

Medication Reconciliation & Polypharmacy Committee Regular Meeting

October 19, 2020



2020 MRPC Meeting Schedule

September 24	Yale 99 H	Meetings to remain webinar only until further notice	25001
October 19	Integ 1290		om
November 16	Integ 1290		om
December 21	Integ 1290		om

All remaining 2020 meetings take place
3:30 pm – 5:30 pm

Agenda

Welcome and Roll Call	Nitu Kashyap, Sean Jeffery	3:30 pm
Review and Approval of September 2020 Minutes	All	3:35 pm
Public Comment	Public	3:36 pm
MRPC Summary Video	All	3:38 pm
MRPC Summary	Nitu Kashyap, Sean Jeffery	3:43 pm
Medication Safety Continuing Education	Thomas Agresta	3:50 pm
BPMH Requirements – Review, Next Steps	Nitu Kashyap, Sean Jeffery	3:55 pm
MRPC Next Steps	All	4:30 pm
Meeting Adjournment	All	5:28 pm

Welcome and Roll Call

Nitu Kashyap, Sean Jeffery

Roll Call

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

Review and Official Approval of:

September 24, 2020 Meeting Minutes

Motion to approve? Second?

Public Comment

MRPC Summary Video

Link forthcoming



MRPC Goals

- **Goal 1:** Develop a detailed strategic approach for the creation of a patient-centered Best Possible Medication History (BPMH), supported by active patient engagement, that results in near-term value for stakeholders while laying the foundation for a longer-term, more extensive and integrated solution.
- **Goal 2:** Create an online directory of medication management and medication reconciliation tools and solutions for communication of evidence-based, best practice medication tools; patient engagement strategies; technical advisories; subject matter experts; and policy and regulatory guidance documents.
- **Goal 3:** Serve as a resource to OHS and other state and national agencies and organizations to support development and implementation related to: technical solutions and use cases; workflow integration; medication reconciliation pilot activities; stakeholder engagement; and measurement and evaluation.
- **Goal 4:** Develop an implementation and evaluation plan for the Medication and Polypharmacy Work Group recommendations.
- **Goal 5:** Support Implementation Advance Planning Document (IAPD) and Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act funded initiatives and actively monitor funding opportunities related to the stated purpose and goals of MRPC.



Build upon prior work:
11 recommendations



Impact and Effort Grid:
Critical Recommendation
(BPMH*)



Known Issues



Survey: Prioritize Known
issues



Develop Business and
Functional Requirements



Review Initial Requirements

Finalize Requirements

Current Process

Admin Team Tasks

- Break the problem into pieces
- Prioritize and identify action tracks
- Develop survey tools
- Draft Preliminary Requirements for BPMH*
- Final Requirements Refined

