



Hang up that phone!

Best practices to improve e-prescribing information flow

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Steve Simenson, Lee Mork, Laura Topor

Today's topics

- Review activities of the MN e-Health e-prescribing workgroup
 - Efforts to mitigate the opioid crisis
 - Best practices for using e-Rx transactions to support prescriber-pharmacist communication.
- Learn how Allina Health implemented workflows to support CancelRx transactions
- Learn what SCRIPT standard changes are coming in 2020 and how they will support patients, prescribers and pharmacists.
- Questions and discussion

Minnesota e-prescribing workgroup

- Purpose: Advance comprehensive implementation of e-prescribing standard transactions and procedures by Minnesota's stakeholders.
- The work is addressing two key issues:
 - Increasing adoption of electronic prescribing of controlled substances (EPCS) by Minnesota's prescribers.
 - Documenting and developing stakeholder consensus on addressing barriers to full implementation of the NCPDP SCRIPT standard and e-prescribing processes. Stakeholders include prescribers, dispensers, payers, and pharmacy benefit managers.
- Meetings open to the public
 - Every 2nd Monday of the month, 9-10 AM
 - <https://www.health.state.mn.us/facilities/ehealth/workgroups/erxwghome.html>

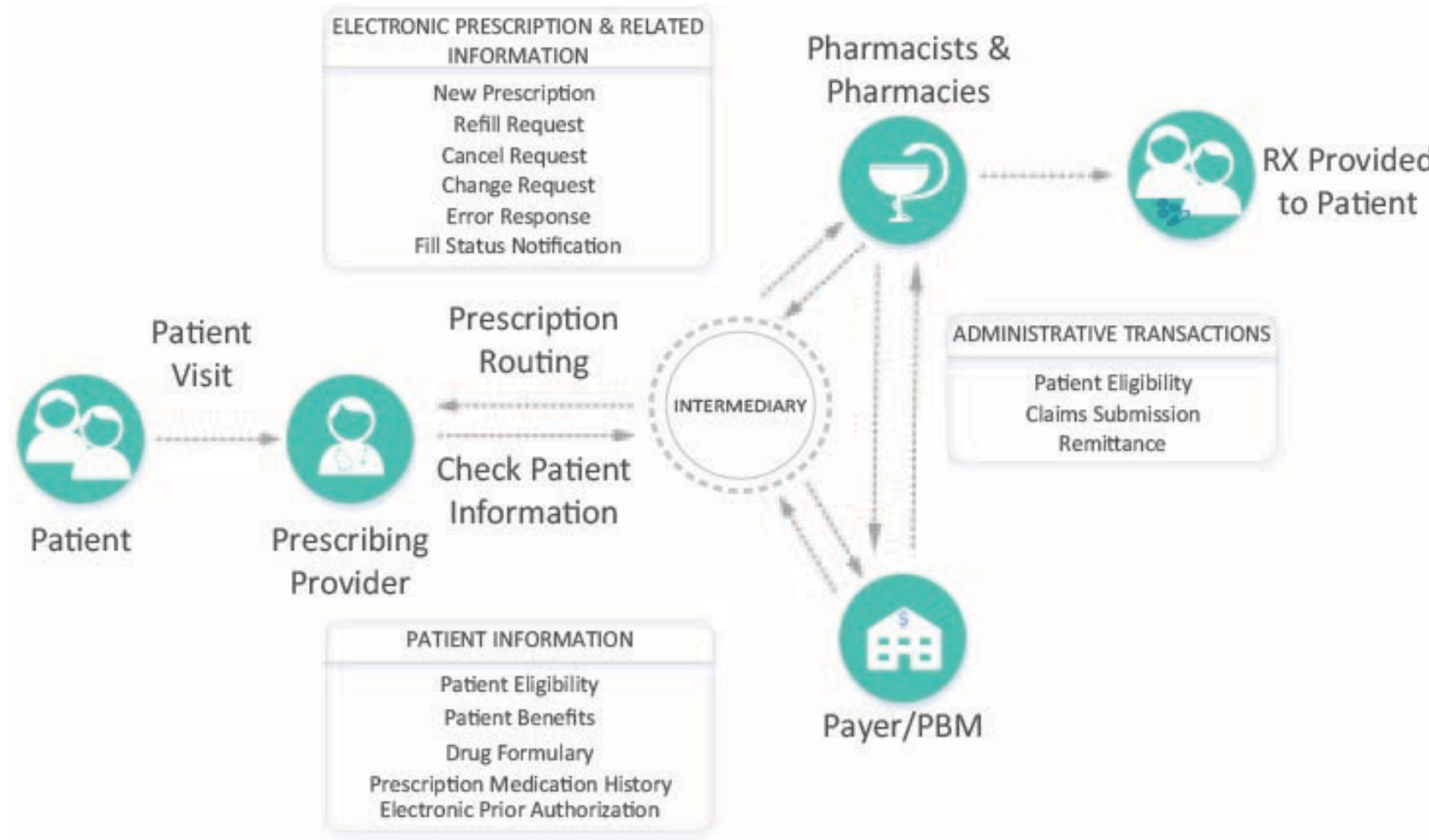
EPCS for prescribers “road show”

