# Department of Public Health

##### Medication Administration Program (MAP)

**Stakeholder Workgroup**

NOVEMBER 7TH, 2024

**Agenda, November 7th, 2024.**

1. Welcome and introductions
2. Responsibilities in Action: Curriculum and Training Updates
3. Reviewing data for MAP testing performance
4. Reviewing the pass threshold for the MAP test (discussion item)
5. A state sponsored eMAR for MAP providers
6. Addressing pharmacy supply and packaging issues in MAP
7. Policy updates, including insulin administration and other injectables
8. Non-licensed/non-map certified staff administering emergency medications

(discussion item)

Additional items

Responsibilities in Action (RIA)

Curriculum and Training

Updates

*Nov 7, 2024*

## Curriculum Alignment

##### Reviewed:

* + Unit quizzes
  + Knowledge pre-test questions
  + Knowledge certification questions

##### Aligned in:

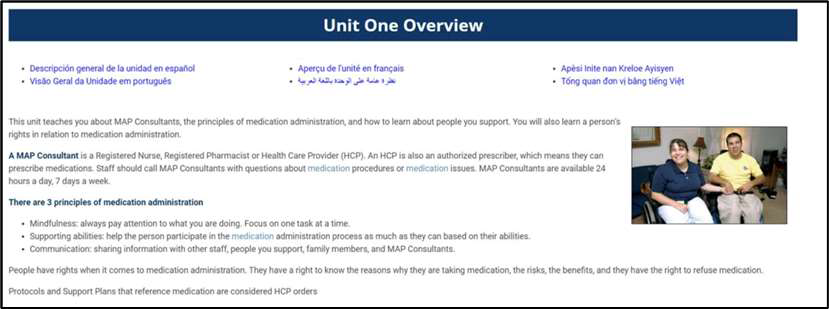
* + Sentence structure and complexity
  + Terminology
  + Readability, and
  + With the September 2024 RIA Curriculum

### Core Concepts Workbook and Study Guide

* + Interactive workbook for students to complete as they go through the course.
  + Focuses on core MAP Concepts.
  + Fill-in-the blank, yes/no, and short answer questions.
  + Many options for incorporating this into the training.
  + Guide is live on mapmass under

“Student Resources”.

## Unit Overviews



* + High-level summary and preview of that unit’s content
  + Simple explanations of terminology or concepts that

are unique to MAP

## Translation

* + Certified translation of Unit Summaries into the following languages:

|  |  |
| --- | --- |
| **Languages** |  |
| Arabic | Haitian Creole |
| Chinese | Mandarin |
| Cape Verdean Creole | Portuguese |
| Cambodian | Spanish |
| Farsi | Swahili |
| French | Vietnamese |

1. Deaf and Hard of Hearing Students



##### Additional supports are coming for Deaf and HoH students:

* + Unit overviews
  + Expanded “Words You Should Know”
  + Medication Administration Video

Candidate Testing Performance

Data and Analysis

#### Percent of Students Tested & Certified

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total trained | Number tested\* | Percent tested\* | Number certified | Percent certified (of Trained) | Percent certified (of Tested\*) |
| 8,135 | 6,333 | 77.8 | 4,340 | 53.3 | 68.5 |

*\*Took at least one part of the test: Knowledge and/or Med Admin*

Inclusion Criteria

Students who completed training between July 2022 – March 2024 Students who attempted testing between October 2022 – June 2024

Massachusetts Department of Public Health | mass.gov/dph 10

#### Pass Rate & Time Since Training

Pass rates for those who took the tests (subset of the 8,135 trained) were over 75% for Knowledge and almost 87% for Medication Administration.

|  |  |  |  |
| --- | --- | --- | --- |
| Test Type | Number passed | Number tested | Percent passed |
| KNOWLEDGE | 4,524 | 6,027 | 75.1 |
| Med Admin | 4,692 | 5,402 | 86.9 |
| Overall (either Knowledge  or Med Admin) | 4,340 | 6,333 | 68.5 |

*Note that the number tested for Knowledge and number tested for Med Admin are not mutually exclusive.*

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).

|  |  |  |
| --- | --- | --- |
| Test Type | Status | Median Days from Training Completion to  Test Date |
| KNOWLEDGE | Failed | 33 |
| KNOWLEDGE | Passed | 22 |
| Med Admin | Failed | 39 |
| Med Admin | Passed | 32 |

