



*To Deprescribe or not
to Deprescribe -*

The Role of Health IT
in Polypharmacy

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The Connecticut Office of Health Strategy did not influence the content of this program.



New CME Series – with CPE sought as appropriate

Health Information Technology for Clinicians: How to Achieve Optimal Outcomes

Webinars and In-person events



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Department of Family Medicine, Center for Quantitative Medicine
UConn Health

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Health Information Technology for Clinicians: How to Achieve Optimal Outcomes

Sample Topics

- Medication Safety/ Reconciliation
- Health Data Analytics
- eCQMs (electronic clinical quality measures)
- TeleHealth
- Precision Medicine
- Health Information Exchange
- Patient Consent models
- Public Health Informatics
- Patient-Generated Data



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Learning objectives

1

Discuss the impact of polypharmacy

2

Describe the challenges of de-prescribing

3

Explain the role of Health IT in medication management

4

Explain the SCRIPT standard CancelRx transaction data flow

5

Identify best practices to implement and apply to practice

Moderator

Chief Informatics Pharmacist and current President of WardRx Consulting LLC, a firm providing consulting services for organizations seeking to use or improve health information technology to improve clinical outcomes especially as it relates to medication management.

- *Stacy Ward-Charlerie, PharmD, MBA*



Housekeeping



All participant lines will be muted during the panel discussion



The panelist will address you questions during the Q/A session from the Q/A chat feature



If we are not able to address your question today, we will follow up with you directly using your registered email.



This session will be recorded and available for download along with the slides used today.



Instructions on how to access will be sent after the session to your registered email along with instructions to earn CME and CPE credit.

Panelist

Nitu Kashyap, MD,
FAMIA



**Associate Chief Medical
Information Officer
Yale New Haven Health**

Sean Jeffery, Pharm.D.,
BCGP, FASCP, AGSF



**Director of Clinical Pharmacy
Services, Integrated Care Partners**

Scott Bonczek, PharmD,
Rph, MSHS-HCQ



**Informatics Pharmacist
Hartford HealthCare**

Disclosures

- Sean Jeffery is a consultant with CVS Health

Case Vignette



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- *45-year-old female, non-smoker with*
 - Type 2 diabetes
 - Hypertension
 - Familial Hypercholesterolemia
 - Gastro-esophageal reflux disease
 - Vitamin D deficiency
 - Gout
- Sees PCP and endocrinologist routinely for chronic conditions, relatively engaged
- Takes 10+ medications daily
- Frequents 2 retail pharmacies and takes advantage of mail order services



- While medications can be beneficial for the health of an individual, they also **pose potential health risks**
- These **risks are increased** when a medication that is intended to be discontinued, is **taken inadvertently**.

Poll

Have you or a family member
experienced a bad outcome
due to polypharmacy?



One study found that previously discontinued medications when erroneously dispensed result in **potential harm in 12%** of cases.

Non-optimized Medication Therapy is a **\$528B annual** problem



Cost of ineffective deprescribing

- Patient and insurer spend \$\$
- Side effects or adverse events result in lost work or school time
- Avoidable physician visits, ER visits and hospitalizations due to adverse side effects or drug-drug interactions.

Lack of communication perpetuates the problem



Patient

continues to take
discontinued medications
they have at home



Pharmacy

Auto-renewals or requests
renewal from prescriber



Clinician

inadvertently responds to an
electronic refill request or
Reorders based on patient request

**Mechanisms to promote medication adherence
do not account for discontinued medications**

What is Deprescribing?

“The planned and supervised process of dose reduction or stopping of medication that might be causing harm, or no longer be of benefit. Deprescribing is part of good prescribing – backing off when doses are too high, or stopping medications that are no longer needed.”

Deprescribing.Org - <https://deprescribing.org/what-is-deprescribing/>

Deprescribing Challenges

Process

- No standardized clinical approach to deprescribing

Lack of interoperable EHR/HIE data

- Obtaining an accurate medication list is hard

Communication

- No established protocol/communication pathway to share this information

Accountability

- Who is the responsible prescriber, PCPs, specialists, pharmacists?

