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, 2025

**Agenda, August 21st, 2025.**

5

. Additional items

1

. Welcome and

introductions

2

. A

state funded

eMAR

for MAP

service

providers

3. MAP training and testing: Data analysis, trainer collaboration and further questions

4

. Upcoming policy updates

A state sponsored eMAR for MAP providers.

**The Need for Modernization**

2021/22 - We recognized that challenges exposed by the pandemic accelerated the urgency to modernize MAP.

|  |
| --- |
| **Key Findings** |
| **Study** • An independent study by **Eastern Research Group (ERG)** in 2022 produced 30 modernization **Findings** recommendations, the **introduction of a single, state-sponsored eMAR system for all MAP providers** was key to the success of these. |
| **eMAR.** • A state-sponsored eMAR would provide a **standardized, efficient, and safer** medication **Impact**  administration process. |
| **eMAR** • Workgroup convened in early 2023 was **unanimously in support of this recommendation**, but **Consultation** recognized implementation would require significant state support and funding. Workgroup asked DPH to pursue this with EHS to the extent possible. |
| **MAP Provider** • A 2023 survey of MAP providers found that made available (assuming it was of sufficient quality and could integrate with existing EHR systems). **95% of them would adopt a state-sponsored eMAR** if  **pilot and** Alongside this a pilot for nine providers focused on **optimizing multi-dose packaging deployed an**  **Survey eMAR successfully**. |

**ERG Findings: Why do we need to act now?**

**Importance of**

**acting now**

**1**

**2**

**3**

**Staffing**

**shortages and**

**high turnover**

**rates**

**Hotlines are**

**increasing**

**Medication**

**error leads to**

**safety risks,**

**hospitalization,**

**and harm**

Many MAP sites still rely on

**outdated paper**

**-**

**based systems**

.

Others may be adopting their own

eMARs

, risking

fragmentation.

**Staffing shortages and high turnover rates**

are having a critical impact on medication safety.

1

2

3

Data

-

driven decision making is prevented by inconsistent records,

fragmented across multiple providers and sites. Medication errors

and lack of oversight can lead to

**safety risks, hospitalization**

**and serious harm**

.

**Hotlines have steadily increased over the last five**

**years,**

and we believe an

eMAR

will help to address this.

**Current challenges in MAP**

What are the benefits of a high performing eMAR?

Findings from other states demonstrate that the use of a single state-sponsored eMAR will:

1

Allow for uniform medication administration training and

protocols and enhance the safety of medication administration to

individuals served.

4

Upgrade or replace the eMAR systems currently in use that vary significantly in the quality of

safety features, ease of use, and compliance with MAP policy.

2

Strengthen communication with pharmacies and enhance control

of medication supplies.

5

Provide access for DPH and the four MAP agencies to data that would assist in quality improvement and planning.

3

Facilitate remote management and oversight of medication

administration activity

6

Enhance the ability of providers and State agencies to be more

proactive/strategic. We can see

trends in care and patient needs and address these.

What are the outcomes?

Research also demonstrates that clear benefits will be realized for patients, staff, providers, and MAP agencies.

Reduce medication administration

errors

and improve

**patient safety**

.

Increase

**efficiency**

on med passes.

Avoid downstream

**harm,**

**hospitalizations and associated costs.**

Improve workforce

**satisfaction**

and

**retention**

.

Cost

-

effective solution with potential

**statewide impact**

beyond MAP.

**Real**

**-**

**time data**

access for better oversight and compliance.

**2**

**1**

**3**

**4**

**5**

**6**

# Procurement and Evaluation of an eMAR Provider

* Following a multi-year, multi-agency evaluation effort (involving EOHHS, DPH, DMH, DCF, MassAbility, and DDS), the project team has contracted with **Impruvon Health** to provide an eMAR system that **can be made available very soon to all MAP sites**.
* This evaluation and negotiation process, coupled with the urgent medication management challenges faced by the MAP Agencies, resulted in **unanimous multi-agency support** for this engagement.

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* To satisfy our requirements and maximize the likelihood of success, Impruvon has structured an expansive license for the Commonwealth covering our project initiatives until FY28.
* Licenses available for providers during this time will include **infrastructure build and configuration, training, support, eLearning, and maintenance**.

**Who is Impruvon?**

* Impruvon Health, a trusted and proven platform in medication management in residential settings and community programs.

|  |
| --- |
| **Impruvon** |
| • Successfully implemented in **11 other states,** Impruvon offers a simplified day-to-day medication process—from pharmacy to provider to person served—by **automating the most time-consuming tasks, minimizing human error, and providing real-time documentation** to serve the unique needs of the 18,000 individuals across Massachusetts who receive medications from MAP certified staff. |
| • A seamless integration with pharmacy systems, so accurate medication data flows directly to residential providers—cutting down on paperwork, manual entry, and risk. **You do not need to change your preferred pharmacy provider** as Impruvon can be compatible with all providers, both local and national. |
| • An operating system that will be compatible with devices owned by agencies or operated at MAP sites as well as systems utilized by these agencies or at these sites, such as an EHR system. As such, **you do not need to make any changes or upgrades to your current operating systems.** |

A project team has now been formed to operationalize this work, consisting of EHS, DPH, DDS, DMH, DCF, MassAbility and Impruvon experts.