Massachusetts Department of Public Health | mass.gov/dph 11

#### Training and Testing Attempts

Of the 7,066 first attempts on the Knowledge exam, almost 46% passed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test Type | Attempt number | Number tested | Number passed | Percent passed |
| KNOWLEDGE | 1 | 7,066 | 3,221 | 45.6 |
| 2 | 2,699 | 1,082 | 40.1 |
| 3 | 831 | 334 | 40.2 |
| 4 | 2 | 2 | 100.0 |
| Med Admin | 1 | 6,096 | 3,634 | 59.6 |
| 2 | 1,629 | 1,006 | 61.8 |
| 3 | 278 | 188 | 67.6 |
| 4 | 2 | 2 | 100.0 |

Of the 6,096 first attempts on the Medication Administration exam, almost 60% passed.

*Note that this table measures test*

*attempts, not unique students.*

Of the 8,135 students trained, over 41% were certified after their first training attempt.

|  |  |  |  |
| --- | --- | --- | --- |
| Training Attempt | Number trained | Number certified after training | Percent certified after training |
| 1st | 8,135 | 3,372 | 41.5 |
| 2nd | 1,593 | 789 | 49.5 |
| 3rd | 287 | 155 | 54.0 |
| 4th | 43 | 21 | 48.8 |
| 5th | 8 | 3 | 37.5 |

Over 46% were not yet certified as of June 30, 2024.

Massachusetts Department of Public Health | mass.gov/dph 12

Discussion Item:

MAP pass threshold at 80%.

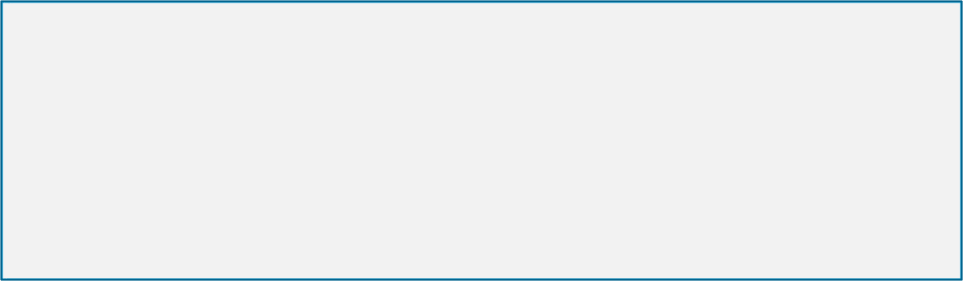
A State Sponsored eMAR for MAP Providers

**Allow and Promote Use of**

**Electronic Administration (eMAR) Systems**



*Many of the issues that were identified as MAP problems during our research—med passes bogged down by tedious and repetitive MAP procedures, such as comparisons between orders, labels, and med sheets; error-prone manual transcription of med changes; repeated calls to HCPs with requests to sign this order or make that order MAP compliant—can all be obviated by widespread adoption of an effective eMAR system by MAP registered service providers. Our recommendations below are, we believe, the necessary first steps toward widespread implementation of eMAR by MAP registered service providers (pg. 73* ***ERG MAP Evaluation Report September 2022****).*



**ERG evaluation report recommendations R2.1 – R2.4**

* *Change MAP policy to allow programs to implement eMAR systems without a waiver.*
* *Promote eMAR adoption by selecting a single eMAR system that the Commonwealth will make available free of charge or at minimal cost to all service providers and*

*pharmacies.*

* *Promote eMAR adoption by establishing an outreach program to service providers that explains the net benefits of the eMAR system, and the steps and staff training necessary to implement it.*

#### eMAR Systems

##### Background Research

* Prior to commissioning the ERG research, the MAP team was aware that a comprehensive modernization

of MAP’s paper-based system was essential to the program’s future success.

* In April 2022, BHPL signed agreements with **six individual service providers to operate a six-month pilot project to use pharmacy software and multidose packaging systems** for 41 patients across 9

MAP registered sites.

* Although primarily to test the safety of multi-dose packaging, this pilot highlighted additional benefits

that underlined the potential of a state supported eMAR system.

