

Medication Reconciliation and Polypharmacy Committee

Meeting Notes

Meeting Date	Meeting Time	Location
Thursday, June 24 th , 2021	2:00 pm – 4:00 pm	Webinar Only https://us02web.zoom.us/j/84544069207?pwd=Vmw3UWl3aHZzSjd1Sk1ma2J1UkZ1UT09 Meeting ID: 845 4406 9207 Passcode: 739351 Dial In: 1- 646- 876- 9923

Committee Members				
p	Nitu Kashyap		Kate Sacro	Invited Guests:
p	Sean Jeffery	e	Lesley Bennett	Carol Robinson, CedarBridge
p	Alejandro Gonzalez-Restrepo		Margherita Giuliano	Kelly Thompson, CedarBridge
	Amy Justice		Marie Renauer	Katie McGee, CedarBridge
	Jeremy Campbell	p	Dr. Valencia Bagby-Young	Jamal Furqan, CedarBridge
p	Diana Mager		MJ McMullen	
p	Michael Couturie	p	Nate Rickles	
	Elizabeth Taylor		Patricia Carroll	
	Jason Gott		Rachel Petersen	
p	Jennifer Osowiecki	p	Rod Marriott	
	Stacy Ward-Charlerie			
Supporting Leadership				
			x – in person; p – via phone; e - excused	
p	Adrian Texidor, OHS	p	Tom Agresta, UConn	p Pete Robinson, CedarBridge
		p	Ryan Tran, UConn	p Valencia George, CedarBridge

Agenda Topics			
	Topic	Responsible Party	Time
	Welcome and Roll Call	Nitu Kashyap, Sean Jeffery	2:00 pm
	<u>Agenda changes</u> <ul style="list-style-type: none"> Last MRPC meeting is scheduled for September 23rd. This meeting will be held in person in a place to be determined. Please remove the other meetings from your calendar holds. We added time today to review the work Tom Agresta team is doing and reduced the HIT Plan review to 10 minutes. A question was raised regarding the timeline for when the MRPC committee ends. Sean clarified that the MRPC final meeting is September 23rd. This was a subcommittee of HITAC authorized until the end of September with funding. There is no additional funding available. 		
	<u>Public Comment</u> – No public comments.		
	<u>HealthIT Plan Overview</u> <ul style="list-style-type: none"> CedarBridge Group gave a high-level presentation of the Statewide Health IT Plan. Shared status of development process, draft recommendations, and seek your feedback. Working on the eScan – the first document which includes the initial findings from stakeholders and early recommendations for iteration. The HealthIT Plan will include implementation strategies and will be completed at the end of the 		

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calendar year. OHS will present to State Legislature.

- OHS will post the full draft in July on its website and provide opportunities for formal comment.
- CBG provided details on the Prescription and Med Fill data results:
 - Ambulatory care, LTC, and EMS providers have a high need for HIE with other medical providers, especially for Med histories
 - Hospital CIOs report widespread use of 3rd party vendors for med fill data and are interested in the state PDMP fulfilling this role.
 - CancelRx significant increases nationwide in use among prescribers and pharmacies.
- Key findings
 - Behavioral Health - 41% not sure if they were subject to regulations on 42 CFR Part2, need for education
 - Hospital & Health System -Desire to access data to PDMP and hope it will be expanded
 - EMS -Need more MOLST more than 55% report no electronic data
- **Draft recommendations for Best Possible Medication History -**
Stakeholders across the spectrum report a high need for access to medication data – something which is not widely available at the present time. Below are recommendations to address this need.
 - *Explore the expansion of the Connecticut Prescription Drug Monitoring Program (PDMP, CPMRS) through policy or legislation if needed, to require submission of all prescription and medication fill data from pharmacies and prescribers.*
 - *Additional or alternative med fill data sources, including variability in data quality and completeness, timeliness, and cost of various data sources.*
 - *Establishment of Single Sign On (SSO) capabilities between Connie and CPMRS for ease of access to PDMP data for CT providers*
 - *Charge MRPC with designing a glide path for expansion of the PDMP to additional drug classes and drug types.*
- **Responses from the Committee on the presentation:**
 - Nitu noted that the MRPC would be doing a variation to #4 above: The MRPC would not be developing a glide path but rather understand the pros and cons of the methodologies for connecting medication data from other sources PDMP and HIEs. The outcome may be the same but how we frame the question is very different. The CedarBridge team welcomed the wordsmithing and any other comments.
 - Other members asked questions regarding the timeline and the specifics items. CedarBridge responded that they are trying to get consensus on this recommendation. Given your expertise we are looking asking if this is the right question then we can determine how to implement and how to fund. The objective is to get feedback on whether this is good idea. Whether we missed anything. This is part of the 5-year roadmap. We are seeking your feedback to enhance the recommendations.
 - The questions are framed to suggest a solution. The MRPC has been working on the premise that there is a need for data and how it becomes blended is part of work that CedarBridge will be helping us with over the next few months. We need to know the pro and cons, the blind spots, what others have discovered, and learned from what they have done. It is about the discovery not a solution.
 - Nitu did an update of Connie – first ADT feeds went live the past week. Med management is a priority use case and is moving up on their list. By State statute hospitals will connect by May 2022 and practices by May 2023. Review of data flow from EHR into Connie using the ID password with single sign on. Large number of organizations are signing off on the legal paperwork and the data will be flowing in July.
 - Rod Marriott agreed that SSO increased use of PDMP. Testing connections with Connie and hope to be live this summer. UConn has started this process as well.
 - The conversation ended with the MRPC willing to work with CedarBridge doing discovery

