Medication Reconciliation & Polypharmacy Committee Regular Meeting

September 20, 2021

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

Welcome and Roll Call	**Nitu Kashyap, Sean Jeffery**	**2:00 PM**
Review & Approval of August 2021 Minutes	All	2:10 PM
Public Comment	Public	2:15 PM
Final Report	Tom	2:20 PM
BPMH User Interface Requirement Update	UConn Health	2:40 PM
HIE/PDMP Environmental Scan Update	CedarBridge Group	3:00 PM
Questions and Comments	All	3:20 PM
Vote: Final report approval with input with Co-Chair input	All	3:35 PM
Closing Remarks and Thanks	Nitu Kashyap, Sean Jeffery, others	3:40 PM
Meeting Adjournment	All	4:00 PM

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Welcome and Roll Call

Nitu Kashyap, Sean Jeffery

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Roll Call

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

Review and Approval of:

August 2021 Meeting Minutes

Motion to approve? Second?

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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.

Update: Connie

Jenn Searls

BPMH User Interface Requirements Report

Christina Polomoff

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Participant Breakdown

Type of Participant (n=70)	Number	%
Clinicians	34	49%
MRPC Members	6	9%
Patients (in-person)	15	21%
Patients (survey)	15	21%

Type of Clinician (n=34)	Number	%
Physicians	6	17.6%
Medical Residents	13	38%
Pharmacists	4	12.5%
Home Care Nurses	5	14.7%
Primary Care Nurses	2	5.8%
Nurse Care Managers	2	5.8%
Medical Students	1	2.9%
Medical Assistants	1	2.9%

Themes and sub-themes:

- Existing Gaps
- User Interface Optimization
  - Features
  - Visual Appearance
- Safety Considerations
  - Potential Hazards
  - Workflow Considerations
  - Patient Control
  - Patient Safety
- Data
- Best Use Considerations
- Value Proposition

Key Points

- **Existing Gaps**
  - Challenging to accurately perform med rec given gaps in data

- **User Interface Optimization**:
  - Simplify collaboration code process
  - Add menu button of options on home screen
  - Allow filtering of medications in different ways
  - Optimize the Medication History calendar by enabling reminder alerts
  - Adjust font size and color
  - Add pictures of medications

Key Points (cont'd)

- **Safety Considerations:**
  - Concerns regarding patient autonomy over prescription medications
  - Patients should be able to add comments on *all* medications, but modify only OTC meds
  - Concerns regarding alert fatigue for clinicians
  - Simplify the language

- **Data**:
  - Seamlessly incorporate data from many sources
  - Clinicians felt this should be integrated into their EHR

Key Points (cont'd)

- **Best Use Considerations**:
  - Could be valuable for health systems, pharmacies, and health plans.
  - Patients felt this could facilitate bidirectional communication with their providers, and enhance autonomy.

- **Value Proposition**:
  - Could improve patient care across the healthcare landscape
  - Could use in population health to close gaps in care and improve plans' star ratings.

Limitations

- 15 of the participants responded via online survey (vs. in-person or live video session)
- Convenience sample, findings may not be generalizable

Recommendations

- **Visualization**
  - Engage graphic designers and health literacy experts
- **Data Privacy**
  - Industry-standard approaches to data security, encryption and log-in
- **Patient Autonomy**
  - Allow patient comments to any medication
- **Data Provenance**
  - Data from disparate sources, both discrete and non-discrete
- **Interoperability**
  - Ensure seamless integrations with EHR and other platforms
  - Compare commercially available medication data bases
- **Platform Expansion**
  - Sync refill/renewal requests with pharmacies
  - Show confidence score
  - Explore ordering/pending Rx, and canceling a Rx through CancelRx
  - Speak with health plans regarding implications on quality measures

MRPC Final Report

Key Recommendations

- 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
- Remain informed about work in other states and technological advances

