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The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care: 2022 to 2025 Update

1. Executive summary

About the Roadmap

The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care 2011–2015 (roadmap) was the first pharmacy health information technology (IT) strategic plan. This plan was developed by national pharmacy associations and other key stakeholders that comprise the Pharmacy Health Information Technology Collaborative (PHIT). Formed in the fall of 2010, PHIT’s founding organizations represent pharmacists in all patient care settings and other facets of pharmacy, including pharmacy education and pharmacy education accreditation. PHIT’s associate members represent e-prescribing networks, a standards development organization, transaction processing networks, pharmacy companies, system vendors, and other organizations that support pharmacists’ services. PHIT was founded by nine pharmacy professional associations, representing over 250,000 members, and includes associate members from other pharmacy-related organizations. For additional information, visit www.pharmacyhit.org.

The roadmap provides guidance to provider organizations, policymakers, vendors, payers, and other stakeholders striving to integrate pharmacy health IT into the U.S. health IT infrastructure. The Roadmap outlines the goals and strategies related to the pharmacy profession’s health IT objectives. The goals listed in this document are numbered by process and not by priority. PHIT contributes to specific aspects within the roadmap that are aligned with the scope, goals, objectives, and strategies of PHIT.
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2. Purpose
The purpose of this document is to align the 2018-2021 roadmap to PHIT’s 2022-2025 strategic plan’s vision, purpose, and strategic initiatives. The roadmap is updated to reflect the areas the pharmacy profession needs to continue its focus and is mapped to PHIT’s 2022-2025 Strategic Plan.

3. Background
The original roadmap outlined the following 10 goals and recommendations for action by the pharmacy profession.

- Goal 1: Ensure that HIT Supports Pharmacists in Health Care Service Delivery
- Goal 2: Achieve Integration of Clinical Data With Electronic Prescription (e-prescribing) Information
- Goal 3: Advocate for Pharmacist Recognition in Existing Programs and Policies
- Goal 4: Ensure that HIT Infrastructure Includes and Supports MTM Services
- Goal 5: Integrate Pharmacist-Delivered Immunizations into the EHR
- Goal 6: Achieve Recognition of Pharmacists as Meaningful Users of EHR Quality Measures
- Goal 7: Advance System Vendor EHR Certification
- Goal 8: Promote Pharmacist Adoption and Use of HIT and EHRs
- Goal 9: Achieve Integration of Pharmacies and Pharmacists into Health Information Exchanges
- Goal 10: Establish the Value and Effective Use of HIT Solutions by Pharmacists

In 2013, PHIT members reviewed the 10 goals and 92 strategies, determining status, importance, industry relevance, and if PHIT should continue working on the strategies. In 2013, pharmacy leader representatives identified a subset of the strategies and recommendations from the original roadmap. The leaders identified the strategies and recommendations that fit the 2014-2017 PHIT’s strategic plan. A similar process was used for the 2018-2021 roadmap update. In 2021, PHIT members updated the roadmap for 2022 - 2025.

These pharmacy leaders reviewed the findings outlined in sections 4.1 and 4.2. They identified a subset of the strategies and recommendations from the original Roadmap document. The leaders identified the strategies and recommendations PHIT should continue to focus on to fit the 2014–2017 PHIT’s strategic plan.

History of PHIT
- Formed in 2010 by nine national pharmacy professional organizations, PHIT leads the pharmacy profession in integrating pharmacists’ provided patient care services into the national health IT infrastructure by working in collaboration with accredited standards development organizations (NCPDP, HL7, and X12) and U.S. government regulatory agencies (HHS, CMS, and ONC).
- In 2011, PHIT structure was opened to associate members.
- PHIT and its members use the roadmap for outreach to health IT stakeholders. The roadmap provides one common set of pharmacist health IT goals.
Accomplishments to Date

• PHIT members appointed over 100 volunteers focused on preparing guidance documents related to educating pharmacists and pharmacy vendors on various health IT topics.¹

