Health Information Technology Division

Health IT Advisory Council Meeting

July 19, 2018

Agenda

Welcome and Call to Order	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – June 21, 2018	1:10 pm
Status Updates: • Membership	1:15 pm
Governance Design Group Presentation • Ratification of Governance Design Group Recommendations	1:20 pm
Medication Reconciliation and Polypharmacy Work Group • Review and validate Work Group recommendations	2:20 pm
Wrap-up and Adjournment	3:00 pm

Public Comment

(2 minutes per commenter)

Review and Approval of:

June 21, Minutes

Membership Update

Governance Design Group:

Recommendations and Considerations for the Health IT Advisory Council

Outline

1. Project Structure and Process
2. Governance Building Blocks
3. Recommendations and Guiding Principles
4. Background
   - Governing authority
   - Components of Governance
   - Models of data sharing and exchange
   - TEFCA
5. Mission, Vision, and Values
6. Critical Success Factors
7. Characteristics of Neutral and Trusted Entity

8. Considerations for Designation of Existing Entity vs. Creation of New Entity
9. Relationships Across Key Parties
10. Relationship of Corporate Governance and Data Governance
11. Elements of Trust Agreement
12. Policies and Procedures Table of Contents
13. Implications of TEFCA
14. Other Considerations

Structure and Process

Project Structure

Executive Sponsor

Allan Hackney, Connecticut's Health Information Technology Officer (HITO)

Project Oversight

Health IT Advisory Council

Members

Lisa Stump, MS - Health Systems / Health IT Advisory Council

Pat Checko, DrPH - Consumers / Health IT Advisory Council

Jake Star - LTPAC / Health IT Advisory Council

Bruce Adams, JD - Office of the Lieutenant Governor

Bill Roberts, JD - Office of the Attorney General (on assignment from Shipman & Goodwin)

Commissioner Roderick Bremby – DSS Representative (supported by Polly Bentley and Joe Stanford)

Support Staff

HIT PMO

Jennifer Richmond

Sarju Shah

MJ Lamelin

Grace Capreol

Kelsey Lawlor

Dino Puia

CedarBridge Group

Michael Matthews, Lead

Chris Robinson, PM

Consulted

Victoria Veltri, Executive Director, Office of Health Strategy

Purpose of Governance Design Group

Develop **recommendations for the Health IT Advisory Council to address:**

- ➤ **Relationship of Health IT Advisory Council, the State of Connecticut, the HIE entity, and the Health Information Technology Officer within the Office of Health Strategy**

- ➤ Pros and cons of establishing **a new HIE entity or designating an existing entity with recommendations**

- ➤ Baseline elements of **a trust framework and agreement**

- ➤ Table of contents for HIE **policies and procedures**

- ➤ **Critical success factors** in HIE governance

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Goals and Objectives of Governance Design Group

➢Develop **high-level requirements for the Connecticut HIE governance structure**

➢Define **attributes of a "neutral and trusted entity"**

➢Review **models of governance** used successfully by other state HIEs

➢Review **state and national legislation and regulations** that should inform HIE governance

➢**Review existing trust frameworks and trust agreements** commonly used for interoperability and HIE initiatives

Design Group Charter

➢Project purpose

➢Project goals and objectives

➢Project scope

➢Critical success factors

➢Project milestones

➢Project structure

PROJECT CHARTER

Connecticut Health Information Technology Program Management Office
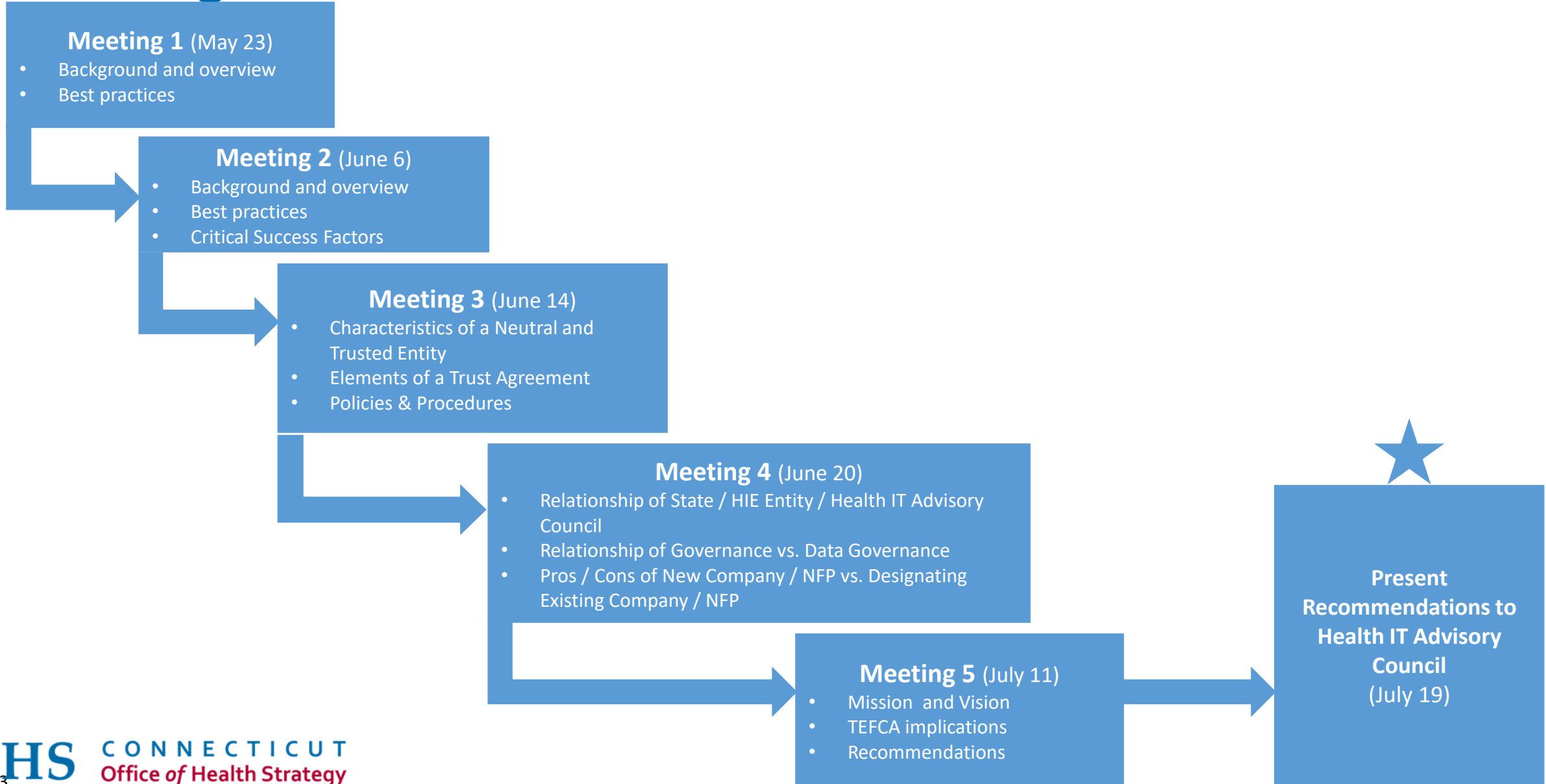**Governance Design Group**

