

This is a WICKED PROBLEM.



**Where Do We Start?**

All Agree on the FIRST STEP.

**Create an Accurate, Updated,  
Master Medication List**

We disagree on the best way forward  
and need you to weigh in.

# Two Possibilities

- Simple and direct: Expand the CT Prescription Monitoring & Reporting System (CPMRS)
- Harder, less direct, but may be longer lasting:  
Make it part of an integrated, statewide, HIE
  - Start with Cancel RX

# Connecticut Prescription Monitoring and Reporting System (CPMRS)

- Implemented to help address the opioid epidemic
- June 2013  
Dispensed schedule II-V prescription narcotics must be entered (CT PA 13-172)
- October 2015  
Providers must check before writing >3 day supply (CT PA 15-198 & 15-5, 354)
- July 2016  
Pharmacies must enter data by next business day (CT PA 16-43)

# Similar Programs Across United States\*

- All states have programs
- Effective at:
  - Reducing overdose deaths
  - Decreasing rates of prescription, especially “at risk”
  - Less “doctor shopping” & diversion
- Those most like CPMRS (include more narcotics and require frequent updates) most effective

\*Patrick SW. et al. Implementation of PDMPs Associated with Reductions in Opioid-Related Death Rates. Health Affairs July 2016 vol 35: no. 7

# CPMRS Has Already Handled

- Privacy and data security
- Nightly electronic downloads from pharmacies
- Real time electronic access for providers
- Data transfer, standardization, storage

# How Might This Work?

- Expand CPMRS to all prescription medications
- Make data easily available to patients and their designees (providers, care givers, etc.)
- Advertise directly with public service announcements
- When they access data, offer enrollment for safety alerts, If they enroll
  - Obtain cell phone contact and download app for communicating drug safety alerts
  - Offer free DNA “screening” for drug interactions in exchange for donating DNA for research

# Immediate Gains

- Patient safety and decreased healthcare costs:
  - Avoid redundant or dangerous prescriptions
  - Decrease emergency room and hospitalizations
- Good public relations
  - Save providers time
  - Reassure patients/families



# Issues to Address

- What Agency (Consumer Protection?)
- How to make the interface accessible to patients or their designees
- How to make access easy for providers (integrated into electronic health records)
- Time and treasure required

# Potential Solutions

- Use Health Information Services to assist with Medication Reconciliation
  - Recommended for wave 2 of HIE
- Interim – further understanding warranted
  - New standards (technical and IT) being tested
- Stakeholder group already established
- Attempt to reduce highest risk situations
  - Can we pilot and implement Cancel Rx

# Cancel RX as a starting point?

- Medication Reconciliation discussions “pain-point” for Clinical Informatics leaders
- Multiple Organizations involved
  - Chief Medical Information Officers St Francis, CCMC, Yale, UConn
  - Pharmacy faculty - UConn, St Joseph
  - Chain Pharmacies – CVS
  - Surescripts, John’s Hopkins, NCPDP
- Map out obstacles, opportunities and Pilot projects

# Funding Options

- HIE IAPD-U for Med Rec Planning
- Grant for Cancel Rx obstacles / solutions
- Healthcare organizational support for pilot testing (cost and safety issues)
- State as employer for additional study of options for state employees
- Partner with insurers for lowered costs / patient safety

# Components Needed to Enable Medication Reconciliation

## ► ***Medication repository:***

- An authoritative and persistent source of medication information for patients
  - Frequently solved by a state repository (e.g., CT's CPMRS) or as a registry associated with an HIE

## ► ***Health information exchange (the verb):***

- An ability to collect and quality assure prescriptions
  - Typically solved by direct connections to pharmacies or Surescripts, but also via HIE's
- An ability to manage identities and consent, and respond to queries
  - Typically the function of an HIE

## ► ***Reconciliation processing:***

- An ability to apply rules and algorithms to determine a current medication list
  - Frequently solved by a commercial vendor

# Sources of Funding: Federal Match Funding (HITECH)

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 makes available “to States 100 percent Federal matching funding for incentive payments to eligible Medicaid providers to encourage the adoption and use of certified EHR technology through 2021, and 90 percent Federal matching funding (the 90 percent HITECH match) for State administrative expenses related to the program, including State administrative expenses related to pursuing initiatives to encourage the adoption of certified EHR technology to promote health care quality and the exchange of health care information, subject to CMS approval.”

- ▶ ***The HIT PMO has applied for match funding for FY18-19:***
  - Received approval for \$5M for planning support
    - Can allocate some support to med recs based on HIT Advisory Council priorities
  - Applying for \$16M in HIE implementation support
    - Med recs to be included in HIE requirements and “Wave 2” specifications

# Sources of Funding: Federal Match Funding (con'd)

- ▶ ***Medicaid proportion a key consideration in determining state support requirements:***
  - HITECH Act 90/10 funding available to support Medicaid service providers:
    - Services implemented with 90/10 funding can be used for non-Medicaid providers; however,
      - The 90% Federal contribution will be reduced by the ratio of non-Medicaid providers to Medicaid providers
  
- ▶ ***DCP may collaborate with HIT PMO and DSS for a future match funding application:***
  - May consider both implementation and operating support

# Sources of Funding: CT IT Capital Investment Program

Staffed by OPM, and governed by the IT Capital Investment Program Committee, the program seeks to leverage its investments in technology by taking an enterprise-wide approach, wherever possible, while focusing on the strategic priorities of creating efficiency, transparency, savings, service capability improvements, resilience and security.

- ▶ ***The program can be a key source of state proportional share of Federal match funding requests:***
  - HITECH Act 90/10 funding requires a proportional state contribution
    - Program funds are a potential source of state proportional contributions for implementation efforts



# Sources of Funding: Operating Support

**Sources of On-Going Operating Support are Still  
Challenged**

- ▶ ***Hitech 90/10 funding typically supports operations only until critical mass of usage is achieved:***
  - Implementation match funding requires a negotiated and CMS-approved commitment to support operations while on-boarding users or providers up to a percentage of the total potential population of users
    - It is not unusual to see operational support end at 60%-70% of deployment
- ▶ ***HIT PMO will develop an HIE sustainability plan during 2018:***
  - Will necessarily be a public/private collaboration
- ▶ ***Key concern for HIE in general, and med recs specifically, is a practical operating support plan:***
  - HIT PMO is cautious about building solutions that can't be sustained operationally

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