

# Medication Reconciliation & Polypharmacy Committee Regular Meeting

May 27<sup>th</sup>, 2021



# 2021 MRPC Meeting Schedule

<del>January 28<sup>th</sup></del>	July 22 <sup>nd</sup>
<del>February 25<sup>th</sup></del>	August 26 <sup>th</sup>
<del>March 25<sup>th</sup></del>	September 23 <sup>rd</sup>
<del>April 22<sup>nd</sup></del>	October 28 <sup>th</sup>
May 27 <sup>th</sup>	November 19 <sup>th</sup> *
June 24 <sup>th</sup>	December 9 <sup>th</sup>

- Meetings will generally take place on the 4<sup>th</sup> Thursday of each month, from 2-4pm.
- In November the committee will meet on a Friday.
- Until further notice meetings will take place via webinar. We will explore the opportunity to resume in person meetings as deemed appropriate by the State.

# Agenda

Welcome and Roll Call	Nitu Kashyap, Sean Jeffery	2:00 pm
Review and Approval of April 2020 Minutes	All	2:05 pm
Public Comment	Public	2:10 pm
Connie Update	Jenn Searls	2:20
Review of Activities & Next Steps	MRPC Admin Team	2:35 pm
Break Out Sessions	All	2:55 pm
Break Out Recap	All	3:30 pm
Announcements & Updates	Nitu Kashyap, Sean Jeffery	3:45 pm
Meeting Adjournment	All	4:00pm

# Welcome and Roll Call

*Nitu Kashyap, Sean Jeffery*

# Roll Call

<b>Alejandro Gonzalez-Restrepo</b>	<i>Hartford Healthcare</i>	<b>Margherita Giuliano</b>	<i>CT Pharmacists Assoc.</i>
<b>Amy Justice</b>	<i>Yale, VA CT Healthcare System</i>	<b>Marie Renauer</b>	<i>Yale New Haven Health</i>
<b>Dr. Valencia Bagby-Young</b>	<i>DDS</i>	<b>Shawn Ong</b>	<i>Yale School of Medicine</i>
<b>Diana Mager</b>	<i>CT Assoc. Healthcare at Home</i>	<b>MJ McMullen</b>	<i>Surescripts</i>
<b>Michael Couturie</b>	<i>Cornell Scott-Hill Health Center</i>	<b>Nate Rickles</b>	<i>UConn School of Pharmacy</i>
<b>Elizabeth Taylor</b>	<i>DMHAS</i>	<b>Patricia Carroll</b>	<i>Patient Advocate</i>
<b>Jason Gott</b>	<i>DSS</i>	<b>Rachel Petersen</b>	<i>Surescripts</i>
<b>Jennifer Osowiecki</b>	<i>CHA</i>	<b>Rod Marriott</b>	<i>DCP</i>
<b>Jeremy Campbell</b>	<i>Boehringer-Ingelheim</i>	<b>Stacy Ward-Charlerie</b>	<i>WardRx</i>
<b>Kate Sacro</b>	<i>Yale New Haven Health</i>		
<b>Lesley Bennett</b>	<i>Patient Advocate</i>		

# **Review and Official Approval of: April 2021 Meeting Minutes**

**Motion to approve? Second?**

# Public Comment

A reminder: As a subcommittee of the HITAC members of the public may provide 2 minutes of comment *only* during the public comment period.

Members of the public are welcome to submit written comments to OHS at anytime.

