

Health IT Advisory Council

June 18, 2020



Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 PM
Public Comment	1:05 PM
Review and Approval of Minutes – May 21, 2020	1:10 PM
Connie Update	1:15 PM
COVID-19 Data and HIE Infrastructure	1:25 PM
Medication Reconciliation and Polypharmacy Committee Update	2:05 PM
Announcements & General Discussion	2:45 PM
Wrap up and Meeting Adjournment	3:00 PM

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

May 21, 2020 Meeting Minutes



Connie Update

Dr. Michelle Puhlick

COVID-19 Data and HIE Infrastructure

*Scott Gaul,
CT Chief Data Officer*

AGENDA

- Overview of COVID-19 reporting and open data resources
- Flow of data for COVID-19 and Reopen CT data
- Options for the future

WHO AM I?

CGS Sec. 4-67p: “The Chief Data Officer shall be responsible for:

- (1) directing executive branch agencies on the use and management of data to enhance the efficiency and effectiveness of state programs and policies,
- (2) facilitating the sharing and use of executive branch agency data (A) between executive branch agencies, and (B) with the public,
- (3) coordinating data analytics and transparency master planning for executive branch agencies, and
- (4) creating the state data plan in accordance with subsection (c) of this section.”

COVID-19 DATA TIMELINE

March 17 – CT public schools close

April 8 – COVID-19 data portal launched at: <https://data.ct.gov/coronavirus>

April 27 – CDAS brought on for Reopen CT dashboard

May 20 – CT Stay at Home order ends, select businesses reopen

June 18 – today!

COVID-19 DATA PORTAL



COVID-19 Data Resources

This data portal provides centralized access to data on the COVID-19 emergency and response, and supplements information available on the state's [COVID-19 portal](#). All data are also hosted on [data.ct.gov](#), Connecticut's open data portal. Questions or suggestions can be posted via individual datasets or [here](#).

[COVID-19 data resources](#)

[COVID-19 testing data](#)

[Health resources](#)

[State emergency response efforts](#)

[Data library](#)

[Suggest a dataset](#)

Connecticut COVID-19 Summary

Summary for the most recent day of reporting. Total COVID-19 Cases and Associated Deaths include confirmed plus probable.

Measure	Total	ChangeDirection	Change
Total COVID-19 Cases	45,235	+	147
Total COVID-19-Associated Deaths	4,204	+	3
Patients Currently Hospitalized with COVID-19	203	-	2

COVID-19 DATA QUALITY BY STATE

StateGrades : StateGrades

State	Reporting total		Testing total			Outcomes total				Demographic Total					Bonus		LETTER GRADE
	State website is best source	Machine Readable	Reporting total test conducted	Reporting All Positives	Reporting Negatives	Recovered	Hospitalized	ICU	Ventilator	Pre-existing condition breakdown	Racial Breakdown of Cases	Ethnic Breakdown of Cases	Racial Breakdown of Deaths	Ethnic Breakdown of Deaths	Hospital capacity	Line List	
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GAPS IN PUBLIC REPORTING FOR CT

1. Total number of negative test results
2. Patients with COVID-19 on ventilators
3. Patients with COVID-19 being treated in ICUs
4. Data broken down by patients' pre-existing conditions
5. Hospital capacity
6. Medical data in the format of [line lists](#)

DATA FLOW FOR PUBLIC PORTAL

Agency data sources

Cases, deaths, testing
(DPH)

Cases and deaths for
vulnerable populations
(DPH, DOC, DHMAS,
DDS, DCF)

Economy (DOL)



DATA FLOW FOR REOPEN CT

Agency data sources

Cases, deaths, testing
(DPH)

Vulnerable populations
(DPH, DOC, DHMAS,
DDS, DCF)

Economy (DOL)



Other data sources

Private data (PPE,
hospital capacity)

Other non-agency data
(sentiment surveys,
consumer spending)



POTENTIAL FUTURE FLOW FOR HEALTH DATA

Other data sources

Private data (PPE, hospital capacity)

Other non-agency data (sentiment surveys, consumer spending)

Agency data sources

Cases, deaths, testing (DPH)

Vulnerable populations (DPH, DOC, DHMAS, DDS, DCF)

Economy (DOL)



OTHER USE CASES

1. [Governor's Task Force on Housing and Supports for Vulnerable Populations](#) data match objectives:
 1. Conduct a multi-agency data match
 2. Identify multi-system involved homeless individuals and families
 3. Explore patterns of multi-agency involvement to inform service delivery

