Medication Reconciliation and Polypharmacy Committee
Meeting Notes

OHS CONNECTICUT Office of Health Strategy

Meeting Date	Meeting Time	Location
Thursday, July 22nd, 2021	2:00 pm – 4:00 pm	**Webinar Only** https://us02web.zoom.us/j/84544069207?pwd=Vmw3UWl3aHZzSjd1Sk1ma2J1UkZ1UT09 Meeting ID: 845 4406 9207 Passcode: 739351 Dial In: 1- 646- 876- 9923

X				Nitu Kashyap	
X	Sean Jeffery	X	Margherita Giuliano	Brandon Neiswender, CRISP Maryland	
X	Alejandro Gonzalez-Restrepo	X	Marie Renauer	Irem Sarihan	
	Stacy Ward-Charlerie		MJ McMullen	Christina Polomoff	
X	Diana Mager	X	Nate Rickles	Christine Nguyen-Matos	
X	Elizabeth Taylor	X	Patricia Carroll	Susan Israel	
	Jason Gott		Rachel Petersen		
X	Jennifer Osowiecki	X	Rod Marriott		
	Jeremy Campbell	X	Shawn Ong		
	Dr. Valencia Bagby-Young				
X	Lesley Bennett				
X	Nitu Kashyap	X	Michael Couturie	**Invited Guests:**	

Supporting Leadership		x – in person; p – via phone; e - excused			
p	Adrian Texidor, OHS	p	Tom Agresta, UConn	p	Pete Robinson, CedarBridge
		p	Ryan Tran, UConn	p	Valencia George, CedarBridge

Agenda Topics			
	Topic	**Responsible Party**	**Time**
	Welcome and Roll Call	Nitu Kashyap, Sean Jeffery	2:00 pm
	Agenda • No additions to the agenda were made. • Guest were introduced.		
	Review and Approval of June 2021 Minutes • Sean made a motion to approve the minutes from the June MRPC meeting. None opposed; motion was approved. • Minutes were approved		
	Public Comment • No public comments were made.		
	Poll Group for Meeting Date • The September MRPC meeting, currently scheduled for September 23rd, conflicts with the HITAC meeting. • A doodle pool will be circulated to the committee to determine an alternative date for the presentations and the potential for an in-person meeting to be held.		

<u>Guest Subject Matter Expert</u>

- Brandon Neiswender, COO and Privacy/Security Officer, CRISP Maryland joined to discuss what CRISP is doing with medication history use cases.
- CRISP provides health information exchange services to Maryland, Washington D.C., and West Virginia.
- CRISP is a technology partner for Connie.
- CRISP's offerings include four major components: a provider portal/clinical data repository, a care coordination platform, an analytics solution; and a solution for public health use cases.
- **Sources of Data:** Data lessons learned with Med Rec/Med history in interoperability space. <u>Three sources:</u>
  - Clinical systems (EHR's): standardized data - good for obtaining prescribed medications, but not for medications that are filled/dispensed.
  - Dispensed medication data from pharmacy information systems - feeds into their PDMP (Maryland uses NIC as their PDMP vendor). This is most important for med reconciliation.
  - Claims data, both pre-adjudicated and adjudicated from public and private payors.
- **Use Cases:** Clinical decision support, adverse interactions, medication reconciliation, population health, analytics and research, and clinical trials.
- **Challenges**: Timeliness of the data can be an issue, as well as normalization across the various sources. challenge across several domains, lack of sig data, disparate coding standards in the EHRs (RxNorm, etc.). These problems are expensive to solve: interoperability with the various EHRs vendors, infrastructure costs, normalizing large swaths of diverse data – there needs to be a solid sustainability model.
- QUESTIONS from committee members:
  - Business and functional requirements for BPMH history? Connie is working to getting these conversations started but we are not there yet. Jenn Searles will be looking at the recommendations for advice.
  - What EMR vendors does Maryland have in the system? Working with large EHRs vendors: Epic, Cerner, NextGen, eClinicalWorks, Athena Health, etc. This was done in Maryland via a grant. This is a heavy lift. The national network frameworks will be helpful in this area. eHealth Exchange, Carequality, CARE every- where, and CommonWell.
  - Do you work with pharmacy systems – chain or independent? NIC won the PDMP award. All Schedule 2 through 5 controlled substances are submitted to the PDMP and to the HIE platform. There's a mandate in Maryland for all the data to be sent to the HIE, and a mandate for all users either providing or dispensing providers to be credentialed through the HIE. The HIE has 65,000 users.
  - Can you explain how the data is displayed? Maryland combines clinical data sets from EHR's, or by taking claims data via a widget. The HIE is displayed "in context" within EHR workflows.
  - Build upon the de-duplicated, normalized data set that CRISP/Connie will present.
  - Who should we pull together to get data from independent pharmacies? Pharmacy systems integrate with the PDMP, or with Surescripts. Leverage existing infrastructure where possible. Make sure to understand the challenges faced by independent pharmacies. Small pharmacies don't have lots of support. Compounded medications are difficult.
  - Summary by Nitu Kashyap: Do not let perfect be the enemy of the good – prioritize certain information systems; others will take much more effort. Easy access improves utilization.
  - Patient Representatives Pat Carroll asked how to integrate patient input so patients can see what is in the HIE; confirm the data is accurate? This is difficult: Patient access is new to CRISP. They are working on a portal for Health Information Management.
  - A concern was raised about the multiple sources of data added to the HIE, and that outdated data can cause fidelity issues. A strategy for patient access to Connie is being developed. Jenn Searls stated that a Legislative mandate for the development of the HIE includes a mandate for patients to be able to access and manage their own data in the HIE. A Patient Access Taskforce has been created to address these issues.

