Medication Reconciliation and Polypharmacy Committee

Meeting Minutes

Meeting Date	Meeting Time	Location
May 18, 2020	3:30 pm	Virtual only

Committee Members					
p	Sean Jeffery	p	Jennifer Osowiecki		Christopher Diblasi
p	Anne VanHaaren		Marie Renauer		Rachel Peterson
p	Margherita Giuliano		Lesley Bennett	p	Pat Carroll
p	Nate Rickles	p	Jameson Reuter		Stacy Ward-Charlerie
p	Rod Marriott		MJ McMullen		Jason Gott
	Amy Justice	p	Diana Mager		**Guests:**
P	Nitu Kashyap		Ece Tek		Marinka Natale
	Kate Sacro		Jeremy Campbell		Scott Szalkiewicz
p	Dr. Valencia Bagby-Young	p	Tom Agresta	p	Richard Brooks
p	Elizabeth Taylor		Alejandro Gonzalez Restrepo	p	Elian Sylvester (TBS for Dr. Val)
Supporting Leadership					x – in person; p – via phone
	Allan Hackney, OHS	p	Ryan Tran, UConn		Craig Jones, CedarBridge
	Adrian Texidor, OHS	p	Terry Bequette, CedarBridge		Kassi Miller, CedarBridge
p	Tina Kumar, OHS		Sheetal Shah, CedarBridge	p	Rachel Rusnak, UConn

Minutes

	Topic	Responsible Party	Time
	Welcome and Updates	**Nitu Kashyap, Sean Jeffery**	**3:30 pm**
	Sean Jeffery welcomed the group back and reminded members that meetings are to remain webinar only until further notice.		
	Review and Approval of March Minutes	**All**	**3:32 pm**
	Sean asked for comments on March minutes. Rod Marriot told Sean he was welcome for the thanks. Diane Mager made a motion to approve the minutes and Nate Rickles Seconded.		
	Welcome and COVID Reflections	**Nitu Kashyap, Sean Jeffery**	**3:35 pm**
	Sean thanked the group for meeting, and explained how during planning meetings for this call, the co-chairs realized how important it is to give time to discuss how COVID is impacting the group. Nitu Kashyap shared what it is like at a professional level and patient level in her own experience and said that there has been a silver lining to the pandemic, in that it is accelerating timelines on activities that would normally take years to get approval on like setting up a platform for video visits. Tom Agresta shared that members of his family have been diagnosed with and recovered from the virus and that other members of the team have also been impacted with loss of loved ones. Pat Carroll shared that she has not been past the end of her driveway since March 16th and her immune deficiency makes her scared about what the future holds for her. She is concerned that even if a vaccine is released, she will not be able to produce antibodies. She shared that she has a support network with other people who have immune deficiency and that they all feel similarly afraid. Tom thanked Pat and told her that the planning team thought of her specifically for this portion of the agenda. Rod Marriott shared that he has been thinking about the PMP and the value of their product during these times to permit some of the telemedicine and allow pharmacists to assess certain criteria when filling prescriptions. He said that DCP has been considering potential use cases that may arise as a result of hydroxychloroquine and		

shortly after had complaints about hoarding of the medication. He explained that the pandemic has provided a view into the gaps in information flow from medical providers because there are non-office vaccines occurring and it is difficult to know if the right individuals are getting the right vaccines. He said that right now PMP is being used with telemedicine for opioid medications needed for patients.

Terry Bequette mentioned that Adrian Texidor is not with the group today because he lost a family member on Friday to the virus and he has lost several more before as well. Sean Jeffery thanked Terry for letting the group know about Adrian.

Sean asked Anne VanHaaren to share what she has experienced as CVS is trying to set up testing centers. Anne said that CVS has been called upon to use their brick and mortar stores to reach people to help with testing. She explained that initially the testing was done in stores, but it became unmanageable and now there are five centralized sites where the Abbot Quick Test is being used. The centralized sites will be shut down soon and the stores will switch to a self-nasal swab test which can be sent away for a three-day result. She explained that the CVS stores have had a lot of volume and there were fears of being shut down. She said she is concerned about what will happen with patients going forward as they lose health insurance and jobs and what impact that will have on individuals' ability to continue to take their medication. CVS has also made home delivery of prescriptions free of charge for now to help people stay inside and stay safe. She further shared that from an employee perspective, there is a lot going on.