* Best Possible Medication History

Recommendations and Progress

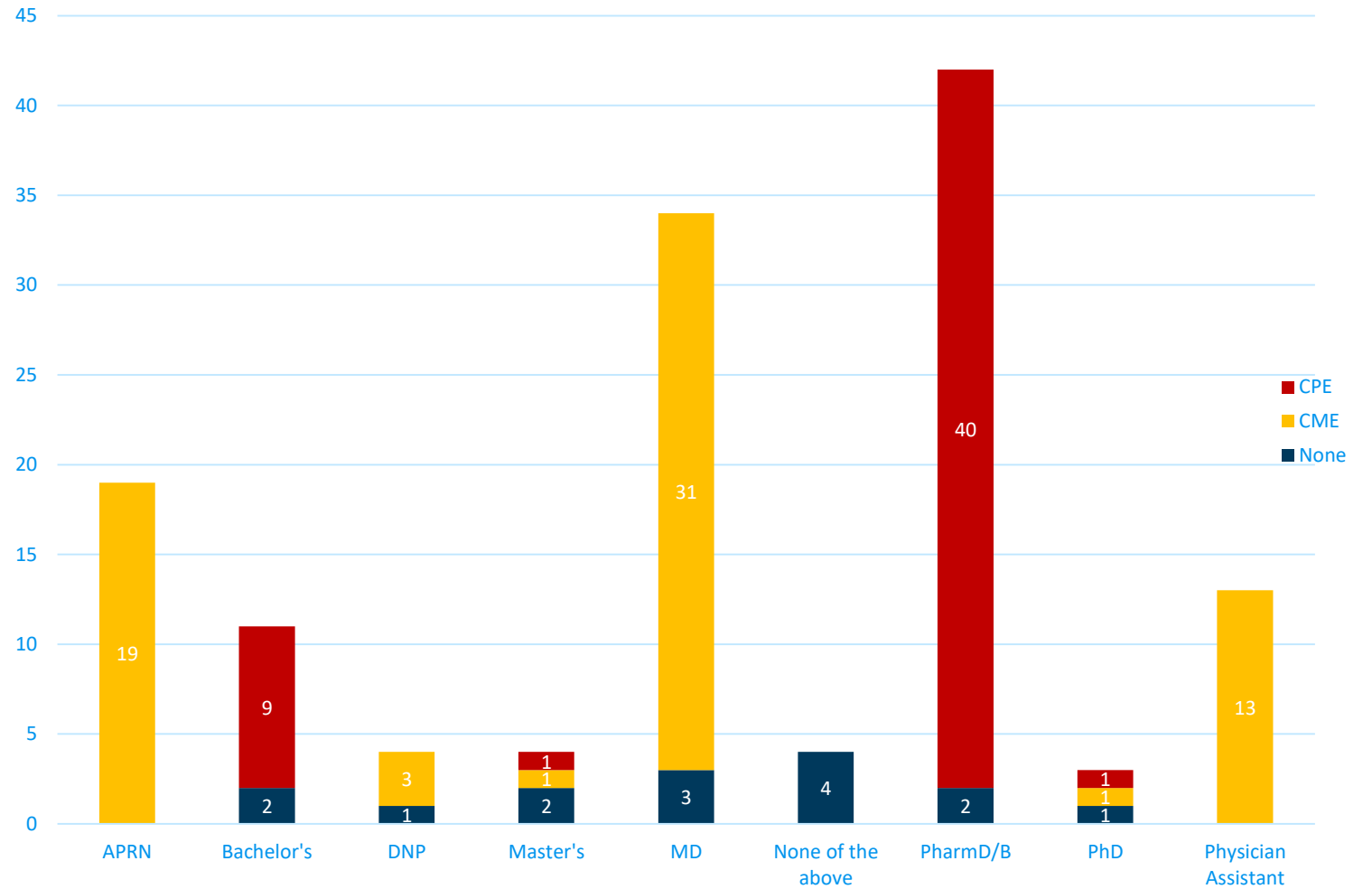
Recommendation	Description	Tasks	Status	Next steps
Best Possible Medication History (BPMH)	Explore data sources, requirements and features of BPMH	Identify known concerns and translate to business and functional requirements		Finalize requirements and report
Patient Engagement	Patient-centered, evidence-based best practices to contribute to development/maintenance of BPMH			
Medication Reconciliation Process Improvements	Repository of best practices and tools, statewide campaign	Surveys, webinar series, repository in progress		
Team Approach	Identify roles and training	Roles identified during Known issues. Training needs?		
Implementation and Adoption of CancelRx	Pharmacy, policy, provider, organization, e-prescribing vendor, NCPDP participation	Multipronged approach saw statewide Cancel Rx adoption up.		
Deprescribing	Deprescribing survey, repository, educations	Prescriber and pharmacy survey and webinar: To Deprescribe or Not To deprescribe		
Technology	Technology roadmap for BPMH to State HIE and patient facing tools	Discussed but needs documentation		
SUPPORT Act Funding and Planning/Design Process	CPMRS data statewide, PMP integration plan	In progress		
Aligned Policy	Medication quality measures, incentives, policy mandates	Policy mandates – yes Incentives and quality measures - no		
Planning/Design Process and Use of IAPD Funding	Interviews and focus groups, future funding sources	COVID delayed plans		

Medication Safety Continuing Education

Tom Agresta

- Telehealth Webinar
 - Held on Oct. 1st
 - 134 Attendees
- Potential webinar in December

Telehealth Webinar Attendee Demographic



BPMH Requirements and Features

Nitu Kashyap, Sean Jeffery

Recap

From **known issues** to necessary elements for a solution (aka **requirements**):

