Medication Reconciliation and Polypharmacy Committee

Meeting Notes

Meeting Date	Meeting Time	Location
Thursday, September 20, 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	x	Margherita Giuliano	Susan Israel public	
x	Alejandro Gonzalez-Restrepo		Marie Renauer	Heidi Wilson public	
	Stacy Ward-Charlerie		MJ McMullen	Jenn Searls	
	Diana Mager	x	Nate Rickles		
	Elizabeth Taylor	x	Patricia Carroll		
x	Jason Gott		Rachel Petersen		
x	Jennifer Osowiecki	x	Rod Marriott		
	Jeremy Campbell	x	Shawn Ong		
x	Dr. Valencia Bagby-Young				
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
	<u>Welcome</u> • Welcome to our last meeting. This is our final gathering. Today we will be gathering feedback on the reports and wrapping up with a nice bow. This report will then be sent to HITAC and Connie.		
	<u>Review and Approval of August 2021 Minutes</u> • Sean made a motion to approve the minutes from the August MRPC meeting. A motion to accept by Nate and a second by Leslie. None opposed; motion was approved. • Minutes were approved.		
	<u>Public Comment</u> • No public comments were made.		

	<u>Connie Update</u>
	• Connie provided updates on their onboarding status and their Use Case progress.
	  ○ 66 organizations are contributing data including empanelment data, ADT, Lab and CCD. This represents a 70% increase in the last month.
	  ○ 14 live feeds from LabCorp. 90 pending
	  ○ 164 organizations have legally signed agreements: 20% increase from last month.
	  ○ 26 new sites showing interest.
	• Use cases and Services –		

- Work this year included: Encounter and notification (project notify from Medicaid) Next year they plan to expand beyond the Medicaid population. Completed opt-out consent project (2000 pp opted out). Sign-on to clinical use case data sharing project. And connection to the PDMP from Connie. All four of these services are almost complete.
- Next year Use Cases include Image exchange; eReferral; Provider Directory access (BPMH); Advance Director and PH use case on Immunization. Seven use case are being worked on to provide a robust set of services available to providers.
- Note: We are seeing smaller orgs signing on as well as the larger orgs.

- Sean and Nitu talked to operational advisory committee at Connie and are excited at what will happen in the coming year.

BPMH User Interface Requirement Update

Dr. Christina Polomoff presented the BPMH User interface requirement report. She recognizes support from the students who helped gather the data from the participants and pulling it together.

Breakdown of Participants -- 70 in total

- Clinicals 34 in-person or virtually; 6 MRPC members via WebEx; 30 Patients split in-person and survey.
- Breakdown of the types of clinicians interviewed was provided.

Major Themes:

- Existing Gaps, User interface Optimization, Safety Considerations, Data , Best Use Consideration, Value Proposition

Key Points: Positive feedback overall.

- Gaps: challenging to perform med rec due to gaps in data
- User Interface Optimization: largest area of feedback
  - Wireframe were mockup put helped to visualize the process, filter medication in various ways. Enhance visualization.
- Safety Considerations:
  - Providers and patients had concern regarding pt. autonomy over prescription meds; pts should be able to add comments on all meds but modify only OTC; alert fatigue for clinicians; simplify language.
- Data:
  - Incorporate data from all sources
- Best Use Considerations
  - Valuable for health systems, pharma's, etc.
- Value Proposition
  - Improve pt. care across healthcare landscape; possible use in pop health to close gaps in care
- Limitation - - convenience sample; "findings may not be generalizable but are still very useful."

Recommendation

- Visualization- Engage graphic designer and health literacy experts
- Data Privacy – Engage data security and encryptions experts
- Patient Autonomy – Allow pt. comment to any meds
- Data Provenance – Data from disparate source both discrete and non-discrete
- Interoperability – Seamless integration with EHRs; compare commercial med data bases
- Platform Expansion – sync refill/renewal request; confidence scores; explore ordering/pending RX and cancelling a RX through Cancel RX…

Nitu commented on the thoroughness of the report and the number of people that were interviewed. She thanked those from the MRPC who were engaged either as interviewees or who helped set up interviews.

Comments:

Questions: Lesley Bennett - the patients that you interviewed, how many had chronic illnesses and used several medications. Answer: They was a diverse population. Several had chronic illnesses and were on several medications. Medicare and Medicaid population.

Question: Did you interview any of the disease specific pt. advocacy groups like the American Cancer Society, Heart Association, Liver Foundation, etc. Answer: No. Only patients for primary care sites. This is a problem for me. I represent the rare disease community. Patients working with these groups have the most up to date information on medications. We want more than a recommendation that patients not be allowed to change a prescribed medication. We want something more proactive than just a comment. We see specialist with med list not up to date. Providers have limited training on pharmacology, and often mis drug reactions. Currently, due to liability, providers are loathed to report drug reactions.

Response: Need to balance what we are data is showing and then tailored with the unique needs that you are presenting. First pull the info together and then operationalize it with the nuanced items you are talking about.

Concern – This is a small population of people, and it did not include any of the advocacy groups as a reliable resource. The patient voice is not heard, and this must be heard.

