Medication Reconciliation & Polypharmacy Committee Meeting

May 18, 2020

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2020 MRPC Meeting Schedule

Apr. 20	**Webinar Only**
May 18	**Webinar Only**
Jun. 25	**Webinar Only**
Jul. 20	**Ce**... Conf Room A *19*...
Aug. 17	**Ce**... Conf Room A *19*...
Sept. 24	**Yal**... S001 *99*...
Oct. 19	**Int**... *12*...
Nov. 16	**Int**... *12*...
Dec. 21	**Int**... *1290 Silas Deane Highway Wethersfield, CT 06109*

Meetings to remain
webinar only until further notice

All remaining 2020 meetings take place
3:30 pm – 5:30 pm

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Agenda

Welcome and Updates	Nitu Kashyap, Sean Jeffery	3:30 PM
Review and Approval of March 2020 Minutes	All	3:40 PM
Public Comment	Public	3:45 PM
Recap and Current Status	Nitu Kashyap, Sean Jeffery	3:50 PM
Medication Safety Continuing Education	Tom Agresta	4:00 PM
BPMH Spending Proposal and Funding Update	Adrian Texidor	4:20 PM
BPMH Requirements Development	Nitu Kashyap, Sean Jeffery	4:25 PM
Discovery Proposal: Other State Use Cases	Terry Bequette	
Requirements Traceability Matrices	Terry Bequette	
Process Discussion, Participation, and Next Steps	Nitu Kashyap, Sean Jeffery	
COVID-19 Updates	Nitu Kashyap, Sean Jeffery, All	5:05 PM
SUPPORT Act Project Update	Terry Bequette	5:20 PM
Next Steps	All	5:25 PM
Meeting Adjournment	All	5:20 PM

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Welcome and COVID Reflections

Nitu Kashyap, Sean Jeffery

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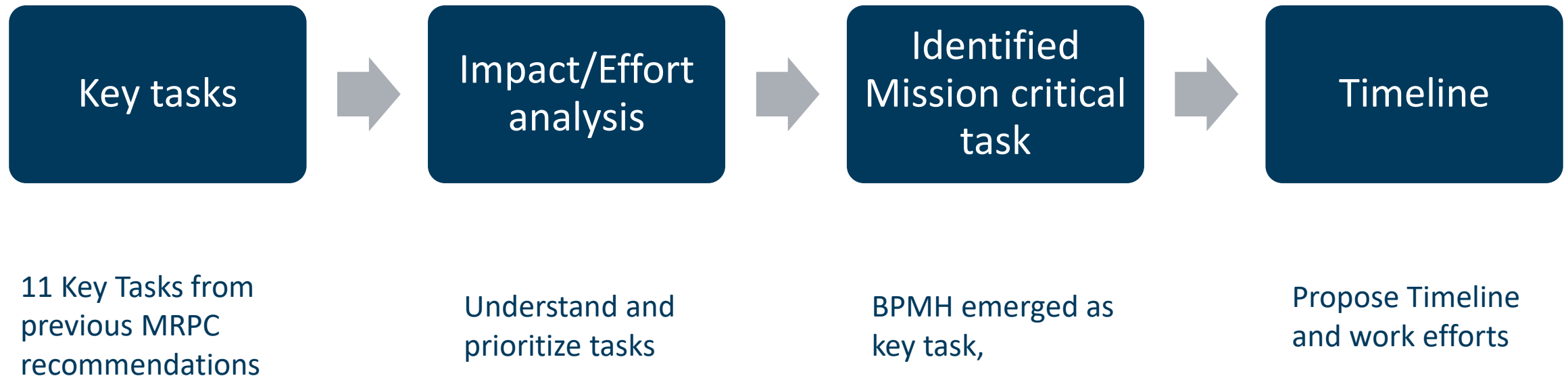**Office** *of* **Health Strategy**

Review and Approval of:

March 16, 2020 Meeting Minutes

Public Comment

Recap and Current Status

Nitu Kashyap, Sean Jeffery

Recap of Previous Meetings

| Key tasks | → | Impact/Effort analysis | → | Identified Mission critical task | → | Timeline |

11 Key Tasks from previous MRPC recommendations

Understand and prioritize tasks

BPMH emerged as key task,

Propose Timeline and work efforts

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Timelines

Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021

BPMH

Cancel Rx

Education Resource library

Funding

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Medication Safety Continuing Education

Tom Agresta

Health Information Technology for Clinicians: How to Achieve Optimal Outcomes

Sample Topics

- Medication Safety/ Reconciliation
- Transfer of Healthcare Data
- eCQMs (electronic clinical quality measures)
- Telemedicine

