Medication Reconciliation and Polypharmacy Committee

Meeting Minutes

Meeting Date	Meeting Time	Location
November 4, 2019	8:00 am- 10:00 am Web Conference:	195 Farmington Avenue, Farmington CT Farmington, 06030 Join Zoom Meeting https://zoom.us/j/397270709 Meeting ID: 397 270 709 Dial by your location +1 646 876 9923 US (New York) +1 669 900 6833 US (San Jose)

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

Agenda			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	Adrian Texidor	8:00 am
	Adrian Texidor welcomed the group and thanked the members for joining the first Medication Reconciliation and Polypharmacy Committee (MRPC) meeting.		
2.	**Public Comments**	All	8:10 am
	Tom Agresta shared a public comment submitted on behalf of Pat Carroll. Pat's public comment can be referenced **here**: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/MRP/MRPC/Public-Comment-Patricia-Carroll.pdf Lesley Bennett recommended adding Pat as a consumer advocate for the MRPC. From her perspective, it would be helpful to have another consumer advocate especially due to the issues with generics and recalls. She said that Pat is an ideal candidate having worked with medical research, written for pharmaceutical industry, and living with a condition as a patient. Tom commented that this will be discussed later in the agenda. Marinka Natalie (public) commented on the achievements that resulted from the Hackathon last year. She said having been in multiple parts of the industry (provider organizations and population health), she has seen initiatives which have been conceptualized and dropped off. She said that she is impressed with this initiative and is happy to participate in any way she can.		

Medication Reconciliation and Polypharmacy Committee

Meeting Minutes

3.	**Member Introductions**	**All**	8:15 am
4.	**Election of Chairs (or Co-Chairs)**	**All**	**8:25am**

Michael Matthews reminded attendees that the MRP Committee Project Charter provides an opportunity to elect a chair or co-chairs. He said that Tom Agresta elected to not be considered for the role but will be supportive and active in the Committee. In addition, Sean Jeffery would also be eligible. However, Michael wanted to ensure others who were interested in the role could express their interest. Michael asked if anyone would like to express interest in the position.

Sean Jeffery said it was an honor to work with the MRP work group and expressed his interest in a leadership role. Nitu Kashyap added that she would be happy to partner with Sean as Co-Chair. Nitu is a Primary Care Physician by training, and a Clinical Associate for informatics and has done work on population health and clinical decision support. As a Primary Care Physician at Yale Primary Care Center, she cares for patients and teaches residents in clinical informatics. Sean said he works with a care team of nurses and social workers; and manages more complicated patients at Integrated Health Care Partners.

Lesley Bennett said that we did not address recalls of patients and would like to see more focus on issues that directly affect patients. Lesley does not feel she is adequate to be Chair, but a suggestion for the group to consider. Sean said that Anne VanHaaren has been coordinating with him on the patient level recall; it's something that is very much of a concern for us. Lesley added that this affects the community directly.

Michael said that the role of the Co-Chair/Chair would be to strategically guide the group and focus on organization. He said this is not a reflection of the priority of work the Committee will do. Further, he added the point about keeping the patient first will have a powerful voice in the Best Possible Medication History and priority of the work moving forward.

Nate Rickles added that that he thinks it would be nice to have a Co-Chair arrangement with individuals from different organizations. He believed someone like Nitu would make a lot of sense to represent another stakeholder.

Michael asked if anyone is opposed to having a Chair vs Co-chairs? No one is opposed.

Michael asked for a motion to accept the two nominees: Sean Jeffery and Nitu Kashyap as Co-Chairs of the MPRC. Tom Agresta created the motion, and Lesley Bennett seconded. All were in favor with no oppositions or abstentions. The motion was carried for Sean Jeffery and Nitu Kashyap to be elected as Co-Chairs of the MRPC.

5.	**Discussion of Additional Members to Join the MRPC**	**All**	**8:30am**

Michael Matthews remarked that the MRPC already has a really good group assembled. However, now there is a shift from strategy and conceptualization to implementation and action. The group may be missing individuals from the table to help achieve objectives. He said earlier we had public comment to add Pat Carroll. Tom and Adrian also have names for consideration. Ultimately, the Co-Chairs will decide on adding additional members.

