Public Health Committee
JOINT FAVORABLE REPORT

Bill No.: SB-217
Title: AN ACT REQUIRING THE HEALTH INFORMATION TECHNOLOGY OFFICER TO ESTABLISH A WORKING GROUP TO EVALUATE ISSUES CONCERNING POLYPHARMACY AND MEDICATION RECONCILIATION.
Vote Date: 3/23/2018
Vote Action: Joint Favorable
PH Date: 3/16/2018
File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To require the Health Information Technology Officer to establish a working group concerning polypharmacy and medication reconciliation.

This bill requires the state Health Information Technology Officer to establish a working group to evaluate issues on polypharmacy and medication reconciliation. Working group members must include, but are not limited to: (1) two polypharmacy experts, (2) two medical reconciliation experts, (3) one DCP representative, (4) one licensed pharmacist, (5) one prescribing practitioner (e.g., physician, APRN, or physician assistant), and (6) one member of the Health Information Technology Advisory Council.

RESPONSE FROM ADMINISTRATION/AGENCY:

Allan Hackney, Health Information Technology Officer [HITO], Connecticut Office of Health Strategy [OHS]: OHS supports Senate Bill 217. Which resulted from a collaboration among the HITO, providers, pharmacists, university partners, and others to ensure that the potentially harmful problems of polypharmacy, medication reconciliation, the health of consumers, and healthcare costs are addressed. Finding practical and reliable solutions for medication reconciliation is a high priority in the Connecticut health care ecosystem. The Health Information Technology Advisory Council utilized recommendations, from a design group, to prioritize medication reconciliations as a “Top 10” use case. With that, the HITO began the necessary steps in planning a federal funding request, to establish the statewide Health Information Exchange [HIE].

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. 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. Physicians, Chief Medical Information Officers, academics, and other clinical care givers formed a self-governing body to investigate the potential for CancelRx, and emerging national standard for electronically cancelling prescriptions, to address many of the practical issues that create the need for reconciling medications.

Current law (subsection (d) of section 17b-59f) allows the chairs of the HIT Advisory Council are authorized to establish working committees, but statutorily creating a work group offers several advantages:

1. ensures balances representation of the differing views in the formalized structure of the working group
2. attract Federal funding to support recommendations by incorporating them directly into the policies and priorities of the Health Information Technology Advisory Council

Senator Martin M. Looney, President Pro Tempore, Connecticut General Assembly:
Currently, polypharmacy is one of the greatest complications in the United States, with the senior community being the largest population affected. This makes medication reconciliation a struggle. During the Public Health Committee informational forum, held in February, the following three key points were emphasized: Polypharmacy and medication reconciliation is a complex problem that needs to be addressed; everyone is affected, including but not limited to, researchers, providers, payers, consumers, and patients; thirdly, there is no clear and concise resolution to this epidemic at this time and for these reasons, I urge passage of SB 217, so we may find a solution.

NATURE AND SOURCES OF SUPPORT:

Dr. Thomas A. Agresta, Professor, UConn Health Center: Medication Reconciliation [Med Rec] is the process of creating the most accurate list of current medications for a patient and then comparing the list to the information found in the Electronic Health Record of a clinician or Personal Health Record for the patient or their family. This process often becomes difficult as a patient may be seeking care from multiple providers, who in turn, may provide multiple treatments or modify prescriptions without updating either record. During the HIT Advisory Council meeting, Med Rec was chosen as a "Wave 2" implementation because of its complexity. Difficulties stemming from polypharmacy can result in adverse patient care outcomes and substantial, unnecessary medical costs.

I strongly support this bill and its proposal to work in a formal fashion to address polypharmacy and medication reconciliation and commit to aiding the effort.

Tracy Wodatch, Vice President of Clinical and Regulatory Services, The Connecticut Association for Healthcare at Home: The Connecticut Association for Healthcare at Home, is in support of establishing a working group to evaluate polypharmacy and medication

reconciliation. Should this bill be passed, we strongly urges the HITO to include a member from the home health and hospice provider community as a member of the working group. Home health and hospice nurses are on the forefront of medication reconciliation as they are the only clinician who performs Med Rec in the patient's home, viewing prescribed and over-the-counter medications. Since home health providers are required to perform comprehensive assessments, as part of patient admission, they are often able to identify and prevent many adverse drug events. Establishing a working group to address polypharmacy and medication reconciliation is a strong step toward improved care coordination and ensuring consistent best practices, which will minimize ADEs, ED visits, and hospital admissions due to medication errors.

Lisa Freeman, Executive Director, Connecticut Center for Patient Safety: Connecticut Center for Patient Safety conducted workshops on polypharmacy at various senior centers in Connecticut. The fact that many residents take five or more prescriptions medications at a given point in time creates the need for us to explore and evaluate issues concerning polypharmacy and medication reconciliation. Medication reconciliation initiatives will help us address many of the concerns ranging from the opioid crisis, to falls, to medication induced dementia, and even the excessive amount that we are spending on health care. During a study conducted by Yale in 2012, relating to Med Rec and patient misunderstanding, upon discharge patients lacked understanding 81.6% of ceased medications and 69.3% of re-dosed medications purposes. Likewise, 24.2% of all changes were classified as provider errors. The findings of this study support the need for establishing a working group. I respectfully request that an impartial patient representative be named to this working group, in addition to those specified in the bill.

Amy C. Justice, Professor of Medicine and Public Health, Yale School of Medicine: Amy Justice submitted testimony in support of Senate Bill 217. A US National Health and Nutrition Evaluation Survey [NHANES] concluded that from 1999 to 2012 the proportion of people taking five or more prescription medications doubled. In 2012, polypharmacy affected one in ten people aged 40 to 64 years; as well as, one in four for those aged 65 and older. Projecting these trends to 2018 we can expect that one in five people 40-64 years of age and one half of those 65 years and older experience polypharmacy. While those 40-64 are approximately equally likely to experience polypharmacy or receive an opioid prescription, those 65 years of age and older are twice as likely to experience polypharmacy and to receive an opioid. Polypharmacy is associated with falls and fractures, dementia and delirium, hospitalizations, and mortality. Older people are particularly susceptible to these harms. In addition, pharmaceuticals are a major driver of public and private health care costs. We are spending money to kill people.

First, drug trials are focused on measuring the benefits in ideal circumstances. As a result, drugs are approved by the Food and Drug Administration based upon optimized, short-term benefits shown in trials excluding older individuals, those with other medical conditions, and those on multiple medications. Second, quality of care guidelines attempting to facilitate the practice of evidence based medicine push providers to initiate many medications for asymptomatic conditions to prevent progression to bothersome symptoms such as gastric reflux, insomnia, and constipation rather than engage in lengthy, and often unwelcome, lifestyle counselling. Fourth, patients see multiple specialty providers, each of whom prescribes medication, often without consulting the other. Finally, once a medication is started, it is rarely discontinued.

Reasons such as over prescribing by busy providers and the number of individual specialty providers a patient may see are a couple of the reasons why polypharmacy have become uncontrollable. Providers are typically only aware of medications they prescribe, patients fill prescriptions at multiple pharmacies that do not communicate with each other, and patients and caregivers are often confused by multiple names and preparations of the same drug compound. A comprehensive solution needs to be implemented in order to correct polypharmacy in Connecticut.

NATURE AND SOURCES OF OPPOSITION:

None

Reported by: Anne Gallagher **04/04/2018**