1. Identified a reliable process for translation
2. Written requirements >> draft completed 10/16/2020

Next Steps:

- Member feedback (due 11/2/2020)
 - review requirements
 - approval + thoughts, suggested edits via e-mail
- Report writing – first draft to committee by 11/16/2020
 - discussion: question to committee (*on next slide*)

BPMH Requirements: Question to the Committee

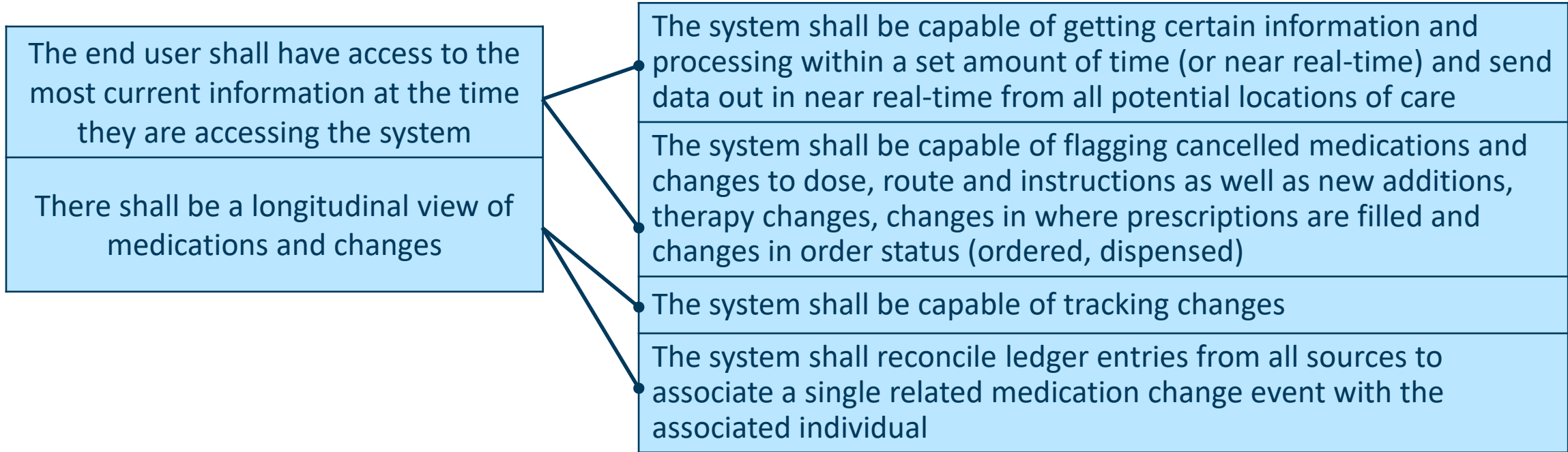
Is the committee comfortable with the Admin team drafting the report to be submitted to the HITAC, *using the most current language in the requirements as guidance for the BPMH update?*

Writing the draft will not preclude additional feedback regarding the requirements or other content. This discussion is intended to give the admin team consent to begin drafting the MRPC requirements report.

Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history

Business Requirements

Functional Requirements



Known Issue #4: Patients are unaware of what should be included in a medication list such as OTC medications, vitamins and dietary supplements, creams and ointments.

Business Requirements

There shall be education material promoted and provided to individuals about Medication History, including clarity of what is included in Medication History and what is not included

Functional Requirements

- In the first phase of implementation, Medication History shall include prescribed medications (other OTC medications, vitamins, dietary supplements, etc. will be included in future updates)
- Information about Medication History shall be available in understandable language and in the more common non-English languages spoken in Connecticut
- Telephone interpretation services shall be available for non-English speaking individuals not covered by the non-English language documentation available