Reimbursement

- Time-consuming process involving multiple providers and there is no payment

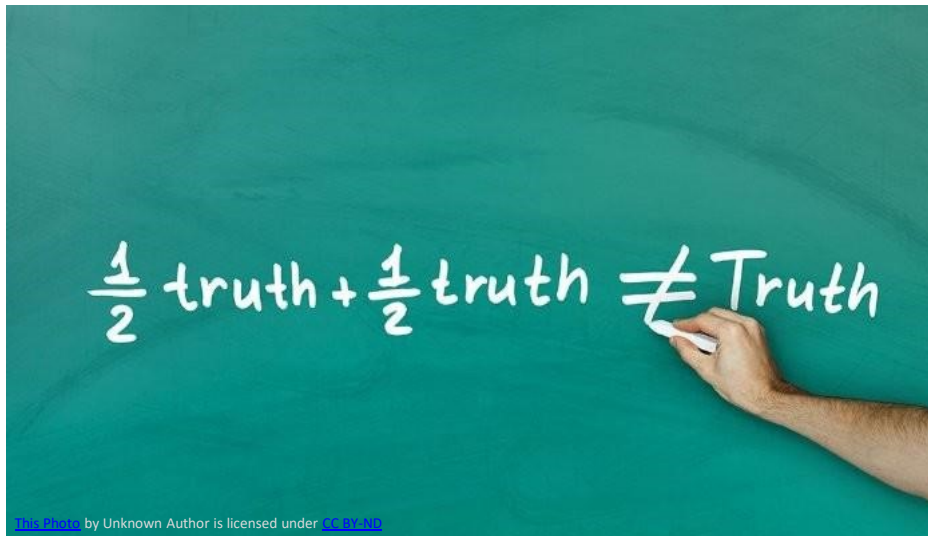
Success stories

- Lack of implementation success stories, few stories on poor implementations and roll backs

What do you believe is the greatest challenge with deprescribing?

- Process
- Lack of Interoperable EHR/HIE Data
- Reimbursement
- Accountability
- Communication
- Success Stories

That said, the REAL problem is...



There is no **Single Source of Truth** for an accurate and current medication list for patients, providers and pharmacists

Health IT is only part of the solution

- Health IT holds great promise
- E-prescribing has been widely adopted, including for controlled substances.
- SCRIPT Standard developed by the National Council for Prescription Drug Programs (NCPDP)

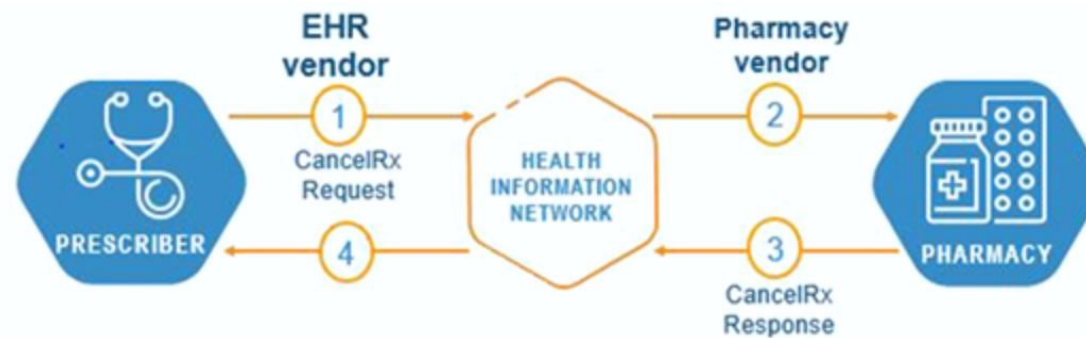


**However, unlike e-prescribing (NEWRX),
de-prescribing (CANCELRX)
adoption and utilization remains unacceptably low**



What is CANCELRX?

