

## Medication Reconciliation and Polypharmacy Committee DRAFT Meeting Minutes

Meeting Date	Meeting Time	Location
September 24, 2020	3:30 pm	Virtual only

### Committee Members

			Guests:
p	Nitu Kashyap	P	Lesley Bennett
p	Sean Jeffery	P	Margherita Giuliano
	Alejandro Gonzalez-Restrepo	P	Marie Renauer
	Amy Justice		Mark Silvestri
p	Anne VanHaaren		MJ McMullen
p	Diana Mager	P	Nate Rickles
	Ece Tek	p	Patricia Carroll
	Elizabeth Taylor		Rachel Petersen
P	Jason Gott	P	Rod Marriott
P	Jennifer Osowiecki		Stacy Ward-Charlerie
	Jeremy Campbell	p	Dr. Valencia Bagby-Young
	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
<b>Welcome and Roll Call</b>	<b>Nitu Kashyap, Sean Jeffery</b>	<b>3:30 pm</b>
Sean Jeffery welcomed the group and thanked the members for joining the meeting. Sean asked all members and invited guests to introduce themselves. A quorum of the members was present.		
<b>Review and Approval of July 2020 Minutes</b>	<b>All</b>	<b>3:42 pm</b>
Lesley Bennett moved that the minutes be approved. Marie Renauer seconded the motion, and the motion was approved unanimously.		
<b>Public Comment</b>	<b>Public</b>	<b>3:43 pm</b>
Sean asked for comments from the public and there were none.		
<b>An Act Concerning Diabetes HB 6003</b>	<b>Rod Marriott</b>	<b>3:44 pm</b>
Rod Marriott gave a brief overview of the reporting requirements and pharmacists responsibilities that result from HB 6003. He first discussed Public Act 20-4, effective January 1, 2021 and explained that 'Kevin's Law' from Ohio prompted the legislation in Connecticut and explained how the law pertains to medication reconciliation. Sean asked how the PDMP would know whether a prescription had been dispensed more than once as a result of the law in the last twelve months and Rod explained that the PDMP will provide enough detail to ensure no over prescribing. Jennifer Osowiecki asked whether the PDMP collects information on Insulin and Glucagon and suggested that details in the PDMP are only related to controlled drugs and potentially would only show whether a pharmacy prescribed and dispensed under the bill. Rod thanked Jennifer for her question and said that he did not think that was the intention of the bill but he will confirm. Jennifer said she was understanding the content of		

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the presentation to mean that only pharmacies will be required to report if they choose to prescribe and dispense themselves. Rod said he appreciated Jennifer’s interpretation and he will raise her concerns.

Nitu asked if the information on dispensed status would be available to providers full dispensed history or through PDMs and Rod said it would depend on the source of the information. He said that this information would be contained in the PDMP, at least in theory, and that it is required to report back to the practitioner. Rod further explained that the intention of the bill is to assist with narrow emergencies where a practitioner has limited to no availability and that the event must be reported to the most recent practitioner within 72 hours.

Jennifer asked if the PDMP identifies the type of prescriber behind a medication (e.g. pharmacist, physician, dentist) and Rod said no, unless the prescriber self-identified in the DEA database. Jennifer said that it may be difficult for a pharmacist to look at the PDMP and know whether an additional pharmacist made the prescription within the last 12 months.

Nate Rickles asked if the vendor has an estimate for how long it would take to add the products into the dataset and whether their presence would be in the same screen as controlled substances. Rod said that the January 1 timeline depends on pharmacies being able to operationalize the information provided and add to the list of medications and as soon as events are reported they are available, and that the view will be dependent on the vendor. He added that he will be seeking feedback on the interface once these changes are added and that it will be important to have some separation from controlled substances and to ensure correct permissions. Sean reminded Rod of the demonstration with Nebraska earlier in the year and asked if Rod would like to talk offline about possible input. Sean and Rod will talk offline.

