DA Brainstorm

Tuesday, April 6, 2021

9:02 AM

**Attendees**: Michael Bavasso, Ashish Joshi, Mike Fritz, Dan Benner, Seun Mafi, Jason Zhang.

**Michael:** What this does as a product is that many of our customers that have multiple prescription. They get a package of their prescriptions. "*Take these two pill in the morning, one in the afternoon etc*." Basically, for those who need long term packaging. That's mostly the program. What our team will be looking at is from an IT perspective.

One of the ways your team can help is Capacity Planning. Before it had so many customers (Multiple Dose) but with the new one, it will have more enrollment. So basically, from like a 50 million participants to about 100 million. So for capacity planning, not sure if you have worked on this before?

Jason: No we haven't work on something like this before.

**Michael**: So is there a plan? Have you designated something in the past. The system is still in a pilot form now. They only have about 10% but plan on growing in the next few month. Our goal is to see what they have here, and see what type of evidence. Do they have automatic fail space? If a server goes out, does another kick in? To verify to see if they have the information they need. So the system does not bottom out while in use.

**Jason**: So is one of the system for CVS and the other system for the patient?

**Michael**: The old system was done by the user group but the new system is supposed to be End to End. The enhancement will include the automation of patients etc. We don’t need to sit with a customer rep etc. So if it is automated, one the customer enrolls themselves and prove what they need. The shipping happened automatically. They don’t need a customer rep to ship package for them. So less customer service reps involved means less manual processing.

**Jason**: So for IT, you are looking into IT related. Looking at the risk. You are looking at operation? Sometimes IT is good, sometimes Operation is good. But when combined, there could be a problem.

So prescriptions that needs special control, there should be some special P.O. drop. How can you validate those drops for higher risk factors, patients will need to call in the doctor to confirm.

**Mike Fritz**: Is this going to be distributed automatically?

**Mike Fritz**: I will go a step further. Another thing to look into (Operational). There has to be a way to keep track of the dosage. Even the combination of drugs can be complicated and need to be validated.

**Jason**: How do you validate the prescription? Someone can use photoshop to change prescription and have a fake one not coming from the Doctor.

(**Mike Fitz**: even the doctor, is there a way to validate them so they know the prescription requested) because a patient can be seeing multiple doctors at a time?)

**Michael**: With you bringing this up, we will be meeting with one of the teams tomorrow to present these questions to them.

**Jason**: In the past, someone used a fake account. So how can we validate an account and avoid a fake account. Say 2 or 3 accounts. For this program, we need to think about how we control these accounts and avoid this.

**Michael**: We will bring up these questions to the business tomorrow. We also touched on capacity planning. One place your team is good at is addressing servers being used and address accountability. What does your team recommend?

**Fritz**: We get a one x file that addresses.

**Michael**: I know this is an oracle platform. But there is probably some form of UNIX used for storage.

Fritz: In the past, we have done some commission testing. It seems similar testing to this audit, I think we can help you.

**Michael**: We like to keep your team involved, so we can address this. Especially with the number of folk working on this project. We can do some user/commission testing.

**Fritz**: I think this one is pretty straight forward.

**Michael**: Do you want to assign someone to this, or have us send directly to you guys for requests.

**Jason**: The request can come to US (Jason and Fritz). And if anything, we can loop **Komrad** in as well.

**Michael:** The next objective area is Change Management. From your experience. Starting with something from the business and working through it with the business. Updates are tested before moving it into production.

**Michael**: They currently use Service Now for changes into production. In the past has your team participated in any change management activity?

**Jason**: IT now is a common system we use.

**Michael**: Whatever we come up with, we will present with your team.

**Jason**: When we have more data, we can request more assets and can then look into it.

**Michael**: We will have some data and pull in. Next piece is data integrity. To see the data sent out is balanced and accurate. We also looking at monitoring with data integrity. If something goes wrong. Is there a communication protocol?

**Jason**: Is this links with systems or individual.

**Michael**: I believe RxConnect or at least two or three system that are upstream or downstream.

**Jason**: So this is able to make members do enrollment? Can someone order prescription online?

**Michael**: To our knowledge, we only had one conversation. We are looking into the architecture design which we can share with you.

What we will do after this call, we will send the architecture diagram. There are some down steams integrated. One of which is RxConnect.

Other areas of risk include application processing. We want to validate that there are controls around the jobs. Modified and changed appropriately.

Also, Application Resiliency. See if data is backed up? Is it part of a DCP process? Are backed up configured? Are there back up failures being address. Who is minding the store while all this is taking place. Where your team can help…if there are some backup files and we match to server. How accurate are they? Your expertise in DA may be able to make that connection and see if data is validated. We may go there if that’s something your team will be willing to take on.

**Jason**: Say, we get some lawsuit from a customer. And need data from a couple years. Are we able to provide these data on how security stores data and how long they can keep it?

**Michael**: We can probably match it against the data retention policy. It’s a corporate level policy on how long they can keep data. So if its HIPPA, it has to be maintained at least 7 years, if its legal, it has to be kept at least 10 years. If its finance and regulatory, 10 years. If its contract and regulatory, it can vary. Another planned sponsor can say 10 years, others can say 20 years, so by contract asides from regulatory. When we look at the data retention policy, we can know the answer to this question.

**Jason**: Great. Looking forward to working with you guys.

**Michael**: Thanks for joining us, we will follow up and send you the architectural design and get you a bigger picture of what is taking place.

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