* The system allowed the pharmacy to **populate a resident’s eMAR, alert supervisors of a missed dose, utilize a barcode system for scanning multidose packaging during administration and auto- populate documentation**.
* It also provided supervisors with **analytical reports** to help identify issues of concern.
* Feedback was overwhelmingly positive from sites involved in the pilot. Participants reported time savings of up to 50% in med passes, and a reduction in MORs.

#### Allow and Promote the Use of eMAR Systems



**February 2023**

**May 2023**

**September–October 2023**

**February 2024**

**November 2024**

Stakeholder group reviewed ERG recommendations R2.1 – R2.4 and agreed to progress. Group advised that further research be undertaken to explore service provider interest in this work .

Results of survey analyzed. Primarily positive response.

Stakeholder

group advised DPH to establish procurement process.

RFI drafted, approved and published on DPH procurement system.

Business case proposed and reviewed to explore approach and funding options.

DPH/DCP staff continue to work with EOHHS to identify possible funding. Whilst not now possible in this fiscal year, we continue to seek your support to advocate for this crucial initiative.

Survey issued to

100+ MAP providers asking if they use eMAR and would adopt a state- subsidized system.

**April 2023**

EHS steering group formed to

review proposals and approve further work.

**July 2023**

Six high quality proposals received. Data used to produce a business case for project and funding.

**November–December 2023**

Preferred provider identified and demonstrations provided to DPH and MAP agencies staff. Implementation plan produced

and financing proposal(s) prepared for EOHHS

**June-August 2024**

**Allow and Promote the Use of eMAR Systems**

For the following reasons, **a state-funded eMAR system would significantly enhance the program**:

A single system would allow for a uniform medication administration process and enhance



1

the safety of medication administration to individuals served.

It would also allow for uniform training and would therefore enhance



2

workforce readiness, morale and mobility.

The eMAR systems currently in use vary significantly in the quality of safety features, ease of use, and compliance with MAP policy.



3

The system would provide for remote monitoring and thereby increase DPH and the MAP agencies’ reach and ability to identify and address unsafe conditions at MAP sites.



4



5

The use of one system would increase coordination of oversight between EOHHHS MAP agencies.

A single system would ideally provide access to DPH and the four MAP agencies to data that



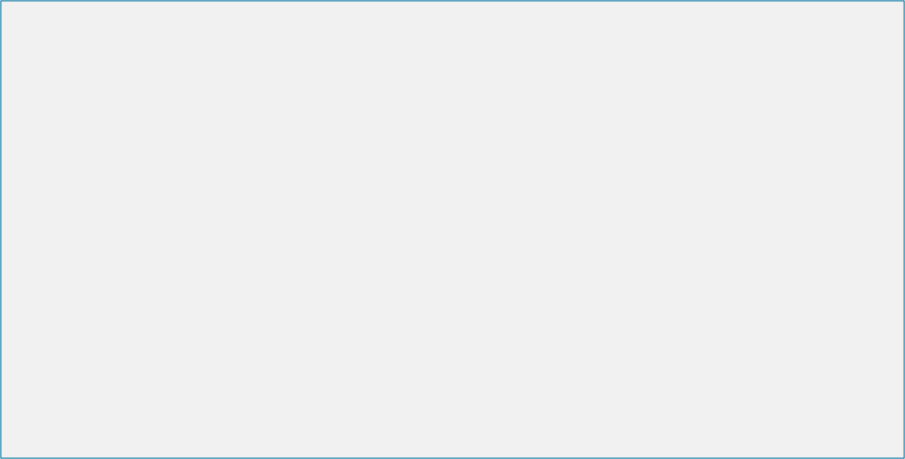
6

could assist in quality improvement and planning.