VERSION: 1.1   REVISION DATE: 3/15/2018

Approval of the Project Charter indicates an understanding of the purpose and content described in this deliverable. By signing this deliverable, each individual agrees work should be initiated on this project and necessary resources should be committed as described herein.
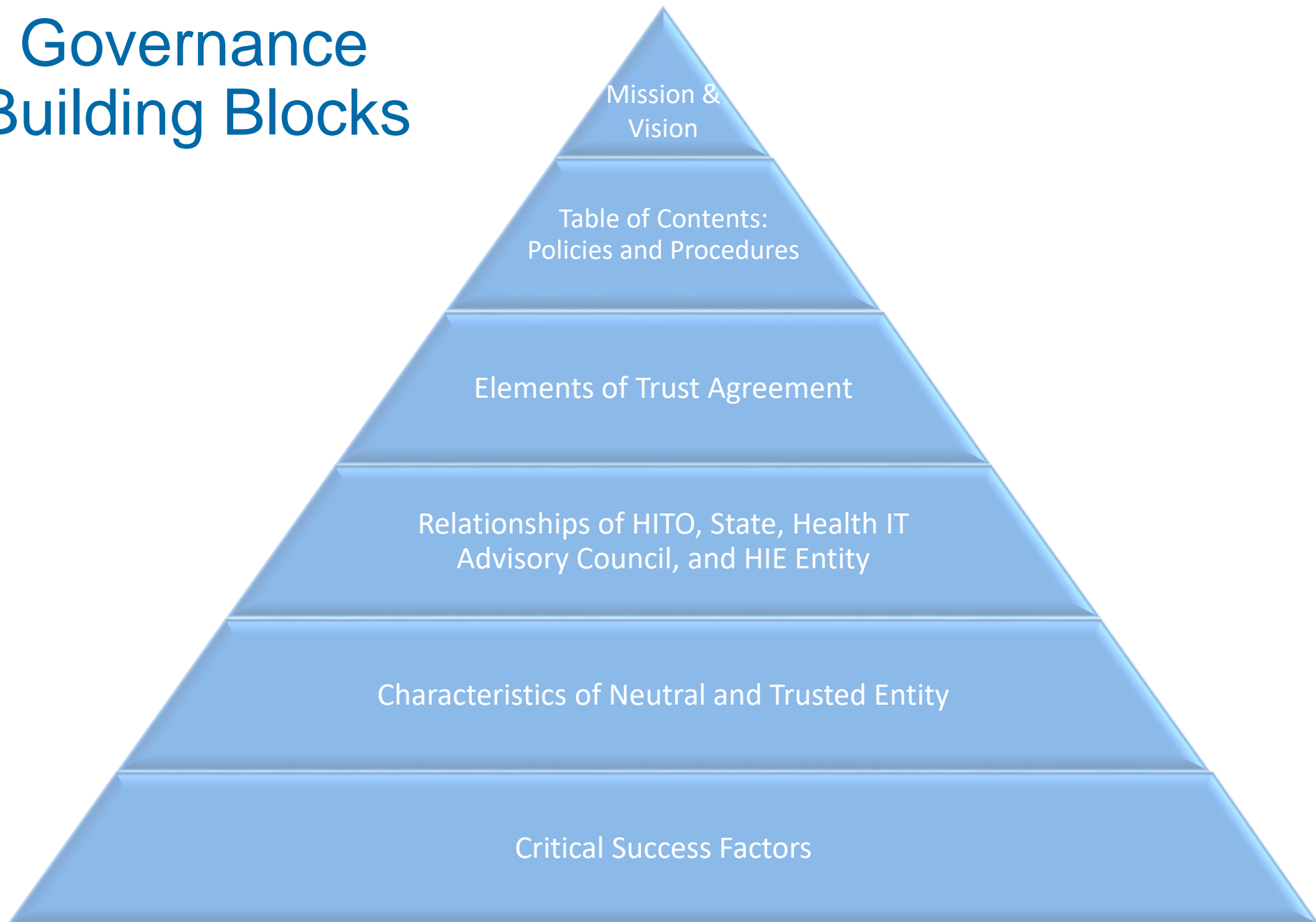
Approver Name	Title	Signature	Date
Allan Hackney	Connecticut Health Information Technology Officer		

Meeting Schedule

Meeting 1 (May 23)
- Background and overview
- Best practices

Meeting 2 (June 6)
- Background and overview
- Best practices
- Critical Success Factors

Meeting 3 (June 14)
- Characteristics of a Neutral and Trusted Entity
- Elements of a Trust Agreement
- Policies & Procedures

Meeting 4 (June 20)
- Relationship of State / HIE Entity / Health IT Advisory Council
- Relationship of Governance vs. Data Governance
- Pros / Cons of New Company / NFP vs. Designating Existing Company / NFP

Meeting 5 (July 11)
- Mission and Vision
- TEFCA implications
- Recommendations

Present Recommendations to Health IT Advisory Council (July 19)

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Governance Building Blocks and Summary of Recommendations

Governance Building Blocks

Mission &
Vision

Table of Contents:
Policies and Procedures

Elements of Trust Agreement

Relationships of HITO, State, Health IT
Advisory Council, and HIE Entity

Characteristics of Neutral and Trusted Entity

Critical Success Factors

Recommendations and Guiding Principles

1. The **mission, vision and values** of the HIE entity should be informed by recommendations approved by the Health IT Advisory Council in May 2017

2. **Factors critical to the success** of the HIE entity should be identified, adopted and used to underpin governance, strategy and operations.

3. The HIE entity serving as the corporate home for HIE should be **neutral and trusted**. The entity will be owned and governed by a party or parties other than the state and may be organized as a nonprofit entity. Characteristics of a neutral and trusted entity should guide the formation and ongoing governance of the HIE entity.

4. **The relationship of the State of CT to the HIE governance** should be clear, transparent and in alignment with CT statutes including P.A. 17-2 (as amended by P.A. 18-91).

5. A **new not-for-profit entity should be strongly considered** as the corporate home for HIE services and activities though only after a thorough review of other options (i.e., designation of an existing entity); such review should be undertaken as soon as practicable.

6. A robust data governance function is essential for ensuring best practices for handling of data related to health information exchange, analytics and corporate activities. **Data governance should be overseen by a Data Governance Council, functioning under the overall corporate governance oversight of the HIE entity**.

7. **Trust agreements** should be developed and implemented that codify "rules of the road" for data sharing and data usage, consistent with Federal and State statutes and regulations.

8. Governance practices should be supported by a **robust set of policies and procedures** that ensure fiduciary responsibilities and oversight of activities are fulfilled.

9. Governance of health information exchange and data sharing within the State of CT should **be conformant with the Trusted Exchange Framework and Common Agreement (TEFCA)** currently under development by the Office of the National Coordinator for Health Information Technology (ONC) pursuant to the 21st Century Cures Act.

Detailed Recommendations

Recommendations:
Mission, Vision, and Values

Recommendation: Mission, Vision, and Values

The mission, vision, and values of the HIE entity should be informed by recommendations approved by the Health IT Advisory Council in May 2017, and expanded to include the following:

➢ Keep patients and consumers as the most important stakeholder group and a primary focus in all efforts to improve health IT and HIE (patient as "North Star")

➢ Leverage existing national and state-based interoperability initiatives

➢ Implement core technology, such as identity services, that complements and interoperates with systems currently in place

➢ Build trust by implementing common "rules of the road" that provide a sound policy framework

➢ Support value-based care initiatives such as ACOs and CINs

➢ Ensure all stakeholders can participate in standards-based data sharing

➢ Implement workflow tools that improve efficiency and effectiveness

➢ Ensure data is meaningful and creates tangible value for stakeholders

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Recommendations:
Critical Success Factors

Recommendation: Critical Success Factors

Factors critical to the success of the HIE entity should be identified, adopted and used to underpin governance, strategy and operations. Initial consideration should be given to the following:

- ➢ Alignment with Connecticut statutes
- ➢ Alignment with Federal statutes
- ➢ Compatibility with national interoperability initiatives, including TEFCA
  - ▪ May require alignment of Connecticut statutes
- ➢ Stakeholder engagement, support, and participation
- ➢ Sustainability supported by stakeholder buy-in and aligned financial incentives
- ➢ Foundation for trust
- ➢ Reliable, accessible, and secure technology
- ➢ Tangible value to stakeholders
- ➢ Neutrality, i.e., no competitive advantage to any one stakeholder / segment
- ➢ Consumer confidence in the security, confidentiality, and use of their data
- ➢ Clear roadmap for HIE development and use case implementation that fosters early participation and ongoing support for those who participate in later use cases

Recommendations:
Characteristics of a Neutral and Trusted Entity

Senate Bill No. 1502, June Special Session, Public Act No. 17-2 (as amended by P.A. 18-91)

Sec. 128. (NEW) (Effective from passage) (a) The state, acting by and through the Secretary of the Office of Policy and Management, in collaboration with the Health Information Technology Officer designated under section 19a-755 of the general statutes, and the Lieutenant Governor, shall establish a program to expedite the development of the State-wide Health Information Exchange, established under section 17b-59d of the general statutes, to assist the state, health care providers, insurance carriers, physicians and all stakeholders in empowering consumers to make effective health care decisions, promote patient-centered care, improve the quality, safety and value of health care, reduce waste and duplication of services, support clinical decision-making, keep confidential health information secure and make progress toward the state's public health goals.

The purposes of the program shall be to:

1. Assist the State-wide Health Information Exchange in establishing and maintaining itself as a ***neutral and trusted entity*** that serves the public good for the benefit of all Connecticut residents, including, but not limited to, Connecticut health care consumers and Connecticut health care providers and carriers;

2. Perform, on behalf of the state, the role of intermediary between public and private stakeholders and customers of the Statewide Health Information Exchange; and

3. Fulfill the responsibilities of the Office of Health Strategy, as described in section 164 of this act (section 1 of P.A. 18-91).

