Medication Reconciliation & Polypharmacy Committee Regular Meeting

June 24th, 2021

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Upcoming 2021 MRPC Meeting Schedule

~~January 28th~~	July 22nd
~~February 25th~~	August 26th
~~March 25th~~	September 23rd
~~April 22nd~~	October 28th
~~May 27th~~	November 19th *
June 24th	December 9th

- Meetings will generally take place on the 4th Thursday of each month, from 2-4pm.
- Until further notice meetings will take place via webinar. We will explore the opportunity to resume in person meetings as deemed appropriate by the State.

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Agenda

Welcome and Roll Call	Nitu Kashyap, Sean Jeffery	2:00 pm
Review and Approval of May 2020 Minutes	All	2:05 pm
Public Comment	Public	2:10 pm
Connie Update	Jenn Searls	2:20 pm
Connecticut Health IT Plan Update	CedarBridge Group	2:30 pm
Review of Activities & Next Steps	MRPC Admin Team	3:00 pm
Announcements & Updates	Nitu Kashyap, Sean Jeffery	3:45 pm
Meeting Adjournment	All	4:00pm

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Welcome and Roll Call

Nitu Kashyap, Sean Jeffery

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*
Dr. Valencia Bagby-Young	*DDS*	**Shawn Ong**	*Yale School of Medicine*
Diana Mager	*CT Assoc. Healthcare at Home*	**MJ McMullen**	*Surescripts*
Dr. Michael Couturie	*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	*CHA*	**Rod Marriott**	*DCP*
Jeremy Campbell	*Boehringer-Ingelheim*	**Stacy Ward-Charlerie**	*WardRx*
Lesley Bennett	*Patient Advocate*		

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Review and Approval of:

May 2021 Meeting Minutes

Motion to approve? Second?

Public Comment

A reminder: As a subcommittee of the HITAC members of the public may provide 2 minutes of comment *only* during the public comment period.

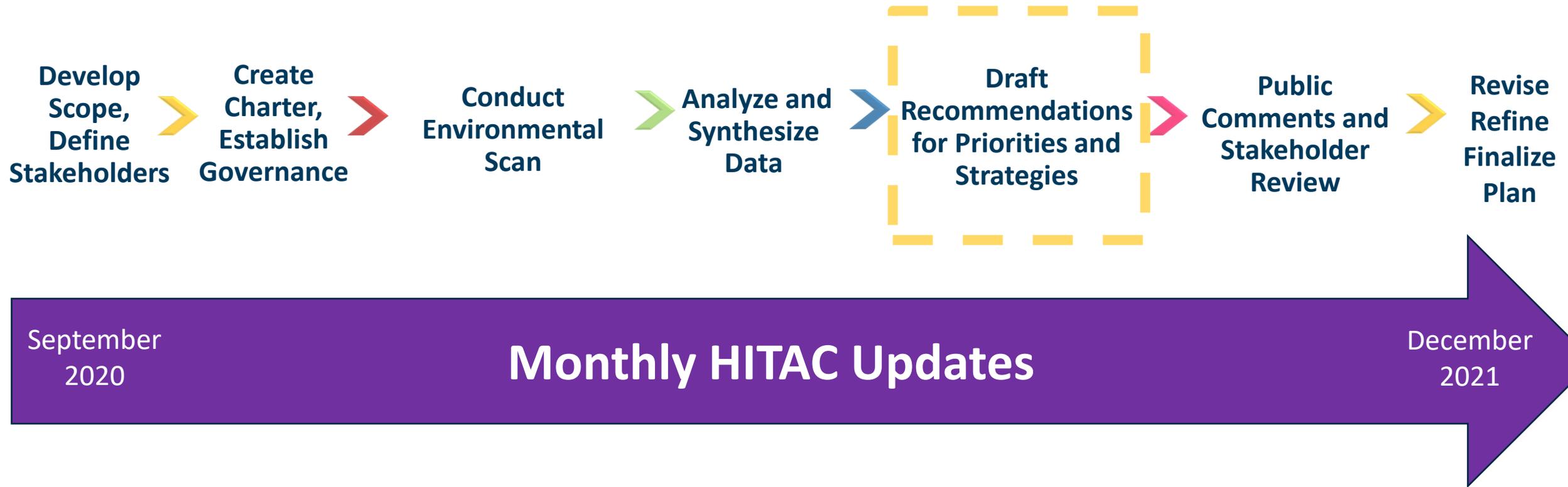Members of the public are welcome to submit written comments to OHS at anytime.

