



Via Electronic Submission to: https://www.research.net/r/rfi_nlm_strategic_plan

January 9, 2016

Office of Health Information Development
U.S. National Library of Medicine
National Institutes of Health
8600 Rockville Pike
Bethesda, MD 20894

**Re: Request for Information (RFI): Strategic Plan for the National Library of Medicine,
National Institutes of Health, NOT-LM-17-202**

Dear Sir or Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments in response to your *Request for Information (RFI): Strategic Plan for the National Library of Medicine*.

The Collaborative is supportive of the National Library of Medicine (NLM) and its role as an international leader in biomedical and health information. As health care providers, pharmacists provide patient-centered care and services, and as part of the integrated health care team, they are directly involved with other health care providers and patients in various practice settings utilizing the resources maintained and provided by the NLM.

Comment for Planning Theme #3: Role of NLM in supporting the public's health: clinical systems, public health systems and services, and personal health

Identify what you consider an audacious goal in your area of interest – a challenge that may be daunting but would represent a huge leap forward were it to be achieved. Include input on the barriers to and benefits of achieving the goal.

The Pharmacy HIT Collaborative believes that as national HIT initiatives take place, expanding the NLM's role in authorizing standardized value sets of codes in the United States is an important goal. Three important areas for the pharmacy profession where such standardization within HIT needs to occur are: 1) drug allergy classification, 2) adverse drug event reporting, and 3) appropriate classification of biotechnology-derived pharmaceuticals.

Pharmacy Health Information Technology Collaborative

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Standardizing the drug allergy class, including enhanced coding and documentation, will lead to a more comprehensive way to report adverse drug events. The Collaborative has been working with the NLM in this regard.

The most important thing NLM does in this area, from your perspective.

The Collaborative believes that the NLM being the steward of nationally recognized codes for the United States helps in the adoption of vocabulary standards for health information technology for interoperability which also includes helping to standardize information collection and dissemination of vocabulary data. In this regard, standardized nomenclature or terminology is critical for the exchanging information between computer systems, as pointed out in the Office of the National Coordinator's proposed *Connecting Health and Care for the Nation: A Shared Interoperability Roadmap*.

To help integrate such data and knowledge, it is vitally important for the NLM to remain as the steward and representative for the United States' realm of access and availability to International Standards Organization (ISO) nomenclature, such as the Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT). It is imperative that pharmacy systems have standardized coding in collecting and disseminating health information to other health care providers and the patient.

The maintenance of NLM's DailyMed, including RxNorm coding and structured product labeling (SPL), is also of critical importance. This is especially useful to physicians and pharmacists working in pharmacies utilizing electronic prescribing (e-prescribing). It is important to the pharmacy profession to have up-to-date maintenance of usable normalized medication nomenclature when documenting medication orders and electronic prescriptions. Such normalization will help to standardize data between codified and proprietary systems, thus reducing the potential for errors. For example, if a prescriber references a National Drug Code (NDC) and is not using RxNorm, and if the pharmacy proprietary system does not recognize the NDC, the pharmacy system may erroneously select a different drug. The use of RxNorm is critical, and we believe normalization of these codes will lead to expanded use of RxNorm and a decrease in medication errors.

Pharmacy's technological needs and its terminology are rapidly becoming adopted. The NLM plays an important role in standard vocabulary adoption away from proprietary compendia developing their own set of values.

New data types or data collections anticipated over the next 10 years.

Pharmacogenomics and the concept of the medical utility of pharmacogenomics is becoming an important part of medical and health care conversations. Drafting a pharmacogenomic value set of codes that will be used to document pharmacogenomic information in the electronic health record (EHR) is recommended, and the Collaborative believes there is a role for NLM in this regard.

The Collaborative conducted and published an *Environmental Scan of Pharmacogenomics Coding: Current Practice and Barriers* which reviewed the major pharmacogenomics databases and resource guidelines currently available; summarized challenges storing pharmacogenomic information in the electronic medical record (EMR); and identified SNOMED CT codes currently available to document pharmacists' involvement with pharmacogenomics with pharmacogenomic interventions and those that may be needed as the field of pharmacogenomics continues to grow.

The Collaborative's environmental scan showed that "widespread efforts are under way, determining which pharmacogenomic biomarkers are actionable and may result in clinically meaningful outcomes. More than 150 medications include pharmacogenomic information in their package labeling information. The labeling information includes genes which influence drug exposure and clinical response variability, risk for adverse events, genotype-specific dosing, mechanism of drug action, polymorphic drug target, and disposition of genes. The speed of the discovery of the genetic biomarkers far outpaces the understanding of corresponding clinical significance, as well as the incorporation of this data into current clinical practice."¹

Codifying pharmacogenomic information using standardized vocabularies would make this information sharable through health information exchanges, crossing multiple care settings, and every point of prescribing so therapy can be tailored to each unique patient. Additionally, documentation codes related to the clinical management of pharmacogenomic data should be developed to describe interventions with optimizing medication therapy.

Other comments, suggestions, or considerations, keeping in mind that the aim is to build the NLM of the future.

As biotechnology-derived pharmaceuticals, including biosimilars, become commonplace in health care, pharmacists will play an important role in documenting the effects of these personalized biological medicines. Pharmacists will need to have more detailed information about the use of these medicines as part of the patient-centered care services they provide. It is important to codify in HIT systems how these biomedicines are used and reported, and the Collaborative believes that the NLM has a critical role in working with the FDA and the ONC, and especially in working with standards development organizations such as NCPDP and HL7 in achieving this goal.

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

¹ *Environmental Scan of Pharmacogenomics Coding, Current Practice and Barriers*, Pharmacy Health Information Technology Collaborative, June 2015. <http://www.pharmacyhit.org/pdfs/workshop-documents/WG2-Post-2015-01.pdf>

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 six 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 *Request for Information (RFI): Strategic Plan for the National Library of Medicine*.

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

Respectfully submitted,



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