Recommendation: Characteristics of a Neutral and Trusted Entity

The HIE entity serving as the corporate home for HIE should be neutral and trusted. The following are suggested attributes and values for the HIE entity:

To be neutral, the entity should:

- Serve the public good and be of benefit for all CT residents
- Provide no competitive advantage for any group of stakeholders
- Be owned and governed by a party or parties other than the state
- Be governed by an engaged board of directors representing private and public sector leaders with decision-making authority in the organizations that they represent
- Make business decisions based on value-creation, leading to financial sustainability
- Make judicious use of public and private resources
- Balance value creation across stakeholder groups

To be trusted, the entity should:

- Provide a trust framework that establishes clear "rules of the road" including enforcement authority related to compliance
- Be accountable and transparent to stakeholders
- Conduct business based on sound policies and procedures
- Employ a consensus-driven approach for decision-making
- Have transparent contracting and purchasing practices
- Obtain external certification or audit from an information security perspective

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Recommendations:
Relationships of Key Parties

Recommendation: Relationships of Key Parties

The relationship of the State of Connecticut to the HIE governance should be clear, transparent and in alignment with Connecticut statutes including PA 17-2. The schematic below should be used to illustrate the set of relationships among the State of Connecticut, the Health Information Technology Officer, the Health IT Advisory Council, and the HIE entity.
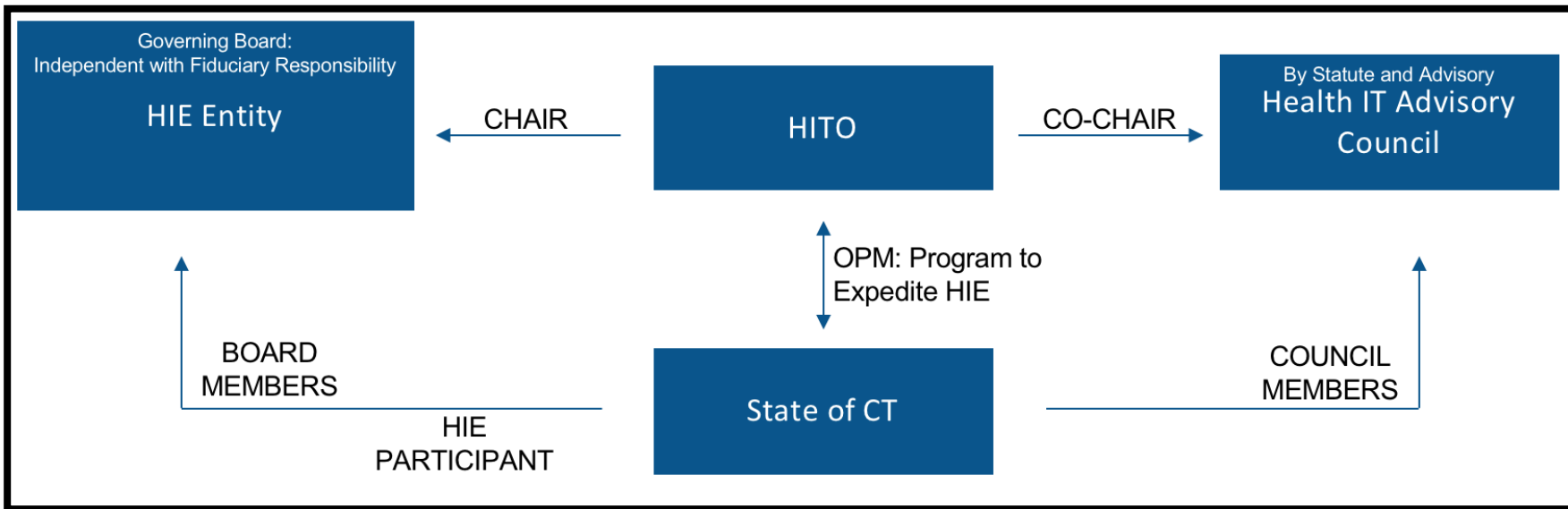
Recommendations:
Considerations for Creating a New Entity vs. Designating an Existing Entity

Public Act No. 17-2, Amended by P.A. 18-91

➢ HITO and Secretary of OPM **may establish or incorporate an entity** to implement the program

➢ Such entity shall, without limitation, be **owned and governed, in whole or in part, by a party or parties other than the state and may be organized as a nonprofit entity**.

➢ Any entity established or incorporated shall have its powers vested in and exercised by a board of directors. The board of directors shall be comprised of the following members who shall each serve for a term of two years. One member who shall have expertise in the following areas:

- Advocate for consumers of health care, appointed by the Governor;
- Clinical medical doctor, appointed by the president pro tempore of the Senate;
- Hospital administration, appointed by the speaker of the House of Representatives;
- Corporate law or finance, appointed by the minority leader of the Senate;
- Group health insurance coverage, appointed by the minority leader of the House of Representatives;
- The Chief Information Officer, the Secretary of the Office of Policy and Management and the Health Information Technology Officer, or their designees, who shall serve as ex-officio, voting members of the board; and
- The Health Information Technology Officer, or his or her designee, who shall serve as chairperson of the board

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Recommendation: Creation of a New Entity vs. Designation of an Existing Entity

A new not-for-profit entity should be strongly considered as the corporate home for HIE services and activities though only after a thorough review of other options (i.e., designation of an existing entity); such review should be undertaken as soon as practicable. Such review should include consideration of the following advantages of each option:

<u>Creation of a New Entity</u>

➢ No pre-existing perceptions of the organization
➢ Ability to effectuate statutory intent more easily
➢ Clear focus and intent of the organization (vs. competing interests of other lines of business)

<u>Designation of an Existing Entity</u>

➢ Ability to leverage existing infrastructure
➢ Leadership and staff in place
➢ Tax-exempt status in place
➢ Economies of scale

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Recommendations:
Data Governance Relationship to Corporate Governance
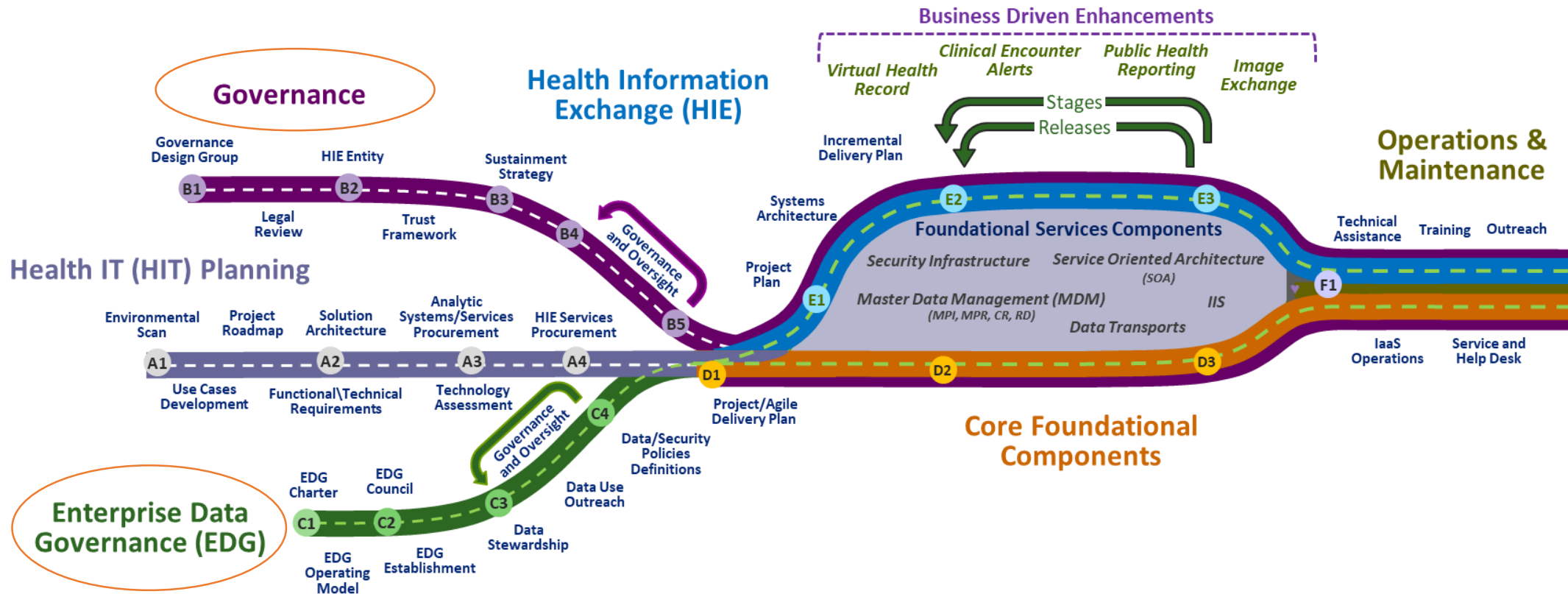
Data Governance: Definition

"Data Governance is a system of decision rights and accountabilities for information-related processes, executed according to agreed-upon models which describe who can take what actions with what information, and when, under what circumstances, using what methods."
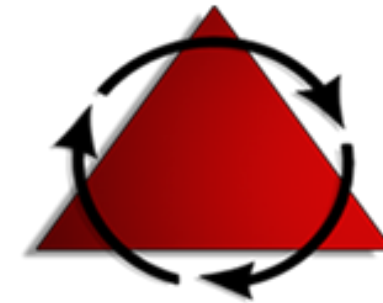
The Data Governance Institute

