

Medication Reconciliation & Polypharmacy Committee Meeting

January 13, 2020



Agenda

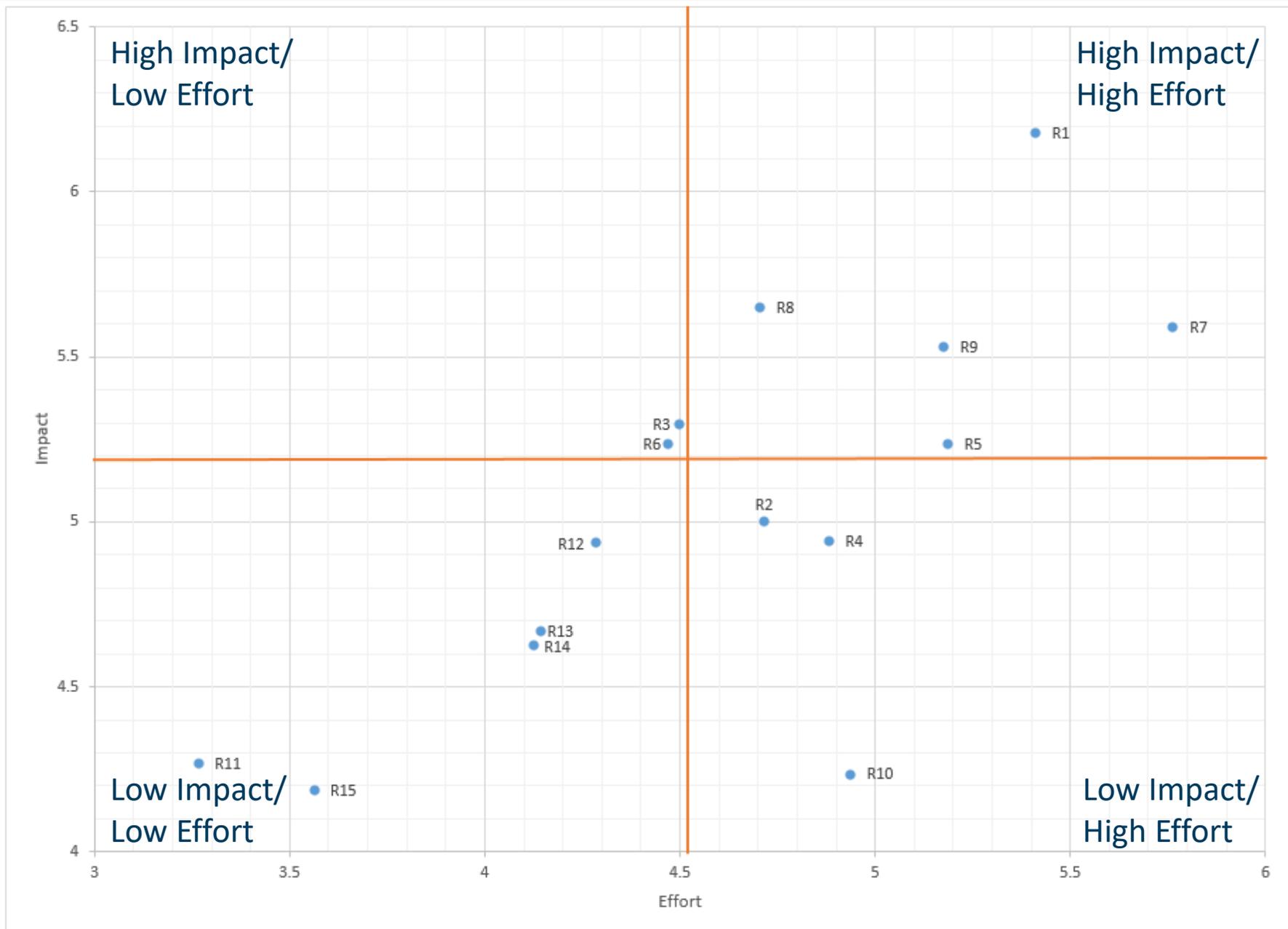
Welcome and Introductions	Adrian Texidor	3:30 PM
Review and Approval of December 16, 2019 Minutes	All	3:35 PM
Public Comment	Public	3:40 PM
Recap of Previous Meeting	Nitu Kashyap + Sean Jeffery	3:50 PM
Update on Health Information Alliance, Inc.	Adrian Texidor	3:55 PM
Review Impact + Effort Assessment Results	All	4:00 PM
CancelRx Survey and Update	Tom Agresta	5:10 PM
Next Steps and Planning for Future Meetings	All	5:20 PM
Meeting Adjournment	All	5:25 PM

