Meeting Notes

Health Information Technology Advisory Committee (HITAC)
Interoperability Standards Priorities (ISP) Task Force
October 8, 2019, 10:00 a.m. – 12:00 p.m. ET
Virtual

Executive Summary

The HITAC Recommendations section of the draft report was reviewed and discussed among task force members. Changes were made to the draft report in preparation for the final presentation to the HITAC at the October 16, 2019 meeting. There were no public comments.

Agenda

10:00 a.m. **Call to Order/Roll Call**
10:05 a.m. **Task Force Schedule**
10:10 a.m. **Task Force Draft Report-Discussion**
11:45 a.m. **Public Comment**
12:00 p.m. **Adjourn**

Roll Call

Kensaku Kawamoto, Co-Chair, University of Utah Health
Steven Lane, Co-Chair, Sutter Health
Ricky Bloomfield, Apple
Tamer Fakhouri, Livongo Health
Cynthia A. Fisher, WaterRev, LLC
Anil Jain, IBM Watson Health
Edward Juhn, Blue Shield of California
David McCallie, Jr., Individual
Clement McDonald, National Library of Medicine
Terrence O'Malley, Massachusetts General Hospital
Ming Jack Po, Google
Ram Sriram, National Institute of Standards and Technology
Sasha TerMaat, Epic
Sheryl Turney, Anthem Blue Cross Blue Shield

MEMBERS NOT IN ATTENDANCE

Tina Esposito, Advocate Aurora Health
Valerie Grey, New York eHealth Collaborative
Victor Lee, Clinical Architecture
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Raj Ratwani, MedStar Health
Andrew Truscott, Accenture
Scott Weingarten, Cedars-Sinai Health System

Task Force Schedule

The task force has one more meeting scheduled on October 11, 2019 prior to the presentation of the final recommendations to the HITAC on October 16, 2019.

Task Force Draft Report-Discussion

The charge of the task force, as well as the task force membership, were reviewed. The task force members reviewed the Medication & Pharmacy Data section of the Task Force Recommendations in the draft report and made changes based on comments from task force members and members of the HITAC. The final sections of the draft report, including the Conclusion and the Continuation of the Functions Performed by the ISPTF, were also discussed.

REAL-TIME PRESCRIPTION BENEFIT (RTPB) CHECKING

Observations

The following changes were made:

- The word "balloted" in the third bullet was replaced by the phrase "voted on".
- A sentence was added to the end of the third bullet offering some information about the National Council for Prescription Drug Programs (NCPDP), reading "NCPDP is considering this a beta standard that is not ready to be named in regulation".

Recommendations

The following suggestions and changes were made:

- The first bullet was expanded to include requirements regarding cash and total retail cost data, in addition to true out-of-pocket (TrOOP) cost data.
- It was suggested that requiring electronic health record (EHR) vendors to provide the functionality described in the second bullet is premature, so the phrase "Encourage and, when the standards are sufficiently validated" was added at the beginning of the bullet.
- In addition to requiring cost data for newly prescribed medications, it was suggested that a new recommendation be considered to also require cost data to be provided for existing medications. The topic was not discussed further but was deemed a topic for future consideration.

PRIOR AUTHORIZATION

The title of this section was changed to "Prior Authorization of Medications" in an effort to be more specific.

Observations

The following change was made:

- The phrase "as there are" in the last bullet was changed to "due to insurers having".

MEDICATION RECONCILIATION

Recommendations

The following change was made:

- A sentence was added at the end of the second bullet to address international challenges

associated with coordinated medication list stewardship. The sentence reads "this investigation should be mindful that similar approaches taken internationally have had challenges; thus, the pros and cons should be carefully researched".

Policy Levers/Responsibilities

The following change was made:

- The sentence "potentially leverage existing NCPDP SCRIPT standard, if functional overlap exists" was added to the end of the first bullet.

DISCRETE/STRUCTURED MEDICATION SIG INFORMATION

Observations

The following changes were made:

- The sentence "in particular, even when an EHR sends discrete sigs, pharmacies may return refill requests as free text Sigs" was added to the end of the fourth bullet.
- The fifth bullet was re-worded to read "EHR vendors and providers could be incentivized to use discrete sigs if pharmacy systems returned renewal request with discrete sigs".
- A new bullet was added in an effort to protect prescribers, reading "undue prescriber burden should be avoided, e.g., to remove the possibility for prescribers to use free text sigs when appropriate."

Recommendations

The following change was made:

- The second bullet was revised to read "encourage pharmacies to receive, maintain, and send structured sigs in a meaningful way, which will naturally incentivize providers".

Policy Levers/Responsibilities

The following change was made:

- The fifth bullet was removed as it was agreed that it was redundant with the fourth bullet.

MEDICATION ADMINISTRATION AND DISPENSING HISTORY

The title of this section was edited, changing the word "dispensing" to "dispense".

