Medication Reconciliation and Polypharmacy Work Group
Medication Reconciliation and Deprescribing Sub-committee
Meeting Minutes

MEETING DATE	MEETING TIME	Location
January 22, 2019	3:00PM – 4:00PM	https://zoom.us/j/153975347

SUB-COMMITTEE MEMBERS					
Marghie Giuliano		Rod Marriott	x	Anne VanHaaren	x
Sean Jeffery	x	Jennifer Osowiecki	x	Marie Renauer	x
Amy Justice	x	Jameson Reuter	x	Ken Whittemore	
Nitu Kashyap	x	Nathaniel Rickles			
Diana Mager		Ece Tek	x		

SUPPORTING LEADERSHIP					
Allan Hackney (OHS)	x	Michael Matthews (CedarBridge)	x	Kate Hayden (UConn Health)	
Sarju Shah (OHS)	x	Chris Robinson (CedarBridge)	x	Tom Agresta (UConn Health)	x

Minutes			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Sarju Shah**	**3:00 PM**
	Sarju Shah welcomed the Sub-committee members to the meeting and called the meeting to order. Sarju provided an overview of the agenda. Michael Matthews provided an overview of the Sub-committee membership. Michael asked if there were any volunteers to Chair or Co-chair the Sub-committee. Sean Jeffery volunteered Nate Rickles to serve as a Co-chair the Sub-committee and Amy Justice volunteered to serve as the other Co-Chair.		
2.	**Public Comment**	**Attendees**	**3:05 PM**
	There was no public comment.		
3.	**Project Charter Review**	**Michael Matthews**	**3:10 PM**
	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. Michael explained that goals 4, 5, and 6 align nicely with this Sub-committee. The goals of the project charter are not listed in order of priority. Michael asked if there were any comments on the project charter goals, and if anyone disagrees with the alignment of goals 4, 5, and 6. Amy Justice said she wants to make sure that goal 4 encompasses the generation of an accurate list of medications. Sean said that goal 7 will also be important, as we need to make sure stakeholders are leveraging their systems appropriately. Amy said that all of the sub-committees will need to address this goal at some level. Michael explained that as we think about the outputs, we should think of specific recommendations that this Sub-committee wants to contribute to the larger MRP Work Group. Sub-committee membership agreed with this approach.		
	Michael asked Sean Jeffery to explain the difference between cancelling a prescription and deprescribing. Sean explained that deprescribing is the process of identifying medications that need to be deprescribed, whereas cancelling a prescription, through CancelRx, is the action of removing the identified medications from the pharmacy profile and file. Deprescribing is done in conjunction with the patient and the goals of their care plan. Cancelling is an action, CancelRx is a tool, and deprescribing is the overall strategy. Nitu Kashyap added that the medication cancellation is an act between provider and patient, or patient and another entity, where a longitudinal medication is discontinued, whereas deprescribing is the act of making sure all relevant prescriptions are rendered null and void. CancelRx is a communication standard that helps		

	bridge the gap and has great potential. Anne VanHaaren added that when a cancellation message is sent, any active refills are no longer available, but the medication history still persists. Nitu added that the CancelRx Work Group developed some definitions as part of their work that can be shared with this group.		
4.	**Sub-committee Discussion**	**Attendees**	**3:35 PM**
	Michael Matthews provided an overview of the MRP Work Group structure and current Sub-committees. Michael explained that we need to determine the meeting cadence of this Sub-committee and define the outputs. Amy Justice said it would be helpful to have a description of our outputs – she also asked if we are thinking of producing a white paper or a report by the end of April. Michael explained that this group's work will inform the recommendations of the larger MRP Work Group, which will be submitted to the Advisory Council and the Connecticut General Assembly at the end of June. Amy said this was helpful, but she is struggling with the issue of how to support the recommendations at this point and how we reach unanimity. She suggested that all members could provide the recommendations that they are already thinking about and we can discuss them as a group. Sean Jeffery agreed with this approach and added that we need to do a survey of what is happening in Connecticut. Amy said that the first question in her mind is how we get an accurate list and what this entails. Nitu added that she thinks this is a cycle – if you don't cancel, then you will never have an accurate list. Nitu thinks it would be helpful to outline a cycle and figure out what needs to be included in the process. Rod Marriott agreed with Nitu. Nitu said it will be important to define the scope of this Sub-committee and have a clear goal of what needs to be tackled by April.