• PHIT is often called upon to present on health IT topics related to pharmacist providing patient care services and provide a variety of educational events.
  » PHIT is the steward of the clinical documentation codes and value sets for the pharmacy profession and are responsible for vetting and approving documentation codes and value sets for use in national electronic health information exchanges.
  » PHIT is an active participant and driving force in standardized terminology with the National Library of Medicine (NLM), Food and Drug Administration, Centers for Medicare & Medicaid Services (CMS), and other government organizations working on these standards.
  » PHIT works to ensure pharmacists providing patient care services are able to collect, document, and share clinically relevant medication-related information. This information promotes the delivery of high quality health care and satisfaction of requirements for value-based payment models.
  » PHIT engages stakeholders within and outside the pharmacy sector. It has established close working relationships with key departments and staff at the Office of the National Coordinator for Health IT (ONC) and CMS. PHIT is established as an industry leader and active participant in health information exchange (HIE) and health IT standards development organizations initiatives and agendas.
  » PHIT participates and leads national standards development work representing pharmacists providing patient care services (e.g., Pharmacist eCare Plan, harmacist EHR).
  » PHIT serves as the unified voice of pharmacy representation on the AMA CPT® Health Care Professionals Advisory Committee (HCPAC) Editorial Panel and endeavors to enhance the recognition of pharmacists and their patient care services.
  » PHIT participates in USP’s allergy and intolerance technical expert panel to standardize electronic allergy and adverse drug event reporting within EHRs.
  » PHIT comments on proposed rules to HHS, CMS and ONC. http://www.pharmacyhit.org/index.php/collaborative-outreach.

Pharmacists must be involved in the bidirectional exchange of health information to improve the care of patients.
4. Discussion

4.1 Define what the collaborative should focus on through 2025 based on the collaborative’s 2022-2025 strategic plan

A volunteer committee of PHIT members revised recommendations and strategies to fit the 2022-2025 strategic plan as follows:

**Vision**
The U.S. health information technology (IT) infrastructure will better enable pharmacists to optimize person-centered care.

**Purpose**
The purpose of the Pharmacy Health Information Technology Collaborative (PHIT) is to advance pharmacists’ delivery of person-centered, team-based care by assuring widespread implementation of interoperable IT that facilitates efficient workflows, robust health information exchange, meaningful quality measurement, and sustainable financial models across practice environments.

This is accomplished by

- identifying and voicing the health IT needs of pharmacists;
- promoting and influencing awareness of pharmacists’ use and functionality of health IT;
- collaborating, facilitating, and convening stakeholders on topics related to health IT;
- providing resources, guidance, and support for adoption and implementation of standards-driven health IT;
- guiding health IT standards development and other activities to address the health IT needs of pharmacists; and
- supporting the collection, documentation, and exchange of information among health IT systems.

**STRATEGIC INITIATIVES**

**IMPLEMENTATION**

- Interoperability. Advance the adoption by pharmacists of systems capable of standards-driven health information exchange and advocate for the interoperable exchange of health information between pharmacists and other health care entities.
- Workflow and Usability. Support the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists’ Patient Care Process and the provision of pharmacist-provided patient care services.

**QUALITY and DOCUMENTATION**

- Measurement. Facilitate the use of health IT that supports effective quality measurement.
- Attribution. Promote the specific roles and contributions that pharmacists provide in person-centered, team-based care.
POLICY and ADVOCACY
- Communication. Enhance interactions with an impact on ONC, standards development organizations (SDOs), pharmacy systems and electronic health record (EHR) vendors, and pharmacy and other stakeholder organizations

4.2 Goals and Objectives

IMPLEMENTATION

Objective 1.1: Identify health care system-wide health IT enhancements that PHIT can influence, develop, and implement action plans.

- Tactic 1.1.1: Use results from enhanced medication therapy management (MTM), Pharmacist eCare Plan (PeCP), preventive care provision, analyses from authorities gained during the COVID-19 pandemic, and other projects to identify gaps in interoperability and implement PHIT’s specific action plan to address these identified gaps.
- Tactic 1.1.2: Promote the expanded use and adoption of electronic prescribing-based transaction standards that promote safety and efficiency.
- Tactic 1.1.3: Develop an action plan and promote robust reporting of information blocking cases to ONC.
- Tactic 1.1.4: Work to facilitate reporting metrics that demonstrate success, as well as an online reporting platform.