Response – This was a lot of work in a very small amount of time.

Response – Feedback from a small subset of patient and providers did not want a patient list to change by patient themselves but thought it best this should be done with the patient and provider next to each other. Comments from the committee for the future work is to ensure that the specialty groups get involved. This needs to be framed in our report. If you can provide feedback that would be helpful. We will also note that patient organizations were not included in this round of data. This can be added to the limitation section as an oversight.

Final Report Key Recommendations

Tom Agresta presented the overall findings from the report. These included:

- Continued support for Connie to develop BPMH,
- Use the final report as a resource to inform future work,
- Ardent attention to patient needs and desires,
- Looked at what other States are doing,
- Remain informed about work in other states and technological advances.

The feedback will go to OHS and then to HITAC and Connie. Feedback timeline:

- Draft report went out on Friday. It will be one document. Comments need to be submitted no later than Wednesday 9/22/21 at noon please to Ryan Tran and Tom Agresta.
- Nate did a section on ROI. This will be sent out to the group after the meeting today.
- Question: Are there specific sections where you need assistance or want committee members to focus on for the review? Answer The best assistance is if you can look at: a) The work the committee accomplished and verify that important items were not missed. b) Key recommendation of where this report is going, what the State should consider, policy recommendations, etc. c) Anything operational that can help the Connie team over the next 6-9 months. Also, if you have a quote that would be very helpful.

Comment: (*Marg Giuliano*) Med Rec is more than BPMH – that was our starting point, and we were using many sources to get that list. Would policies going forward include who is doing the med reconciliation and the accountability factor. How is it documented and by whom? Should this be comments to go into this report or is this for further down the road?

Response: Some are policy are and some are operation like med rec in an organization. Examples in RIO or in Pete's section where it includes people plus technology. Where both recommendations can be made.

Discerning when a standard process can be used is a valuable suggestion.
Finalization Process – Collection of comments by admin team; discuss suggestion with co-chairs; incorporate changes; submit to OHS for review; deliver to HITAC for October approval. When delivered to HITAC it will be sent to Connie.

HIE/PDMP Environmental Scan Report
Pete Robinson did the presentation of the finding from the Environmental Scan. Thank you for your comments.
Potential Sources for Medication Data

- Pharmacies, medication data vendors, vendors, providers, PBMs, patients

Potential Use Cases for Medication Data

- Medication Reconciliation, Med History, Chronic Disease Management, Pop Health/Analytics

Interviewed 7 HIEs, 4 PDMPs, Gov Agencies, Tech Vendors, and SMEs . Also did a literature review both peer and grey literature sources.
MIHIN Study information for their HIT planning – sometimes a query and retrieve model makes the most sense and sometimes the push base model can provide value. MI has a statewide provide directory and attribution data and pushes medication information based on admit, discharge and transfer trigger events.
Standards and Terminologies Use Case Implications
Interview Shelly Sipra part of the standard development community. She reports that RxNorm is the standard designed for longitudinal medication history in terms of normalization across disparate data sources. That is the standard that the policy drivers need to move toward.
PDMP Program Administration

- Map shows where the various state PDMPs stand now. You will note that there is a lot of variation and need to take this into account when we discuss expanding the use cases.
- We did a case study highlighting Nebraska which is currently the only state in which the PDMP includes all prescribed drugs, although several other states are looking into this option. The intention is to support a broader set of use cases for decision support beyond meds that are DEA controlled.
- Key finding in NE included strong data governance and legislative safeguards for security and patient privacy in addition to the technical safeguards had to be addressed in order to obtain the buy in they needed concern that were raised during the legislative process.
- That is the summary of our report at the 10k overview level. Pete asked for comments or questions. Sean thanked the CBG team. The interviews were interesting and had good perspective. He looks forward to the report.

Closing Remarks: Reports and Timeline:
Tom stated this was a fun group to work with and sorry it had to end during the pandemic. It would have been nice to celebrate together. The work of this group will impact people's health. Thank you for your time, your service, your thoughts, your research. Nitu echoed the comments and stated the group has been meeting month to month on there on time and it is appreciated. In our conversations across the country, there is not a similar example of a group like this. We should be very proud.

Sean returned to point of order to get a motion to send the report to HITAC after the edits has been completed by co-chairs . Leslie made the motion and Valencia seconded the motion. No one opposed.

Sean commented that the committee had been at this work for several years. We brought together a talented team to focus on med rec and poly pharmacy. This work is both locally and nationally recognized. The solution is not a one size fits all solutions and lot of work is still to come. We should all be proud of the accomplishments. Continue to advocate and please hold us accountable. Thank you for your contributions.

Nate on behalf of the group an incredible thank you to the co-chairs, Tom, CBG, OHS and a whole team of people

	who shepherds us along and helped us through the process. Many thanks. Asked that we make the recommendations CLEAN ACTION STEPS. Sean asked the group again for feedback and comments. That is the best help you can give now. The best vision comes from you.	
	<u>Adjournment</u> • Nate made a motion to adjourn, and Leslie seconded it. All those in favor. No one opposed. • Farewell. The MRPC has now officially adjourned.	