National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard transaction



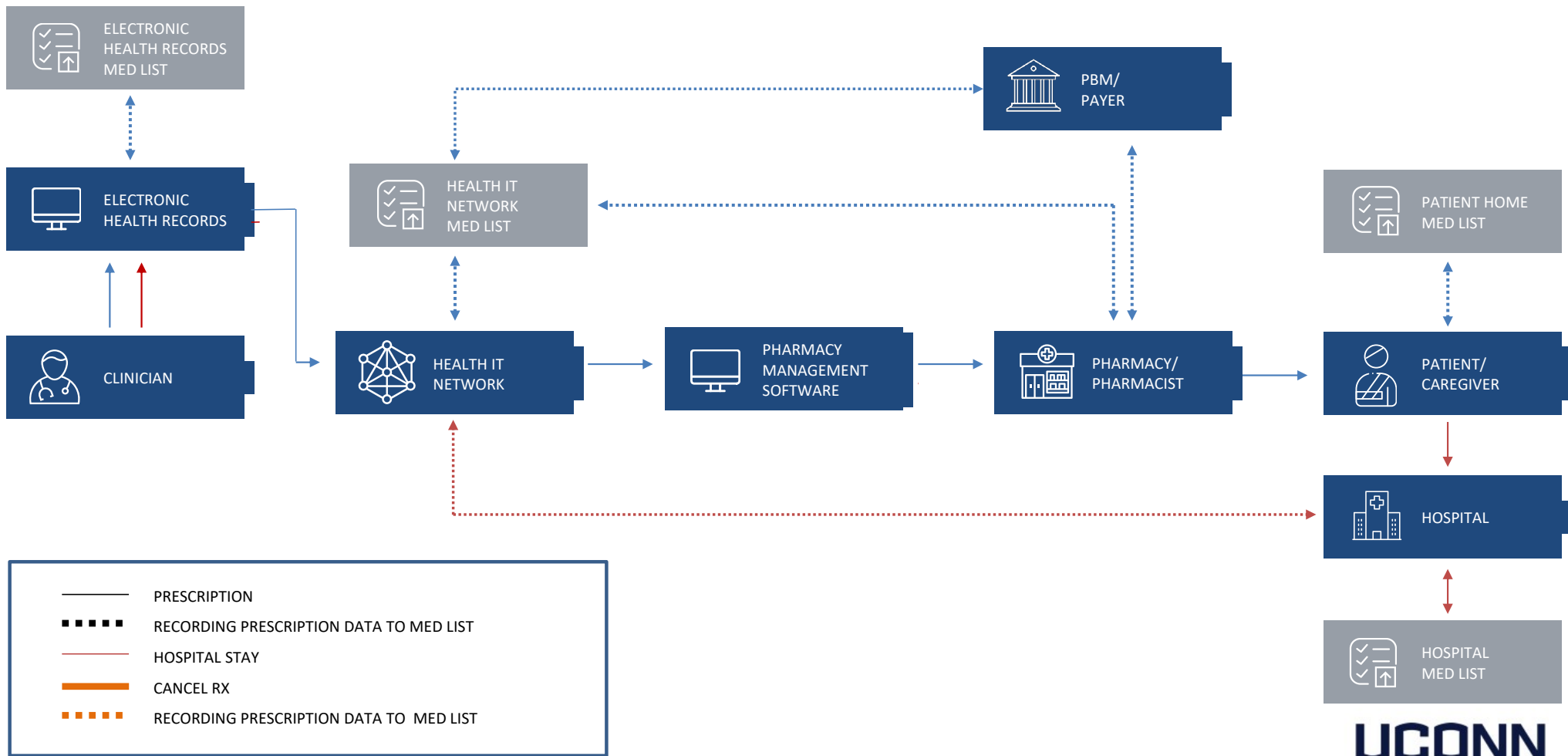
What is involved?

- ✓ Electronic message from prescriber to pharmacy
- ✓ Pharmacy must be able to find the precise prescription and provide confirmation that it was cancelled or notification that it was not
- ✓ A successful cancellation voids all remaining refills on that prescription
- ✓ Request is manually responded to by pharmacist.
- ✓ Prescriber EHR and pharmacy system must be certified and ready
- ✓ Prescriber and pharmacy store must be enabled to send/receive messages
- ✓ Prescription must have originated in the EHR to cancel
- ✓ Message can only be sent to the exact pharmacy that the original order was sent to

What CancelRx does not solve?

