Health IT Advisory Council

February 15, 2018

Agenda

Welcome and Call to Order	**1:00 pm**
Public Comment	**1:05 pm**
Review and Approval of Minutes – December 21, 2017	**1:07 pm**
Updates – Council Membership	**1:10 pm**
SIM Award and Next Steps	**1:15 pm**
Polypharmacy/Medication Reconciliation Projects	**1:30 pm**
Funding and Contracting Updates	**1:45 pm**
OHS Transition Update	**1:50 pm**
Wrap-up, Action Items, and Next Steps	**1:55 pm**

Public Comment

Review and Approval of December 21, 2017 Minutes

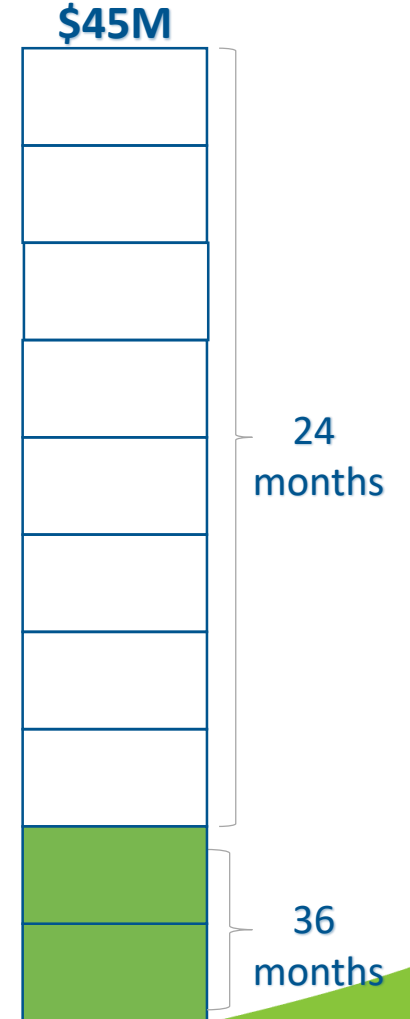# Welcome and Introduction of New Council Members

SIM Award and Next Steps

SIM Award

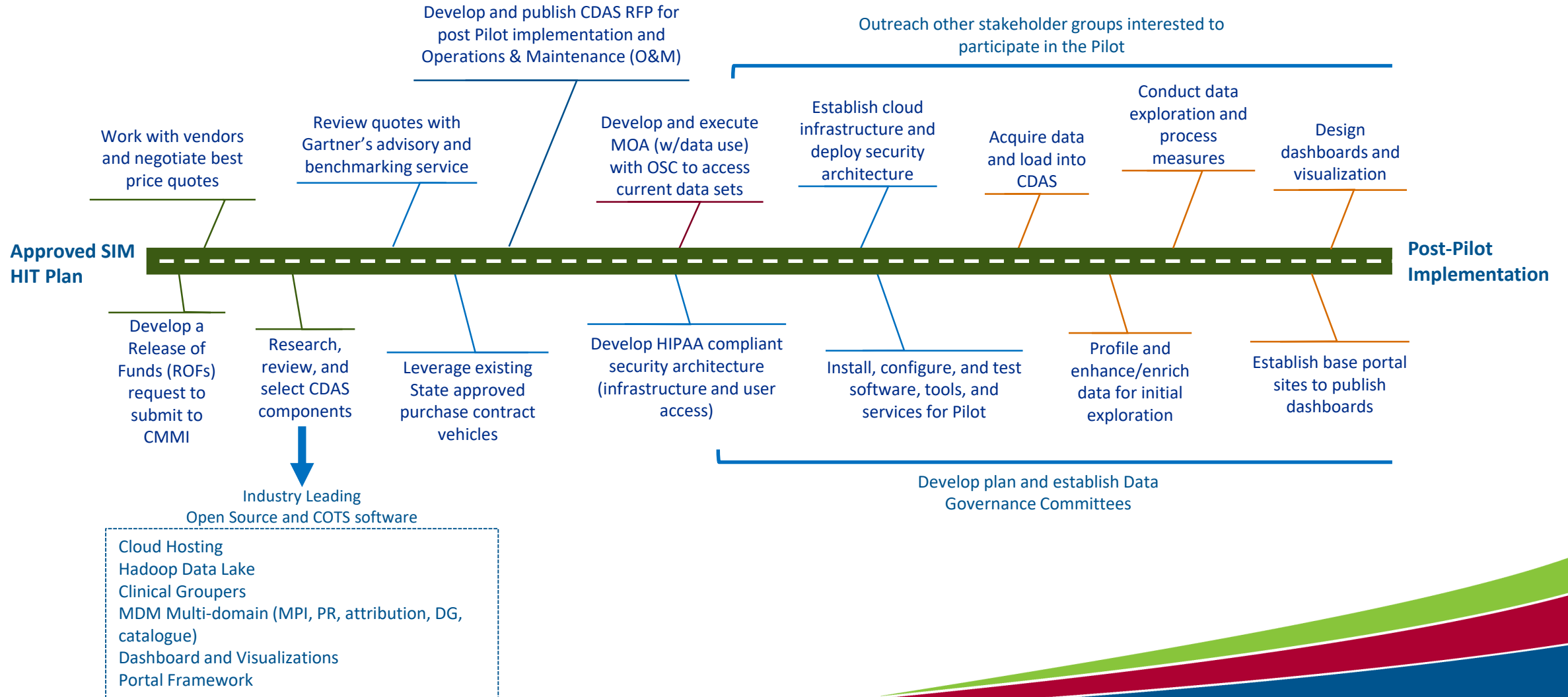Notice of Award approves the Operational Plan and Budget for AY3

