



Via Electronic Submission to: https://www.healthit.gov/policy-researchers-implementers/interoperability/Proposed_Interoperability_Standards_Measurement_Framework_Public_Comments

July 31, 2017

Office of the National Coordinator
Department of Health and Human Services
330 C St., SW, Floor 7
Washington, DC 20201

Re: Proposed Interoperability Standards Measurement Framework

Dear Sir or Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (the Collaborative), we appreciate the opportunity to submit comments regarding the proposed *Interoperability Standards Measurement Framework*.

The Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC), developing the national health information technology (HIT) framework since 2010.

Pharmacists provide person-centered care and services, maintain various secure patient care records, and as part of the integrated health care team, they are directly involved with other health care providers and patients in various practice settings. Pharmacists are users of health IT and are especially supportive of interoperability standards incorporating Health Level Seven (HL7), SNOMED CT, RxNorm (National Library of Medicine), NCPDP SCRIPT (National Council of Prescription Drug Programs), and NCPDP Real Time Formulary and Benefits (currently under development). The Collaborative supports the use of these particular standards which are not only important to pharmacists for use in providing specific person-centered care and services to patients, but these particular standards would help in reaching the proposed framework's goal of measuring nationwide interoperability progress.

As we noted in previously submitted comments regarding the ONC's proposed interoperability standards and its 2015 released *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap* (the Roadmap), it is vitally important that pharmacists' access to proposed interoperability elements not be

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limited; a current barrier needs to be resolved, particularly with regard to the ONC's current proposed framework for measuring implementation progress.

Pharmacists, as health care providers, were not included in the CMS Electronic Health Records (EHR) Incentive Program, which is now being merged into the new Merit-based Incentive Program (MIPS), as eligible providers who use health IT. These programs are a rich resource for measuring implementation progress and knowing what standards are being used. However, as parts of the Roadmap and the proposed measurement framework are based on the interoperability standards incorporated into these incentive programs, groups not included in these incentive programs may be slow to implement these standards, if at all, within the ONC's timeframe, thus limiting the progress of nationwide interoperability adoption. Given the interconnectivity of federal agencies to the Roadmap, the ONC could play a role in helping to resolve this particular barrier.

Proposed Interoperability Standards Measurement Framework Objectives

With regard to the two key measurement areas proposed, the Collaborative supports, in particular, two standards under development for possible use in measuring interoperability progress once they are implemented: HL7's electronic clinical quality measure (eCQM) and the ONC High Impact Pilots (HIP): Interoperable Pharmacist Care Planning currently being piloted in North Carolina.

As part of HL7's Clinical Quality Framework Standards & Interoperability initiative, and its Clinical Quality Information (CQI) and Clinical Decision Support (CDS) workgroups, work is under way to develop harmonized data model and expression language to define clinical quality measures. The CMS has published eCQMs as part of performance initiatives for government programs. The CQI workgroup is charged with creating and maintaining information technology standards in support of improving health care quality and to foster collaboration between quality measurement, outcomes, and improvement stakeholders.

The goal of ONC's HIP is to develop an electronic care plan, called the Pharmacist eCare Plan, jointly through HL7 and NCPDP with medication management content based on the templates in the HL7 Implementation Guide for C-CDA Release 2: Consolidated CDA for Clinical Notes. The Pharmacist eCare Plan will serve as a standardized, interoperable document for exchanging medication-related activities and plans and goals for an individual needing care. The Pharmacist eCare Plan will be a dynamic plan that contains information on the patient and pharmacist and care team's concerns and goals related to medication optimization. HL7's Fast Healthcare Interoperability Resources (FHIR) will be used for this project. Additionally, a second pilot project under way through Community Care of North Carolina (CCNC) will use the Pharmacist eCare Plan developed by NCPDP and HL7, as well as using existing standards adopted by medical providers in electronic medical records. Pharmacists in this project will use the

systems to share care plans electronically and improve care coordination. The CCNC will receive the care plans and use EHR-ready, standardized data to access the quality of care and manage payment for enhanced services.

The move to an interoperable care plan linking pharmacists with other clinicians will reduce redundant data entry, make care plans more consistent in structure, and allow clinical information emanating from community pharmacies to be more easily exchanged with other members of the integrated health care team.