Patricia Carroll asked to see an example of a PDMP record and Rod said he would try to find something to share with the group. Rod finished his presentation with an additional description of the law, summarizing that it is an upload and dispensing of the relevant medications to the PDMP: Insulin, Glucagon, diabetes devices and ketoacidosis devices. Rod skipped slides 24-29.

Nitu asked if there is a timeline the MRPC should be aware of and Rod said January 1<sup>st</sup> is when the law goes into effect and that no uploading will start prior to that date. He said that Medication Reconciliation is an interesting use-case and said that there may be a place for the PDMP to help connect to the BPMH, and if it is then there are several questions that must be considered. Rod also said that it is important to have open communication about the process to have the best outcome for the patient.

Nitu thanked Rod and asked Tom Agresta to begin the BPMH requirements discussion.

<b>BPMH Requirements: Development</b>	<b>Tom Agresta</b>	<b>4:15 pm</b>
<p>Tom explained the work done to date for the BPMH requirements, including work done since the last meeting. Tom reminded the MRPC that they determined the address now, address soon and address later statements using the online survey. He said that the discussion today will focus on the address now statements and summarized the survey results which had 12 respondents from the MRPC.</p> <p>Sean explained motion #1 to ensure the group agrees with the organization into the three categories from the survey. Sean asked for a motion and Diane Mager made motion to approve and Nate seconded.</p> <p>Sean asked for any discussion. Jennifer said she is concerned that striving toward a single source for the BPMH may not be possible and asked if the goal is something the group will be able to achieve. She said she did not feel there is enough room for patient input and Lesley Bennett and Patricia agreed. Tom explained that the solution</p>		

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<p>will likely come in phases and there will be a lot of questions to consider including where the software will be housed, who will have access and how the patient will participate.</p> <p>Nate shared that his understanding of the motion is just a framing of the priority of the issue statements and is not about whether details are finalized without future patient input. Sean agreed with Nate and said the goal of the motion is to give the process some direction. He further said that the Admin team wants to ensure that the MRPC has confidence in the prioritization of things that would come first and there is no intention to negate the patient.</p> <p>Lesley voiced her desire that at least one of the patient known issues should move into the address now category.</p> <p>Terry Bequette reminded the group that all of the known issues will have business and functional requirements developed and that as a group the MRPC can decide whether there are developmental phases. He reiterated that the motion is to help sequence the order in which work is done to define requirements. Sean thanked Terry for his perspective and Diane reminded the group of the work done in the breakout sessions to discuss the various perspectives.</p> <p>Patricia asked if the motion is to approve whether the prioritization system is used and suggested that the motion does not say what goes into each category. Terry reminded the group that the prioritization into the three categories was achieved by way of the survey sent to all of the members and that the address now statements are simply being focused on first in terms of defining requirements.</p> <p>Diane asked to call the question and Sean said the debate is ended. Sean asked for a show of hands in favor of the motion. Lesley voted against the motion. The motion passed.</p>		
<b>BPMH Requirements: Known Issue #1</b>	<b>Nitu Kashyap, Sean Jeffery</b>	<b>4:42 pm</b>
<p>Sean gave an overview of the business and functional requirements associated with known issue 1 and Diane asked if home health is included in the list of those involved in a patient’s care. Tom said yes and the group agreed to add the language specifically to the statement.</p> <p>Sean asked if there were any questions and Margherita Giuliano thanked the Admin team for their work on the requirements and suggested that patients can be added to the list of sources and the group agreed.</p> <p>Nate asked whether anybody could go into the BPMH system to make an update or instead if there is another functional requirement that certain individuals will have access. Sean explained that the final business requirement is listed to ensure that as information is compiled from multiple sources, that information is deduplicated to ensure accuracy, and that the sources are confirmed as accurate as well. Nate suggested that there will be a period of time when things are not accurate and Tom agreed, saying that there will be inconsistencies when pulling historic data together. Tom said that there will likely always be a need for a human to interact with the interface and ensure data align properly, or to annotate where necessary. He also reminded the group that there will be functionality to add details and for patients to access and make changes as well.</p> <p>Lesley asked about individuals accessing the medication list for functional requirement 1.2.3 and Sean said it includes a variety of end users, likely to start with providers and a future state would have patients and caregivers.</p>		

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Sean asked to attempt motion #2 and Diane made a motion to approve and Margie seconded. Sean asked for discussion from the group.