# Connie Update

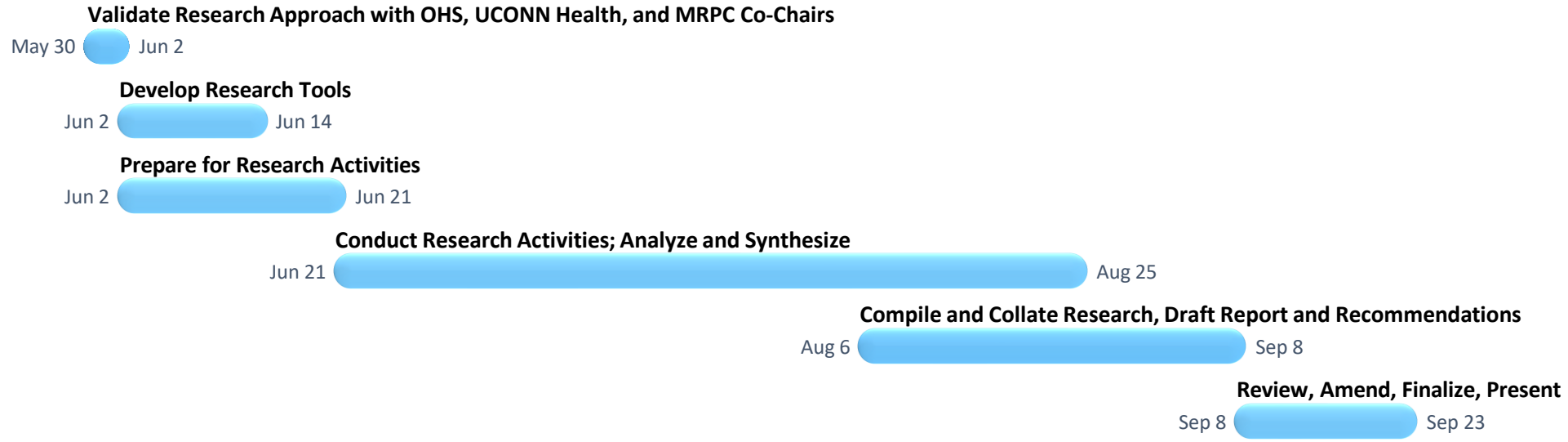
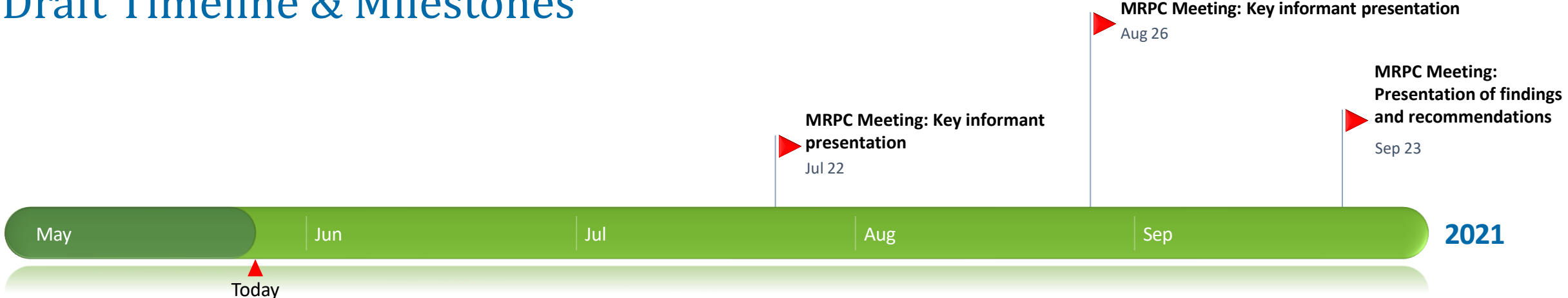
*Jenn Searls*



# Next Steps on 2021 Activities

*Admin Team*

# Draft Timeline & Milestones



# MRPC Activities – Environmental Scan & Discovery

## Identify and derive learnings from potentially relevant models

- State PDMP case studies
- Select HIE's with experience with Med Rec tools and med history/fill/adherence data, etc.
- Follow-up conversation with Nebraska on their PDMP - what has changed since 2020; lessons learned, recent developments, etc.

