

# Medication Reconciliation Use Case in Health Information Technology (HIT)

Public Health Informational Hearing  
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# The HITO, HIT Advisory Council and HIE Development

## PA 16-77 Created HITO Role and Council

- ▶ **Health Information Technology Officer (HITO):**
  - Creating and administrating a health information exchange (HIE)
  - Developing and coordinating a statewide health IT plan, including developing security and data standards
  - Attracting state, federal and private funding to support plans
  - Advising legislation activities in pursuit of health IT needs
- ▶ **Health Information Technology Advisory Council:**
  - Advising the HITO on matters of priority, approach and scope of health IT activities
  - Review and comment on a Federal funding requests

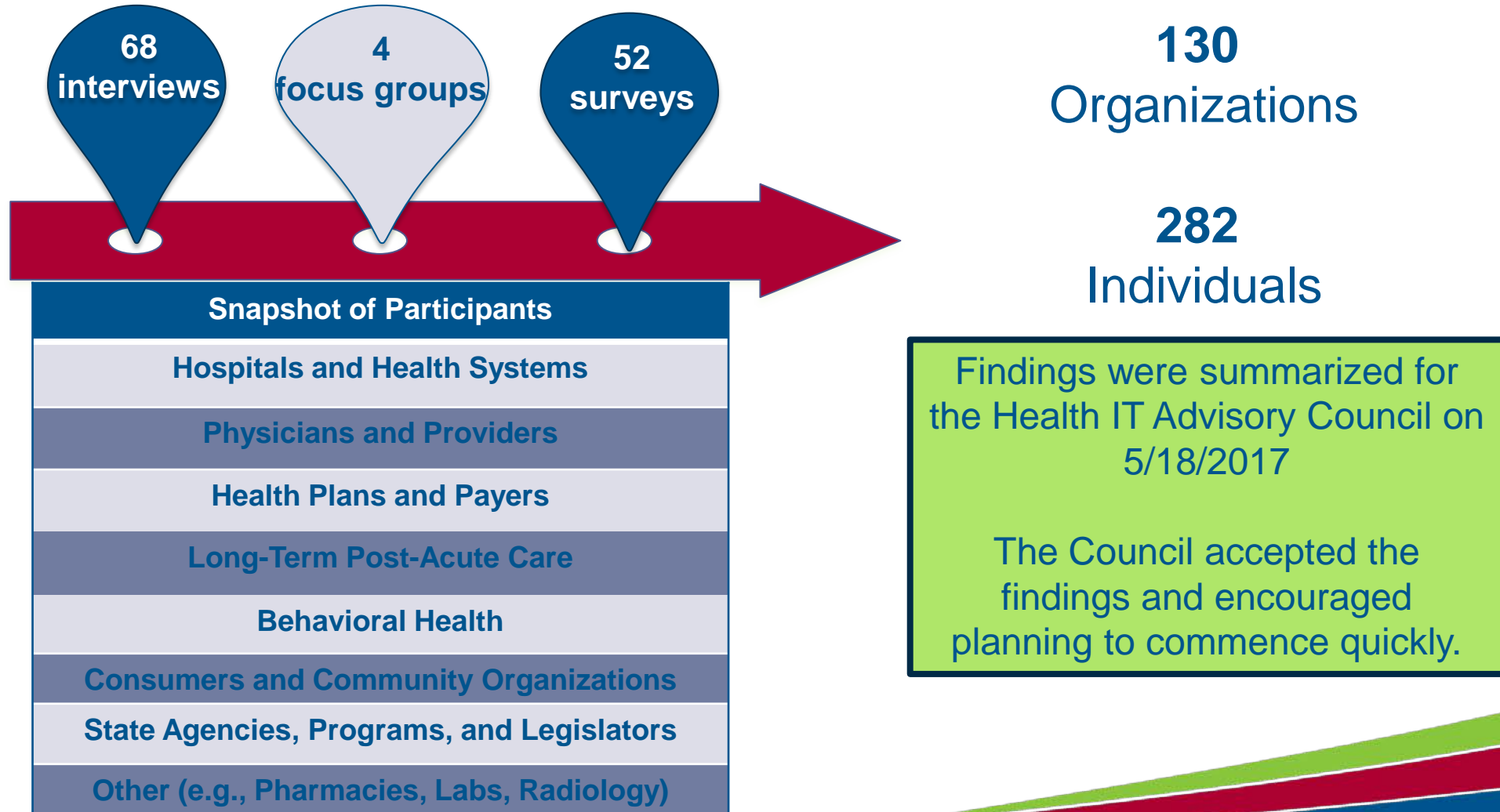


An HIE is a utility that enables the exchange of electronic clinical, medical and quality data among health care settings.