Objective 1.2: Provide information, education, and resources to the pharmacy profession to increase awareness of the impact of interoperability and information blocking on health care.

- Tactic 1.2.1: Provide information and resources through PHIT members on how to electronically collect, document, and share health information.
- Tactic 1.2.2: Serve as a resource for pharmacists and other stakeholders about opportunities to utilize health information exchange standards.
- Tactic 1.2.3: Provide user-friendly guidance on the use and application of health IT in practice.
- Tactic 1.2.4: Utilize PHIT website as a central repository for information related to interoperability and information blocking.
- Tactic 1.2.5: Create a PHIT playbook, similar to ONC’s Health IT Playbook, to educate pharmacists and members on health IT matters, such as adoption of Health Level 7 International (HL7) Fast Healthcare Interoperability Resources (FHIR®) standard and application programming interfaces (APIs) used for exchanging the PeCP to meet the ONC health IT certification program to prevent information blocking and to promote interoperability.
- Tactic 1.2.6: Develop more educational resources and training for pharmacists and the pharmacy community.
- Tactic 1.2.7: Provide information and resources through PHIT members on how
Objective 1.3: Create tools and resources to promote the Pharmacists’ Patient Care Process workflow and use within health IT systems.

- Tactic 1.3.1: Encourage pharmacist involvement in identifying functionality for pharmacist patient-care workflow.
- Tactic 1.3.2: Serve as a health IT subject matter expert for member organizations in development of educational programs.

Objective 1.4: Participate with and influence SDOs and pharmacy systems and EHR vendors to facilitate use and usability for pharmacists, pharmacies and other medical and health care settings where pharmacists practice.

- Tactic 1.4.1: Work with pharmacy systems and EHR vendors to enhance and streamline processes to reduce pharmacist and pharmacy personnel burden (e.g., noise, clicks).
- Tactic 1.4.2: Work with pharmacy systems and EHR vendors to further adopt and implement the PeCP.
- Tactic 1.4.3: Monitor the needs, challenges, and wants of pharmacists for the functional use and usability of health IT systems.

QUALITY and DOCUMENTATION

Objective 2.1: Participate in and influence the development and maintenance of pharmacy-related American Medical Association Current Procedural Terminology (AMA CPT®) codes.

- Tactic 2.1.1: Provide pharmacy representation to AMA CPT® Editorial Panel meetings.
- Tactic 2.1.2: Monitor the environment, make recommendations, and influence decisions reflective of the pharmacy profession’s needs where appropriate to AMA CPT® Editorial Panel.

Objective 2.2: Establish and maintain clinical documentation coding and value sets for the profession.

- Tactic 2.2.1: Define the functionality of health IT based on JCPP definitions related to pharmacy practice.
- Tactic 2.2.2: Spearhead the development of SNOMED CT (Systematized Nomenclature of Medicine – Clinical Terms) codes that support the Pharmacists’ Patient Care Process.
- Tactic 2.2.3: Map SNOMED CT codes to JCPP definitions related to pharmacy practice.
- Tactic 2.2.4: Crosswalk value set requests to assure SNOMED CT codes support the ability to document pharmacists’ patient care services.
• Tactic 2.2.5: Work with SDOs to develop standards that support documentation of pharmacists’ patient care process.

• Tactic 2.2.6: Develop use cases that can be utilized to enhance pharmacist documentation workflow, with an emphasis on alignment with quality metrics.

• Tactic 2.2.7: Develop use cases around interoperability, attribution, and value-based care, with a focus on demonstrating value to payers.

• Tactic 2.2.8: Provide guidance and a framework to pharmacy systems and EHR vendors regarding documentation of patient care.

• Tactic 2.2.9: Work with pharmacy systems and EHR vendors to develop continuity in reporting.

Objective 2.3: Integrate and harmonize the measure development work of the Pharmacy Quality Alliance (PQA) and other entities in facilitating the data quality model using standard terminology.

• Tactic 2.3.1: Promote the use of standard terminologies (LOINC, RxNorm, ICD-10, SNOMED CT) that support quality measurement.

• Tactic 2.3.2: Coordinate PQA metrics for use in eCare Plan standards.

