



Via Electronic Submission to: <https://www.healthit.gov/standards-advisory/2016>

March 21, 2016

Office of the National Coordinator
Department of Health and Human Services
Hubert H. Humphrey Bldg., Suite 729D
200 Independence Ave., SW
Washington, DC 20201

Re: 2016 Interoperability Standards Advisory

Dear Sir or Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments regarding the proposed final *2016 Interoperability Standards Advisory*.

The Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC), developing the national health information technology (HIT) framework since 2010. The Collaborative is supportive of the proposed standards for clinical health IT interoperability purposes.

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. Pharmacists are users of health IT and are especially supportive of interoperability standards incorporating HL7, SNOMED CT, LOINC, RxNorm, and NCPDP SCRIPT, and NCPDP Real Time Formulary and Benefits (currently under development). The Collaborative supports use of these particular standards which are important to pharmacists for 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 (including new versions).

As noted in our attached comments on the Interoperability Standards Advisory tables, it is vitally important that pharmacists' access to the proposed interoperability elements not be limited. Pharmacists, as health care providers need the ability to query documents within/outside a specific health information exchange domain and clinical health information, as well as medication and immunization sharing. Pharmacists need to know the indications on medications relating to ICD-10 and SNOMED-CT.

Pharmacy Health Information Technology Collaborative

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The following are our comments regarding one of the additional requests for feedback posed for the proposed final 2016 Interoperability Standards Advisory.

Section IV: Projected Additions to the ISA

Request 8: *Based on comments received, some of the Interoperability Needs were split to point out where LOINC (questions) vs. SNOMED-CT (answers) applies. Please review and provide feedback on this approach. Also, provide feedback on whether the Interoperability Needs describe this separation properly.*

The Collaborative supports the value sets of SNOMED-CT and LOINC. Additional information regarding value sets for these may be found at https://www.nlm.nih.gov/healthit/meaningful_use.html.

SNOMED-CT has been recognized as the leading clinical terminology standard used to document clinical care for many years. This terminology permits the capturing of clinical information and permits the codifying of patient care encounters in the EHR. Coupled with classification systems, such as ICD-10, incorporation of SNOMED-CT leads to interoperability of health information systems.

The Collaborative has been working with several pharmacy organizations and other groups regarding the use of a structured coding system – SNOMED-CT – particularly for medication therapy management (MTM) services clinical documentation by pharmacists. Included among the organizations with whom the Collaborative has been actively working in this regard are the Pharmacy Quality Alliance (PQA), National Library of Medicine, and our members including the Academy of Managed Care Pharmacy (AMCP), the National Council for Prescription Drug Programs (NCPDP).

We believe that the consistent use of structured universal codes is critical to the expansion of documentation of services, especially MTM, and support the use and implementation of SNOMED-CT codes for these services.

Overall, SNOMED-CT has the potential to create benefit for the patient and the greater health care environment, and again, the reason we encourage the use of SNOMED-CT codes.

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 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 final *2016 Interoperability Standards Advisory*.

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

Respectfully submitted,

A handwritten signature in cursive script that reads "Shelly Spiro".

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