



Via Electronic Submission to: <https://confluence.oncprojectracking.org>

November 7, 2014

Office of the National Coordinator for Health IT (ONC)
Washington, DC 20510-6200

**Re: Request for Comments 2014 Edition Release 2 EHR Certification
Test Procedures**

Dear Sir or Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative, we are pleased to submit comments in response to your October 8, 2014 *Request for 2014 Edition Release 2 EHR Certification Test Procedures*.

The Pharmacy HIT Collaborative (Collaborative) supports the proposed test procedures for the 11-certification criterion targeted and the proposed changes in the 2014 Edition Release 2 described in the test procedures documents. The Collaborative has been involved with the Office of the National Coordinator for Health IT (ONC) developing the national health information technology (HIT) framework since 2010.

Pharmacists provide patient-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, and are users of EHR and HIT.

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 eight 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

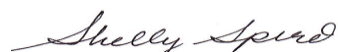
Pharmacy Health Information Technology Collaborative

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 Comments 2014 Edition Release 2 EHR Certification Test Procedures*.

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

Respectfully submitted,



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Pharmacy HIT Collaborative EHR Test Procedure Comments
*(Comments were copy and pasted to comment sections at Via Electronic Submission to:
<https://confluence.oncprojecttracking.org> on Nov 6, 2014)*

§170.314(a)(18) Computerized Provider Order Entry – Medications

The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance and the capability for EHR technology to enable a user to electronically record, change, and access the order type – medications – for ambulatory and inpatient settings. We understand that the provided test data focus on evaluating the basic capabilities of required EHR technology and not the full breadth that installed EHR technology might be expected to support, though at some stage, we recommend that testing be designed to go more in-depth.

§170.314(a)(19) Computerized Provider Order Entry – Laboratory

The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance and the capability for EHR technology to enable a user to electronically record, change, and access the order type – laboratory – for ambulatory and inpatient settings. We understand that the provided test data focus on evaluating the basic capabilities of required EHR technology and not the full breadth that installed EHR technology might be expected to support, though at some stage, we recommend that testing be designed to go more in-depth. Pharmacists providing patient-centered care need to have access to laboratory tests and values/results for exchanging medication-related information. Pharmacists are also ambulatory providers, many of whom provide CLIA information (e.g., hyperlipidemia, bone scans, etc.).

§170.314(a)(20) Computerized Provider Order Entry – Diagnostic Imaging

The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance and the capability for EHR technology to enable a user to electronically record, change, and access the order type – diagnostic imaging – for ambulatory and inpatient settings. We understand that the provided test data focus on evaluating the basic capabilities of required EHR technology and not the full breadth that installed EHR technology might be expected to support, though at some stage, we recommend that testing be designed to go more in-depth.

§170.314(b)(8) Transitions of Care – Send and Receive via Edge Protocol

The Pharmacy Health Information Technology Collaborative supports the described test procedure, as developed so far, for evaluating conformance and the capability for EHR technology to enable a user in an ambulatory or inpatient setting to electronically send and receive the transition of care/referral summary document (summary care record) via new Direct Edge Protocol testing using the transport protocol for Edge systems referenced in Implementation Guide for Direct Edge Protocols, version 1.1. We understand that the test tool functionality to support Edge Protocol Testing within the Transport Testing Tool is under development. As patient-centered health care providers, pharmacists provide services at transition of care, and the ability to use EHR is critical, particularly with regard to Consolidated Clinical Document Architecture (C-CDA).

§170.314(b)(9) Clinical Information Reconciliation and Incorporation (CIRI)

The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance to properly match a patient with a transition of care summary/referral summary (C-CDA) received by EHR technology; create a single reconciled list of a patient's active medications, a patient's active problems, or a patient's active medication allergies by electronically and simultaneously displaying data from at least two list sources. As patient-centered health care providers, pharmacists provide services at transition of care and the ability to use EHR is critical, particularly with regard Consolidated Clinical Document Architecture (C-CDA). The Collaborative also supports the use of HL7 and SNOMED CT in this area.

§170.314(e)(1) View, Download, and Transmit to a 3rd Party with Edge Protocol Testing

The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance and the capability for EHR technology in ambulatory settings to enable patients and their authorized representatives to access their health information through a secure, online channel, and to view, download, and transmit their health information to a third party, as well as record the user who performed this function and the date and time when health information is viewed, downloaded, and transmitted, and view the provider's name and office contact, etc.

The Collaborative also supports testing to evaluate the capability to allow patients and their authorized representatives to download and transmit the ambulatory summary for ambulatory EHRs, or for inpatient EHRs, the inpatient summary of transition of care/referral summary. We agree that EHRs must be able to provide the ambulatory and inpatient summary documents for download and transmit in both human readable format and in a conformance with the C-CDA standard.

As patient-centered health care providers, pharmacists provide services at transition of care, and the ability to use EHR is critical, particularly with regard to Consolidated Clinical Document Architecture (C-CDA).

§170.314(f)(7)	Ambulatory Setting Only – Transmission to Public Health Agencies – Syndromic Surveillance
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The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance and the capability of the optional ambulatory EHR technology to create syndrome-based public health surveillance information and to create syndromic surveillance data elements for electronic submission, using any method or standard.

§170.314(g)(1)/§170.314(g)(2)	Automated Numerator Recording/§170.314(g)(2) Automated Measure Calculation
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The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance and the capability of the EHR technology to record electronically the numerator and denominator for each meaningful use objective with a percentage-based measure, to calculate the resulting percentage, as well as create a report or file that enables a user to review the patients or actions that would make the patient or action eligible to be included in the measure’s numerator with each applicable meaningful use measure.

§170.314(h)(1)	Applicability Statement for Secure Health Transport
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The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance and the capability of the EHR technology to transmit and receive electronically health information (e.g., the transition of care/referral summary document) in conformance with Consolidated Clinical Document Architecture (C-CDA) using the Applicability Statement for Secure Health Transport standard. As patient-centered health care providers, pharmacists provide services at transition of care, and the ability to use EHR is critical, particularly with regard to C-CDA.

§170.314(h)(2)	Applicability Statement for Secure Health Transport and XDR/XDM for Direct Messaging
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The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance and the capability of the EHR technology to transmit and receive electronically health information (e.g., the transition of care/referral summary document) in

conformance with Consolidated Clinical Document Architecture (C-CDA) using the Applicability Statement for Secure Health Transport standard and ONC XDR and XDM for Direct Messaging Specification transport standards to verify that the Direct message is encrypted using the recipient's public key and is signed using the sender's private key. As patient-centered health care providers, pharmacists provide services at transition of care, and the ability to use EHR is critical, particularly with regard to C-CDA.

§170.314(h)(3)	SOAP Transport and Security Specification and XDR/XDM for Direct Messaging
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The Pharmacy Health Information Technology Collaborative supports the described test procedure for evaluating conformance and the capability of the EHR technology to transmit and receive electronically health information (e.g., the transition of care/referral summary document) in conformance with Consolidated Clinical Document Architecture (C-CDA) using the Applicability Statement for Secure Health Transport standard and SOAP, ONC XDR and XDM for Direct Messaging Specification transport standards to verify that the Direct message is encrypted using the recipient's public key and is signed using the sender's private key. As patient-centered health care providers, pharmacists provide services at transition of care, and the ability to use EHR is critical, particularly with regard to C-CDA.