Medication Reconciliation and Polypharmacy Work Group

Technology & Innovation Sub-committee

Meeting Minutes

MEETING DATE	MEETING TIME	Location
January 14, 2019	3:00PM – 4:00PM	https://zoom.us/j/153975347

SUB-COMMITTEE MEMBERS					
Bruce Metz (Chair)	x	Nitu Kashyap	x	Samantha Pitts (JHMI)	x
Thomas Agresta	x	Jennifer Osowiecki	x	Stacy Ward-Charlerie (Suresciprts)	x
Sean Jeffery	x	Jake Star (VNA)		Marie Renauer (YNNH)	x
SUPPORTING LEADERSHIP					
Allan Hackney (OHS)	x	Michael Matthews (CedarBridge)	x	Kate Hayden (UConn Health)	x
Sarju Shah (OHS)	x	Chris Robinson (CedarBridge)	x	Sabina Sitaru (HIE Entity)	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 Bruce Metz to confirm that he is volunteering as Chair of the Sub-committee; Bruce confirmed. Bruce said he is excited to get started and to move the charter forward.		
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 over of the high-level goals and objectives found within the approved project charter of the Medication Reconciliation and Polypharmacy (MRP) Work Group.		
4.	**Sub-committee Discussion**	**Attendees**	**3:35 PM**
	Michael Matthews explained that the Sub-committee will need to determine its own structure, scope, and timeline. The only caveat about timeline is that the MRP Work Group recommendations need to be finalized by the end of June. Each Sub-committee will contribute one or two building blocks that will inform the overall MRP recommendations. Tom Agresta provided an overview of the technology goal considerations. These considerations represent some topics that the Sub-committee will need to have a basic understanding of in order to develop meaningful recommendations, including the current technology for prescribing, deprescribing, and reconciliation, as well as any technology that uses modern architecture that has potential for use in future solutions. Tom also thinks it is necessary to understand where innovation is occurring and how the group can "skate to where the puck is going to be." Tom added that this list of considerations is not exhaustive. Michael asked the Sub-committee members to describe what areas they are interested in exploring during these discussions. Jennifer Osowiecki said that she is interested in learning about what technologies currently exist, possibly through the development of an Excel spreadsheet that details who uses the technology, how much it costs for implementation and maintenance, and the pros and cons. Dr. Phil Smith, an invited guest to the conversation, said that he wrote a book titled *Med Wreck* that proposed a solution to medication reconciliation. The basic premise is that we need to have a single source of truth for medication histories,		

	much like a utility concept. A couple of projects that have caught Phil's attention are InfoSage and the use of kiosks in the Oregon VA system. Nitu Kashyap said that it will be easy to box ourselves into the solutions, and that we should be working backwards once we understand what exists. Stacy Ward-Charlerie said that she is interested in understanding what is currently possible and how data can become actionable in the hands of providers. Marie Renauer said that she is interested in looking at how technology can be leveraged to enable successful medication reconciliation and support the provider process at the point of care. Bruce Metz agreed that understanding what exists today is a foundational element. He is interested in learning what solutions can be effective when delivered on a large scale. Bruce is also interested in learning about the current issues and gaps. Bruce said that our time will be well spent by looking at innovation and the possibility of future solutions, as Connecticut is in a good position to leap frog other states. Michael asked the group if they have an opinion on whether this group should be looking at the existing technology that can be implemented more effectively, or if it should be looking at longer term solutions, or both. Jennifer said that there may be a lot of information held by insurance carriers, when it comes to medication data. Tom added that the difference between what is ordered, and what is picked up is important to understand, and ideally the best solution will help providers understand all of these gaps. Nitu added that we cannot rely on PBMs as the only source of information, as there are some challenges. Nitu thinks we should look at what is available from Surescripts as well. Surescripts only contains data on dispensed medications. Jennifer added that this group may play a role in defining the groups where data currently exists and help to identify different ways to get data from each group and segmenting the work this way. Nitu and Tom said agree that this could be a good approach. Michael asked Dr. Phil Smith if there are any states that stand out as shining examples of the single source of truth. Dr. Smith said that he has not seen the any other states use the approach that Connecticut is using, which is exciting. He added that The Blue Ox Network in Delaware is one example of a successful private group. He believes what is being done in Connecticut could become a model that is replicated by other states in the future. Sean Jeffery asked if Dr. Smith has any thoughts about potential pitfalls. Dr. Smith said that his main issue is the word "medication reconciliation" because it is a work-around to a broken process. He does not think everyone should be building their own medication history databases. Sean thinks Connecticut is in a good position to break down some of these siloes. Jennifer thinks there are potential legal issues around the ownership and access to the central medication database, as well as the data integrity. Tom said there are other Sub-committees that will contribute to this conversation. The Technology group should be looking at what is possible, and we can hand off policy questions to the other Sub-committees. Bruce agrees that we will need some guard rails to our work and create a scaled-down project charter. Michael agreed and asked members to review the project charter goals and determine which items should be addressed by this Sub-committee. Dr. Phil Smith and Tom Agresta both agreed that the group should take some time to define terminology (goal #2). The Sub-committee also believe that goals #4, #5, #6, #8 and #9 will be important. None of the goals are completely specific to technology, however many will need to involve the technology Sub-committee at some level. Michael explained there are sub-bullets to each goal that can be reviewed at the next meeting in order to avoid duplication of work between the Sub-committees.		
5.	**Next Steps and Adjournment**	**Sarju Shah**	**3:55 PM**
	The Sub-committee agreed that the next meeting will occur at the end of February. In the interim, research will be done around existing technology and best practices. Following the February meeting, the Sub-committee will begin to meet on a monthly basis until the end of May, when recommendations will be delivered to the larger MRP Work Group. Bruce thanked everyone for their effort and agreed that this was a great discussion. Sarju will work on scheduling the next meeting for the end of February and will research the possibility of creating a shared, digital collaboration space.		

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