$45M

- **Approved AY3 Award**: $15M (~$5.4M HIT)

- **Anticipated carry-over from AY2**: ~$5M (~$1.8M HIT)

24 months

Spent to Date: ~9M

36 months

Next Steps

Near-Term and for Pilot (OSC Quality Measures Use Case)

Above the timeline (top callouts):

- Develop and publish CDAS RFP for post Pilot implementation and Operations & Maintenance (O&M)
- Outreach other stakeholder groups interested to participate in the Pilot
- Work with vendors and negotiate best price quotes
- Review quotes with Gartner's advisory and benchmarking service
- Develop and execute MOA (w/data use) with OSC to access current data sets
- Establish cloud infrastructure and deploy security architecture
- Acquire data and load into CDAS
- Conduct data exploration and process measures
- Design dashboards and visualization

Timeline endpoints:

- Approved SIM HIT Plan
- Post-Pilot Implementation

Below the timeline (bottom callouts):

- Develop a Release of Funds (ROFs) request to submit to CMMI
- Research, review, and select CDAS components
- Leverage existing State approved purchase contract vehicles
- Develop HIPAA compliant security architecture (infrastructure and user access)
- Install, configure, and test software, tools, and services for Pilot
- Profile and enhance/enrich data for initial exploration
- Establish base portal sites to publish dashboards
- Develop plan and establish Data Governance Committees

Industry Leading Open Source and COTS software

- Cloud Hosting
- Hadoop Data Lake
- Clinical Groupers
- MDM Multi-domain (MPI, PR, attribution, DG, catalogue)
- Dashboard and Visualizations
- Portal Framework

Council Discussion

Polypharmacy/Medication Reconciliation Projects

PolyPharmacy: Medication Reconciliation:
& Cancel Rx Work

Dr. Thomas Agresta, MD, MBI

Professor of Family Medicine – UConn Health

State of CT Health Information Technology Council Meeting

Thursday Feb 15, 2018

Medication Reconciliation and HIE Wave 2 – Planning in Wave 1

- Initial intent was to plan for this (learn more about challenges) in Wave 1

- Planning was accelerated due to a number of issues
  - Cancelling an electronic prescription identified as major pain point and patient safety risk by Chief Medical Information Officers in CT
  - Polypharmacy brought forth for potential legislation and a presentation in late January
  - Multiple stakeholders involved quickly
  - All activities were "on-the-path" towards studying Medication Reconciliation

Informational Hearing on Polypharmacy
Public Health and General Law Committees
January 22, 2018

Dr. Agresta Clinician-Informatician, and State of CT Health Information Technology Officer (HITO) Allan Hackney were asked to testify in front of the Legislature on PolyPharmacy problems and possible solutions.