Nate Rickles asked which members were not with us that were a part of the original MRP Work Group. Tom said the entire MRP workgroup was automatically invited to be a part of MRP Committee. No one has declined, but there is a stipulation for a more routine attendance. He said some individuals may have decided to decline participating because of requirements for attendance. There is currently a total of 22 members.
Nate added the reason why he asked is because if individuals no longer participate, he wants to ensure they have that stakeholder group represented.
Diane Mager commented that she is the only registered nurse on the committee and in community health/home care, but there is no representation from acute care settings. She added that those are the nurses that would also carry out their recommendations. She asked if adding nurses from the acute care setting would

be more well-rounded. Sean thinks it may also be useful to have the experience of a hospitalist that would then flow through nursing. Tom agreed.
Margherita Giuliano asked if anyone from a long-term care facility. Tom responded that he did think there was currently anyone from a long-term care facility. Tom added that we have a lot of clinical perspectives, but do not have folks that can build on solutions. He thinks the group is missing a solution building skill set or someone with experience in architecting a solution, as this group is getting more action oriented.
Nate asked if that would that mean inviting people from SMS partners. Tom responded that yes, it could be or opening up in a larger fashion. Marinka Natale has that experience, but he believed the group will probably need more than one person with that skill set. Tom informed the group that Bruce Metz is leaving his position at UConn Health. Therefore, he will move off this Committee as a CIO and representative to HIT Advisory Council. The group will also need to think about the connection to the Council. Nate said that they just hired someone who is handling that at ProHealth; he volunteered to reach out if that's of interest.

Sean asked if we are missing other key facilities or institutions in terms of major health centers. He said they have UConn, Hartford, ProHealth, but not Trinity Health. Lesley asked about organization representing behavioral health or mental health. Tom suggested an informaticist who works at a hospital may be available to participate. Diane added that we may also want to consider assisted living. Sean said we may be missing independent pharmacies who are also providing those services. Nate added that he discovered that a medical assistant was really vital. He also suggested a community health navigator representation on the MRPC, or individuals who are tasked with this on a day-to-day basis. Tom said it would also be important to consider DSS/Medicaid state agency representation. He said the other areas are additional pharmacy benefit management and a payer. Anne VanHaaren said that there are elements of value-based payments that have to do with medication reconciliation. Sean Jeffery as to put Jameson Reuter on the spot, as he may represent some of these areas. Jameson said that there are a couple of things that they work towards on this front. They look at strategies for medication use and medication adherence. Margie asked how many members become too many members. Nate thinks this is an excellent point. Nate suggested that they may want to have a larger advisory panel that meets quarterly and get outside perspective; then you have the individuals that actually do the work. Ece Tek commented that this is a really good idea, it gets unwieldy when a group is that big. Lesley agreed that should we set a limit on the number of members. Adrian commented that one of the things discussed internally was capping the member list to 25 if the MRPC agrees with this. As of right now, we're at about 19-20 members. Margie commented that she thinks 25 members is a lot. Sean suggested that there may be members of a committee that serves as a liaison to larger group. Diane said that this does work at Fairfield University, the larger group accepts the work and smaller group is usually part of that larger group.

Michael Matthews suggested that the group identify one or two people, such as Pat Carroll and a psychiatrist/informatics; and to continue to get through the goals and management action plan. Then, once the specific goals/action plan is outlined, they can create a talent poll for committee. Sean and others think the approach is reasonable.
Michael said Pat has expressed interest in joining the MRPC. Lesley agreed. Ece Tek asked what kind of patient Pat Carroll is. Lesley responded that Pat Carroll has an immune deficiency disorder. Lesley works with Pat. Pat has a rare disease. Tom advocated to add Pat Carroll as a member. He said she brings a patient perspective from experience and is very reflective to engage with other people. She participated in the Hackathon and expressed what needed to happen so a patient could engage in co-management of medication list. Lesley added that Pat was an occupational therapist and then a nurse. She runs a support group for patients. Lesley works with patients with arthritis and cancer.

Michael said it would be up to Co-Chairs to nominate Pat; so, Sean and Nitu would send an invitation to Pat. Tom added that he has colleague at Trinity who is transitioning locations now. Dr. Alejandro Restreppo-Gonzalez, trained in clinical informatics, and oversaw a specific implementation instance of an electronic health record, has a lot of thoughts on how to protect privacy and consent issues. He views things from the perspective

