Medication Reconciliation Use Case in Health Information Technology (HIT)

Public Health Informational Hearing
January 22, 2018
The HITO, HIT Advisory Council and HIE Development

PA 16-77 Created HITO Role and Council

**Health Information Technology Officer (HITO):**
- Creating and administering 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

68 interviews
4 focus groups
52 surveys

130 Organizations
282 Individuals

Findings were summarized for the Health IT Advisory Council on 5/18/2017

The Council accepted the findings and encouraged planning to commence quickly.
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)
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

<table>
<thead>
<tr>
<th>Wave 1 Use Cases and Associated Tasks</th>
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<tbody>
<tr>
<td>eCQM</td>
<td>• Procurement and implementation</td>
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<td>Immunization (Submit/Query)</td>
<td>• Implementation and integration with Public Health Reporting; procurement</td>
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<tr>
<td>Longitudinal Health Record</td>
<td>• Leverage eHealth Exchange, CareQuality, and CommonWell</td>
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<td>• Implement provider portal</td>
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<td>Public Health Reporting</td>
<td>• Assess potential to leverage/expand AIMS</td>
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<td>• Implement expanded data elements, onboarding, and technical assistance</td>
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<tr>
<td>Clinical Encounter Alerts</td>
<td>• Finalize business and functional requirements</td>
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<td></td>
<td>• Procurement / contracting (including leverage existing assets)</td>
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<tr>
<td>Image Exchange</td>
<td>• Finalize business and functional requirements</td>
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<th>Wave 2 Use Cases and Associated Tasks</th>
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<tr>
<td>Medical Reconciliation</td>
<td>• Implement program for process re-design and supporting technology</td>
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<td>MOLST / Advance Directives</td>
<td>• Partner with existing MOLST Task Force and Advisory Committee for assessment of technology value-add and the value of a complementary AD Registry</td>
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<td>Patient Portal</td>
<td>• Plan for rollout after implementation of longitudinal health record</td>
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<tr>
<td>Public Health Reporting</td>
<td>• Plan for rollout after eCQM reporting system and required technical architecture</td>
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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

HIE Design Group recommendations to HIT Advisory Council – Oct 19, 2017
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

Chart – Dr. Phil Smith, Med Wreck: Proposing a Solution for the Nightmare of Medication Reconciliation
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
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