2. [Governor's Workforce Council](#) and [2-Gen Advisory Board](#)
 1. Example from [Draft WIOA Unified State Plan](#): “Integrate data systems so that coaches/case managers for WIOA can access documentation from SNAP and Husky applications in “read-only” mode and use that documentation for WIOA requirements”

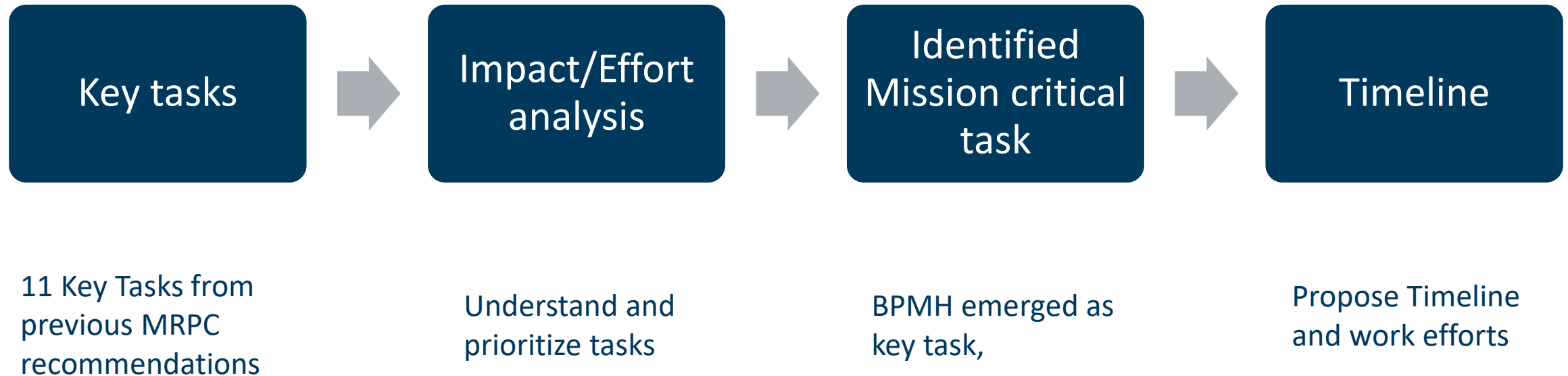
Medication Reconciliation and Polypharmacy Committee - Update

Nitu Kashyap and Sean Jeffery, MRPC Co-Chairs

Medication Reconciliation and Polypharmacy History

- Public Act 18-6 required the HITO to establish a working group on the MRP issue, with required representative membership
- MRP working group met from September 2018 through July 2019
 - Output was a final report and recommendations, presented in July
 - Proposed MRPC as a standing committee was recommended in August and approved in September
 - A Charter for the new MRPC was presented in October
- MRPC has been meeting since November (6 meetings so far)
 - Charter adopted
 - Reviewed membership and organized around two co-Chairs
 - Conducted an impact and effort survey and analysis of the recommendations
 - CancelRx survey
 - Plan/roadmap development
 - Funding proposals

