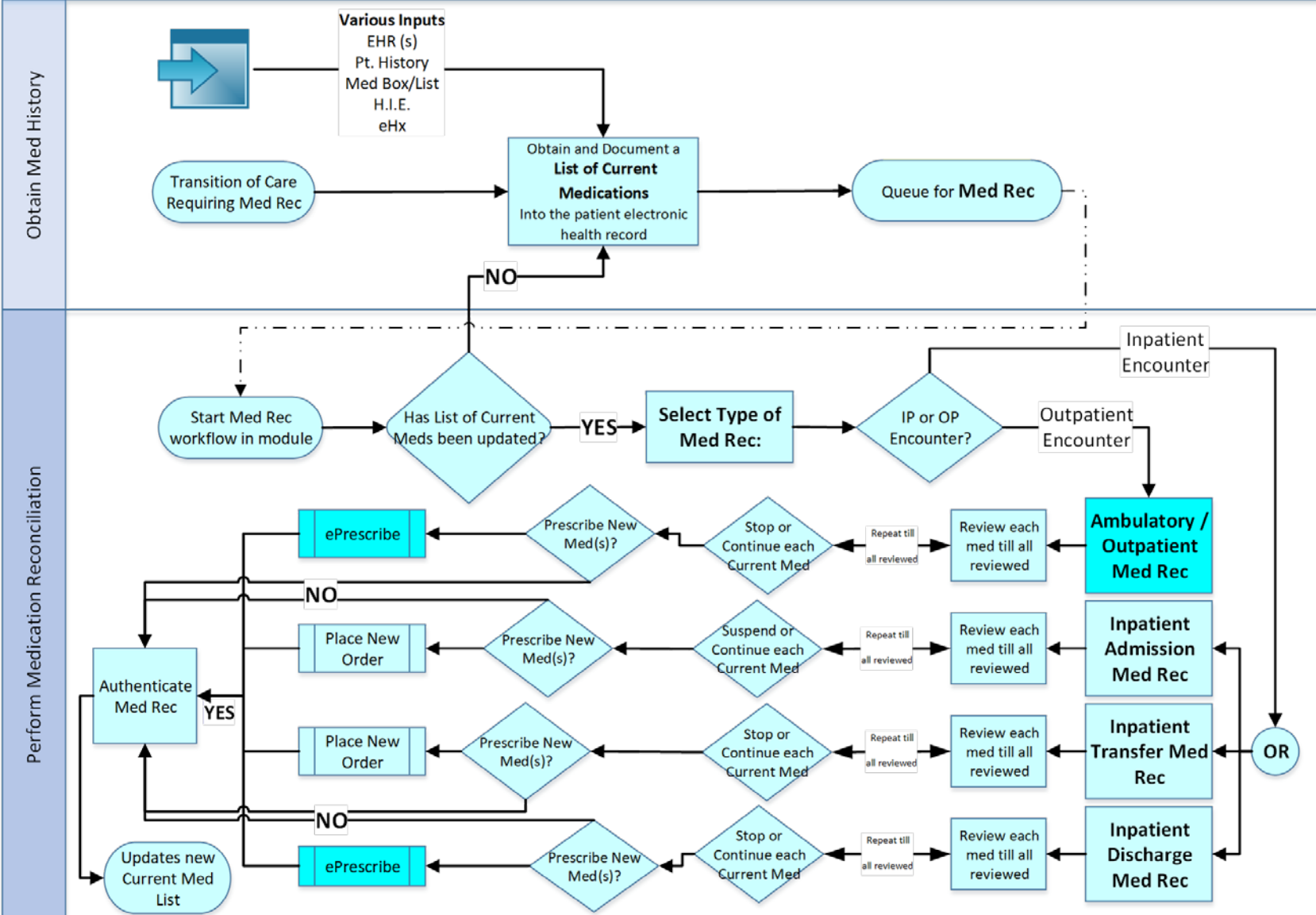
Engagement & Safety Subcommittee:

- Compilation, distribution, and presentation of student research assignments

Policy Subcommittee:

- Conduct initial background research on existing state and federal policies, statutes, and regulations

Med Reconciliation Workflow in the Electronic Health Record



Medication Reconciliation Hackathon

Discussion Topic

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/>

Update on Subcommittee Scheduling

Subcommittee meetings:

- **Medication Reconciliation & Deprescribing**
 - April 15th; May 13th from 1pm - 1:50 pm
- **Technology & Innovation**
 - March 28, April 25, May 23 from 9 am – 10 am
- **Engagement & Safety**
 - March 28, April 25, May 23 from 11 am – 12 pm
- **Policy**
 - March 19 from 1 pm – 2 pm

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)
- Meeting #8 – May 13, 2019 (2pm – 4 pm)
- Meeting #9 – June 17, 2019 (2 pm – 4 pm)

Contact Information

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