## Identify and engage key informants and potential technology vendors

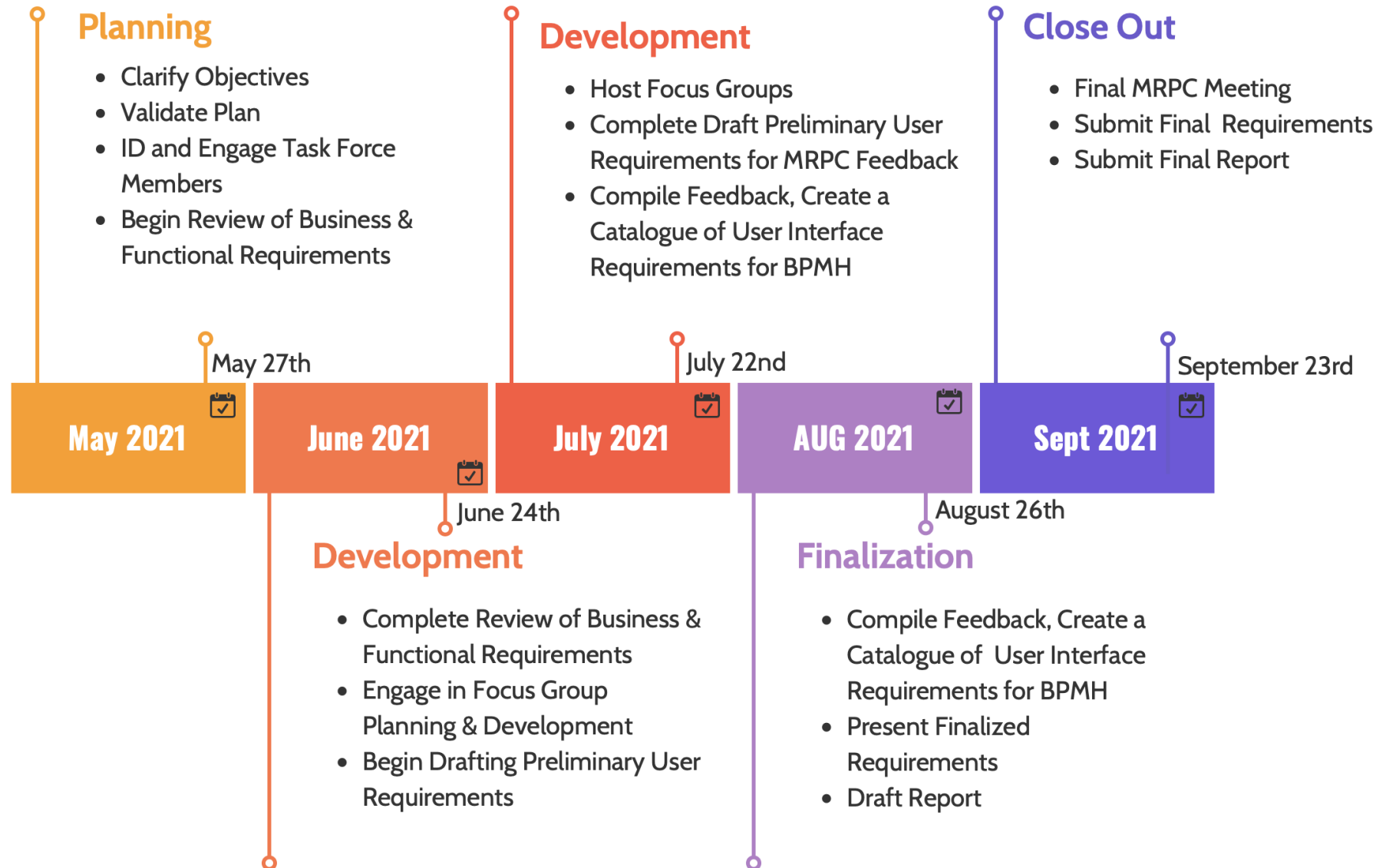
- Develop domain-specific objectives and interview guides
- Identify and engage interview candidates
- Conduct key informant interviews
- Facilitate engagement with and discovery from existing technology vendors/data brokers, etc., where appropriate

## Collate, summarize, and present findings; facilitate follow-ups

- Document and present findings
- Facilitate any clarification and direct engagement between MRPC and discovery resources as requested

# Draft Timeline & Milestones

## BPMH User Interface Requirements



# Forming Task Forces

- PDMP - HIE Models for Medication Data Exchange
- BPMH User Interface

# Task Force Break Out Sessions

*All*

# Break Out Sessions

## Discussion

- Activities
- Deliverables
- Committee Role

# Break Out Recap

PDMP - HIE Models for Medication Data Exchange

BPMH User Interface Requirements



# Announcements

# Official Adjournment

**Motion to adjourn? Second?**

# Appendix: Full text of survey options

---

## MRPC Possible Activities

---

### Approach for Creation of BPMH

**Goal:** Develop a description of desired features for some user interactions and technical requirements for consideration of incorporation into a Health Information Exchange.

**Activity:** Perform a literature search and an environmental scan of how some current HIE represent medications to support reconciliation, including how CRISP performs this with other state HIEs. Utilize key informants including user interface experts, informatics experts and members of the MRPC to produce recommendations for best practices for an HIE. Create and submit recommendations in a report similar to the report developed by the MRPC for Business and Functional Requirements. Final report to be submitted by 9/30/21

### Online Directory of Tools & Solutions

**Goal:** Launch a user-friendly repository with current resources for identified key audiences, including clinicians, pharmacists, patients and caregivers.

**Activity:** Compile best practice recommendations for the state regarding Med Rec across key audiences e.g., best practices for MedRec to avoid physician burnout, provider toolkits, how consumers can interact with physicians (FAQ to ask your physician). Produce 1-3 videos that can be used to promote the experts and work of the MRPC to showcase the above. Updates to the site would be ongoing until 9/30/21

### Development of Deprescribing Standards & Practices

**Goal:** Develop and submit a report of suggested best practices and standards for deprescribing.

**Activity:** Identify recommendations for clinicians, health care organizations, clinical pharmacists, pharmacy systems, policymakers, and the NCPDP. This work should incorporate updates regarding the CancelRx standard and adoption in CT and could be developed into a paper for publication. Final report to be submitted by 9/30/21

### Assessment of the Pros & Cons of an Expanded PDMP Prescription Reporting System for achieving the BPMH

**Goal:** Evaluate the pros and cons of an all-drug PDMP for CT.

**Activity:** This will include an environmental scan and comparative analyses of other all-drug PDMPs, the current capabilities of CT's PDMP infrastructure in terms of its capacity to facilitate medication reconciliation and deprescribing as well as any legislative or legal barriers implications. Consideration about the pros and cons of all-drug PDMP vs another single source of truth for medications as the BPMH should be included. Final assessment to be submitted by 9/30/21