HIE Activities Roadmap

UConn AIMS Updated 4/23/18

Recommendation: Data Governance Relationship to Corporate Governance

A robust data governance function is essential for ensuring best practices for handling of data related to health information exchange, analytics and corporate activities. Data governance should be overseen by a Data Governance Council, functioning under the overall corporate governance oversight of the HIE entity, as illustrated by the graphic below.
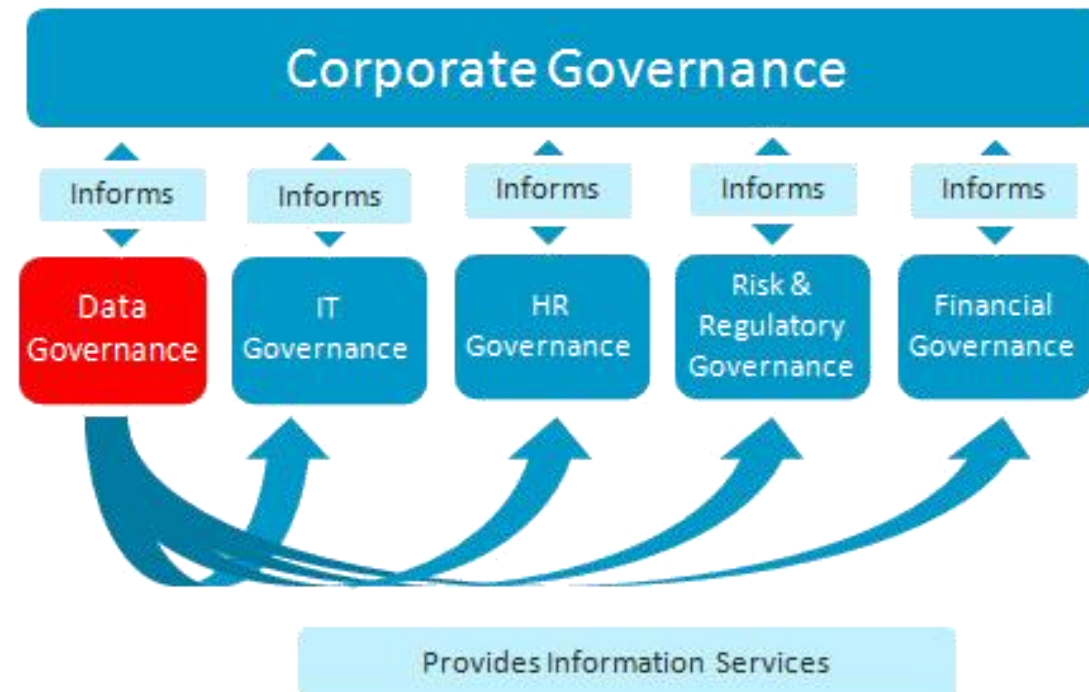
Recommendations:
Elements of Trust Agreement

Trust Framework / Trust Agreement

Trust Framework

- Common language, understanding, and agreement
- Promotes transparency, trust, and sharing
- Addresses requirements for data use and sharing among a variety of stakeholders
- Fairness
- Accountability
- Privacy & Security
- Minimized need for one-off trust agreements and contracts

Trust Agreement

- Legal agreements that include Policies and Procedures, BAA's
- Multi-party agreement among participating HIEs that defines how the HIEs relate to each other
- Legal framework within which HIEs can exchange data electronically
- Assumes (requires) that each HIE has trust relationships in place with its participants

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Recommendation: Elements of Trust Agreement

Trust agreements should be developed and implemented that codify "rules of the road" for data sharing and data usage, consistent with Federal and State statutes and regulations, and in conformance with TEFCA.

Elements of the trust agreement should include the following:

- Purpose & Scope
  - Scope of Exchange
  - Approach to Establishing Trust
  - Governance Structure
- Operational Policies/Procedures
- Permitted Purposes
- Permitted Participants
- Identity Proofing & Authentication
- Technical Approach and Infrastructure
  - Standards Used
- Cooperation & Non-Discrimination
- Allocation of Liability and Risk
- Accountability
- Technical
  - Network Flow Down
  - Enforcement
  - Dispute Resolution

- Consent Model
- Transparency
- Privacy & Security
  - Breach Notifications
- Access
- Amendment process
- "Boilerplate" Provisions:
  - Governing Law
  - Venue
  - Severability / Savings
  - Force Majeure
  - Assignment
  - Amendment
  - Independent Contractors / Relationship
  - HIE's relationship to state
  - Notices
  - Entire Agreement
  - Survival
  - Waiver

- "Boilerplate" Provisions (continued):
  - Priority (between other documents)
  - Counterparts
  - No third-party beneficiaries
  - Mediation of HIE-related disputes between participants

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Recommendations:
Policies and Procedures
Table of Contents

Recommendation: Policies and Procedures Table of Contents

Governance practices should be supported by a robust set of policies and procedures that ensure fiduciary responsibilities and oversight of activities are fulfilled. Policies should be adopted by the Board and procedures should be developed by Management for the following*:

Privacy and Security
- Consent
- Authorization
- Authentication
- Access
- Audit
- Breach
- Compliance
- Sanctions and enforcements
- Cybersecurity
- Specially protected information
- Individual's access and rights
- Auditing and monitoring
  - HIE Entity
  - HIE Participants
- Participant subcontractor requirements
- Permitted purposes
  - Permitted uses
  - Permitted disclosures

Technical and Operational**
- System requirements
- Standards
- Testing and onboarding
- Auditing and monitoring
- Identity management
- Data quality and integrity
- Service Level Agreements (SLA)
- Training
- Help desk

Organizational
- Openness and transparency
- Node eligibility
- Insurance and liability
- Flow-down requirements
- Suspension
- Dispute resolution
- Non-discrimination
- Information blocking
- Fees
- Application review process

*Note that standard corporate P&P, such as those related to finance, were not addressed in these recommendations.

**Note that these are Policies and Procedures that should be developed for Technical and Operations. In some cases, standards will be adopted for these as well.
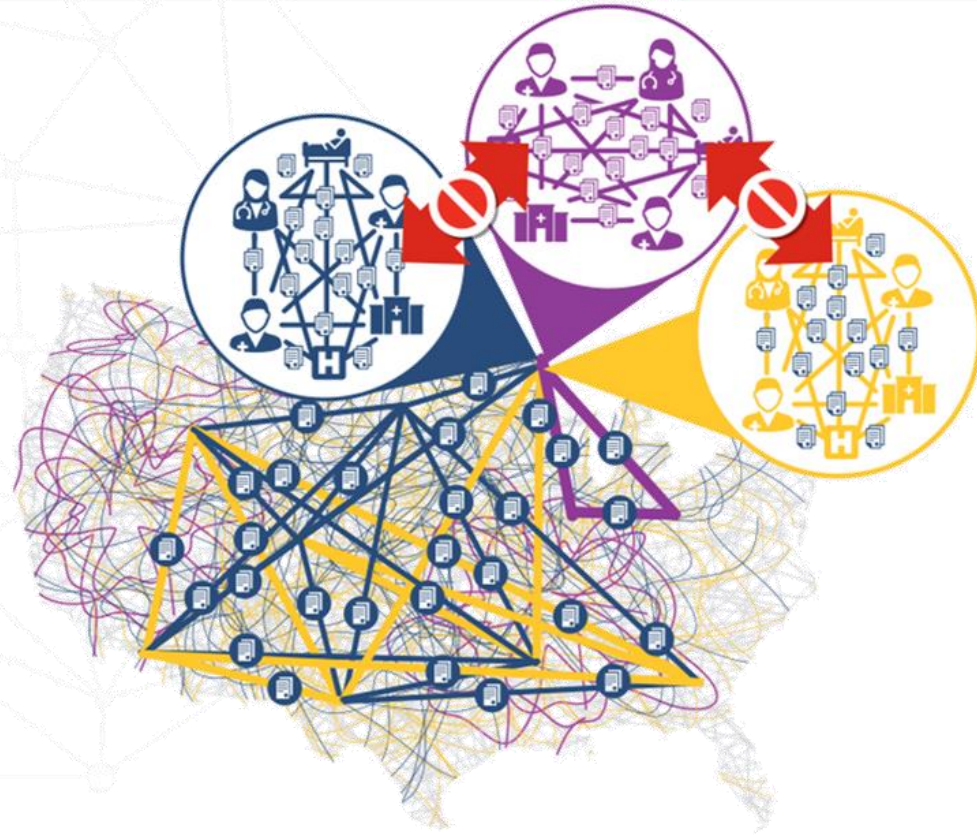
Recommendations:
TEFCA

TEFCA

Source: https://www.healthit.gov/sites/default/files/draft-guide.pdf

Goals of the TEFCA

GOAL 1

Build on and extend existing work done by the industry

The Draft Trusted Exchange Framework recognizes and builds upon the significant work done by the industry over the last few years to broaden the exchange of data, build trust frameworks, and develop participation agreements that enable providers to exchange data across organizational boundaries.

GOAL 2

Provide a single "on-ramp" to interoperability for all

The Draft Trusted Exchange Framework provides a single "on-ramp" to allow all types of healthcare stakeholders to join any health information network they choose and be able to participate in nationwide exchange regardless of what health IT developer they use, health information exchange or network they contract with, or where the patients' records are located.

GOAL 3

Be scalable to support the entire nation

The Draft Trusted Exchange Framework aims to scale interoperability nationwide both technologically and procedurally, by defining a floor, which will enable stakeholders to access, exchange, and use relevant electronic health information across disparate networks and sharing arrangements.

GOAL 4

Build a competitive market allowing all to compete on data services

Easing the flow of data will allow new and innovative technologies to enter the market and build competitive, invaluable services that make use of the data.

GOAL 5

Achieve long-term sustainability

By providing a single "on-ramp" to nationwide interoperability while also allowing for variation around a broader set of use cases, the Draft Trusted Exchange Framework ensures the long-term sustainability of its participants and end-users.