- • MRCP Committee requested to see the Maryland CRISP system.

BPMH User Interface Requirements Update

- • The group is working on what the interface for medication reconciliation.
- • The project timeline was reviewed. Dr. Agresta explained that there is funding for the team to do mockups for patients and or providers using a wire framing tool.
- • Focus groups are being conducted and MRCP members will be invited. The findings from the focus groups will be included in the report.
  - • This will show how the users want the data to be displayed, and how they want to interact with it.
- • Christina Polomoff – School of Pharmacy. Reviewed the types of meetings: in person, virtual and asynchronous focus groups:
  - • Identified Participations: Clinicals, Patients, MRPC members
  - • Review of the agenda and the list of questions for the participants
  - • Initial Feedback to date: Increase accessibility of the tool, by simple language tools, additional visuals, customized notification,
  - • Increase medication list – need additional sources of data, interoperable within healthcare system, expand patient health care history, ehrs synchronization.
  - • Key lessons learned: examples are in the planning phase, make iPads available. Virtual focus group works well; empower ownership of the patient data.
  - • Feedback Analysis/Quantitative Analysis: Define major themes and comments, compile the feedback, catalogue user requirements. This will be included as an appendix to the final report, a draft of which will be completed in early September.
- • Dr. Agresta's team will be reaching out to the MRPC committee members for inclusion in focus groups. They have also prepared a website for online self-review and reporting.

HIE/PDMP Environmental Scan Update

- • Update on the environmental scan report that will be drafted in early to mid-September.
- • Tangential use cases include population health and research/clinical trials.
- • A review of prospective key informants, including HIE's, PDMP programs, vendors, government agencies, and payors
- • Pharmacies/Associations – are there any volunteers to make a warm handoff? If anyone has these connections, please let Pete Robinson or the Co-Chairs know.
  - • Did we miss the opportunity to connect with EMR vendors –Epic, Cerner, Athena Health, etc.?
- • The plan is to wrap up the key informant interviews by the end of August
- • Initial literature review, including peer reviewed and grey literature, targeted for the August meeting
- • Lots of conversation with a strong period of work. We do not have a magic number of people that we are trying to interview. As many as possible, working around summer vacations. The important thing is to make sure there is adequate representation from each stakeholder group.
- • Email for connections and "warm handoff" introductions by committee members would be helpful and appreciated.

Announcements & Updates

- • No announcements

<u>Adjournment</u>
- Motion to Adjourn by Rod Marriott and second by Diana Mager.