Identity management, consent management, record locator, send and query are among typical functions

**Medication Reconciliation arose in context to a statewide HIE**

# Stakeholder Engagement Approach to HIE Development



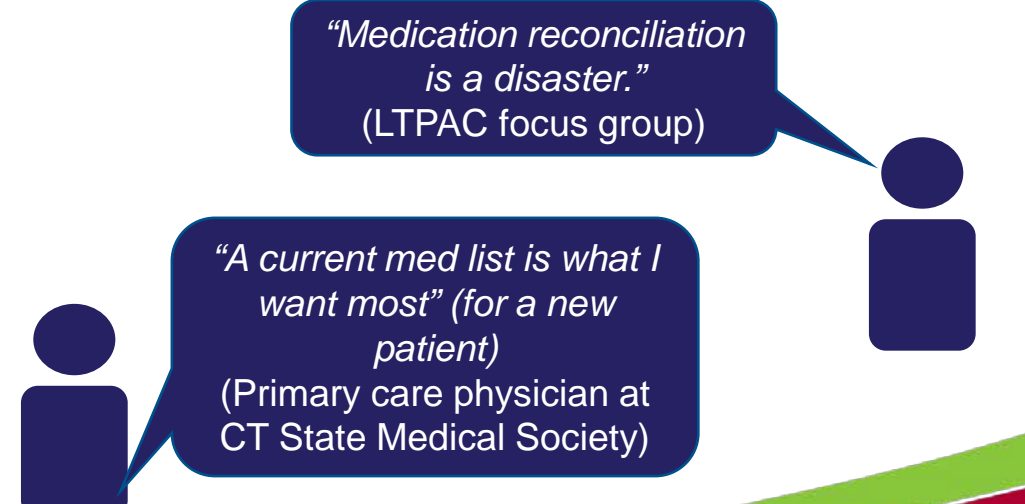
# Findings: Medication-Related Tools

## Medication-Related Tools:

- **e-Prescribing is widely recognized as one of the more successful examples** of the information exchange in the state, driven by the success of Surescripts in creating a gateway to connect pharmacies, prescribers, and payers. This functionality enables the prescribers to check **medication histories** through seamless access to medication data, and in some cases consume that discrete data into an EHR system, thereby **enabling clinical decision support**. However, **many providers reported that a complete and accurate medication reconciliation is impossible in the current state, and that the state could provide value by creating a centralized medication repository.**

**Desire for improvements in medication reconciliation capabilities came from several sectors**

- Behavioral Health
- Long-Term Post Acute Care
- Provider groups
- Independent physicians
- Veteran's Administration



*"Medication reconciliation is a disaster."*  
(LTPAC focus group)

*"A current med list is what I want most" (for a new patient)*  
(Primary care physician at CT State Medical Society)

# HIE Use Case Development

**A Design Group was convened to prioritize use cases for the Initial deployment of the HIE**



A Use Case is set of events or processes that define the interactions between a system and its users

A Design Group is a subset of the HIT Advisory Council, or designated subject matter experts, that develop specific recommendations in a time-boxed, facilitated deliberation process



**HIE Design Group  
13-week process:**

Use case library created (31 possibilities)

Prioritization / sequencing activities conducted

Validated "Top 10" use cases for additional analysis

Expanded "Top 10" to include financial, legal, technical policy aspects

"Top 10" revalidated/prioritized for presentation to HIT Advisory Council

# Medication Reconciliations Deemed a “Top 10” Use Case for CT HIE

Wave 1 Use Cases and Associated Tasks		
#1	eCQM	<ul style="list-style-type: none"> <li>Procurement and implementation</li> </ul>
	Immunization (Submit/Query)	<ul style="list-style-type: none"> <li>Implementation and integration with Public Health Reporting; procurement</li> </ul>
	Longitudinal Health Record	<ul style="list-style-type: none"> <li>Leverage eHealth Exchange, CareQuality, and CommonWell</li> <li>Implement provider portal</li> </ul>
	Public Health Reporting	<ul style="list-style-type: none"> <li>Assess potential to leverage/expand AIMS</li> <li>Implement expanded data elements, onboarding, and technical assistance</li> </ul>
	Clinical Encounter Alerts	<ul style="list-style-type: none"> <li>Finalize business and functional requirements</li> <li>Procurement / contracting (including leverage existing assets)</li> </ul>
	Image Exchange	<ul style="list-style-type: none"> <li>Finalize business and functional requirements</li> </ul>
Wave 2 Use Cases and Associated Tasks		
#2	Medical Reconciliation	<ul style="list-style-type: none"> <li>Implement program for process re-design and supporting technology</li> </ul>
	MOLST / Advance Directives	<ul style="list-style-type: none"> <li>Partner with existing MOLST Task Force and Advisory Committee for assessment of technology value-add and the value of a complementary AD Registry</li> </ul>
	Patient Portal	<ul style="list-style-type: none"> <li>Plan for rollout after implementation of longitudinal health record</li> </ul>
	Public Health Reporting	<ul style="list-style-type: none"> <li>Plan for rollout after eCQM reporting system and required technical architecture</li> </ul>