Recap of Previous Meetings



Timelines

Q2 2020

Q3 2020

Q4 2020

Q1 2021

Q2 2021

Q3 2021

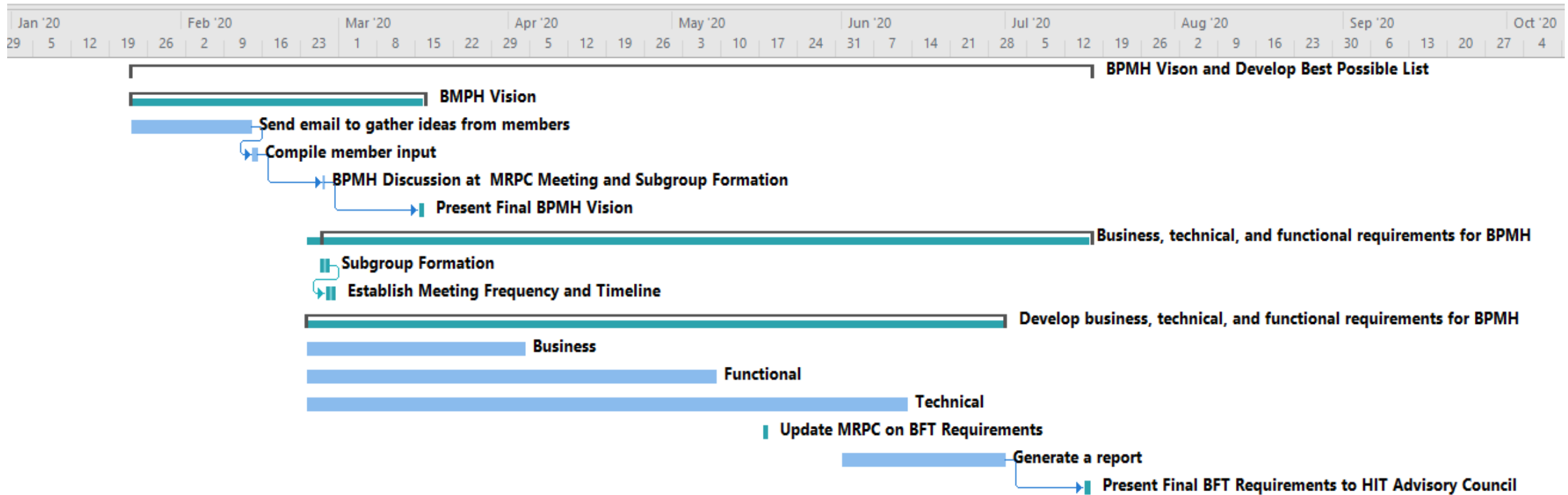
BPMH

Cancel Rx

Education Resource library

Funding

BPMH Proposed Timeline



Medication Safety Continuing Education

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

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



165 Attendees:

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

University of Connecticut School of Medicine and School of Pharmacy Office of Community and Continuing Medical Education and Center for Quantitative Medicine

Target Audience: Physicians, Pharmacists, Students, Residents, and other health care professionals with needs, interests or training in Health Information Technology and Health Information Exchange

Learning Objectives: Participants will (be able to):

1. Discuss the impact of polypharmacy
2. Describe the challenges of de-prescribing
3. Explain the role of Health IT in medication management
4. Explain the SCRIPT standard CancelRx transaction data flow
5. Identify best practices to implement and apply to practice

Moderator

Stacy Ward-Charlerie, PharmD, MBA

Chief Informatics Pharmacist and current President of WardRx Consulting LLC, a firm providing consulting services for organizations seeking to use or improve health information technology to improve clinical outcomes especially as it relates to medication management.



- *Stacy Ward-Charlerie, PharmD, MBA*

Panelist

**Nitu Kashyap, MD,
FAMIA**



**Associate Chief Medical
Information Officer
Yale New Haven Health**

**Sean Jeffery, Pharm.D.,
BCGP, FASCP, AGSF**



**Director of Clinical Pharmacy
Services, Integrated Care Partners**

**Scott Bonczek, PharmD,
Rph, MSHS-HCQ**



**Informatics Pharmacist
Hartford HealthCare**

Non-optimized Medication Therapy is a **\$528B annual** problem



Cost of ineffective deprescribing

- Patient and insurer spend \$\$
- Side effects or adverse events result in lost work or school time
- Avoidable physician visits, ER visits and hospitalizations due to adverse side effects or drug-drug interactions.

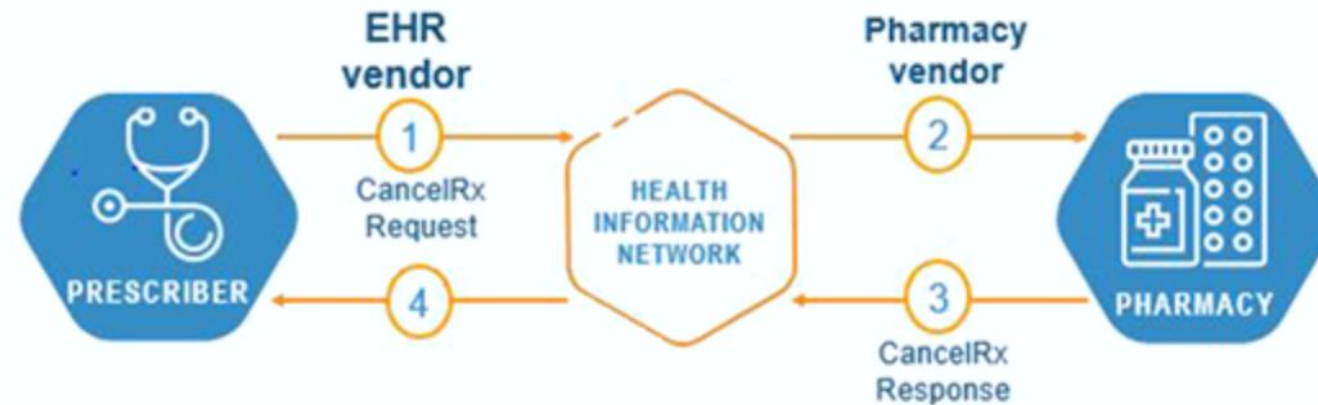
What is Deprescribing?