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Connie Update

Jenn Searls

Connecticut State Health IT Plan Update

CedarBridge Group

Process and Timeline for Statewide Health IT Plan

Develop Scope, Define Stakeholders → **Create Charter, Establish Governance** → **Conduct Environmental Scan** → **Analyze and Synthesize Data** → **Draft Recommendations for Priorities and Strategies** → **Public Comments and Stakeholder Review** → **Revise Refine Finalize Plan**

September 2020 → **Monthly HITAC Updates** → December 2021

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Findings: Prescription and Medication Fill Data

- Ambulatory care, long term care, and EMS providers expressed a high need for HIE with other medical providers, especially for medication histories

- Hospital CIOs report widespread use of third-party vendors for medication fill data, but are interested in the state PDMP fulfilling this role; CIOs indicated the PDMP is user-friendly and efficient

- CancelRx administrators report* significant increases nationwide in use of CancelRx among prescribers and pharmacies
  - ❑ **Pharmacy** enabled: 51% in 2019 ➡ 84% in 2020
  - ❑ **Prescriber** enabled: 47% in 2019 ➡ 57% in 2020

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Health IT Plan Imperatives

❑ Launch of the Statewide HIE, Connie

❑ State IT Governance Plans and State Data Assets
- State Data Plan – OPM
- Connecticut IT Strategic Plan – DAS CIO

❑ C.G.S. 17b-59a(3)(c)
- Requires creation of the state health IT plan
  - ✓ Protocols and standards for data sharing
  - ✓ National standards for secure information exchange through the statewide HIE
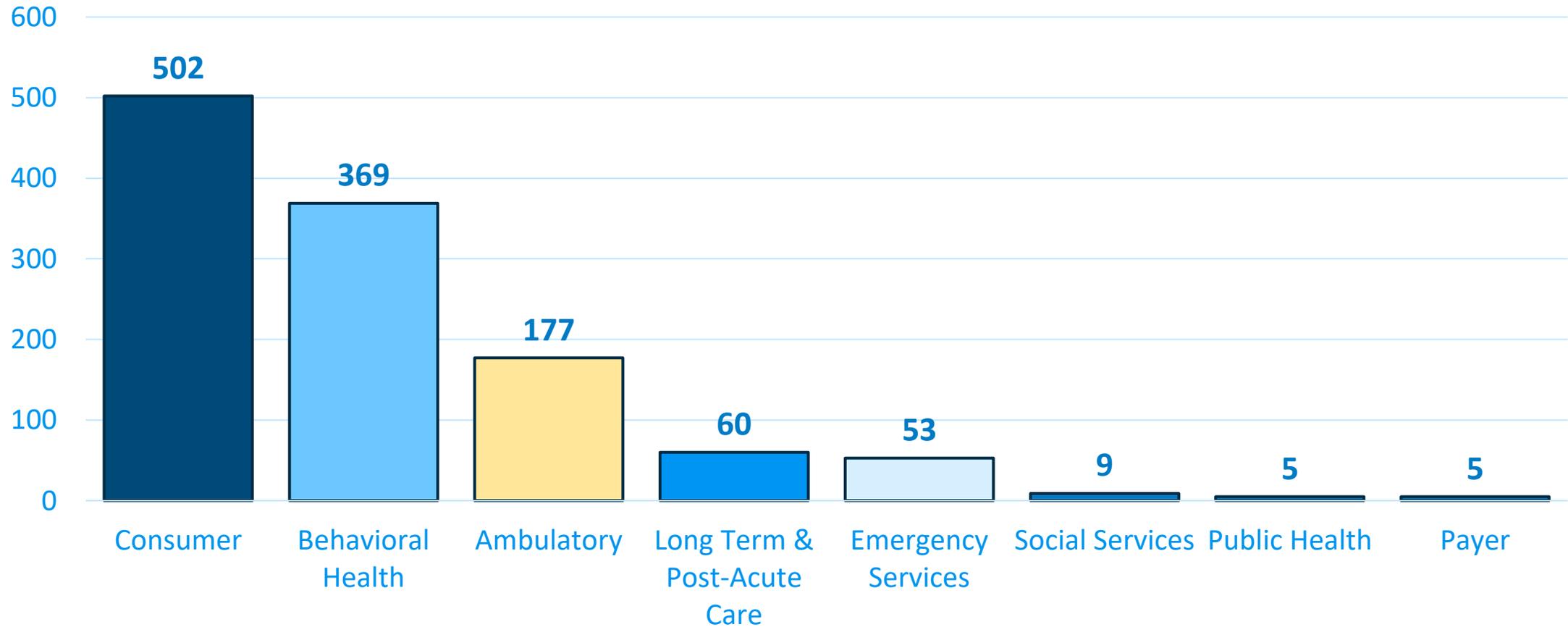 - ✓ Privacy and security mechanisms for patient health information

