

Medication Reconciliation & Polypharmacy Committee Meeting

March 16, 2020



2020 MRPC Meeting Schedule

Mar. 16	Webinar Only
Apr. 20	Webinar Only
May 18	Webinar Only
Jun. 25	Webinar Only
Jul. 20	Center for Quantitative Medicine – CT Center 3rd Floor Conf Room A <i>195 Farmington Ave, Farmington, CT</i>
Aug. 17	Center for Quantitative Medicine – CT Center 3rd Floor Conf Room A <i>195 Farmington Ave, Farmington, CT</i>
Sept. 24	Yale New Haven Health – 2nd Floor South, Conf room 2S001 <i>99 Hawley Lane, Stratford, CT 06614</i>
Oct. 19	Integrated Care Partners – 4th Floor Success Conf Room <i>1290 Silas Deane Highway Wethersfield, CT 06109</i>
Nov. 16	Integrated Care Partners – 4th Floor Success Conf Room <i>1290 Silas Deane Highway Wethersfield, CT 06109</i>
Dec. 21	Integrated Care Partners – 4th Floor Success Conf Room <i>1290 Silas Deane Highway Wethersfield, CT 06109</i>

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

Agenda

Welcome and Introductions	Nitu Kashyap + Sean Jeffery	3:30 PM
Review and Approval of January and February, 2020 Minutes	All	3:35 PM
Public Comment	Public	3:40 PM
OHS Funding Request – Current IAPD Planning Funds	Adrian Texidor	3:45 PM
Planning for BPMH	Nitu Kashyap	4:00 PM
CancelRx Survey and Educational Materials Update	Tom Agresta	4:50 PM
SUPPORT Act Update	Terry Bequette	5:20 PM
Next Steps	All	5:25 PM
Meeting Adjournment	All	5:29 PM

Review and Approval of:

January 13, 2020* and February 27, 2020 Meeting Minutes

*Must be approved again – previous motion to approve was not made by a member of MRPC

Public Comment

Funding Request – IAPD Planning Funds

Adrian Texidor

IAPD Reconciliation – FFY20 Med Rec Funds

Expense Categories	FFY20 Forecast				Description
	HIE	Incubation	OHS	Total	
Staff			\$608,088	\$608,088	OHS staff to administer HIT activities for the State
Travel			\$13,000	\$13,000	Travel for OHS staff
HW/SW			\$3,000	\$3,000	Tools for OHS staff
Supplies			\$5,000	\$5,000	Supplies for OHS staff
UConn Health			\$707,818	\$707,818	Medical advisory; advanced use case planning; data quality
Trust Framework	\$970,547			\$970,547	Legal services; HIE staff related to legal onboarding
Velatura		\$2,165,378		\$2,165,378	HIE deployment services and consulting (cutover to HIE contract 10/1/2020)
CedarBridge			\$1,337,115	\$1,337,115	OHS HIT advisory; advisory boards; special projects
Covendis			\$288,000	\$288,000	OHS staff augmentation
Tech - Infrastructure	\$600,000	\$1,800,000		\$2,400,000	CDAS infrastructure (assume cutover to HIE contract 7/1/2020)
Tech - Implementation	\$650,000	\$1,950,000		\$2,600,000	CDAS core development (assume cutover to HIE contract 7/1/2020)
Tech - Enhancements	\$250,000	\$750,000		\$1,000,000	CDAS enhancements from new use cases (assume cutover to HIE contract 7/1/2020)
Tech - Components	\$292,500	\$877,500		\$1,170,000	CDAS software components (assume cutover to HIE contract 7/1/2020)
Outreach	\$476,920			\$476,920	HIE training, web site, consumer and provider engagement; convenings
Use Case Factory	\$433,000			\$433,000	Repetitive process for introducing new use cases
Med Rec Planning			\$100,000	\$100,000	Planning resources for Med Rec & Polypharmacy cmte.; use case proposals
eConsent	\$300,000		\$300,000	\$300,000	Resources to plan and develop an electronic consent solution for patients
eReferrals	\$100,000			\$100,000	Planning resources to develop a telehealth referral capability
New Projects TBD				\$0	
Technical Assistance	\$6,953,250			\$6,953,250	Technical assistance - passthrough to orgs to offset connection expense
Medicaid Connections	\$250,000			\$250,000	Resources to connect DSS systems to HIE
Auditing			\$184,500	\$184,500	OHS auditing resources
Interface Engine	\$352,562			\$352,562	Interface engine
Interface Integrator	\$367,000			\$367,000	Interface engine integrator resources
Approved but not allocated				\$0	
Subtotal	\$11,995,779	\$7,542,878	\$3,246,521	\$22,785,178	
Indirect			\$60,809	\$60,809	Indirect on OHS staff
Total	\$11,995,779	\$7,542,878	\$3,307,330	\$22,845,987	
Original FFY19-20 IAPD Alloc.	\$9,670,660	\$9,092,301	\$3,874,688	\$22,637,649	
V\$ Forecasted:Orig	\$2,325,119	(\$1,549,423)	(\$567,358)	\$208,338	