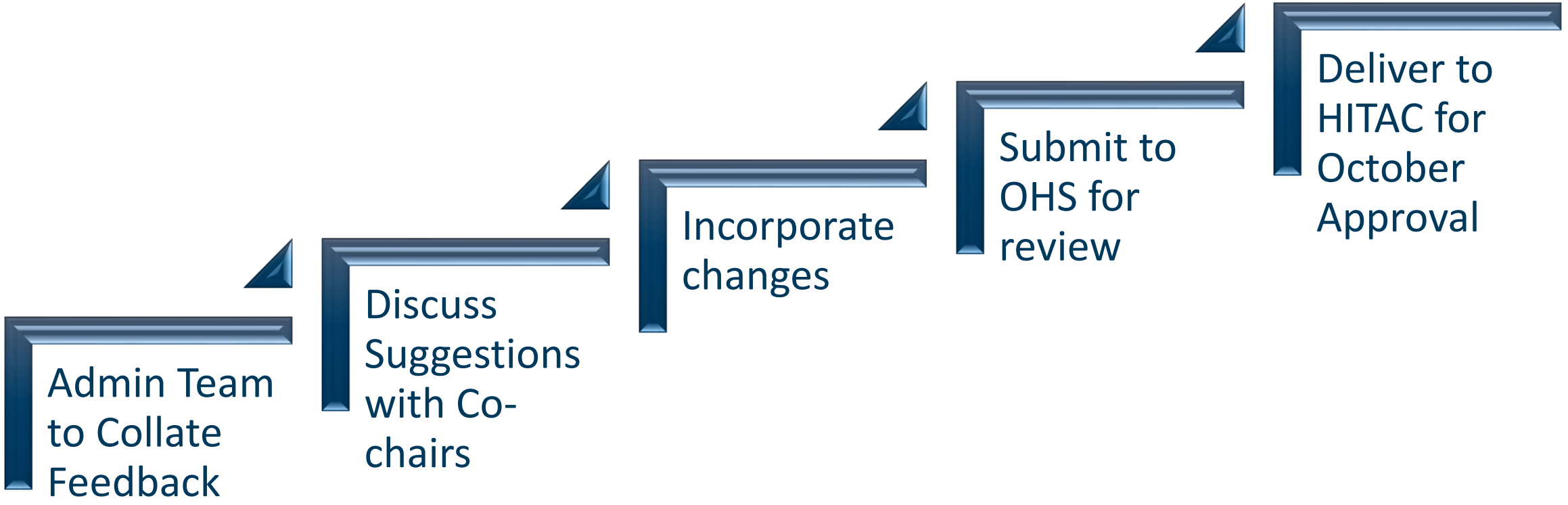
Provide Feedback

- Submit changes/suggestions in table format

Page Number	Section/ sub-section	Comment
14	Accomplishments	……

- Due to Co-Chairs by September ___

Finalization Process



Medication Data Sources and Use Cases: Environmental Scan

CedarBridge Group

Potential Sources for Medication Data

- Pharmacies
- Medication Data Vendors
- Payors
- Providers
- Pharmacy Benefits Managers (PBMs)
- Patients

Potential Use Cases for Medication Data

- Medication Reconciliation
- Medication History
- Chronic Disease Management
- Population Health / Analytics

Use Case Example: Michigan Health Information Network (MiHIN):

