



April 8, 2014

From: Shelly Spiro, Executive Director and David Kosar, Policy Analyst  
RE: CMS Request for Information (RFI): Transforming Clinical Practices

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CMS has issued a request for information pertaining to transforming clinical practices. The **deadline to submit responses to the RFI is 11:59 p.m., April 8<sup>th</sup>** <http://www.healthcarecommunities.org/Home/RFI-TransformingClinicalPractice.aspx>.

The RFI seeks responses to questions from clinicians, clinician practices, quality improvement organizations, professional organizations, etc. The feedback from this RFI may be used to develop future requests for proposals to assist practices to prepare for participation in new value-based payment programs.

Of the 35 questions posed by RFI, the Pharmacy HIT Collaborative is responding to 12 that are more related to health information technology (HIT) and the Collaborative's advocacy activities.

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### **Section 1: Demographic**

**Please include summary of POC's experience related to practice transformation. Clinical Practices must identify themselves as specialty, primary care or mixed (including both primary and specialty). Clinical Practices are required to also provide practice size including number of providers and size of patient population.\***

Formed in the fall of 2010, the Pharmacy HIT Collaborative's vision and mission are to assure the nation's healthcare 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's goals seeks to ensure HIT supports pharmacists in health care service delivery, achieve integration of pharmacists and pharmacies into HIEs, and advocates pharmacist recognition in HIT programs and policies, all of which aid practice transformation.

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 networks, a standards development organization, transaction processing networks, pharmacy

companies, system vendors and other organizations that support pharmacists' services. The Collaborative was founded by nine pharmacy professional associations representing over 250,000 members and includes seven associate members from other pharmacy related organizations. For additional information, visit [www.pharmacyhit.org](http://www.pharmacyhit.org).

### **Section III: Questions & Responses**

#### **1. Based on your organization's experience and understanding, what does a transformed clinical practice look like?**

Practice transformation is part of the goals established by the Pharmacy HIT Collaborative to ensure the successful integration of pharmacy HIT into the national EHR infrastructure for improved quality outcomes as a result of pharmacist-provided patient care services. The Collaborative members focus on understanding how pharmacists' use of HIT can transform pharmacy practices. The Collaborative and its members work with guidance documents on how pharmacists collect, document, and exchange clinical information with other health care providers and patients using HIT exchanges for the bidirectional exchange of clinical data in an interoperable way. In a transformed clinical practice, the pharmacist's role in patient care can be particularly enhanced by the integration of clinical information with electronic prescriptions and other medication-related information.

The Collaborative is working with pharmacists through member organizations to standardize the electronic process of collecting, documenting and exchanging clinical information.

#### **2. Clinical practice transformation can occur through many forms and avenues. When you think about clinical practice transformation, what forms and avenues do you think it should take? Which avenues would you find most valuable and would maximize quality and outcomes?**

Using HIT to electronically exchange clinical information by pharmacies and pharmacists in a standardized way is the most valuable form. The Pharmacy HIT Collaborative promotes the use of terminology standards such as: Rx NORM, SNOMED CT, and LOINC. The Collaborative is working with the Pharmacy Quality Alliance to define the clinical quality measure and outcome line on clinical documents used by pharmacists to capture this information. Additionally, it is important to ensure the HIT infrastructure used in clinical practice transformation includes and supports pharmacists patient-centered care services (e.g., medication therapy management (MTM) services).

#### **3. What are the existing sources of national, state and local expertise available to assist with leadership development, clinician engagement and overall transformation? What gaps can CMS help to close to build upon these efforts?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**4. What should CMS consider if it were to organize a program of technical assistance to support the transformation of clinician practices and to prepare for effective participation in value based payment? What should CMS consider to ensure local “on the-ground” support to practices? In such a program, what if any role by the state would you find useful?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**5. What key areas of practice transformation require attention?**

Adaptation and implementation of standardized HIT systems and terminology for pharmacists providing patient-centered care services. Attention to working with pharmacy system vendors to standardize the electronic collection and documentation of clinical information with providers and patients is critical. As noted in questions 1 and 2, two key areas for pharmacists are the integration of medication-related clinical information with electronic prescribing and MTM services.

