Medication Reconciliation and Polypharmacy Committee
February 27th Meeting Minutes

Meeting Date	Meeting Time	Location
February 27, 2020	11:00 am	Conference Room C

Committee Members

x	Sean Jeffery	p	Jennifer Osowiecki		Christopher Diblasi
x	Anne VanHaaren	x	Marie Renauer		Rachel Peterson
	Margherita Giuliano	x	Lesley Bennett	x	Pat Carroll
x	Nate Rickles	x	Jameson Reuter	x	Stacy Ward-Charlerie
x	Rod Marriott	x	MJ McMullen		Jason Gott
	Amy Justice		Diane Mager		**Guests:**
x	Nitu Kashyap	x	Ece Tek	x	Tom Agresta
	Kate Sacro	x	Jeremy Campbell	x	Richard Brooks
	Peter Tolisano	x	Tom Agresta		Akash Shah
	Elizabeth Taylor		Alejandro Gonzalez Restrepo		

Supporting Leadership

x – in person; p – via phone

p	Allan Hackney, OHS	x	Ryan Tran, UConn	x	Craig Jones, CedarBridge
x	Adrian Texidor, OHS	x	Terry Bequette, CedarBridge	p	Kassi Miller, CedarBridge
x	Tina Kumar, OHS	x	Sheetal Shah, CedarBridge	x	Rachel Rusnak, UConn

Minutes

Topic	Responsible Party	Time
Welcome and Call to Order	**Sean Jeffery, Nitu Kashyap**	**11:00 am**
Sean Jeffery opened with commentary from the NY Times daily review of the coronavirus. He discussed the need for easily accessible information for medication errors. He thanked the committee for their time today.		
Review and Approval of January 13, 2020	**All**	**11:05 am**
Pat Carrol said that she attended on zoom but was not listed in the participant list; Naomi Nomizu and Scott Bonczek as well. Regarding CancelRx, Rod Marriott clarified that he did not send a formal e-mail but was talking to pharmacy industry informally. Sean asked for a formal motion to approve the minutes;		
Public Comments	**Public**	**11:10 am**
Rod Marriott stated that there is lots of healthcare discussion in the current legislative session. If there is interest here, he recommended that the Committee consult the Public Health Committee and/or General Law. Craig Jones discussed the Executive Orders related to primary care and cost benchmarks; he stated that medication management will be a key driver and the MRPC is doing critical work. Tom Agresta suggested tracking the Executive Orders and offered to help as it is part of his day-to-day. Nitu Kashyap suggested adding a standing agenda item on Executive Orders. Rod agreed, suggesting this might be more useful as legislation moves toward committee hearings. One suggestion was to set up an account on the cga.cpa.gov website. Pat asked about setting up a listserv, but there may not be access to a good listserv and Tom was concerned there would be too many notifications. The group in general agreed that being aware of relevant legislation would be helpful. Sean asked for other public comments, there were none.		
2020 MRPC Meeting Schedule	**Sean Jeffery**	**11:15 am**

The members indicated there is a minor typo in the schedule: July meeting should be 7/20 instead of 6/20. Tina will send out calendar invites for meetings through December. Sean indicated that the intent is to help people remain engaged across the state.		

Recap of Previous Meeting/Project Timelines	**Nitu Kashyap**	**11:20 am**

Nitu provided a recap of the previous meeting. She indicated that this group wants to be action oriented. She said they spent the last meeting ranking tasks in terms of impact and effort and the mission critical task that rose to the top was BPMH. She said smaller efforts like CancelRx, an education resource library and funding will take second priority in timeline. There will be a more detailed Gantt chart during the CancelRx discussion. Nitu shared a high-level timeline and asked if she missed anything. Sean indicated this was an attempt to give the group a visual – it is not all the 11 items from the workgroup, but the ones that came out as a priority from the last discussion.

Craig asked if the segments of the BPMH are in a different Gantt chart. Nitu confirmed. She said this visual is a master list and we should keep it in our line of sight, but each priority will have a more detailed view. Tom agreed everything would become clearer as we go through additional slides.

Sean asked the group to think about where they may find their own strengths to help support these tasks, take more ownership and leadership.

BPMH Vision: Review Inputs, Process, and Output	**Sean Jeffery/ All**	**12:10 pm**

Sean presented Dr. Nomizu's quote which reflected the importance of the vision and patient safety. He indicated that they need to layer in sites of care, determine the data elements required, spend significant time defining what BPMH is, and remember to aim for the good, not the perfect. He asked for feedback on how the group wants to work on the vision: to have a small group meet or discuss as a large group.

Rod asked for clarity and wanted to know if the small group will develop the vision. Sean said they did not intend this to be a long deliberation, but they do want people to feel engaged and like they are contributing. Rod pointed out that patient engagement is really important. He said that things need to be simple and easy for the patient. Lesley Bennett appreciated this suggestion and reiterated that patients have a hard time understanding the list and things like mid-year formulary changes. Pat shared her own experience of only receiving 6 pills from a 45-day supply and her physician was not made aware because of PBM stewardship.

Stacy Ward-Charlerie asked if we have a definition of the BPMH, since she was not in attendance. While Sean was looking for the definition, Tom suggested that this information will be put into a report that will drive the HIE and implement this into real practice. Nitu asked if the lifecycle of a prescription would be helpful to share with the group. The group agreed it would be helpful to send.

Anne VanHaaren and Nate Rickles agreed the small groups would be useful and can help structure feedback for the rest of the Committee to provide.