Nitu thanked Anne and said that her story is very relevant to the work of the MRPC and the importance of data and interoperability. She said that the goal is to have things in the lifecycle of care not siloed in our systems and that several calls she has been on with CVS to discuss shared patients have discussed access to shared data to help with managing care. She further explained that if there is a case to be made about the lessons learned from the pandemic so far, it is related to transparency and timeliness in data flow.

Sean said he is aware of virtual joint operating meetings between payers and providers where participants are hoping adherence numbers hold for the first quarter. He explained that individuals are filling their prescriptions but there is no way to know whether they are taking their medication and that he does not know what the reconcile will look like after the pandemic is over. He asked Jameson (Jamie) Reuter if he could share anything to shed light on the situation.

Jamie told Sean that was an interesting observation and shared that for the last two weeks of March there were a couple million dollars' worth of early refills that mostly included chronic medications for diabetics, individuals with high blood pressure, asthma and COPD to name a few common refills. He said there were suggestions to individuals to get 90-day refills, but that most individuals did not do that, but instead just filled their standard dosage earlier than normal. He went on to explain that those two weeks in March had more fills than the entire month of April.

Diane shared that at Fairfield University there are nearly 150 senior nursing students graduating on Saturday who have experienced a major change in their final semester clinical rotations due to the pandemic and many clinical agencies not allowing them in to complete their rotations due to the Covid-19 pandemic. The students have met CT state requirements for clinical hours, and the state board of nursing has also approved the use of certain simulation experiences to count for additional hours. However, given that students will graduate without having had the last several months experience on an actual hospital unit means that they will need additional support when they begin work as graduate nurses, especially given the new challenges we face.

Nitu thanked Diane and suggested they talk offline about ways to help these students. She shared that in NY, residents were permitted to graduate sooner and there are many opportunities to participate in clinical care. She ended with a positive point that there are over 5,000 tests a day and that means that testing has expanded in CT. The goal for the state is to be able to test 20,000 a day and that yesterday hospitalizations fell below 1,000 for the first time in many days.

Public Comment	**Public**	**3:45 pm**

Sean asked for public comments. There were none.

Recap and Current Status	**Nitu Kashyap, Sean Jeffery**	**3:50 pm**

Nitu gave a recap of the work done so far and shared a timeline of the full MRPC work to date and said that the group is on track to maintain the timelines set forth to date. She and Sean explained that during the month of April when the group did not meet, the funding opportunity with the state has been delayed but the education resource library is very closely tied to the CancelRx project. She reminded the group that CancelRx is a functionality that allows deprescribing from one system and pharmacists can see this deprescribe event and then reconcile medication lists. She explained that this functionality is important for patient safety in terms of transparency of medications and a higher degree of accuracy. She gave an overview of the agenda.

Medication Safety Continuing Education	**Tom Agresta**	**4:00 pm**

Tom discussed that there are some new opportunities for continuing education on both the medical side (CME) and the pharmacy side. He said that the materials have been approved through the CME office at UConn with a continuation to the pharmacy education office. He explained that there will eventually be online resources available in addition to in-person clinicals once the state is equipped to handle those. The CME activities have been approved as a webinar series for now with a variety of topics, the first few related to medication reconciliation, HIE, consent design, public health information exchange.

Tom explained that the first webinar will happen on June 3rd from 12-1pm and it will grant 1 AMA credit and CME and CPE credits are nearly approved as well. The first webinar will focus on the CancelRx activities, and the second one will likely focus on HIE activities as they relate to improving healthcare. The webinar will be moderated by Stacy Ward-Charlerie, and Sean and Nitu will speak at the event.

Sean thanked Tom and said it has been good to see various programs working together to create an interprofessional opportunity like this. He asked the group to think about ways this content can be delivered across different platforms to different audiences.

Tom further explained that the webinars have been set up as an opportunity for future events to take the work that the MRPC is doing to share with this community. He said that he has also talked to Rod about how to integrate the PDMP/HIE and that perhaps the BPMH requirements could be discussed at one of the events as well. He asked the members to consider whether they wanted to be authors on a CME event in the future as well.

Pat asked if MRPC members would be included on the invitation and Tom said yes. Rod asked about the fee to join and Tom said that the webinars will be free as long as he can continue to secure funding.

