



Federal Advisory Committee HIT Standards Committee (HITSC) Meeting, September 18, 2013

Comments made by Shelly Spiro, Pharmacy HIT Collaborative Executive Director

My name is Shelly Spiro; I'm the Executive Director of Pharmacy HIT Collaborative (Collaborative) representing over 250,000 members of the majority national pharmacy associations and key pharmacy organizations involved in Health IT. Pharmacists play an integral role in the inter-professional healthcare team in providing medication related services outside and in conjunction with the prescription dispensing functions. Pharmacists are in a unique position to engage patients and care givers more often than others receiving meaningful use (MU) incentives. Providing patients with an accurate and meaningful medication list is a high priority for pharmacist.

Pharmacists are highly trained as medication management experts. Over several years, the Collaborative and its members have been working with National Council for Prescription Drug Programs (NCPDP) and Health Level Seven (HL7) on standards that will assist pharmacists in standard structured documentation of these patient care services (e.g. Medication Therapy Management (MTM) as required by the Medicare Part D program, some Medicaid and private insurers). One such standard is a joint project between NCPDP and HL7 for a structured document Consolidated Clinical Document Architecture (CCDA) Implementation Guide (IG) to meet the Center for Medicare & Medicaid Services (CMS) required Part D patient "take away" document after an annual comprehensive medication review (CMR). This structured document contains a pharmacist-provided reconciled active medication list, allergy list, indication for each active medication, and special instructions for the patient in easily understandable language.

The structured document supports RxNORM and SNOMED CT codes. This CMS regulatory requirement went into effect January 1, 2013. For 2014, CMS recognized the electronic version of the structured document in their 2014 Call Letter by encouraging Part D plans to adopt the use of the electronic version of the "take away" structured document and the use of MTM defined SNOMED CT codes. In addition, CMS asked for comments related to the coordination of the Comprehensive Medication Review (CMR) and the physicians Annual Wellness Visit (AWV). (<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Memo-Contract-Year-2014-Medication-Therapy-Management-MTM-Program-Submission-v040513.pdf> pages 11-12). Pilot testing of the use in the CMR electronic structured document should begin before the end of this year.

The Pharmacy HIT Collaborative is a committed member of several S&I Framework Work Groups in hopes of driving industry adoption of this CMR CCDA IG containing a pharmacist reconciled active medication list for MU is working to ensure our patients have the ability to electronically receive pharmacist-provided reconciled med list and easy understandable instructions list. Without adoption of this electronic form millions of CMS beneficiaries and care coordinators will be forced to use a manually produced form.

Relating to Dr. Doug Fridsma (ONC Chief Science Officer Director, Office of Science and Technology) presentation this afternoon, Pharmacy HIT Collaborative is interested in the HITSC recommending a high priority rating be given to a new potential S&I Framework Initiative to Medication Management and Reconciliation meeting MU SGRP101: Consume external "never" DDI and SGRP302: Contraindications by considering the use of the CMR CCDA structured documents as a use case.

We applaud ONC's patient engagement initiatives and speaking on behalf of our nations pharmacists we have developed a valid medication reconciliation solution for meaningful users in all practice settings.

Thank you,

No Responses