**Strong case made for clinical efficiency and effectiveness, patient safety, and care transitions**

**Recommended for “Wave 2” based on prerequisites needed from “Wave 1”, and need to design the reconciliation process**

# Why Put Med Recs in “Wave 2”?

## Requires Foundational Capabilities

- *HIE Use Case Design Group acknowledged med rec importance, but also prerequisites:*

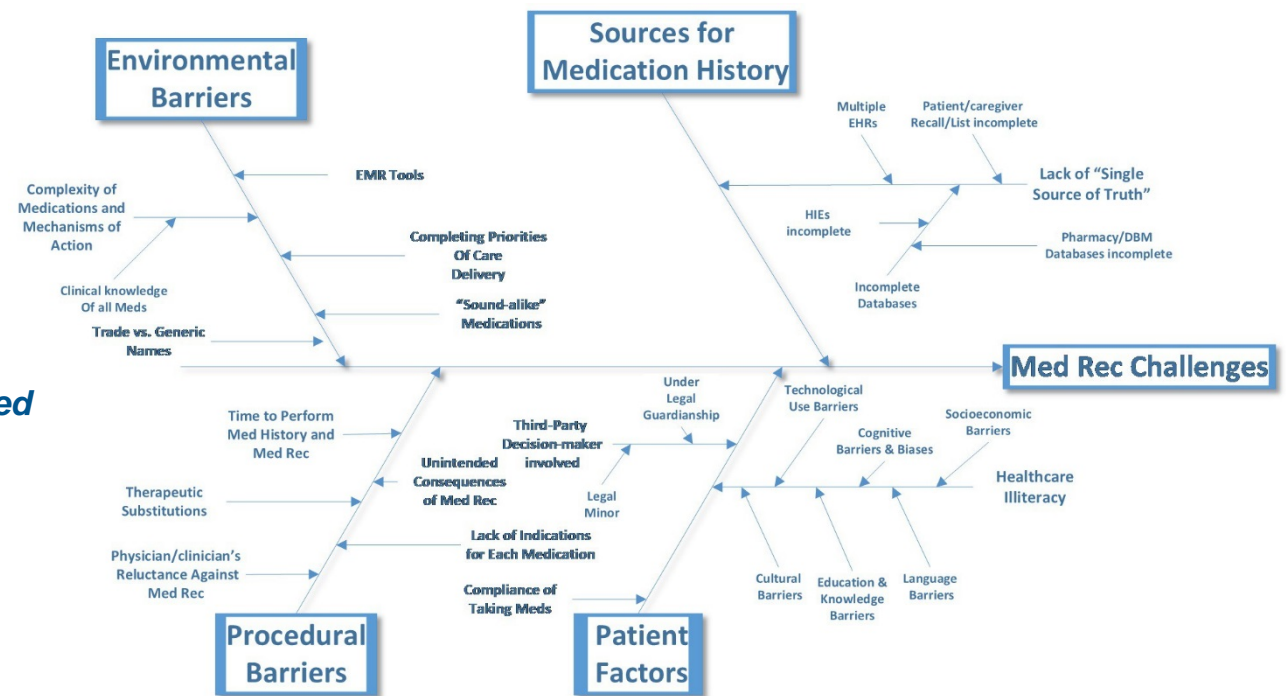
- Data use and trust frameworks
- Identity management of patients, care givers and relationships
- Consent management
- Security protocols and standards
- Functional connections to EHR's
- Persistent data repository

- *“Wave 1” use cases supply the underlying capabilities med recs require*

## Notoriously Complex Process

- *Design Group advised to determine the reconciliation process the State would follow to inform requirements when core HIE capabilities are operational*

## “Med Wreck” – Many Challenges





# Another State Example: Nebraska is Innovating in this Domain

## Legislated All Prescriptions to PDMP

- ▶ **LB 471 (2016):**
  - Report all dispensed controlled substance prescriptions by January 1, 2017
  - Report ALL dispensed prescriptions by January 1, 2018
  - Prevents opting out
  - Allow prescribers and dispensers to access the system at no cost
  - Establishes Veterinary Prescription Monitoring Task Force



## Benefits of Traditional PDMP

- ▶ No need to address consumer permission to share data (opt in/out)
- ▶ Enables surveillance

## Benefits of Connecting HIE & PDMP

- ▶ Access to comprehensive data (e.g. diagnoses)
- ▶ Single Sign-on
- ▶ Integration with EHR's
- ▶ Identity management



# Next Steps...

- ▶ ***HIT Advisory Council accepted HIE Design Group recommendations:***
  - Recommended that the HITO proceed to pursue funding for “Wave 1”
    - Includes planning and design for medication reconciliation in “Wave 2”
  - Recommended that all “Top 10” use cases be included in procurement requirements for any HIE services

# Contact Information



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## Health IT Advisory Council Website

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