

Medication Reconciliation & Polypharmacy Committee Meeting

June 25th, 2020



2020 MRPC Meeting Schedule

Jun. 25	Webinar Only	
Jul. 20	Ce 19	Conf Room A
Aug. 17	Ce 19	Conf Room A
Sept. 24	Ya 99	S001
Oct. 19	Int 12	η
Nov. 16	Int 12	η
Dec. 21	Int 1290 Stias Deane Highway Waterbury, CT 06109	η

Meetings to remain
webinar only until further notice

All remaining 2020 meetings take place
3:30 pm – 5:30 pm

Agenda

Welcome and Roll Call	Nitu Kashyap, Sean Jeffery	3:30 PM
Review and Approval of May 2020 Minutes	All	3:35 PM
Public Comment	Public	3:36 PM
Recap and Current Status	Nitu Kashyap, Sean Jeffery	3:38 PM
Medication Safety Continuing Education	Tom Agresta	3:40 PM
BPMH Known Issues Development	All	3:45 PM
Introduction to breakout sessions logistics	Nitu Kashyap, Sean Jeffery	
Breakout sessions (incl. secondary roll call)	All	4:00 PM
Report out from breakout sessions	Volunteer Members	5:00 PM
Next Steps	All	5:20 PM
Meeting Adjournment	All	5:29 PM

Welcome and Roll Call

Nitu Kashyap, Sean Jeffery

Roll Call

Dr. Alejandro Restreppo-Gonzalez	<i>St. Francis</i>	Lesley Bennett	<i>Patient Advocate</i>
Amy Justice	<i>Yale, VA CT Healthcare System</i>	Margherita Giuliano	<i>CT Pharmacists Assoc</i>
Anne VanHaaren	<i>CVS Health</i>	Marie Renauer	<i>Yale New Haven Health</i>
Christopher Diblasi	<i>Surescripts</i>	MJ McMullen	<i>Surescripts</i>
Diane Mager	<i>CT Assoc. Healthcare at Home</i>	Nate Rickles	<i>UConn School of Pharmacy</i>
Ece Tek	<i>Cornell Scott-Hill Health Center</i>	Pat Carroll	<i>Patient Advocate</i>
Elizabeth Taylor	<i>DMHAS</i>	Rachel Petersen	<i>Surescripts</i>
Jameson Reuter	<i>ConnectiCare</i>	Rod Marriott	<i>DCP</i>
Jason Gott	<i>DSS</i>	Stacy Ward-Charlerie	<i>Surescripts</i>
Jennifer Osowiecki	<i>CHA</i>	Tom Agresta	<i>UConn Health</i>
Jeremy Campbell	<i>Boehringer-Ingelheim</i>	Dr. Valencia Bagby-Young	<i>DDS</i>
Kate Sacro	<i>Value Care Alliance</i>		

Review and Official Approval of:

May 18, 2020 Meeting Minutes

Motion to approve? Second?

