Via Electronic Submission to: http://www.regulations.gov

June 25, 2018

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1696-P
7500 Security Boulevard
Baltimore, MD 21224-1850

Re: [CMS-1696-P] Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNF) Proposed Rule for FY 2019, SNF Value-Based Purchasing Program, and SNF Quality Reporting Program

Dear Sir/Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments for the SNF Quality Reporting Program portion of the Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNF) Proposed Rule for FY 2019 proposed rule.

Pharmacists are users of health IT and are supportive of interoperability standards, especially those utilizing certified EHR technology (CEHRT). The Collaborative supports the use of particular standards which are important to pharmacists for working with other health care providers, transitions of care, allergy reactions, immunization (historical and administered), immunization registry reporting, medications, medication allergies, patient problems, smoking status, reporting to public health agencies, clinical decision support services/knowledge artifacts, drug formulary checking, and electronic prescribing.

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

The following are our comments to the questions regarding new or revised CoPs/CfC/RfPs for the electronic exchange of health information.
If CMS were to propose a new CoP/CfC/RfP standard to require electronic exchange of medically necessary information, would this help to reduce information blocking as defined in Section 4004 of the 21st Century Cures Act?

Developing a new standard may help, provided such a new standard bans any form of information blocking. There are also other aspects that CMS needs to look at that may not necessarily be resolved by a new CoP/CfC/RfP standard. The Collaborative supports exchanges operating openly and transparently. Critical to achieving open and transparent exchanges is ensuring that information blocking is discouraged and does not occur with vendors or health care providers, including removing barriers that may constitute or be perceived as information blocking. The existence of information blocking currently is a concern of the Collaborative and its members. As users of health information technology, pharmacists in all practice settings need unhindered access to the exchange and use of electronic health information.

We recommend that CMS identify and analyze gaps and make available the best solutions to curtail information blocking, including looking further at the Trusted Exchange Framework and Common Agreement (TEFCA). The Collaborative also believes it may be necessary to rethink the HIPAA Privacy Rule. HIPAA is often used as a way to block information sharing.

Should CMS propose new CoPs/CfCs/RfPs for hospitals and other participating providers and suppliers to ensure a patient’s or resident’s (or his or her caregiver’s or representative’s) right and ability to electronically access his or her health information without undue burden? Would existing portals or other electronic means currently in use by many hospitals satisfy such a requirement regarding patient/resident access as well as interoperability?

The Collaborative believes every effort should be made to ensure a patient’s or resident’s, et al, right and ability to electronically access their health information without undue burden. Without knowing what existing portals or other electronic means currently in use by many hospitals, the Collaborative cannot provide comment.

Do stakeholders believe that new or revised CMS CoPs/CfCs/RfPs for interoperability and electronic exchange of health information would help improve routine electronic transfer of health information as well as overall patient/resident care and safety?

The Collaborative believes that if CMS requires the use of Certified EHR Technology (CEHRT) for interoperability and implements safety protocols, then this should help new or revised CMS CoPs/CfCs/RfPs improve routine electronic transfer of health information.

Under new or revised CoPs/CfCs/RfPs, should non-electronic forms of sharing medically necessary information (for example, printed copies of patient/resident discharge/transfer summaries shared directly with the patient/resident or with the receiving
**provider or supplier, either directly transferred with the patient/resident or by mail or fax to the receiving provider or supplier) be permitted to continue if the receiving provider, supplier, or patient/resident cannot receive the information electronically?**

The Collaborative recommends that the non-electronic forms of sharing medically necessary information, as noted in the question, continue to be used, particularly if the recipient cannot receive the information electronically. At this stage, interoperability and electronic exchanges of information are not universally in place and being used. This is especially critical for patients, many of whom may not have computers or access to computers.

**Are there any other operational or legal considerations (for example, HIPAA), obstacles, or barriers that hospitals and other providers and suppliers would face in implementing changes to meet new or revised interoperability and health information exchange requirements under new or revised CMS CoPs/CfCs/RfPs if they are proposed and finalized in the future?**

As discussed in our first comment, the Collaborative recommends that CMS analyze gaps and identify and make available the best solutions to curtail information blocking, including looking further at TEFCA. The Collaborative also believes it may be necessary to rethink the HIPAA Privacy Rule under this new paradigm. HIPAA is often used as a way to block information sharing.

**What types of exceptions, if any, to meeting new or revised interoperability and health information exchange requirements, should be allowed under new or revised CMS CoPs/CfCs/RfPs if they are proposed and finalized in the future? Should exceptions under the QPP including CEHRT hardship or small practices be extended to new requirements? Would extending such exceptions impact the effectiveness of these requirements?**

The Collaborative continues to support exceptions under the QPP, including CEHRT hardship for small practices.

