Medication Reconciliation and Polypharmacy Work Group

Meeting Minutes

Meeting Date	Meeting Time	Location
June 17, 2019	2:00PM – 4:00PM	195 Farmington Ave Farmington, CT 06032

Work Group Members					
Thomas Agresta	x	Nitu Kashyap	x	Jameson Reuter	x
Lesley Bennett	x	Janet Knecht		Nathaniel Rickles	x
R. Douglas Bruce	x	Diane Mager		Kate Sacro	x
Jeremy Campbell		Rodrick Marriott	x	Ece Tek	
Marghie Giuliano		MJ McMullen		Peter Tolisano	x
Sean Jeffery	x	Bruce Metz	x	Anne Van Haaren	
Amy Justice		Jennifer Osowiecki	x	Stacy Ward-Charlerie	
Marie Renauer	x	Barbara Bugella			
Supporting Leadership					
Allan Hackney, HITO	X	Sabina Sitaru, HIE Entity		Chris Robinson, CedarBridge	x
Kate Hayden, UConn Health	x	John Schnyder, HIE Entity		Michael Matthews, CedarBridge	x
x = in-person participation; T = remote participation					

Minutes			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Michael Matthews**	**2:00 PM**
	Michael Matthews welcomed the Medication Reconciliation & Polypharmacy (MRP) Work Group members to the meeting and called the meeting to order. Michael provided an overview of the agenda.		
2.	**Public Comment**	**Attendees**	**2:05 PM**
	Susan Israel made a public comment. She said as people talk about the patient as the north star, she wishes that we include the word "patient consent" in the recommendations report.		
3.	**Review and Approval of 5/15/19 Meeting Minutes**	**Michael Matthews**	**2:10 PM**
	Michael Matthews asked for a motion to approve the minutes from the May 15, 2019 meeting. Rod Marriott created the motion to approve the meeting minutes and Jennifer Osowiecki seconded the motion. The May 15, 2019 meeting minutes were approved without opposition or abstentions.		
4.	**Review and Approval of Recommendations Report**	**Attendees**	**2:15 PM**
	Michael introduced the next agenda item to review and approve the final recommendations report of the MRP Work Group. Michael provided an overview of the topics for discussion related to this agenda item. The first item for discussion related to the Joint Commission definition for medication reconciliation. The Joint Commission retired their previous definition; therefore the definition was slightly updated in the recommendations report. Michael asked if there were any comments or concerns with the updated definition. Dr. Phil Smith asked why the definition has changed. Michael said he does not have any background for why the Joint Commission retired their previous definition. Sean Jeffery said it looks like there is a much more expansive definition, which alleviates many of the concerns that the Work Group had previously. Nate Rickles agreed that this is a reasonable change to accept. Michael said we don't need specific approval, as the updated definition is in the recommendations report and approval of that document would imply an approval of the definition itself.		

The next item for discussion related to the literature review and Michael asked Nate to provide an update. Nate Rickles said that there was one table around adherence that was not a useful paper to bring into the analysis, so Nate suggested the removal of this table. Nate said there were some other problems with the tables, so his current rotation student is working to clean this up and the tables are now adherent with the New England Journal of Medicine standards. Nate said the tables have a lot of great information and it is appropriate to share with the state and to add to the findings of the committee. Nate said the executive summary is a brief document that discusses the methodology for the literature review. There were five themes that were identified as the major themes of the literature review. Michael asked if there were any questions or comments related to the literature review. There were no comments.

The next item for discussion related to the MRP Work Group schematic. The first slide (slide 9) presented the first version of the schematic. Michael explained that this schematic has gone through a thorough and valuable group review process. A main discussion topic for the review of this schematic is to make sure that it properly represents the concept of the patient as the north star. The next slide (slide 10) was developed by Sean Jeffery, based on group feedback. Sean explained that he was not able to attend the meeting in which version one was developed, but he felt like version 1 was not intuitive in terms of progression, and where the diagram begins and ends. Sean's version is a more linear process diagram. The next version of the schematic (slide 11) was developed by Nitu Kashyap and is a more refined version of Sean's schematic. Michael said he made one change to slide 11, and this was the attempt to capture the concept of the patient as the north star. Nitu said that she liked Sean's attempt to show a linear progression, and her changes attempt to show technology enablement as an underpinning for the process. She also moved the patient to be the outcome of the process, and she attempted to show patient engagement as a wraparound for the outcome.