Tom Agresta suggested that we should take a step back and try to describe all of the potential sources of medication data. The recommendations may suggest that we start with what is prescribed, but we also provide a list of all possible data sources so that we know where the scope is being restricted. Amy agreed with this approach. Jennifer Osowiecki asked if we could better focus our efforts by focusing on a specific population, such as Medicaid or Medicare patients that are likely to be taking multiple medications. Rod Marriott agreed that we should not bite off more than we can chew but thinks it would be hard to limit scope based on a population. Rod said that the limitations need to be clearly outlined, and Nitu agreed.

Amy Justice summarized that members are recommending that we should take inventory of all of the core sources of information for the accurate medication list, and in summarizing these sources we are emphasizing prescription medications. The Sub-committee all agreed with this. Amy said that these core sources include the patient, the care-giver, the primary care provider (if there is one), other physicians (if they can be identified), hospital and clinics, payers, and pharmacies. Rod added that the PDMP is another source of data that contains pharmacy data. Tom said that it is important that there are also multiple systems, in addition to multiple providers. Amy asked if we focus on the providers or focus on the systems. Tom said he thinks when we need to make suggestions for change that can occur at many different levels, such as education, systems, and policy components. Amy said that this is ambitious for April, but there are other Sub-committees and some topics can be punted. Amy said we can come up with a recommendation for essential sources of data. Nitu added that Surescripts is another pipeline that manages traffic control and has access to a lot of valuable information. This could be helpful in developing an accurate list. Anne said there is a fill history that can be accessed through Surescripts. Tom said they have the potential to look at ordered meds vs. filled meds, and this may be very helpful.

Amy said she was viewing the first goal as finding out what the patient is actually taking but the idea of understanding the provider's intentions is another level of complexity. Sean agreed and asked if there is a scenario when a patient can initiate a deprescribing request. Nitu said that this could happen quite often, and we described this in the CancelRx Work Group. Amy said that she thinks we can differentiate fill vs. ordered. Nitu asked if we need to put all of these thoughts on paper and develop a diagram.

Action item - Amy said she will summarize this discussion and identify the critical sources of data and the critical differentiations, such as ordered vs. filled. This document will be circulated for comment. Rod thinks this is a good idea and it would also be important to consider a list of limitations. Amy agreed. | | |

	Action Item - Amy asked if Tom or Nitu would be willing to summarize the nature of recommendations around medication cancellation and how we can move forward with drafting these recommendations. Amy asked if Tom, Sean, and Nitu (as well as any others who worked on the CancelRx Work Group) could produce a draft describing what CancelRx does, as well as the limitations and what progress has been made. Tom said that a CancelRx recommendations draft report will be shared soon, and he can help support the development of Amy's request. Amy asked Tom to be the point person on this assignment, and he agreed.

Action Item - Amy said, in terms of deprescribing, this is a much bigger discussion. Once we have an accurate list, how do we get people to think about drug interactions and avoid polypharmacy? This is likely more aspirational. Amy asked if there is anyone who is willing to describe what this will look like, where progress has been made, and where there are limitations. Amy asked if Sean Jeffery can help with the draft. Sean agreed and said that Nate Rickles can also help to develop this.

Amy said that we should keep these documents short – we need the structure to outline what the issue is, where progress has been made, and how it can be moved to the next level, as well as any limitations. Amy asked everyone to circulate their drafts with the smaller group, and then send it to Amy before the next Sub-committee meeting. | | |
| **5.** | **Next Steps and Adjournment** | **Sarju Shah** | **3:55 PM** |
| | Michael Matthews asked if monthly meetings make sense. Amy said this makes sense as long as people are doing their writing assignments. Sean agreed with this meeting cadence. Amy agrees and thinks a lot of progress can be made via email.

Amy said she hopes that people can get their writing assignments done in the next two weeks, and then circulate the drafts for comment before the next meeting. Everyone agreed to this timeline. Amy said that once drafts are distributed, we can have a focused discussion on the next call. Then people can revise their drafts, and we can have a second round of discussion before the second call. Everyone agreed with this approach. Tom added that some of this can be refined by the larger MRP Work Group.

Sarju Shah explained that this means initial drafts should be delivered by Friday, February 8, and then the next meeting can be the first week of March. Amy said that we want to keep the next meeting as close to four weeks from now as possible. Sarju agreed and said she will work on scheduling by developing a Doodle Poll.

Tom Agresta explained that the Med Rec Hackathon will take place on April 5th and 6th at the UConn Health Center. More information will be forthcoming, but everyone in this group should feel free to attend. | | |

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