“The planned and supervised process of dose reduction or stopping of medication that might be causing harm, or no longer be of benefit. Deprescribing is part of good prescribing – backing off when doses are too high, or stopping medications that are no longer needed.”

Deprescribing.Org - <https://deprescribing.org/what-is-deprescribing/>

What is CANCELRX?

National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard transaction

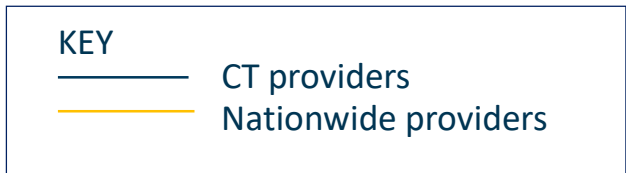
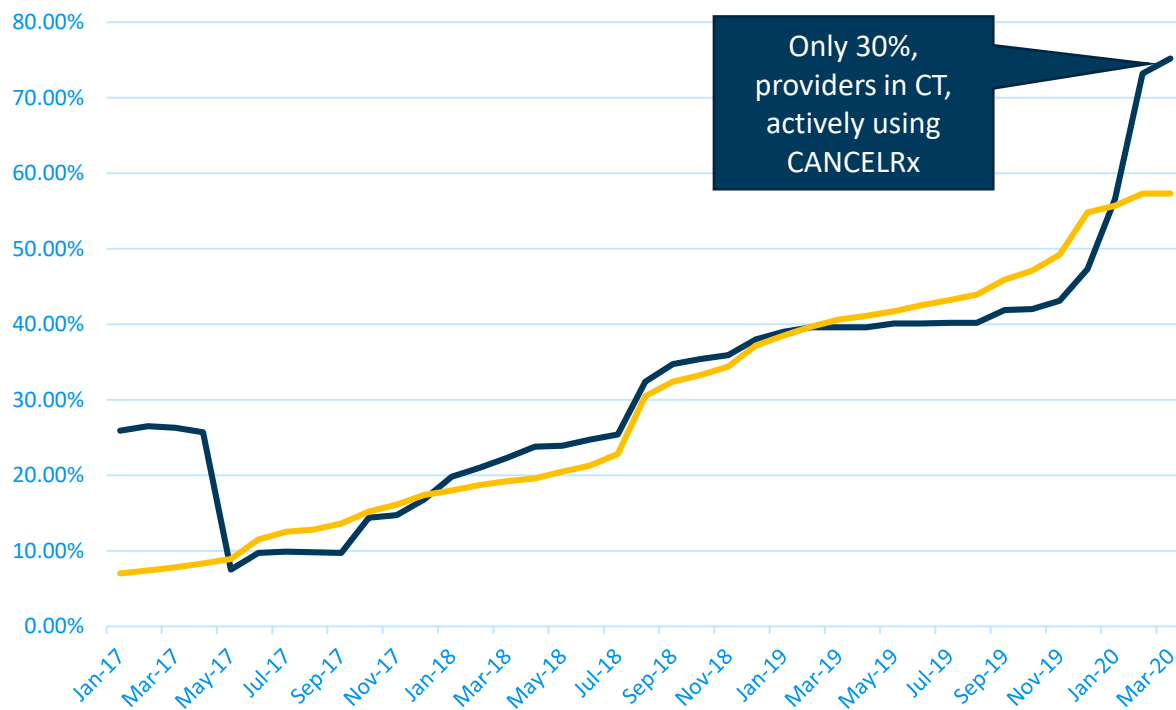


What is involved?

