Medication Reconciliation and Polypharmacy Work Group

Medication Reconciliation and Deprescribing Subcommittee

Meeting Minutes

Meeting Date	Meeting Time	Location
February 20, 2019	10:00AM – 11:00AM	https://zoom.us/j/153975347

Sub-Committee Members					
Marghie Giuliano	x	Rod Marriott	x	Anne VanHaaren	x
Sean Jeffery	x	Jennifer Osowiecki	x	Marie Renauer	
Amy Justice	x	Jameson Reuter	x	Ken Whittemore	x
Nitu Kashyap	x	Nathaniel Rickles	x		
Diana Mager		Ece Tek			
Supporting Leadership					
Allan Hackney (OHS)		Michael Matthews (CedarBridge)	x	Kate Hayden (UConn Health)	x
Sarju Shah (OHS)		Chris Robinson (CedarBridge)	x	Tom Agresta (UConn Health)	x
		Carol Robinson (CedarBridge)	x		

Minutes			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Michael Matthews**	**10:00 AM**
	Michael Matthews welcomed the subcommittee members to the meeting and called the meeting to order. Michael provided an overview of the agenda. Michael asked if there were any questions about the meeting minutes from the previous meeting. There were no questions or corrections to the published minutes.		
2.	**Public Comment**	**Attendees**	**10:05 AM**
	There was no public comment.		
3.	**Recap of Previous Meeting**	**Amy Justice**	**10:10 AM**
	Michael Matthews provided an overview of the activities from the previous meeting. Michael also provided an overview of the subcommittee's alignment with the overall MRP Work Group project charter. Michael explained that this subcommittee overlaps with many of the project charter goals, and with the goals of the other subcommittees. Collaboration and coordination will be very important.		
4.	**Review and Discuss Previous Action Items**	**Amy Justice / Tom Agresta / Sean Jeffery**	**10:20 AM**
	Dr. Amy Justice provided an overview of the three writing assignments that were issued during the previous subcommittee meeting. The three writing assignments covered the following topics: • Summary 1: Obtaining an accurate list of filled, active, prescription medications and making this information available to patients, providers, and a patient's designated care givers (Amy Justice) • Summary 2: Cancelling prescriptions for medications that are no longer meant to be taken (as decided by the patient or provider) and making this information available to patients, providers, and a patient's designated care givers (Tom Agresta) • Summary 3: Convincing patients and providers to stop (deprescribe) medications that may be harmful either due to known contraindications or due to problematic side effects (Sean Jeffery) Amy asked Sean Jeffery for an update on Summary 3. Sean Jeffery said that he is still working on the document and will distribute it to the group within the next week. Amy asked the group to provide their		

comments and edits to the two documents that have already been distributed (Summary 1 and Summary 2) as soon as possible, and to provide edits and comments to Summary 3 once it is distributed. Dr. Tom Agresta and Rod Marriott have both provided comments on Summary 1.

Amy provided a summary of her writing assignment (Summary 1). In the summary, Amy described the accomplishments of the prescription monitoring program (PMP), as well as the progress seen in electronic health record's capabilities, national pharmacy chains enabling access to medications from their system, the Veteran's Healthcare System, and the success seen by some large health systems, pharmacy benefit management organizations (PBMs), and Surescripts. Amy explained there are good starting points, but the question is how we will bring the data together in a timely, cost-effective, accessible, and actionable format. The summary document also provided an overview of challenges and potential next steps. Tom Agresta added that the timely and accurate list is something that is important and very different from a prescribed list. Tom said there are incremental improvements that can be made along the way – the key is to understand the current limitations and to achieve semantic alignment amongst the group.

