

Medication Reconciliation & Polypharmacy Work Group

Overview of Final Recommendations



Medication Reconciliation & Polypharmacy Workgroup

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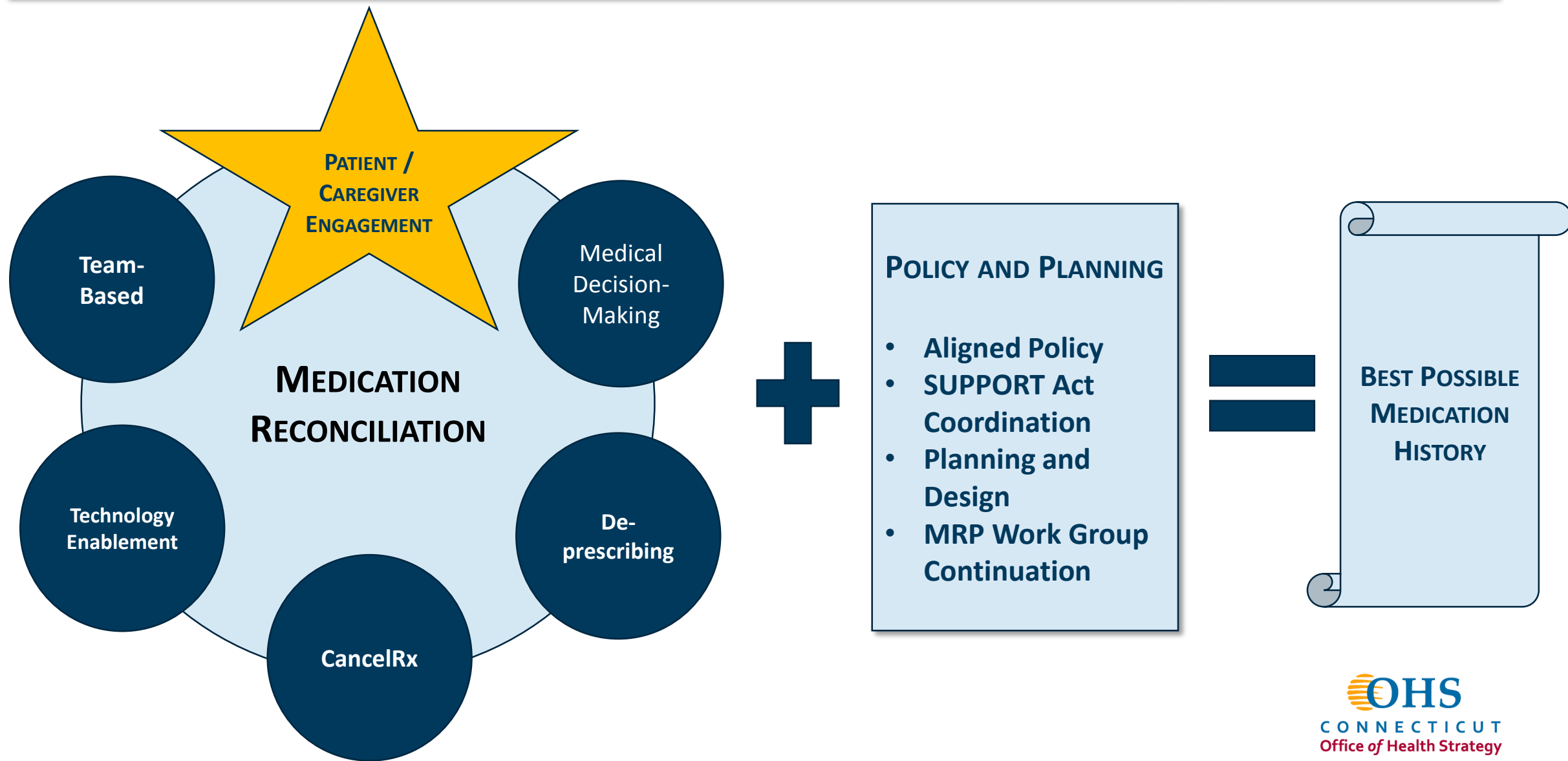