Public Comment

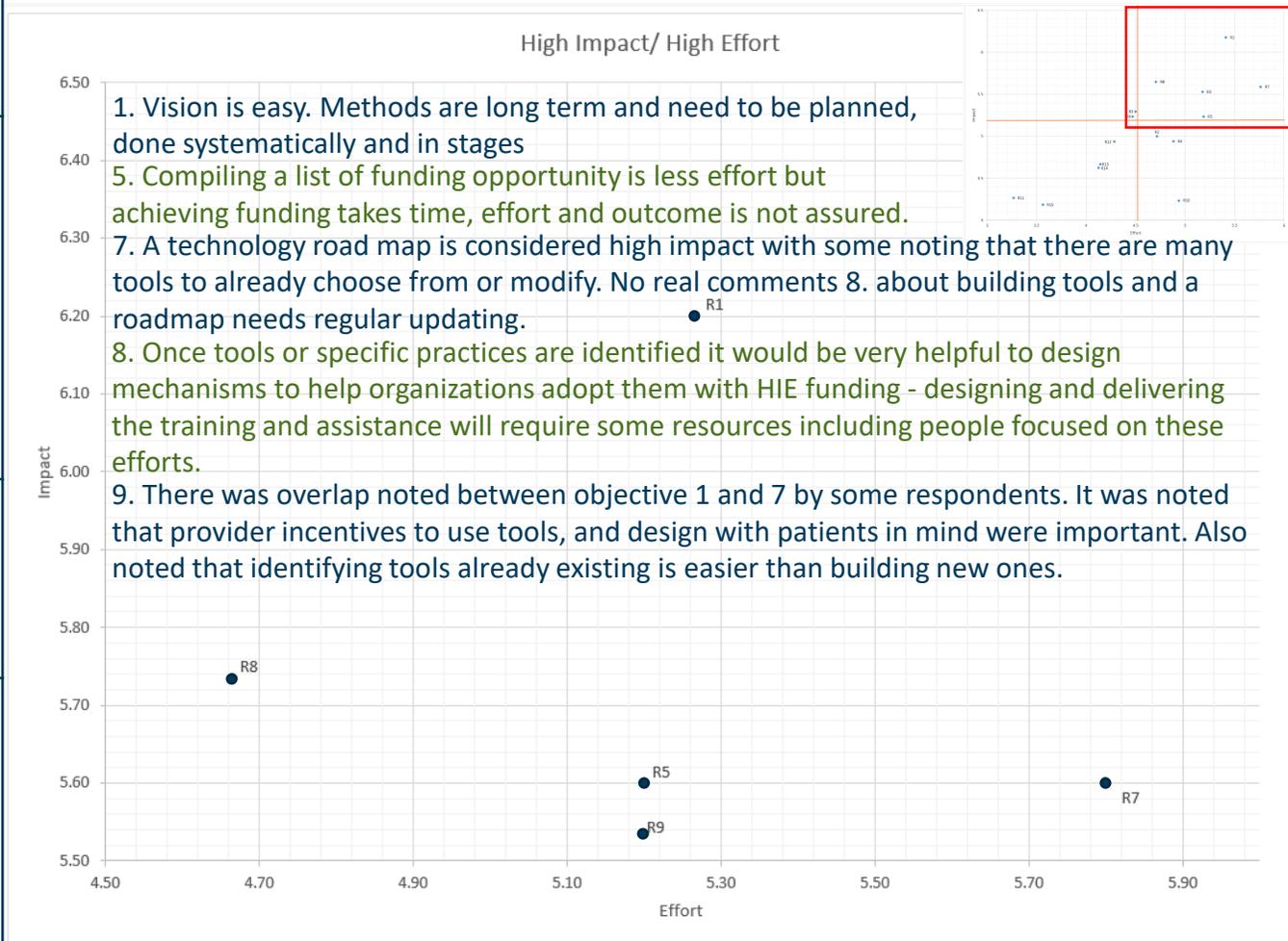
Recap of Previous Meeting

Update on Health Information Alliance, Inc.