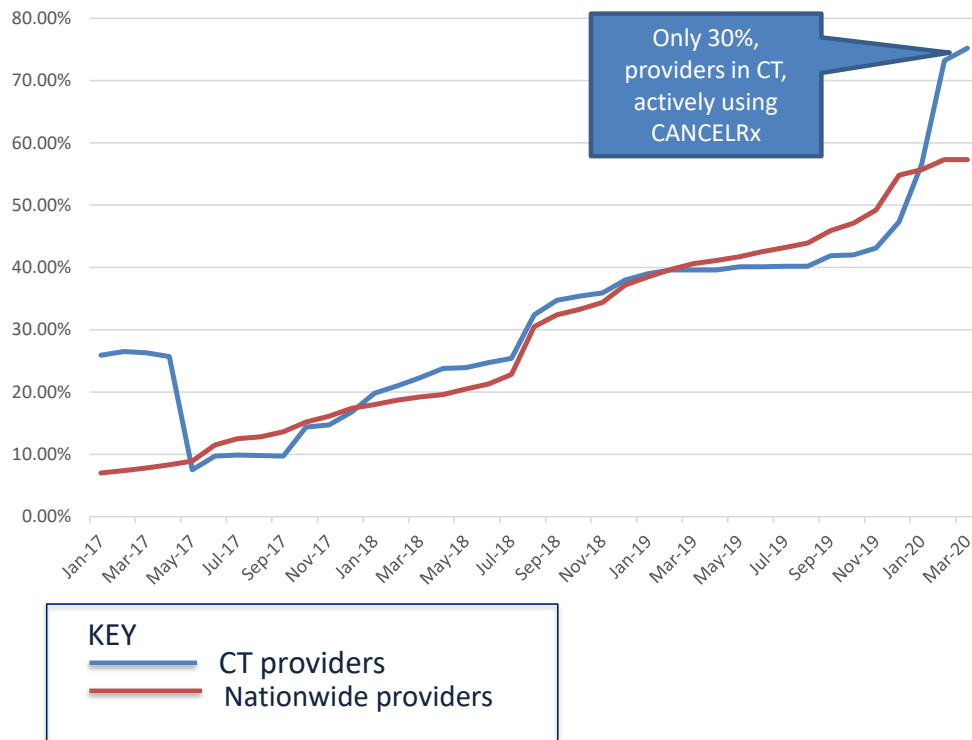


- × Will not cancel in another prescriber EHR system/HIE
- × Will not be removed from medication history data
- × Will not prevent refill requests from patients
- × Will not send a message to the patient
- × Will not completely negate the need for a pharmacist and clinician to directly communicate