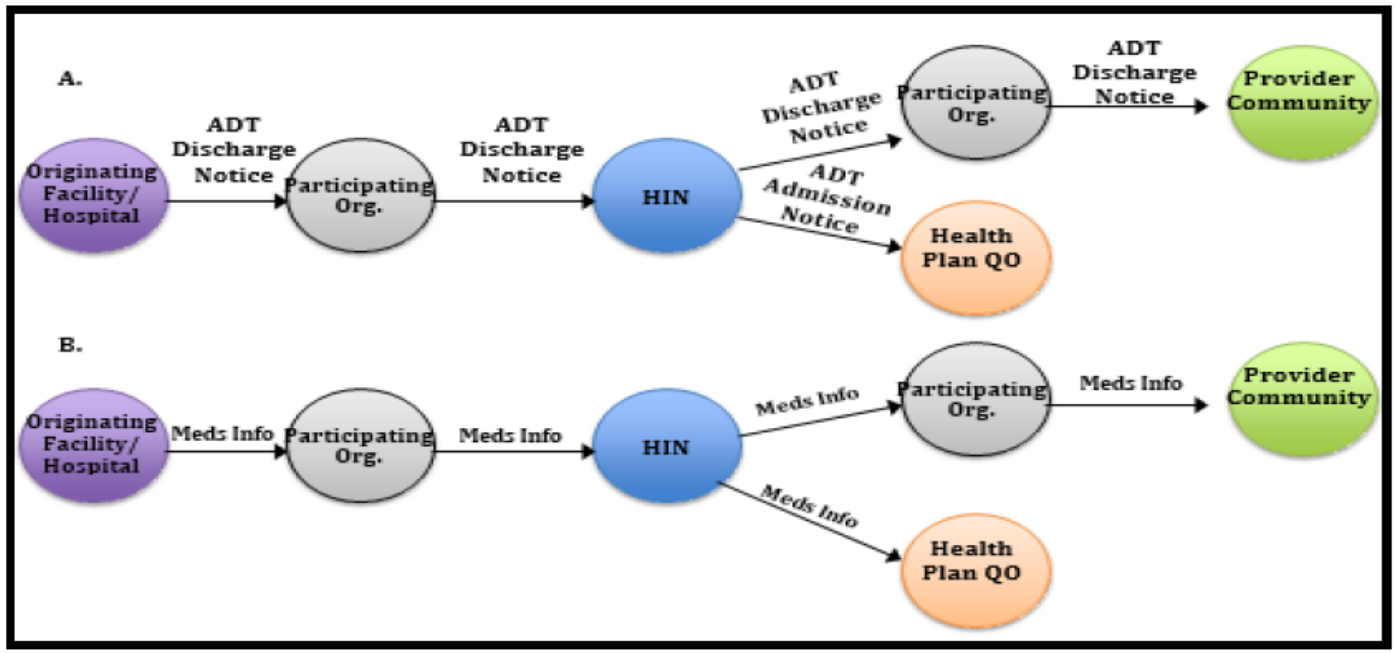


Figure 1. Data Flow for Discharge Medication Reconciliation

A. A discharge notification for the patient is sent from the originating facility/hospital to the providers in an active care relationship with the patient and the health plan(s) via the statewide ADT notification service.
B. Information containing medication reconciliation for the patient is sent at the time of discharge from the originating hospital/facility to the providers in an active care relationship with the patient and to the health plan(s) via Medication Reconciliation.

Source: https://mihin.org/wp-content/uploads/2019/03/MiHIN-UCS-Discharge-Medication-Reconciliation-v17-03-06-19.pdf

Standards & Terminologies: Use Case Implications

Policy-makers should collaborate with industry and subject-matter experts to inform which standards are selected for incentivization to promote broad adoption.

Standards should be evaluated based on suitability for prioritized use cases.

RxNorm	
Overview: The National Library of Medicine (NLM) produces RxNorm. RxNorm is two things[11]: • A normalized naming system for generic and branded drugs; • A tool for supporting semantic interoperation between drug terminologies and pharmacy knowledge base systems. RxNorm: • Represents drugs from prescribers' point of view • Ingredient + Strength + Dose Form (e.g., Warfarin Sodium 1 MG Oral Tablet) • Derived from other commonly-used public and private drug terminologies, including FDA structured product labeling (SPL) • Does not contain drug classes, indications, adverse events, drug-drug interactions[12]	*Implications for Use Case(s):* RxNorm is intended to standardize medications by normalizing disparate standards. It was reported that RxNorm is currently the ideal standard for a comprehensive medication list intended to be used by prescribers.