Recommendations

The following changes were made:

- A sentence was added at the end of the third bullet, reading "the eRx criterion in e-prescribing requirements may already support this requirement." The sentence about the promoting interoperability program was deleted.
- A new bullet was added, reading "consider, in the future, requiring pharmacies to respond to such medication dispensing queries".
- The eleventh bullet was further clarified and now reads "PDMPs should also be queryable as a source of medication administration and dispense data, where not prohibited by relevant regulations. Similarly, other sources of controlled substance fill data, such as pharmacies and pharmacy benefit managers, should also enable this data to be queryable, where not prohibited by relevant regulations".

PROVENANCE

Recommendations

The following changes were made:

- The phrase "where already collected and available" was added to the second bullet, immediately prior to the list of pieces of data.
- The phrase "designation whether medication can be modified by anyone other than the prescriber" was replaced with "change history" in the second bullet.
- Another data item was added to the list in the second bullet: "fill history (including costs)".

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) DATA

Recommendations

The following changes were made:

- The phrase "if feasible, seek approaches to" was added to the beginning of the first bullet.
- The phrase "in addition to existing NCPDP standards" was added to the end of the second bullet. The sentence "this may be the same as for any medication administration and dispense data" was also added at the end of the bullet.
- A new bullet was added in an effort to separate the discussion of standards and cost. The bullet reads "enable low cost direct access to state PDMP data. (There is a current ONC project/pilot on this)".

Policy Levers/Responsibilities

The following changes were made:

- The phrase "if feasible" was added in the first bullet.
- A bullet was added, reading "Centers for Disease Control (CDC) / Substance Abuse and Mental Health Services Administration (SAMHSA): in relevant grants, incentivize integration of PDMP data into EHRs where not prohibited by regulations".

PDMP QUERY AND REPORTING TRANSACTIONS

Observations

The following changes were made:

- The second bullet was deleted.
- A new bullet was added, addressing some of the topics covered in the deleted second bullet, reading "NCPDP gives providers a way to download data from PDMPs. Some states, such as California, have additional requirements about reporting to the PDMP that the data were viewed".
- An additional bullet was added that reads "Often outpatient pharmacies report to PDMPs. Reporting currently varies by state and uses a non- American National Standards Institute (ANSI) accredited standard called ASAP".

Recommendations

The following changes were made:

- The first bullet was expanded to include pharmacy reporting in addition to provider reporting.
- The phrase "NCPDP medication history transactions" was replaced by "appropriate standards".
- The second bullet was deleted as it was agreed that the recommendation already exists within the NCPDP.

ADVERSE DRUG EVENT (ADE) DETECTION

Observations

The following changes were made:

- Three new bullets were added and read as follows:
  - "Reporting out of an EHR risks circumventing the legal protections provided by working with a Patient Safety Organization (PSO) to carve out processes and procedures for generating patient safety work product and reporting those details in a de-identified manner to the PSO or other relevant third parties".
  - "It would be valuable to facilitate easy reporting out of EHRs to a third-party Risk Management Information System (RMIS), adverse event reporting system, or equivalent, which meets the goal of encouraging more voluntarily reported and data-rich incident reports".
  - "RMIS use also provides a mechanism for investigation, Root Cause Analysis, and associated follow-ups, data analytics, and a central place to manage the various reporting specifications for the different downstream groups that might want to or be required to receive that information".
- The last bullet was changed from discussing communication with the Food and Drug Administration (FDA) to communication with "relevant entities such as PSOs".
- A final bullet was added to emphasize the importance of documenting allergies in the EHR to avoid negative patient outcomes. The bullet reads "note that in any case, any allergies to medications should be separately documented in the EHR".

MEDICATION INDICATION

Observations

The following change was made:

- The last bullet offering a link to research published by the Agency for Healthcare Research and Quality (AHRQ) was moved to the recommendations section.

Recommendations

The following changes were made:

- The phrase "International Classification of Diseases (ICD) -10 codes should be considered for how diagnosis is documented. An indication example is to take a medication for pain. This is different than a diagnosis which could be 'falling from stairs'" was added to the end of the second bullet.
- An example was offered at the end of the fifth bullet, reading "for example, free-text documentation of the reason for a prescription may potentially be adequate in some cases."

The final sections of the draft report, the "Conclusion" and the "Continuation of the Functions Performed by the ISPTF", were reviewed. The last two paragraphs in the conclusion were moved to instead fall under the "Continuation of the functions Performed by the ISPTF" section. A sentence was added at the end of

the conclusion, reading "we recommend continued focus and deliberation on these additional priorities". The title of the conclusion was changed to "Summary and Conclusion" and was re-ordered to come before the "Continuation of the functions Performed by the ISPTF" section.

Public Comment

There were no public comments.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE

No comments were received.

Adjourn

Task Force members were thanked for their engagement and participation and were invited to continue to review and comment on the draft report. The last task force meeting prior to the presentation to the HITAC is scheduled for October 11, 2019 and the final presentation of the recommendations to the HITAC is scheduled for the October 16, 2019 meeting. The meeting was adjourned at 12:00 p.m. ET.