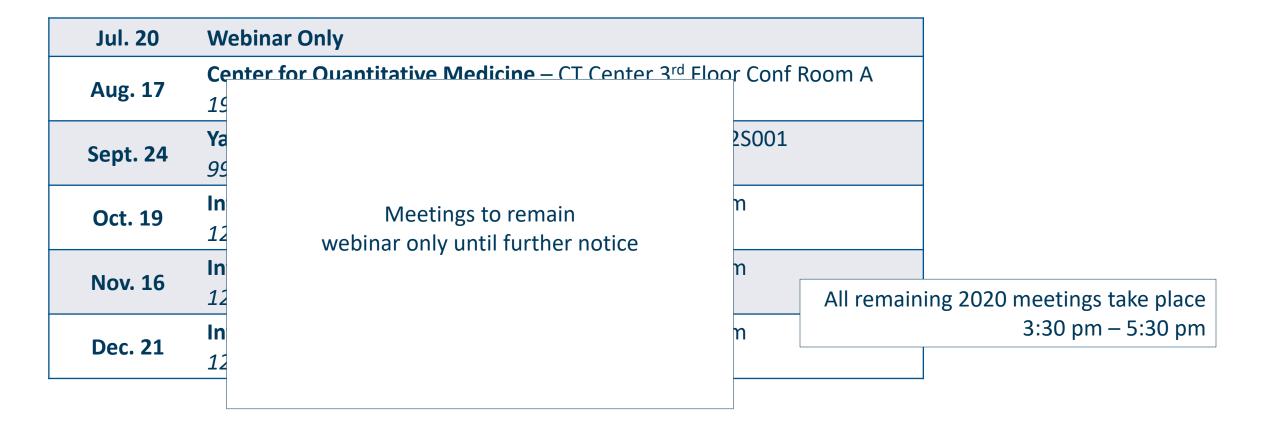
Medication Reconciliation & Polypharmacy Committee Meeting

July 20, 2020



2020 MRPC Meeting Schedule



Agenda

Welcome and Roll Call	Nitu Kashyap, Sean Jeffery	3:30 PM
Review and Approval of June 2020 Minutes	All	3:35 PM
Public Comment	Public	3:36 PM
Medication Safety Continuing Education	Tom Agresta	3:38 PM
Discovery Progress: Other State Use Cases	Nitu Kashyap, Sean Jeffery	3:40 pm
BPMH Requirements Development	Nitu Kashyap, Sean Jeffery	3:50 pm
June Meeting Process and Outcomes		
Process Discussion, Participation, and Next Steps		
Next Steps	Nitu Kashyap, Sean Jeffery	4:50 pm
Meeting Adjournment	All	5:00 pm



Welcome and Roll Call

Introduce New Member: Dr. Mark Silvestri

Roll Call

Alejandro Gonzalez-Restrepo	Hartford Healthcare	Margherita Giuliano	CT Pharmacists Assoc
Amy Justice	Yale, VA CT Healthcare System	Marie Renauer	Yale New Haven Health
Anne VanHaaren	CVS Health	Mark Silvestri	Cornell Scott-Hill Health Center
Diana Mager	CT Assoc. Healthcare at Home	MJ McMullen	Surescripts
Ece Tek	Cornell Scott-Hill Health Center	Nate Rickles	UConn School of Pharmacy
Elizabeth Taylor	DMHAS	Patricia Carroll	Patient Advocate
Jason Gott	DSS	Rachel Petersen	Surescripts
Jennifer Osowiecki	СНА	Rod Marriott	DCP
Jeremy Campbell	Boehringer-Ingelheim	Stacy Ward-Charlerie	WardRx
Kate Sacro	Value Care Alliance	Dr. Valencia Bagby-Young	DDS
Lesley Bennett	Patient Advocate		

Review and Official Approval of:

June 20, 2020 Meeting Minutes

Motion to approve? Second?

Public Comment

Medication Safety Continuing Education

Tom Agresta

Health Information Technology for Clinicians

How to Achieve Optimal Outcomes

- To Deprescribe or Not to Deprescribe Q&A Sheet
- Feedback
- Participant Demographics



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

Responses are provided by Thomas Agresta MD. MBI, Stacy Ward-Charlerie PharmD MBA, Nitu Kayshap MD, Sean Jeffery PharmD, Scott Bonzcek PharmD

Q: Has there been any push to develop a billing code for deprescribing?

