

Q&A

To Deprescribe or Not to Deprescribe The Role of Health IT in Polypharmacy

Responses are provided by: Thomas Agresta MD, MBI, Stacy Ward-Charlerie PharmD MBA, Nitu Kayshap MD, Sean Jeffery PharmD, Scott Bonzcek PharmD

Q: Has there been any push to develop a billing code for deprescribing?

A: Although there are no specific billing codes for deprescribing, the time and complex decision-making involved in the process fulfill the criteria for higher level of care and medication risk management.¹

¹Deprescribing in Older Adults With Cardiovascular Disease Krishnaswami et al. *J Am Coll Cardiol.* 2019 May 28; 73(20): 2584–2595. doi: 10.1016/j.jacc.2019.03.467

Q: Are there ways to prevent sending a cancellation message on refills? Many pharmacies have seen examples where cancellation and approval messages are sent at the same time. This is confusing to pharmacists and has led to a cancellation of the approval on multiple occasions.

A: Many electronic health records have the ability to turn off cancellation messages during the refill process or if the order is an exact copy of the original order. Speaking for Yale New Haven Health System and Hartford Healthcare, we have taken the steps to suppress cancellation messages during the refill/reorder process unless the medication is being sent to a pharmacy different from the one where it was originally prescribed. We are actively sharing these best practices at groups and forums such as this to increase awareness.

Q: Can we discuss the CancelRx process in a Dr. First environment?

A: The configuration of the CancelRx functionality is unique to each EHR and prescribing vendor. Dr. First does use [Surescripts](#) to send its electronic prescriptions and typically helps to provide a conduit between EHRs and Surescripts when the EHR does not support direct integration with Surescripts. It is best to check with your EHR vendor on how to enable CancelRx for you and your colleagues.

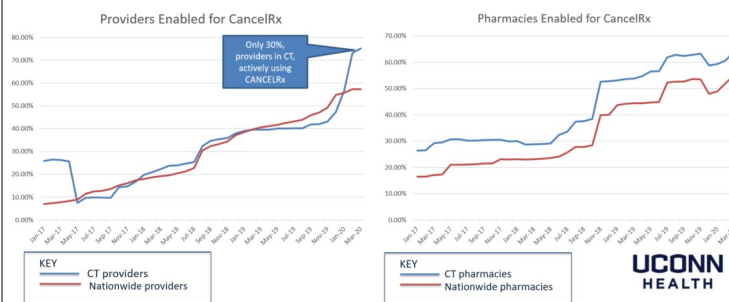
Q: Since an Rx cancellation can only be sent to the original pharmacy, does that mean only the one store within a pharmacy chain or is the cancellation chain wide?

A: This will vary chain to chain but many pharmacy chains will be able to accept cancellation messages for prescriptions that have been filled at different stores within a chain. We have confirmed with CVS and Walgreen's that their pharmacies have this capability.

Q: For the slide [below] showing the percentage of pharmacies participating in the CancelRx program, what types of pharmacies are included (e.g. chain, independent, specialty, LTC)?

A: The data represented in the graph shows the rate of pharmacies enabled for CancelRx, turned on to receive the transaction, on the Surescripts network - it is the ratio of enabled pharmacies compared to all pharmacies on the Surescripts network, for both pharmacies in the state of CT and across the entire network. All pharmacy types are represented. This does not represent the volume of prescriptions being sent to the varied pharmacies as some who have CancelRx available may do a much higher volume. Remember, pharmacies may have some fees associated with the process that may include upgrading their system to the latest version that impact the timing of this feature being available.

Surescripts Data



Q: Are there other electronic deprescribing programs besides CancelRx? If so, what are the pros and cons of other programs compared to Cancel Rx?

A: CancelRx is not a standalone program used for electronic deprescribing but a message standard that allows Deprescribing messages to be exchanged across disparate systems. It has been adopted industry-wide by National Council for Prescription Drug Programs (NCPDP). NCPDP is the governing body for E-Prescribing standards in the United States and the standards are developed by participants from Community Pharmacy, EHR vendors, Long-Term Care, and Pharmacy Benefits Managers. CancelRx is essentially the only electronic deprescribing option accepted industry-wide.

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Q: Do any of the panelists have data on how frequently prescription renewals are being processed between the pharmacy and prescriber thru EHR vs alternative such as phone call/fax to the provider office) leading to discrepancy between systems?

A: The latest data for Connecticut seems to indicate that greater than 80% of all prescriptions (including controlled substances) are sent electronically, thereby becoming eligible for an electronic cancellation. To find out more review the [Surescripts National Progress Report 2019](#).

Q: How did you educate prescribers at Yale about the program and get them to adopt it into their workflow? What are learning's you would suggest to other Health systems looking to implement?

A: At Yale, we had an extensive process of clinical validation and pilot projects. Lessons from that project informed our current settings. The education campaign was primarily focused on how to safely discontinue medications in the EHR, including key workflows like hospital discharge, medication renewals, etc. The settings related to CancelRx along with all the rules on when to send and when not to send are built into the workflows. The education and communication was endorsed by the Quality and safety leadership to reach the broadest audience. We have since shared our settings with other organizations individually, on listservs and at forums such as this. For additional questions please reach out to Dr. Kashyap at nitu.kashyap@yale.edu.

Q: Can you send instructions on how to turn off CancelRx?

A: This will vary EHR vendor to EHR vendor. Some vendors may have CancelRx turned on by default while most require activation. If you are referring to selectively not sending a cancellation for a drug you are discontinuing, you will need to work with your EHR vendor.

Q: Outside of this CE, what type of education is given to community pharmacists on this program? Is there any education for patients available?

A: Education to community pharmacists will vary dependent on the pharmacy chain and pharmacy EHR vendor. Seeing as both providers/health system and pharmacies need to be enabled for CancelRx, we would hope that community pharmacists would be educated prior to their EHR turning on the functionality. There is currently no education specific to patients at this time. However, education to patients about what medications they should and should not be taking should be done regardless of CancelRx.

Q: What does CancelRx address and do not address with consideration and best practice slide [below]?

A: CancelRx addresses the problem where a medication maybe discontinued by a prescriber in their system, but still shows as an active medication at the pharmacy where it was prescribed. By enabling this type of message, a medication that is discontinued from the prescribing system will show as discontinued at the pharmacy. Thus, decreasing the chance of an erroneous refill.

What should the EHR send?

Considerations and Best Practices



Not every discontinue action in the EHR needs to or can send a cancel message to the pharmacy.

E-prescription

- Medications not e-prescribed cannot be found. Do not send cancel messages.

Authorizing/Prescribing agent

- Allow prescribers to discontinue/cancel medications that were not prescribed by them

Discontinue reason

- Indicate the reason for discontinuation, can be used to configure the scenarios to trigger a cancel message

Prescription order date

- Do not send cancel message for prescriptions that are expired in the pharmacy (> 12 months)
Example: Short term antibiotics during a medication clean up/reconciliation

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Q: Are the meds visible online and is any provider able to remove certain ones from the list?

A: As it relates to the CancelRx standard, technically, any provider can cancel/deprescribe a prescription originating from within their own EHR. All institutions will need to follow general scope of practice regulations and determine the best workflow for their organization.

Q: What is Tom Agresta's contact info for us to send best practices?

A: Any further questions or suggestions or comments, including examples of best practices, can be sent to either Ryan Tran, rytran@uchc.edu, or Thomas Agresta, agresta@uchc.edu.

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