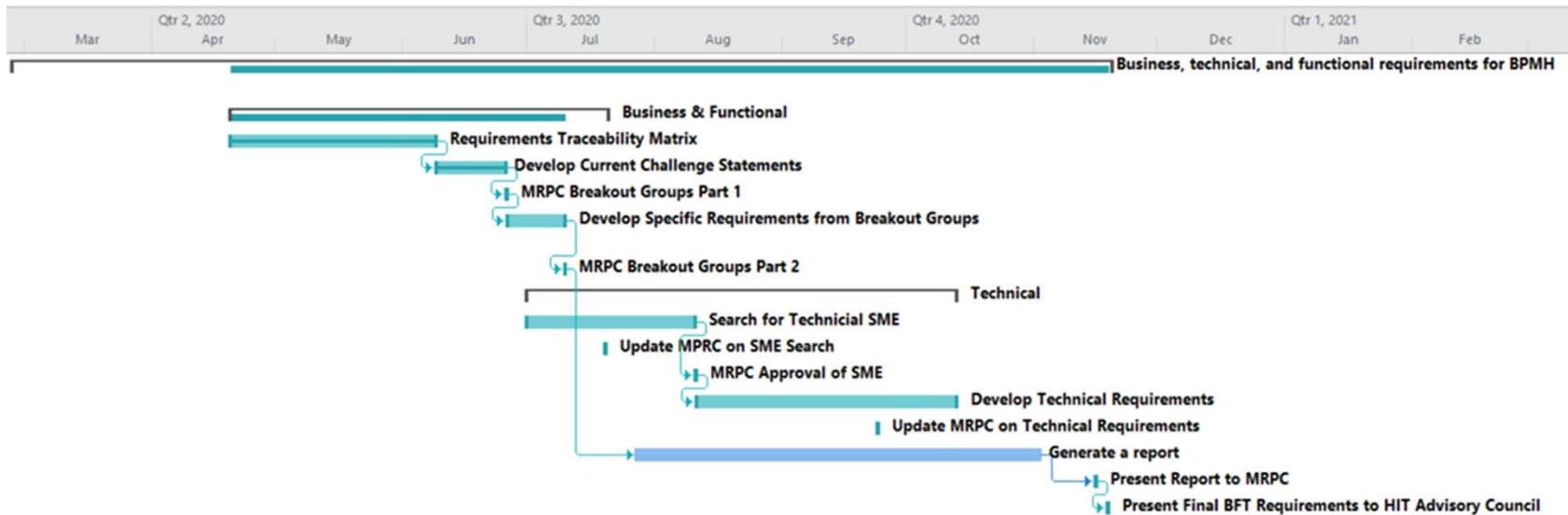


Public Comment

Recap and Current Status

Nitu Kashyap, Sean Jeffery

BPMH Proposed Timeline



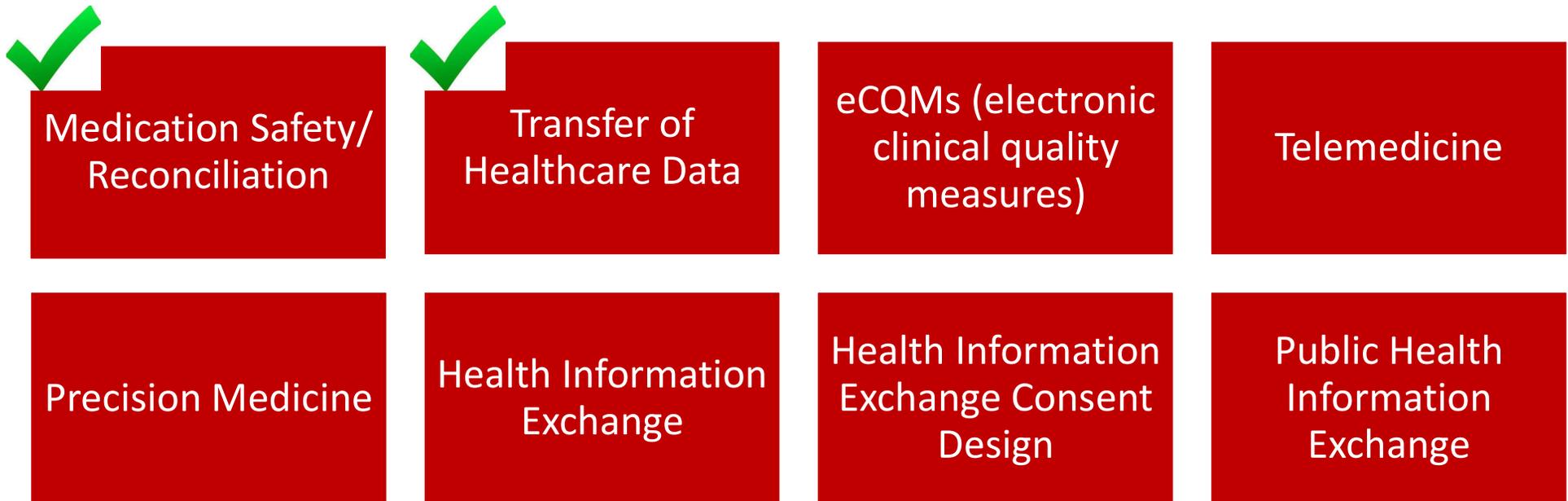
Medication Safety Continuing Education

Tom Agresta

Medication Safety Continuing Education

Health Information Technology for Clinicians:
How to Achieve Optimal Outcomes

Sample Topics:



To Deprescribe or Not to Deprescribe: The Role of Health IT in Polypharmacy

- Date: Wednesday, June 3, 2020
- Time: 12:00 – 1:00 pm
- Location: WebEx Live Event
- Education Credit: CME & CE Approved



165 Attendees:

To Deprescribe or Not to Deprescribe: The Role of Health IT in Polypharmacy

University of Connecticut School of Medicine and School of Pharmacy Office of Community and Continuing Medical Education and Center for Quantitative Medicine

Target Audience: Physicians, Pharmacists, Students, Residents, and other health care professionals with needs, interests or training in Health Information Technology and Health Information Exchange

Learning Objectives: Participants will (be able to):

1. Discuss the impact of polypharmacy
2. Describe the challenges of de-prescribing
3. Explain the role of Health IT in medication management
4. Explain the SCRIPT standard CancelRx transaction data flow
5. Identify best practices to implement and apply to practice

Moderator

Stacy Ward-Charlerie, PharmD, MBA

Chief Informatics Pharmacist and current President of WardRx Consulting LLC, a firm providing consulting services for organizations seeking to use or improve health information technology to improve clinical outcomes especially as it relates to medication management.



• *Stacy Ward-Charlerie, PharmD, MBA*

Panelist

Nitu Kashyap, MD, FAMIA



**Associate Chief Medical
Information Officer
Yale New Haven Health**

Sean Jeffery, Pharm.D., BCGP, FASCP, AGSF



**Director of Clinical Pharmacy
Services, Integrated Care Partners**

Scott Bonczek, PharmD, Rph, MSHS-HCQ



**Informatics Pharmacist
Hartford HealthCare**

The “State” of Health Information Exchange (HIE) – Today and Tomorrow: Three New England Examples

- Date: Wednesday, June 24, 2020
- Time: 12:00 – 1:00 pm
- Location: WebEx Live Event. [Register Here](#)
- Education Credit: CME & CE Approved

1. Define models of Health Information Exchange used in Connecticut, Maine, and Rhode Island
2. Identify the major healthcare delivery challenges that HIEs solve
3. Describe how HIEs are addressing current and future COVID-19 health data needs



Host
Thomas Agresta, MD, MBI
Director of Clinical Informatics
UConn Health



Panelist
Neil Sarkar, PhD, MLIS, FACMI
President & Chief Executive Officer
Rhode Island Quality Institute



Panelist
Shaun Alfreds, MBA
Chief Executive Officer
Health Info Net



Panelist
Allan Hackney, CISM, CRISC
State Health Information Technology
Officer

BPMH Known Issues Development: Breakout Sessions

Nitu Kashyap, Sean Jeffery

BPMH Vision Discussion

Nitu Kashyap, Sean Jeffery

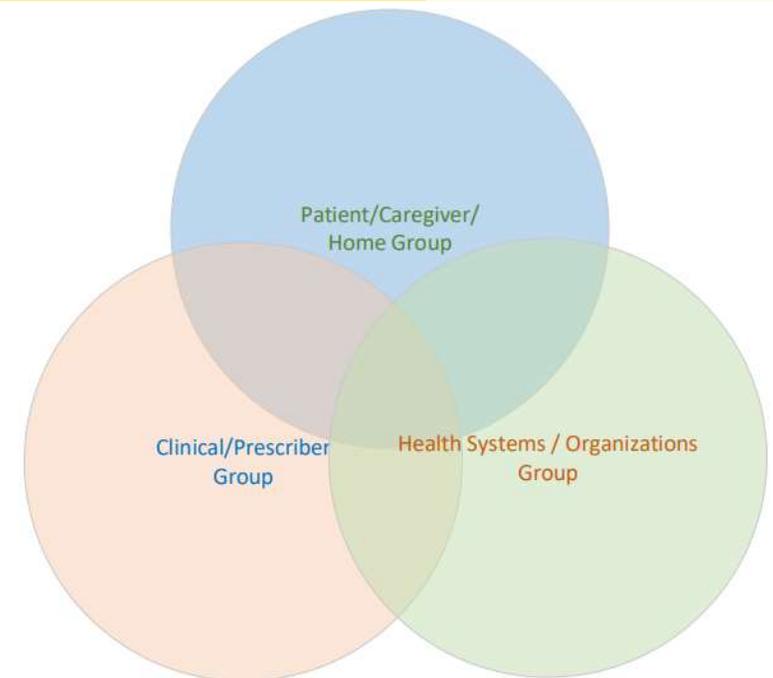
Breakout Session Logistics

Grouping:

1. Health Systems & Organizations
2. Prescriber & Clinician
3. Patient & Home Health

Notes:

- Reminder when 5 minutes remain
- Final report-out and summary of discussions to begin at 5:00pm



Secondary Roll Call

Nitu Kashyap, Sean Jeffery

Has anyone joined since attendance was recorded?

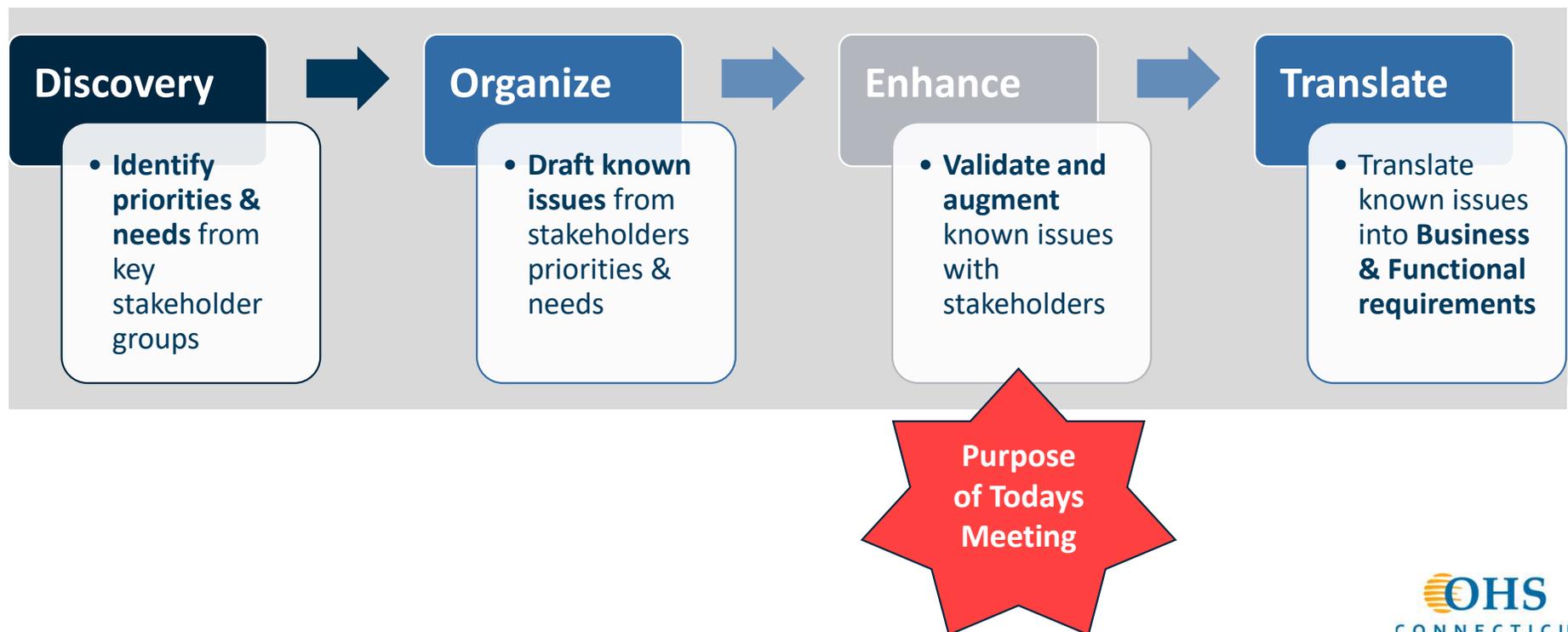
Breakout Session: Intro Slide

- Facilitator introductions
- Reminder of e-mail sent out on June 16th
- Request member to volunteer for report-out

