



Implementing CancelRx into the e-prescribing workflow: Lessons from Allina Health

Minnesota e-Health Initiative Webinar
November 22, 2019



Facilitators and presenters



Karen Soderberg
MN Dept of Health



Steve Simenson
Goodrich Pharmacy



Lee Mork
Allina Health

Chat and ask questions

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Agenda and objectives

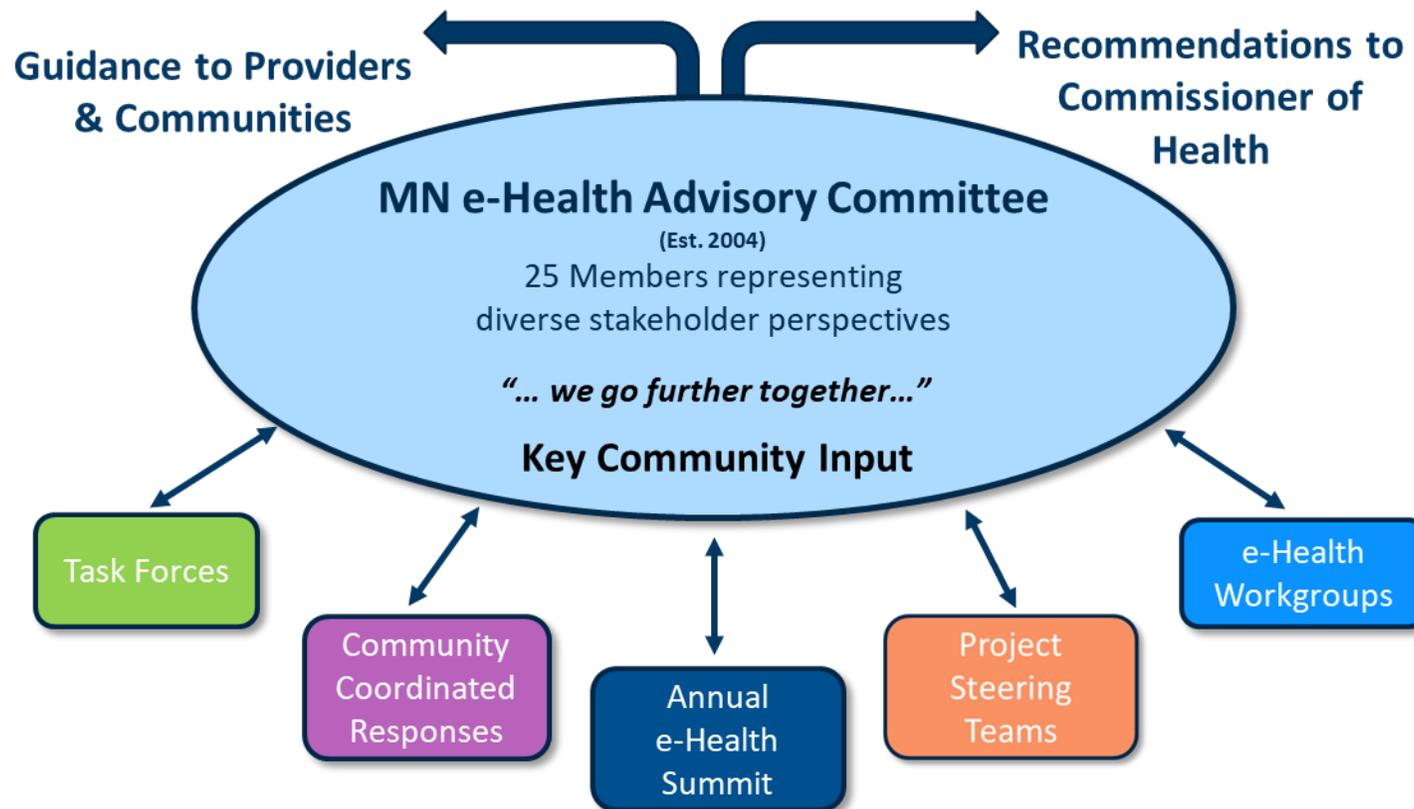
- Background on the Minnesota e-Health Initiative
- Overview of SCRIPT standard and e-prescribing transaction flow
 - Status of transaction implementation in Minnesota
- Allina Health's CancelRx implementation
- Q&A

This webinar is being recorded and will be available at:

<https://www.health.state.mn.us/facilities/ehealth/calendar/webinars/index.html>

Minnesota e-Health Initiative

Vision: All communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.