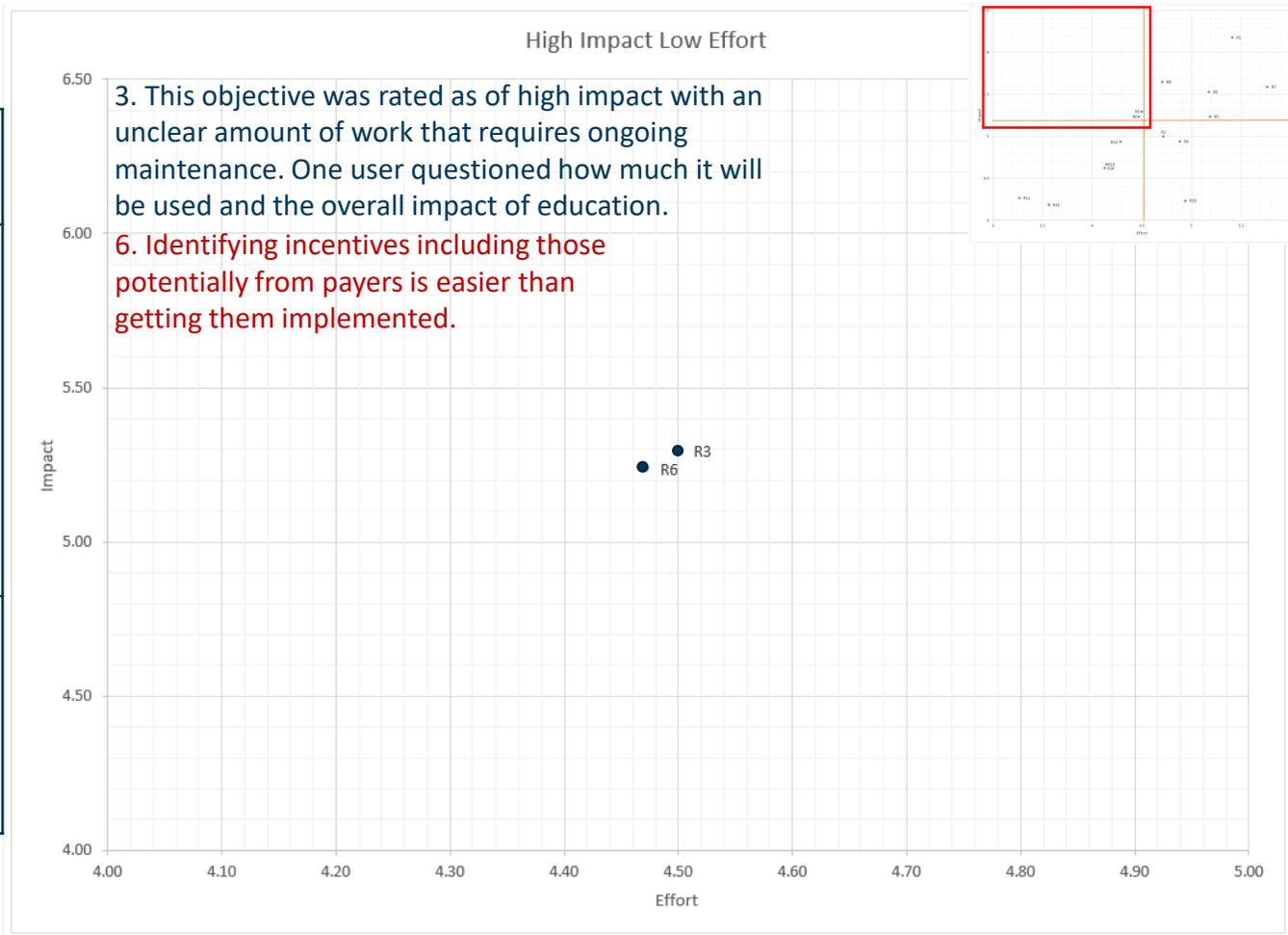
Impact + Effort Assessment Results



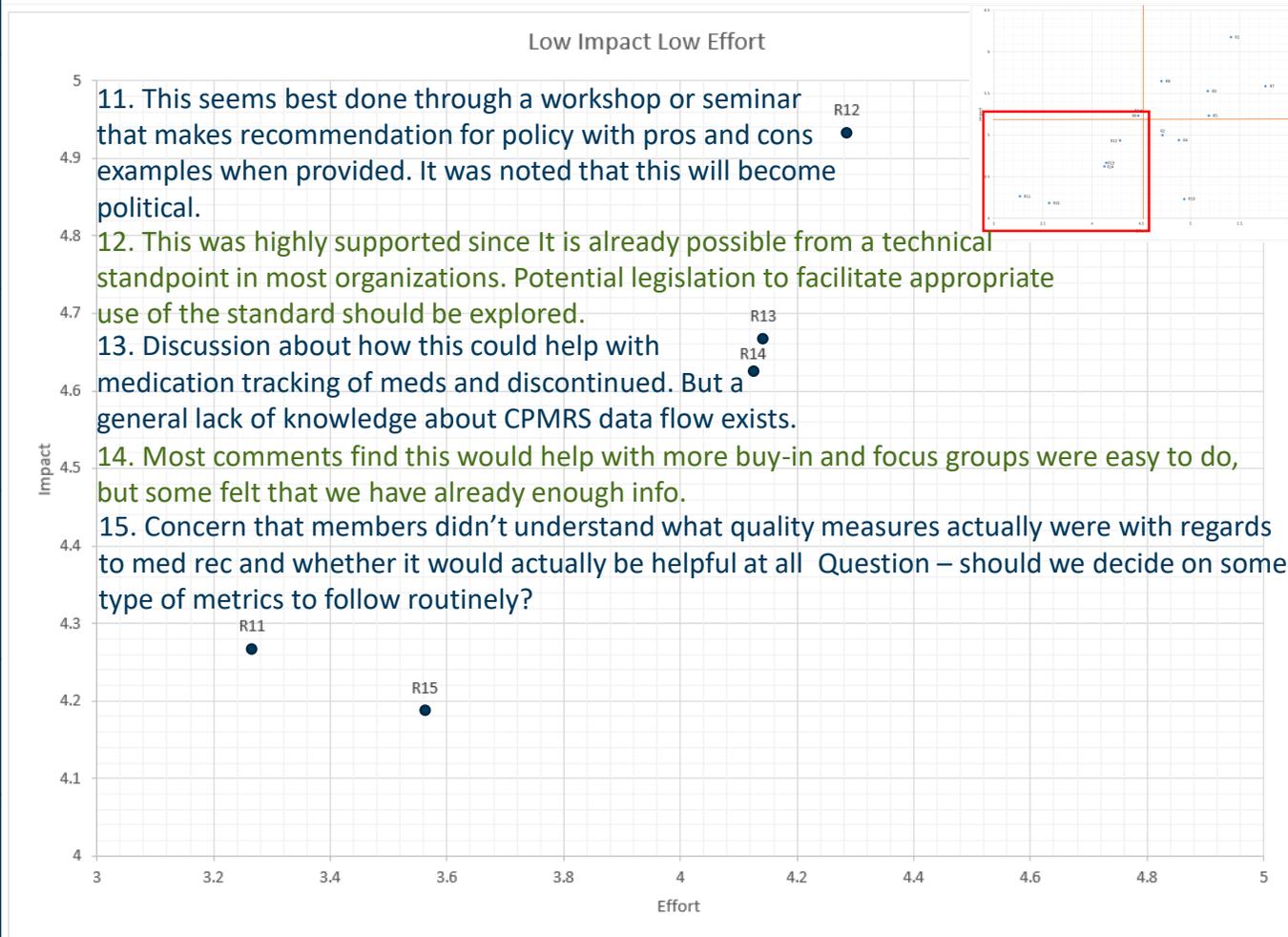
High Impact/ High Effort	Average Impact	Impact SD	Impact Range	Impact N/A Response	Average Effort	Effort SD	Effort Range	Effort N/A Response
1. Define vision for best possible medication history (BPMH) and develop methods of achieving a best possible medication list	6.18	1.24	(3,7)	0	5.41	1.87	(2,7)	0
5. Conduct an analysis of potential funding sources and then seek funding to assist in the continued additional planning, design, development and implementation of opportunities to help improve attainment of the BMPH and to appropriately and safely reduce polypharmacy and reduce potentially inappropriate prescriptions.	5.24	1.68	(3,7)	0	5.19	1.28	(3,7)	1
7. Create a medication reconciliation implementation plan and technology roadmap which includes business, functional and technical requirements.	5.59	1.62	(2,7)	0	5.76	1.39	(3,7)	0
8. Utilize HIE funding as made available to partnering organizations to develop medication reconciliation tools as part of the onboarding and technical assistance provided, including education, training, and implementation assistance relating to medication reconciliation.	5.65	1.17	(3,7)	0	4.71	1.21	(3,7)	0
9. Identify, design and implement appropriate tools and methods to engage patients and providers in collaborative medication reconciliation and deprescribing.	5.53	1.59	(3,7)	0	5.18	1.55	(2,7)	0



