# Medication Reconciliation and Polypharmacy Committee

## Meeting Minutes

| Meeting Date | Meeting Time | Location |
|---|---|---|
| May 27th, 2021 | 2:00 PM EDT | https://urldefense.com/v3/__https://us02web.zoom.us/j/84544069207?pwd=Vmw3UWl3aHZzSjd1Sk1ma2J1UkZ1UT09__;!!N0rdg9Wr!-T7Mt1Xr9HOne7LELcPgvNlYRGjhZDef90Oe78nSR5AONaXH1i5n3vP4WXMMQA$<br><br>Meeting ID: 845 4406 9207<br>Passcode: 739351<br>One tap mobile<br>+16468769923,,84544069207#,,,,*739351# US (New York) |

| Committee Members | | | | | |
|---|---|---|---|---|---|
| p | Nitu Kashyap | | ~~Kate Sacro~~ Resigned from MRPC | **Public Attendees:** | |
| p | Sean Jeffery | | Lesley Bennett | Dr. Susan Israel | |
| p | Alejandro Gonzalez-Restrepo | p | Margherita Giuliano | Nino Laquidarro | |
| | Amy Justice | | Marie Renauer | | |
| | Jeremy Campbell | p | Dr. Valencia Bagby-Young | | |
| p | Diana Mager | | MJ McMullen | | |
| p | Dr. Michael Couturie | p | Nate Rickles | | |
| p | Elizabeth Taylor | p | Patricia Carroll | | |
| P | Jason Gott | | Rachel Petersen | | |
| p | Jennifer Osowiecki | | Rod Marriott | | |
| | Stacy Ward-Charlerie | p | Dr. Shawn Ong | | |
| **Supporting Leadership** | | | x – in person; p – via phone | | |
| | Adrian Texidor, OHS | p | Dr. Tom Agresta, UConn Health | p | Pete Robinson, CedarBridge |
| | Brenda Shipley, OHS | p | Ryan Tran, UConn Health | p | Valencia George, CedarBridge |
| | Jeannina Thompson, OHS | p | Rachel Rusnak, UConn Health | p | Carol Robinson, CedarBridge |

**Agenda Topics**

| | Topic | Responsible Party | Time |
|---|---|---|---|
| | Welcome and Roll Call<br>Agenda was accepted by unanimous consent with none opposed | Nitu Kashyap, Sean Jeffery | 2:00 pm |
| | Sean Jeffrey reviewed 2021 MRPC Meeting Schedule. Sean stated that the timeline for transitioning to in-person meetings is still unknown.<br>Rachel Rusnak completed the roll call.<br>Sean Jeffrey – Review and Approval of April 2021 Meeting Minutes<br>• Nate Rickles motioned to approve.<br>• Jennifer Osowiecki seconded the motion to approve.<br>• No objections were stated. | | |
| | Public Comment | Dr. Susan Israel | 2:05 pm |
| | Dr. Susan Israel provided a summary of the public comment that she submitted, the full text of which can be | | |

viewed at the following URL: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/MRP/MRPC/2021-MRPC-Meetings/5-27-21/Public-Comment_Susan-Israel_05272021.pdf

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| Connie Update | Jenn Searls | 2:07 pm |

- Connie commenced operations on Monday, May 3rd.
- Mandates: Hospitals are to connect to Connie within one year; other providers to connect within two years.
- Quest is the laboratory partner.
- Health IT Advisory Council: Connie provided the HITAC with a demo, the recording of which is to be available on the HITAC website.
- MRPC BPMH Report: Connie, looking to create a use case to operationalize.

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| Next Steps on 2021 Activities | Sean Jeffery/Dr. Agresta | 2:15 PM |

Sean Jeffery shared what was discussed in a meeting with OHS about next steps:

- What is feasible to accomplish between now and the end of September?
- Need to decide on two projects that can work within the timeline and budget.

Dr. Agresta shared his review of the meeting of the OHS.

- Reviews Draft Timeline & Milestones slide created by CedarBridge Group (18:46)
- Carol Robinson gives high level overview of each milestone (20:00)
  - MRPC Activities – Environmental Scan & Discovery slide (23:00)

Breakout room sessions begin; members disperse.

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| BPMH User Interface Requirements Breakout session | Nitu Kashyap | 2:39 PM |

Attendees:

| MRPC Members | MRPC Members | Others |
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| Nitu Kashyap | Marie Renauer | Evan D. (Guest) |
| Alejandro Gonzalez-Restrepo | Mike Couturie | Justin O'Dell (Guest) |
| Diana Mager | Nate Rickles | Siddharth Sinha (Guest) |
| Marghie Giuliano | Pat Carroll | Steven Demurjian (Guest) |
| Shawn Ong | | 1 (717) 645- 0298 (Guest) |
| | | Susan Israel (Guest) |
| | | Tom Agresta (UConn Health) |
| | | Ryan Tran (UConn Health) |

Notes:

- Focus on provider first?
- Mike: Once all information is available, can be augmented for the patient's perspective
  - Leave out dosages?
    - Pat
      - Could be useful for some patients to match

- May titrate their doses
  - Make user sensitive
  - Source of info does not need to be shown to patients
- Why do we need different views?
- What is being done with the list?
  - Source of truth
  - View only
  - Action needs to taken
- Showing all information normalizes information

- Value in looking at a basic view regardless of role
- Different layers
  - May not need to see who prescribed it, the source, where it came from, last prescribed