Source: https://www.healthit.gov/sites/default/files/draft-guide.pdf

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How will the Trusted Exchange Framework Work?

The Office of the National Coordinator for Health Information Technology

RCE

RCE provides oversight and governance for Qualified HINs.

Qualified HINs connect directly to each other to serve as the core for nationwide interoperability.

QHINs connect via connectivity brokers.

Each Qualified HIN represents a variety of networks and participants that they connect together, serving a wide range of end users.

PARTICIPANTS

END USERS

Source: https://www.healthit.gov/sites/default/files/draft-guide.pdf

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Recommendation: TEFCA

Governance of health information exchange and data sharing within the State of CT should be conformant with the Trusted Exchange Framework and Common Agreement (TEFCA) currently under development by the Office of the National Coordinator for Health Information Technology (ONC) pursuant to the 21st Century Cures Act.

➢ The HITO should closely monitor ongoing development of TEFCA to ensure alignment and conformance with CT governance and trust framework; strategic opportunities for participation as either a HIN or QHIN should be identified and assessed.

➢ The Principles of Trusted Exchange should be endorsed:

- Standardization
- Transparency
- Cooperation and non-discrimination
- Security and patient safety
- Access
- Data-driven accountability

➢ The final Common Agreement of TEFCA should be taken into consideration in the development of a Trust Agreement by the HIE entity.

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Additional Considerations

Additional Considerations

The below additional considerations are not formal recommendations from the Governance Design Group. These additional considerations brought forth by Design Group members were captured as potential future discussion topics for the HIE entity.

➢ Once established or designated, the HIE entity should make recommendations based on the below activities:

- Review existing state privacy laws, for HIE adaptation to align with TEFCA and the needs and requirements for statewide data sharing

- Conduct ongoing monitoring of legislation and market research to ensure policy and strategy alignment

- Engage in ongoing governance review, including monitoring of the composition and size of the Board of Director

Discussion

- ➢ Review and approval of recommendations
- ➢ Final report to be produced after Council approval of recommendations
- ➢ Next steps

# Medication Reconciliation and Polypharmacy Workgroup

Prevalence of Chronic Conditions
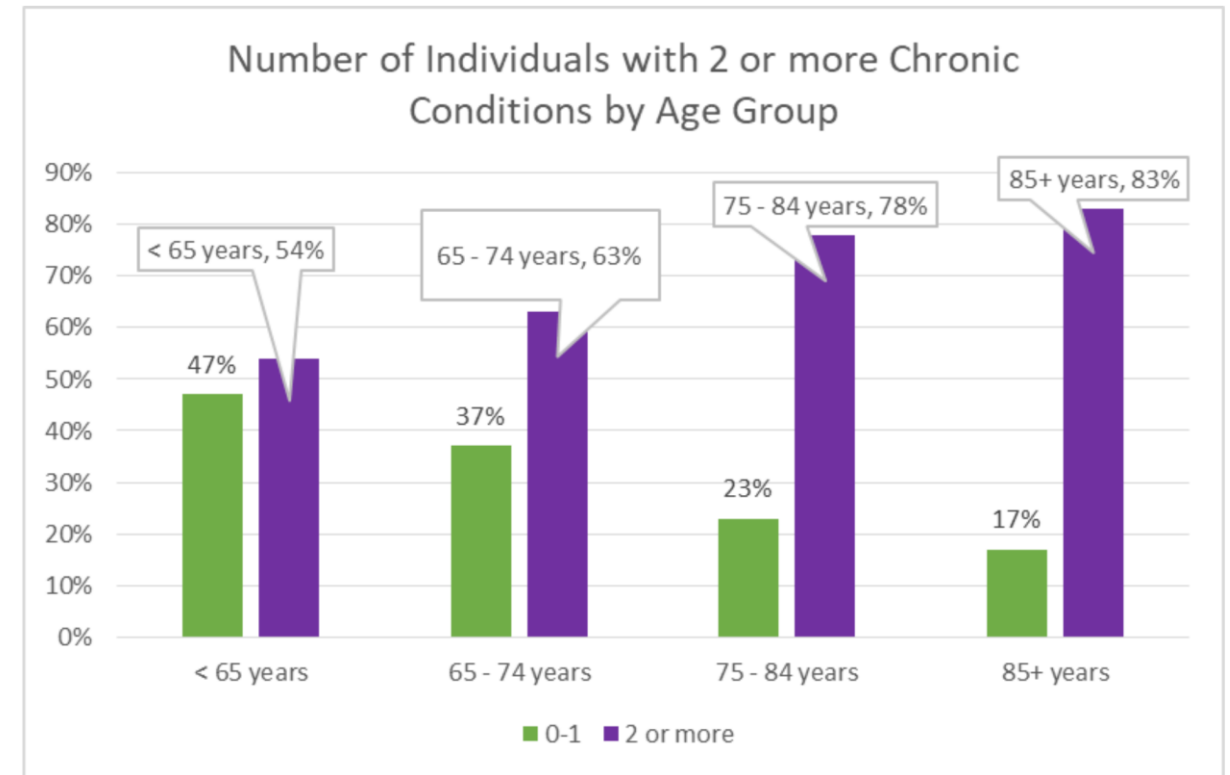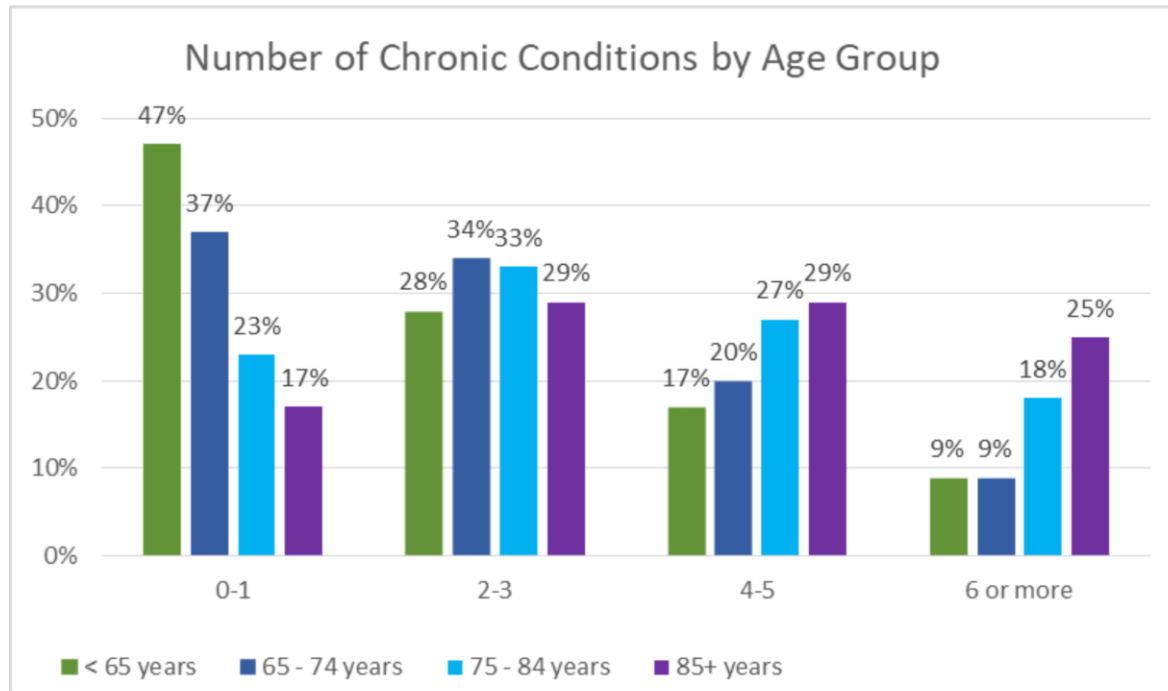
Source: Med Wreck: Proposing a Solution for the Nightmare of Medication Reconciliation by Dr. Phil Smith, 2017, Applied Health IT Experts, LLC, First Edition, p. 11-12