Milestones Related to Med Rec

- ❑ OHS, in consultation with MRPC, proposes uses for the \$100K planning funds in IAPD:
 - *Necessary for DSS/OHS to release funds for use*

- ❑ MRPC recommends a medication reconciliation approach:
 - *Outlines a concrete proposal for investment in tools, services or solutions that address med rec priorities in CT*
 - *Should outline purpose, approach, estimated investment, measurable outcomes*
 - *Requires HIT Advisory Council affirmation*
 - *Requires DSS and OHS approval to include in an IAPD-U*

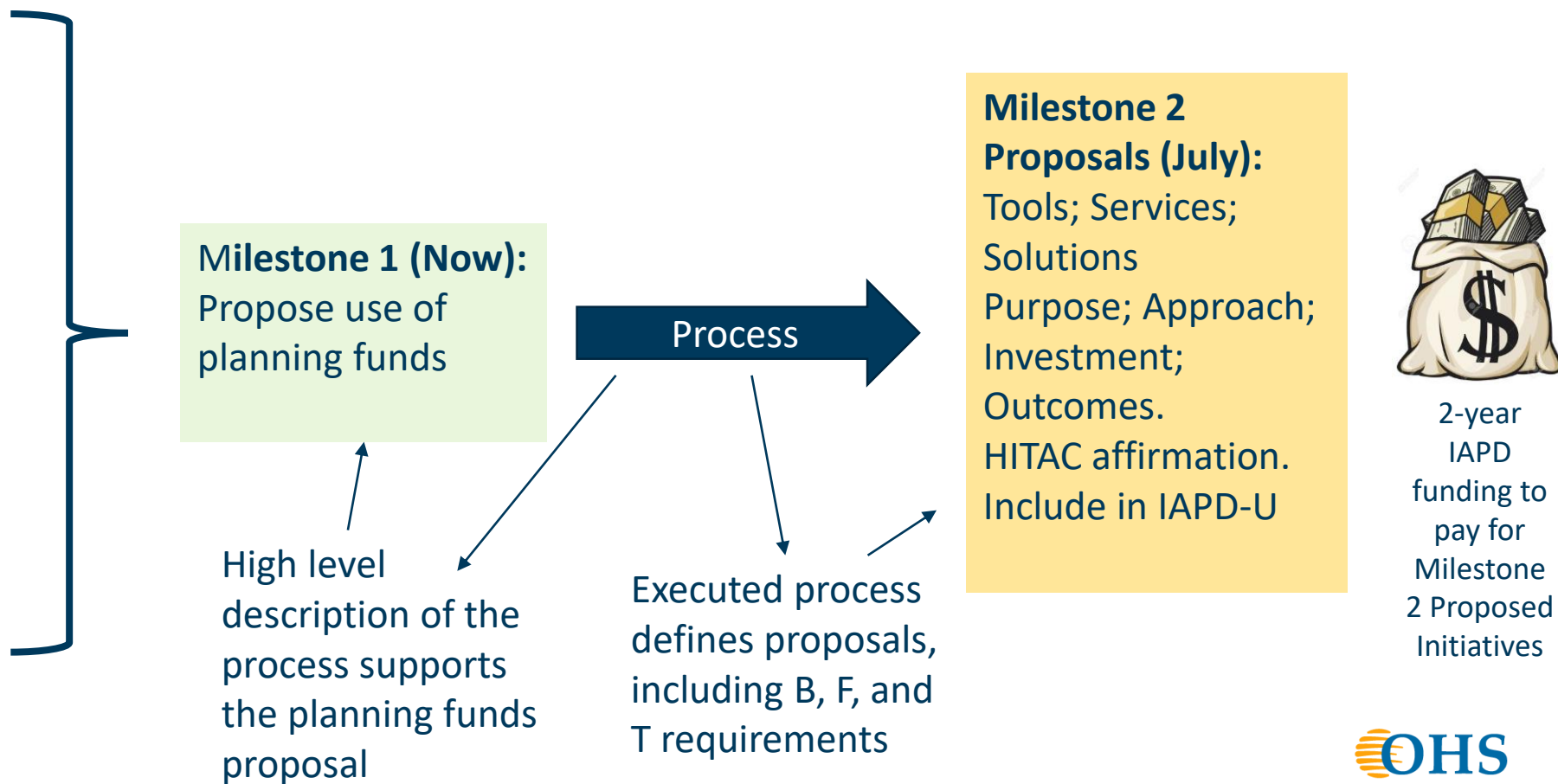
HIE Milestones - Draft 1/17/20 v1