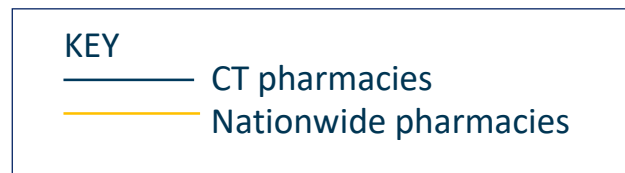
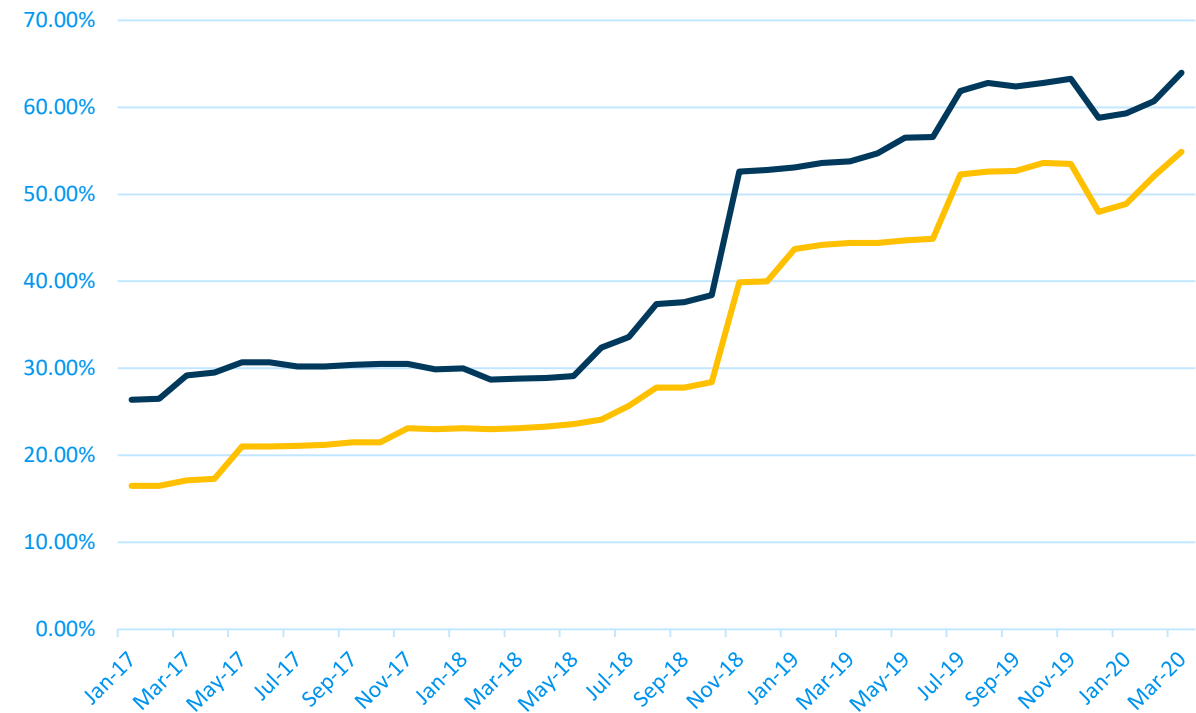
- ✓ Electronic message from prescriber to pharmacy
- ✓ Pharmacy must be able to find the precise prescription and provide confirmation that it was cancelled or notification that it was not
- ✓ A successful cancellation voids all remaining refills on that prescription
- ✓ Request is manually responded to by pharmacist.
- ✓ Prescriber EHR and pharmacy system must be certified and ready
- ✓ Prescriber and pharmacy store must be enabled to send/receive messages
- ✓ Prescription must have originated in the EHR to cancel
- ✓ Message can only be sent to the exact pharmacy that the original order was sent to

