PHARMACIST
DEPRESCRIBING PROGRAM

PROGRAM GUIDE

green shield canada

INTRODUCTION

Deprescribing is the planned and supervised process of *dose reduction* or *stopping* of medication that might be causing harm or may no longer be providing a benefit. The goal of deprescribing is to reduce medication burden and harm while maintaining or improving quality of life.[1]

Green Shield Canada's (GSC's) *Deprescribing Program* is a cognitive service provided by pharmacists that is based on the **Bruyère Research Institute and the Ontario Pharmacy Evidence Network (OPEN)'s** evidence-based guidelines for deprescribing. To learn more, please click **here**.

In this program, where appropriate, pharmacists in a collaborative decision-making process with patients and physicians will assist in safely tapering or stopping patients who are on one of two classes of medications: proton pump inhibitors (PPIs) and/or benzodiazepines and Z-drugs (BZRAs). This will be accomplished by:

1. Identifying potential deprescribing opportunities by engaging patients who may benefit by discussing their condition being treated, the potential benefits and harms of continuing treatment, the benefits of deprescribing, potential risks, and a tapering plan, while taking into account patient preferences and values.

2. Engaging the patient's physician and communicating recommendations and next steps – with the permission of the patient – if a deprescribing opportunity is identified.

3. Guiding the patient through the duration of the tapering plan by regularly monitoring, reassessing, and following up with the patient. This includes providing practical advice and effective coaching to help patients manage any symptom relapse, adopting alternative non-drug or safer drug strategies to manage their condition, and making adjustments to the treatment plan (if required).

ELIGIBILITY CRITERIA

The program is available to community-based patients who meet all four of the following criteria:

1. Have GSC extended health and drug benefit coverage; and

2. Are 18 years of age and older; and

3. Are currently being treated with a PPI and/or BZRA drug; and

4. Have been identified as a deprescribing opportunity based on the PPI and/or BZRA evidence-based deprescribing guidelines and algorithms developed by the Bruyère Research Institute and OPEN.

PROGRAM DELIVERY

IDENTIFYING ELIGIBLE PATIENTS

To get started, you may identify opportunities for deprescribing based on the criteria outlined above. You can do this by reviewing your patient prescription profiles, engaging patients by phone, or approaching them in your pharmacy at their next visit. In some cases, you may need to engage the patient's physician to determine the reason for use (or any risk factors that may warrant ongoing use).

To engage patients in understanding the rationale, benefits, and options around reducing or stopping medications, the use of the patient pamphlets and infographics developed by the Bruyère Research Institute is encouraged to help facilitate discussion and increase patient buy in.

Note that patient participation in the program is voluntary. The deprescribing guidelines and algorithms are to be used with consideration of the patient's personal values, preferences, and medical context.

PREPARATION

Once a deprescribing opportunity is identified and the patient has agreed to participate, you may wish to book an appointment for the patient to return at a later time, so that you can engage the patient's physician and discuss planned next steps and the recommended care plan for tapering. Please ensure the patient has provided permission to contact their physician.

Ensure you have received a response from the patient's physician, and they are in agreement with the recommendation, prior to scheduling the initial appointment with the patient. In some cases, the physician may indicate deprescribing is not recommended at this time, in which case, a follow-up call to the patient is warranted to explain the situation and end the process.

ASSESSMENT

Initial visit: Following agreement from the patient's prescriber, during the initial appointment with the patient, you will want to review the reason for their original use of the medication, the potential benefits and harms of continuing treatment, the benefits of deprescribing, the tapering plan, potential risks and side-effects (including a symptom-management plan), and non-drug approaches to managing their condition. Be sure to allow opportunities for questions.

On each follow-up visit: During the course of the tapering plan, you will want to regularly monitor, reassess, and follow up with the patient providing guidance, practical advice, and effective coaching to help patients manage any symptom relapse; adopting alternative non-drug strategies to manage their condition; and making adjustments to the treatment plan (if required).

REQUIREMENTS

Education/Training

There is no required formal training program; however, it is GSC's expectation that participating pharmacists are familiar, up-to-date, and competent with the Bruyère Research Institute and the OPEN's evidence-based guidelines, algorithms, and resources to support safe deprescribing.

Additional resources have been provided by the Bruyère Research Institute to help users understand the rationale for evidence-based deprescribing guidelines, the process for developing the deprescribing guidelines, and steps for health care professionals to help carry out safe deprescribing. It is recommended that all pharmacists participating in the deprescribing program review the required resources prior to engaging in deprescribing.