Objective	Milestone	Target Date	DSS/OHS MoA	Investment Committee	HIA, Inc.	HIE Team	Advisory Boards	% of DSS/OHS MoA Budget
Statewide Medication Management System (SMMS)								
In consultation with the Medication Reconciliation and Polypharmacy Committee (MRPC), develop and execute proposals to improve the management of medications	DSS joins MRCP	Feb-20	✓					
	MRPC recommends med rec approach	Jul-20					✓	
	SMMS concept approved w/DSS & OHS	Aug-20	✓					3%
	SMMS implementation proposal approved	Dec-20	✓			✓		

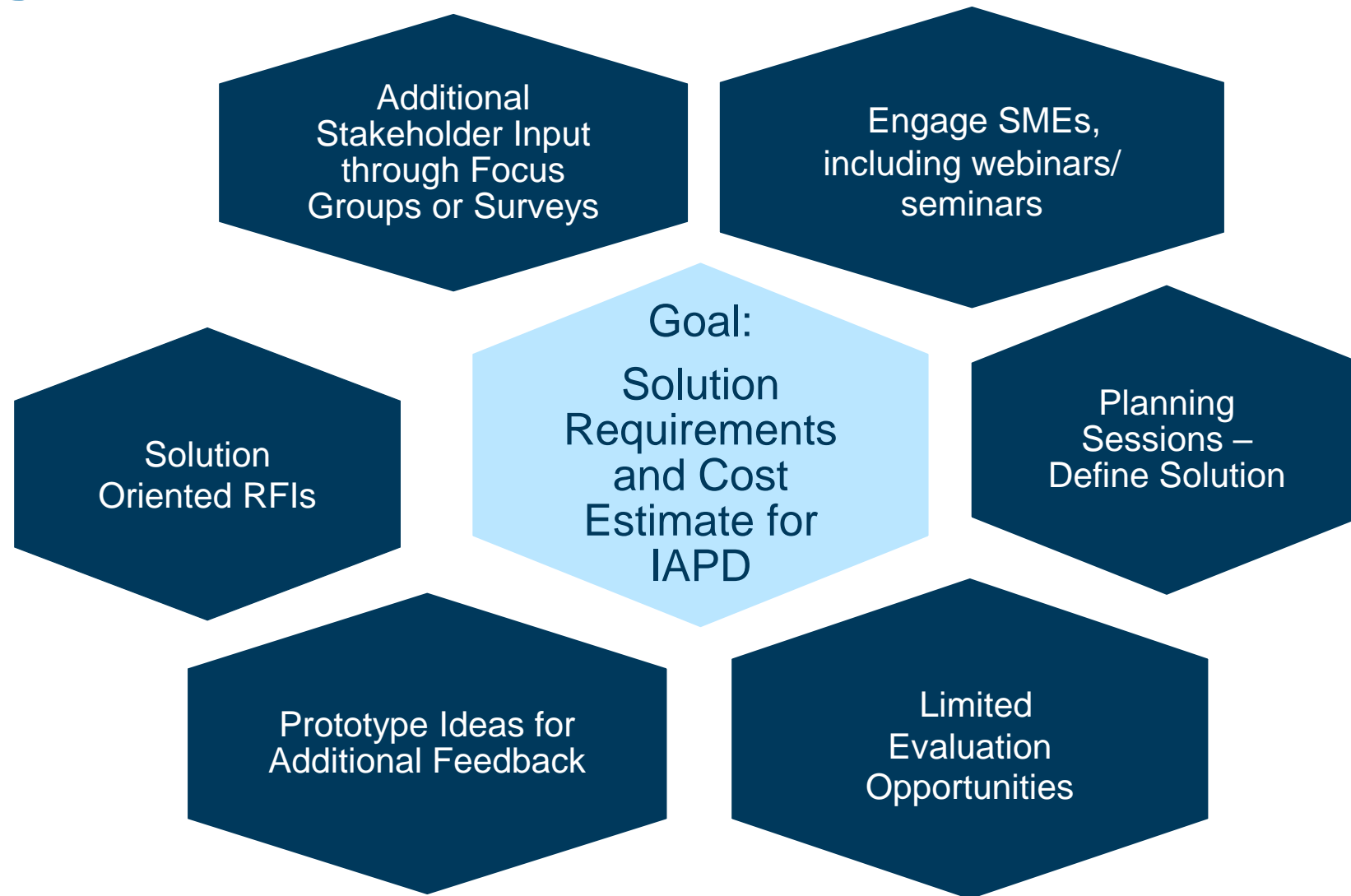
The Near-term Opportunity

Recommendations:

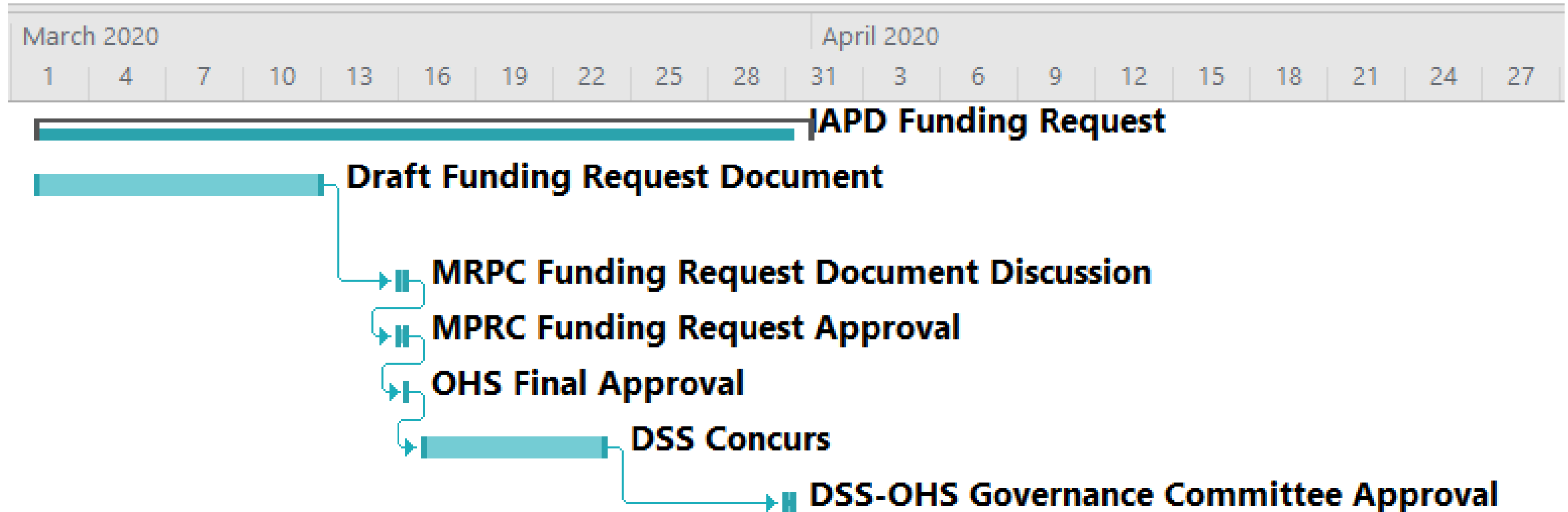
1. BPMH
2. Patient Engagement
3. Med-rec Process
4. Team approach
5. CancelRx
6. Deprescribing
7. Technology
8. SUPPORT Act
9. Policy Alignment
10. IAPD Funding
11. MRPC



Planning Fund Possibilities



Funding Request Timeline



BPMH Planning Cost Proposal

Activities	Occurs	Amount
Business Requirements	Mar-Apr 2020	\$ 11,000
Functional Requirements	Apr-May 2020	\$ 11,000
Technical Requirements	Apr-May 2020	\$ 22,000
Develop a proposed Med-Rec solution to support a BPMH, beginning with near-term requirements	May 2020	\$ 22,000
Cost estimate and IAPD input	May – June 1, 2020	\$ 11,000
Information Repository Planning	Apr-Jun 2020	\$ 8,000
Additional Research, Miscellaneous and contingency		\$ 15,000
Total		\$100,000

Planning for BPMH

Nitu Kashyap

Planning for BPMH

3 key steps:

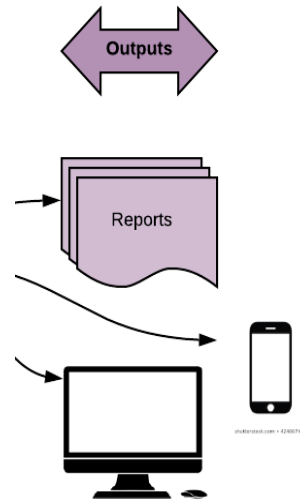
1. Define vision for project
2. Requirements and Success metrics (who, needs what)- today
3. Solutions (how - people, process, technology)- future