Key Points:

1. Medication Reconciliation is a Wave 2 Prioritized Use Case chosen by the HIE UC Design Group

2. Potential Solutions need more research and real-life beta testing

3. Cancel Rx is a perfect starting point and could be a "quick win" for the State of CT HIE

4. There are funding opportunities for this work

"Fixing Polypharmacy Will Save Lives"

Opening Remarks: Co-chairs of the Public Health Committee, Senator Gerratana and Senator Somers

Panel One: Background, Providers and Managing Data
- Dr. Amy Justice, VA and Yale University
- Dr. Tom Agresta, UConn Health Center
- Allan Hackney, CT Health Information Technology Officer (HITO)
- Q&A

Panel Two: Pharmacists Perspective and Medication Reconciliation in Practice
- Marghie Giuliano, Executive Vice President of the CT Pharmacists Association
- Sean Jeffrey, Uconn School of Pharmacy and affiliate of Hartford Healthcare
- Par Meisner, CEO Allied Meds
- Q&A

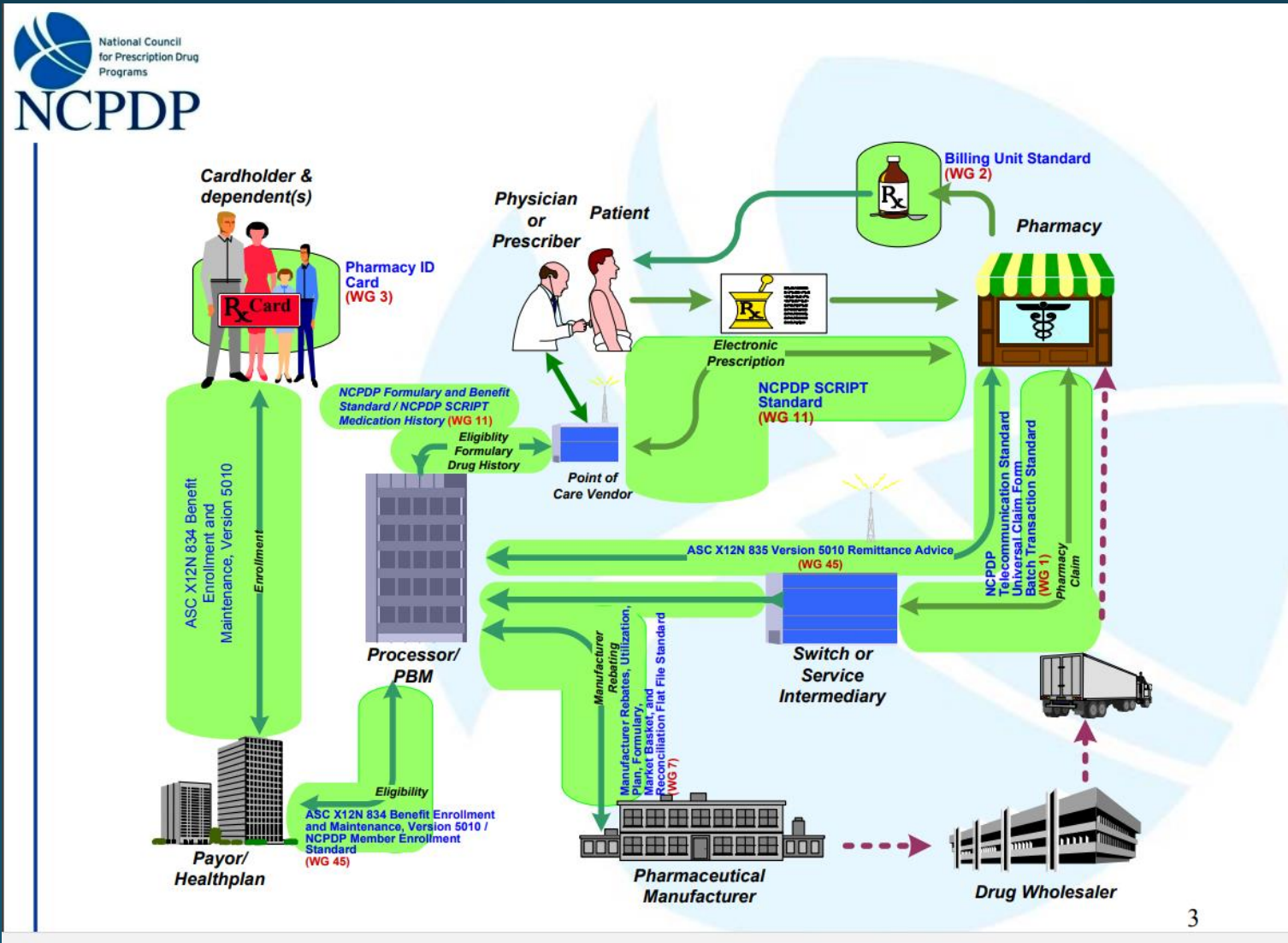Panel Three: Current Connecticut Prescription Monitoring and Reporting Systems (CPMRS)
- Rod Marriot, Director of Drug Control, Department of Consumer Protection
- Q&A