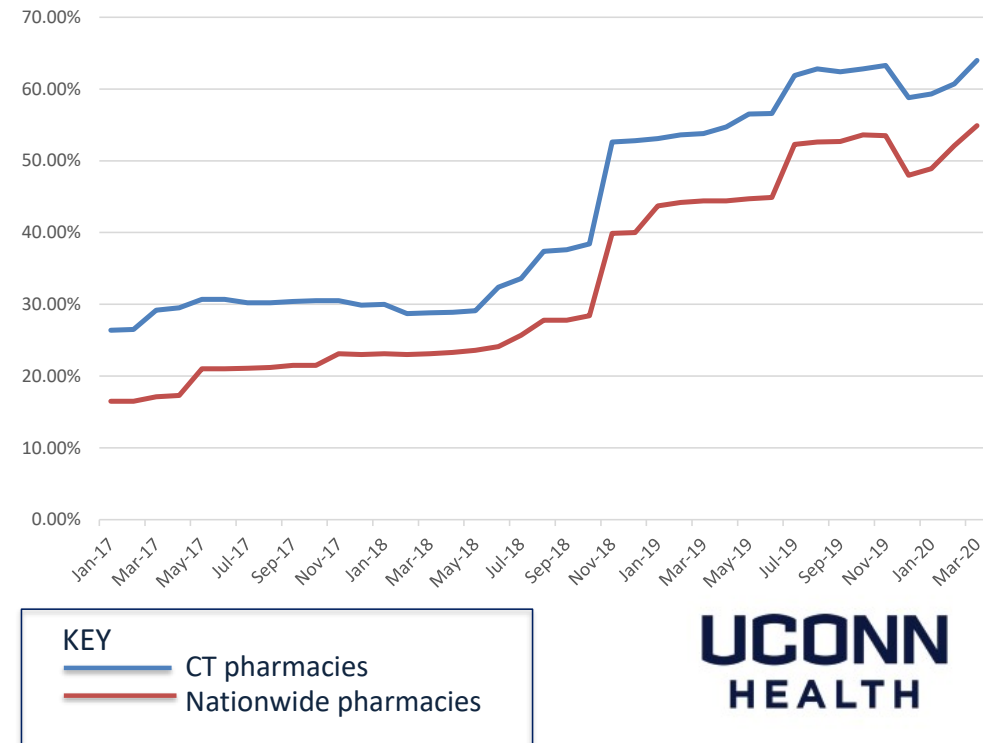


Surescripts Data

Providers Enabled for CancelRx

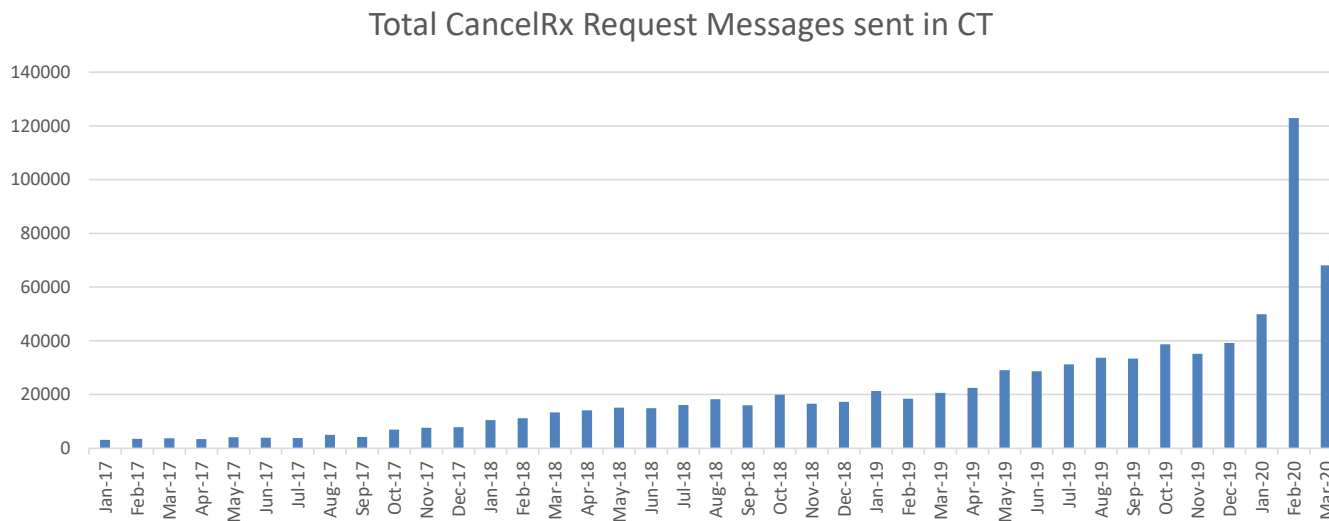


Pharmacies Enabled for CancelRx



Surescripts Data

Transactions/Messages



- CT has a similar upward trend as the nation with over a 2000% increase in 2 years
- CT accounts for about 1% of all messages, total nationwide in March 2020 was 5.2M
- Feb 4 Yale New Haven Health Go Live

