Medication Reconciliation & Polypharmacy Work Group

October 15, 2018

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Agenda

Agenda	
Welcome and Introductions	Sarju Shah
Public Comment	
Review and Approval of September 24, 2018 Meeting Minutes	All
Review Outcomes of Previous Meeting (Sept. 24)	Sarju Shah
CancelRx Recommendations	Tom Agresta
Discussion: Definitions	Michael Matthews
Discussion: Organizing our Work	Michael Matthews
Upcoming Meetings & Proposed Topics for November / December	Sarju Shah
Next Steps	Sarju Shah

Public Comment

Review & Approval of:
September 24, 2018 Meeting Minutes
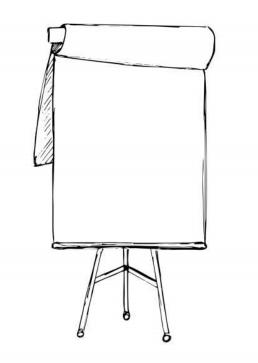
Review Outcomes of Previous Meeting

Initial Areas of Interest (from 9/24 Kickoff Meeting):

➢ Determine common definition of medication reconciliation and polypharmacy

➢ Conduct initial environmental scan to learn from best practices, lessons learned, and identify current/future trends

➢ Develop success measures

➢ Develop framework – structure, process, decision criteria, outcomes, etc.

➢ Identify and pursue "low-hanging fruit"

➢ Organize (identify Work Group roles, assess need for sub-groups or committees, etc.)

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Planning Phases

Definition and Scope	Discovery and Analysis	Strategy and Recommendations	Execution

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN

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CancelRx Draft Recommendations (Part 1)

1. Conduct a formal assessment of the ROI for the CancelRx standard and other medication reconciliation recommendations to support the widespread adoption by pharmacies.

2. Conduct a formal assessment of the legislative / policy considerations associated with a mandate to require participation in the CancelRx standard by CT pharmacies and practitioners.

3. Explore the possibility of utilizing HIE funding to support onboarding, technical assistance, education, training, and implementation for pharmacies and practitioners.

4. Standardize pharmacy CancelRx workflows through technical assistance support.

5. Launch a statewide public health campaign to raise awareness for medication safety, CancelRx, medication reconciliation, polypharmacy, election prescriptions for controlled substances, etc.

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CancelRx Draft Recommendations (Part 2)

6. Develop a business case for the sustainability of CancelRx that is endorsed and supported by the state's HIE effort and associated stakeholders (e.g. payers conducting cost containment analysis).

7. Develop incentive program to support the adoption and use of the CancelRx standard and conduct pilot programs to determine ROI for each organization.

8. Conduct analysis of funding opportunities available to help address polypharmacy and reduce opioid misuse.

9. Partner with the Connecticut PDMP, the Substance Abuse and Mental Health Services Administration (SAMHSA), and other organizations / stakeholders to determine how CancelRx can be supported by, or provide support to, relevant program efforts.

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Discussion: Definition of Medication Reconciliation

Term	Definition	Source
Medication Reconciliation	The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medication obtained from a patient, hospital, or other provider.	CMS*
	The process of creating the most accurate list possible of all medications a patient is taking – including drug name, dosage, frequency, and route – and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points.	IHI**

➢ Comparison of definitions

➢ Other considerations?

* https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/7_Medication_Reconciliation.pdf
** http://www.ihi.org/Topics/ADEsMedicationReconciliation/Pages/default.aspx

Discussion: Definition of Polypharmacy

Term	Definition	Source
Polypharmacy	1. The administration of many drugs at the same time. 2. The administration of an excessive number of drugs.	World Health Organization*

Considerations for discussion:

➢ Numerical threshold (e.g. 5+ medications)?

➢ Duration of therapy?

➢ Healthcare setting?

➢ Over-the-counter drugs? Herbal supplements?

➢ Sub-classifications or other descriptors? (e.g. chronic, persistent, hyper, excessive, major, appropriate, rational, pseudo, simultaneous, cumulative, continuous, etc.)

➢ Others?

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Discussion: Organizing Our Work

➤ Work Group chair person and other leadership assignments (subcommittees / task force leaders)

    o Determine nomination and approval process

    o Determine interested candidates

➤ Creation of subcommittees and task forces

    o Determine structure and topics (e.g. Policy, PDMP, Technology, etc.)

➤ Interest in participation from additional stakeholders

➤ Develop Project Charter

➤ Other?

Upcoming Meetings

- ~~Meeting #1 – September 24, 2018 (3pm – 5pm)~~
- ~~Meeting #2 – October 15, 2018 (3pm – 5pm)~~
- Meeting #3 – November 16, 2018 (12pm – 2pm)
- Meeting #4 – December 21, 2018 (2pm – 4pm)
- **2019 Meetings - TBD**

Proposed Topics for November & December:

- Finalize Work Group structure and leadership
- Finalize initial sub-committees (topics & structure), assign leadership, and begin discussion of membership/recruiting
- Surescripts presentation of existing, relevant products
- PDMP discussion
- Environmental scan and analysis of best practices and current/future trends
  - o **Homework Assignment (for November):** each member should provide an example of a best practice and/or relevant literature they would like to have included in the discussion.

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