- Precision Medicine
- Health Information Exchange
- Health Information Exchange Consent Design
- Public Health Information Exchange

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Continuing Education

- Virtual, WebEx Sessions –Future In-person when appropriate
- CME –Category 1 AMA (Physicians, PA's, Nurse Practitioners
  - ▫ Approved for the series
- CE (Pharmacists)
  - ▫ Will be available, event dependent
- Enduring Materials –Future
  - ▫ On-Demand Viewing
  - ▫ Pursuing education credits

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To Deprescribe or Not to Deprescribe:
The Role of Health IT in Polypharmacy

- Date: Wednesday, June 3, 2020
- Time: 12:00 – 1:00 pm
- Location: WebEx Live Event
- Education Credit: CME & CE Approved

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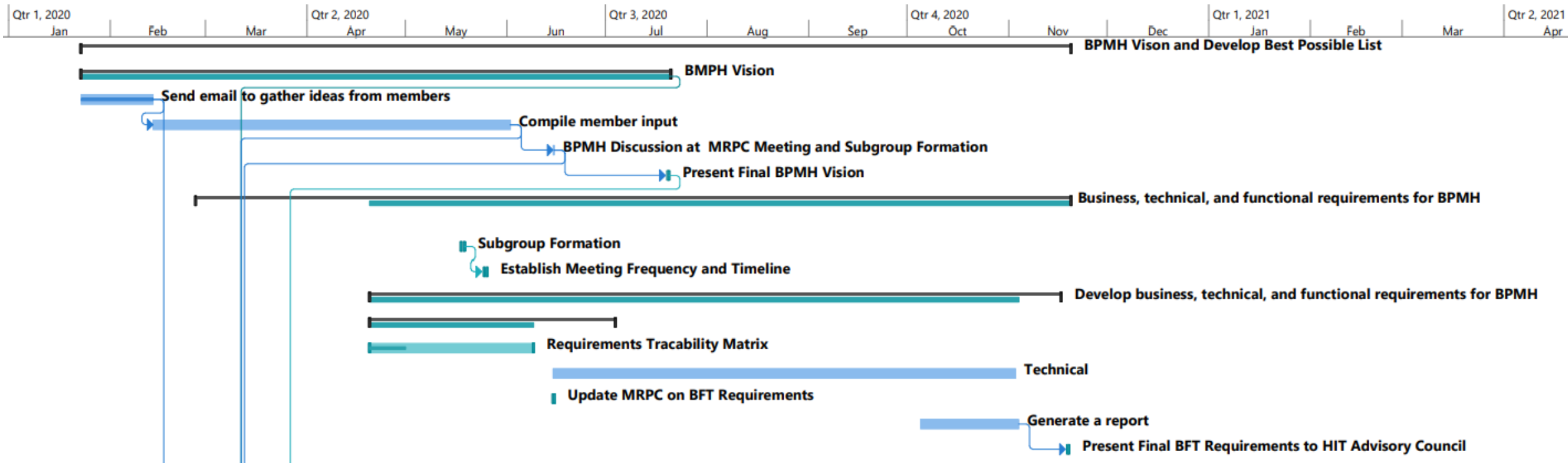# BPMH Spending Proposal and Funding Update

Adrian Texidor

Planning Funds and Activities

- Funding delayed by approval process
- Activity to develop requirements for BPMH can continue
  - Resources and SME available to facilitate and document requirements

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BPMH Requirements Development

Nitu Kashyap, Sean Jeffery, Terry Bequette

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BPMH Proposed Timeline

Requirements Development Considerations

- Considerations for other state discovery
- Requirements traceability matrices and status
- Requirements process and MRPC member participation
- Next steps discussion

Considerations for Other State Discovery

- At least two other states (Nebraska and Delaware) are supporting use cases involving medication and prescription data
- Learning from other states on how they are capturing and using medication information can inform the business and functional requirements for the BPMH

Potential Topics for Learning	
Why pursue Medication Data?	Privacy and security considerations
Statutory/legal considerations	Stakeholder engagement
Use case description	Operational considerations
Scope of the data	User profile by type of user
Providers of the data	Sustainability considerations
Data quality and standards	Current status

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Business and Functional Requirements

- Business requirements define the 'why' for the BPMH:
  - How does the BPMH relate to the objectives, vision, and goals of the MRPC?
  - These requirements provide the scope of the needs to be addressed
  - These requirements are high-level and can be broadly defined
- Functional requirements define the 'what':
  - What are the specific behaviors of the BPMH (actions/processes/data/interactions/users)?
  - What are specific steps the MRPC and its support will take to achieve the business requirements?
  - These requirements are specific and well defined
- Scope of requirements development
  - Business and functional
  - Delay or exclude technical requirements (Provence of the responsible solution provider)