	of a psychiatrist who handles mental health data. Alejandro has met with folks from Surescripts, with other members from other places. He educated his colleagues within the Trinity Health System and instructed them on how to implement medication reconciliation best practices. Ece Tek commented that she thinks Cornell Scott-Hill Health Center is the only addiction agency in the US using methadone for Epic. We have 4k with substance abuse information. We are the only mental health agency using Epic for everything, detox, suboxone, and methadone. Dr. Tek and her team met with an Epic team from Wisconsin, in order to share how her health system overcame the privacy challenge of using Epic for mental health patients, specifically methadone patients.		
6.	**Review and Discuss MRPC Charter**	**Michael Matthews; All**	**8:35am**
	Michael provided an overview of the MRPC Project Charter, focusing on the goals of the charter. The MRPC project goals are referenced on page 1, Article 2: Purpose of the Charter here. Tom said that it was very important for Health Information Technology Advisory Council to have an evaluation plan to understand how well they achieved what they intended to. Michael said they will be reporting out monthly summaries of the MRPC to the Council, at least in the beginning. Rod Marriott shared that the Dept. of Social Services (DSS) is getting ready to submit an IAPD; it's not an easy document to create. In general, with goal 5, the opioid use disorder is important, but he would not want to constrain the group. The primary goal is to get more integration of the prescription monitoring program into health systems. There is a short duration for 100% funding through the SUPPORT Act and CT is trying to get this information to CMS as soon as possible. Michael said, under Section 2 of the project charter, it clarifies that this group is not procuring a solution. Referring to Article 3, Michael said that the Committee can add subject matter experts (SMEs) along the way. Rod commented that the funding stream makes it important that we have DSS. We should get their "buy-in" early if we want to get any CMS grant activities. Tom suggested reaching out to Kate McAvoy and Rob. Adrian added that OHS/DSS is developing a governance process that would address activities in the HITECH IAPD and SUPPORT Act IAPD. Adrian will take that suggestion back and speak to DSS. Michael reviewed the operating procedures and certain attendance requirements. He added that this group is chartered through September 2021 which is the duration of the IAPD. Sean asked if we can remove "draft" off of the project charter document; Michael affirmed and added that the Charter was approved by the HIT Advisory Council.		
7.	**Ratification of MRPC Charter**	**All**	**9:05am**
	Michael asked for a motion to ratify the MRPC Project Charter. Margherita Giuliano created this motion; Lesley Bennett approved. All were in favor with no oppositions or abstentions. A motion was carried to approve the MRPC Project Charter.		
8.	**Discussion of 1st Year Deliverables and Action Plan**	**Michael Matthews, Tom Agresta; All**	**9:15am**
	Tom shared that he thought it would be really important to set priorities for the first couple of months; both for the group and anyone supporting the group. The supporting group will include: Ryan Tran (UConn Health), Kate Hayden (UConn AIMS), the Office of Health Strategy, and the CedarBridge Group. One of the deliverables of the MRPC is a toolkit for CancelRx. He said that if they are actively putting together tools that people can react to, then it will make the group more action oriented and they can make recommendations on how to improve. Tom added that part of the value of having resources for consultants is to accelerate the pieces they want to. There was a great literature review done by Nate's pharmacy students. Tom said it would be great to put that together in a package and start an online repository. They could eventually move it to another location, but there are some things they could collaborate around to get this visible so people can engage with it. A number of organizations are waiting until to implement CancelRx in early January once CVS updates the software. Michael said that the MRPC has 5 goal areas, specified in the charter, but there is no action plan to implement them. The areas that we could address are: tasks under each of those elements, milestones, timelines, who's		

responsible, ability to monitor the implementation and activities, and risk identification and mitigation. He said they could illicit interest from the group on Best Possible Medication History (BPMH), as well as an online repository. There will be some development in the December meeting and a better plan in January.
Sean asked if this information would be housed at OHS. Tom answered he was not sure. He said it may be that it starts in 1 place and then moves to another. Adrian said that given that the MRPC is a subcommittee of the Health IT Advisory Council; it would make sense that this would live somewhere within OHS. Also, he said it can live on the consumer facing website. Rod asked if the OHS page lives on the CT.GOV page. Adrian answered yes, and the OHS website is: https://portal.ct.gov/OHS. Rod suggested that some of the pages have ability to "blast" notifications to people on a subscriber list. Michael agreed that this was a good suggestion. Sean added that someone reached out to him out for medication reconciliation information. He asked if there was a need for things to be patient facing vs. technical facing. Tom said it was important to give the right view for the target audience, otherwise they may turn them off. Ece Tek said that she has been asked by nurses if there are minutes out there, reading the updates of the workgroup.
Adrian said that OHS would send out the link of where the meeting minutes will be posted. They are on CT.gov. They can also look into how to set up email alerts. It would have minutes from MRP workgroup and CancelRx group. Tom said OHS sends a newsletter out periodically and MRP has been featured in the OHS newsletter.