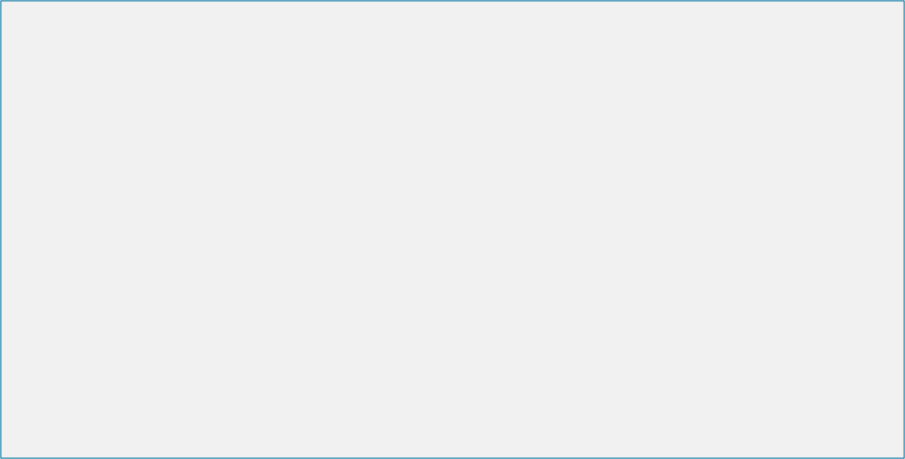
Addressing Pharmacy Supply and Packaging Issues in MAP

Reflections from MAP pharmacies stakeholder meeting

### Pharmacy Reimbursement

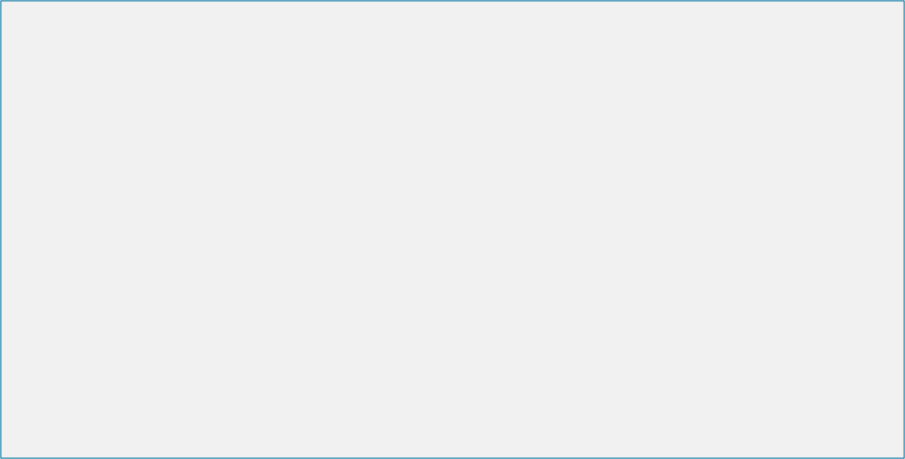
* Pharmacy Benefit Managers (PBMs) are reimbursing pharmacies at an unsustainable rate, which is particularly detrimental for independent pharmacies.
* MassHealth’s ACOs and MCOs receive a negotiated capitated payment for the combined medical care and pharmacy benefit of MassHealth covered patients.
* Seventeen (17) states have either carved out the pharmacy benefit from the ACO/MCO program and returned it to their Medicaid program or put restrictions on the PBMs that serve their Medicaid insured ACO/MCO population.

### Impact on MAP

* Independent pharmacies are refusing to fill a prescription at a loss of significant money. This leads to an influx of waivers from MAP sites, particularly those regarding the key services that independent pharmacies can provide.
* Services that independent pharmacies provide that are vital to the program:
  + Blister packaging
  + Delivery
  + Continuity of care
* Not only are these services important, but there are additional arguments that consider the impact on MAP.
  + Naloxone can only be provided to a MassHealth insured individual at a loss, so pharmacies will avoid dispensing if possible.
  + Health equity disparities remain pervasive, as urban pharmacies in neighborhoods with high

rates of MassHealth insured individuals continue to close.