MRPC Next Steps

Next Steps

Recommendation	Description	Status	Next steps
Best Possible Medication History (BPMH)	Explore data sources, requirements and features of BPMH	Green	Finalize requirements and report
Patient Engagement	Patient-centered, evidence-based best practices to contribute to development/maintenance of BPMH		
Medication Reconciliation Process Improvements	Repository of best practices and tools, statewide campaign	Yellow	
Team Approach	Identify roles and training	Yellow	
Implementation and Adoption of CancelRx	Pharmacy, policy, provider, organization, e-prescribing vendor, NCPDP participation	Green	
Deprescribing	Deprescribing survey, repository, educations	Yellow	
Technology	Technology roadmap for BPMH to State HIE and patient facing tools		
SUPPORT Act Funding and Planning/Design Process	CPMRS data statewide, PMP integration plan	Yellow	
Aligned Policy	Medication quality measures, incentives, policy mandates		
Planning/Design Process and Use of IAPD Funding	Interviews and focus groups, future funding sources	Yellow	

Attendance Check-In

Nitu Kashyap, Sean Jeffery

Has anyone joined since attendance was recorded?

Official Adjournment

Motion to adjourn? Second?

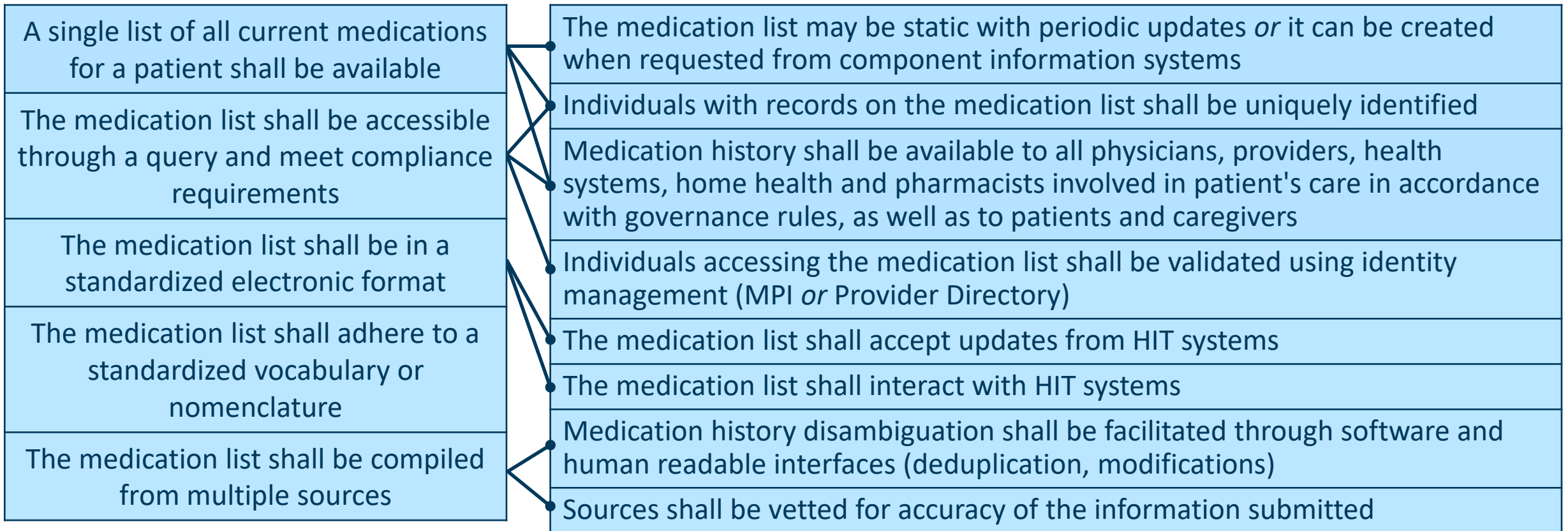
Appendix: Full list of Requirements to Inform Requirements Report

- If time allows/discussion is desired during October Meeting
- Review and Provide Feedback via e-mail by 11/2/2020

Known Issue #1: There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, pharmacists, and patients (and their designated caregivers), involved in a patient's care.