Environmental Scan

- Input from **over 1200** Connecticut residents and organizations!

- Multiple inputs:
  - Virtual forum sessions
  - Key informant interviews
  - Online surveys
  - Focus groups

Connecticut eScan Survey Counts

Category	Count
Consumer	502
Behavioral Health	369
Ambulatory	177
Long Term & Post-Acute Care	60
Emergency Services	53
Social Services	9
Public Health	5
Payer	5

1,181 total surveys completed

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Connecticut eScan Focus Group Counts

Focus Groups	# of Participants
Long-Term Care Focus Group	12
Primary Care Workgroup	8
Health Care Cabinet	38
Consumer Advisory Council	20
Health IT Advisory Council	35
APCD Advisory Council	14
Hospital CIOs	28
State Agencies	7
Total	134

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Interactive Engagement Webinars: Listen, Share, Learn, Collaborate

Webinar Topic	Date Held	Registrants	Attended
Behavioral Health & Everyone Else: Sharing Sensitive Data Without Compromising Privacy	Feb. 23, 2021	91	43
Integrating Social Needs Data: Knowing the Person Really Matters when Delivering Person-Centered Care	Feb. 26, 2021	101	46
Prepare, Care, Protect, Measure, and Monitor: Technology and Data Needs for a Strong Public Health System	March 2,2021	73	36
Connecting the Dots to Improve Outcomes: Eliminating Barriers to Protect and Care for Connecticut Children in Need	March 12, 2021	62	27
Timely Information Moving Between Long Term Care, EMC, Hospitals, and Primary Care	March 23, 2021	81	32
Prioritizing and Governing Investments: Secure, Person- Centered Health IT for Residents of Connecticut	March 26, 2021	68	26

- **Sectors involved**: hospitals & health systems, state officials, advocates, primary care, behavioral health, legislators, healthIT/HIE, community-based organizations, public health, long-term care, EMS, researchers

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Overall Participation by Sector

Health and Social Service Sectors	Approximate # of Participants*
Ambulatory Care Providers and Hospitals	229
Behavioral Health Stakeholders	397
Consumers	502
Emergency Services Stakeholders	61
Health Plans and Payers	17
Long-Term and Post-Acute Care Stakeholders	78
Public Health	24
Social Services	46
State Agency Officials	39
Total	1,393

*Participant totals may include duplicates due to individuals who represent multiple sectors or participated in multiple engagement opportunities

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Findings: Health Information Exchange

Including... **Connie**

1
- Low use of health information exchange and awareness of Connie
- High demand for interoperability with greatest need expressed for data exchange with and among medical care organizations

2
- Support for Connie leadership and CRISP as technology vendor
- General support for opt-out policy
- Stakeholders have a high need for data at the point of care

3
- Focus on HIE fundamentals first ➡ then, need for MANY additional use cases
- Desire for Connie to be convenor among state agencies

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Findings: Behavioral Health

➢ 32% of respondents do not have an EHR, and 26% of these do not intend to adopt EHR citing concerns about patient privacy and confidentiality

➢ Many providers desire to share data with other behavioral health providers, and less so with medical providers

➢ Sixty-three percent are collecting SDoH data, but most do not use a closed-loop referral system

➢ High priority data use cases include patient care records, history of trauma, and medication history

➢ 41% were unsure if they were subject to regulation on specially protected health information under 42 CFR Part 2

More than 72% of Behavioral Health respondents use fax to send and receive patient clinical data

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Findings: Hospital & Health Systems

✓ 80% reported their readiness to connect to Connie as "high" or "very high"

