Medication Reconciliation and Polypharmacy Work Group

Engagement & Safety Sub-committee

Meeting Minutes

Meeting Date	Meeting Time	Location
April 25, 2019	9:00AM – 10:00AM	Tele-conference

Sub-Committee Members					
Nate Rickles	x	Lesley Bennett	x	Kate Sacro	x
Sean Jeffery	x	Anne VanHaaren	x	Marie Renauer	
Rod Marriott	x	Tom Agresta	x	Riddhi Doshi	
Supporting Leadership					
Allan Hackney (OHS)		Michael Matthews (CedarBridge)	x	Kate Hayden (UConn Health)	
		Chris Robinson (CedarBridge)	x	John Schnyder, HIE Entity	

Minutes			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Nate Rickles & Anne VanHaaren**	**9:00 AM**
	Michael Matthews welcomed the Subcommittee members and provided an overview of the agenda.		
2.	**Public Comment**	**Attendees**	**9:05 AM**
	There was no public comment.		
3.	**Update on Literature Review / Student Assignments**	**Nate Rickles & Anne VanHaaren**	**9:10 AM**

Nate Rickles provided an update on the student research assignments and literature review. Nate met with the students earlier this week and got their reflections of the presentation. They appreciated the feedback. There has been a recent update on folders and some of Kate Hayden and Sean Jeffery's suggestions have been incorporated. Nate cautioned people that we need to mindful that the students are maintaining a table of contents and the current students will be rotating off at the end of April. Nate wants to be the primary point of contact as we move into May and June and will update the table of contents as needed.

Nate said that students are questioning whether or not to include certain articles in the review as the feel some of the studies are about identifying problems and outcomes, rather than medication reconciliation processes. Nate will review these questions. He said this connects to the scope issue that we have discussed at previous meetings. He thinks we have a lot of inputs and outputs and wants to make sure we are pulling in the right targeted literature to support the recommendations. In addition, the MARQUIS study was mentioned on the last call. This study is in process and Nate does not believe it has been completed. This is a limitation for this study and its inclusion in the literature review.

Nate explained that he has tasked the senior students with the task of ensuring we have achieved saturation, as best as possible. Nate and Anne may need to help with this review to ensure we have captured the breadth of the studies and are including a variety of settings. Nate wants to see a clear outcome by the end of April.

Tom Agresta said he is really happy with the approach Nate is taking. He asked if Nate has utilized the medical librarians in this process, and if not, Tom suggested a specific librarian who could be utilized. Nate said this

	would be great and he would feel comfortable with this engagement. Sean Jeffery said that he will send a printout resource from the American Geriatric Society to the group. He thinks this will be helpful and will serve as another check and balance to ensure we are covering our bases. Nate said that this would be helpful. Anne VanHaaren said she thinks this was a good summary but wants to make sure we discuss the scope of the assignment to make sure we are addressing the goals of this subcommittee. Nate agreed and said this would help to make sure the students are focused. Tom asked if the P1 students have a summer research project. Nate said that they have the full summer off, but some of them will work. Nate said that the P1 students will be available for additional work from the subcommittee. Tom said he will follow-up with an additional question off-line.		
4.	**Update on Recommendations and Planning Process**	**Nate Rickles & Anne VanHaaren**	**9:20 AM**
	Michael Matthews provided an overview of the recommendation development process and next steps.		
5.	**Review of Member Input**	**Attendees**	**9:30 AM**
	Nate said he thinks we need to discuss terms and linkages to the student's assignments in terms of scope. Nate would like some guidance from the Subcommittee on this topic. Nate asked for thoughts and comments from the other subcommittee members. Tom said that when he is in front of a patient and needs to make a decision around deprescribing, the first thing he needs to do is to get an accurate medication list, which involved reconciliation with what the patient is taking. After the decision is made to deprescribe, he needs to reconcile the list again to make sure it is updated. The medication reconciliation occurs twice in this process. Nate agreed and asked if we need to figure out the processes and the best practices for acquiring the best possible list and explore the appropriateness of deprescribing. Tom said he would frame it as in order to take any appropriate action, it is first important to get the most accurate list possible through medication reconciliation, then after actions are taken, reconciliation needs to occur again and be distributed to others. Nate asked if this changes the direction of the recommendations. Michael said that to him, it comes down to describing the "what is" include the broken processes, then describing the "possible" including best practices, and then describing the gaps between the two and the recommendations for concrete, tangible steps that can be taken along the way. We can also recommend areas for further study beyond July 1st utilizing the available federal funding. Nate said that this makes sense and the focus of the recommendations will be around medication reconciliation and describing the process for attaining the most accurate list and the challenges for acquiring this list. Lesley Bennett said that consumers often object to the word "adherence" and that this is the wrong word to use to describe what medications are taken by the patient. Lesley said that what we often find is that the patient is visiting a lot of specialists and patients are encouraged to maintain their own accurate lists. The patient or the care giver often has a more accurate list than any health care professional. There needs to be a way to encapsulate this and encourage collaboration. Patients should bring their drugs to the doctor's office to make sure the most accurate list is captured somewhere. Nate agreed with this comment and said he believes the recommendation should include patient and provider engagement and education and to reinforce the importance of keeping as accurate of a list as possible. Anne agreed with Lesley's comments regarding patient input. The patient is the most important data source. Anne asked if we have any literature out there to support this point. Nate said he heard a speaker who highlighted the importance of the home visit. Nate said we need to also have a public health perspective in these conversations. Nate asked if the recommendations will be refined enough to address specific situations in which a patient would be identified as high risk and would need an annual home visit. Sean Jeffery said he thinks this is getting ahead of where we are. We want to be able to tell the story so that the general public can understand and respond to our recommendations. Nate said that in		