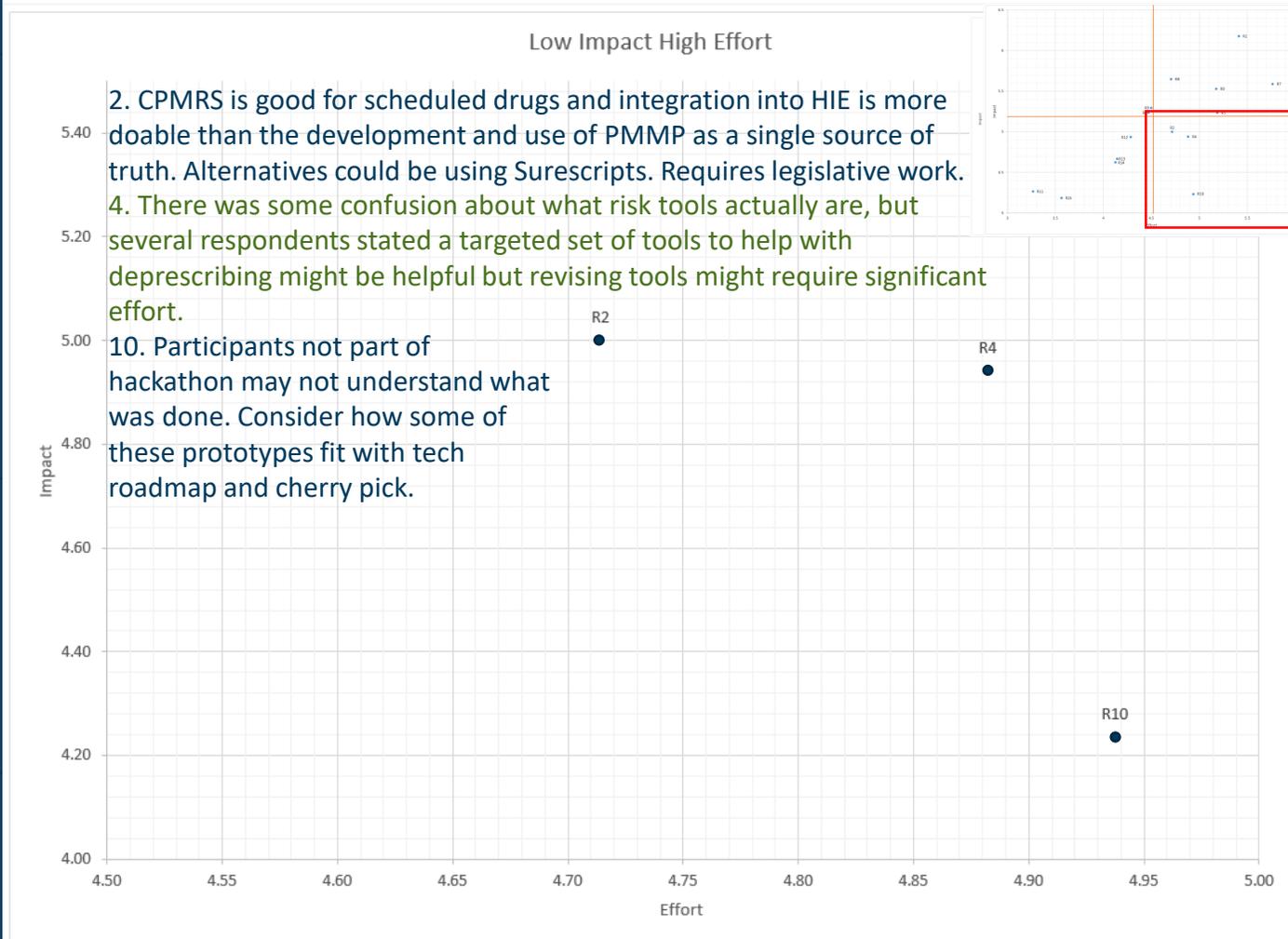
High Impact/ Low Effort	Average Impact	Impact SD	Impact Range	Impact N/A Response	Average Effort	Effort SD	Effort Range	Effort N/A Response
3. Develop a medication reconciliation repository and a communication plan to dispense evidence-based, best practice tools, technical and safety advisories, Subject Matter Experts (SMEs) and policy and regulatory guidance to patients, providers, pharmacies, governmental agencies and other stakeholders.	5.29	1.49	(2,7)	0	4.50	1.67	(2,7)	1
6. Identify possible incentives, in addition to current value-based care initiatives, for medication management, medication reconciliation, and the reduction of potentially inappropriate medications.	5.24	1.82	(2,7)	0	4.47	1.62	(2,7)	0