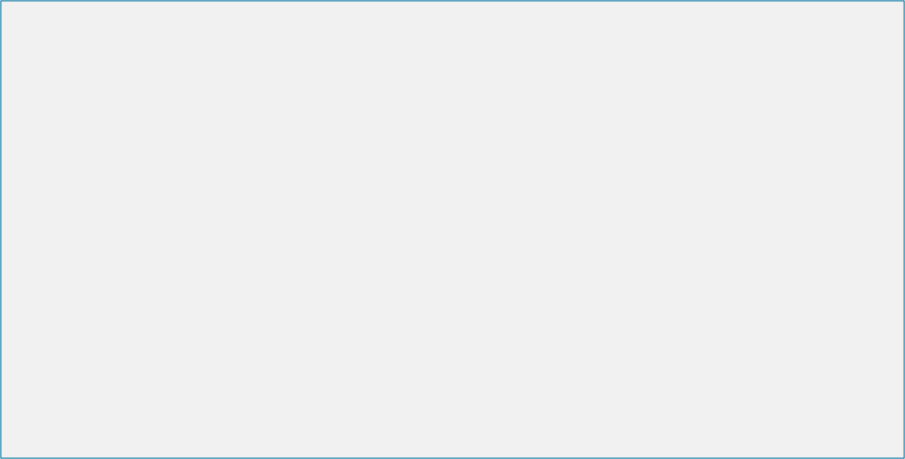
### MassHealth Renegotiations

* MassHealth has agreed to notify their members that, at the end of the current contract, it will require PBMs to dispense at the MassHealth standard dispensing rate.
  + Budget neutral; requires PBMs to dispense at the standard rate.
* Current contract ends on December 21, 2024.
* MassHealth will provide an additional dispensing cost for pharmacies that service MAP for packaging. This includes annually certifying pharmacies that service MAP, so they may get this additional fee reimbursed.
  + May not happen until July 31, 2025.

# Insulin Administration and Other Injectables in MAP

Policy and Training

Background

* **COVID-19 dramatically impacted the staffing** of MAP registered sites, the group living, and community day programs funded or operated by MAP agencies.
* On April 1, 2020, **DPH provided notice of a flexibility**, allowing MAP certified

staff to administer insulin in consultation with a nurse via telehealth.

* Unfortunately, the current shortage of nurses, combined with an increase in compensation rates, has made the **recruitment and retention of nurses by MAP service providers an ongoing challenge**.
* In addition, **VNAs will rarely come to sites** since insulin administration is not

considered to be “skilled nursing”.

### The Process

Two (2) insulin trained certified staff may administer scheduled and sliding scale (i.e., in response to a blood glucose level) insulin via an insulin pen

The insulin must be packaged and labeled by the pharmacy in an injectable pen

Prerequisites must be in place prior to insulin via insulin pen training (e.g., MAP certified, vital signs, etc.)

Insulin trainings will include general knowledge, individual specific, competencies, return- demonstration, etc.

The service provider must contact their state agency MAP Coordinator prior to instituting this policy to ensure all requirements have been met.

Trainings/competencies/ demonstration will be renewed annually

Objectives and Benefits

Allows for (2) MAP certified staff to administer insulin via an insulin

pen instead of a licensed staff

Possibly increases the ability to contract with VNAs since the VNA would not be solely responsible for all insulin administrations

Eases some of the burden placed on service provider nurses with the current shortage of nurses

Has the capability to become part of a career ladder, providing more growth opportunities for staff

### Further Policy Updates

* ***New policy manual will go live on December 2nd 2024.***
* **MassAbility** (formerly known as The Massachusetts Rehabilitation Commission) has been added to the MAP policy manual cover, throughout the manual, and to applicable forms.
* Section 04:
  + Language added to clarify that MAP certification training must be presented as a hybrid model.
* Section 10:
  + Language added to clarify that an “*agreement*” verses a “contract” is required with the pharmacy

when utilizing multi-dose medication packaging.

* + Language added to clarify that any MAP consultant, verses only the pharmacist, may be contacted to verify if the medication on-hand may be utilized when exhausting the current supply.
* Section 12:
  + A link was added to access the [‘high-risk Schedule VI’](https://www.mass.gov/info-details/information-about-high-risk-medications) medication list**.**
  + Language was added recognizing that some programs (e.g., Day Programs) are not operational 24-hours per day/7-days per week (e.g., open Monday-Friday only).

### Further Policy Updates

###### Section 14:

* + - Language was added to reflect additional Service Provider Polices and Site Record Keeping Requirements if a service provider chooses to train MAP Certified staff to administer injectable schedule VI medications as indicated in Section 19.

###### Section 19:

* + Policies and competency evaluation forms were added allowing current MAP Certified staff, who meet the specified criteria and are successfully trained, to administer insulin and other schedule VI medications according to the HCP order, via a pharmacy labeled, prefilled auto-injector pen.

###### Section 23:

* + Policy 23-1 Administration of Injectable Medication was removed from the policy manual.(*\*This policy used to say that no injectables were allowed)*

# Additional Discussion Item:

Non-licensed/Non-MAP Certified Staff Administering

Emergency Medications

Additional Items?

Questions?