Healthcare Cabinet Meeting Minutes
July 09, 2019

Meeting Date	Meeting Time	Location
July 09, 2019	9:00 a.m. - 11:00 a.m.	Webinar Only

Participant Name and Attendance

Healthcare Cabinet Member					
Victoria Veltri	X	Kurt Barwis	X	Valencia Bagsby-Young	X
Alan Kaye	X	Margherita Giuliano	X	William Handleman	X
Anne Foley	X	Nancy Navarretta	X	Renee Coleman-Mitchell	X
Cassandra Murphy	X	Nichelle Mullins	X		
Danielle Morgan	X	Nicole Taylor	X		
Deidre Gifford	X	Patricia Baker	X		
Ellen Andrews	X	Paul Lombardo	X		
Hussam Saada	X	Susan Adams	X		
Jill Zorn	X	Theodore Doolittle	X		
Members Via Phone					
Others Present					
Allan Hackney (OHS)		Sean Jeffrey (Hartford HealthCare)		Thomas Agresta (UConn Health)	
				Tony Crowe	
Members Absent					
David Whitehead				Shelly Sweatt	
Joshua Wojcik					

Meeting Information is located at

	Agenda	Responsible Person(s)
1.	**Call to order and Introductions**	**Victoria Veltri**
	Call to Order The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, July 09, 2019 Webinar Only. The meeting convened at 9:00 a.m. Victoria Veltri presiding. Victoria Veltri introductions were made, meeting had quorum.	
2.	**Public Comment**	**Victoria Veltri**
	There was no public comment.	
3.	**Approval of June 11, 2019 HCC Meeting Minutes**	**Victoria Veltri**
	This approval was postpone until next meeting.	
4.	**Medication Reconciliation Work Group Report**	**Sean Jeffrey Hartford HealthCare** **Thomas Agresta /UCONN Health**

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Sean Jeffrey and Thomas Agresta presented the Medication Reconciliation & Polypharmacy Work Group along with challenges, opportunities for solution and final recommendations to be considered by the HealthCare Cabinet.

The MRP Work Group was structured in 4 subcommittees, focusing each on: Technology & Innovation, Medication Reconciliation & Deprescribing, Engagement & Safety and Policy Statements for the group.

The MRP Work Group presented the following recommendation as a result of 18 months of work:

1. Best Possible Medications History (BPMH)
2. Patient Engagement
3. Medication Process Improvements
4. Team Approach
5. Implementation & Adoption of CancelRX
6. Deprescribing
7. Technology
8. Support Act Funding and Planning / Design Process
9. Aligned Policy
10. Planning / Design Process ND Use of IAPD Funding
11. Continuation of the MRP Work Group

- Ms. Andrews noted that its great important work that is being done and would make a priority that patients should be able to see and use the web about their medication taken. Also Ms. Andrews is concerned about the amount of alerts may cause fatigues and frustrations; cost facts and how much expect the state to pay and whose product is CancelRx?
- Mr. Jeffrey answered that CancelRX is a product that is been developed by the National Council for Prescription Drugs Programs, its technology enables the pharmacy and EMRs to communicate around when prescribing and is not own by anybody and no one makes money off of it and it's one off the most easily technology used.
- Dr. Agresta stated that in terms of alerts fatigues and frustration it is very challenging to have so many alerts fire within the technology used; however, there is technology available that can be installed inside our electronic records that diminish the alerts and eliminates duplications, it's all part of the technology recommendation.
- Mr. Jeffrey stated that in terms of cost to the state it's always very important to considered but we should think also about the cost of medication related problems and the deployment of this type of technology and focus around coming up with a best medication history so that physician can make the most accurate decision based on these medications. They are real cost offsets by doing it well and can help to improve the overall quality and value that we are delivering with these medications which are becoming very expensive to use.
- Dr. Kaye mentioned that there is a real problems with medication error that causes morbidity and mortality, so we have to measure the importance of patient safety first.
- Mr. Jeffrey stated that the patient safety is why all this process was started as a guiding principle to keep front and centered patient safety and it's an enormous opportunity to improve patient safety and we should have an obligation for in order to improve to the best extent possible.

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- Dr. Agresta stated that they recommendations were brought to the Healthcare Cabinet in order to turn around the actual situation and get the cabinet engagement with making this better and we would like to challenge the Healthcare Cabinet to help moving forward.
- Ms. Morgan stated that this is just an enormous issue pharmacies and reconciliation trying to get the most accurate information to make the best medical decision has been a huge struggle and challenge within EMR, physician, community. So this is phenomenal and like to say that from the Connecticut EPR Society we would support any effort to make this like an educational champagne to make a difference.
- Dr. Agresta mentioned that he agreed with Ms. Morgan and Dr. Handleman comments that is a challenging task and more training will be need however thinks that we can improve the technology substantial advances that can really improve that area, including the patient and caregiver in the process.
- Mr. Jeffrey stated that in terms of the Psychiatry and Protected Health Data, its critical to make sure that those medications are appropriately reconcile knowing the number of sides effects that are very frequent with those medications, so it will again represent a safety issue by being able to appropriately create the best medication population history within a very challenging population.
- Dr. Kaye asked what would be a Top 5 things in terms of medication reconciliation that would make the most benefit to patient care. (for example the single most effective thing to reduce medication error)
- Dr. Agresta stated that it's a complicated question but could say that:
    1. CancelRX; because we believe that can have a big impact and is feasible to do with the technology with its current maturity and its emerging maturity.
    2. Creating a centralized single source to access the data thru the HIC infrastructure; we can make it available electronically to access at the same time.
    3. There is an amazing workforce of pharmacist in the state that are ready to engage because they don't have the ability to have communication; so we can look at ways to improve and get the community pharmacist more engage on the care planning for their patients which will help to contribute to the bidirectional communications when they are problems that can be identified and get them to the right people in the most timely manner is something we should be looking.
    4. To be able to prospectively identify individuals that are at risk or are at the highest risk with medication related problems and better understand who may be having problems.
- Ms. Bagsby-Young asked about how would reconciliation medication be addressed when a patient with no insurance coverage were given samples at the offices and are record on the EHR but are not on pharmacy record and the patient uses these samples on a long term because cannot afford the cost?
- Mr. Jeffrey stated that's a great point! Samples is one of those areas that are a challenge to understand where are the information deserts and how do we better connect them and what we need to do to implement changes.

Ms. Veltri thanked Sean Jeffrey and Dr. Thomas Agresta for their presentation to the HCC.

5. Next Steps – Cabinet Discussion

Ms. Veltri made final comments:

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	• Any further comments can be forward to her and will make sure compile them and send to the MRP Workgroup for consideration and discussion. • The MRP report will be post on the web. • August meeting is cancelled. • Danielle Morgan is joining as new cabinet member. • Deidre Gifford is joining as new DSS commissioner	
6.	**Adjourn**	Meeting adjourned at 10:29 a.m.
	Ms. Veltri asked for motion to adjourn meeting. Ms. Baker motioned to adjourn and was seconded by Ms. Adams. Motion carried.	