A: Although there are no specific billing codes for deprescribing, the time and complex decision-making involved in the process fulfill the criteria for higher level of care and medication risk management.¹

¹Deprescribing in Older Adults With Cardiovascular Disease Krishnaswami et al. *J Am Coll Cardiol.* 2019 May 28; 73(20): 2584–2595. doi: 10.1016/ j.jacc. 2019.03.467

Q: Are there ways to prevent sending a cancellation message on refills? Many pharmacies have seen examples where cancellation and approval messages are sent at the same time. This is confusing to pharmacists and has led to a cancellation of the approval on multiple occasions.

A: Many electronic health records have the ability to turn off cancellation messages during the refill process or if the order is an exact copy of the original order. Speaking for Yale New Haven Health System and Hartford Healthcare, we have taken the steps to suppress cancellation messages during the refill/reorder process unless the medication is being sent to a pharmacy different from the one where it was originally prescribed. We are actively sharing these best practices at groups and forums such as this to increase awareness.

Q: Can we discuss the CancelRx process in a Dr. First environment?

As The configuration of the CancelRs functionality is unique to each EHR and prescribing vendor. Dr. First does use <u>Surescripts</u> to send its electronic prescriptions and typically helps to provide a conduit between EHRs and Surescripts when the EHR does not support direct integration with Surescripts. It is best to check with your EHR vendor on how to enable CancelRs for you and your

Q: Since an Rx cancellation can only be sent to the original pharmacy, does that mean only the one store within a pharmacy chain or is the cancellation chain wide?

A: This will vary chain to chain but many pharmacy chains will be able to accept cancellation messages for prescriptions that have been filled at different stores within a chain. We have confirmed with CVS and Walgreen's that their pharmacies have this capability. Q: For the slide [below] showing the percentage of pharmacies participating in the CancelRx program what types of pharmacies are included (e.g. chair independent, specialty, LTC)?

Ai The data represented in the graph shows the rate of pharmacies enabled for CancelRs, turned on to receive the transaction, on the Surescripts network - It is the ratio of enabled pharmacies compared to all pharmacies on the Surescripts network, for both pharmacies in the state of CT and across the entire network. All pharmacy types are represented. This does not represent the volume of prescriptions being sent to the varied pharmacies as some who have CancelRx available may do a much higher volume. Remember, pharmacies may have some fees associated with the process that may include upgrading their system to the latest version that impact the timing of this feature being available.



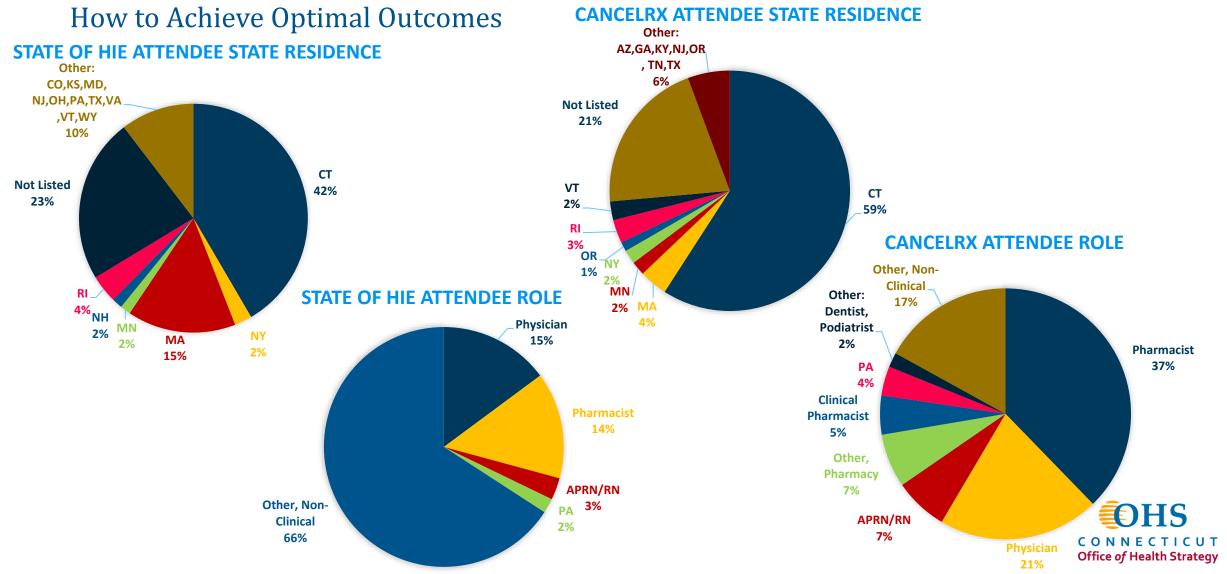
Q: Are there other electronic deprescribing programs besides CancelRx? If so, what are the pros and cons of other programs compared to Cancel Rx?

