# Medication Reconciliation and Polypharmacy Committee

## Meeting Minutes

| Meeting Date | Meeting Time | Location |
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| December 16, 2019 | 3:30pm – 5:30pm<br><br>Web Conference: | 195 Farmington Avenue (3rd Floor Conference Room) Farmington, CT Farmington, 06030<br><br>Join Zoom Meeting<br>https://zoom.us/j/421087233 |

| Committee Members | | | | | |
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| Sean Jeffery | X | Jennifer Osowiecki | X | Christopher Diblasi | |
| Anne VanHaaren | X | Marie Renauer | X | Rachel Peterson | X |
| Margherita Giuliano | X | Lesley Bennett | X | Pat Carroll | X |
| Nate Rickles | X | Jameson Reuter | X | Stacy Ward-Charlerie | X |
| Rod Marriott | X | MJ McMullen | X | | |
| Amy Justice | X | Diane Mager | X | | |
| Nitu Kashyap | X | Ece Tek | | | |
| Kate Sacro | X | Jeremy Campbell | | | |
| Peter Tolisano | | Tom Agresta | X | | |
| Madelyn Straub | X | Alejandro Gonzalez Restrepo | X | | |
| **Supporting Leadership** | | | | | |
| Allan Hackney, OHS | | Ryan Tran, UConn | X | | |
| Adrian Texidor, OHS | X | Michael Matthews, CedarBridge | X | | |
| Tina Kumar, OHS | X | Sheetal Shah, CedarBridge | X | | |

| Agenda | | | |
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| | **Topic** | **Responsible Party** | **Time** |
| 1. | Welcome and Call to Order | Adrian Texidor | 3:43 pm |
| 2. | Public Comments | Public | 3:35 pm |
| | There were no public comments. | | |
| 3. | Review and Approval of Meeting Minutes (November 4, 2019) | All | 3:40 pm |
| | Rod Marriot created a motion to approve the November 4, 2019 meeting minutes and Tom Agresta seconded the motion. All were in favor. | | |
| 4. | Recap of Previous Meeting | Michael Matthews; All | 3:45 pm |
| | Michael Matthews provided a recap of the November 4, 2019 meeting. He stated that during the 11/4/2019 organizational meeting:<br>✓ Elected the MRPC Co-Chairs; Nitu Kashyap and Sean Jeffery<br>✓ Identified two additional new members to join the MRPC: Pat Carroll and Dr. Alejandro Gonzalez-Restrepo<br>✓ Discussed the draft MRPC Project Charter. Valuable feedback and clarification were taken from the committee.<br>✓ Ratified the MRPC Project Charter<br>✓ Determined that the first-year deliverables will be among the most impactful of the MRPC.<br>✓ Conducted an exercise where members filled in the blank following the statement: "The MRPC will be successful, if we…"<br>• Michael indicated that some of the response included: "listen to patients," "remain action oriented", "establish a pilot," "demonstrate we can get things implemented," and "focus on goals and timelines."<br>✓ Medication list was referenced as very important and would be considered an early win. | | |

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| | Nitu commented that this was an action-oriented meeting. Sean added that there was enthusiasm and energy to have some quick wins and long-term strategy of what the MRPC will be rolling out. He said it provided structure for the next discussion on what is achievable short term, medium term, long term. | | |
| 5. | Prioritization Exercise (Impact and Effort Survey) | Michael Matthews; All | 3:55 pm |
| | Michael shared with the committee that both Tom Agresta and Ryan Tran have spent time reviewing the goals of the MRP Workgroup and have developed a format on what the committee would consider most impactful and low effort. Michael suggested that the Committee review and finalize the instrument during this meeting, and then, with provided feedback incorporated, complete the instrument over the next few weeks and have a follow up discussion.<br><br>Nitu reviewed the possible steps for Recommendation→Implementation:<br>• Problem Description<br>• Reframing<br>• Solution Ideas<br>• Finalize Products<br>• Prototype<br>• Socialize Solution<br>• Develop<br>• Pilot<br>• Communication<br>• Marketing<br>• Go-Live<br><br>She indicated that these steps would not apply to all of the recommendations when one describes the effort of what it would entail. For example, education may not apply, but if members were to think objectively about "effort" it may entail all of these areas. Tom added that when we think about all these steps, it does not mean that this group has to take all the steps. It's important to recognize that this group may need to take all the steps, but there may be other times where we want to endorse a process or facilitate another organization with support given to this group.<br><br>Sean commented that it is also important to think about where things will fall on a timeline; they may not all get to a "go-live" or a ribbon cutting ceremony.<br><br>Michael walked through the survey with the committee. He indicated that they would ask each member to rate the amount of impact and effort for each effort. He added this may be subjective depending on the member's professional experience. Sean added that these do not have all add up, they could all be at 10 or could all be at 1.<br><br>Michael read the first objective: "*Define vision for BPMH and develop methods of achieving a best possible medication list*." Michael commented that we had an extensive conversation on MRP workgroup on importance of medication history and medication list. There was a distinction between history and the list, which can be separated. He asked members for their comments on this objective. Diane Mager said that she thinks it would be fine to combine "history and list." She also suggested to write out the acronyms (i.e. BPMH). Nate Rickles asked if the committee want to add any rating on whether the objective is feasible. Tom asked if Nate would be averse to think about all of the methods, and then the group can decide what is "feasible." Stacy Ward-Charlerie asked to clarify what is meant by methods. Tom answered that he thinks it's a combination of both process and technology. Margie Giuliano asked if accountability was a part of this? Tom answered he think it is. Nitu said that she is not interpreting this objective to include an implementation pathway. She asked if that was | | |

everyone's understanding. Tom commented that this may be a result of combining objectives and some detail may have been lost. Michael said if number 1 is the vision and number 6 would identify funding for implementation and then developing prototypes. Sean suggested that the committee review the entire list of objectives, and they agreed.