• Tactic 2.3.3: Collaborate with measurement development organizations (e.g., National Committee for Quality Assurance (NCQA), PQA) to ensure the data and information collected, related to pharmacists’ services, are provided in a form that is acceptable and usable to the organization.

POLICY and ADVOCACY

Objective 3.1: Convene and collaborate with stakeholders to identify and advocate ways to improve interoperability and prevent information blocking.

• Tactic 3.1.1: Influence standards organizations to incorporate pharmacy patient care workflows, leading to interoperability, and provide needed health IT functionality for pharmacists.

• Tactic 3.1.2: Engage with government agencies (e.g., CMS, HHS, ONC, CDC, FDA) and non-governmental entities (e.g., health information exchanges and networks) that influence pharmacists’ use of interoperable health IT systems.

• Tactic 3.1.3: Monitor and advocate for health IT that accommodates emerging practice activities (e.g., pharmacogenomics, preventive care, prescribing).

• Tactic 3.1.4: Influence current health IT systems to incorporate standards-driven electronic health information exchange (e.g., PDMPs, EHRs, registries, and data sources).

• Tactic 3.1.5: Promote the interoperable use of SNOMED CT, other terminology standards, and value sets.

• Tactic 3.1.6: Collaborate with vendors, health IT companies, and other stakeholders to promote the adoption of health IT standards that lead to interoperability.
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• Tactic 3.1.7: Collaborate with and influence National Council for Prescription Drug Programs (NCPDP) and HL7 FHIR to work with the regulatory agencies to adopt standards versions more frequently.
• Tactic 3.1.8: Influence other sectors to adopt standards more effectively and efficiently to maintain pace with the industry.
• Tactic 3.1.9: Develop relationship with the American Academy of Professional Coders (AAPC) and other relevant stakeholders to increase their recognition of the value of pharmacists’ patient care services.

Objective 3.2: Conduct targeted outreach activities to pharmacists and other key stakeholders to promote effective use of interoperable health IT.

• Tactic 3.2.1: Develop key messages about the pharmacist’s roles and responsibilities for optimal health IT use and usability for distribution by member organizations.
• Tactic 3.2.2: Recommend the development of educational requirements for Pharm.D. and continuing pharmacy education (CPE) programs relative to health IT.
• Tactic 3.2.3: Engage pharmacy employers and other relevant organizations to join PHIT and share workflow best practices.
• Tactic 3.2.4: Encourage incorporation of health IT content (e.g., documentation, standards) into practice tools, resources, and education created by member organizations.
• Tactic 3.2.5: Encourage member organizations to publish examples of best practices in peer reviewed pharmacy and health IT organization publications.
• Tactic 3.2.6: Work to facilitate a data repository of a common set of data elements to have readily available for advocacy purposes.
• Tactic 3.2.7: Provide pharmacy friendly advocacy resources on various health IT principles and issues to increase awareness and to encourage more pharmacists to engage.
4.3 Interoperable Data Exchange

The diagram illustrates the vision behind interoperable exchange of data through health information exchanges (HIEs) where patient-centric data captured by pharmacists’ clinical documentation systems using standard terminology is exchanged with other health care settings. The value of interoperable exchange of standard and codified data is highly recognized by providers and payers using pharmacy systems to electronically exchange pharmacy prescription claims and electronic prescribing transactions. Pharmacists capturing and exchanging standard clinical data can demonstrate similar value.
5. ONC’S 10-Year Vision to Achieve an Interoperable Health IT Infrastructure: Implications for Pharmacy

The government has been working for some time on building a health IT foundation. “Computers were used in pharmacy practice for maintaining profiles, dispensing, and billing as early as the 1960s.” Since its founding in 2010, PHIT members have acknowledged the opportunity to build awareness on documenting patient care services and outcomes within pharmacy management systems and not just focus on prescription dispensing functions. PHIT worked to convince other health care professionals that pharmacists have significant medication-related data other than prescription dispensing data.

PHIT has worked with ONC to ensure pharmacists are recognized as an integral part of the health IT infrastructure. Through CMS’ meaningful use program, eligible hospitals and professionals have adopted health IT in a meaningful way. In its concept paper, “Connecting Health and Care for the Nation: A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure,” ONC states “there is much work to do to see that every individual and their care providers can get the health information they need in an electronic format when and how they need it to make care convenient and well-coordinated and allow for improvements in overall health.”