Ac CancelRx is not a standalone program used for electronic deprescribing but a message standard that allows Deprescribing messages to be exchanged across disparate systems. It has been adopted industry-wide by National Council for Prescription Drug Programs (NCPDP). NCPDP is the governing body for E-Prescribing standards in the United States and the standards are developed by participants from Community Pharmacy, EHR vendors, Long-Term Care, and Pharmacy Benefits Managers. CancelRx is essentially the only electronic deprescribing option accepted industry-wide.





Health Information Technology for Clinicians



Discovery Progress: Other State Use Cases

Other State Discovery: Topics for Discussion

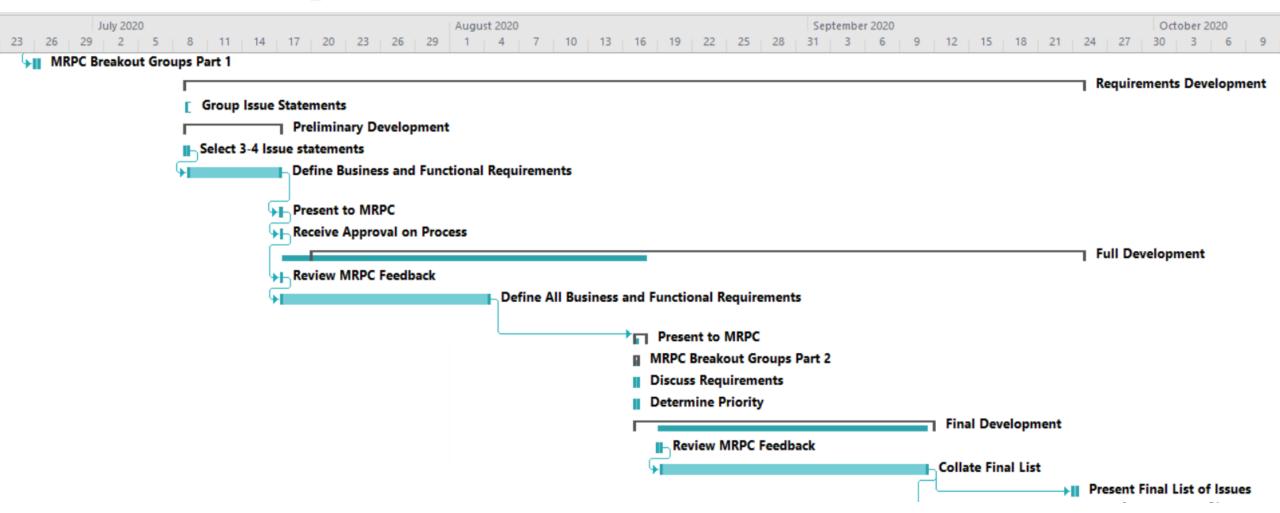
- Statutory/legal considerations (changes required, process, and timing)
- **Privacy and security considerations** (consent management, access control, and individual privacy issues)
- Operational considerations (data management, start up, on-boarding, and reporting)
- Data quality and standards (procedures for correcting entries)
- **Use case description**, primary uses associated with having combined prescription data in a single database
- User profiles (who is using the database, by type of user?)
- Stakeholder engagement (before proceeding and during implementation)
- Sources and scope of the data (prescribed medications, OTC?)
- Sustainability considerations, funding model, operating budget, SUPPORT Act.

Other State Discovery: Engagement + Next Steps

- Successful conversation with Nebraska Health Information Initiative
 - Attended by Co-Chairs and supporting leadership
 - July 16th, 90 minute conversation
- Engaging Delaware

BPMH Requirements Development

BPMH Proposed Timeline



June Breakout Exercise

Patients & Home Health

- Transitions of care is key for BPMH
- Vulnerable populations
- Consider costs
- Ownership vs. stewardship
- BPMH must haves

Clinicians & Prescribers

- Use of BPMH
- Sources for the BPMH
- Versioning control
- Messaging

Health Systems & Organizations

- Lack of information sharing among providers
- Lack of consistent definition of 'vulnerable'
- User profiles

3 Groups
22 Known Issues

Recommended Categories

- Sources
- Compilation Engine
- User Interface Considerations
- Metadata
- Security/Access
- Standard Terminologies

Work Session

• Known Issues + Subgroups Spreadsheet discussion

Vacation, Outages

Nitu Kashyap, Sean Jeffery

E-mail us!

Next Steps

Secondary Roll Call

Official Adjournment

Motion to adjourn? Second?