Medication Reconciliation and Polypharmacy Committee
Meeting Minutes

Meeting Date	Meeting Time	Location
June 25, 2020	3:30 pm	Virtual only

Committee Members					
p	Nitu Kashyap		Jeremy Campbell	**Guests:**	
p	Sean Jeffery		Kate Sacro	p	Rick Brooks
p	Alejandro Gonzalez-Restrepo	p	Lesley Bennett	p	Steve Demurjian
	Amy Justice	p	Margherita Giuliano	p	Eugene Sanzi
p	Anne VanHaaren	P	Marie Renauer	p	Antonia Alquist
	Christopher Diblasi		MJ McMullen	p	Irene Kho
p	Diana Mager	p	Nate Rickles	p	Roberta Delvy
	Ece Tek	p	Pat Carroll	p	Jeannina Thompson
p	Elizabeth Taylor		Rachel Petersen	p	Lindsay Adelson
p	Jameson Reuter	p	Rod Marriott		
	Jason Gott	p	Stacy Ward-Charlerie		
p	Jennifer Osowiecki		Dr. Valencia Bagby-Young		
Supporting Leadership					x – in person; p – via phone
p	Adrian Texidor, OHS	p	Ryan Tran, UConn	p	Terry Bequette, CedarBridge
	Allan Hackney, OHS	p	Rachel Rusnak, UConn	p	Kassi Miller, CedarBridge
		p	Tom Agresta, UConn	p	Craig Jones, CedarBridge

Minutes

	Topic	Responsible Party	Time
	Welcome and Roll Call	**Nitu Kashyap, Sean Jeffery**	**3:30 pm**
	Sean Jeffery welcomed the group and thanked the members for joining the meeting.		
	Review and Approval of May 2020 Minutes	**All**	**3:35 pm**
	Diana Mager requested that the minutes from May be edited to reflect the following instead of the original comment which she said misrepresented the intent of her message: *Diana shared that at Fairfield University there are nearly 150 senior nursing students graduating on Saturday who have experienced a major change in their final semester clinical rotations due to the pandemic and many clinical agencies not allowing them in to complete their rotations due to the Covid-19 pandemic. The students have met CT state requirements for clinical hours, and the state board of nursing has also approved the use of certain simulation experiences to count for additional hours. However, given that students will graduate without having had the last several months experience on an actual hospital unit means that they will need additional support when they begin work as graduate nurses, especially given the new challenges we face.* Diana made a motion to approve the minutes and Jennifer Osowiecki seconded.		
	Public Comment	**Public**	**3:36 pm**
	Sean asked for comments from the public and there were none.		

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	Recap and Current Status	**Nitu Kashyap, Sean Jeffery**	**3:38 pm**
	Nitu Kashyap reminded the group that the most important goal of the MRPC was identified as the BPMH during the MRP workgroup sessions in 2019. She reviewed the BPMH timeline and commended the group on being well-aligned with the original timeline despite delays due to COVID-19. She told the group that she and Sean shared an update on the MRPC to the HITAC during their regularly scheduled meeting this month.		
	Medication Safety Continuing Education	**Tom Agresta**	**3:40 pm**
	Tom Agresta shared that UConn Health has plans for several education webinars and that during the past few months he and his team have set up continuing medical and pharmacy education events. Medication safety is a main theme of these webinars, and Tom shared some sample topics with the group and described the first webinar which occurred on June 3rd with the topic of Health IT in Polypharmacy. Tom also shared summary details from the second webinar which occurred on June 24th with the topic of the State of Health Information Exchange with three New England examples. Tom explained that the webinars have been well attended. He shared that the requirements work occurring with the MRPC may inform a future webinar and asked the group to reach out to him if they have interest in participating. Sean said that when he listened to the webinar on June 24th, he felt the content was a testament to how important behind the scenes data sharing is for the work being done by the MRPC and other groups. Tom agreed and said he sees a significant opportunity in the state of Connecticut for additional data sharing as well.		
	BPMH Known Issues Development	**Nitu Kashyap, Sean Jeffery**	**3:45 pm**
	Sean introduced the idea of the breakout sessions and reminded the group that despite the groups being distinct, the work is not meant to be siloed, but rather intended to capitalize on each member's expertise. Nitu agreed with Sean and said that the three groups will each have their own in-depth discussion with important takeaways shared with the larger group. Lesley Bennett shared her concern that the Health Systems or Prescribers groups would not focus on issues that would address the needs of patients. Nitu thanked Lesley for the concern and suggested that the purpose of breaking into groups is to ensure that all perspectives are captured, and that the patient needs will certainly be a focus throughout the whole process. She said there will be opportunities to bring up any issues that members feel were not addressed as well. Sean revisited the idea of the BPMH vision and shared that there has been work done between meetings by several members to create the vision statement below: *Safe, quality and timely delivery of healthcare requires access to the "Best-Possible Medication History." The BPMH should include all prescription and non-prescription medications, supplements and herbal products. The BPMH should be accurate, up-to-date and accessible to stakeholders (including but not limited to patients, caregivers and health care providers) at the point of decision making. Access to the BPMH will support collaborative care, reduce medication costs and errors and improve clinical outcomes.* Diana said she appreciated the vision statement and that it is complete, accurate and thorough and she had nothing to add. Sean thanked Diana as well as Marie Renauer and Nate Rickles for their collaboration on the vision statement. Sean introduced the idea of the breakout sessions and reminded the group of the three different perspective groups: health systems and organizations, prescribers and clinicians and patients and home health. Kassi Miller		

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introduced herself and explained to the group how the breakout sessions would work and took roll a second time before moving attendees into the three groups.