Surescripts Data

Providers Enabled for CancelRx

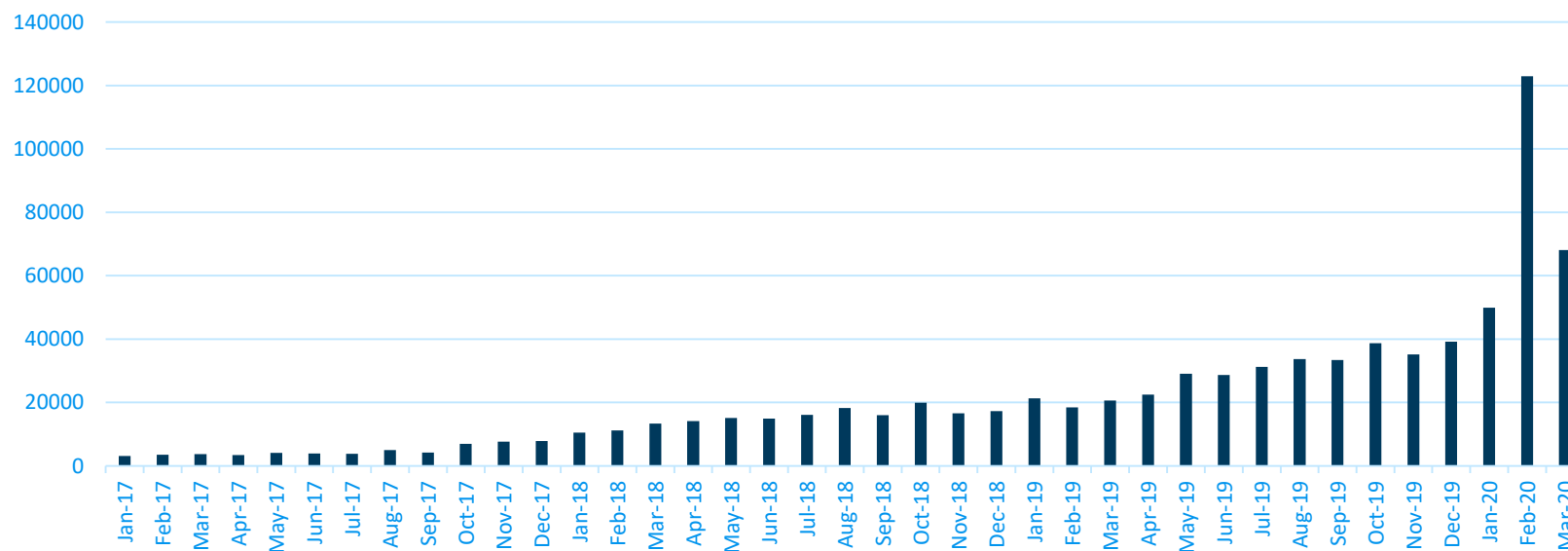


Pharmacies Enabled for CancelRx



Surescripts Data Transactions/Messages

Total CancelRx Request Messages sent in CT



- CT has a similar upward trend as the nation with over a 2000% increase in 2 years
- CT accounts for about 1% of all messages, total nationwide in March 2020 was 5.2M
- Feb 4 Yale New Haven Health Go Live

Key Messages



EHRs and pharmacies **MUST ENABLE FEATURE**, there is great value in CancelRx to reduce polypharmacy



Unlike e-prescribing (NEWRX), de-prescribing (CANCELRX) adoption and utilization remains unacceptably low



Not every discontinue action in the EHR needs to or can send a cancel message to the pharmacy.