Lesley Bennett said that the whole process needs to be patient centered. The patient should not be the last step in the process, they should be included throughout the entire process. Lesley said that we need to get the patient more involved and we need to have communication involved throughout the entire process. This needs to be more patient centered from the very beginning. Rod Marriott said he agrees with Lesley and said that the "Patient as a North Star" should be a top banner that is attached to the whole process. Lesley agrees and said the current diagram is too focused on the administrative process. Nate Rickles suggested that the patient could be included at the top as an umbrella for the whole process. Nate asked if there should be a feedback loop included in the schematic. Lesley said that when she has shown these diagrams to patients, they don't understand why deprescribing and CancelRx are such an important part, at the same level as medication reconciliation. She said this is confusing to patients, and they should be represented as components of medication reconciliation. Lesley said the linear structure is easier to read on this schematic. Sean said that we have a box for medication management in this version, and he wondered if we could have a similar box for patient engagement in order to start the story with patient engagement. Lesley said this is a good suggestion.

Dr. Phil Smith said he sees this as three cogs, instead of a linear diagram. He said the first cog would be patient engagement. He said if the patient is the north star, then the best possible medication history should be a continuous state of affairs, and not the end result. The second cog would be the medical decision making, which includes patient engagement and team-based care approach. The third cog would be the episodic management of the medication list, which includes the components on the slide, as well as some that are not listed, including therapeutic substitutions. Phil said he sees these cogs stacked from top to bottom. Phil said he agrees with all of Lesley's comments.

Dr. Tom Agresta said we are spending a lot of time on this topic. He asked if there could be more than one way to lay this out that reflect the different ideas that are being discussed. Tom asked if we need to get this detailed captured in a diagram for this report. Tom feels the most important part of the report is the recommendations. Nate said this is an interested point and agrees we may not need this diagram. However, without the diagram, he is concerned we don't properly convey the story. Nate agrees that if we cannot come to consensus, then it would be best to omit the diagram for the time being. Sean agrees that we need

	to make sure we get the diagram right if we are going to include it. Nate suggested that we have a small group try to refine and polish the document based on today's comments, and then try to confirm the diagram again with the larger group. Rod agrees that it would be helpful to include a document and would help to convey the message and story to laypeople. Rod thinks the caregiver isn't well represented in the diagram either and agrees that a small group review would be valuable. Tom thinks empowering a small group is a great idea to try and get this schematic updated and finalized. The Work Group agreed to convene a small group to refine the schematic. Kate Sacro said she has been listening intently to the conversation so far and sees pros and cons to each point. In her mind, she is imagining more of a cyclical model. Nitu asked if the intent of the schematic is to display the thought process of the Work Group, or to display a schematic for a product. Michael thinks the product is the goal statements from the recommendations report. Nitu said that while we all agree that keeping the best possible medication list is a continuous process, but if we are going to display a roadmap, we need a linear model and we may never have a clear picture if we marry the two concepts. Michael asked for volunteers for the small group to review and refine the schematic. Lesley Bennett volunteered as the patient and consumer advocate. Nate Rickles, Kate Sacro, Dr. Phil Smith, Dr. Tom Agresta, and Sean Jeffery also volunteered to participate.		
5.	**Review Final Recommendations Report**	**Attendees**	**3:00 PM**
	The next discussion topic is related to the review of the final recommendations report document. Nate said the document was impressive and he thinks the document represents the MRP Work Group's conversations accurately and succinctly. Lesley Bennett asked if we could include a statement relating to the need for medication reconciliation when a patient is switched from one generic to another. Lesley thinks we need the ability to track the type of generic drugs that patients are taking. Tom Agresta agreed with this comment and said that this is a huge problem. Nate Rickles said that this is a great point and asked Lesley where she thinks it would fit into the report. Michael said that this is more granular than many of the requirements, but it could be included as an example of the types of issues that would be addressed by some of the potential technology tools, and that this could be considered in the future. Lesley agrees that this is a good idea and it is fine at this point to document this idea as something that will be addressed in the future, as opposed to mentioning the concept directly in the recommendations report. Michael said that the schematic will be finalized with the small group and the point Lesley raised will be documented for further consideration. Michael asked the group for a motion to approve the recommendations report, given these two identified tasks. Sean created the motion to approve the recommendations report. Lesley Bennett seconded the motion to approve the recommendations report. The motion was approved without objections or abstentions. The final recommendations report of the MRP Work Group was approved.		
6.	**Next Steps and Adjournment**	**Michael Matthews**	**4:00 PM**
	The motion to approve to adjourn the meeting was approved.		

Upcoming Meeting Schedule: No additional meetings scheduled at this time.
Meeting information is located at: https://portal.ct.gov/OHS/HIT-Work-Groups/Medication-Reconciliation-and-Polypharmacy-Work-Group