- “Electronic Prescribing of Controlled Substances: What and why for prescribers” (January 2019)
 - EPCS is legal in Minnesota and required by law. CMS will require EPCS for Medicare Part D by 2021.
 - EPCS helps address prescription abuse and diversion and improves the patient experience.
 - 96% of Minnesota’s pharmacies are enabled for EPCS, but just 34% of prescribers are enabled (MN goal is 80% by 2020).
- All large health systems should be live by January 2020.
- Ongoing outreach to smaller clinic groups and mental health providers.

NCPDP SCRIPT Standard

- A set of transactions to ensure that all stakeholders communicate electronically
 - Prescribers
 - Pharmacists
 - Payers and pharmacy benefit managers (PBMs)
- Not all transactions have been implemented, creating communication problems and potential patient safety issues.

Common process flow



Key SCRIPT transactions

	Who to who	Uptake status	Uptake progress
New prescription	prescriber - pharmacist	very high (non-controlled) med-low (controlled)	N/A increasing
Refill	prescriber - pharmacist	very high (non-controlled) med-low (controlled)	N/A increasing
Cancel	prescriber - pharmacist	med-low	increasing
Change	pharmacist - prescriber	very low	not changing
Formulary and benefit	payer – prescriber (prospective) payer – pharmacist (retrospective)	very low med-high	increasing decreasing
Prior auth	prescriber – payer	med-high	increasing
Med history	prescriber – payer prescriber – pharmacist pharmacist – payer	med med med	increasing increasing increasing

Workgroup priorities

- CancelRx messages
 - Low uptake (but increasing)
 - Technical and workflow issues
- Indication and/or diagnosis information on script and label
 - Improves pharmacy consultation and patient education
- Pharmacist eCare Plan Initiative
 - Standard that allows Rx systems to exchange patient info related to care delivery:
 - Health concerns, med list, labs, vitals, patient goals, and more.
 - Allows pharmacist to be a better-informed part of the care team
 - <https://www.ecareplaninitiative.com/>

Allina Health CancelRx Project

- Had a dedicated implementation team
- Using Epic as our EMR
- Piloted CancelRx at a single clinic for 12 months – starting and stopping along the way with learnings
- Pilot showed a need for the automated fax-cancel functionality, otherwise required significant amount of calls to pharmacies when CancelRx was not installed at the pharmacy or the provider has left the organization.
- Narrowed the discontinuation reasons list and implemented CancelRx reason code hard stop before go live. Added some discontinuation reasons that will not default to send e-cancel e.g. duplicate.
- Installed e-cancel communications through Epic's CancelRx transaction through Surescripts and Epic's new fax functionality for those pharmacies where e-cancel software not upgraded
- Went live on May 21, 2019 at a 20 ambulatory clinics and one hospital for a pilot

Allina Health CancelRx Lessons Learned

- Create a dedicated team with project manager to work on CancelRx along with technical, clinical and training personal
- Utilize your EMR's customers who have implemented CancelRx for lessons learned
- Explore EMR's vendor's options for reviewing pharmacy messages and errors, options can be pools or provider in-basket for messages
- Added hard stop code requirement to add a discontinuation reason to ensure usage and for complete documentation as to reason
- Embed CancelRx information in medication reconciliation work flows – adding a note that CancelRx is an immediate communication to the pharmacy

Allina Health CancelRx Lessons Learned - Continued

- Review EMR's functionality for staging roll out, i.e. is it new functionality for your EMR?
- Ensure your set-up allows for limiting to pilot locations because system wide setting definitions may prevent it
- Indicate which of the discontinuation reasons go via CancelRx and which do not for users when deciding on reason
- Add fax discontinuation communication functionality to address gaps in provider status and missing CancelRx enabled pharmacies
- Conduct pilots – clinic and hospitals to understand functionality impact
- Measure pilot results – CancelRxs sent, number of completed CancelRx transactions from pharmacies, errors and time to work the pool and call the pharmacy

Allina Health CancelRx Lessons Learned - Continued

- Develop Subject Matter Expert (SME) role for working the CancelRx error pool, 1-3 SMEs per clinic
- Limited CancelRx communications to prescriptions less than 365 days of order date
- Added cancel faxing for printed prescription, sending to patient's preferred pharmacy in EMR tied to Rx
- Evaluate your fax capacity when using e-fax for cancelled communication, saw a significant increase in faxes
- Carefully study hospital and clinic med rec work flows to identify which meds can be deleted by staff nurses and pharmacists and which medication need to go to the physician/providers