Lesley Bennett commented that she did not see anything in the list about drug safety. She suggested we add it to number 2 and 3 since these are all things that are impacting patients. Pat Carroll commented that she could not agree more on this.

Nate said he thought that this was a great exercise and he suggested going through all of the objectives. He asked if some of the statements should be more specific. In reviewing #2, Nate said the Committee does not speak to Med Rec or Polypharmacy, but it is stated in objective #3. He also sees overlap or duplication. Tom commented that there were 33 items and there was overlap among many of them. Nitu said, in terms of nomenclature, "medication reconciliation" describes the act of prescribing and deprescribing to achieve the best medication list and "polypharmacy" is described in the literature as having 4+ prescriptions but needed to confirm. Sean indicated that he had a recent conversation with the Lown Institute, and they were conducting a focus group on the challenges of these terms. They described it as "medication overload." Sean can share with the group.

Diane Mager asked once this survey is distributed to members, if it will be anywhere else in the future. She said imagined it would be and if that's the case, she would make more comments regarding clarification of little things and spell out abbreviations. Tom and Michael said they will make these revisions.

Stacy commented that objective #6 seemed larger in scope compared to the others. Tom agreed and said that this is a good point. He could also see that health information exchange and other funding could be moved under one bucket into 1 line. Rod Marriott added that requesting funding will always be a process and weighted heavy, however it is part of the final stages of everything they will do. He indicated that they do not have their own money. Nitu agreed with this comment.

Margie added asked if funding would be based on priority. Nitu responded that this depends on grant funding and where the strings are attached. Michael added that they should first prioritize what they want to do and then identify the appropriate funding sources. Nate also wanted to keep in the mind reducing unnecessary opioids. Rod said, in his opinion, that they should not be restricting ourselves to one class of drugs. He believes it is too narrow in scope.
Tom suggested refining the final recommendations to add "unsafe and unnecessary medications," and suggested the group come up with a way to phrase this. Nitu indicated that since they cannot go back in time, the committee should identify if they prefer to work on all medications as opposed to one medication classification. Sean added that everything is potentially hazardous, it is the dose which determines toxicity. He believed "potentially inappropriate" is the right term and Nate agreed.

Rod suggested to combine the objectives by section. Tom said that they could reorganize them but could easily push back because the project is not definable. Sean commented that we want to be thinking about what the effort is, so some of these may need to be more discrete.

In referring to objective 10, "*Provide guidance on the addition of CancelRx transactions to the CPMRS*," Nate asked what the story is the committee wants to tell with this objective and what does it mean. Jennifer Osowiecki suggested adding a "comment" section for additional input or thoughts. Tom agreed.

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| | Nitu suggested, instead of redesigning the structure, to leverage the groups' comments and our understanding of the process so far. They can do some work "behind the scenes" to update the survey. Michael added that he heard Allan Hackney talk about not "overengineering" and that there are a handful of objectives which have been consistent: BPMH, best practices, patient engagement, opportunity with CPRMS, and CancelRx. Sean added that he does not want perfect to be enemy of the good.<br>Tom added that the comments can be provided back to everyone, and that people may have more comments on the specific areas they are more experienced in. Stacy asked if the instrument allows one to not answer. Tom said that they can add the option "unable to answer."<br>Pat Carroll pulled the list of topics rather than identify, review and revise, she suggested these are the topics we want to look at:<br>• Best possible medication list<br>• Repository of information<br>• Communicate information to stakeholders<br>• Facilitate collaborative medication management between prescriber and patient/caregiver<br>• CancelRx: assess ROI, legislative/policy, CPMRS integration<br>• Explore funding for activities<br>• Develop tools to facilitate MedRec<br>• Address polypharmacy issues<br>• Address inappropriate prescribing (patient context)<br>• Hackathon recommendations<br>• Collaboration with HIE<br>• Financial incentives<br>• Scope of practice issues<br><br>Michael indicated that the committee provided great direction, input and feedback. The administrative team will update and get that out by end of week or Monday, before the holidays. Sean suggested that the members submit responses by 12/31 in order to have time to review. The group agreed. | | |
| 6. | Cancel Rx Survey (Survey Instrument) | Tom Agresta | 5:15 pm |
| | Tom Agresta provided an overview of the CancelRx Survey Instrument. He indicated that they wanted to provide an example of what could be done as a "pre" and "post" evaluation of an educational event, module or implementation. He indicated that this was created by a student, Olivia, who presented this to the group to demonstrate what could be done with branching logic. Originally, he thought we would develop an education module to run early in the year and it would be implemented as a quick win. Sean and Nitu may have ideas to change or modify this, but they can see if this is possible and if this is a format the committee would like to use. Tom asked for comments and feedback.<br><br>Sean asked "how big" do they want to go with getting people to respond. He asked if OHS has the ability to get this out to providers. He also indicated that they can include something very basic like, "this is coming to a EMR or pharmacy near you." Stacy added that they may want to ask, "what is the NewRx?" It may be helpful to see a comparison of the transaction or test if people know the technical terms. Nate asked to clarify the goal.<br>Tom answered that they put this together to demonstrate how we could develop an instrument that would do a couple of things: assess someone's baseline knowledge and ask them if they interested in getting additional information. Tom agreed with Stacy's comment that "CancelRx" is a term of art. He suggested to change the description and terminology to make it more user friendly. Sean said the basic question is if it cancels in EMR and if that is a baseline they should get.<br><br>Nitu suggested it would be good to get something in return for answering the survey. She said if they have the ability to use the survey instrument and then tee up the right type of education module, people would get some | | |