By 2024, ONC believes that care providers, including pharmacists, will be part of an interoperable health IT infrastructure where “the right data is available to the right people at the right time across products and organizations in a way that can be relied upon and meaningfully used by recipients. As we work toward this vision for the future interoperable health IT ecosystem, we will plan and execute our work to align with a set of guiding principles.” To achieve this goal, ONC is working on the development of a shared, national interoperability roadmap.

Outlined below is how PHIT and its members are meeting the nine elements of the ONC’s 10-year vision for achieving interoperability.

<table>
<thead>
<tr>
<th>Connecting Health and Care for the Nation: A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure: Guiding Principles</th>
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<tbody>
<tr>
<td>Build upon existing health IT infrastructure</td>
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<tr>
<td>One size does not fit all</td>
</tr>
<tr>
<td>Empower individuals</td>
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<tr>
<td>Leverage the market</td>
</tr>
<tr>
<td>Simplify</td>
</tr>
<tr>
<td>Maintain modularity</td>
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<tr>
<td>Consider the current environment and support multiple levels of advancement</td>
</tr>
<tr>
<td>Focus on value</td>
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<tr>
<td>Protect privacy and security in all aspects of interoperability</td>
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</table>
Build upon the existing health IT infrastructure

PHIT and its members support using existing health IT infrastructure for pharmacists providing patient care services. PHIT works to improve the current infrastructure:

- Assists to define national recognized terminology (e.g., SNOMED CT and Value Sets) to standardize clinical documentation by pharmacists.
- Promotes the use of federally recognized standards (e.g., NCPDP, HL7) to develop electronic structured documents (e.g., Pharmacists eCare Plan) for electronically sharing pharmacist-provided clinical information.
- Provides guidance to a variety of stakeholders as it relates to the need of pharmacists in the development of health IT infrastructure.
- Encourages pharmacists to work with vendors to build on existing health IT system structure to allow for interoperability and functionality.

One size does not fit all

PHIT and its members support the concept that one technology solution does not work in all pharmacists’ practice settings, especially for pharmacists providing patient care services. Using nationally recognized standards (e.g., Pharmacist eCare Plan) will allow each practice site to have a system that meets their needs but still allow for interoperability. PHIT is actively involved in the following areas to support the use of government recognized standards that strive for baseline interoperability among health IT solutions while allowing pharmacy system vendors to remain innovative for their customers:

- PHIT is an active member of NCPDP and HL7 and participates in the standards development process to ensure standards incorporate the JCPP PPCP. An example is PHIT’s involvement in developing the Pharmacist eCare Plan standards efforts outlined in the ONC Interoperability Proving Ground.
- PHIT educates pharmacists and pharmacy system vendors on using the JCPP PPCP workflow process within Pharmacist eCare Plan standard that supports interoperable sharing of pharmacist-provided patient care services.

Patient involvement

PHIT and its members support encouraging patients to adopt technology to manage their medications and medication-related information. PHIT helps to support patients in a person-centric manner to participate in their medication-related care:

- The eCare Plan is a way for pharmacists to receive data, share medication-related outcomes, and the person-specific goals relating to employment and engagement in their care and improve their lives.
- The JCPP PPCP is a patient-centered model and helps pharmacists standardize clinical documentation while keeping the clinical data patient-specific.
- PHIT supports engaging patients in their care and making person-centric medication-related data available to patients and health care providers.
Leverage the market

PHIT and its members support the need to leverage markets to adopt standards and health IT certification to share medication-related information in an interoperable way.

- PHIT works with PQA for the adoption of electronic clinical quality measures (eCQMs) using standard terminology (SNOMED CT, LOINC and RxNorm) where pharmacists document clinical services to increase the demand for interoperability sharing of clinical data outside the claims process.
- PHIT supports the efforts for pharmacy management systems to adopt eCare Plans as a means to share pharmacists’-provided medication-related service documentation in an interoperable way.

Simplify

PHIT and its members support system vendors to use health IT standards that simplify interfaces and provide a proprietary solution for sharing clinical information.