Questions

Is a voluntary, industry-based measure reporting system the best means to implement this framework? What barriers might exist to a voluntary, industry-based measure reporting system, and what mechanisms or approaches could be considered to maximize this system's value to stakeholders?

Although a voluntary, industry-based measure reporting system may be one approach, as we noted above, if there are no tangible incentives, a voluntary approach may not work. Without incentives, end users may be slow to implement or adopt standards, if at all, thus limiting the progress of nationwide interoperability adoption and reporting. For this to work, there would also be a need for a common infrastructure for reporting. Without a common infrastructure, reporting would more than likely fall on developers to do. Encouraging the adoption of SNOMED CT would help with standardized reporting.

What other alternative mechanisms to reporting on the measurement framework should be considered (for example, ONC partnering with industry on an annual survey)?

The Collaborative would welcome the opportunity to partner with the ONC. One Collaborative member, Surescripts, produces an annual report on e-prescribing by collecting and analyzing data from multiple organizations within its network. One of the goals of this annual report is to help improve interoperability and use of e-prescribing for improved patient health and safety.

Does the proposed measurement framework include the correct set of objectives, goals, and measurements to inform progress on whether the technical requirements are in place to support interoperability?

The Collaborative supports both objectives.

With regard to Objective I, understanding a standard's lifecycle and steps for implementation, the Collaborative relies on health IT standards developers (e.g., NCPDP,

HL7, etc.) to report on their progress and determine whether the technical requirements are in place to support interoperability.

Concerning Objective II, use of standards by end users, the Collaborative supports the proposed measurement areas to identify standards that have been deployed but not used by end users. One issue of concern, though, is that pharmacy is not part of the incentive programs, as are hospitals and physicians, to adopt and implement interoperability standards. As we noted previously, if there are no incentives, end users may be slow to implement or adopt standards, if at all, thus limiting the progress of nationwide interoperability adoption and reporting.

What, if any gaps, exist in the proposed measurement framework?

The Collaborative believes that standards for electronic care plans and standards to use ancillary providers need to be included to achieve progress in interoperability. Also, because of the existing EHR and MIPS incentive programs, there are health care providers who use health IT that may not be included in this framework (e.g., pharmacy, home health care providers, behavioral health providers).

Although the proposed measurement will look at standards that have been deployed but not used by end users, it is not clear if this would include an outcome-based assessment. We suggest that an outcome-based assessment be included where possible. End users may be more open to voluntarily contributing to an evaluation strategy that shows the impact of their efforts. The framework should also measure standards use across the Learning Health System.

Are the appropriate stakeholders identified who can support collection of needed data? If not, who should be included?

Because of the existing EHR and MIPS incentive programs, there are health care providers who use health IT that may not be included in this framework (e.g., pharmacy, home health care providers, behavioral health providers).

Given that it will likely not be possible to apply the measurement framework to all available standards, what processes should be in place to determine the standards that should be monitored?

Discussion with or survey of stakeholders for specific standards that should be monitored would be an option. The Collaborative would recommend the inclusion of standards used by pharmacy, including those developed by NCPDP, and standards that directly impact quality of care, such as the Pharmacist eCare Plan.

The Pharmacy HIT Collaborative's vision and mission are to assure the nation's health care system is supported by meaningful use of HIT, the integration of pharmacists for the provision of quality patient care, and to advocate and educate key stakeholders regarding the meaningful use of HIT and the inclusion of pharmacists within a technology-enabled integrated health care system. The Collaborative was formed in the fall of 2010 by nine pharmacy professional associations, representing 250,000 members, and also includes associate members from other pharmacy-related organizations. The Pharmacy HIT Collaborative's founding organizations represent pharmacists in all patient care settings and other facets of pharmacy, including pharmacy education and pharmacy education accreditation. The Collaborative's Associate Members represent e-prescribing and health information networks, a standards development organization, transaction processing networks, pharmacy companies, system vendors and other organizations that support pharmacists' services. For additional information, visit www.pharmacyhit.org

On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *Interoperability Standards Measurement Framework*.

For more information, contact Shelly Spiro, Executive Director, Pharmacy HIT Collaborative, at shelly@pharmacyhit.org.

Respectfully submitted,



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