**Communication Between Hospitals and Their Patients and Caregivers**

As noted previously, it may be necessary to rethink the HIPAA Privacy Rule. HIPAA is often used as a way to block information sharing. Additionally, the Collaborative also encourages CMS to begin looking at new technologies that are evolving and one day may replace technology that is currently being used. One technology that is now being touted as a possible solution to some interoperability issues in health care is blockchain. Although currently making its way into the financial industry (Bitcoin is one its earliest and larger users), recent reports state that blockchain has strong applicability for health care and health information.
The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. The Collaborative’s membership is composed of the key national pharmacy associations involved in health information technology (HIT), the National Council of Prescription Drug Programs, and nine associate member encompassing e-prescribing, health information networks, transaction processing networks, pharmacy companies, system vendors, pharmaceutical manufacturers, and other organizations that support pharmacists’ services.

As the leading authority in pharmacy health information technology, the Pharmacy HIT Collaborative’s vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize person-centered care. Supporting and advancing the use, usability, and interoperability of health IT by pharmacists for person-centered care, the Collaborative identifies and voices the health IT needs of pharmacists; promotes awareness of functionality and pharmacists’ use of health IT; provides resources, guidance, and support for the adoption and implementation of standards driven health IT; and guides health IT standards development to address pharmacists’ needs. For additional information, visit www.pharmacyhit.org.

On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the SNF Quality Reporting Program portion of the Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNF) Proposed Rule for FY 2019 proposed rule.

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

Respectfully submitted,

Shelly Spiro
Executive Director, Pharmacy HIT Collaborative
shelly@pharmacyhit.org
Susan A. Cantrell, RPh, CAE
Chief Executive Officer
Academy of Managed Care Pharmacy
scantrell@amcp.org

Peter H. Vlasses, PharmD, DSc (Hon), FCCP
Executive Director
Accreditation Council for Pharmacy Education (ACPE)
pvlasses@acpe-accredit.org

Lynette R. Bradley-Baker, R.Ph., Ph.D.
Vice President of Public Affairs and Engagement
American Association of Colleges of Pharmacy
lbbaker@aaccp.org

Stacie S. Maass, BS Pharm, JD
Senior Vice President, Pharmacy Practice and Government Affairs
American Pharmacists Association (APhA)
smaass@aphanet.org

Arnold E. Clayman, PD, FASCP
Vice President of Pharmacy Practice & Government Affairs
American Society of Consultant Pharmacists
aclayman@ascp.com

Amey C. Hugg, B.S.Pharm., CPHIMS, FKSHP
Director, Section of Pharmacy Informatics and Technology Member Relations Office
American Society of Health-System Pharmacists
ahugg@ashp.org

Jitin Asnaani
Executive Director
CommonWell Health Alliance
jitin@commonwellalliance.org

Sarah Nichelson JD
Public Policy & Advocacy Manager
Hematology/Oncology Pharmacy Association
snichelson@hoparx.org

Rebecca Snead
Executive Vice President and CEO
National Alliance of State Pharmacy Associations
rsnead@naspa.us

Ronna B. Hauser, PharmD
Vice President, Pharmacy Affairs
National Community Pharmacists Association (NCPA)
ronna.hauser@ncpanet.org

Stephen Mullenix, RPh
Senior Vice President, Communications & Industry Relations
National Council for Prescription Drug Programs (NCPDP)
smullenix@ncpdp.org

Rebecca Chater, RPh, MPH, FAPhA
Director, Clinical Health Strategy
Omnicell, Inc.
rebecca.chater@omnicell.com

Parmjit Agarwal, PharmD, MBA
Director, Pharmacy Development
Pfizer
Parmjit.Agarwal@pfizer.com

Lisa Hines, PharmD
Senior Director, Measure Operations & Analytics
Pharmacy Quality Alliance (PQA)
LHines@pqaalliance.org
Mindy Smith, BSPharm, RPh
Vice President Pharmacy Practice Innovation
PrescribeWellness
msmith@prescribewellness.com

Patrick Harris Sr., MBA, CPhT Director,
Business Development
RelayHealth
patrick.Harris@RelayHealth.com

Steve Gilbert, R.Ph., MBA
Vice-President, Performance Improvement
Tabula Rasa HealthCare
sgilbert@trhc.com

Michael Morgan
Chief Executive Officer
Updox
mmorgan@updox.com