Testimony
Before the Public Health Committee
In Support of Senate Bill 217
March 16, 2018

Good afternoon Senator Gerratana, Representative Steinberg, Senator Somers, Representative Srinivasan and members of the Public Health Committee. For the record, I am Allan Hackney, Health Information Technology Officer (HITO) for Connecticut operating out of the Office of Health Strategy. Today I submit testimony in support of Senate Bill 217, AN ACT REQUIRING THE HEALTH INFORMATION TECHNOLOGY OFFICER TO ESTABLISH A WORKING GROUP TO EVALUATE ISSUES CONCERNING POLYPHARMACY AND MEDICATION RECONCILIATION.

This bill is the product of collaboration among the HITO, providers, including pharmacists, university partners and others to ensure that the state addresses the ongoing need for a uniform and workable method for addressing the potentially harmful problems of polypharmacy and the impacts of lack of medication reconciliation on the health of consumers and healthcare costs.

Finding practical and reliable solutions for medication reconciliations is a high priority in the Connecticut health care ecosystem:

- During a broad stakeholder outreach conducted between February and April, 2017, the inability to dependably reconcile medications was a common concern, especially among behavioral health, long-term post-acute care, physician provider groups, independent physicians, and the Veteran’s Administration.\[i\]
- The Health Information Technology Advisory Council accepted a design group’s recommendations to prioritize medication reconciliations as a “Top 10” use case, and requested the HITO to include necessary requirements planning in a pending federal funding request to establish the statewide Health Information Exchange (HIE)\[ii\]
- Physicians and pharmacists from the Veterans Administration, UConn and other institutes have lobbied for increased attention to polypharmacy to address patient safety resulting from adverse drug interactions\[iii\]
- Physicians, Chief Medical Information Officers, academics and other clinical care givers formed self-governing body to investigate the potential for Cancel RX, an emerging national standard for electronically cancelling prescriptions, to address many of the practical issues that create the need for reconciling medications.
The proposed work group harnesses the energy and interest from various health care sectors toward finding common and practical solutions to addressing the unmet needs.

Under subsection (d) of section 17b-59f of the general statutes, the chairs of the HIT Advisory Council are authorized to establish working committees. While the chairs can proceed to establish a medication reconciliation working group on their own authority, statutorily creating a work group in this particular instance offers several advantages:

- While the underlying needs for collection of data for all prescribed drugs, a reconciliation mechanism and the application of informed know-how to detecting and avoid adverse drug interactions are largely agreed, there are conflicts with respect to priorities, and the necessary infrastructure and tools needed to address the needs. This bill ensures balanced representation of the differing views in the formalized structure of the working group.
- A number of efforts to galvanize support for polypharmacy and medication reconciliation have arisen on a self-initiated basis outside governmental constructs. By bring these efforts together in a formalized work group such as this bill proposes, the HITO may be able to attract Federal funding to support their recommendations by incorporating them directly into the policies and priorities of the HIT Advisory Council.

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1. HIT Advisory Council – May 18, 2017 Environmental Scan: Summary of Findings
3. Public Health Polypharmacy Forum – Jan 31, 2018