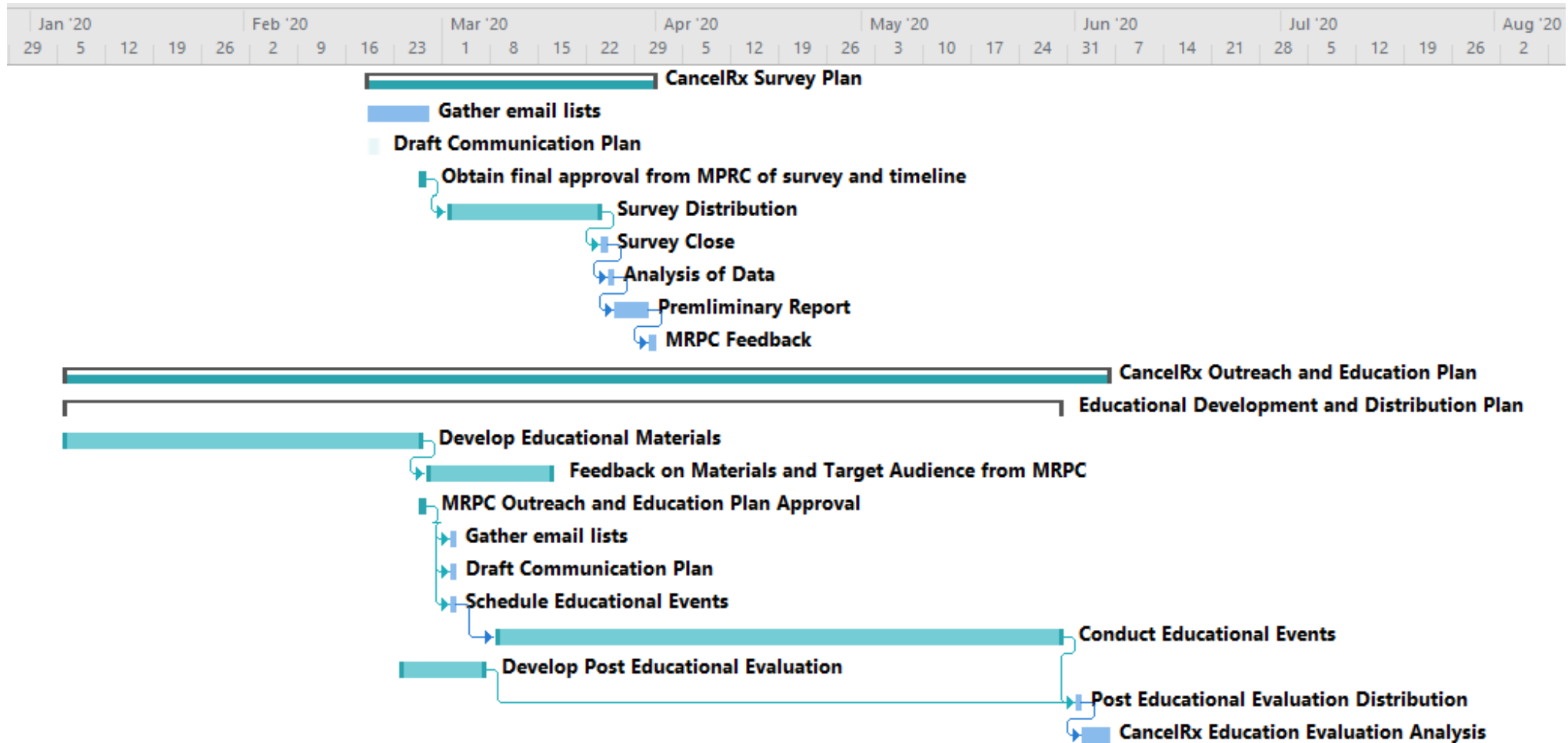


Not every CancelRx message request can be acted on in the pharmacy



Before turning this feature on, review the best practices and considerations, especially how to handle response messages.

CancelRx Deliverables Timeline



The “State” of Health Information Exchange (HIE) – Today and Tomorrow: Three New England Examples

- Date: Wednesday, June 24, 2020
- Time: 12:00 – 1:00 pm
- Location: WebEx Live Event. [Register Here](#)
- Education Credit: CME & CE Approved

1. Define models of Health Information Exchange used in Connecticut, Maine, and Rhode Island
2. Identify the major healthcare delivery challenges that HIEs solve
3. Describe how HIEs are addressing current and future COVID-19 health data needs



Panelist
Neil Sarkar, PhD, MLIS, FACMI
President & Chief Executive Officer
Rhode Island Quality Institute



Panelist
Allan Hackney, CISM, CRISC
State Health Information Technology
Officer



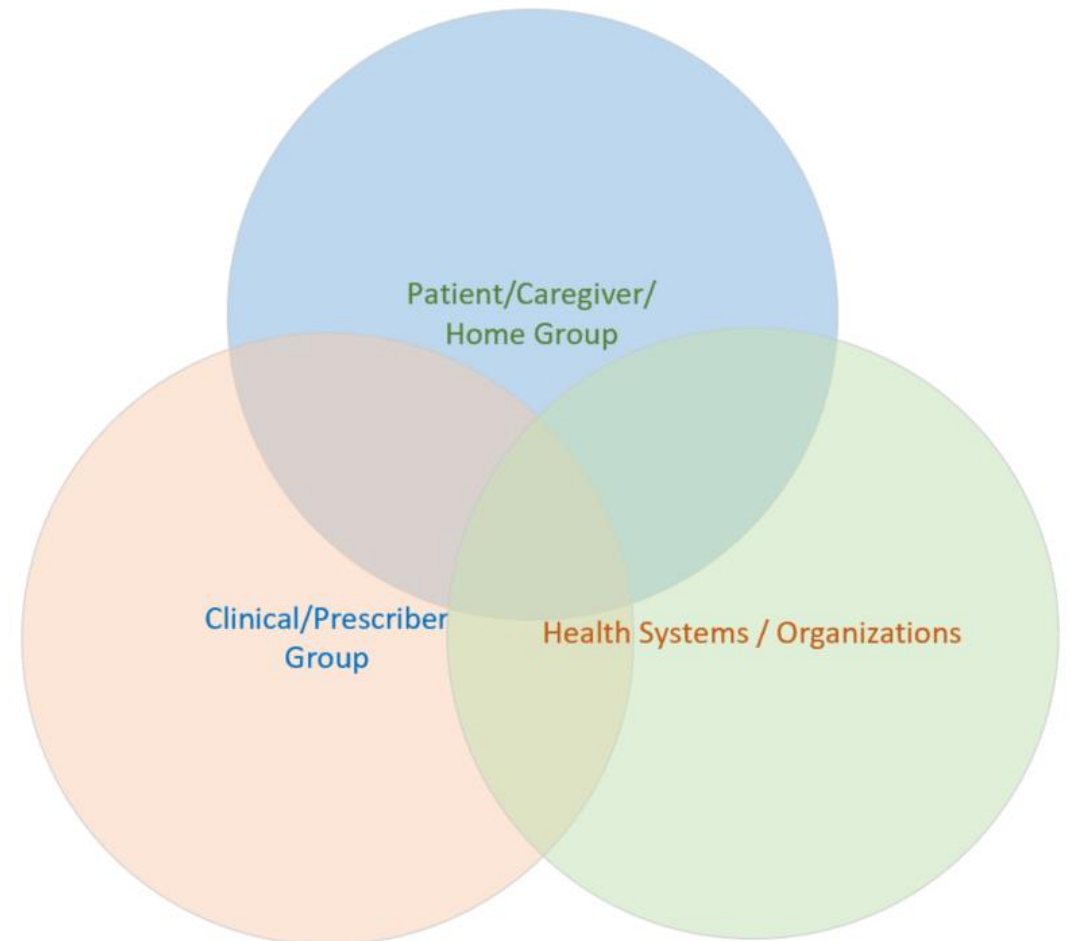
Host
Thomas Agresta, MD, MBI
Director of Clinical Informatics
UConn Health



