Medication Reconciliation and Polypharmacy Work Group

Engagement & Safety Sub-committee

Meeting Minutes

Meeting Date	Meeting Time	Location
March 28, 2019	9:00AM – 10:00AM	Tele-conference

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

Minutes			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Nate Rickles**	**9:00 AM**
	Nate Rickles welcomed Subcommittee members to the call 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**	**9:10 AM**
	Nate explained that he is meeting with his students today and hasn't had a chance to comb through all the documents that have been loaded to Drop Box. He asked for feedback from the group in regard to the essential items the students should report on, including the structure and scope. The current focus is on medication reconciliation, and they are less focused on polypharmacy or de-prescribing. Rod Marriott likes the idea of some kind of table mostly because scanning through too much information can be problematic. Summary documents are helpful when they include the source and the page number. Sean Jeffery thought it would good to go back to the MRP Project Charter and look at each objective and the questions that they group are trying to solve for. From there, we can elaborate or clarify the objectives we are trying to get address and expand to include any relevant deprescribing information. Kate Sacro thinks Sean's guidance is right on track and it would be a good idea to go back to the charter. Michael Matthews said he thinks this could be helpful in a couple of ways, such as creating background/context setting for the MRP Work Group. In addition, the literature review could be used as citations to support the recommendations that are emerging from this subcommittee, specifically regarding the process for engaging patients and their families in the medication reconciliation process. Nate agreed with these ideas. The list of search criteria that was shared at the last meeting did not include any focus on the topic of engagement and safety. One of the challenges for this literature review, is that the process is potentially being used by a number of different subcommittees and this creates scope challenges and confusion. We may need to add more topics to the literature review.		

	Nate asked the group what kinds of documents and reports could be found in regard to this topic. Tom said that he doesn't think there will be very much literature available on this topic. Jennifer Boehne said it would be nice to be able to tag the reviews to see if the reconciliation involved electronic means, as opposed to in-person medication reconciliation. Jennifer said the same point would also be important for polypharmacy and deprescribing. Nate agreed this is a good idea. Nate said another thing that would be good to uncover is being able to identify who was involved if there was a situation in which a high value medication list was developed. Tom thinks that would be helpful, especially if we can articulate common principles/themes across different studies. For example, medication information is stored in multiple places, it has inaccuracies, it's taxing and a complex process involving multiple people with different skill sets to do it well. Also, Tom agrees with what Jennifer suggested regarding electronic vs. in-person reconciliation. Additionally, it would be important to identify metadata around studies on the location where this occurs, such as nursing home, in the patient's home, or an ambulatory setting. Jennifer likes idea of including the setting and the idea of having roles. Jennifer said that when she did her residency, they built something on Epic to identify patients with potential polypharmacy concerns and incorporated it into discharge planning process. Jennifer would love to see how technology is being used to assist in and/or improve the process. Michael indicated that we could organize/bucket the review by the titles of the various subcommittees, such as Technology & Innovation vs. Engagement & Safety. Michael doubt there will be any literature around policy, but it would be good to do a review. In regard to the Medication Reconciliation & Deprescribing Subcommittee, it could be any literature related to the development of the best possible medication list. Nate finds all the feedback really helpful and he appreciates the comments. Nate will go back and review the initial objectives. He has an appreciation that we will need to do a review beyond just medication reconciliation and polypharmacy that involves aspects such as technology, roles, and policy. They will do the best they can and as they review the first draft, they may need to go back and do some revisions. Tom thinks the work Nate is doing is great – we can use this process to recognize next steps. Tom said he wants Nate to push back if he is seeing any scope creep. The enemy of the good is perfect. Nate agreed. Nate asked if there is an existing gold standard for medication reconciliation. Tom thinks that we may need to create this gold standard. Sean says one search term could be, "best possible medication reconciliation" as he has seen this term used in some of the literature. Tom thinks there is going to be tremendous value in this information if we bucket it by the different subcommittees and then make articles available to the other subcommittees. Riddhi Doshi recently joined the group and said that she has published scoping reviews and is happy to help organize the final product and/or work with the students directly. Nate thanked her for the offer. He will aim to send out an initial draft to the group by April 12th, in advance of the next meeting on April 15th. Michael indicated that whatever the student's produce, is will be helpful and add value. We don't have the luxury of time, so he wants to lower the expectations a little; people can go through the literature review and determine what can support individual recommendations and subcommittee work. If areas aren't addressed, they can be rolled into recommendations for future work. Nate said he will work to develop a few tables and see if he can join the April 15 meeting remotely. He said it would be helpful to have people's reactions to the April presentation in order to refine this for the May meeting.		
4.	**Discussion of Brenda Shipley's Presentation**	**Attendees**	**9:20 AM**
	Nate said that he scheduled a meeting next week with Brenda to do a deeper dive on her case study. He will circulate notes from that discussion on April 15th. Michael likes the term of "case study" for her presentation and that may be one way we could capture the perspective she shared as part of our report of MRP, in an appendix. Michael said this can be used to support our overall recommendations. Tom said he thought that Brenda's presentation was really meaningful and provided real examples of where things fall apart. However, it also creates some defensiveness in other people, so we have to be careful how to frame the case studies for positive good. It would be a good idea to try and find some other case studies		

	and examples that could be woven into the discussion. This will help to define why we are doing this work and help make the case to legislators. Nate said he wants to ensure that it's not any one group's problem (pharmacy vs clinician), but it's a system-wide problem. The testimonials could also come from PCPs, or others, who are trying to do this process successfully. Tom agrees and said he doesn't think all the case studies/testimonials have been negative.		
5.	**Discussion Topics**	**Attendees**	**9:30 AM**
	In interest of time, the group moved to the discussion of initial recommendations.		
6.	**Discuss Initial Recommendations**	**Attendees**	**9:40 AM**
	Michael knows the group has deep expertise in this area. Given what the subcommittee knows today, Michael asked what are the 1-2 things that the group would recommend regarding engagement or safety issues, in regard to medication reconciliation? Although it's backwards from a planning perspective, Michael thinks we can go ahead and capture these recommendations in an email thread and have people react to it. If this is agreeable to the group, Michael will start the process and send out an email today seeking the group's input and ideas. Nate said he would frame this as, "what are people's hypotheses?" For example, one hypothesis would be the statement that we are more likely to have an accurate list if we use a team-based approach. Tom thinks increasingly in the future, engaging multiple family members and using technology to ensure the medication list is as accurate as possible is going to be more plausible and will be supported by the move to value-based care. Tom said he will send his thoughts in a more succinct manner. Nate thinks we should ask for hypotheses from each of our different subcommittees and then work to develop the recommendations. Our recommendations don't need to be ground-breaking, some of them may seem fairly obvious. From Tom and Michael's experience, legislators value workgroup's input or expertise, and would not assume there are any obvious recommendations. It will be important to document the obvious recommendations, as they will inform policy, financing, and regulations.		
7.	**Next Steps and Adjournment**	**Nate Rickles**	**9:55 AM**
	Nate will follow-up with an update on the literature review and will begin the development of an initial presentation for the April 15 meeting. Michael Matthews will start an email thread to begin brainstorming recommendations. The next meeting will occur on April 25, 2019 at 9am.		

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