	the recommendations for future exploration, we may want to have a high-risk vs. average person approach to medication reconciliation. Lesley Bennett said that there are initiatives going on in the state to expand primary care and community health workers, and this could be incorporated with those efforts. We could recommend the expansion of the role of community health workers to include some level of medication reconciliation. Tom said he would remind the group that our recommendations are going to the Health IT Advisory Council and it may be that our recommendations should include a discussion on which people or roles could help with the process. We need to recognize that there are changing opportunities and we want to be able to enable the wide range of opportunities. Nate asked if we think Health IT should be incorporated into the considerations and how these processes fit together. Tom said yes and he thinks this could come from the subcommittees or could come from the larger MRP work Group. Michael asked the group for their perspective on the recommendation for obtaining the best possible medication history (BPMH) and if this is appropriate or if anything is missing. Nate said that some of the comments from the email were more factoids and were not hypotheses. Kate said that it would be important to discuss BPMH, and she said the MARQUIS study is very focused on the inpatient setting. Kate asked if we want to address the different considerations and nuances that exist for medication reconciliation in various healthcare settings. Nate said this is a great point and that we need to be mindful of both settings. Nate said we may have to develop a table to describe the differences between settings. In regard to the patient engagement recommendation, Nate asked if there were any comments or additions. Nate said that this gets back to Lesley's earlier comments and a lot of this recommendation relates to good, basic information acquisition skills for patients and for increasing awareness. Lesley said that transitions between settings is often a big problem for patients and creates discrepancies and confusion. Lesley says there needs to be a better way to solve for transitions. Nate agreed and said we should have some citations that speak to the problems that are created during transitions of care. Tom said that we need to pay attention to language and we need to have awareness about the varied levels of understanding. In regard to the team approach, staff training, and roles recommendation, Nate provided an overview of the current elements. Nate said the Kate raised a point about a medical assistant's role in medication reconciliation. Nate also said that he is not sure how digital tools fits into this recommendation. Tom said that there are some sophisticated examples of tools that interface with the EHRs and can be patient-facing. People are trying to solve for this, and we need to have an understanding of what is out there. Anne said she does not see anything about the HIE in this recommendation. Tom said that the HIE can be a mechanism for which medication lists are retrieved and distributed. We can even eventually request the storage and management of a centralized list. We would recommend the evaluation for these HIE-related considerations and I would assume that this evaluation would be one of the outcomes from the MRP Work Group. Nate said that this could be a separate recommendation. Nate said we need to be careful of rabbit holes as we finalize our recommendations.		
6.	**Next Steps and Adjournment**	**Nate Rickles**	**9:55 AM**
	Kate asked a clarifying question in terms of next steps. She asked what the final outcome of these recommendations will look like and how the final recommendations will be organized. Nate said that we will have a background section for each area, including barriers, gaps, and best practices. We will also have recommendations for future studies and what needs to be evaluated. Nate asked if this would be a useful model. Michael said the he thinks both comments are spot on. Michael said he agreed with the way Kate laid		

	out the organization – we will have to synthesize and integrate the recommendations from each subcommittee into a recommendations report for the MRP Work Group as a whole. Michael said he would be happy to develop draft recommendations, along the lines of what was described today. We can use the May meeting to validate these initial recommendations. Kate said that process makes sense to her. Anne said she would appreciate that support from Michael and that her and Nate can complete a grid/table of the literature review. Nate said that he will need Michael's help with coordinating across the subcommittees and where there are redundancies and duplication. Michael agreed and said he will help.

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