- PHIT’s efforts of encouraging pharmacists’ system vendors to adopt health IT standards have led to the reduction of proprietary interfaces which help to simplify processes.

Maintain modularity

PHIT and its members support system vendors to adopt standard health IT solution with a modular approach. This works well for pharmacy system vendors including those pharmacy management systems that dispense prescriptions and document clinical services. Modularization is usually less costly and helps pharmacy management systems program software to meet their customers’ workflow without programming functionality found in larger enterprise systems.

- PHIT supports the voluntary adoptions of ONC’s Health IT Certification program, which is a more modular EHR certification approach based on meeting interoperable sharing of clinical information instead of adopting enterprise EHR systems that don’t meet the pharmacists’ specific documentation process.

Consider the current environment and support multiple levels of advancement.

PHIT and its members support multiple levels of health IT interoperability adoption and have worked to support considering the different pharmacy practice settings and level of pharmacist clinical encounters.

- PHIT’s guidance documents provide examples of health IT solutions by various practice settings and with different levels of health IT advancements.
Focus on value

PHIT and its members support the use of standard health IT efforts, with a focus on value, and works with pharmacy associations to educate pharmacists and promote capturing clinical documentation using standards to assist pharmacists with the ability to measure value.

- PHIT’s efforts related to the NLM Value Sets helps pharmacy system vendors codify clinical encounters in a standardized way.
- PHIT works with SDOs to develop the means to standardize electronic clinical quality measures (eCQMs) using standard terminology (SNOMED CT, LOINC and RxNorm).

Protect privacy and security in all aspects of interoperability

PHIT and its members support the use of standard health IT guidelines that promotes privacy and security and worked in the following area related to health IT privacy and security:

- PHIT supports the voluntary adoption of ONC’s Health IT Certification program, which tests systems to assure required privacy and security processes are in place for pharmacists sharing patient clinical information.

6. Conclusion

Over the past eleven years, PHIT has made significant accomplishments in several areas related to government outreach, education, standards development work, and coding impacting the pharmacy profession.

Since 2010, the government has been working on building a health IT foundation. PHIT works with ONC to assure pharmacists are recognized as an integral part of the health IT infrastructure. PHIT’s roadmap focuses on the implications to the pharmacy profession as it relates to ONC’S 10-Year Vision to Achieve an Interoperable Health IT Infrastructure.

This addendum aligns the Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care 2011-2015 to PHIT’s 2022-2025 strategic plan and provides guidance to the pharmacy profession for advocating and educating key stakeholders regarding the use of health IT and the inclusion of pharmacists within a technology-enabled integrated health care system.
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7. References

1. PHIT Work Group Documents (http://www.pharmacyhit.org/).


References below are noted in the first roadmap (http://www.pharmacyhit.org/pdfs/11-392_RoadMapFinal_singlepages.pdf).


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8. APPENDIX: Glossary

- AMA – American Medical Association https://www.ama-assn.org/
- CMS – Centers for Medicare & Medicaid Services https://www.cms.gov/
- eCQMs - Electronic Clinical Quality Measures
- EHR - Electronic Health Record https://www.healthit.gov/topic/health-it-basics/benefits-ehrs
- HHS – Health and Human Services https://www.hhs.gov/
- HIE - Health Information Exchange https://www.healthit.gov/topic/health-it-basics/health-information-exchange
- HIT - Health Information Technology
- HL7 – Health Level Seven http://www.hl7.org/
- IT - Information Technology
- JCPP – Joint Commission of Pharmacy Practitioners https://jcpp.net/
- LOINC – Logical Observation Identifiers Names and Codes https://loinc.org/
- ONC – Office National Coordinator for Health Information Technology https://www.healthit.gov/
- PHIT - Pharmacy Health Information Technology Collaborative http://www.pharmacyhit.org/
- PPCP – Pharmacists’ Patient Care Process https://jcpp.net/patient-care-process/
- PQA – Pharmacy Quality Alliance https://www.pqaalliance.org/
- RxNorm - provides normalization for clinical drugs https://www.nlm.nih.gov/research/umls/rxnorm/
- SNOMED CT - Systematized Nomenclature of Medicine–Clinical Terms https://www.nlm.nih.gov/healthit/snomedct/
- X12 http://x12.org/