Reminders for a fruitful and clear virtual brainstorming session:

- Please use chat to share your comments
- Identify yourself when you speak
- Facilitator to announce when [30, 15, 5 minutes remain]

Breakout Session: Timeline



Breakout Session: Guiding Questions

- What problems/known issues are the BPMH uniquely positioned to solve?
- What is the scope of these known issues? (e.g. what happens because of the issue? Who is impacted? What is the severity of the issue?)
- What should be done to solve these known issues?
- Does this change require a policy, workflow, technology or other type of change?
- How do these issues relate to the objectives, vision, and goals of the MRPC?
- These known challenges are *specific and well defined*

Breakout Session: BPMH Known Issues

ID	Known Challenges	Category			Perspective	Source/Owner
		Health Systems/ Organizations	Clinician/ Prescriber	Patient/ Home Health	(e.g. written from the perspective of...)	
1	There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, and pharmacists involved in a patient's care.			x	Patient	Hackathon Report
2	Patients and providers may not understand why they are taking a particular medication.			x	Patient	Hackathon Report
3	Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.			x	Patient	Hackathon Report
4	Patients are unaware of what should be included in a medication list such as OTC medications, vitamins and dietary supplements, creams and ointments.			x	Patient	Discussion: WardRx
5	The use of technology to improve medication history, including EHRs, smartphone apps, and repositories of information, presents new problems of interoperability and data currency. <i>User adaption to new technologies is a related additional problem.</i>			x	Patient	Hackathon Report
6	Medication reconciliation is not a simple process and provider education is an ongoing problem - systematic approaches to medication reconciliation can vary depending on the size and type of organization, staffing, and technology capabilities.		x		Health Professional	Discussion: WardRx
7	Pharmacists/dispensers are not always aware of the condition being treated by a prescription.		x		Pharmacist	Hackathon Report
8	Information on OTC, supplements, and herbals, does not originate in provider or prescriber systems and is challenging to capture from patients and caregivers.		x		Health Professional	Hackathon Report
9	Additions and changes to medication history do not occur in real time from all sources, resulting in gaps in accuracy and currency.		x		Health Professional	Hackathon Report
10	Home care nurses are not provided with accurate real time medication histories prior to engaging with the patient, nor do the paper records they prepare include the full medication history.			x	Home Care Nurse	Hackathon Report
11	Family caregivers may not have access or mechanisms to contribute information to a medication			x	Family Caregiver	Discussion: WardRx

Breakout Session: Health Systems & Organizations

Objective

The objective of this session is to **produce a refined set of known issues** that can be used to develop requirements for a BPMH from the perspective of Health Systems & Organizations: large and medium sized hospital systems, critical access hospitals, health centers & rural clinics, home health & hospice systems, primary care organizations, and representative associations (e.g. hospital, primary care, independent providers, others).

Agenda

- Review known issues
- Validate which are relevant to Health Systems & Organizations
- Edit & refine known issues with context for Health Systems & Organizations
- Identify additional known issues that need to be addressed
- Discuss potential solutions to these known issues

Breakout Session: Health Systems & Organizations

Example Known Issues Include (see spreadsheet for full list):

- Medication reconciliation is not a simple process and provider education is an ongoing problem – systematic approaches to medication reconciliation can vary depending on the size and type of organization, staffing, and technology capabilities.
- Medication histories may be presented differently in different systems or settings, creating challenges in interpreting or understanding the information.