* A series of communications to all MAP providers are being formulated and will be distributed in the next few weeks.

MAP providers will receive further information about the system and timelines for implementation.

**Next Steps**

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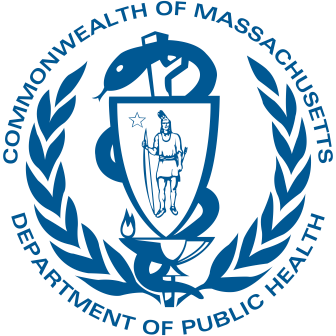
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* Two links will be made available to service users in the opening communication:o A link to register for a virtual information session o A link to enroll in the first round of onboarding to the system

**We encourage you to sign up at the earliest opportunity while we have resources in place to onboard, train and troubleshoot throughout the onboarding process.**

Any questions?

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**MAP Testing, Training, & Certification**

August 2025

|  |
| --- |
| **Improve Reading Comprehension and Reading Ease**   * Lower grade level – Previously at 10th grade level but lowered to 8th grade. o Increase reading ease - Flesch Reading Ease of at least 60, which is standard.   **Improve Readability** o Breaking up long sentences and paragraphs into simple sentences. o Reducing passive voice; using more direct language.   * Re-wording or defining confusing words like ‘post’ or ‘sensitivity.’ o Defining ‘very hard’ words in the text or with footnotes.   **Additional Enhancements** o Reducing redundancies in the text and in the concepts.   * Improving the flow of concepts. * Revising ‘Words You Should Know’, ‘Questions to Ask Your Supervisors’ and other adjunct pieces. o Including a glossary of footnoted terms and: o Multiple improvements to guidance for the testing process to improve accessibility |

**Enhancements to RIA Curriculum and testing procedures in 2024**

# Percent of Students Tested & Certified

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total trained | Number tested\* | Percent tested\* | Number  certified | Percent certified (of Trained) | Percent certified (of Tested\*) |
| 2022-2024 | 8,135 | 6,333 | 77.8 | 4,340 | 53.3 | 68.5 |
| 2024-2025 | 3,991 | 3,282 | 82.2 | 2,346 | 58.8 | 71.5 |

*\*Took at least one part of the test: Knowledge and/or med admin*

# Pass Rate

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2022-2024 | | | 2024-2025 | | |
| Test Type | Number tested | Number passed | Percent passed | Number tested | Number passed | Percent passed |
| KNOWLEDGE | 6,027 | 4,524 | 75.1 | 3,168 | 2,496 | 78.8 |
| Med Admin | 5,402 | 4,692 | 86.9 | 2,877 | 2,521 | 87.6 |

Pass rates for those who took the tests (subset of the 3,991 trained) increased from 75.1 to 78.8 for knowledge and from 86.9% to 87.6% for medication administration. *Note that the number tested for knowledge and number tested for med admin are not mutually exclusive.*

# Time Since Training

Median Days from Training Completion to Test Date

|  |  |  |  |
| --- | --- | --- | --- |
| Test Type | Status | 2022-2024 | 2024-2025 |
| KNOWLEDGE | Failed | 33 | 29 |
| KNOWLEDGE | Passed | 22 | 22 |
| Med Admin | Failed | 39 | 35 |
| Med Admin | Passed | 32 | 29 |

The policy manual version published in November 2023 announced that the time frame for testing would be shortened from 6 months to 3 months to encourage testing closer to training completion (applicable to students who had not yet completed training).

# Testing Attempts

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | 2022-2024 |  |  | 2024-2025 |  |
| Test Type | Attempt number | Number tested | Number passed | Percent passed | Number tested | Number passed | Percent passed |
| KNOWLEDGE | 1 | 7,066 | 3,221 | 45.6 | 3,459 | 1,851 | 53.5 |
| 2 | 2,699 | 1,082 | 40.1 | 1,175 | 526 | 44.8 |
| 3 | 831 | 334 | 40.2 | 330 | 158 | 47.9 |
| 4 | 2 | 2 | 100.0 |  |  |  |
| Med Admin | 1 | 6,096 | 3,634 | 59.6 | 3,071 | 1,963 | 63.9 |
| 2 | 1,629 | 1,006 | 61.8 | 771 | 508 | 65.9 |
| 3 | 278 | 188 | 67.6 | 112 | 81 | 72.3 |
| 4 | 2 | 2 | 100.0 |  |  |  |

*Note that this table measures test attempts, not unique students.*

Pass rates for the first attempt on the knowledge exam increased from 46% to 54%.

Pass rates for the first attempt on the medication administration exam increased from 60% to 64%.