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| | benefit out of time they spent. She is also conscious of the fact that people have "survey fatigue" and burnout. Nitu also added, when they launched their internal evaluation of CancelRx in 2017, the feedback was "yes, we should be doing it," but there was always the "what if" and that the group should be mindful of the answers they receive if there are many concerns. She also said this a great way to deliver messaging if we do that centrally and across the spectrum of pharmacist, nurses, physicians. Tom suggested to combine this with an online module and let the respondent view it at their leisure or if they prefer a webinar option time, they can pair it with a prepared resource or plan, so they see the immediate benefit. Nitu asked about the timeframe. Tom said that the timeframe for this would have to be quick. Adrian asked who would be developing this. Tom answered that this is part of what UConn had to develop for funding. They have some resources to be able to do that. Nitu added that people do not understand the term "ChangeRx" and can have a pre/post test for this. Sean said that physicians can do CME in 15-minute intervals, but not pharmacists.<br>Nitu suggested to develop a FAQ which addressed: how do you send a CancelRx to a pharmacy, how do I do it safely, how do you think through the process, what do you get for your time spent, unnecessarily renewal, etc. Sean said to develop something generic first and then develop more content rich material. He added that currently on YouTube there are only five educational videos on CancelRx. Nate commented that this will increase awareness; and probably can get it accredited. Nitu asked if they can get a patient safety MOC. Sean said that it will take some effort to pull something together and need to determine if it should be a video, podcast, etc. He believes this is achievable if they can dedicate some funds towards it. Margie added that if it will be for all audiences, it should be clear, so prescribers understand what happens at the pharmacy. She believed there is a disconnect there. Tom suggested to also include the patient. Nitu also indicated that pharmacists in the hospital and pharmacies have different scopes and roles.<br>Adrian asked what the timeline for this would be. Tom said he could develop and distribute an example of this by the next meeting. Pat said she is happy to work on that. Nitu said she could share a best practice document. Nate suggested a roundtable with a physician, patient, and pharmacist. Tom liked this idea. He also suggested to have case scenarios provided during the discussion.<br><br>Diane asked if the CancelRx survey is a draft and thinks it could be cleaned up. Tom said it is just a draft. Nate added that when there is a final survey, there may be variables. Tom said they did not go through a detailed research approach; they want to produce outcomes. He added that their learnings could be shared beyond CT. He mentioned that he spoke to the Interim CEO for Rhode Island and that they are thinking about medication reconciliation. Adrian said that they will eventually develop a cross state data sharing collaboration between CT and RI. He also provided an update on the Health Information Exchange in CT: it has been incorporated, a marketing name was established ("CONNIE"), they are executing a 100-day plan, and medication reconciliation will be one of the first use cases.<br><br>Nitu said the objective is to measure how many people use CancelRx but there may not be a way to do this so having pre and post test questions will be closest to understanding users on the front line.<br>Tom asked if there would be a subset of members who want to help with pre/post test questions. Pat Carroll, Stacy Ward-Charlerie and Diane Mager volunteered. Sean asked if it was fair to bring this back to the meeting in January with a plan for how this would be rolled out and a developed outline of what the educational deliverables are so they can see what we will need to resource. Tom said yes, as they are partially complete with this.<br><br>MJ McMullen reported the statistics on CancelRx. He indicated that on the Surescripts network, 63% of pharmacies – individual and CIPs - have CancelRx ability. He said that 95%+ of pharmacies are receiving CancelRx, and 14% of prescribers are actively using CancelRx. | | |
| 7. | Next Steps and Planning for Future Meetings | Michael Matthews; All | 5:25 pm |
| | The next meeting is scheduled for Monday, January 13th, 2020 from 3:30-5:30 pm, located at Hartford HealthCare in the Success Conference room on the 4th floor. | | |

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| 8. | Wrap up and Meeting Adjournment | All | 5:30 pm |
| | The meeting was adjourned at 5:30 pm. | | |