Prescription Drug Use

Figure 15. Prescription drug use in the past 30 days among adults aged 18 and over, by age and number of drugs taken: United States, 1988–1994 through 2013–2014
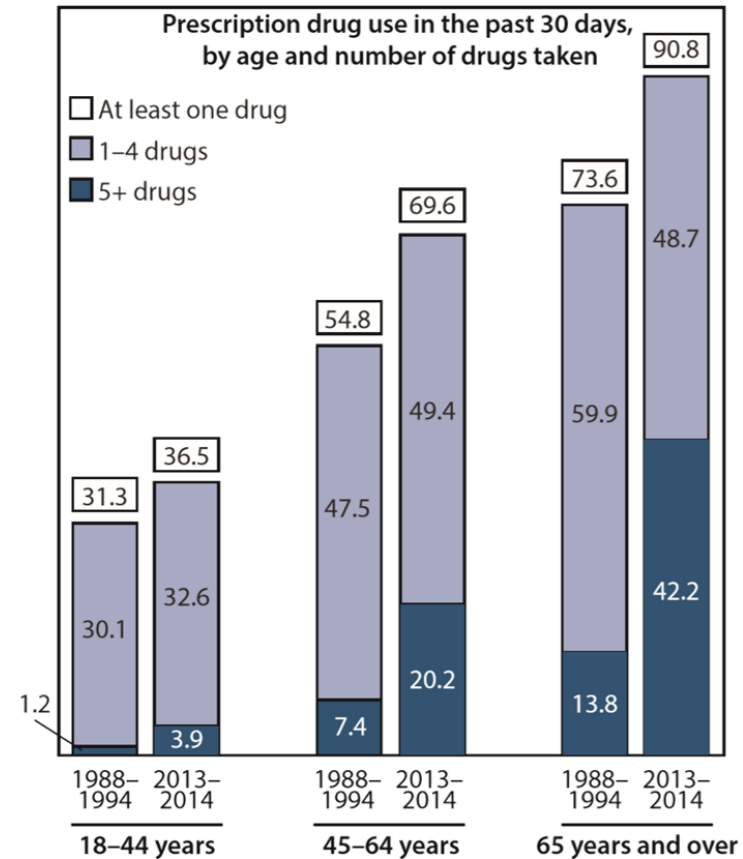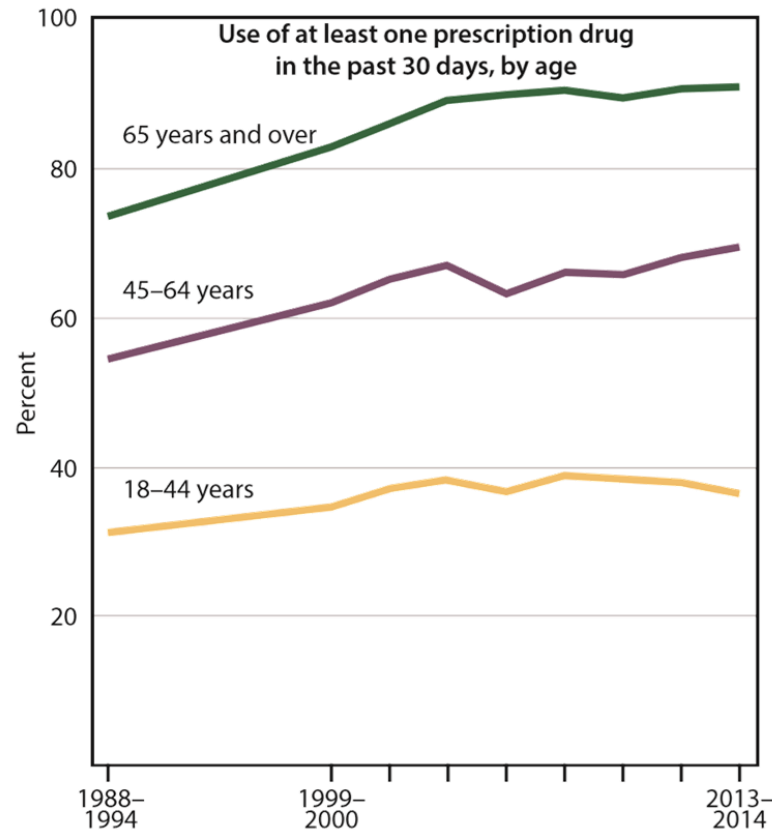
NOTES: Respondent-reported use of prescription drugs in the past 30 days. See Appendix II, Drug. See data table for Figure 15.

SOURCE: NCHS, National Health and Nutrition Examination Survey (NHANES).

Excel and PowerPoint: http://www.cdc.gov/nchs/hus/contents2016.htm#fig15
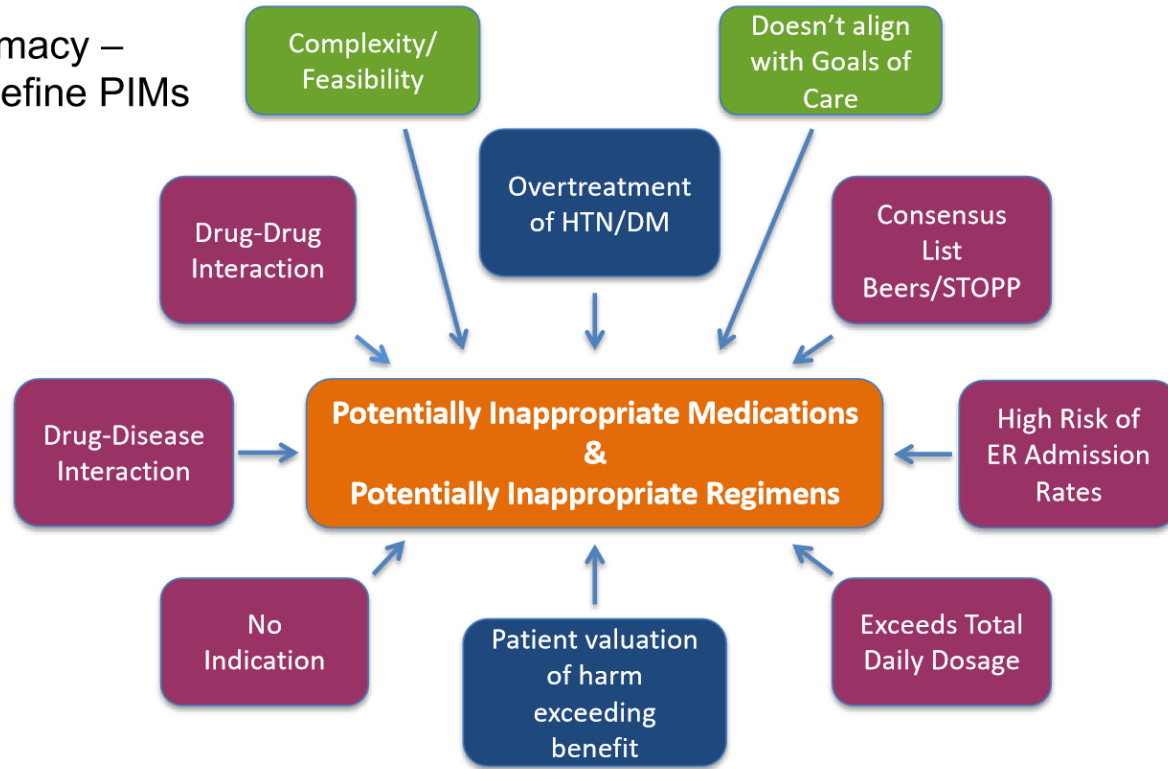
Why is Polypharmacy a Concern?

- Medications approved based on studies excluding:
  - Those on other medications
  - 65+ year olds

- Interactions and side effects increase with number taken

- Often, no "master list" of active medications exists:
  - Multiple providers, each writing prescriptions
  - Providers often unaware of other prescriptions
  - Patients and caregivers may go to multiple pharmacies and are often confused about medications

Polypharmacy in Connecticut in 2018:
Opioids Are Not The Only Issue

Amy C. Justice MD, PhD
Professor of Medicine and Public Health, Yale University
Staff Physician, Veterans Affairs Connecticut Healthcare System

Polypharmacy – How to Define PIMs

Complexity/ Feasibility

Doesn't align with Goals of Care

Drug-Drug Interaction

Overtreatment of HTN/DM

Consensus List Beers/STOPP

Drug-Disease Interaction

Potentially Inappropriate Medications & Potentially Inappropriate Regimens

High Risk of ER Admission Rates

No Indication

Patient valuation of harm exceeding benefit

Exceeds Total Daily Dosage

Polypharmacy – When Less is More

Sean M. Jeffery, PharmD, BCGP, FASCP, AGSF
Clinical Professor, Department of Pharmacy Practice
University of Connecticut School of Pharmacy
&
Director, Clinical Pharmacy Services
Integrated Care Partners
Hartford HealthCare