*11-https://www.nlm.nih.gov/research/umls/rxnorm/overview.html
*12-https://ncvhs.hhs.gov/wp-content/uploads/2017/06/Day1-Humphreys-SNM-LOINC-RXN-002.pdf

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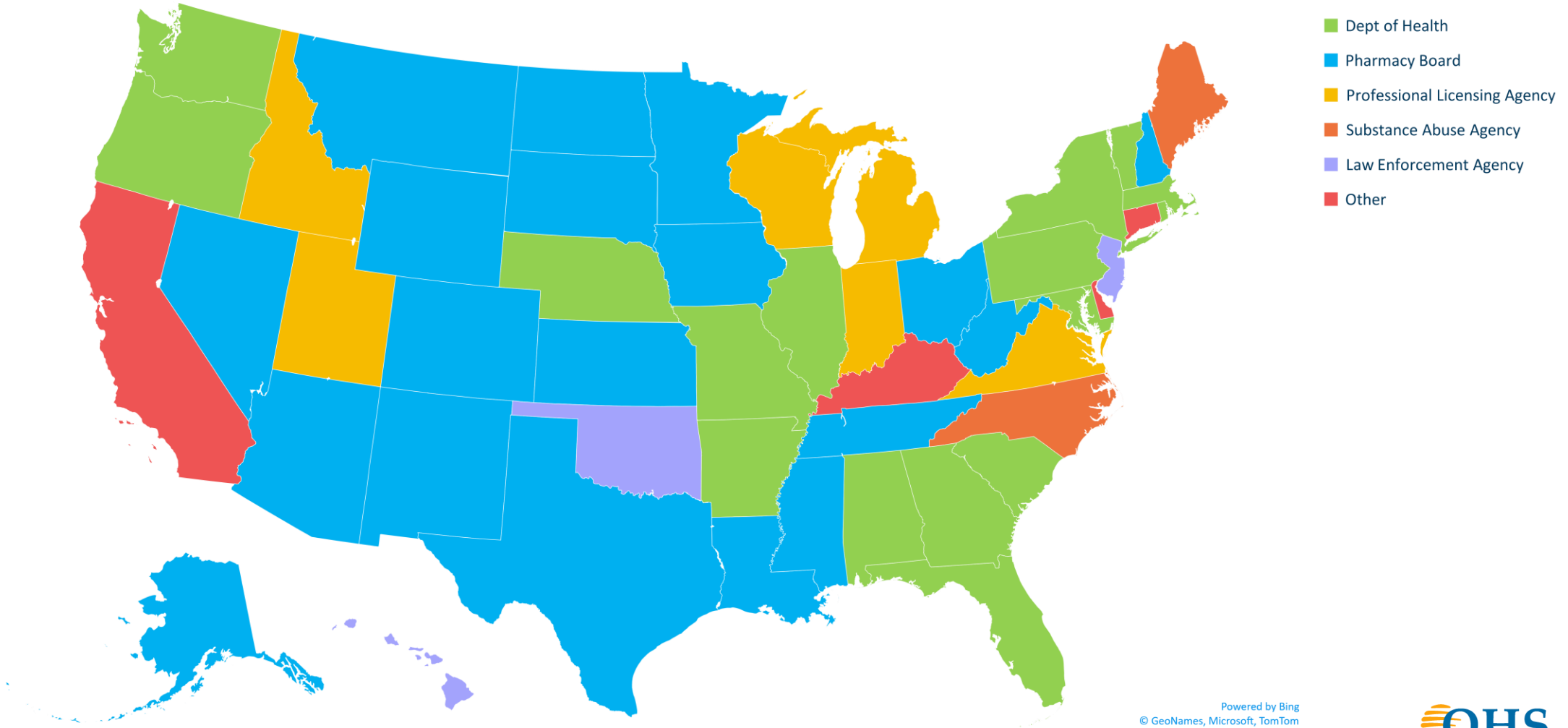
PDMP Program Administration by State:



Source :https://www.pdmpassist.org/

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Question and Comments

Closing Remarks

and

Thank you

Official Adjournment

Motion to adjourn? Second?