Requirements: What we already know



Who: 4 key users

- patient/caregiver,
- physician/practice,
- hospital,
- home health/LTC



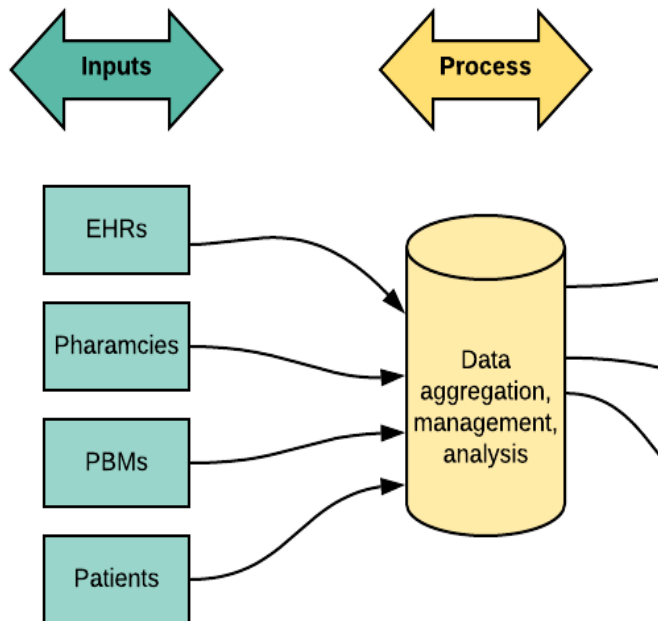
What

1. Need single source for most accurate, uptodate, comprehensive list of medications **supposed** to be taking
2. Multiple input sources: EMRs, e-Rx hub, CTPMP, patient, retail pharmacies, PBMs.
3. Data processing is needed
4. --
5. --

Success Criteria

- Process measures
 - Defining business requirements
 - Refer to slide 12 and the IAPD funding proposal
- Outcome measure
 - This would be a success if – RFP? Prototype?

Solution(s)



Features

1. Accessible via multiple form factors
2. Ability to recognize and deduplicate medications from multiple sources
3. Ability to consume data in standard format, and standard exchange technologies w/o extraordinary efforts by stakeholders (aka Interoperability)

Next steps

- Compile and review at next mtg
- Environmental scan

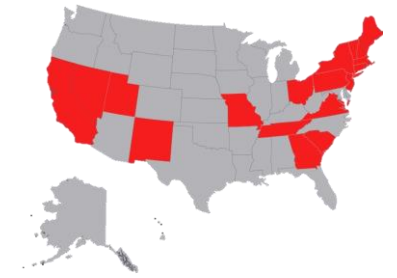
Treasure Hunt



CancelRx Survey and Educational Materials Update

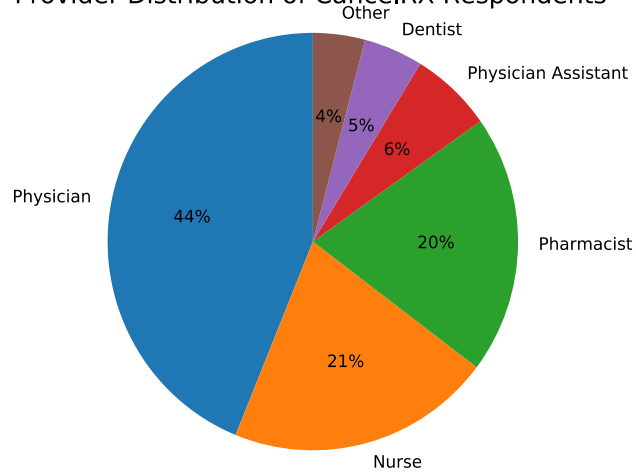
Tom Agresta

CancelRx Survey Demographics



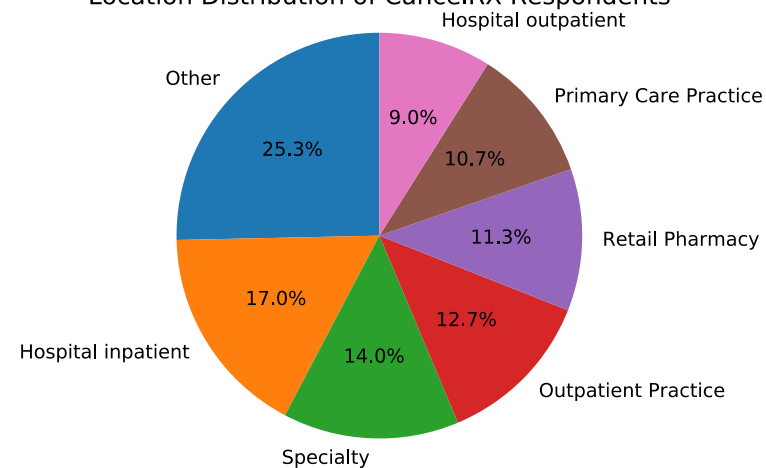
Massachusetts	4
Missouri	1
Nevada	3
New Hampshire	1
New Jersey	1
New Mexico	1
New York	12
Ohio	2
Pennsylvania	1
Rhode Island	2
South Carolina	2
Tennessee	1
Utah	1
Vermont	1
Virginia	1