Ece Tek said that visiting nurses play a major role; pharmacists are also like a care manager. She said they should also advocate for pharmacists' access to list of all medications. Tom commented that this is a challenging issue and a sub-group may want to think through this. Rod agreed that this is a challenge and it has been presented to DCP over the last 3 years. He said there is a lot of new pressure on SAMHSA to deal with this. Rod said he would try to flag any bills pertinent to this group. Ece Tek shared, as an example, the pharmacists call her organization if they believe the patient is high risk. They can refuse to refill the prescription; empower the pharmacist to be a part of treatment team. Ece Tek asked could they respond as a group vs. individuals. Michael said we would flag this for follow up. Nitu added that it will be helpful to clarify what roles we are talking about, for example clinical pharmacist may have different access than the retail pharmacists. Nate Rickles said that in support of something like that, they would have to be focused in getting the group to work together on solutions.
Michael shared an exercise with the group. All of the members were asked to fill in the blank following the statement: "The MRPC will be successful, if…"
Diane Mager: "The MRPC will be successful, if…each bite that we take out of it, is a step in the right direction."
Lesley Bennett: "The MRPC will be successful, if…we listen to the patients."
Madelyn Straub: "The MRPC will be successful, if…we focus on what our goals are because we do have a lot on our plate, bring that back to the work we are doing will be important for our success."
Stacy Ward-Charlerie: "The MRPC will be successful, if…we can make it to a pilot."
Nitu Kashyap: "The MRPC will be successful, if… we can get to a timeline for implementation for all of our goals and have at least three pilots."
Amy Justice: "The MRPC will be successful, if…take the first step to guarantee medication list is accurate, getting to a pilot."
Kate Hayden: "The MRPC will be successful, if…remaining action oriented, work on pilot and developing a toolkit."
Ece Tek: "The MRPC will be successful, if… stick with our goals, piloting and small workgroups and learn from the pilot; and next step would follow lessons learned from the pilot."
Tom Agresta: "The MRPC will be successful, if… one of the pilots implemented in more settings, so clinicians have an easier time actually reconciling medications in a user-friendly way; participating in that medication reconciliation process and see it in use."
Anne VanHaaren: Agreed with Tom but thinking of early wins. "The MRPC will be successful, if…stay focused on goals we identified and heard there are a lot of areas of concern and stick with what we are intended."

	Nate Rickles: "The MRPC will be successful, if…implementation of best practices and ensure that implementation is reflected of work of barriers, particular medication reconciliation process for 1-2 settings. Go with that, understand it well, so that pilots are stronger, and success is guaranteed." Rod Marriott: "The MRPC will be successful, if…see us be really decisive, really go for it. Keep in mind those little goals and get there, then move on from them. " Margherita Giuliano: "The MRPC will be successful, if…all about implementation; with end goal of patient safety can be addressed. Patients know who they can go to and many feel they are out there on their own and there's a lot we can do to help them." Sean Jeffery: "The MRPC will be successful, if…agree with everyone. There was not one thing that was said that wasn't important or doable. If you eat an elephant, you do it one bit at a time. That will take a lot of coordination, communication and our concerns are being addressed. Being open minded and group's input moving forward. I want to show that we are making different in people's lives in CT."		
9.	**Discussion of Recurring Meeting Date and Times**	**All**	**9:50 am**
	Michael said that a doodle poll will be distributed to the members for finalizing recurring MRPC meeting dates to place on their calendars. He said that the option to host meetings in other location may work for some but not for everyone. Diane Mager commented that it would be really helpful to occasionally have them on a different day of the week in case someone has a conflict with a standing day/time. Sean Jeffery added Monday morning at 8:00 am is not ideal but appreciate everyone's efforts for being here.		
10.	**Wrap up and Meeting Adjournment**	**Adrian Texidor**	**9:55 am**
	Adrian Texidor wrapped up the meeting with by summarizing a action items: • An email will be sent later today with links to the previous meeting materials from both the MRP Workgroup and Cancel Rx group. • Notification Blast Feature on SiteCore (OHS website) • Adding MRPC members to OHS newsletter • Review some of the suggestion members made on skillsets of who should be added • Meet with new co-chairs • Invite Dr. Alejandro Restreppo-Gonzalez and Patricia Carroll to join as members for the next meeting • Talk to DSS representative		