For additional information and resources, including information on how to download the app, please visit https://deprescribing.org/.

Location and Equipment

You must conduct the initial and follow-up sessions in an "acoustically private" area of the pharmacy away from other customers and patients – preferably in a comfortable space where there is a desk and a computer – and this must be a one-on-one meeting between you, the patient, and caregiver (if needed).

Program Forms and Documentation

Documentation must be clear and complete to support adequate patient care and follow up as well as payment for the service(s) provided to the patient. Suggested forms are available on providerConnect® to aid in documentation and physician communication; however, you are permitted to use your own forms to document each patient encounter (initial and follow ups) and/or to facilitate physician communication if you prefer.

→ *Medication Assessment Form:* If required, you will obtain an accurate medication history for the purpose of evaluating drug therapy to aid in the identification of potential deprescribing opportunities.

→ *Deprescribing Assessment Form:* Intended to help guide you through the deprescribing process, documentation of each patient encounter, and planning next visits.

→ *Physician Communication Forms:* To engage with and communicate recommendations to the patient's physician to ensure agreement with planned tapering. To aid in physician communication, evidence-based templates from a variety of sources have been provided. Ensure the patient is aware the communication is taking place and is documented on the pharmacy copy.

You may attach additional pages to complement any/all of the forms to ensure continuity of care. For example, you may choose to attach a medication profile generated using the pharmacy's software or the *Medication Assessment Form* to support/complement the physician communication form.

It is GSC's expectation that participating pharmacists provide proof of completed documentation should an audit be performed for submitted claims.

PRIVACY

All third parties delivering services on behalf of GSC will agree to comply with provincial privacy legislation and regulations, including the following terms and conditions with respect to privacy:

→ Name an individual to handle all aspects of privacy

→ Identify the purposes for the collection of personal information

→ Seek consent for the collection of personal information and its subsequent use or disclosure

→ Limit the use of all personal information collected to the purposes for which it was collected

→ Retain information for as long as required for the purposes of this program

→ Ensure that all retained information is accurate

→ Use appropriate security measures to protect all personal information

→ Ensure that, upon request, an individual will be informed of the existence, use, and disclosure of their personal information and will be given access to that information

→ Inform individuals who make inquiries or lodge complaints of the existence of, and process for, complaint procedures

→ Acknowledge liability for the use made of all personal information

→ Allow GSC to oversee the third parties' methods of collecting and storing data (by review or audit)

→ Indemnify GSC for any breach of contract

CLAIM FOR PAYMENT

A program flowchart has been developed to aid in the suggested program flow including when claims for payment can be submitted for reimbursement.

A claim for payment can be made online only after completing the service. For audit purposes, claims are made on the day the service is provided. When transmitting the claim on our network, the charge for the service provided needs to be entered in the cost field, and the dispensing fee field must be left blank as dispensing fees do not apply to this benefit. The claim submission follows the normal process for submitting claims to the GSC network using product identification numbers (PINs).

Please ensure you are submitting the correct product identification numbers (PINs) to support accurate reimbursement.

FOR DEPRESCRIBING PPIS

You may submit one initial visit and up to two follow-up visits. GSC will provide reimbursement only for a maximum of **two** follow-up visits. If the patient requires additional follow-up visits during the course of the tapering program, PINs submitted in excess of the maximum will not be permitted.

Initial visit (only *one* PIN below should be submitted based on the scenario):

→ PIN #992178: PPI – Initial Assessment and Physician Agreement

→ The amount paid is $20.

OR

→ PIN #992186: PPI – Initial Assessment and **No** Physician Agreement

→ The amount paid is $5.

Follow-up visit at week 4*:

→ PIN #992194: PPI – Follow-up #1

→ The amount paid is $10.

* Follow-up interval based on the Ontario Pharmacy Evidence Network / Bruyere Research Institute evidence-based deprescribing guidelines

Final follow-up visit at week 12* (only *one* PIN below should be submitted based on the outcome):

→ PIN #992208: PPI – Final Follow-up: Successful**

   → The amount paid is $20.

   OR

→ PIN #992216: PPI – Final Follow-up: Unsuccessful***

   → The amount paid is $5.

Note the maximum reimbursement permitted is **$50** per patient per year.

FOR DEPRESCRIBING BZRAS

You may submit one initial visit and up to four follow-up visits. GSC will provide reimbursement only for a maximum of **four** follow-up visits. If the patient requires additional follow-up visits during the course of the tapering program, PINs submitted in excess of the maximum will not be permitted.

Initial visit (only *one* PIN below should be submitted based on the scenario):

→ PIN #992240: BZRA – Initial Assessment and Physician Agreement

   → The amount paid is $20.