New SCRIPT Version

- Currently using 10.6 (published in 2008)
- Moving to 2017071
- 1/1/2020
- No transition period

New SCRIPT Messages

- NewRxRequest
- RxTransfer*
- RxFillIndicatorChange
- Recertification
- DrugAdministration
- REMS*
- PAInitiation*
- PARequest*
- PACancel*
- PAAppeal*

** More than one transaction is applicable*

New SCRIPT messages, continued

- NewRxRequest
 - From pharmacy to prescriber
 - Variable prescription attributes can be sent
 - Mitigates need for phone call
- RxTransfer
 - Allows pharmacies to electronically request a prescription transfer
- Prior Authorization
 - Named under state statute

New SCRIPT messages, continued

- RxFillIndicatorChange
 - Provides greater flexibility for provider in types of RxFill messages received
- Recertification and DrugAdministration
 - Primarily used in long-term/post-acute care settings
- REMS
 - Waiting for adoption; modeled on PA transactions (request/response model)

What's Changing – Patient

Patient Attributes



Topic	Brief Description
Allergies	Patient's allergies can be sent via eRx
Former Name	Patient's Former (e.g. Maiden) name may be included in the eRx
International Address	XML schema updated to accommodate international addresses
Non-Humans (animals)	Species can be indicated on eRx, e.g. Canine, Bovine, Feline, etc.
Primary Language	Patient's preferred language can be indicated if non-English

What's Changing – Prescriber

Prescriber Attributes



Topic	Brief Description
Certificate to Prescribe	Mid-level practitioner <i>Certificate To Prescribe</i> may be sent in applicable states/jurisdictions
Prohibit Refill Requests & Follow-Up Prescriber	Prescribers may indicate that they do not want Renewal Requests and also designate an alternate prescriber for follow-up (e.g. Urgent Care, ERs)
Former Name	Prescriber's former (e.g. maiden) name may be included in the eRx
Prescriber Identifiers	Additional prescriber license numbers may be sent in eRx
Practice Location Segment	Prescriber's practice location may now be sent (e.g., telemedicine)
Veterinarians	Veterinary prescribers now able to send eRx

What's Changing – Prescription

Prescription Attributes



Topic	Brief Description
1000-Character Sig	The <i>Directions</i> field has been expanded to 1000 characters
Authorization to Administer	Proactive approval documentation for pharmacist administration of medications (e.g., immunizations)
Brand Medically Necessary	Updated indicator for Brand Medically Necessary that is compliant with CMS guidelines
Codified Notes	Standardized messages to patients - such as "Needs Appointment" now sent in codified format
Compounds	Up to 25 individual ingredients and quantities now available on eRx for compounds
Delivery	Prescribers may indicate patient preference for delivery

What's Changing – Prescription

Prescription Attributes



Topic	Brief Description
Diabetic Testing Supplies	Additional information needed for Medicare billing of diabetic testing supplies now sent on eRx
Do Not Fill	Prescribers may indicate a prescription should not be filled for cover prescriptions, drug to drug interactions or hold for patient request.
Flavoring Indicator	Prescribers may proactively authorize medication flavoring
Office of Pharmacy Affairs ID	Enhanced support for 340B information on eRx
Order Grouping	Prescriptions may now be grouped together (such as #1 of 3)
Split Script	When sending prescriptions for short duration, prescribers may now clarify an eRx as a bridge for mail delivery

What's Changing – Prescription

Prescription Attributes



Topic	Brief Description
Insurance Updates	Realignment/streamlining of third party payor-related info
Electronic Follow-Up	Follow-up reminders for pending requests may now be sent electronically
Home & School Use	Prescribers may indicate multiple prescription vials required for home and school use
Substance Use	Patient's social history for substance use may now be sent via eRx
Urgent Rx	Prescribers may request expedited processing for a prescription
Wound Information	The size of a wound may now be sent to assist pharmacy with appropriate package size selection

- EPCS is important – enable your prescribers!
- Optimizing the SCRIPT standard is a work in progress and workarounds are necessary.
 - Participate in the workgroup!
- 202 days (and counting) to prepare for the new SCRIPT standard.

Contact and information

- Steve Simenson, Goodrich Pharmacies, ssimenson@goodrichpharmacy.com
- Lee Mork, Allina Health, lee.mork@allina.com
- Laura Topor, Granada Health, ltopormn@msn.com
- Meetings are open to the public – invite your friends! Info posted here: <https://www.health.state.mn.us/facilities/ehealth/workgroups/erxwghome.html>
- Questions? Contact Karen.Soderberg@state.mn.us