Rod Marriott is concerned that the PMP in Connecticut does provide an indication of when medications are picked up, or not picked up by patients. Medications are considered "dispensed" when the pharmacist completes their final check. Generally, most pharmacists will allow the prescription to sit in the bin for 10-14 days, after the pharmacists final check, before they are returned to stock. The ability to see which prescriptions have actually been picked up would be valuable. In Connecticut, the PMP information needs to be updated within 24 hours from dispensing. There is no mandate on point-of-sale tracking. Pharmacists are expected to update the PMP when a medication is not picked up and returned to stock, but Rod is not sure of the exact percentages for how often this happens. Sean Jeffery believes this may represent a safety issue and that point-of-sale could be used as a data element for tracking. Marghie Giuliano does not know if the point-of-sale systems are connected to the PMP or the pharmacy information system. Amy thinks we will need both data elements. Amy asked the Surescripts data is based on dispensed data. Ken Whittemore said that the medication history data comes from two feeds – billing information from PBMs and dispensed prescription data from pharmacies. The dispensed data does not reflect whether or not the medication has actually been picked up. Ken believes that the end user can see if the data in their system is based on PBM or pharmacy data. There was additional discussion on the definition of "dispensed" and the group agreed that this is when the pills have been put in the bottle, and the label is validated as accurate by the pharmacist during their final check. Anne VanHaaren said that CVS does not complete billing to the PBM until a patient has picked up the prescription. They will adjudicate the claim, but nothing is actually billed until the prescription is picked up.

Tom Agresta observed that the Subcommittee has some confusion over terms. Tom thinks the group needs to develop a glossary of terms, a data dictionary, possibly a messaging standard dictionary, and some process diagrams. Tom also thinks the subcommittee needs the perspectives of PBMs to be represented during these discussions. Nate Rickles thinks the group should put some statistics behind the issues that we are discussing, so that we know we are dealing with a legitimate, high-priority issue before we move into action. Jameson Reuter said that he is happy to sit down with someone and help to put together some of this information. Amy asked if Jameson could also attach estimates for the proportions of each topic. Sean said it would be helpful to try to describe some of the different workflows – such as what is happening at the chain pharmacies vs. the smaller retail pharmacies, and the nuances around prescriptions that are paid for by cash.

Rod Marriott said that the biggest black hole for controlled substances is in long-term care and assisted living. Jameson agreed and added that some other blind spots are created by discount cards or discounts from grocery stores / retail chains, which are not processed by PBMs. Amy said the data-related black holes are different depending on who is looking. Rod said that for controlled substances, the PMP is agnostic about insurance coverage. Jameson agreed, and added that there are more black holes for prescriptions that are not tracked in the PMP.

	Jennifer Osowiecki asked to re-focus the discussion, as the number of data points that are being discussed is overwhelming. Jennifer said that she will write a paragraph to summarize her thoughts and perspectives, and how we can re-focus the conversation. Dr. Tom Agresta provided a summary of his writing assignment (Summary 2). Tom explained that he provided the executive summary from the CancelRx Work Group, which was submitted to the Connecticut General Assembly on 1/31/19 as part of the Office of Health Strategy's annual report. Key findings of the Work Group included: • There is a significant opportunity to enhance patient safety if the CancelRx standard is adopted in a manner that is workflow-friendly for prescribers, pharmacists, and patients. • There are a number of stakeholders who would benefit financially from a reduction in inadvertent prescribing that would occur as a result of CancelRx adoption. • There are a number of challenges that need to be overcome for widespread adoption and effective use to occur. From these key findings, the CancelRx Work Group developed nine recommendations. Tom provided the subcommittee with an overview of these recommendations. Sean Jeffery said that he needed to submit a return on investment summary to expedite the implementation and adoption of CancelRx within his health system. Marghie Giuliano said that she is worried that we are not talking about the payment to pharmacies. Pharmacies are struggling with the costs associated with PBM and insurer requirements and fees. Somebody needs to start paying pharmacies for care coordination. There was a recently published JAMA study that details the pharmacist role in deprescribing. Tom agreed and said that this is a component of the first recommendation, but will need to be stated more clearly in the MRP recommendations.		
5.	**Next Steps and Adjournment**	**Michael Matthews**	**10:55 AM**
	Amy Justice explained that in order to meet the stated timeline, all subcommittee members need to provide their thoughts and edits on the summary documents in the next two weeks, including Sean Jeffery's summary document, which will be provided as soon as possible. Jennifer Osowiecki will summarize her thoughts and perspectives on re-focusing the conversation, and will deliver this to Amy Justice. In addition, Jameson Reuter will begin to begin to develop his writing assignment, as detailed in the minutes above.		

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