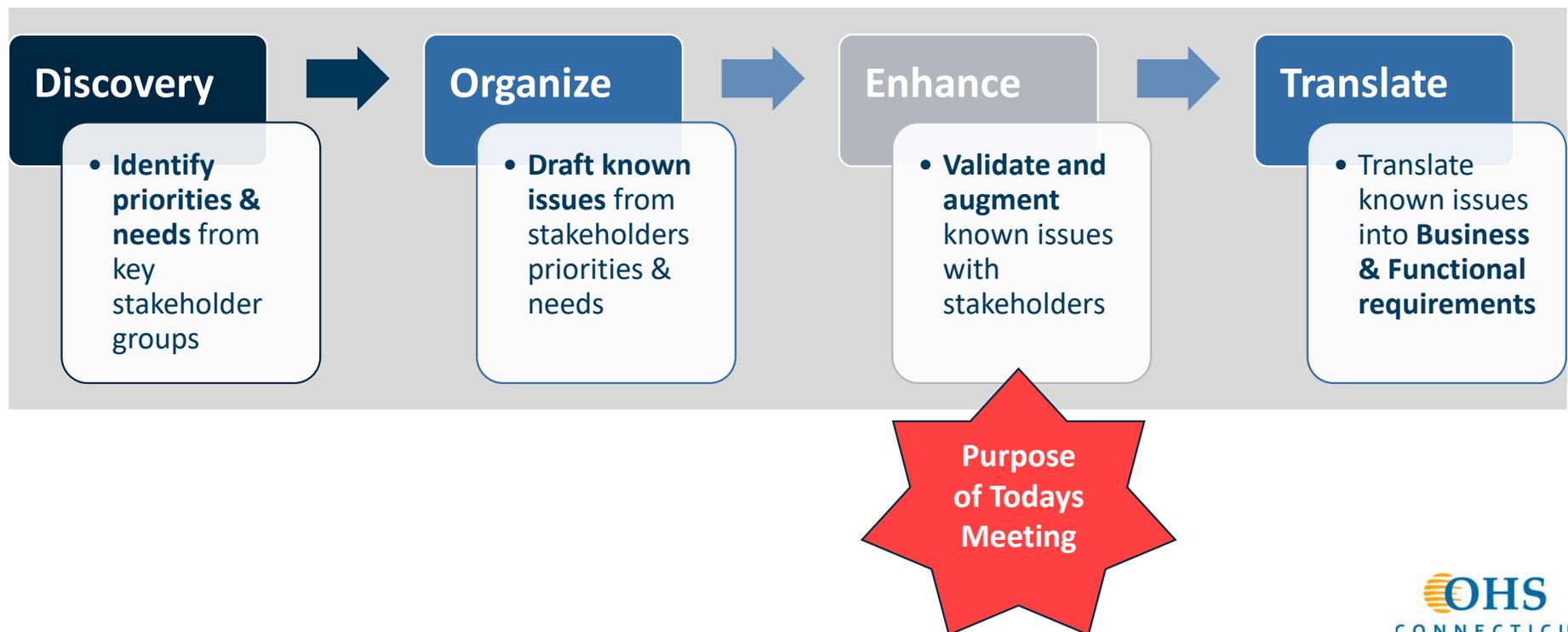
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Breakout Session: Timeline



Breakout Session: Guiding Questions

- What problems/known issues are the BPMH uniquely positioned to solve?
- What is the scope of these known issues? (e.g. what happens because of the issue? Who is impacted? What is the severity of the issue?)
- What should be done to solve these known issues?
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Breakout Session: BPMH Known Issues

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6	Medication reconciliation is not a simple process and provider education is an ongoing problem - systematic approaches to medication reconciliation can vary depending on the size and type of organization, staffing, and technology capabilities.		x		Health Professional	Discussion: WardRx
7	Pharmacists/dispensers are not always aware of the condition being treated by a prescription.		x		Pharmacist	Hackathon Report
8	Information on OTC, supplements, and herbals, does not originate in provider or prescriber systems and is challenging to capture from patients and caregivers.		x		Health Professional	Hackathon Report
9	Additions and changes to medication history do not occur in real time from all sources, resulting in gaps in accuracy and currency.		x		Health Professional	Hackathon Report
10	Home care nurses are not provided with accurate real time medication histories prior to engaging with the patient, nor do the paper records they prepare include the full medication history.			x	Home Care Nurse	Hackathon Report
11	Family caregivers may not have access or mechanisms to contribute information to a medication			x	Family Caregiver	Discussion: WardRx

Breakout Session: Prescriber & Clinician

Objective

The objective of this session is to **produce a refined set of known issues** that can be used to develop requirements for a BPMH from the perspective of Prescriber & Clinician user perspectives.