Sean asked about inputs to the BPMH: community pharmacies, PDMP, consumers, PBMs. He asked who should be included; prescribed vs dispensed; over the counter vs supplements; administered only. Rod pointed out that there are gaps in the PDMP in these areas. Stacy suggested a BPMH vision which leverages existing and new technologies to efficiently electronically gather and display all relevant medications and its pertinent details that a patient is currently taking or should be taking for all healthcare stakeholders from providers to patients.

Adrian Texidor reminded the group that Allan Hackney will need to review what an SMMS looks like. That deliverable will happen pretty quickly and then they will look at functional requirements. As part of the DHS/OHS governance process, it will be sent to DSS. Allan will be able to talk more about the process and the funds that will be available to possibly include SMEs talking about best practices.

Nitu talked about simplifying the process: what goes into producing something; what are the properties (e.g. something from the EHR: prescribed, not dispensed; some de-duplication. Sean asked the Committee members to email if they are interested in volunteering for a vision committee.

Jennifer suggested that our struggles here are less related to the definition of BPMH, but which tools will work to get there. She suggested that perhaps they need different tools for different types of patients. If they identify target patient groups, maybe their vision of how to obtain BPMH becomes clearer. She does not believe that one size will fit all. She said that many states are currently in litigation with various law enforcement agencies who are trying to use these databases to bring criminal charges. However, she understands when the government is the payer and suggests a focus relative to Medicaid patients.

Allan Hackney said he thinks the group needs to think about what outcomes it wants to achieve through processes or tooling or procedures around medication reconciliation, patient safety, polypharmacy. He said that if the group focuses on the outcomes, the path to the outcomes is easier to find. Additionally, depending on the outcome, one may come up with more than one path, so maybe it will not be a one size fits all. The concept of a BPMH is an aspirational objective and how they get there could follow several different paths. It could be incremental (one building on another, etc) or it could be parallel.

Allan mentioned that prescribers in CT and other states are required to send data to the PDMP and citizens aren't asked their opinion about that. Rod Marriott could probably talk in more depth on the issues there. Allan said he would separate these issues from what might happen within the HIE. It is going to operate under a HIPAA treatment, payment and operations which is a different thing than a state mandate like PDMP.

CancelRx Survey and Educational Materials Update	Tom Agresta	12:40 pm

Tom shared that Stacy, Pat, Diane Mager, Ryan Tran and himself have decided to distribute the survey instead of trying to make it perfect. He said that listservs have been set up to send the survey to individuals registered to prescribe controlled substances (at least 35,000 individuals). There are no medical assistants, nursing professionals, nor medical technicians but it should reach a good portion of the target audience. They plan to send this out next week.

Tom would like to distribute this to health care organizations that do have other types of collaborative providers that have been missed. He asked if anyone in the group has the ability to help with this. A high-level timeline would have preliminary results in March and a report in April with simultaneous development of educational materials. He would also like to schedule a half-day seminar in June where they would invite people outside of the MRPC.

Sean asked about distribution of the survey, whether it would be necessary to have identification of participants (vs. sending generic URL). If not, the survey could be sent to pharmacists who could then forward the email to their techs. Ryan provided clarity but indicated that he would follow up to confirm. Rod pointed out that emails coming from the PDMP are routinely blocked by MSN.

Richard Brooks shared his experience that the closer one gets to the bedside, the better the care (for the patient). He suggested that they may want to get input from organizations like home care.

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OHS Activities, Timeline, and HIA Milestones	Allan Hackney	11:35 am

Allan discussed the role of the MRPC in overall governance of health data/health issues. He presented the funding available today from an IAPD perspective (with a short summary of what IAPD funding is) for consideration of the MRPC. Allan indicated that OHS has $48M from combined 2019/2020 funds and they can probably only spend $24M – so they must write an IAPD-U to reallocate those funds.

For MRP planning, OHS has $100k that needs to be spent by September 30th, 2020. To breakdown the timeframe, there are two main milestones. Milestone 1 is a short proposal (2 pages which illustrate some deliverables) to DSS on what the MRPC wants to do with the $100k. Milestone 2 is a more detailed proposal on one or more activities (this could include pilots, implementations, whatever the group wants to call them). This proposal needs to be done definitively. The next step would be to get a funding request out in the July timeframe at the very latest.

Sean asked about the timeline for the pilot. Allan explained that under the HITECH Act there is an ability to draw down funds which can be distributed to participating organizations to offset their costs, like helping with the development or connection. That portion is not available in the MMIS, as the work must exclusively serve Medicaid if they use those funds.

Pat asked if they could develop Medicaid solutions using funding that could then roll out to non-Medicaid users after September 2020. Allan said yes, if they split the work between the development of the solution vs ongoing maintenance and operations. Allan indicated that if the solution makes it past production and they are just maintaining, then they can have non-Medicaid participate but any funds from federal government must be discounted by "fair share" allocation.

Overall, the group suggested aiming for submitting the proposal in June. The April meeting will focus on next steps and components of the plan that needs to be submitted. OHS will put together a template to begin. Adrian, Tom and the CedarBridge Group team will work through some of this before the April meeting. Allan indicated that the Committee should not try to "over-engineer" what this will look like.

The discussion ran out of time and the Committee was not able to look at where the SUPPORT Act/MRPC have overlap.

Next Steps	All	12:50 pm

The next steps include: coordinate proposal items for the $100k (OHS/CBG) for MRPC to react to and finalize at the next meeting and volunteers sign up for developing the MRPC vision for BPMH.

Wrap up and Meeting Adjournment	All	12:55 pm

Sean thanked the committee members and created a motion to adjourn which was seconded by Rod Marriott.