The MRPC attendees broke into the sessions as follows:

Health Systems & Organizations	**Clinicians & Prescribers**	**Patients & Home Health**
Anne VanHaaren	*Nitu Kashyap (facilitator)*	*Sean Jeffery (facilitator)*
Elizabeth Taylor	Alejandro Gonzalez-Restrepo	Diana Mager
Jameson Reuter	Margherita Giuliano	Nate Rickles
Jennifer Osowiecki	Marie Renauer	Pat Carroll
Rod Marriott	Stacy Ward-Charlerie	
	Lesley Bennett	
Guests	*Guests*	*Guests*
Tom Agresta (facilitator)	Terry Bequette (note-taker)	Ryan Tran (note-taker)
Rachel Rusnak (note-taker)	Eugene Sanzi	Adrian Texidor
Lindsay Adelson	Irene Kho	Jeannina Thompson
Roberta Delvy		Richard Brooks
Craig Jones		Kingsley Ennin

Rough notes from the three sessions and the associated recordings can be found on the OHS website.

Report out from Breakout Sessions	**Volunteer Members**	**5:00 pm**

The volunteer member from each group reported back to the rest of the group with the agreed-upon summary of their discussion.

<u>Health Systems & Organizations</u>

Jennifer was the member volunteer from the group and gave a summary of the discussion, explaining that her group focused on issues numbered sixteen through nineteen. She explained that the current structured fields available for recording medications electronically do not accommodate compounded medications or recalled medications which means that some information will not be shared with the next prescriber. She said there is difficulty with respect to specialists prescribing as they often are making rapid changes that may not be communicated back to the primary care provider. She also said that often times specialty medications may be used for off-label use and these uses are not necessarily recorded and the primary care provider or other prescribers may have to guess why a particular medication has been prescribed. She suggested using a diagnosis code within the BPMH system. Her group discussed that vulnerable can be interpreted differently and could include an individual who has providers in multiple states and in that case a decentralized BPMH would be useful. She said the group needs to address who constitutes a vulnerable individual and who will be that individuals advocate. The group also discussed the varying settings where medication reconciliation may take place, and situations where insurance companies will not pay for a particular formulary and the associated messaging sent to the prescribers. The group suggested that an added functionality would be to allow patients to access the BPMH outside of their appointments with providers, and make adjustments when not under the pressure of an appointment. She explained that the group also discussed the messaging to the provider in the case of discontinued use due to an individual's reaction to that medication. The group also discussed auto refills and how different pharmacies have different algorithms to trigger those refills.

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Clinician & Prescriber

Alejandro Gonzalez-Restrepo was the member volunteer from the group and gave a summary of the discussion, saying that there was a key distinction made between using one view of the BPMH for informational purposes and using it for decision making. He explained that these two perspectives directly affect one another. His group acknowledged that there are many sources for the BPMH and that determining prescribed medication and those actually taken by individuals will be a difficult but necessary challenge. He explained that having the latest BPMH is important but having an archive of past information will be important as well. Having multiple sources of data will require deduplication of data, and a goal of the HIE should be to reduce the burden on end-users (in terms of time spent, being technology savvy) of the BPMH. Alejandro also discussed that replacing auto refills with refill reminders may remove some errors in the list.

Patient & Home Health

Diana was the member volunteer from the group and gave a summary of the discussion and said the main problem for the BPMH to solve involves transitions of care. She explained that patients have specific needs in how they access their medication list and that the vulnerable population is at the highest risk due to a lack of self-advocacy and access to adequate care or technology to update their own BPMH. She further explained that the issue is closely related to polypharmacy and that it may be useful to investigate a financial model of the yearly cost of medication errors and rehospitalizations. She said that her group discussed that it is difficult to get full accountability and that ownership and stewardship of the BPMH will be important and to remember that the patient must be the central point. Her group also discussed the necessity of any involved technology being system agnostic and have the ability to track versions over time, have translation to multiple languages and health literacy levels, an understanding of how changes are made (e.g. workflow expectations) and that everything must be HIPAA compliant. She suggested a training or user manual which would explain how to access the list as well as multiple user profiles where individuals can update their Vulnerable pop at highest risk, unable to self advocate, not every patient has same access to care/technology/etc. A lot of involvement with polypharmacy (leads to more readmissions related to medications, etc).

Next Steps	**Nitu Kashyap, Sean Jeffery**	**5:20 pm**

Nitu summarized the meeting by saying that the groups all touched on how to best scope the definition of the BPMH, suggesting that medication reconciliation is the main goal but keeping track of the scope in the meantime is important. She then thanked the supporting leadership for their work background work and preparation which lead to very rich conversations within the breakout sessions.

Meeting Adjournment	**All**	**5:29 pm**

Rod motioned to adjourn, and the motion was seconded.