Panelist
Shaun Alfreds, MBA
Chief Executive Officer
Health Info Net

Requirements Development Considerations

- Considerations for other state discovery
- Requirements process and MRPC member participation



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

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 (Provenance of the responsible solution provider)

Example: Requirements from Feature Description

**Feature:
Patient view into their
own BPMH**

Associated Business Need:

Individuals with medication histories in the BPMH have a right to view and correct the information related to them.

Business requirements:

1. BPMH solution policies shall support individual access to the individual's medication history.
 2. BPMH solution procedures shall support individual actions to question and correct details of the individual's medication history.
-

Functional requirements:

1. The BPMH solution shall include a portal for individual access to medication history.
 2. The BPMH solution shall present medication history to individuals, including the source of the information for each medication, the prescriber of the medication, and the date the medication was prescribed and/or dispensed.
 3. The BPMH solution shall include a mechanism by which the individual can flag a medication and question its inclusion on the history record.
 4. The individual user shall view an individual BPMH history through a portal or from a requested report.
-

Nonfunctional requirements:

1. The BPMH portal shall be Section 508 compliant.
-

Example: Requirements from Problem Statement

Problem:

Family caregiver might not be able to contribute to medication list

Associated Business Need:

Family caregivers are trusted and valuable sources of information to the medication list.

Business requirements:

1. BPMH solution policies shall support caregiver access to the individual's medication history.
 2. BPMH solution procedures shall support caregiver update actions to correct details of the individual's medication history.
-

Functional requirements:

1. The BPMH solution shall include a portal for caregiver access to medication history.
 2. The BPMH solution shall support user authorizations to permit caregiver updates to medication history details.
 3. The BPMH solution shall accommodate alternative access mechanisms for users without internet access. Examples include telephone, fax, and posted mail.
-

Nonfunctional requirements:

1. The BPMH portal and any other access mechanisms shall be Section 508 compatible.
-

Process and Member Participation

June 25 meeting – Develop Problem Statements

- MRPC members use facilitated virtual breakout rooms
- Focus on three perspectives:
- Return to main meeting to report out

July meeting – Develop business and functional requirement statement to address the problems

- Similar facilitated process

Subsequent meetings –

- Refine requirements
- Reach consensus on a final set of requirements
- Publish medication reconciliation requirements

Announcements and General Discussion

Allan Hackney, Council Members

Wrap up and Next Steps

Contact Information

Health Information Technology Officer

Allan Hackney, Allan.Hackney@ct.gov

Sean Fogarty, HIT Program Manager, Sean.Fogarty@ct.gov

Adrian Texidor, HIT Program Manager, Adrian.Texidor@ct.gov

Tina Kumar, HIT Stakeholder Engagement, Tina.Kumar@ct.gov

General E-Mail, HITO@ct.gov

Health IT Advisory Council Website:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>