Nate asked whether motion #2 is to accept the process or to accept actual specific requirements. He said that he agreed with the process but was unsure on whether the requirements are accurate yet. Sean explained that the motion is for the address now known issues and Diane said she would make a motion to approve, assuming the motion still allows for minor edits. Sean and Nitu agreed with Diane’s assessment of the motion.

Nitu asked Terry when the full list of requirements would be delivered to the MRPC for review and Terry said that the requirements would be shared in time for approval during the October meeting.

Lesley asked what the first two focus on and said she feels the motions do not allow for enough flexibility and that the current exercise is an academic one. Terry said he understood Lesley’s frustration and explained that the work has been frustrating as well, but the goal of the work being done is to create a solution to address the frustrations. Lesley reiterated that she wants a patient issue in the address now known issue list.

Naomi Nomizu asked if it will be a functional requirement that a patient can access and edit the medication list at any time. Nitu said that the requirement does need to be on the list and that as a group we need to determine the necessary requirements for the system. Lesley said she wants details on patients stated up front. Tom reassured Lesley that the patient perspective will be considered, and Lesley said she wanted it to be clearer. Tom reminded the group that the motion is to accept the requirements with revisions.

Naomi suggested adding a value statement as part of the address now known issues that information in the source of truth list belongs to the patient, so that any solution must have the patient as a source and point of approval. Nitu thanked Naomi and said her suggestion could be added as a preamble. Terry reminded the group that all known issues will have full business and functional requirements regardless of their ranking from the survey. Sean asked if the group was willing to move to vote and Jennifer suggested a revision to the first known issue to say *“there is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, pharmacists, and patients (and their designated caregivers), involved in a patient’s care”* Lesley agreed with Jennifer’s suggested change. Sean asked for a vote and there were none opposed. The motion passed.

### **BPMH Requirements: Next Steps**

**Nitu Kashyap, Sean Jeffery**

**5:15 pm**

Sean described the next steps and reminded the group that the work done so far has been as planned for the year. He said it is important that committee members review materials ahead of the meeting and provide feedback in between meetings as well. He said that the requirements will be used in the requirements recommendations report and he presented the final motion. Diane made a motion and Nate seconded. Sean asked the group for discussion.

Diane asked whether acceptance of the requirements during the October meeting would be realistic and suggested extending the deadline by a month. The group discussed different ways to engage the full committee for feedback. Patricia asked if the requirements could be circulated before the meeting and Tom confirmed that the Admin team would get the materials out in the usual timeframe before the next meeting.

Patricia suggested editing the motion to read *‘The MRPC endorses the process that produced the first set of business and functional requirements and directs the MRPC Administration team to continue this work and complete developing requirements for the remaining known issues for presentation at the committee’s October 19<sup>th</sup>, 2020 meeting.’* Sean said the suggestion was ok with the change and that the group would need to accept

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the change as an amendment and asked for additional conversation. There was no additional conversation and all those in favor voted and the amendment carried. Sean requested the group vote on the motion and none were opposed. The motion passed.		
<b>Medication Safety Continuing Education</b>	<b>Tom Agresta</b>	<b>5:28 pm</b>
Tom indicated that the next CME webinar is October 1 <sup>st</sup> and that Ryan Tran will send an invite to the members.		
<b>Meeting Adjournment</b>	<b>All</b>	<b>5:30 pm</b>
Sean thanked everyone for their feedback and perspectives. Diane motioned to adjourn. Nate seconded.		

DRAFT