Business Requirements

Functional Requirements



Known Issue #2: Patients may not understand why they are taking a particular medication, and/or providers may not understand why a medication has been ordered for their patient

Business Requirements

There shall be a clear description of why a medication has been ordered for an individual (by providers and clinicians)

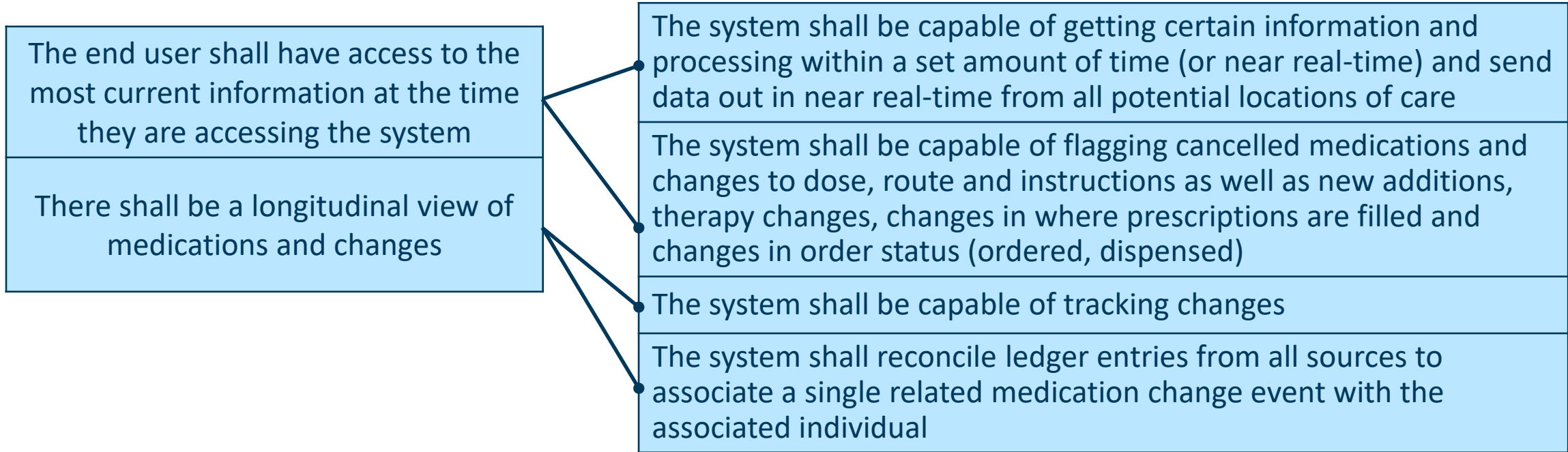
Functional Requirements

- Medication history shall include a field or fields to describe reason medication was ordered
- Each medication on the list shall have an accompanying diagnostic code to explain why the medication was ordered
- The medication list shall accommodate the inclusion of medication instructions
- The reason the medication was ordered shall be available in a language the patient/caregiver can understand
- Accurate medical technical language shall be used for pharmacist and provider users

Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history

Business Requirements

Functional Requirements



Known Issue #4: Patients are unaware of what should be included in a medication list such as OTC medications, vitamins and dietary supplements, creams and ointments.

Business Requirements

There shall be education material promoted and provided to individuals about Medication History, including clarity of what is included in Medication History and what is not included

Functional Requirements

In the first phase of implementation, Medication History shall include prescribed medications (other OTC medications, vitamins, dietary supplements, etc. will be included in future updates)

Information about Medication History shall be available in understandable language and in the more common non-English languages spoken in Connecticut