Panel Four: Potential Solutions and Funding Sources
- Allan Hackney, Dr. Justice, Dr. Agresta
- Q&A

Closing Remarks: Senator Gerratana and Senator Somers

Electronic Exchanges to Fill an Rx

Health Information Exchange & Medication Reconciliation

- HIE may provide an incremental benefit over usual medications reconciliation but charging for information may result in information blocking, reducing the impact of HIE.

- Efforts to improve medication reconciliation likely need to prioritize high-risk discrepancies in alerts to providers.

- Knowing when prescribers read, understand, and do or do not agree to rectify medication discrepancies is important to informing improvement efforts.

- There may also be benefits to implementing HIE other than health, including time saved during information-gathering, which provides a strong case for supporting HIE.

Boockvar, K. S., Ho, W., Pruskowski, J., DiPalo, K. E., Wong, J. J., Patel, J., … Hung, W. (2017). Effect of health information exchange on recognition of medication discrepancies is interrupted when data charges are introduced: results of a cluster-randomized controlled trial. *Journal of the American Medical Informatics Association*. https://doi.org/10.1093/jamia/ocx044

Goals of Med Rec eCancel Rx Advisory Group

Create a Root Cause Analysis (show how messaging function of Cancel Rx works and diagram to identify points of trouble/areas for improvement)

1. Identify barriers to Med Rec
   A. Pharmacies pay for Rx transaction, (want Cancel Rx to be free) so it will be used. The data supports this.
   B. EHR vendors have different configurations of their systems and different organizations can further customize configurations (need to establish standards for EHRs starting with EPIC)
   C. Pharmacies have the capabilities to send messages but messages received are not always correct and vice versa and hence ignored due to legality/risk of misinterpretation.
2. Assess national and state of CT info and build a successful model/Use Case for CT Health Information Exchange

Current State of CT OHS Work Streams

- PolyPharmacy work- Presented to CT PH Committee and follow-up
- Cancel Rx Advisory Council- 2nd meeting on 2/16
- National Council for Prescription Drug Programs (NCPDP)- clinician advisor to standards development
- Consulting on a Research Paper about Cancel Rx
- Submitted a LOI for funding for a Cancel Rx Pilot
- Collaborative efforts with John's Hopkins & Utah Digital Health Commission regarding CancelRx

Stay Tuned for Updates!

The BIG Picture

UConn Health HIT Work: To provide subject matter expertise in Health Information Technology/ Health Information Exchange (HIT/HIE). This includes guidance on implementation and optimization of solutions considered by the state, and implications on impact on workflow in clinical settings

- Facilitate workgroups to support planning and implementation of high value, prioritized use cases for further input, including second tier priority use cases. This work includes, but is not limited to:
  - Convene Clinical Advisory Work Group: This workgroup shall engage clinicians and their respective organizations to identify work flow and implementation considerations required by the health information exchange (HIE).
  - Lead Work Groups for Agile Development and Testing of HIE Solutions: Facilitate Domain Experts to participate in Agile Development Sprints as part of the design and implementation of HIE Services.
  - Convene Experts for the development of the HIE Implementation Strategy within Accountable Care Organizations (ACOs) and Hospital systems: UCONN Health shall assist in the development, design and implementation of a systematic approach to onboard organizations.

Council Discussion

Funding and Contracting Updates

OHS Transition Update

Council Discussion

Wrap up and Next Steps

Next Health IT Advisory Council Meeting

Thursday March 15, 2018 | 1:00 pm – 3:00 pm

Legislative Office Building, Hearing Room 1D

Contact Information

Health Information Technology Office

Allan Hackney, Allan.Hackney@ct.gov

Alan Fontes, Alan.Fontes@uconn.edu

Thomas Agresta, Agresta@uchc.edu

Jennifer Richmond, Jennifer.Richmond@ct.gov

Dino Puia, Dino.Puia@ct.gov

Kelsey Lawlor, Kelsey.Lawlor@ct.gov

General E-Mail, HITO@ct.gov

Health IT Advisory Council Website:
http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council