

Medication Reconciliation and Polypharmacy Committee DRAFT Meeting Minutes

Meeting Date	Meeting Time	Location
July 20, 2020	3:30 pm	Virtual only

Committee Members

Committee Members		Guests:	
p	Nitu Kashyap		Lesley Bennett
p	Sean Jeffery	p	Margherita Giuliano
	Alejandro Gonzalez-Restrepo		Marie Renauer
	Amy Justice	p	Mark Silvestri
p	Anne VanHaaren	p	MJ McMullen
	Diana Mager	p	Nate Rickles
	Ece Tek		Patricia Carroll
p	Elizabeth Taylor	p	Rachel Petersen
	Jason Gott	p	Rod Marriott
	Jennifer Osowiecki	p	Stacy Ward-Charlerie
p	Jeremy Campbell	P	Dr. Valencia Bagby-Young
p	Kate Sacro		

Supporting Leadership

x – in person; p – via phone

p	Adrian Texidor, OHS	p	Tom Agresta, UConn	p	Terry Bequette, CedarBridge
	Allan Hackney, OHS	p	Ryan Tran, UConn		Kassi Miller, CedarBridge
		p	Rachel Rusnak, UConn		Craig Jones, CedarBridge

Minutes

Topic	Responsible Party	Time
Welcome and Roll Call	Nitu Kashyap, Sean Jeffery	3:30 pm
Sean Jeffery welcomed the group and thanked the members for joining the meeting. A quorum of the members was present.		
Review and Approval of June 2020 Minutes	All	3:35 pm
Margherita Giuliano moved that the minutes be approved. Nate Rickles seconded the motion and the motion was approved unanimously.		
Public Comment	Public	3:36 pm
Sean asked for comments from the public and there were none.		
Medication Safety Continuing Education	Tom Agresta	3:40 pm
<p>Tom Agresta reminded the committee of the continuing education series of webinars that has now been launched by UConn Health and shared that the first webinar had 169 attendees and the second had 202. Tom shared the demographics of the participants and said that both webinars had a range of demographics as well as participants from other states. Tom said there are plans for a third webinar in August.</p> <p>Tom suggested a general theme of medication safety and technology and invited the MRPC to offer ideas for topics and to participate in a future webinar. Nitu Kashyap asked if someone could watch a recording of the webinar after the live event and still receive the continuing education credit. Tom explained that there are criteria for establishing the webinar as enduring material and that is not in place at this time. Margherita suggested that engaging patients in a better understanding of telehealth might be a topic. Tom agreed and said that COVID-19</p>		

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<p>created an unexpected urgent need for telehealth to unprepared providers and patients as well. He suggested that the topic could include helping providers and pharmacists prepare patients for telehealth and reconcile medications across telehealth. Nate offered that the technology in healthcare can be complex and finding a way to present technology topics in common language might be of interest and mentioned blockchain as an example topic. Nitu agreed with Nate’s assessment and suggested that some of the work done later in the meeting today could help with potentially addressing these needs from the BPMH perspective.</p> <p>Sean asked the members to consider participating in a webinar and reminded everyone that the event being virtual presents a unique low resource cost opportunity to attend and suggested members could participate in the planning as well.</p>		
Discovery Process – Nebraska Call	Nitu Kashyap, Sean Jeffery	3:50 pm
<p>Nitu, Sean, and others who participated in a call with Nebraska on July 16 provided an update to the committee on information gathered in the discussion as follows:</p> <ul style="list-style-type: none"> • Nebraska’s prescription drug monitoring program (PDMP) was initiated through the leadership of a state senator who lost a daughter to an overdose • The Nebraska PDMP contains information on controlled substances <ul style="list-style-type: none"> ○ Similar to CT’s program • The PDMP was expanded through legislation to include <i>all</i> prescribed drugs • Nebraska has an agency for all health and human services which controls the PDMP <ul style="list-style-type: none"> ○ Operation of the PDMP is contracted out to the state designated HIE (NeHII) ○ NeHII contracts their PDMP vendor to operate/maintain the system <p>Nitu reminded the committee that there is no need to replicate what Nebraska has done, but there is a good opportunity to learn from their experience. Rod Marriott shared that there is an insulin related bill currently being developed in CT to require all insulin drugs and devices are reported to the PDMP. Rod said that this bill would dramatically change the PDMP and could be a first step to considering adding other data and would be a test case for how the system performs and what showing information to a provider could look like. Rod explained that the current NarxCare tool is helpful for what exists in the PDMP today (it provides a risk score which is easy for providers to assess). He cautioned that the new data which may be introduced in response to the insulin bill could provide new challenges for providers and suggested considering how the data would be reviewed and used in the context of provider workflow. Rod said that if the bill passes, the state will have ample time to review and consider implications for the new information. He suggested that critical parameters would include having the most important information readily available and accessible, with the most current drug and dosage information. He posed the question: would additional information have to be separated from the controlled substance information already in the system?</p>		
BPMH Known Challenges Processing	Nitu Kashyap, Sean Jeffery	4:00 pm
<p>Sean explained to the group that the intention of this portion of the meeting was to review the known challenges refined during the June breakout sessions and consider them across six categories. Sean and Nitu explained the categories listed below and used the first two known challenges as an example for what would be included in each category.</p> <ul style="list-style-type: none"> • Sources (e.g. what is the best source of the information necessary for BPMH?) • Compilation Engine (converts inputs (e.g., source data) to outputs to be used in BPMH) • User Interface Considerations • Metadata 		