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	<p>over the next several months and will look forward to Pete's presentation coming up later in the meeting.</p> <ul style="list-style-type: none">• The goal is to have a report going to the HITAC with recommendations from the MRPC to move forward. What has been outlined on the slide is very valuable. Great expertise on this committee. We need the focus first and the 5-year plan next.•
	<p>Pete took roll call; the group appeared to have a quorum The group noted that they would revisit the approval of minutes if quorum was reached later in the meeting</p>
	<p>Sean made a motion to approve the May minutes. None opposed; motion was approved. Minutes were approved</p>
	<p>Public Comment There was no public comment</p>
	<p><u>Admin Team - Tom Agresta - BPMH Interface Development</u></p> <ul style="list-style-type: none">• Tom reviewed the timeline of the draft interface of the BPMH. He received word today that the project will get funded. Will collaborate with School of Pharmacy member Christina Ferra and her students along with CS and Engineering students to design what the interface might be like.• Not an app design. Take the design and functional requirements that have previously been agreed upon and try to display it in a mocked-up application.• Use a wire framing tool, mock-up the ideas and share with the group and share with Connie to let them know what features might be helpful.• Groups would include MRPC members and non-MRPC members for review including patient representative groups, clinical providers, home health, etc. This would be done via a focus group with a mocked-up interface with limited functionality and get feedback.• Seeking volunteers and working with OHS to engage folks to public meetings, if necessary, the details are being worked out and will be sent shortly. Tom's group will bring back the findings/screen shots to the MRPC group. Will likely need 1-hour of meeting time, totally voluntary, to get the feedback of the group and then iterate as necessary. It was suggested that these meeting times be done early in the morning or early evening.• Tom is exploring the option for an online format or survey to provide alternative feedback opportunities outside the meetings.• Request for interest will be forthcoming. By the next meeting, the team hopes to have initial feedback.
	<p><u>Pete Robinson – Environmental Scan</u></p> <ul style="list-style-type: none">• Pete did an overview of the timelines and mentioned the desire to have the key informants present or show their findings in the July and August meeting.• Pete reviewed the work breakdown structure that was developed by CedarBridge including the feedback loop with the MRPC group and then showed some of the research instruments that will be used as part of the process. This included and Interview Guides for each domain. The content of these tools will be validated by the MRPC along with the interview candidates.• Nitu stated that this is a helpful framework upon which to base our next conversation. <p><u>Question for Discussion</u> Help answer the workstream question of what format of PDMP and data integration into HIE is prevalent and what are the pros and cons of the models?</p> <ul style="list-style-type: none">• Nitu explained the format that had been discussed previously:<ul style="list-style-type: none">• Put all meds into PDMP and then put PDMP into the HIE as a single point of connection

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- PDMP is one source of many into the HIE
- PDMP is a partial collector and Connie has other sources from other areas
- CedarBridge expertise would be used to reach out to others across the country to determine what is being done.
- The 2 questions for the members today are:
 - What users/entities/types/etc. would be helpful to reach out to?
 - Provide specific contacts as well as types of groups
 - What type of things would you want to learn from them?
- Brainstorming session online and via chat was held to collect a list of entities/organization/vendors/etc. to interview and to develop a list of questions that should be added to the research instruments for the interviews. Several suggestions were made and several provided contacts. A list will be collated along with internal information by CedarBridge and shared with the team.
- Technology questions and standards questions: There are two types of agencies that hold data. One is where they have the medication information and the second is the surrogate information i.e., the claim about a medication. Then how helpful is this in BPMS vs calculating med adherence on a med list. Also, the order vs dispensed medication (generic vs brand name.)
- The group felt that discussion and the chat entries is a good summary of topics to be addressed. CedarBridge will use these in the development of their research instruments and will review with the MRPC committee.

Adjournment

- If you will be on PTO, please let the committee know so that they can plan around this
- Motion to Adjourn by Rod Marriott and second by Diana Mager.

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