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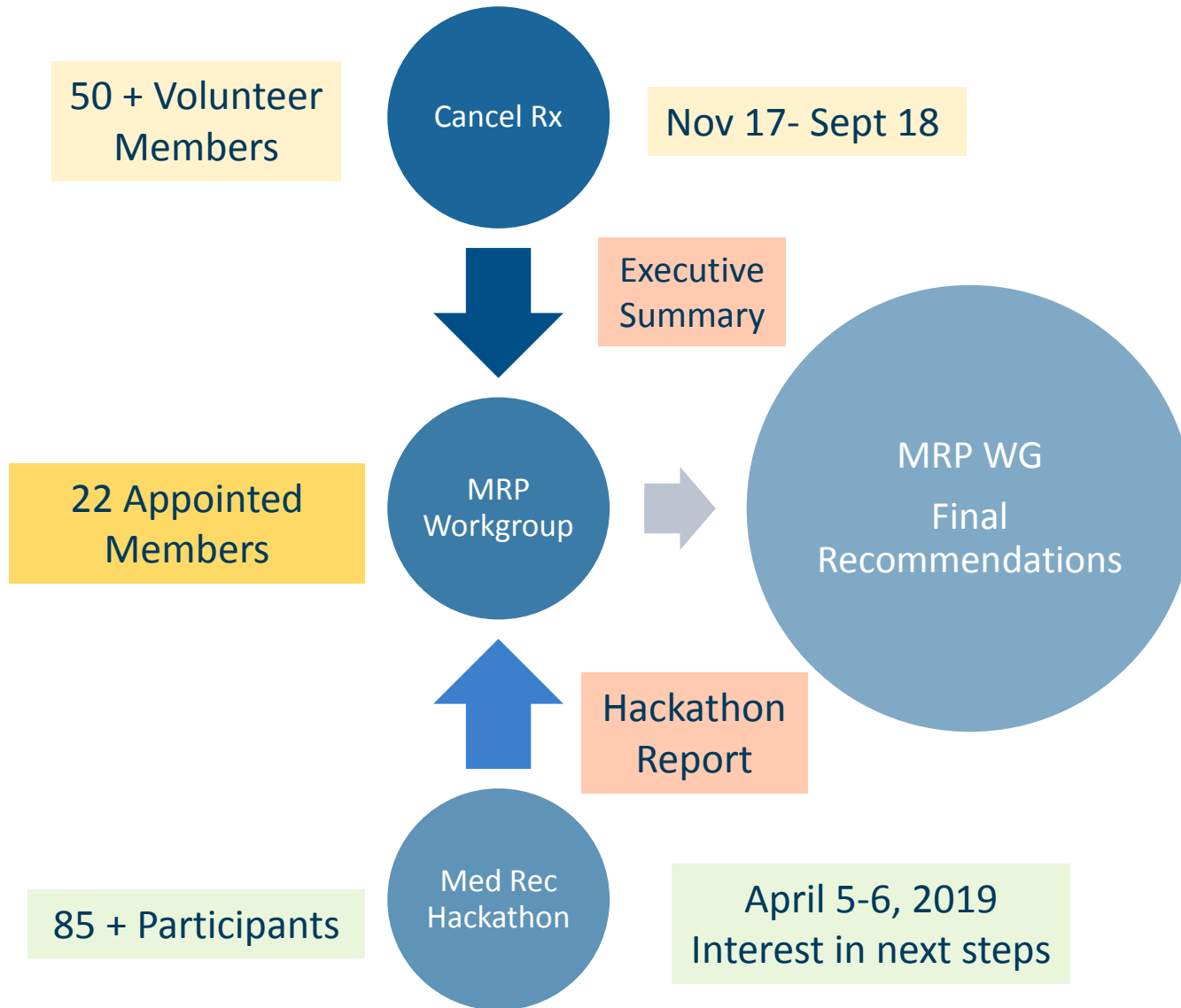
What are barriers
(policy/professional/patient)
that prevent us from being
better stewards of patient
medications?