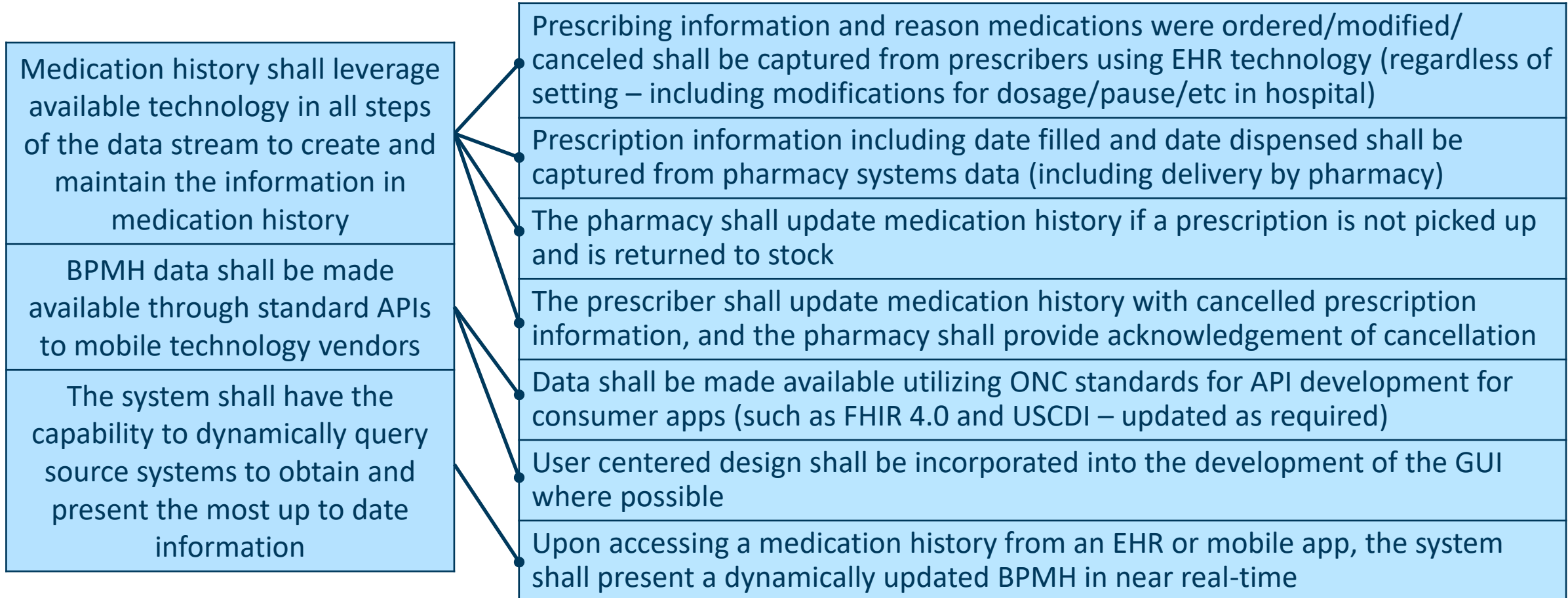
Telephone interpretation services shall be available for non-English speaking individuals not covered by the non-English language documentation available

Known Issue #5:

The use of technology to improve medication history, including EHRs, smartphone apps, and repositories of information, presents new problems of interoperability and data currency (user adaptation to new technologies is a related additional problem).

Business Requirements

Functional Requirements



POLICY RECOMMENDATIONS

Known Issue #6:

Medication reconciliation is not a simple process and provider education is an ongoing problem - systematic approaches to medication reconciliation can vary depending on the size/type of organization, staffing, and technology capabilities

Business Requirements

Medication reconciliation shall be a recognized quality aspect of every patient encounter

The system shall have the capability to assign role-based access and to adapt to more than one workflow for medication reconciliation as needed for organizational structure and requirements

The system shall have the capability to design a user-training module for various stakeholders

Functional Requirements

Education with CME shall be available to providers and caregivers on medication reconciliation processes and procedures

A maturity model for medication reconciliation shall be developed, with an established minimum expectation for reconciliation effort and results

Medication discrepancies that could have harmful outcomes if not addressed should be reconciled during the patient encounter (*Patient safety shall be the primary consideration*)

The system shall have the capability to allow medical assistants or others involved in a patients care to begin the mark-up process of a medication reconciliation, with the option of a separate user given permissions to finalize the process

Known Issue #7: Pharmacists/dispensers are not always aware of the condition being treated by a prescription

Business Requirements

Pharmacists and dispensers shall have information as to why a medication is being ordered when permissible by law or patient consent

Functional Requirements

- Accurate medical technical language shall be used for pharmacist and provider users
- Medication history shall include a field or fields to describe the reason(s) medication was ordered
- Each medication on the list shall have a field for an accompanying standardized diagnostic code or meta-data to explain why the medication was ordered

Known Issue #8: Information on OTC, supplements, and herbals does not originate in provider or prescriber systems and is challenging to capture from patients and caregivers

Business Requirement

Other non-prescription substances being taken or used by a patient (OTC, supplements, herbals, etc.) contribute to a medication history and this information should be sought and added to the history