**6. What policies or standards should CMS consider adopting to ensure that groups of solo, small practices and rural providers have the opportunity to actively participate in practice transformation?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**7. What practice transformation strategies, resources, and tools are most needed to prepare smaller practices to successfully participate in private and public sector pay for value arrangements?**

Members of the Pharmacy HIT Collaborative, which include national pharmacy organizations representing all practice settings, have developed HIT strategies to prepare smaller, independent community pharmacies and rural critical access pharmacies with information about how they can participate in private/public sector pay arrangements. Providing opportunities for strengthening the pharmacist’s role in existing arrangements includes ensuring resources are given to any pharmacy to use standards to drive adoption no matter what practice setting or size.

**8. Are there private sector organizations interested in providing practice transformation support if matching federal dollars were available?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**9. What should CMS consider as it relates to beneficiary and caregiver experience of care**

## **when practices transform?**

The Pharmacy HIT Collaborative is not providing comment to this question.

## **10. Which existing educational and assistance efforts might be examples of “best in class” performance in spreading the tools and resources needed for practice transformation? What evidence and evaluation results support these efforts?**

The Pharmacy HIT Collaborative is not providing comment to this question.

## **11. How useful is the rapid sharing of results in facilitating practice transformation and improving health outcomes?**

The Pharmacy HIT Collaborative believes rapid sharing of results using HIT is critical for improving transformation and health outcomes. Rapid sharing of results is key to providing patients with cost-effective, high-quality health care in all practice settings.

## **12. What general quality improvement strategies should practices employ to build a sustainable continuous quality improvement program (e.g., programs that rely on input and involvement from patients and staff, proven improvement processes and performance measures)?**

The Pharmacy HIT Collaborative recommends using a standardized HIT strategy for quality improvement. Being able to collect, document, and exchange medication-related patient care services provided by pharmacists with standardized HIT electronically will help to build sustainable programs across all practice settings.

One such program that encourages this strategy is the CMS Medication Therapy Management (MTM) Program under Medicare Part D. Pharmacists providing MTM services under this program are required to perform targeted medication reviews with their patients at least quarterly to address specific or potential medication-related problems. Additionally, the Part D program requires pharmacists to have a process in place to measure, analyze, and report the outcomes of their MTM programs, including the capturing of beneficiary (patient) satisfaction with MTM services, providers, and outcomes.

The Collaborative led the work to develop the program’s electronic version of structured clinical document that is being used by pharmacists providing MTM services to their Part D patients. Although the program uses an electronic version of the “take away” document for the comprehensive medication review (CMR) based on SNOMED CT coding, the program allows for combining standardized coding systems and industry-supported templates (e.g., NCPDP/HL7 MTM Template CDA). This enables the pharmacist to update and print summaries of CMRs in a standardized format based on standard elements in databases and EHRs rather than manipulating free-form text documents.

The Collaborative and Pharmacy Quality Alliance are working on measures for continuing quality. The Collaborative also plans to work with its members to promote adoption of standards for HIT.

**13. How are practices using Health Information Technology (HIT) and Electronic Medical Record (EMR) technology to improve patient health outcomes? How have various organizations supported HIT integration in practice transformation?**

The Pharmacy HIT Collaborative was founded by nine national pharmacy professional associations to promote the use of HIT and EMR technology to improve patient outcomes and to ensure that pharmacists and electronic health records (EHR) are connected. The Collaborative developed and published a pharmacy HIT strategic plan: *The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health* ([http://www.pharmacyhit.org/SWF/11-392\\_RoadMapFinal.html](http://www.pharmacyhit.org/SWF/11-392_RoadMapFinal.html)).

Always early adopters of new technology, pharmacists have developed and adopted HIT standards for the profession. Many of the electronic quality measures to verify meaningful use (MU) incentive payments under the CMS MU program require interoperability with pharmacists as providers, although pharmacists are currently excluded from essential parts of the MU program.

Pharmacists integrate HIT and EHR into the various advance patient-centered care services they provide. These include:

- MTM, longitudinal care coordination, medication reconciliation, medication adherence, all designed to ensure optimum therapeutic outcomes through improved medication use and reduce the risk of adverse events;
- Electronic prescribing for reducing the opportunity for medication errors;
- Utilizing EHRs for bidirectional exchange of patient care information with other health care clinicians and providers; and
- Providing medication-related guidance in hospitals and health systems on the planning, implementation, and enhancement of safe computerized provider-order-entry (CPOE) systems.