# Training Attempts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2022-2024 | | | 2024-2025 | | |
| Training Attempt | Number trained | Number  certified after training | Percent certified after training | Number trained | Number  certified after training | Percent certified after training |
| 1st | 8,135 | 3,372 | 41.5 | 3,991 | 2,074 | 52.0 |
| 2nd | 1,593 | 789 | 49.5 | 451 | 241 | 53.4 |
| 3rd | 287 | 155 | 54.0 | 49 | 29 | 59.2 |
| 4th | 43 | 21 | 48.8 | 3 | 2 | 66.7 |
| 5th | 8 | 3 | 37.5 |  |  |  |

The percentage of students certified after their first training attempt increased from 42% to 52%.

The percentage of students who were not yet certified 3 months after training completion was reduced from 46% to 41%.

Quality Improvement Workstream for Trainers

**Nursing Contact Hours Expansion Beginning September 2025**, nursing contact hours will be awarded for MAP training activities:

* MAP Required TTT Webinars: **Eligible for 0.5 contact hours**
* RN TTT Course: September session will serve as a pilot to determine standardized hour allocation moving forward. (*This will only be awarded to new trainers, not trainers who are having to retake the course).*
* Contact hours are awarded in collaboration with CDDER and UMass

**Spring 2025 TT Webinar Compliance Monitoring**

**MAP Train**

**-**

**the**

**-**

**Trainer (TTT) improvement initiatives in 2025**

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* Released: June 4, 2025 | Completion Deadline: August 8, 2025
* Reminder email sent to RN MAP TTTs on July 17, 2025 who had not yet viewed that webinar stating that noncompletion will result in “inactive” trainer status
* Inactive trainers will be unable to conduct MAP recertifications or enroll students in MAP certification class

**TTT Curriculum Update (Launching September 2025)**

* Aligned with current policy
* Simplified language and reduced wordiness for clarity and engagement
* **Executive Director Notification Protocol**
* Beginning August 4, 2025, Service Provider Executive Directors (EDs) were notified of RN trainers at risk of deactivation
* This additional communication ensures agency-level oversight, continuity of MAP training operations, and compliance preparedness
* **Follow-Up Planning**
* Post-August 8, trainer activity will be reviewed to identify individuals who lost status. Trainers looking to reactivate their training status will need to reach out to a MAP Coordinator to register for TTT.

**MAP Train**

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**Trainer (TTT) Performance Update**

**–**

**July 2025**

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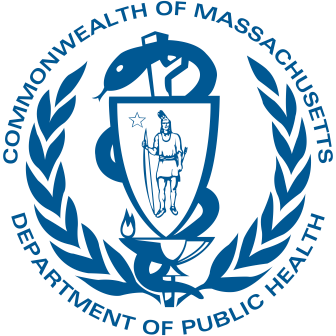
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* Following review of data from the two previous webinars it was determined that the increased communication was found to have had a positive impact on trainer webinar completion as noted by a decrease in trainers found to be out of compliance.
* **Statewide MAP TTT Meetings Resume**
* Statewide MAP TTT Meetings will resume in Fall of 2025 with a target cadence of twice per year. Date pending.
* This will not be a mandatory meeting and will be open to all RN MAP TTT's

# Discussion Item

Training and testing in MAP:

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**Policy Updates**

October 2025

**October 2025 MAP Policy Updates and Changes**

**Reminder:**

Throughout the new online policy manual, all references to policy, guidance and legislation are hyperlinked for improved navigation.

MAP service providers should ensure that access is always available to the online version of this policy manual as it is a required reference material. There is no requirement to maintain a paper copy of the policy manual at MAP registered sites although if you prefer to do so, please ensure it is the most updated version.

**Updates/Changes within Sections of Manual:**

**Acceptable Codes:**

Acceptable code P (Packaged) language expanded so that the code can be used when a licensed staff is teaching an individual to selfadminister an injectable medication.

Acceptable code MNA (Medication Not Administered) to replace a circled set of initials for a medication not administered.

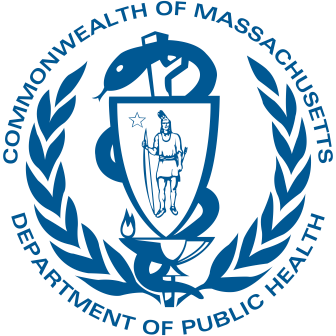
**Section 5:**

Language added requiring a “refresher” training prior to recertification testing.

**Updates/Changes within Sections of Manual:**

|  |
| --- |
| **Section 11:**  Language edited to reflect the use of acceptable code MNA instead of circled initials on the medication administration record.  **Section 18:**  Language edited allowing trained MAP Certified staff to conduct blood glucose monitoring for individuals receiving other than just “oral” medication. |

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**MAP Recertification Form and MAP**

**Recertification Evaluation Guide**

October 2025

**Recertification Evaluation Guide**

Approved MAP Trainer’s Guide for Use with the MAP Recertification Competency

Evaluation Form

The current Recertification Form and the current Recertification Guide have been updated to include a space to add the completion date of the recertification training.

# Thank you

Additional discussion items or questions?