PATIENT-CENTERED BEST POSSIBLE MEDICATION HISTORY PROCESS OF CARE

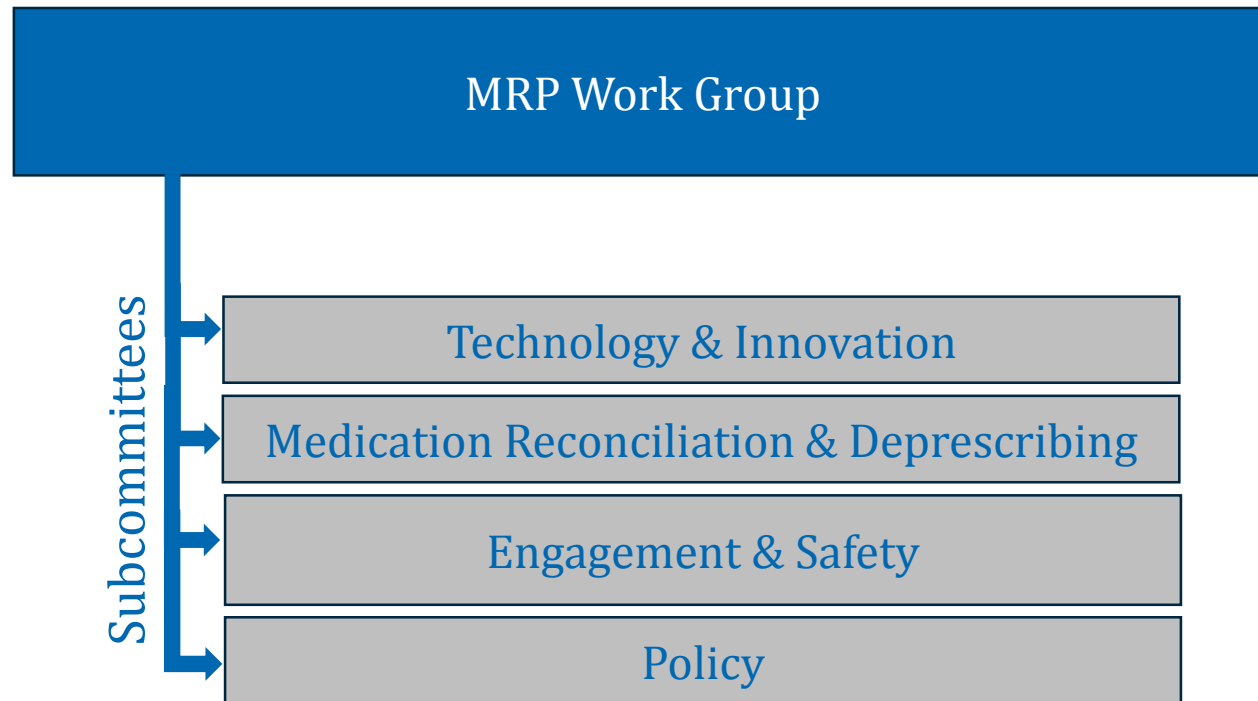




Membership

- Sean Jeffery (*Integrated Care Partners - Hartford Healthcare*)
- Nityu Kashyap (*Yale New Haven*)
- Kate Sacro (*Value Care Alliance*)
- Amy Justice (*VA CT Healthcare System*)
- Janet Knecht (*University of Saint Joseph*)
- Nathaniel Rickles (*UConn School of Pharmacy*)
- Marghie Giuliano (*CT Pharmacists Association*)
- Anne VanHaaren (*CVS Health*)
- Thomas Agresta (*UConn Health*)
- R. Douglas Bruce (*Cornell Scott-Hill Health Center*)
- Marie Renauer (*Yale New Haven Health*)
- Ece Tek (*Cornell Scott-Hill Health Center*)
- Lesley Bennett (*Consumer Advocate*)
- MJ McMullen (*Surescripts*)
- Jennifer Osowiecki (*CT Hospital Association*)
- Diane Mager (*CT Association of Healthcare at Home*)
- Jameson Reuter (*ConnectiCare*)
- Jeremy Campbell (*Boehringer-Ingelheim*)
- Peter Tolisano (*CT Dept. of Developmental Services*)
- Rodrick Marriott (*CT Dept. of Consumer Protection*)
- Bruce Metz (*UConn Health*)
- Barbara Bugella (*CT Dept. of Mental Health and Addiction Services*)

MRP Work Group Structure



The Problem

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MRP Work Group Recommendations

1. Best Possible Medications History (BPMH)

The MRP Work Group recommends an incremental approach to support BPMH that enables near-term, value-added solutions while working toward longer-term, more complete and integrated solutions that include decision support tools and a ledger of medication transactions (e.g., including current and prior-canceled prescriptions).

2. Patient Engagement

The MRP Work Group recommends the implementation of patient-centered and evidence-based best practices necessary to contribute to the development and maintenance of BPMH, supported by communication, education, and user-friendly digital tools.

3. Medication Reconciliation Process Improvements

The MRP Work Group endorses the Joint Commission definition and process for medication reconciliation in ambulatory settings, while emphasizing that this definition and process could be used in almost all care settings.

4. Team Approach

The MRP Work Group recommends the adoption of a team approach to medication reconciliation both within and across organizations, based on evidence-based best practices.

5. Implementation & Adoption of CancelRx

The MRP Work Group recommends the implementation of the findings and recommendations from the CancelRx Work Group regarding the widespread adoption and use of the CancelRx standard.