UCONN SCHOOL OF PHARMACY

Integrated Care Partners
A Hartford HealthCare Partner
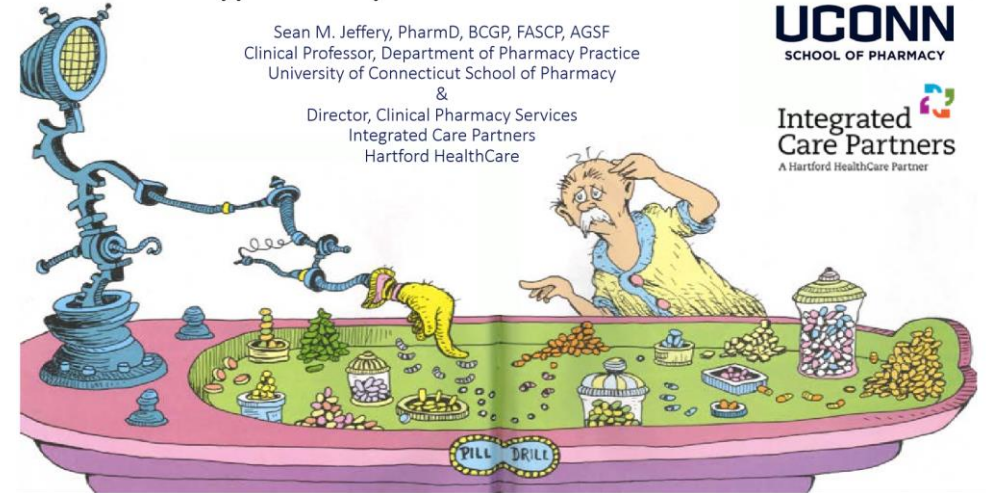
Med Rec Challenges
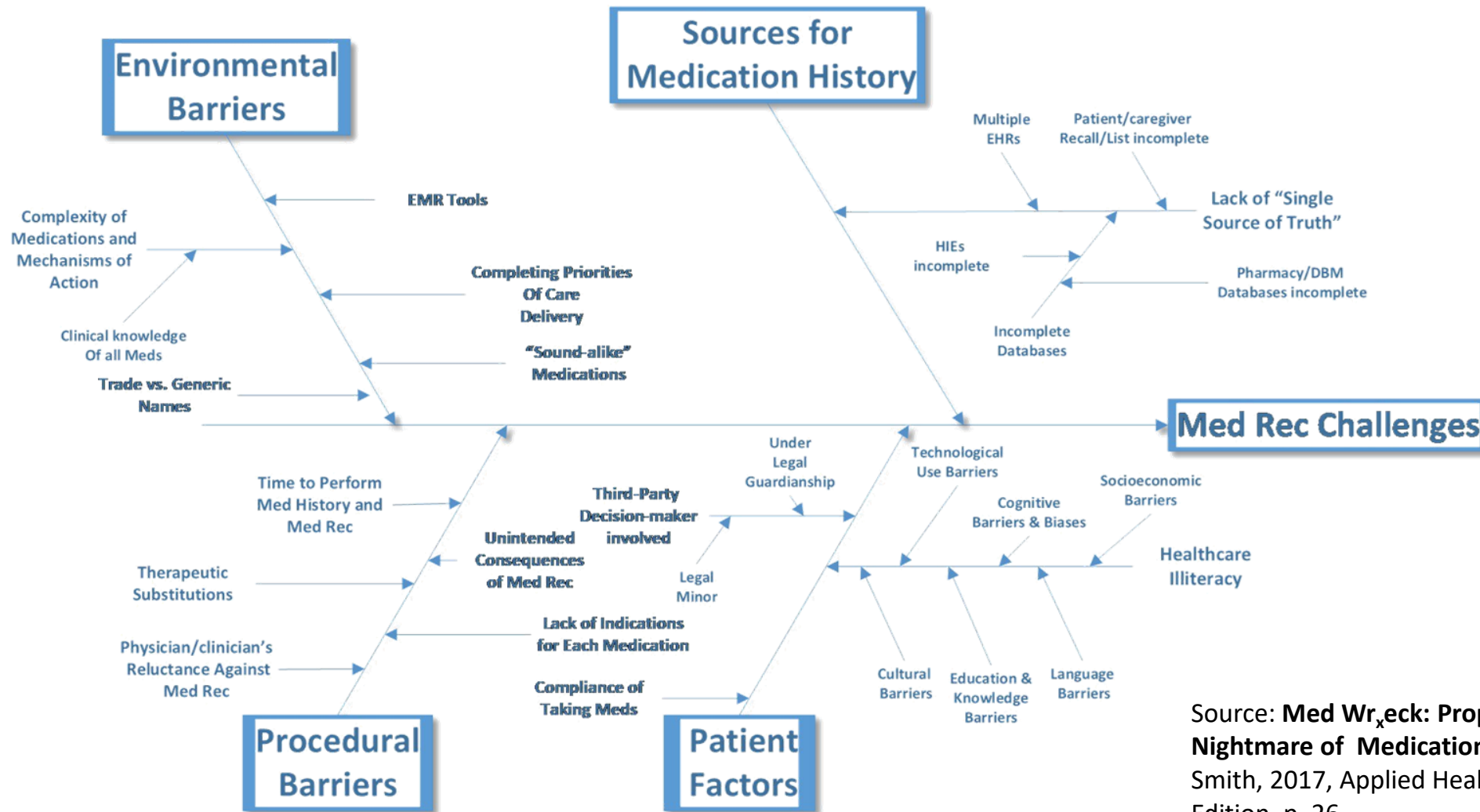
Source: **Med Wr$_x$eck: Proposing a Solution for the Nightmare of Medication Reconciliation** by Dr. Phil Smith, 2017, Applied Health IT Experts, LLC, First Edition, p. 26

Med Rec Use Case*

Use Case Summary: Medication Reconciliation

Prepared for the HIE Use Case Design Group of the Health IT Advisory Council

Prepared by CedarBridge Group

The **Use Case Summary provides a baseline reference document** with the following information:
- The **function and purpose of the Use Case in narrative form**, including the **value proposition(s)** for various actors participating in the Use Case and a **persona** to show at a personal level how this use case might be of benefit to a patient, caregiver, or others.
- **Diagrams** showing data and work flows and **key actors in the Use Case** (e.g., data senders and receivers, patients, providers, care coordinators, clinics, labs, pharmacies, hospitals, HIE service organizations, state agencies etc.)
- The **legal and regulatory framework** relating to the Use Case
- High level **policy and business case considerations** relating to the Use Case

The Use Case Summary is intended to promote understanding among participants in a health information exchange data-sharing community and how the Use Case fits within the overall roadmap for statewide electronic sharing of health information.

Executive Summary

In this section provide a brief summary of the Use Case's **function and purpose**. Also include a brief description of the importance and expected positive impact from implementation of this Use Case (i.e., **value proposition**). Be as specific as possible in describing the value of this use case and what stakeholder group (e.g., patients, providers, payers) receives this value. Include a **persona** to show how this use case is of specific benefit to a patient or their caregiver.

Function and Purpose

At a minimum, the output of medication reconciliation is the creation of a "gold standard" medication list. According to the Centers for Medicare and Medicaid Services (CMS), medication reconciliation can be defined as "the process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider."[1] In this case, "accurate" can be defined as the inclusivity of all active medications a patient is taking (including prescription and over-the-counter/herbal/vitamins/dietary supplements), in addition to correct medication dosages.

Medication reconciliation is often performed by comparing at least two sources, such as a patient's home medication list, the medication list from an electronic health record (EHR), or a recent hospital discharge summary. Ideally, this process should include communications with all community-based prescribers, pharmacists, and the patient/caregiver to clarify any identified medication discrepancies.

Medication reconciliation is fraught with challenges as the following schematic from **Med Wreck** illustrates:

TABLE 5. RECOMMENDATION #1: WAVE 1 USE CASES

Wave 1 Use Cases and Associated Tasks	
eCQM	• Procurement and implementation
IIS (Submit/Query)	• Implementation and integration with Public Health Reporting; procurement
Longitudinal Health Record	• Leverage eHealth Exchange, CareQuality, and CommonWell • Implement core services (e.g. master person index and health provider directory)
Public Health Reporting	• Assess potential to leverage/expand AIMS • Implement expanded data elements, onboarding, and technical assistance
Clinical Encounter Alerts	• Finalize business and functional requirements • Procurement / contracting (including leverage existing assets)
Image Exchange	• Finalize business and functional requirements • Further discussions with NYeC and other image sharing networks

Recommendation #2: Utilize Wave 2 Use Cases to Inform Near-term Planning Process

While the core services infrastructure, governance model, and Wave 1 use cases are being implemented, the HIE Use Case Design Group recommends that the state utilize the identified Wave 2 use cases and associated tasks to inform the immediate planning process for future use case implementation. The state should continue to analyze business, technical, and functional requirements, and should revalidate sequencing prior to the implementation of Wave 2 use cases.

TABLE 6. RECOMMENDATION #2: WAVE 2 USE CASES AND ASSOCIATED TASKS

Wave 2 Use Cases and Associated Tasks	
Medical Reconciliation	• Implement program for process re-design and supporting technology
MOLST / Advance Directives	• Partner with existing MOLST Task Force and Advisory Committee for assessment of technology value-add and the value of a complimentary AD Registry
Patient Portal	• Plan for rollout after implementation of longitudinal health record
Population Health Analytics	• Plan for rollout after eCQM reporting system and required technical architecture

*From HIE Use Case Design Group Findings and Recommendations

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CancelRx – gives us a start

Group of Clinical Leaders formed organically to solve a problem

- CMIO's meeting at AMIA in November and discussing how to get engaged with HIE efforts of the state – reviewing priority use cases
- Discussed a major pain-point and patient safety risk
- Able to cancel prescription electronically but rarely used in CT
- Complex to implement in the EHR, pharmacies not participating (or unknown), Surescripts offered support but it wasn't working
- Formed a group - Medication Reconciliation planning
- Supported by UConn Health but broad participation

CancelRx Workgroups

➢ 8 meetings (January, 2018 - Current) – with several upcoming

➢ 30+ participants (4 students)

➢ 15+ Orgs: (Yale, Trinity, UConn, St Joseph, Hartford Health, CVS, Surescripts, NCPCP, CT Pharm Association, CT VNA, State agencies, EHR and Pharmacy Vendors)

➢ Diverse group (CMIO, CIO, PharmD, MD, MBI, MPH, MLS)

➢ 1 Convener, 3 Workgroup Leaders & 1 Workgroup Coordinator

➢ Methodology/Process:

▪ 3 Sub-groups: Workflow, Return on Investment (ROI) & Technical Requirements

➢ Timeline:

▪ Sept 2018: Executive Summary completed

▪ Sept 2018: OHS Med Rec Workgroup begins

Wins for CancelRx Work in Connecticut!