Provider Distribution of CancelRX Respondents



Provider Type	Count	Percentage
Physician	225	43.9
Nurse	107	20.9
Pharmacist	103	20.1
Physician Assistant	33	6.4
Dentist	24	4.7
Other	21	4.1

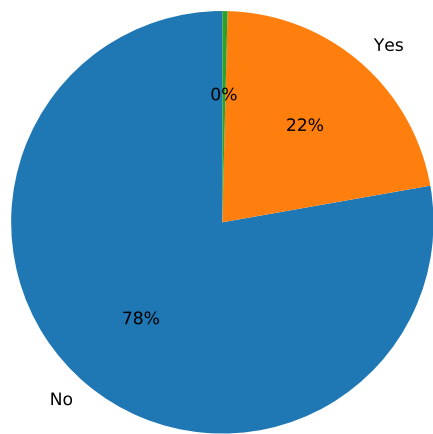
Location Distribution of CancelRX Respondents



Location Type	Count	Percentage
Other	130	25.3
Hospital inpatient	87	17.0
Specialty	72	14.0
Outpatient Practice	65	12.7
Retail Pharmacy	58	11.3
Primary Care Practice	55	10.7
Hospital outpatient	46	9.0

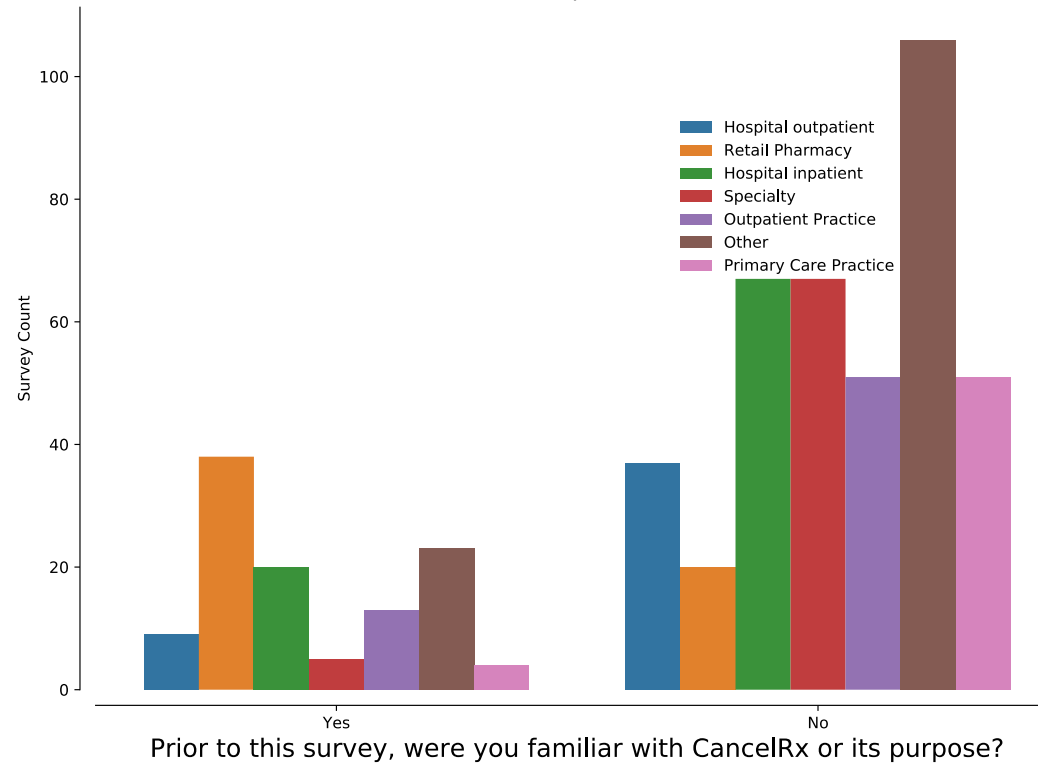
CancelRx Familiarity

Are you Familiar with CancelRX

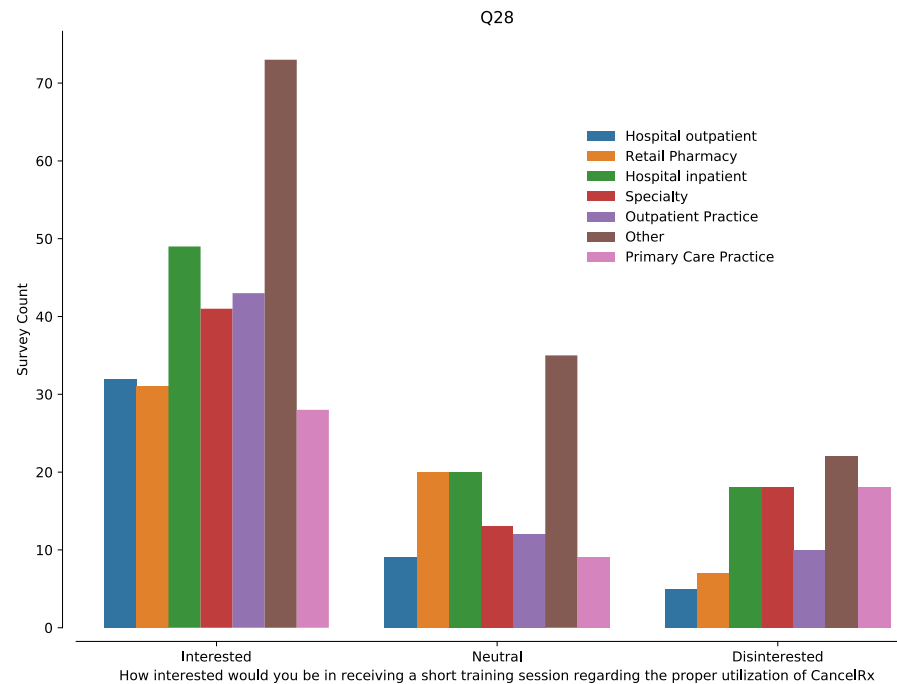
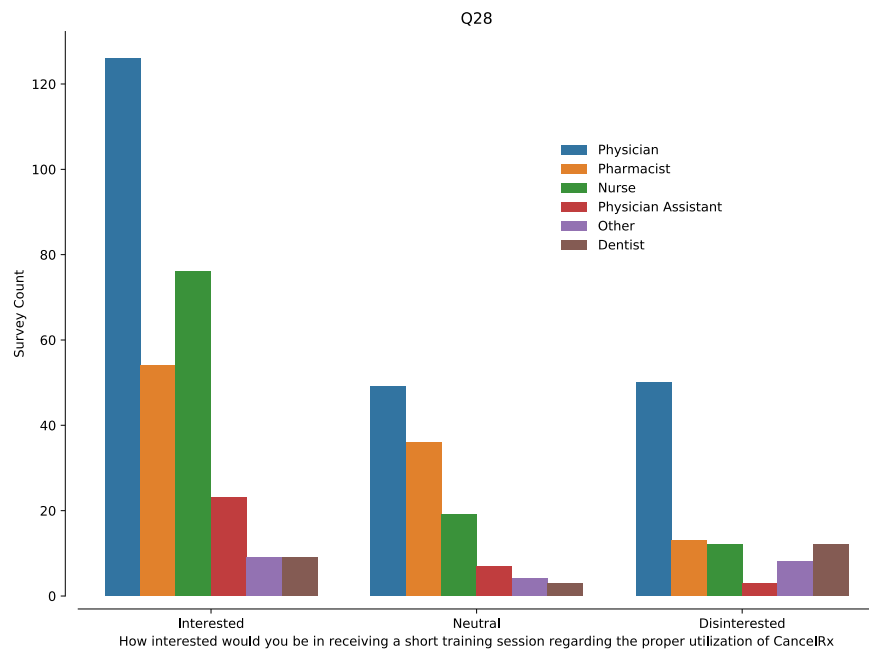


Are you Familiar with CancelRX	Count	Percentage
No	399	77.8
Yes	112	21.8
No Response	2	0.4

Q8



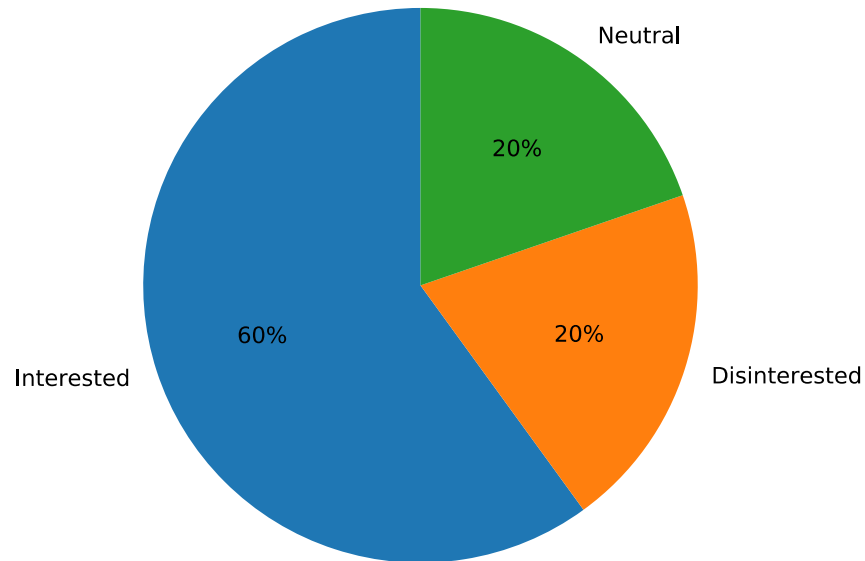
CancelRx General Interest in Education



Overall Training Interest	Count	Percentage
Interested	297	57.9
Neutral	118	23.0
Disinterested	98	19.1