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- Security/Access
- Standard Terminologies
- General Notes

The group began their discussion of the known challenges.

Known Challenge #1: There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, and pharmacists involved in a patient's care

Dr. Valencia Bagby-Young suggested that many state agencies would be valuable sources of data but cautioned that they are often not equipped with EHRs. The group discussed possibly using claims data or paper based as a source and Nitu reminded everyone that the idea of a source is referring to the best source of information for the BPMH, rather than sources to which *everyone* will have access and that the ideal solution will be incremental and all data or features will not be available at this first stage.

Mark Silvestri asked if inpatient medications would be included in the solution and said it could introduce CMHD and the prison system as sources. Nitu said that the initial scope is focused on ambulatory settings, but transitions of care is a specific and important use case. Sean said that having access to the BPMH from an inpatient setting is important and Rod suggested other challenges associated with obtaining and using medication from an inpatient setting. Nitu and Sean said that inpatient medications are out of scope for the initial implementation of a BPMH.

Known Challenge #2: Patients may not understand why they are taking a particular medication, and/or providers may not understand why a medication has been ordered for their patient

Sean introduced the second known challenge and the group discussed diagnostic codes and indications and the possibility of a medication calendar. Sean suggested that a medication calendar would have to be very basic to ensure patient engagement and understanding. Diana Mager said that there could be cases where a different or previous provider may have ordered a medication and asked if provider identification was necessary. Nitu said identification would be useful along with specialty. Rod said that including specialty could introduce additional challenges and Sean suggested that payers may inform the specialty aspect as well.

The group discussed the functional requirements associated with Known Challenge 2 and Tom reminded the group that it is important to clearly understand why a medication is ordered from within the user interface. Sean mentioned the difficulty that may arise when a medication is being used for off label purposes. Nate raised a concern about terminology being used and Nitu agreed, suggesting that it may not be always possible to have a patient friendly description of terms like schizophrenia.

Valencia said that when discussing patient education, it is important to remember the health disparities in different populations, agreeing with Sean about the off label uses for medication, especially within mental health environments. Valencia said that sometimes incorrect diagnoses are added to get a patient a necessary medication which will be used for an off-label purpose. The group agreed that this type of issue is an important one that needs to be addressed with the BPMH.

Known Challenge # 3: Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history

Tom suggested that a business requirement for Known Challenge #3 could be to have a clear understanding of when a medication is started and when it is finished or changed. Margherita agreed with Tom and suggested that

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<p>the BPMH must be set up to ensure cancelled medications are displayed as well. Nitu said that an ideal state would include a real-time feed because in some cases a delay of twelve hours could be unacceptable.</p>		
Next Steps	All	5:00 pm
<p>Nitu and Sean recognized that working through the Known Challenge statements is difficult in the virtual environment and suggested a possible need versus want discussion and reminded the group how important it is to capture the collective wisdom of the members.</p> <p>The members gave feedback that the breakout session in June was a preferred format and suggested using the same approach for the requirements. Sean suggested taking the spreadsheet from the meeting and adding detail around requirements and the categories in preparation for a breakout session at the next meeting. Diana said that she agreed with Sean and said that her own preference is to spend time with the materials ahead of the meeting. Nitu requested that the members consider the priority of the individual Known Challenges to help with focusing the breakout session at the next meeting.</p>		
Meeting Adjournment	All	5:12 pm
<p>Diana made the motion to adjourn the meeting, which was seconded by Rod. The meeting was adjourned.</p>		

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