Medication Reconciliation and Polypharmacy Committee
Meeting Notes

Meeting Date	Meeting Time	Location
Thursday, August 26, 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

Committee Members					
x	Nitu Kashyap	x	Michael Couturie	**Guests:**	
x	Sean Jeffery		Margherita Giuliano	Susan Israel public	
x	Alejandro Gonzalez-Restrepo		Marie Renauer	Heidi Wilson public	
	Stacy Ward-Charlerie		MJ McMullen	Irem Sarihan guest	
	Diana Mager	x	Nate Rickles		
x	Elizabeth Taylor	x	Patricia Carroll	Jenn Searls	
	Jason Gott		Rachel Petersen	Steven Demurjiam	
x	Jennifer Osowiecki	x	Rod Marriott	Evan D.	
	Jeremy Campbell	x	Shawn Ong	Christine N	
x	Dr. Valencia Bagby-Young			Lesley Bennett	
x	Lesley Bennett				

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

	Review and Approval of July 2021 Minutes
	  • Sean made a motion to approve the minutes from the July MRPC meeting. None opposed; motion was approved.
	  • Minutes were approved.

	Public Comment • No public comments were made.
	Housekeeping: September MRPC meeting • The September MRPC meeting, currently scheduled for September 23rd, conflicts with the HITAC meeting. A new meeting date will be discussed at the end of the meeting.

BPMH User Interface Requirement Update

- Tom reminded the group that over the last several months his team was gathering feedback on what a user interface on what a BPMH interaction might be like, from both the patient and the provider perspective. He then showed a timeline representation of our status.
- Several streams of works happening simultaneously. Computer science research funded through UConn that developed a Wireframe displays. The UConn School of Pharmacy with residence and Christine P. running focus groups and gathering feedback. Also, the Health Disparities Institute and planning of the focus group questions. All of this will be part of the final analysis.
- Currently have done la large number of interviews and we are gathering and analyzing that feedback.
- Focus Group Updates - 33 stakeholder 12 clinician focus groups; 6 MRPC members; 15 in person patient interviews; and 15 patients that did online process and provided feedback. Amazing amount of feedback in the short timeframe. Lots of qualitative feedback.
- Currently outlining the report and provide to others what the team learned from this process and any further testing or evaluation.
- Themes that stood out – how the interface could be optimized by class of user. Safety considerations and comments. Data requirements based on user. Applicability. Existing gaps in self-care. Value proposition. Lots more details and more quotes will be presented in the report. Also, will have screen shots to go along with the report.
- Shawn Ong : Clarification not a Yale location strictly just CSHHH location. Thanks to others that help to arrange several interviews at various locations.
- Observer noted that it was a challenge for some to think of how this might be applicable outside of their EHR. They had to think of use cases outside of Epic.
- Observation: Is this another standalone thing; can this be easily accessed? Good comments and grateful that people could participate.
- It might be a little too late to participate at this time. The analysis is underway. If you are an MRPC committee member and want to participate reach out to Tom directly but the time is short.

HIE/PDMP Environmental Scan Update

- Pete provided progress on our environmental data sources and corresponding use cases. We completed 8 HIE interviews; 4 PDMPs, 4 Technology vendors and 5 Associations and Gov Agencies.
- Good representation of the domains that we targeted for this work. This was very good given the time of year and the tight timeline.
- Findings for Data Source: Pharmacies, vendors/data brokers/ payors, providers/EHR systems, Pharmacy benefits managers, Patient-reported
- Findings for Use Cases: Medication reconciliation, Medication history ("low fidelity"), Chronic disease management; population health, analytics, risk stratification.
- Findings for Technology and Policy domains: NDC, RxNorm, SNOMED CT, ASAP, ICD-10, HL7
- Lots of standards -- there are many challenges out there for interoperability. Nitu commented that the problem with standards is there are too many.
- Themes we heard is Industry needs leadership from policymakers to mandate "standards standards" because the industry will not come to the standard(s) on their own.
- Data interoperability needs to have a business model and or regulatory driver to sustain the standards.
  - o Jennifer Osowiecki from the committee commented: While there may be too many standards, using legislation to adopt a single standard can be just as concerning because it can (1) stifle innovation that might be more flexible, user friendly and cost efficient; and (2) it often creates "unfunded mandates" on the healthcare providers that have to implement the mandated technology/standards (unless funding is going to come from the agency/governmental authority mandating the technology/standard - which is unlikely). Unfunded mandates tend to take money away from actual healthcare and move it to ancillary items such as technology.
  - o The committee agreed that standards are good but agreed with Jennifer's comment and that the many standards are not fully developed. We need to walk the fine line and the committee does not

- have a recommendation for what it should be.
  - CBG will not be providing recommendations but rather informing the group on findings that were discovered. This is also true on the policy and regulations prescriptive as well.
  - Did CBG get info on what standards were used in what settings and at what rate? The association that shared this perspective believes that the standard would move to RxNorm.
- Case study for the white paper – Pharm2Pharm with the Hawaii HIE. A CIMM grant reviewed the working of hospital and community pharmacist to decrease the medication-related rehospitalization rates. --- CBG is working to discuss with one of the CEOs at one of the MCOs to see how it is working 8 years later.
- Lots of work and the runway is short the Pharm2Pharm very interesting. The themes Nitu heard in the calls she attended where organizations still talking about the data feeds, and we want to move beyond the data collection and into the better use of the data.
  - Themes – more and better data feeds – local project at Yale clinical for CEF patient for med rec to reduce readmit. Opportunities. The work of this in CT several years ago.
- VA – Did we reach out to them as part of the project? Sean will provide a contract. When someone is discharged at the VA they have the meds to the beds model, and they might have outcomes on this that might be interesting. CBG will circle back with Sean for the contact.
- Pete presented the draft of the white paper, and the general areas was just highlighted. Regulatory and Policy implication is still be completed.
  - Regulatory and Policy Implications – this is very broad and will show how these will all interlink.

Final Report Outline

- Overview of final report. The executive summary is an overview of the whole process and the committee accomplishments. The update will be progress from the last HITAC report. This report will go the OHS for approval and then be submitted to HITAC.
- Versions of the report will be shared, and the committee will be asked for feedback on the overall report not specific edits. We appreciate your quick response.
- Some of you have been asked to assist with certain sections of the report. Thank you to those who are helping. If you would like to assist, please let the co-chairs know.
- Jenn said thank you for all the work of the MRPC committee and the valuable contribution that they have made to Connie going forward.
-

Announcements & Updates

- Our legacy is the work we submit now and the contributions to Connie. Thanks to all the committee and the OHS and CBG.
- A motion to move the meeting was made and approved. **The reschedule meeting will be Monday September 20th at 2-4pm.**

Adjournment

- Motion to adjourn by Rod Marriott and second by Diana Mager.

Medication Reconciliation and Polypharmacy Committee
Meeting Notes