BPMH Spending Proposal and Funding Update	**Adrian Texidor**	**4:20 pm**

Terry spoke in place of Adrian and said that not much has changed as far as the MOA is concerned. He said the planning dollars for BPMH requirements work are in an approved IAPD but in order for funding to be released, an MOA between DSS and OHS still needs to be finalized and then sent to CMS for approval. Until that approval, the

requirements work will continue with the support of UConn and CedarBridge. He explained that if the MRPC wants to bring in any technical SME expertise or additional resources, they will have to wait for the MOA to be signed.
Terry asked if there were any questions and there were none.

	BPMH Requirements Development	**Nitu Kashyap, Sean Jeffery, Terry Bequette**	**4:25 pm**

Terry introduced the timeline and asked Nitu for additional input. Nitu said that the timelines and milestones will likely evolve as funding is approved and progress is made. She said part of these changes are dependent on our conversations later in the meeting today. Tom explained that the timelines were already adjusted recently to reflect any changes that have occurred since our last meeting.

Terry explained that defining the requirements breaks down into four steps: considerations for other state discovery, requirements traceability matrices (RTMs) and status, requirements process and MRPC member participation, and next steps. Terry discussed the thinking around involving Nebraska (NE) and Delaware (DE) in the requirements process and explained that these two states can offer lessons learned, even if their use-cases are not the same as what the MRPC plans for CT. In Nebraska, through statute all prescriptions must be entered into the PDMP including veterinary prescriptions and the state could share the process they went through to actually acquire information, create their database and how they address data quality. In Delaware, the HIE is a medication history service which providers purchase on a subscription basis. Terry explained that CT does not want to have a subscription based service, but, just like with NE, they can share their planning processes and current best practice with CT – especially because NE has all of their data in one place.

Terry then shared the list of potential topics for learning from other states and explained that Tom has suggested developing a script or list of data types or information the MRPC hopes to gain or learn about, by category, from each state so that conversations with NE and DE have a high chance of being fruitful for the group. These conversations could be extensive and include some subset of the MRPC as waiting to have our monthly meeting could delay progress significantly. The summary of these conversations would be shared back to the larger MRPC group at our regularly scheduled meeting.

Terry asked Sean and Nitu to weigh in and consider asking the group for volunteers. Rod volunteered himself and his PMP team as he has experienced a number of these same issues and will be well versed in the topic. Sean said thank you and asked if Richard Brooks was involved by extension, and Richard said yes.

Jamie said it is always good to see what other groups are doing and that the MRPC could learn some valuable lessons and save time. Sean asked Jamie if he thinks there is anyone on the managed care side that should be involved where there may be gaps in understanding. Jamie said no, he has not noticed any gaps and that different groups and individuals are taking different approaches but nothing overly comprehensive. He said in terms of managed care, Kaiser may be a good example but they are a closed system, and that he has not seen much outside of that.

Nate said his only suggestion is to be careful with the structure of the conversation because there are a lot of different topics and it would be useful to have a systematic approach to efficiently utilize the time. Tom agreed and said he thinks there should be a focus guide that will be shared ahead of time to the interviewees so thy are not caught off guard. Nitu asked Nate if he was volunteering to be involved in the creation of the focus guide and he said yes.

Nitu asked the group to reach out to her or Sean if they can volunteer. She confirmed with Tina Kumar that she had all members identified on the call.

Business/functional requirements

Terry shared the distinction between business and functional requirements from the March meeting and shared that he has access to some useful CMS documents around requirements writing which will likely be shared with the group in the coming weeks. He said the main document is a summary that breaks down in more detail the distinction between different requirements and how those lead to developing solutions.

Terry reminded the group that the focus right now is on business and functional requirements rather than technical. He said the technical requirements will be defined later. He shared the requirements traceability matrices (RTMs) developed by Kassi Miller on the CedarBridge team which is designed as a repository of the requirements discussions and thoughts from the MRP Workgroup and meetings so far in 2020. He said the plan for developing requirements is to use these RTMs or something similar and told the group to reach out if they are unable to access excel for viewing or editing the file.