✓ Connie's value-add for hospitals needs to increase; greatest current perceived value is connection to data from smaller provider groups and health systems

✓ A large majority desire access to data from the PDMP, Connecticut Prescription Monitoring and Reporting System (CPMRS), if data available can be expanded beyond controlled substances

Findings: Emergency Services

- ✓ Most EMS providers report using an ePCR system
- ✓ Access to patient records and medication history are high priorities
- ✓ Connections to exchange ePCR data with local hospitals and the HIE a priority
- ✓ 79% report no access to patient Medical Orders for Life-Sustaining Treatment (MOLST) forms data
- ✓ 55% percent indicate they do not receive clinical or non-clinical data electronically from providers, agencies, or through an HIE

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Recommendation 5: Best Possible Medication History

> **Stakeholders across the spectrum report a high need for access to medication data – something which is not widely available at the present time. Below are recommendations to address this need.**
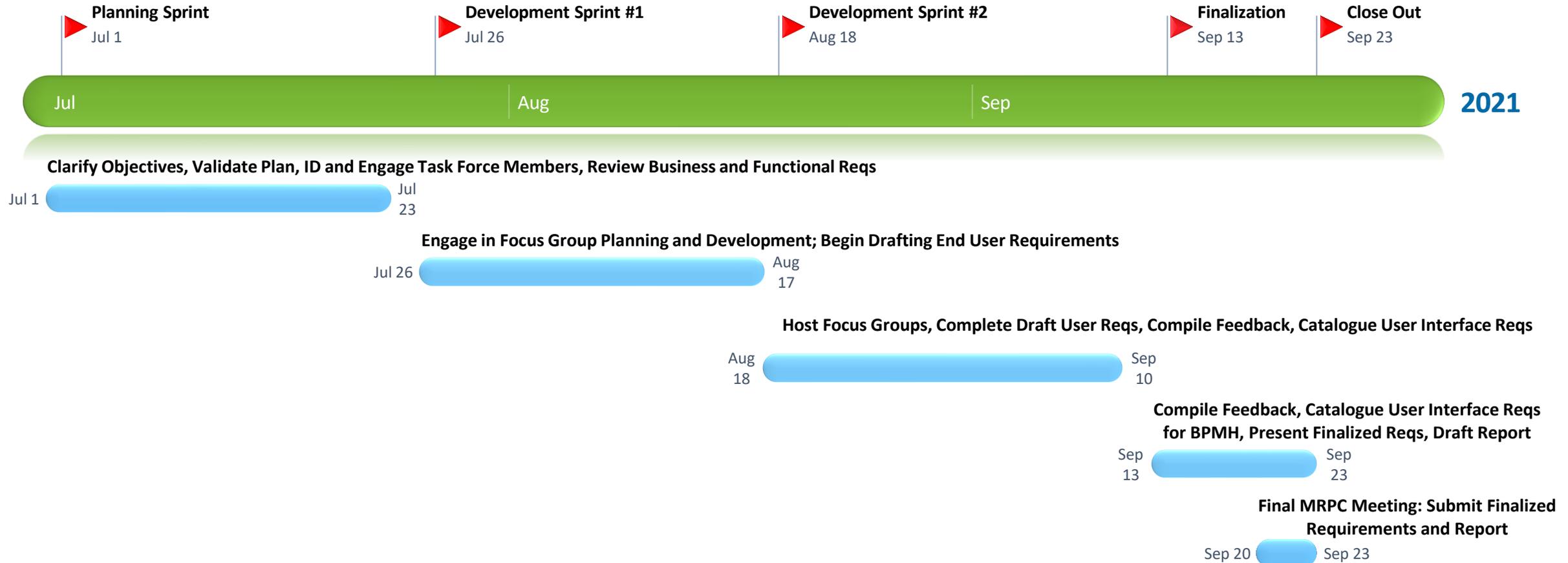
→ Explore the expansion of the Connecticut Prescription Drug Monitoring Program (PDMP, CPMRS) through policy or legislation if needed, to require submission of all prescription and medication fill data from pharmacies and prescribers.

→ Explore additional or alternative medication fill data sources, including variability in data quality and completeness, timeliness, and cost of various data sources.

→ Establish Single Sign-On (SSO) capabilities between Connie and CPMRS for ease of access to PDMP data for Connecticut providers.