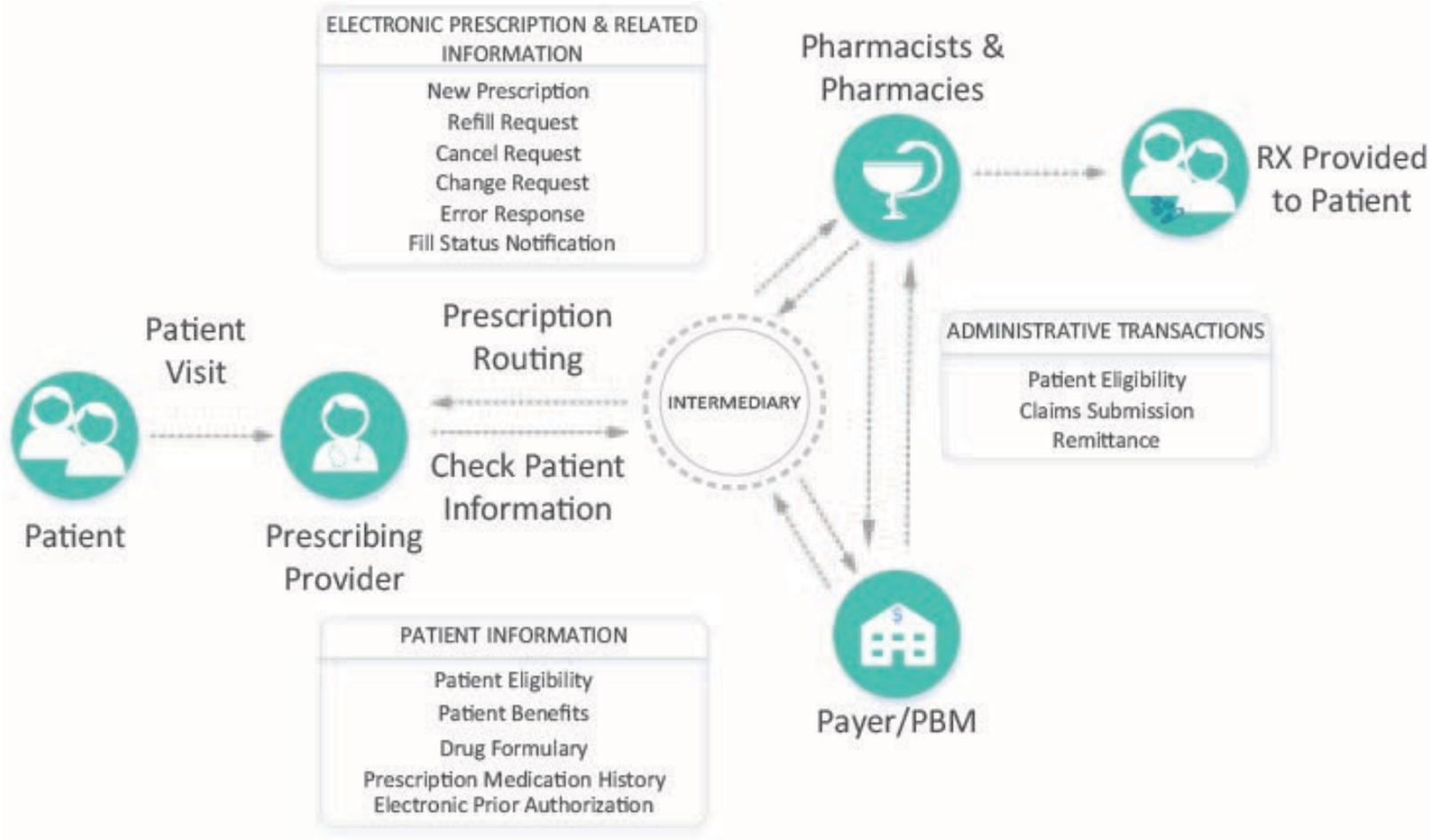
Minnesota e-prescribing workgroup

- 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.
- Virtual meetings open to the public
- <https://www.health.state.mn.us/facilities/ehealth/workgroups/erxwghome.html>

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 eRx transaction/process flow