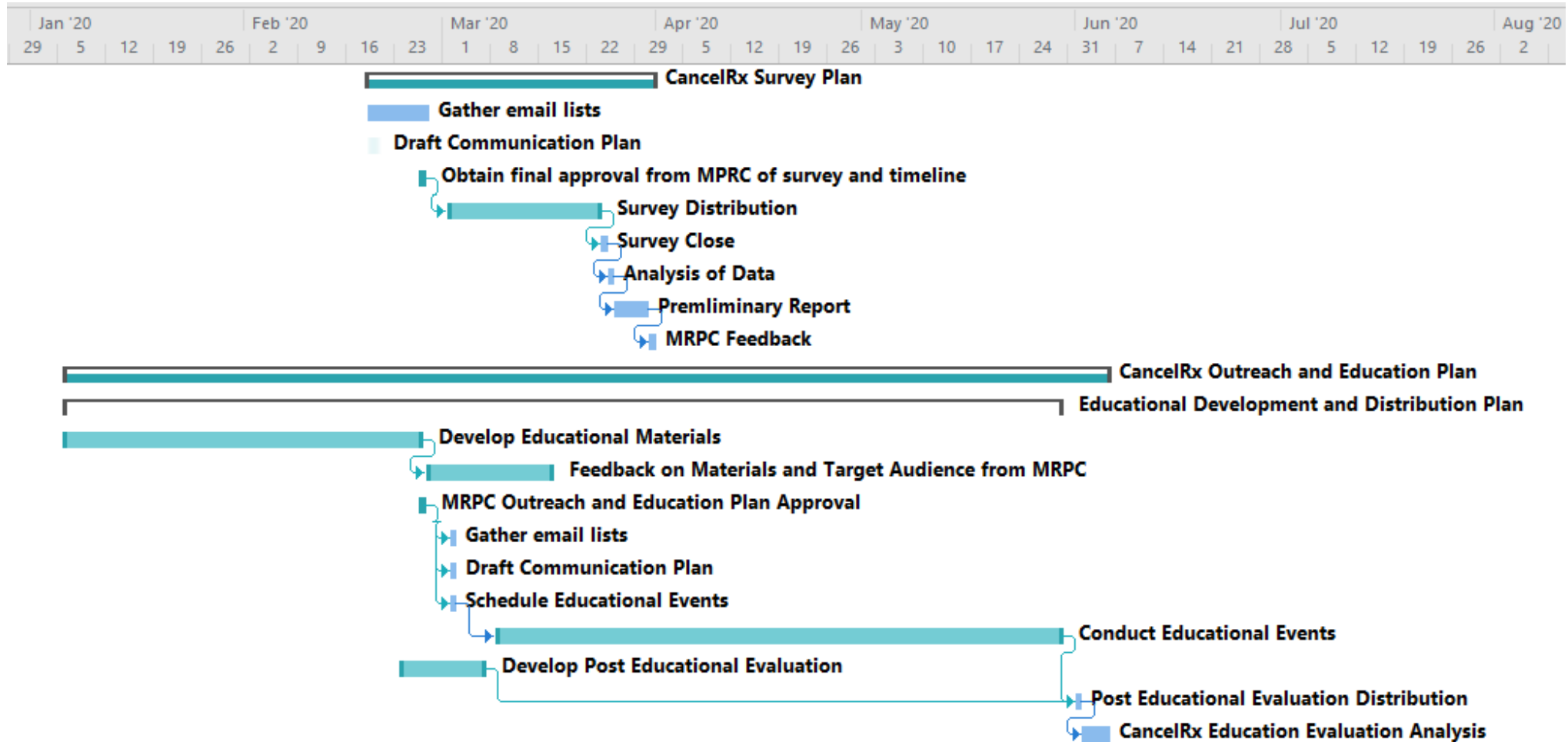
CancelRx Education Interest

Interest in CancelRX Training Among Those Unfamiliar



Interest in Training	Survey count	Percentage
Interested	219	60.0
Disinterested	74	20.3
Neutral	72	19.7

CancelRx Deliverables Timeline



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 not issued formal guidance if funds not expected by Sep 2020:
 - Likely approach is conversion to MMIS 90/10 funding via IAPD-U
 - Almost all states in similar situation
 - IAPD would be required June 30, 2020
- 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

Next Steps

Adjournment