MRP Work Group Recommendations

6. Deprescribing

The MRP Work Group recommends the identification and adoption of best practices in deprescribing, along with support from tools such as risk algorithms and training materials that are regularly re-evaluated and updated as new evidence becomes available. The group also encourages active research to develop and validate best practices.

7. Technology

The MRP Work Group recommends an incremental approach in deploying technology to support Recommendation 1 (BPMH) be undertaken once requirements have been developed and funding is available. Future development should focus on integration of additional clinical data (e.g., non-prescription medications including, over-the-counter medications, vitamins, herbals and supplements) and enhanced technical tools such as analytics, clinical decision support (CDS) and artificial intelligence (AI). In addition, ongoing surveillance of the industry should be conducted to identify promising solutions enabled by technological advancements.

8. SUPPORT Act Funding and Planning / Design Process

The MRP Work Group recommends that the planning and design activities related to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act be undertaken in close collaboration with the initiatives and future planning activities recommended by this Work Group.

9. Aligned Policy

The MRP Work Group recommends an ongoing policy review to identify opportunities in both the public and private sectors, with the following initial areas of focus: medication quality measures; payments, resources and incentives for medication reconciliation; privacy and confidentiality; and an assessment of mandating CancelRx standards adoption and use.

MRP Work Group Recommendations

10. Planning / Design Process and Use of IAPD Funding

The MRP Work Group recommends that Implementation Advance Planning Document (IAPD) planning funds for federal fiscal year (FFY) 2019 and FFY 2020 be utilized to finalize planning, design, and requirements development for the projects and services recommended in this report, with future funding for implementation once these activities have been completed.

11. Continuation of the MRP Work Group

The MRP Work Group recommends that the MRP Work Group be re-chartered as a standing committee of the Health IT Advisory Council and that an evaluation of membership occur to ensure continuity and appropriate stakeholder representation are maintained.
