Medication Reconciliation and Polypharmacy Work Group
Meeting Minutes

MEETING DATE	MEETING TIME	Location
February 20, 2019	11:00AM – 1:00PM	195 Farmington Ave Farmington, CT 06032

WORK GROUP MEMBERS							
Thomas Agresta	x	Nitu Kashyap	T	Jameson Reuter	T
Lesley Bennett	T	Janet Knecht	x	Nathaniel Rickles	x
R. Douglas Bruce		Diane Mager		Kate Sacro	T
Jeremy Campbell		Rodrick Marriott	x	Ece Tek	
Marghie Giuliano	x	MJ McMullen	T	Peter Tolisano	x
Sean Jeffery	x	Bruce Metz	x	Anne Van Haaren	x
Amy Justice	T	Jennifer Osowiecki	x		
Marie Renauer		Barbara Bugella	x		
SUPPORTING LEADERSHIP						
Allan Hackney, HITO		Sarju Shah, OHS		Carol Robinson, CedarBridge	x
Kate Hayden, UConn Health	x	Michael Matthews, CedarBridge	x	Chris Robinson, CedarBridge	x
Sabina Sitaru, HIE Entity	x				

x = in-person participation; T = remote participation

Minutes			
	Topic	**Responsible Party**	**Time**
1.	**Welcome and Call to Order**	**Michael Matthews**	**11:00 AM**
	Michael Matthews welcomed the Work Group members to the meeting and called the meeting to order. Michael provided an overview of the agenda.		
2.	**Public Comment**	**Attendees**	**11:05 AM**
	There was no public comment.		
3.	**Review and Approval of 12/21/18 Meeting Minutes**	**Michael Matthews**	**11:10 AM**
	Michael Matthews asked for a motion to approve the minutes from the December 21, 2018 meeting. Sean Jeffery created the motion to approve the meeting minutes, and Rod Marriott seconded the motion. The December 21, 2018 meeting minutes were approved without opposition or abstentions.		
4.	**New Work Group Members**	**Michael Matthews**	**11:12 AM**
	Michael Matthews welcomed the two new Medication Reconciliation and Polypharmacy (MRP) Work Group members: Barbara Bugella and Marie Renauer. Barbara Bugella represents the Department of Mental Health and Addiction Services (DMHAS). Marie Renauer represents Yale New Haven Health System and was recommended by Lisa Stump.		
5.	**Funding Opportunity Update**	**Michael Matthews**	**11:15 AM**
	Michael provided an update on the Implementation Advance Planning Document (IAPD) funding request that was submitted earlier this month by the Department of Social Services (DSS). This request includes significant funding for the Office of Health Strategy (OHS) and the development of the health information exchange (HIE) entity. The IAPD is currently under review by the Centers for Medicare and Medicaid Services (CMS). The funding will be used for a wide-range of activities and may directly impact the work of this group. In addition, OHS is working closely with Rod Marriott to plan for opportunities that arise from the SUPPORT Act (Section 5042). This act will provide 100% federal funding for the integration of the prescription monitoring program (PMP) to the HIE, and other related projects. There will be several collaborative		

planning meetings with state agency representatives in the near future. Connecticut will also be collaborating with neighboring states. Rod Marriott added that the Connecticut PMP has recently connected with Puerto Rico, Florida, and North Carolina. There are some data sharing challenges associated with cross-state data sharing, but the PMP is working hard to make sure these challenges are addressed strategically and thoughtfully. The Connecticut PMP is also currently connected with all of its bordering states and works hard to make sure its information is bi-directional and that they are not creating blind spots for others.

Sean Jeffery asked about the IAPD funding item related to eReferrals and eConsult, and if this will have any overlap with the MRP Work Group. Michael Matthews explained that he sees some intersection points, but this use case has not been fully conceptualized at this point. Sean added that as we anticipate future work, such as consults, we should be considering consults out into the community pharmacies. Tom Agresta believes this use case will include a broad list of situations and providers/organizations, including pharmacies. Tom added that the funding request will be used to develop a Use Case Factory. Sabina Sitaru explained that the Use Case Factory will be a way of vetting use cases and deciding what is highest priority.

6.	**Subcommittee Overview & Project Charter Alignment**	**Michael Matthews**	**11:30 AM**
	Michael Matthews provided an overview of the established subcommittees, as well as their membership and leadership. Michael provided an overview of how the subcommittees have aligned their focus and goals with the stated goals of the overall MRP Work Group's project charter.		
7.	**Technology & Innovation Subcommittee**	**Bruce Metz / Tom Agresta**	**11:40 AM**
	Bruce Metz and Tom Agresta provided an overview of the first Technology & Innovation Subcommittee meeting. The group is currently in the discovery phase to determine how technology and innovation can advance the group's goals and what best practices can be applied to move the agenda forward. The subcommittee will conduct an examination of products and solutions that currently exist in order to understand all available options, best practices, issues, and gaps. They want to come up with innovative ideas that will lead to progressive solutions – they do not want to recreate the wheel. In addition, coordination with the other subcommittees will be important. Tom Agresta added that we are seeing congruence around standards development. He stated that the most important standards will be making data available via application programming interfaces (APIs). Bruce believes it will be helpful to know which vendors conform to open standards, and which vendors do not participate will with other organizations.