Work Products

➢ Pilot at Yale with surrounding pharmacies – leading towards lessons learned (Hartford Health and Trinity New England to start soon)

➢ Paper accepted by J. American Medical Informatics Association (JAMIA)

➢ NCPDP/HIMSS Pharmacy Town Hall Webinar Series, Part 1: Perfecting ePrescribing presentation

➢ Presentation submitted for HIMSS 2019

➢ Connecticut CancelRx Workgroup Executive Summary (coming soon)

Potential Next Steps

➢ HIE IAPD-U for Med Rec Planning (submitted)

➢ Grant for Cancel Rx (or Med Rec) obstacles / solutions

➢ Healthcare organizational support for pilot testing & Rollout (cost and safety issues)

➢ State as employer for additional study of options for state employees

➢ Partner with insurers for lowered costs / patient safety

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CancelRx to Med Rec Success

➢ Increase adoption/use of CancelRx in CT for patient safety/efficiency

➢ Create beginnings of a Connecticut Healthcare Learning Environment

   ▪ Routine connection between pharmacy groups and healthcare organizations
   ▪ Create a) roadmap of collaboration b) track record of successes

➢ CancelRx group passes recommendations to OHS Med Rec Group

   ▪ Operations Manual with tech standards to enable & implement CancelRx
   ▪ Educational materials for technical and clinical onboarding

➢ Define Policy implications

   ▪ Legislative, PDMP, HIE implication, education and tech assistance activities
   ▪ Consider novel HIE mechanism like FHIR for reconciled med list across settings

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Background on Polypharmacy Work Group

- ➢ Special Act 18-6 signed by the Governor May 2018
  - ▪ Bill was put forward by Public Health Committee
  - ▪ Hearing:
    - Dr. Justice - *Polypharmacy in Connecticut in 2018*
    - Dr. Agresta - *Polypharmacy: Clinician-Informatician's Perspective*
    - Mr. Hackney - *Medication Reconciliation Use Case in HIT*
    - Mr. Jeffrey - *Polypharmacy – When Less is More*
    - Mr. Marriott - *Potential Expansion of the Prescription Monitoring and Reporting System*
    - Potential Solutions and Funding Sources

- ➢ Directs HITO to establish a working group to deliberate on the concerns associated with medication reconciliations and polypharmacy

- ➢ Objective: recommend practical approaches and investments to improving the ability to reconcile medication lists, and demonstrably reduce the incidence of undesirable drug interactions

- ➢ Present a final report and recommendations to the Health IT Advisory Council and the General Assembly no later than July 1, 2019

Approach

Minimum membership (nominations by July 13):
- Two experts in polypharmacy
- Two experts in medical reconciliation
- A representative of the Department of Consumer Protection
- A pharmacist licensed under chapter 400j of the general statutes
- A prescribing practitioner
- A member of the State Health Information Technology Advisory Council

Meetings
- Monthly in-person
- Webinars and conference calls as needed

July 19 Council Meeting
- Review membership recommendations from Co-Chairs

Process
- Analyze and recommend approaches to improve the ability to prepare efficient and reliable reconciled medication lists to serve the clinical needs across relevant care-giving settings.
- Assess mechanisms to gather and assure the quality pertinent medication data.
- Recommend objectives and metrics for measuring the impact of reductions incidence of undesirable drug interactions.
- Introduce additional objectives and outcomes that may include policy recommendations and/or legislation suggestions, among other things.
- Sub-committees may be created as needed to support workgroup

Planning Phases
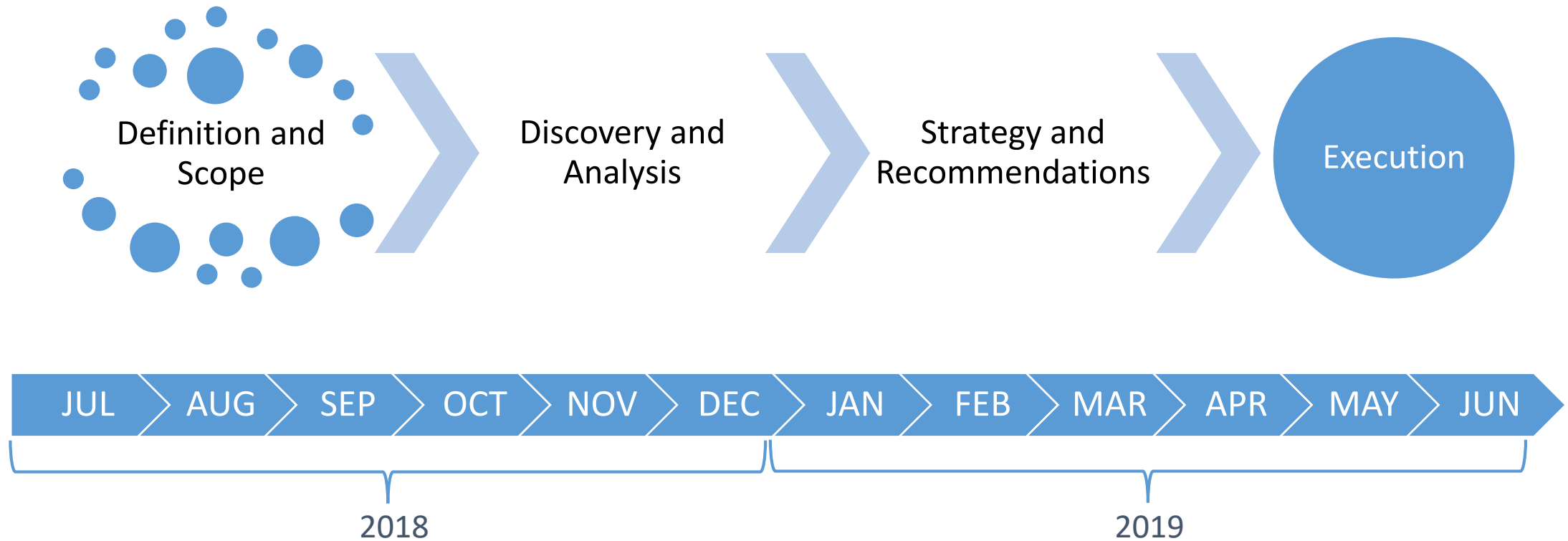
Work Group Solicitation Process

Proposed Membership

Proposed Membership

Name	Title/ Organization	Membership Category
Sean Jeffrey	Clinical Pharmacy Services, Integrate Care Partners Hartford Health Care	Expert in Medication Reconciliation
Nitu Kashyap	Executive Director, Clinical Informatics Yale New Haven	Expert in Medication Reconciliation
Kate Steckowych	Clinical Pharmacy Coordinator Value Care Alliance	Expert in Medication Reconciliation
Amy Justice	Professor of Medicine and Public Health Yale University VA CT Healthcare System	Expert in Polypharmacy
Janet Knecht	Associate Professor in Nursing University of Saint Joseph	Expert in Polypharmacy

Proposed Membership (Cont.)

Name	Title/ Organization	Membership Category
Nathaniel Rickles	Associate Professor of Pharmacy Practice UConn School of Pharmacy	Expert in Polypharmacy
Margie Giuliano	CEO, CT Pharmacists Association	Pharmacist
Anne Van Haaren	Clinical Director, CVS Health	Pharmacist
Thomas Agresta	Director of Informatics UConn Health	Prescribing Practitioner
R. Douglas Bruce	Chief of Medicine Cornell Scott-Hill Health Center	Prescribing Practitioner
Ece Tek	Chief of Behavioral Health Services Cornell Scott-Hill Health Center	Prescribing Practitioner

Proposed Membership (Continued)

Name	Title/ Organization	Membership Category
Lesley Bennett		Represents Consumers
MJ McMullen	Principal Business Advisory, Surescripts	Represents expertise in Cancel Rx workflow
Jennifer Osowiecki	Outside Legal Counsel, CT Hospital Association	Represents expertise in law
Diane Mager	Board Member CT Association of Healthcare at Home	Represents LTPAC/ Hospice
Jameson Reuter	Vice President of Pharmacy, ConnectiCare	Represents Payers
Jeremy Campbell	Associate Director of Health Information Boehringer-Ingelheim	Represents Pharmaceuticals
Peter Tolisano	Statewide Director of Psychological Services; CT Dept. of Developmental Services	Represents a State Agency

Proposed Membership (Continued)

Name	Title/ Organization	Membership Category
Rodrick Marriott	Director, Drug Control Division	Representative of the Department of Consumer Protection
Bruce Metz	CIO, UConn Health	Member of the Health IT Advisory Council

Discussion and Approval

Suggestions from the Health IT Advisory Council?

Wrap up and Next Steps

Next Health IT Advisory Council Meeting:

Thursday August 16, 2018 | 1:00 pm – 3:00 pm
Legislative Office Building, Hearing Room 1D

Contact Information

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