Agenda

- Review known issues
- Validate which are relevant to Prescriber & Clinician Users
- Edit & refine known issues with context for Prescriber & Clinician Users
- Identify additional known issues that need to be addressed
- Discuss potential solutions to these known issues

Breakout Session: Prescriber & Clinician

Example Known Issues Include (see spreadsheet for full list):

- Pharmacists and dispensers are not always aware of the condition being treated by a prescription.
- Some EHRs lack access to real-time pharmacy benefits data and/or pharmacy claims data to be used in medication reconciliation.

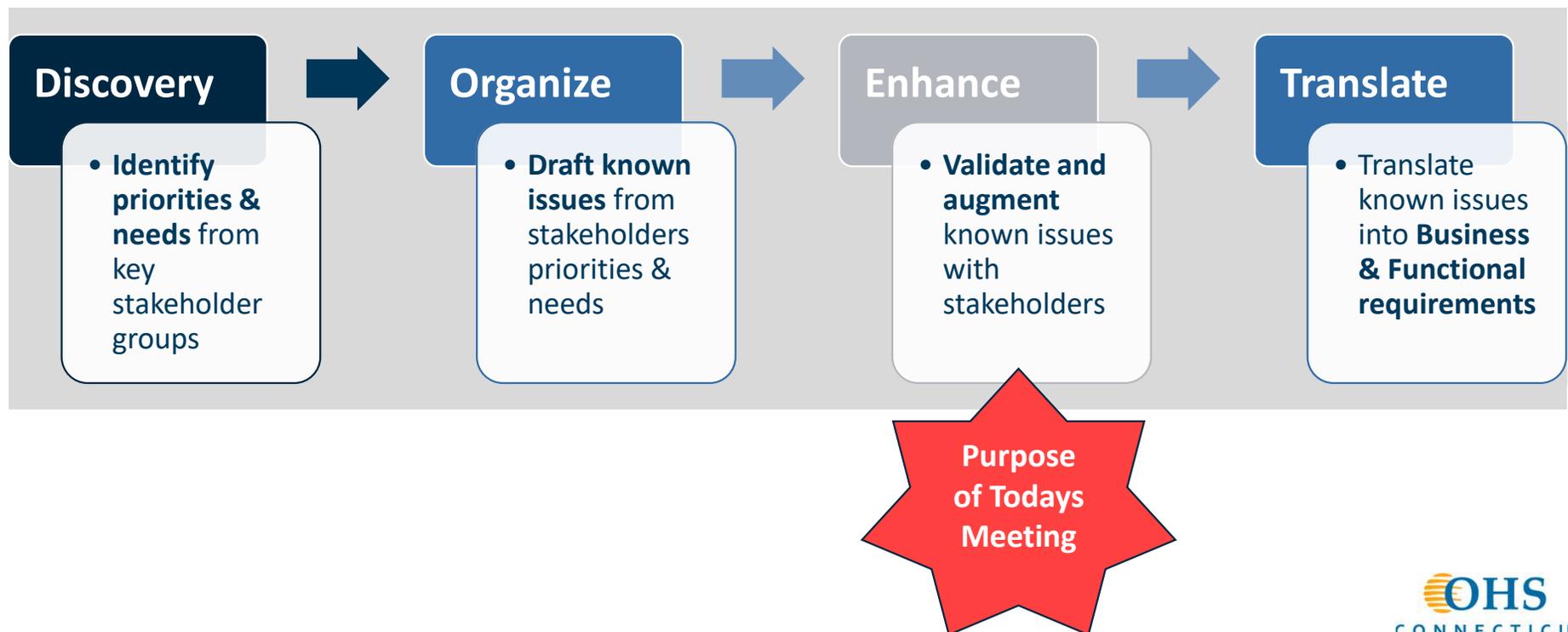
Breakout Session: Intro Slide

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Reminders for a fruitful and clear virtual brainstorming session:

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- Identify yourself when you speak
- Facilitator to announce when [30, 15, 5 minutes remain]

