

Medication Reconciliation and Polypharmacy Work Group
Engagement & Safety Sub-committee
 Meeting Minutes

MEETING DATE	MEETING TIME	Location
January 23, 2019	10:00AM – 11:00AM	https://zoom.us/j/153975347

SUB-COMMITTEE MEMBERS					
Nate Rickles	x	Lesley Bennett		Kate Sacro	x
Sean Jeffery	x	Anne VanHaaren	x	Marie Renauer	
Rod Marriott	x	Tom Agresta	x		
SUPPORTING LEADERSHIP					
Allan Hackney (OHS)	x	Michael Matthews (CedarBridge)	x	Kate Hayden (UConn Health)	x
Sarju Shah (OHS)	x	Chris Robinson (CedarBridge)	x		

Minutes			
	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Michael Matthews	10:00 AM
	Michael Matthews welcomed the Sub-committee members and called the meeting to order. Michael provided an overview of the agenda the Sub-committee membership. Michael asked if there were any volunteers to chair or co-chair the Sub-committee. Anne VanHaaren volunteered to co-chair the sub-committee. Sean Jeffery nominated Kate Sacro to co-chair the sub-committee, however she could not commit at this time and said she would follow-up with a definitive answer. Nate Rickles said that he would be willing to co-chair the sub-committee, if needed.		
2.	Public Comment	Attendees	10:05 AM
	There was no public comment.		
3.	Project Charter Review	Michael Matthews	10:10 AM
	Michael Matthews provided an overview of the high-level goals and objectives found within the approved project charter of the Medication Reconciliation and Polypharmacy (MRP) Work Group. The goals of the project charter are not listed in order of priority. Michael asked the group how they think this sub-committee's focus areas map to the listed project charter goals. Sean Jeffery said that during an earlier sub-committee meeting, they discussed that goal 7 (strategies for communicating with and engaging key stakeholders) was important to consider for all sub-committees, but that this particular sub-committee will be the group that has the biggest impact on defining the engagement strategy. Sean said it will be important for this group to coordinate effectively with the other sub-committees. Rod Marriott agreed that it will be harder to separate this group from the other sub-committees and feels that goals 8 and 9 will be relevant as well. Nate Rickles said that UConn has some capacity to support these sub-committees and he is very interested in academic detailing as a way of engaging stakeholders. Tom thinks that academic detailing may be beneficial for this setting and it could be possible to engage learners in this process. Nate agreed and said that DPH and DMHAS are interested in developing academic detailing processes. Anne VanHaaren agreed but also thinks it would be beneficial to use the tried-and-true processes for engaging certain stakeholders.		
4.	Sub-committee Discussion	Attendees	10:35 AM
	Anne VanHaaren asked how we should best incorporate the safety component into this group's work. Michael agreed and said that he wants to make sure we have this discussion and see if the group is interested in developing a recommendation around safety. Tom Agresta thinks it would be good to do research around the current patient safety issues and to pull in existing literature. Tom thinks it could be valuable to describe		

the return on investment for addressing patient safety issues. Rod Marriott is interested if there are students who can pull in this research and summarize the information. The group thinks that the focus of this literature review and research should be on the safety issues related to medication reconciliation, deprescribing, and polypharmacy, and the relevant adverse events. The group also thinks that the sub-committee should be focused both on patient and provider level inputs into the relevant safety issues.

Nate Rickles said that he has some students who are looking for to be involved in real-world projects and could contribute to the research and literature review process for this sub-committee. Tom thinks this is a great idea and also wants to make sure that Lesley Bennett is involved on these discussions from a patient advocacy perspective. The group agreed that the literature review and research should be focused on prescription medications at this time, however information related to over-the-counter medications should be filed for use at a later time.

Michael paused the discussion and summarized the discussion and questions. He thinks a critical point for the sub-committee and Work Group will be to set realistic expectations around the depth and breadth of the recommendations – this group does not have to do everything, we just need to recommend what needs to be done in the future. For example, the various tool-kits that are described in the project charter goals – this group does not have to build these documents, but we need to recommend the elements that need to be included in order to make these documents effective. In the future, there will be funding available to bring in resources to build upon this group’s recommendations.

Tom thinks it would be good if the students can start to develop a matrix and an annotated bibliography of the existing literature and research. Nate agreed with this and said he thinks the literature review will inform the framework. Kate Sacro thinks it would be helpful to understand the workflow for medication reconciliation and deprescribing between the patient and provider so that we can address the breakdowns and challenges. Kate wants to make sure we are streamlining our work to ensure we address all of the listed considerations. The students should look at documenting the different approaches related to medication reconciliation and deprescribing. Michael noted that this is a good example of how the work of the different sub-committees will overlap, and that this work will need to be complementary and not duplicative. Nate said that it would be helpful if OHS and CedarBridge can let him know how the different groups are evolving and overlapping so that his request to the students can be as effective and efficient as possible. Tom thinks it would be valuable to have a shared repository to share information and documentation.

Nate asked the group what the most efficient way for the students to present their findings and research. Tom thinks tables and an annotated bibliography would be a good approach. Rod said it would be helpful to see the information presented in a bulleted list or matrix, and that he would be interested in seeing where the overlaps exist. Sean said that we should not recreate the wheel wherever possible – he said that the American Society of Consultant Pharmacists is collating information and conducting an environmental scan around deprescribing and it would be beneficial to connect with them to see what they are producing. Michael said it would be good experience to have the students present to the larger work group in-person but that they should have the “readers digest” version of the research delivered to this sub-committee as quickly as possible.

Nate asked what will be convincing and valuable to this sub-committee and the Work Group in terms of informing recommendations. Michael said that there are two options – one is to have the student literature review related to safety result in the specific recommendation, and the other is to extract findings from the literature that would be relevant to med rec, deprescribing, and polypharmacy as a whole. Tom added that these recommendations can set up the future work of a design group or policy group. Michael said that one outcome could be suggested measures for the group to target, such as the number of adverse drug events (in relation to population or admissions).

Michael thanked Nate for offering the students to help support the research and literature review. Michael added that for the other considerations, we can start to develop strawmen versions of the tool-kits and the

	<p>communication plan over the next several meetings. We need to be ready for the MRP Work Group to report out in June, so this sub-committee has approximately three months to inform those recommendations. The sub-committee will need to work in parallel paths to the student’s literature review.</p> <p>Nate asked what people think will be included within the tool-kit. Tom thinks that we will need to look at which stakeholders are involved and think about what information and resources are needed based on those stakeholder groups. Michael agreed – this include patient education materials, or system design or re-design and the methodologies associated with process/workflow changes within provider offices. Anne added that they tool-kit could include components of an outreach program. Nate said that one way to think about this is to break it up into perspectives (patient, provider, system, etc.) so that we can have an organized structure.</p>			
5.	<table border="1"> <tr> <td>Next Steps and Adjournment</td> <td>Michael Matthews</td> <td>10:55 AM</td> </tr> </table>	Next Steps and Adjournment	Michael Matthews	10:55 AM
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	<p>The sub-committee agreed that monthly meetings make sense. Michael said that we will follow-up with Anne (as well as either Kate or Nate) to work on scheduling, assignments, and agenda development.</p>			

Upcoming Meeting Schedule: Future meetings will be scheduled at a later date

Meeting information is located at: <https://portal.ct.gov/OHS/HIT-Work-Groups/Medication-Reconciliation-and-Polypharmacy-Work-Group>