**14. How are practices addressing race, ethnic, primary language, and disability status health disparities in their work to improve patient health outcomes? How have organizations leveraged practice transformations to support reduced racial and ethnic disparities?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**15. How are practices using population-based strategies to improve patient health outcomes? How have organizations supported population-based strategies in practice transformation?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**16. What are the most significant clinician challenges and lessons learned related to transforming a practice and what solutions have been successful in addressing these issues?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**17. What are the operational challenges, lessons learned, and successes in developing an infrastructure to support transformation?**

Operational challenges in pharmacy include the reluctance of pharmacy system vendors to develop and adopt technology solutions specifically for pharmacists providing patient-care services. Having additional regulatory mandates (e.g., CMS Meaningful Use Incentive Program) could help drive success in implementation and transformation. The Pharmacy HIT Collaborative is working standards development organizations and pharmacy system vendors to ensure that advance system vendor EHR certification and functionality are adopted for pharmacy management systems.

**18. How can physician/clinician affinity groups be leveraged to strengthen the care process and for improve patient outcomes?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**19. What are the essential lessons learned from other industries where best practices on systems transformation and learning culture have been adopted?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**20. What challenges that have not been successfully addressed to date need to be addressed to achieve desired outcomes in health, healthcare, and more affordable care?**

Since pharmacists are ineligible for the incentives in the CMS Meaningful Use (MU) Electronic Health Records (EHR) incentive payment program and are MU EHR users, the Pharmacy HIT Collaborative is working with the Office of National Coordinator for Health Information Technology (ONC) to address challenges that could lead to better electronic documents used by pharmacists providing health care services. We believe wide spread adoption of HIT would achieve better outcomes and more affordable care. See also response to question 24.

**21. What information privacy challenges are anticipated or have been experienced in the transformation of practices? How have these challenges been addressed? What specific local, state or federal requirements presented these obstacles?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**22. What should CMS consider when spreading innovations through learning systems?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**23. What should CMS consider regarding how QIOs, Regional Extension Centers, States and other existing entities can support practice transformation?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**24. What should CMS consider when working with private payors in practice transformation?**

The Pharmacy HIT Collaborative recommends that CMS recognize pharmacists as providers and meaningful users of EHR. As noted in previous responses, pharmacists are MU users but are ineligible for the incentive program. This also will help private payers who use CMS as a benchmark for transforming pharmacy practice settings for patient care services.

**25. What should CMS consider as it works with States in practice transformation?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**26. What should CMS consider when aligning public and private clinical transformation efforts?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**27. How has the use of knowledge management systems facilitated effective communication in learning environments (i.e., through sustainable sharing of improvement results, providing virtual technical assistance, interactions amongst large communities of practice, and the provision of on-line resources and tools)?**

The Pharmacy HIT Collaborative promotes use of standardized knowledge management systems for pharmacists providing patient care services. Currently having pharmacists document patient care services through HIT, however, is not standardized.

The Collaborative also promotes electronically capturing clinical data by pharmacists in order to provide a richer source of practical data related to medication use and management. The data collected currently by pharmacy is claims or product-based data, which is lacking in better pharmacist-provided clinical data . A well-documented body of clinical evidence also demonstrates that pharmacists' clinical services improve patient care outcomes and reduce morbidity. All health care providers and patients would get value from richer clinical data.

**28. What would motivate clinicians to participate in any potential future initiatives relating to practice transformation and value-based purchasing?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**29. What would motivate new partners to enter the field of practice transformation as a prime contractor, subcontractor, or consultant?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**30. Are there other successful mechanisms that support engagement in practice transformation that could be considered?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**31. What is your current relationship with CMS initiatives related to practice transformation (e.g., Accountable Care Organizations (ACOs) participating in the Shared Savings Program or the Pioneer ACO model, and the State Innovations Models (SIM))?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**32. In your transformation efforts, have you seen any program integrity issues and if so what strategies did you use to assure that your transformation efforts did not foster program integrity problems?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**33. Even if you did not see any program integrity problems or issues during your transformation efforts, did you actively design strategies to mitigate any such issues? What were the mitigation strategies?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**34. Are there particular program integrity issues that you think you need to address as you pursue transformation? What are these issues? What barriers do they pose to successful**



**transformation?**

The Pharmacy HIT Collaborative is not providing comment to this question.

**35. How could CMS possibly use patient satisfaction surveys or report cards regarding practice transformation?**

The Pharmacy HIT Collaborative members are in a position to interact with patients more often than other health care providers. An electronic infrastructure with pharmacy processes would have the ability to capture patient satisfaction surveys and patient reported outcomes. As noted in question 12, pharmacists providing MTM services for the Medicare Part D program are required to have a process in place to measure, analyze, and report the outcomes of their MTM programs, including the capturing of beneficiary (patient) satisfaction with MTM services, providers, and outcomes.