Breakout Session: Timeline



Breakout Session: Guiding Questions

- What problems/known issues are the BPMH uniquely positioned to solve?
- What is the scope of these known issues? (e.g. what happens because of the issue? Who is impacted? What is the severity of the issue?)
- What should be done to solve these known issues?
- Does this change require a policy, workflow, technology or other type of change?
- How do these issues relate to the objectives, vision, and goals of the MRPC?
- These known challenges are *specific and well defined*

Breakout Session: BPMH Known Issues

ID	Known Challenges	Category			Perspective	Source/Owner
		Health Systems/ Organizations	Clinician/ Prescriber	Patient/ Home Health	(e.g. written from the perspective of...)	
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7	Pharmacists/dispensers are not always aware of the condition being treated by a prescription.		x		Pharmacist	Hackathon Report
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10	Home care nurses are not provided with accurate real time medication histories prior to engaging with the patient, nor do the paper records they prepare include the full medication history.			x	Home Care Nurse	Hackathon Report
11	Family caregivers may not have access or mechanisms to contribute information to a medication			x	Family Caregiver	Discussion: WardRx

Best Possible Medication History

Requirements Gathering Process

Breakout Session: **Patient & Home Health Users**

Objective

The objective of this session is to **produce a refined set of known issues** that can be used to develop requirements for a BPMH from the perspective of Patient & Home Health user perspectives.

Agenda

- Review known issues
- Validate which are relevant to Patient & Home Health Users
- Edit & refine known issues with context for Patient & Home Health Users
- Identify additional known issues that need to be addressed
- Discuss potential solutions to these known issues

Breakout Session: Patient & Home Health

Example Known Issues Include (see spreadsheet for full list):

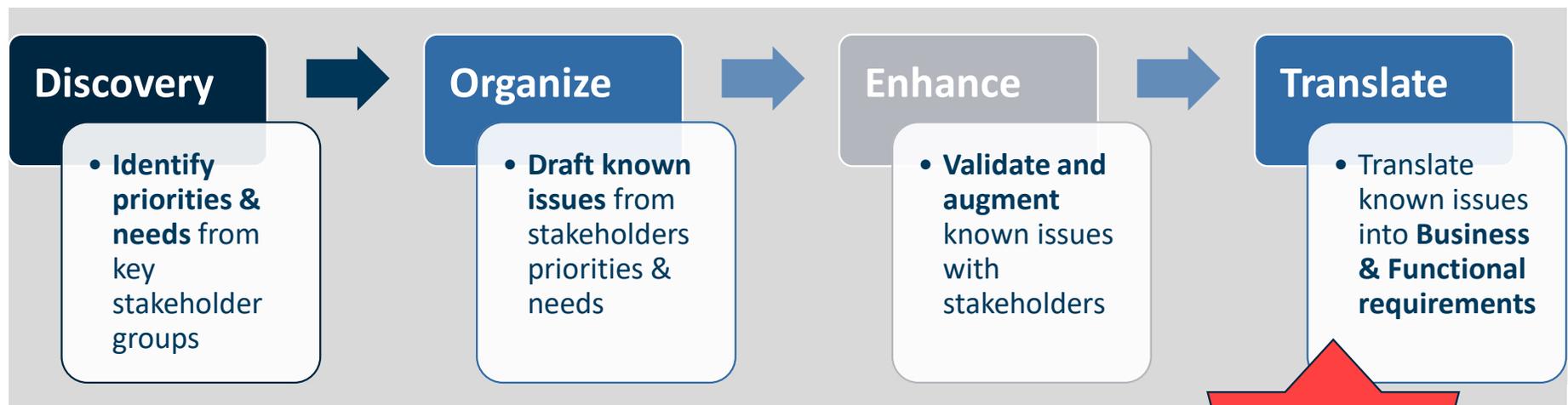
- Patients may not understand why they are taking a particular medication, and/or providers may not understand why a medication has been ordered for their patient (*thank you to Diane Mager for suggested re-wording of this issue statement*).
- Patients may not know when their medication was changed or who might have made the changes.

Breakout Session – Report Out

1. Health Systems & Organizations
2. Prescriber & Clinician
3. Patient & Home Health

Next Steps

BPMH – Requirements Gathering Process



Purpose
of July 20
Meeting

Official Adjournment

Motion to adjourn? Second?