Functional Requirements

The BPMH shall have the capability to add, store and identify/tag OTC and supplements as a part of the medication list

The medication history shall tag information about other substances to qualify the level of confidence in the accuracy of the information (e.g. confirmed by pt, occasional use, anecdotal 2nd party report, other qualifying parameters)

When available, a standardized nomenclature such as NDC codes, RxNorm or other nomenclature shall be used

OTC medications, supplements and herbals entered by patients and caregivers shall be appropriately tagged to indicate the data entry source

Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history

Business Requirements

Functional Requirements

Additions to a med list from one HIT system shall be available in an electronic format to all users and the system shall process input from all HIT systems, and push to all systems – in as real-time as possible
(The BPMH is the source of truth)

Changes to a medication (dosage, reason for changing dose, therapy, cancellation, cancellation reason, route, instructions) shall be available in the source system and other systems accessed by end users in near real-time and should have date/time stamp

- If additions and changes cannot be reflected in near real-time, and indicator in the user's system shall reflect that a change has occurred or will occur
- A change log and process shall be in place for the medication list
- Clear identification of the source systems for changes updates or delete shall exist in an audit log or similar functionality
- Standardized nomenclature for changes shall be implemented
- A (centralized?) system that monitors changes shall be implemented and available to end-systems to alert them to the changes

Home care nurses are not provided with accurate real-time medication histories prior to engaging with the patient, nor do the paper records they prepare include the full medication history

Known Issue #10:

Business Requirements

Functional Requirements

Medication histories shall be available for patient engagements in all care settings, including home health care

- Medication histories shall be available through a variety of mechanisms to support workflows in different care settings, including via a website/portal, mobile app or appropriately connected HIT source
- Intermediate records prepared to support care settings and workflows shall include the full Medication History (this includes paper records as well as electronic records)
- Changes to or discrepancies in the medication history, verified in a care encounter, must be able to be submitted to the system for notation and resolution

Known Issue #11: Family caregivers may not have access or mechanisms to contribute information to a medication list.

Business Requirement

Functional Requirement

A variety of mechanisms to update a medication list shall be supported, including a minimum acceptable mechanism that can be used in the most limited circumstances



The medication list shall accept input through electronic and non-electronic mechanisms, including telephone reporting and mailed notifications

Known Issue #12: Patients may not be adequately informed or trust having their information shared, including through technology.

Business Requirement

Patients (and/or their proxy, conservator, legal guardian, etc.) shall be informed of health information sharing intentions and possibilities, including medication information, and meaningful, informed consent shall be obtained from patients when appropriate

Functional Requirements

- Consent rules/regulations shall be adhered to for all end-users/systems of the BPMH
- The medication history solution shall leverage Connecticut's existing consent management system

Known Issue #13: People accessing a Medication History may not have proper consent to view the information or to make changes to the information.

Business Requirement

Functional Requirements

Consent rules/regulations shall be adhered to for all end-users/systems of the BPMH

- The Medication History solution shall implement criteria for who can view medication history information and for who can make changes to the information based on industry standards/current regulations
- They system shall account for patient consent as well as guardian, POA, conservator consent to share medication information
- The system shall verify that the end-user has access and provide necessary audit logs
- If more than one consent policy is involved in the domains involved in a BPMH use case (viewing a record; changing a record; etc.) the more restrictive policy shall prevail

Known Issue #14: Patients may not know when their medication was changed or who might have made the changes.

Business Requirements

Functional Requirements

- Medication history shall be presented in various levels and forms of healthcare literacy
- The system shall be capable of alerting the patient to a medication change

- The information shall be presented in common understandable terms
- The information shall be presented in medical language
- The information shall be presented in multiple languages
- The information shall be presented visually
- Alerts shall include details about who made changes and the details of the change
- Patients shall be able to confirming they have seen the alert
- Patients shall be able to incorporate changes into their own medication list via download or a mobile app

Known Issue #15: Medication histories may be presented differently in different systems or settings, creating challenges in interpreting or understanding the information.