- Patient could provide list through the app and show providers when asked about med list

- Could display data in more than one way to patients (toggle between them depending on need)
- Have Options
  - Depending on health literacy
  - Paid partnership in maintaining and updating it

- Final Deliverable
- A mix of visual and list of features
  - Part of role is to match to business and functional business requirements we can check off
  - Next iteration should include features not added initially, or limited by technology
- Matrix of BR/FR and feature options
  - Done outside of group
    - Have something they can react to
- Space for responsibility and accountability?
  - Who should change it or who needs to take action?
  - If technology does not support it, leave for next iteration
  - Easy place to start, prescriber is responsible.
    - Cross cover, or single refill
      - Should they be responsible?
      - Technology may not allow it
- 30 vs 90-day prescription supply
  - Can determine adherence, would be good to know
  - Short term or long-term meds
- History or archival data would be appropriate to have
  - Sort by dates/ span
    - Could present too much information
    - Indication or diagnosis code
- Neither are required though for prescribers to have
- Would be nice to separate by them
  - Should system be designed to accommodate this data once it is made available? Future proof solution
  - Individual medication information vs class of drugs

- Prescription earlier available no matter what system is taped into
- Dispensed history

- May not be readily available, need tie into the e-prescribing hub or pharmacy dispense system
  - Future proof for this?
  - May not be available on the first iteration

- Think in terms of group of users and the features that they would need to have access to (what they would need to be able to do)
- Patient, advocate, caregivers
  - Request changes
  - Limit access
  - What meds are visible
- Pharmacist
- Prescribers
  - See all meds
  - Propose changes
- Others?
- Med rec hack-a-thon report
- -user groups

Solutions and wire frames are available

- Mockups to determine implications
- Different devices
- Screen size
- Starting screen with list of meds → medication level data
- Attaching trusted sources of information for more information and linking them to the medications
  - Pharmacist: mircomedic
  - Patients: medline plus
  - Or other relevant medication source.
- Have starting page the same and diverge based on the user.
- Keep track of information, such as twice a day at day and night, or day and bedtime.
- Important to figure out way to involve folks without creating lengthy processes and how to get input best without having to line up the schedules.
- Nate:
  - Split groups based on different stakeholder
    - Compare at the end of how they are different or the same
- Use survey to get feedback?
- How much work will we need to go into this?
- Strive for minimal viable product
- Asynchronous method of getting feedback.
- Use surveys to gather feedback

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| HIE Models for Medication Data Breakout Session | Sean Jeffrey | |

Attendees:

| **MRPC Members** | **Others** |
|---|---|
| Sean Jeffery | Jenn Searls (Guest) |
| Jen Osoweicki | Rachel Rusnak (UConn Health) |
| Elizabeth Taylor | Adrian Texidor (OHS) |
| Valencia Bagby Young | Carol Robinson (CedarBridge) |
| | Pete Robinson (CedarBridge) |
| | Katie McGee (CedarBridge) |

Notes

- It was noted that there is a need to understand role of PDMP in BPMH, who is doing this, how might the approach work

- Jen noted two layers of access: clinical and law enforcement ( the CT PDMP captures all controlled substances, diabetic meds, gabapentin) To add additional meds CT would have to make it mandatory by law.
- Under new interoperability law there are more allowances for access (public health, research, etc.)
- Trying to get to the best possible medication history that clinicians can use.
- Don't want to create further inconsistencies.

- Need to articulate concerns from the ground up, so we consider how others have addressed these issues when we talk to them.

- Identify the reasons why this is a crazy idea (won't fly), so we lay them out up front and can probe how others made it work elsewhere

- Questions: What data sources does the PDMP have? What will make it into the HIE?

- Jen has asked that CedarBridge share an outline/text of the plan. Need an organizational backbone that the committee can explore and comment on

- The group discussed at a high level the outcomes driving towards, noted that the work will be informed by the members of the committee. The cadence is yet to be determined. Cedarbridge will provide documents to react to, will plan to start with challenges and how they were addressed by others. Will develop a list of who we will target, to lay out the landscape. Will establish a cadence for review and revise cycles

- Elizabeth Taylor joined but was experiencing audio issues and was unable to join the discussion
- Valencia Bagby Young joined partway through the session

*1:27:00 *Group returns to the main zoom line to provide recap**

BPMH User Interface session recap: Tackled different user views, leveled functionality, reviewed a rough mockup from Nitu. Positive feedback from Pat around functionality for patient reviews. Groupings based on prescriber, pharmacy, and disease states. Prescribed medication versus dispersed medication. Dr. Agresta states that more details and thoughts will be sent out via email after the meeting to the group. Nate adds talking points around how to structure the work.

HIE Models for Medication Data Exchange session recap: (Sean) Understand how the information flows, looking at models from other states that may offer relevant learnings. CedarBridge added to the conversation by asking the group what it is that we need to obtain to answer the questions. Understand the known concerns and barriers. Wants to open to the entire MRPC group to weigh in. Look into connections with state pharmacies, to conduct outreach and survey work. Carol emphasizes the

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| | importance of policy support and guidance around Health IT plan along with the technology.<br>1:39:56 Sean stated that email communication and engagement will be important moving forward, given the September deadline for MRPC.<br>1:41:02 Rachel checks in on any late attending members to update the roll call.<br>1:50:07 Meeting adjourned. | |