Sean Jeffery asked if this subcommittee's scope includes interfacing directly with vendors, and if there are any concerns with this process. Bruce thinks this is up to the group. From his experience, the group needs to figure out how to intersect with vendors and how to strike a balance between costly vendor solutions and open-source solutions. Sabina Sitaru said that when the HIE entity is stood up and able to move forward with partners, they will be creating relationships with vendors and analyzing the available tools. These relationships will need to come through the HIE entity. Tom added that he does not think there is any issue with exploring what solutions exist, but we should not be asking for quotes or discussing / negotiating scope. We need to understand the options and utilize the information effectively. Bruce thinks this subcommittee should develop a two- or three-year roadmap to determine what we want to do in the near-term. | | |
| 8. | **Engagement & Safety Subcommittee** | **Anne VanHaaren / Nate Rickles** | **11:55 AM** |
| | Anne VanHaaren and Nate Rickles provided an overview of the first Engagement & Safety Subcommittee meeting. They stressed the importance of coordination and collaboration with the other subcommittees. The subcommittee agreed to limit the scope to patient safety concerns relevant to medication reconciliation, deprescribing, and polypharmacy. In addition, Nate Rickles offered to engage some students to serve as a resource to support the background research and literature review process. The students will develop a grid that outlines the findings of the literature review. Nate met with the students last week – he thinks there will be three or four students who will support this effort. Nate also offered to engage students to support other subcommittees, such as the technology research that was described by Tom Agresta and Bruce Metz earlier. Tom agrees and said he will be meeting with people from the engineering school and believes they could be engaged to support the technology literature review. Nate Rickles asked if he can make the Drop Box of documents available to all members. This is an open question that will need to be | | |

discussed with OHS to adhere to the public nature of these meetings. Tom agreed and said we also need to be careful about using copyrighted, published documents appropriately.

Sean Jeffery said that in an earlier subcommittee meeting, there was a potential safety concern around the point-of-sale and at what point a prescription is transmitted to the PMP. He would like clarification from this group about which subcommittee will address this topic. Amy Justice thinks that the safety subcommittee should tackle this topic initially, and then coordinate with the other subcommittees. Anne said that her subcommittee will add this to their literature review. Sean thinks the safety issues could drive the policy subcommittee and which policy changes are recommended. Jennifer Osowiecki said that reimbursement will also drive the policies and engagement. Nate suggested that the students will develop a few example grids from the literature review, and he will validate these structures and scope with the MRP Work Group members to make sure the assignments are valuable and appropriate. Rod Marriott suggested that the MRP Work Group members can work to identify target areas up front so that we can begin to prioritize.

9.	Medication Reconciliation & Deprescribing Subcommittee	Amy Justice / Nate Rickles	12:10 PM

Amy Justice provided an overview of the first two Medication Reconciliation & Deprescribing Subcommittee meetings. The first meeting was held in January, and the second meeting was held immediately prior to this MRP Work Group meeting. The group identified three main areas or steps. The first step is obtaining an accurate summary list of filled, active, prescription medications that would be available to those who need it. The second step is related to the electronic cancellation of prescriptions, which is being summarize by Tom Agresta and the CancelRx Work Group. The third step is related to deprescribing medications. This summary is being drafted by Sean Jeffery and will be distributed next week. The group reviewed the first two summary documents and determined that we need to clarify terminology and data elements.

Tom Agresta explained that the Medication Reconciliation & Deprescribing Subcommittee identified the need for a data dictionary and glossary of terms. He is not sure which subgroup should be responsible for the development of these documents. It is clear that there are many terms that have different, specific meanings for various groups of stakeholders. Jameson Reuter volunteered to draft the terms and processes related to the insurance and PBM workflows. Amy suggests that we start with what Jameson produces and then decide on responsibility. Michael Matthews added that we also discussed process design. There are three concepts that tie together – one is the process design, the second is the definitions, and then there is the concept of putting numbers to the definitions and processes so that we can properly prioritize. Rod Marriott added that a workflow diagram will help to put the definitions into context. We need to make sure that the general public can understand our recommendations. Rod volunteered to develop a list of terms that are codified in the laws relevant to his work, and will also begin to map out the relevant processes. Tom added that the CancelRx Work Group developed a workflow diagram and a technical diagram. The workflow diagram is much more detailed at this point and could be a good starting place. Kate Hayden will figure out the best way to share this diagram with the group, particularly Rod Marriott who will review the diagram and provide comments. The diagram is very large and was originally developed in Visio. Tom thinks Kate, or someone else who originally worked with the diagram, needs to be involved in the editing process, at it is cumbersome to edit. Rod Marriott thinks it would be valuable to break this work into chunks, and that we will need an internal document (for MRP Work Group members) and an external document (for the public).