Business Requirement

Functional Requirements

Medication History information shall be available in a vendor agnostic format, using standards to support subsequent parsing by vendor systems for compatibility with their systems

- Medication History information submitted from vendor systems shall follow an agnostic format used by the Medication History solution, using standards to support parsing by the solution system
- Medication History information shall be available through a portal
- Medication History individual reports shall be available to a variety of output mechanisms (such as fax or e-mail) which can be directed by an authorized user with established consent to share the information with a recipient
- The Medication History solution shall support multiple languages as more commonly used in the state of Connecticut, and shall be aligned with Section 508, as revised

Known Issue #16:

Despite front line responsibility for prescribing, coordinating, and reconciling patients' medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).

Business Requirement

Functional Requirement

Users shall have access to the full array of prescription & non-prescription drugs through the BPMH

The BPMH shall have the capability to add, store and identify and tag OTC and supplements as a part of the medication list

Known Issue #17: Accurate medication information is particularly challenging for vulnerable populations who receive care in multiple settings and have complex treatment regimens.

Business Requirements

Design of the Medication History shall consider complexities associated with a full spectrum of patient circumstances, including a multiplicity of care settings, complex treatment regimens, and the impacts of social determinants of health that can impact access or adherence to medication (e.g., poverty; homelessness)

Functional Requirements

- The most current Medication History must be available to patients. In addition to digital access, the BPMH should be printable in an easy-to-read and logical format so that even if the patient cannot read/understand, other people or caregivers should be able to easily understand all information about current medications
- For patients receiving care in multiple settings the Medication History shall reflect those settings and the associated providers, for purposes of medication reconciliation
- Complex medication regimens shall be accurately represented and understood (such as different dosages at different times of day, tapering dosages, alternate day dosages, altered dosages for renal or other problems, chemotherapy dosages that may be weight or exposure based)

Known Issue #18:

There is a need for consistently accepted workflows that adapt medication reconciliation to various sizes and types of healthcare settings, encounters (in person, remote), and to the most effective time during different types of encounters.

Business Requirement

Workflow templates supporting medication reconciliation shall be available in a variety of formats that support healthcare setting variations and encounter modalities

Functional Requirements

- Medication reconciliation templates shall be available in an electronic format that supports interactive editing
- The system shall have the ability to receive reconciliation templates with changes being integrated into the medication list
- Reconciliation templates shall also be available in a paper format for use by home health or family caregivers

POLICY RECOMMENDATIONS

Known Issue #19: Automatic refill programs at pharmacies may not be in sync with Medication History changes or provider decisions to discontinue a medication.

Business Requirement

Automatic refill programs at pharmacies shall verify the status of a prescription with the Medication History before refilling

Functional Requirements

When a prescriber decides to discontinue a medication there shall be an update made to the medication history

The system shall be capable of receiving notifications for cancellations and sending those notifications to the pharmacy, in a format the pharmacy can receive and process

Known Issue #20: Some EHRs lack access to real time pharmacy benefits data and/or pharmacy claims data to be used in medication reconciliation.

Business Requirement

Functional Requirements

The Medication History shall accommodate medication claims data

Consideration of whether the medication history shall be populated with APCD medication claims data on a regular basis will be made with design and accuracy as decision points

The Medication History shall support a query to pharmacy benefits information for an individual

POLICY RECOMMENDATIONS

Known Issue #21: Institutions do not define the roles and responsibilities necessary to perform medication reconciliation

Business Requirement

Functional Requirements

The system shall permit various roles to carry out various functions of medication reconciliation

The system shall permit reconciliation guidance/governance to be specific to institutions, care settings, and caregiver types

The system shall be configurable based on state, organization, and/or legislative guidance

The system shall have roles based on access and control

Known Issue #22: No metrics exist for the measurement of adherence to medication reconciliation processes.

Business Requirement

The Medication History solution shall establish metrics to track the successful usage of the system

Functional Requirements

- Metrics for the Medication History solution shall measure utilization, system performance, activities by type, and outcomes
- Reports for the Medication History solution shall provide utilization histories by time period at the individual provider or caregiver level and at the practice or higher ordered entity level
- An individual whose Medication History is in the system shall have access to a report of the individual's Medication History detail and a record of changes made to the individual history over time (including what changes were made, by whom, and when)