→ Charge the Medication Reconciliation and Polypharmacy Committee with designing a glide path for expansion of the PDMP to additional drug classes and drug types.
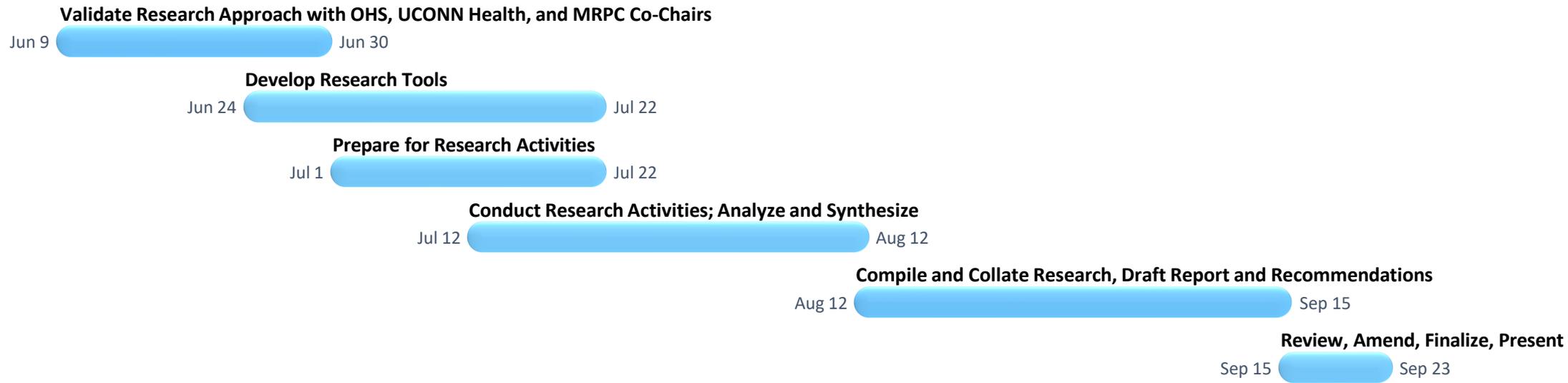
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Next Steps on 2021 Activities

Admin Team

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Draft Timeline & Milestones
BPMH User Interface Requirements

Planning Sprint
Jul 1

Development Sprint #1
Jul 26

Development Sprint #2
Aug 18

Finalization
Sep 13

Close Out
Sep 23

Jul   Aug   Sep   **2021**

Clarify Objectives, Validate Plan, ID and Engage Task Force Members, Review Business and Functional Reqs

Jul 1   Jul 23

Engage in Focus Group Planning and Development; Begin Drafting End User Requirements

Jul 26   Aug 17

Host Focus Groups, Complete Draft User Reqs, Compile Feedback, Catalogue User Interface Reqs

Aug 18   Sep 10

Compile Feedback, Catalogue User Interface Reqs for BPMH, Present Finalized Reqs, Draft Report

Sep 13   Sep 23

Final MRPC Meeting: Submit Finalized Requirements and Report

Sep 20   Sep 23

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Environmental Scan - Timeline & Milestones

MRPC Meeting: Key informant presentation
Aug 26

MRPC Meeting: Key informant presentation
Jul 22

MRPC Meeting: Presentation of findings and recommendations
Sep 23

| Jun | Jul | Aug | Sep | **2021** |

▲ Today

Validate Research Approach with OHS, UCONN Health, and MRPC Co-Chairs
Jun 9 — Jun 30

Develop Research Tools
Jun 24 — Jul 22

Prepare for Research Activities
Jul 1 — Jul 22

Conduct Research Activities; Analyze and Synthesize
Jul 12 — Aug 12

Compile and Collate Research, Draft Report and Recommendations
Aug 12 — Sep 15

Review, Amend, Finalize, Present
Sep 15 — Sep 23

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Work Plan

Project Initiation		
Identify workgroup team, complete SOW	05/30/21	06/15/21
Build a work plan for conducting Environmental Scan and Discovery	05/30/21	06/15/21
Identify key deliverables and milestones	05/30/21	06/30/21
Validate Research Approach with MRPC	05/30/21	06/24/21
MRPC Presentation - Research Process and Charge	05/30/21	06/24/21
Provide monthly status reports	05/30/21	09/30/21
MILESTONE : Validate Research Deliverables	06/02/21	06/24/21
Research Tools Development		
Develop Research Guide Template	06/24/21	07/22/21
Develop Summary of Published Literature Template	06/24/21	07/22/21
Interview, Discussion, and Technology Demo Summary Templates	06/24/21	07/22/21
Medication Fill Source Summary and Comparison Report Template	06/24/21	07/22/21
MILESTONE: Complete Research Templates	06/24/21	07/22/21