Requirements Traceability Matrices (RTMs)

- RTMs have been formatted and initiated for Business and Functional Requirements
- Much work is needed to complete the capture of requirements
- Once initially documented we will need to refine the requirements into groupings and standardize the format of requirement specification

Preview: Functional RTM

ID		Requirement Description	Requirement Type (business/functional)	Rationale (e.g. business needs, opportunities, goals)	Associated deliverable/metric (e.g. how will requirement be satisfied?)	Source/ Owner	Priority
1		**Users**	functional				High
	1.1	User heirarchy: retail pharma, pharma system, then clinical pharmacist doing med management	functional		user profiles with varying levels of access		High
	1.2	Admin quality care/management perspective user	functional	Need someone who is looking at quality care measures		Nate	Med
	1.3	EMS personnel user - viewing only	functional			Diane/Nate	Low
	1.4	Users who can edit vs. users who can view	functional				Low
	1.5	Patient view into their own BPMH	functional				Low
	1.6	4 key user classes: patient/caregiver, physician/practice, hospital, home health/LTC	functional			Nitu	
2		**Dispensed prescription medication**	functional		vetted quality metric for recording medication		High
	2.1	Prescribed	functional				High
	2.2	Dispensed	functional				High
	2.3	Filled	functional				High
3		**Specific functionality**	functional				Low
	3.1	Ledger function	functional	Need ability to see who has interacted with list			Low
4	4	Outcome measure	functional		prototype by 9/21/20		
5		**Data Sources**	functional				
	5.1	Data from PBMs	functional				
	5.2	CPMRS data/support	functional				
	5.3	Community pharmacies	functional				
	5.4	EHR-based medication data	functional				
	5.5	PMP/CPMRS data	functional				
	5.6	HIE coordination	functional				
6		**Integrated clinical decision support tools**	functional				
7		**Inclusion of OTC medications, dietary supplements and other complementary medicines**	functional				
8							
9							
10	10.1						
11	11.1						

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Preview: Business RTM

ID	Requirement Description	Requirement Type (business/functional)	Rationale (e.g. business needs, opportunities, goals)	Associated deliverable/metric (e.g. how will requirement be satisfied?)	Source/ Owner	Priority
1	Patient as north star	business	engagement of patients/families/caregivers is crucial		Report	High
2	Evidence based best practices	business	Meaningful and effective MedRec			
3	Incremental development with immediate implementation	business				
4	Money savings for hospital	business				
5	Money savings for end-user (patient)	business				
6	Accommodate a variety of medication information/collection settings and patient circumstances	business				
7	Comparison between medication information from patient and medications ordered	business	Need to identify and resolve discrepancies			
8	Provide patient/family with written information on medications at the end of episode of care	business	Include name, dosage, route, frequency, purpose			
9	Provide a repository of evidence-based best practice medication tools, technical advisories, SMEs and regulatory guidance	business				
10	Medication quality measures that align clicnically meaningful outcomes with MRP workgroup initiatives	business				
11	Privacy and confidentiality of medication-related information should be high priority in all solutions	business				
12						

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Process and Member Participation

- Process for developing requirements –
  - MRPC members work independently to add requirements
  - Members can propose requirements categories or topics for subgroup discussions
  - Administrative support will coordinate consolidating information and/or convening subgroup conversations

- Discussion and Next Steps

COVID-19 Updates

Co-chairs; all

SUPPORT Act Update

Terry Bequette

SUPPORT Act – MRPC Role

- ❑ SUPPORT Act funding of $3.3M approved Feb. 5, 2020:
  - 100% Federal funds available through Sep 30, 2020
  - Tri-agency collaboration with OHS, DSS and DCP

- ❑ Main components:
  - EHR/PDMP use case ($450K)
  - Appriss Health connections ($1.5M)
  - Staff augmentation and consulting ($483K)
  - Outreach and education ($150K)
  - PULSE viability assessment ($150K)
  - PDMP disaster recovery ($250K)
  - State staff allocation ($271K)

- ❑ CMS has issued informal guidance if funds not expected by Sep 2020:
  - CT proposes conversion to MMIS 90/10 funding via IAPD-U
  - Almost all states in similar situation
  - IAPD would be required June 30, 2020 (on schedule)

- ➢ Limited scope:
  - Getting PDMP to be "qualified" for MMIS funding
  - Increasing electronic PDMP access

- ➢ Role of MRPC:
  - Be aware of developments as they emerge
  - Seek reuse or areas of potential integration if practical

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Next Steps

Adjournment