   OR

→ PIN #992259: BZRA – Initial Assessment and **No** Physician Agreement

   → The amount paid is $5.

Follow-up visit(s) every one to two weeks depending on duration of tapering plan:

→ PIN #992267: BZRA – Follow-up #1

   → The amount paid is $10.

→ PIN #992275: BZRA – Follow-up #2

   → The amount paid is $10.

→ PIN #992283: BZRA – Follow-up #3

   → The amount paid is $10.

* Follow-up interval based on the Ontario Pharmacy Evidence Network / Bruyere Research Institute evidence-based deprescribing guidelines
** Successful deprescribing can include stopping, stepping down, or reducing doses
*** Unsuccessful deprescribing resulting in no change to therapy

Final follow-up visit (only *one* PIN below should be submitted based on the outcome):

→ PIN #992291: BZRA – Final Follow-up: Successful*

   → The amount paid is $20.

   OR

→ PIN #992305: BZRA – Final Follow-up: Unsuccessful**

   → The amount paid is $5.

Note the maximum reimbursement permitted is **$70** per patient per year.

SUMMARY OF PINS

PIN	DESCRIPTION	AMOUNT REIMBURSED
#992178	PPI – Initial Assessment and Physician Agreement	$20
#992186	PPI – Initial Assessment and No Physician Agreement	$5
#992194	PPI – Follow-up #1	$10
#992208	PPI – Final Follow-up: Successful*	$20
#992216	PPI – Final Follow-up: Unsuccessful**	$5
#992240	BZRA – Initial Assessment and Physician Agreement	$20
#992259	BZRA – Initial Assessment and No Physician Agreement	$5
#992267	BZRA – Follow-up #1	$10
#992275	BZRA – Follow-up #2	$10
#992283	BZRA – Follow-up #3	$10
#992291	BZRA – Final Follow-up: Successful *	$20
#992305	BZRA – Final Follow-up: Unsuccessful **	$5

* Successful deprescribing can include stopping, stepping down, or reducing doses

** Unsuccessful deprescribing resulting in no change to therapy

RECORDKEEPING

All documents used to collect and document personal health information during the provision of this program are considered part of the patient record and will be maintained in a computer system where possible. Where that is not possible, documents must be stored in a systematic manner that allows for their easy retrieval and for the period of time specified by the applicable regulatory college-of-pharmacy requirements.

For quality assurance purposes, claims may be subject to audit. Please retain all completed documentation for the period of time required by your regulatory body as described above.

FREQUENTLY ASKED QUESTIONS

1. I have identified an eligible patient; do you have any suggestions for how I should introduce the program?

Let the patient know that their health care benefits plan offers a pharmacist deprescribing program that focuses on reducing or stopping medications that might be causing harm or are no longer providing benefit, and that it's available for patients currently taking a proton pump inhibitor or medications for sleep. The Bruyère Research Institute has developed ample patient-friendly handouts that can be used to explain the benefits. There is no out-of-pocket cost for participating, and the cost of the program is covered in its entirety by GSC. Participation in the program is voluntary.

2. I have determined that my patient can benefit from a drug therapy change. How do I verify coverage for a drug before I make a recommendation to the prescriber?

Patients can verify coverage for their drug benefits by using the **Is My Drug Covered?** feature found on **Plan Member Online Services,** which can be accessed from the GSC website at greenshield.ca, or through their **GSC on the Go®** mobile app and choosing the **Drugs on The Go®** option.

3. Can I provide this service remotely (i.e., via phone or videoconference)?

Recognizing the role of virtual health care during the COVID-19 pandemic and more importantly going forward, GSC is adapting our programs to allow virtual delivery of services. This includes our Cardiovascular Health Coaching, Smoking Cessation Program, Pharmacist Deprescribing Program, and Pharmacogenetic Testing and Counselling.

Canada's pharmacy regulatory bodies and professional associations have issued guidance documents defining the use of virtual services. Pharmacists should contact their applicable provincial college or association for details. It is GSC's expectation that pharmacies will follow their regulatory college guidelines in the delivery of GSC programs.

Pharmacists can assess the most appropriate way to deliver the cognitive services, using virtual care when it is not practical or advisable for the patient to receive services in person. The delivery method and rationale should be documented with each session delivered virtually. This documentation is subject to verification.

REFERENCES:

(1) *Can Fam Physician 2018; 64: 339-51*

(2) *Can Fam Physician 2017; 63: 354-64*

(3) https://deprescribing.org/