10.	Policy Subcommittee	Sean Jeffery	12:25 PM

Sean Jeffery provided an overview of the first Policy Subcommittee meeting. Sean is willing to be a co-leader on this group. Marghie Giuliano volunteered to be the other co-leader of this group. This subcommittee discussed the idea of "lead vs. follow" in terms of its work and relationship to other subcommittees. The group decided to do a hybrid model, where some background research and literature review will be conducted up-front (lead), but the majority of the work will be focused on supporting other subcommittees as directed (follow). Rod Marriott said that he should be active in this subcommittee, as he will likely need to enforce some of these policies. He stressed the importance of enforcement vs. compliance. Rod also suggested that the group should discuss implementation timelines and the impact of fiscal notes. Incentives typically require a fiscal note, which greatly increases the odds of something dying before it becomes a law.

	Fiscal notes cannot be added to a regulation. It is critical that we think about all of the funding pathways and possibilities, and all of the implications when writing policies or regulations. Jennifer Osowiecki added that legislative changes are never going to be the fastest or most effective way to affect change. Amy agreed and said that no group can accomplish this unilaterally; it will require cross-industry collaboration.		
	Rod Marriott added that changes in this arena typically trickle down from CMS. It could be valuable to show them how this can be applied across the country. This is not a Connecticut-specific issue. The group should not think of state-level statutory changes as the starting point. Amy added that CMS will want to see a pilot example from one of the states, and this could be Connecticut. Rod added that Connecticut has two big players – the Office of the State Comptroller and Medicaid. They are doing some pretty revolutionary things and we may be able to leverage this. Tom said it may be appropriate to bring in someone like Tom Woodruff to talk with the group – he is very interested in this work. Members agreed. Bruce Metz explained that there is more than one kind of return on investment (ROI). It is often considered only on the front end. There will need to be an active plan to make sure ROI is being realized. Nate Rickles said that this can be something his students investigate – if there have been any published ROI studies in this space.		
11.	**CancelRx Executive Summary**	**Tom Agresta**	**12:40 PM**
	Tom Agresta explained that the executive summary of the CancelRx Work Group has been submitted to the Connecticut General Assembly. He stated that the recommendations are all items that can be adopted, validated, and expanded by this group. Tom Agresta provided an overview of the key findings, and the nine CancelRx Work Group recommendations, as found in the executive summary. Tom stressed to the group that feedback on these recommendations and the executive summary is welcome. He wants to see the MRP Work Group own these recommendations, as the CancelRx Work Group no longer exists. There are also other materials that the group has worked on that can be shared once they have been finalized. This includes some process diagrams that will be valuable. In addition, the CancelRx Work Group has been accepted to present at the national AMIA conference in May.		
12.	**Medication Reconciliation Hackathon**	**Tom Agresta**	**12:50 PM**
	UConn Health will be hosting a Medication Reconciliation Hackathon on April 5th and 6th. The Hackathon will include presentations on a range of topics and open technology development using a sandbox. Tom is looking for volunteer subject matter experts who can help to guide the groups. Sean Jeffery asked if there is any registration cap. Tom said there is not a cap at this time, but he will monitor registrants. Nate Rickles asked how Tom is raising money. Tom explained that some funding may come from HIMSS New England. Tom also thinks school-to-school transfers within UConn could be possible.		
13.	**Next Steps and Adjournment**	**Michael Matthews**	**12:55 PM**
	Janet Knecht volunteered to join one of the subcommittees and will follow-up with Sarju Shah.		
	Barbara Bugella commented that she is trying to catch up on all of the discussions. She is trying to figure out how this work applies to DMHAS. Rod Marriott said that she can take the information from this group to show that effective information exchange will allow DMHAS to more effectively care for their patients.		
	Michael Matthews asked the group if there are any suggested process changes. Jennifer Osowiecki stated that it would be helpful if there can be a single point of distribution for all Subcommittee and Work Group materials. She has a sensitive spam filter, and it would be helpful to receive things from a single source.		
	The next meeting is scheduled for March 18, 2019 from 2pm-4pm ET.		

Upcoming Meeting Schedule: 2019 meetings will be scheduled in the near future.
Meeting information is located at: https://portal.ct.gov/OHS/HIT-Work-Groups/Medication-Reconciliation-and-Polypharmacy-Work-Group