Terry then shared the ideas for next steps in terms of developing requirements. He said one thought the planning group had was to ask people to individually start using the RTMs and sending ideas for requirements electronically to ensure the group is considering all of the broad requirements categories and focus areas. He explained that the requirements can be from the perspective of a provider using a BPMH or maybe someone entering data into BPMH with considerations for criteria like response time, safety, security, privacy or other areas. He suggested the group could also plan a facilitated zoom session specific to gathering the requirements, either at the large monthly meeting or in smaller groups between meetings to be efficient. Terry asked for questions or comments.

Sean suggested that the group could use the breakout session feature of zoom to facilitate smaller conversations and Terry agreed, saying this could be the agenda for the June meeting. Nitu shared that she has seen success with gathering comments between meetings which are then collated and shared back with the larger group before the breakout sessions.

Nate asked if developing the requirements requires specific expertise and explained that the MRPC members have varying levels of exposure to the specific requirements. He asked how the group would ensure alignment with experts. Terry suggested that as the requirements are captured there would need to be a validation, review and improvement process. He said that having a breakdown of the MRPC members by area of expertise would help with aligning groups ahead of time.

Tom suggested categorizing the requirements by care environments like hospital setting, patient/home, visiting nurse, and ambulatory care setting. He said if the groups are broken down by setting rather than business and functional that could provide better results and he shared that this was the approach he did with the Hackathon and it worked well.

Diane said she liked the idea and agreed with Tom. She said the BPMH will not be a one size fits all solution and will need to be tailored to different settings. Nitu pointed out that the March meeting ended with categories based on a patient centric profile, prescriber profile and clinical users. She said there was also a systems perspective which focused on the organization and cautioned the group that it may be risky to go too granular. She suggested that Tom's idea for the larger categories like in the Hackathon could work very well.

Sean asked Jennifer Osowiecki if she had any input on the process. Jennifer said that she does not think there is a well-defined vision for the BPMH yet and the group needs to work through the details. She also said that she does not like that DE sells their data and that CT probably would not use the same approach.

Medication Reconciliation and Polypharmacy Committee
Meeting Minutes

	Sean thanked Jennifer and asked Margherita (Margie) Giuliano if she had anything to add. Margie said she thinks there is a good set of next steps and that she would like to be involved in the subgroup work on the requirements. She said that defining requirements as a group always yields better results than an independent process. Nitu summarized the conversation and asked the group if they want to have three small subgroups for breakout sessions in the meeting in June. Sean agreed with Nitu's summary and asked if there were any reactions to the proposed approach. Anne said she liked the idea.		
	SUPPORT Act Update	**Terry Bequette**	**5:20 pm**
	Terry shared updates with the group on the SUPPORT Act. He said the IAPD request was approved but it requires a different MOA which has been approved internally and submitted to CMS. He explained that the SUPPORT Act Leadership Team (SALT) meets biweekly to discuss ongoing work and progress and that a major component of the work is trying to get more providers connected to the Appriss PDMP for use in addressing the opioid crisis. He shared that DCP is moving towards an enterprise license to manage subscriptions and may even include multiple years on the license. He further explained that SALT is discussing the Patient Unified Lookup System for Emergencies (PULSE) as well, as there are planning dollars in the IAPD. The PULSE system was initially developed in CA to address wildfires in 2018 with a use-case of displaced individuals who need care and providers require access to their medical history. He explained that PULSE ties into the SUPPORT Act because the PULSE system would ideally have connections to the PDMP. Terry asked if there were any questions and there were none.		
	Next Steps	**All**	**5:25 pm**
	Tom suggested that it is important to make sure MRPC members are engaged in the requirements building process going forward. Sean said there is a lot coming up in the near term including the CME webinar, smaller group discussion, outreach to NE and DE. Nitu said there is a good set of takeaways for how to plan the work between the May and June meetings and asked the group to email with edits to any documents sent out with materials so far. Nate shared with the group that the Patient Centered Outcomes Research Institute (PCORI) has a grant opportunity that may relate to the MRPC and asked members to consider ways to engage or leverage their experiences to potentially use the grant as a funding opportunity for the MRPC or BPMH. Sean thanked Nate and Tom said there are also other funding opportunities from the Agency for Healthcare Research and Quality (AHRQ) related to health technology and optimizing care. Sean asked if there were any additional comments or questions and there were none.		
	Meeting Adjournment	**All**	**5:29 pm**
	Sean asked for a motion to adjourn and Rod created the motion. Diane seconded the motion.		