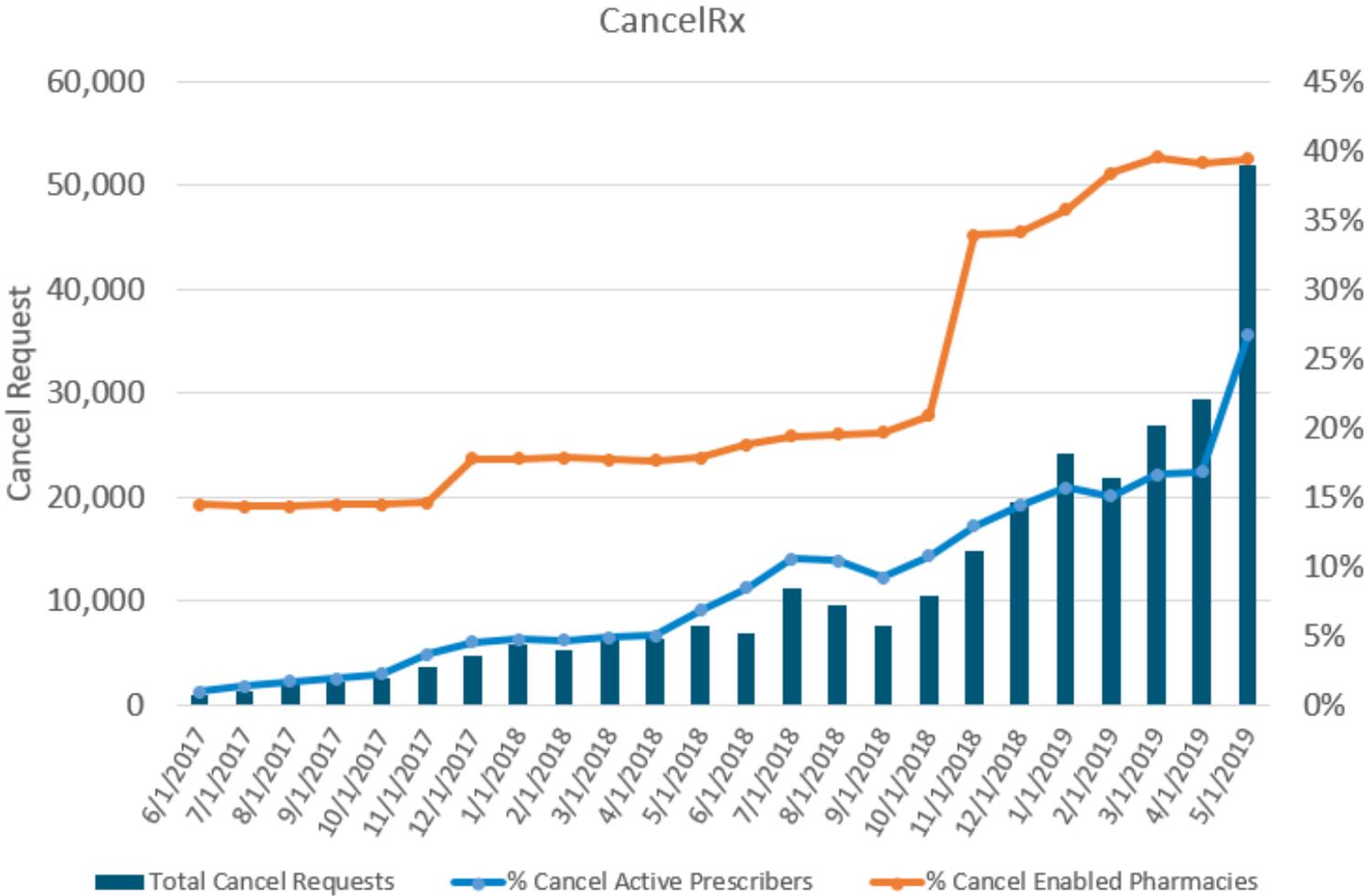
Key SCRIPT transactions

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

CancelRx

- Enables prescribers to electronically cancel a prescription already submitted to a pharmacy.
- Improves communication and workflow between prescriber and pharmacist.
- Helps to decreasing adverse patient events due to medication errors; valuable for improving patient safety.

CancelRx uptake in Minnesota



Source: Surescripts 2019



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 120 ambulatory clinics and one hospital for a pilot.
 - All hospitals went live on August 20, 2019.

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

Questions?

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Speaker bios

- Lee Mork, MS, RPh, MBA
 - Director of Ambulatory Pharmacy Services for the Allina Health Group.
 - Responsible for the clinic's pharmacist practitioner program, pharmaceutical purchasing, a patient medication assistance program and e-prescribing prescription technologies for 96 clinics.
- Steve Simenson, BPharm, FAPHA, DPNAP
 - CEO and Managing Partner of Goodrich Pharmacy, Inc., which has five community pharmacies in Minnesota and serves as a teaching site for the University of Minnesota and other colleges and universities across the Midwest.



**More about the Minnesota e-Health Initiative is at:
<https://www.health.state.mn.us/facilities/ehealth/>**

MN.eHealth@state.mn.us