Real World Application

HOW TO IMPLEMENT CANCELRX IN PRACTICE

Case Vignette



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- *45-year-old female, non-smoker with*
 - Type 2 diabetes
 - Hypertension
 - Familial Hypercholesterolemia
 - Gastro-esophageal reflux disease
 - Vitamin D deficiency
 - Gout
- Sees PCP and endocrinologist routinely for chronic conditions, relatively engaged
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Case Vignette

Medication List

Metformin 500 mg tab

Glipizide 10mg tab

Januvia 100 mg tab

Vitamin D 50,000 units cap

Metoprolol tartrate 50 mg tab

Lisinopril/HCTZ 20-12.5 mg tab

Ezetimibe/simvastatin 10/40 mg tab

Allopurinol 100 mg tab

Amitriptyline 25mg tab

Omeprazole 20 mg cap

Azithromycin 500 mg tab

Prednisone 10 mg tab

One touch ultra strips

One touch lancets

Care Team

PCP: Peter Parker

Endocrinologist: Carol Danvers

Clinical Pharmacist: Clark Kent

Pharmacy: MompopRx (near home, preferred)

Pharmacy: RetailRx (near work and endocrinologist)

Patient sees PCP today for hypertension and complains of worsening tingling in the legs

Case Vignette

- **Stop taking glipizide and Januvia**
- **E-prescribed 2 insulins pens to her preferred pharmacy**
- **Start monitoring BG at home.**
 - e-prescribed a newer glucometer, lancets
- **Increase Lisinopril/HCTZ to 20-25 mg tab**

What needs to be discontinued in the EHR?

	Medication	Directions	Prescriber/Pharmacy	Last Ordered/Filled
✓	Glipizide 10mg tab	1 twice daily	E-Rx by PCP to Mompop Pharmacy	Discontinued today
✓	Januvia 100 mg tab	1 daily	E-Rx by Endo to Retail Pharmacy	Discontinued today
✓	Lisinopril/HCTZ 20-12.5 mg tab	1 daily	E-Rx by PCP to Mompop Pharmacy	Discontinued today
⊘	One Touch Ultra Strips	twice daily	E-Rx by PCP to Mompop Pharmacy	Renewed today
⊘	One Touch Lancets	twice daily	E-Rx by PCP to Mompop Pharmacy	Renewed today
✓	Azithromycin 500 mg tab	taper	E-Rx by PCP to Mompop Pharmacy	PCP prescribed 7 months ago

What should the EHR send?

	Medication	Directions	Prescriber/Pharmacy	Last Ordered/Filled
✓	Glipizide 10mg tab	1 twice daily	E-Rx by PCP to Mompop Pharmacy	Discontinued today
✓	Januvia 100 mg tab	1 daily	E-Rx by Endo to Retail Pharmacy	Discontinued today
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⊘	One Touch Ultra Strips	twice daily	E-Rx by PCP to Mompop Pharmacy	Renewed today
⊘	One Touch Lancets	twice daily	E-Rx by PCP to Mompop Pharmacy	Renewed today
⊘	Azithromycin 500 mg tab	taper	E-Rx by PCP to Mompop Pharmacy	PCP prescribed 7 months ago

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

Common pitfalls and recommendations to overcome



Not every CancelRx message request can be acted on in the pharmacy

Pharmacy not enabled

- Adoption is not 100% but getting there due to some new e-prescribing network requirements

Recommend to have an automatic fax back up if pharmacy not enabled

Prescription not found

- Most often due to a transfer to another store. The pharmacy will send a response to the request to cancel signaling the cancel did not occur

Clinical process to review Advocacy with NCPDP for future development – lateral transfer

■ Pharmacy already dispensed medication

- Important if the Rx was sent in error but less important for therapy changes, but pharmacies will send a response to confirm the Cancel and inform of the dispense history

Auto-file confirmation messages, Advocacy with NCPDP on future development – special message location

Summary of Key messages

WHAT IS YOUR NEXT STEP?