Low Impact/ Low Effort	Average Impact	Impact SD	Impact Range	Impact N/A Response	Average Effort	Effort SD	Effort Range	Effort N/A Response
11. Review and make recommendations about healthcare provider scope of practice, as necessary, to support team-based medication reconciliation efforts.	4.27	1.83	(1,7)	2	3.27	1.28	(2,7)	2
12. Assess Return on Investment (ROI) and legislative/policy considerations associated with CancelRx and include state level agencies for support.	4.93	1.49	(2,7)	2	4.29	1.68	(1,7)	3
13. Provide guidance on the addition of CancelRx transactions to the Connecticut Prescription Monitoring and Reporting System (CPMRS).	4.67	1.68	(2,7)	2	4.14	1.88	(2,7)	3
14. Conduct stakeholder interviews and focus groups to validate value created from proposed services.	4.63	1.71	(1,7)	1	4.13	2.28	(1,7)	1
15. Identify possible medication quality measures that align with clinically meaningful outcomes which can be implemented.	4.19	1.42	(1,7)	1	3.56	1.55	(1,6)	1



Low Impact/ High Effort	Average Impact	Impact SD	Impact Range	Impact N/A Response	Average Effort	Effort SD	Effort Range	Effort N/A Response
2. Evaluate how to best incorporate the Connecticut Prescription Monitoring and Reporting System (CPMRS) in Health Information Exchange (HIE) planning for the development of the BPMH, including the possible use of the Prescription Monitoring Program (PMP) database as a single source of truth for all prescribed medications.	5.00	1.93	(2,7)	1	4.71	1.54	(2,7)	3
4. Identify, review and revise risk tools to determine population health strategies for potential medication de-prescribing and conduct a survey of educational needs and best methods of delivery for providers.	4.94	1.48	(2,7)	0	4.88	1.58	(2,7)	0
10. Review and advance prototypes from Medication Reconciliation Hackathon and monitor advanced technologies and clinical decision support tools that should be integrated with BPMH.	4.24	1.64	(2,7)	0	4.94	1.34	(3,7)	1



Cancel Rx Survey

Next Steps and Planning for Future Meetings

Adjournment