Prepare Research Activities		
Develop reference list reference list of research themes and questions related to cost, timeliness, and completeness of available sources of medication fill data	07/01/21	07/22/21
Develop detailed questions for each med fill data source related to Data Quality issues	07/01/21	07/22/21
Develop a Key Informant Contact List broken down in groups by types (vendors, pharmacy chains, associations, HIEs, state agencies, other)	07/01/21	07/22/21
Conduct a review of published literature to determine the topic inclusion criteria	07/01/21	07/22/21
MILESTONE: Complete Research Materials Preparedness	07/01/21	07/22/21
Conduct Research Activities and Analyze and Synthesize		
Develop List of potential presentation/summaries and present to MRPC on approaches, challenges, and best practices for sourcing and making medication fill data useful	07/12/21	07/22/21
Schedule and conduct key informant interviews	07/12/21	08/12/21
o Prepare interview summaries	07/12/21	08/12/21
Arrange demos of existing technology solutions	07/12/21	08/12/21
o Prepare demonstration summaries	07/12/21	08/12/21
Review literature	07/12/21	08/12/21
o Prepare brief literature summaries	07/12/21	08/12/21
MILESTONE: Conduct and Analyze Key Research	07/12/21	08/12/21

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Work Plan (continued)

Compile Research, Draft Report and Recommendations		
Compile the research findings and develop a comparison analysis of medication fill sources	08/12/21	08/23/21
Prepare a Draft Medication Fill Source Summary and Comparison Report	08/12/21	08/26/21
Review Draft Report with MRPC Co-Chairs	08/26/21	08/26/21
Support MRPC Co-Chairs to prepare Draft Recommendations for full MRPC consideration	08/26/21	09/15/21
MILESTONE: Support MRPC Co-Chairs in prep of Draft Recommendations	08/26/21	09/15/21
Review, Amend, Finalize, Present		
Support MRPC Co-Chairs with a review cycle of the draft report; amend if necessary	09/15/21	09/15/21
Develop presentation with Draft Report and Draft Recommendations for MRPC September	09/20/21	09/23/21
MILESTONE: Complete MRPC September Presentation including Recommendations	09/20/21	09/23/21

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Interview Summary Template pg. 1

Conducted on behalf of: Connecticut Office of Health Strategy and the Connecticut Health Information Technology Advisory Council
Conducted by: The Connecticut Medication Reconciliation and Polypharmacy Committee with Support from CedarBridge Group, LLC
Purpose: To inform Connecticut's Five-Year Statewide Health Information Technology Plan

STAKEHOLDER GROUP	[STAKEHOLDER GROUP]		MEETING DATE	[DATE]
INTERVIEW TEAM (CedarBridge)	Team member 1 Team member 2 Scribe: team scribe		MRPC REPRESENTATION	

	ORGANIZATIONAL INTERVIEW			
X	Name	Dept	Role
	Representative 1	[dept]	[role]
	Representative 2	**[dept]**	**[role]**

DESCRIPTION OF STAKEHOLDER
DESCRIPTION- Type of organization and role/roles in medication data collection and medication data sharing

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Interview Summary Template pg. 2
Draft Questions (examples—will be expanded with MRPC support)

Technology Questions:
- Technology system(s) used for medication data collection
- Technology system(s) used for medication data sharing (interfaces, portals, flat files, etc.)
- Current data flows (inbound and outbound) for relevant information systems
- Data transformation requirements for various use cases (medication interactions, claims approvals, benefit checks, reporting, aggregating into a Best Possible Medication History, etc.)
- More

Workforce and Workflow Questions:
- Staff roles
- Workforce constraints
- More

Policy and Regulatory Questions:
- Current policies for data use, data sharing, data access, etc.
- Current regulatory framework
- More

Economic and Business-Focused Questions:
- Business model(s)
- Pricing models
- More

Announcements

Official Adjournment

Motion to adjourn? Second?