Key Messages



EHRs and pharmacies **MUST ENABLE FEATURE**, there is great value in CancelRx to reduce polypharmacy



Unlike e-prescribing (NEWRX), de-prescribing (CANCELRX) adoption and utilization remains unacceptably low



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

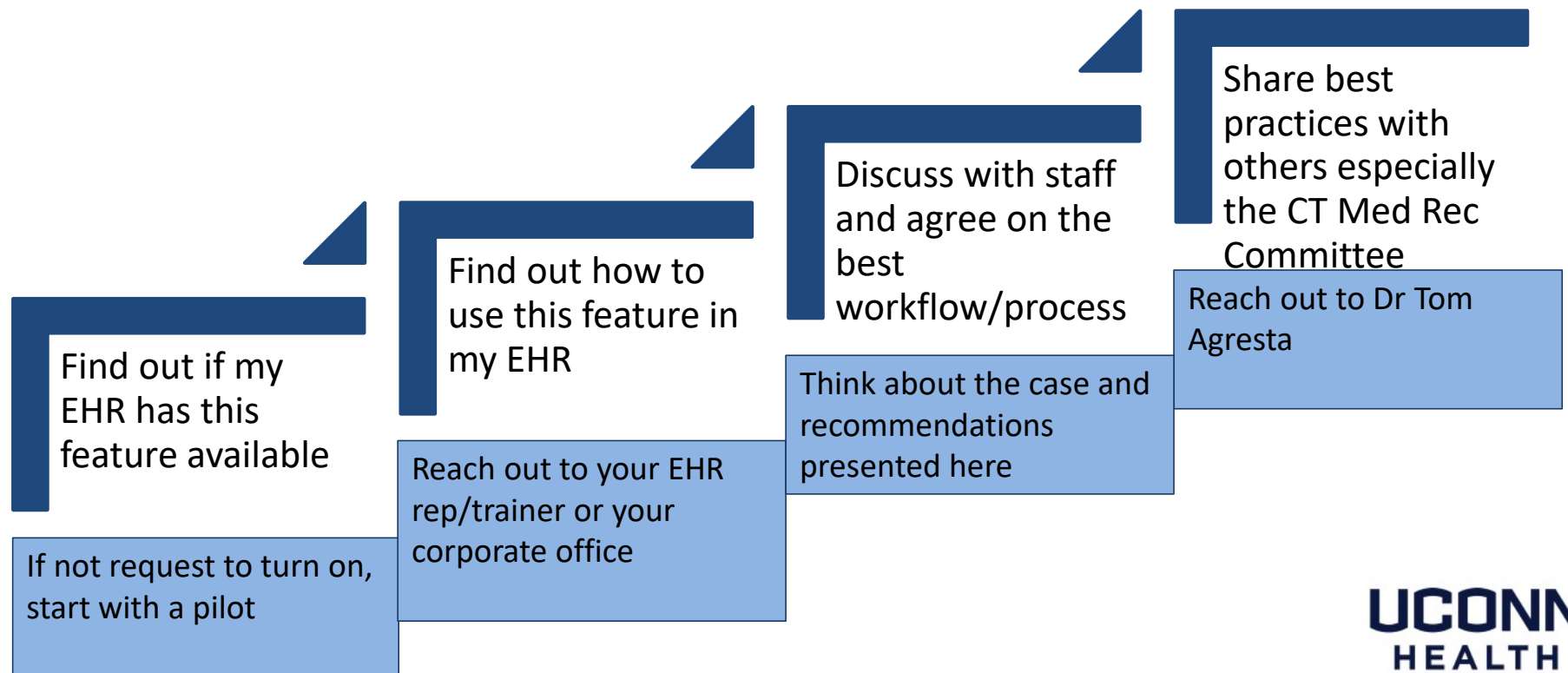


Not every CancelRx message request can be acted on in the pharmacy



Before turning this feature on, review the best practices and considerations, especially how to handle response messages.

What is your next step?



Thank You



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Questions

- Contact us for further information /
 - Thomas Agresta at agresta@uchc.edu
 - Ryan Tran at rytran@uchc.edu

Next Webinar:

Wednesday June 24, 2020 12:00PM – 1:00PM

Register here:

<https://uconn-cmr.webex.com/uconn-cmr/onstage/g.php?MTID=e801d9af453b46645110374b5c950134a>

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