Pharmacy e-Health Information Technology Collaborative

February 25, 2010

Department of Health and Human Services
Office of the National Coordinator for Health
Information Technology
Attention: Joshua Seidman
Mary Switzer Building
330 C Street, SW, Suite 1200,
Washington, DC 20201
http:/www.regulations.gov

RE: Office of the National Coordinator for Health Information Technology; Request for comments regarding Meaningful Use Stage 2 Objectives.

Dear Office of the National Coordinator for Health Information Technology;

The Pharmacy e-Health Information Technology Collaborative (Collaborative) is pleased to provide comments to the Health Information Technology Policy Committee (HITPC) Meaningful Use Work Group request for comments regarding Meaningful Use Stage 2 objectives.

Formed in the fall of 2010, the Collaborative is focused on improving patient care quality and outcomes, through the integration of pharmacists' patient care services into the national electronic health record (EHR) infrastructure. The group is pursuing EHR standards that effectively support the delivery and documentation of, and billing for pharmacist-provided patient care services across all care settings. The Collaborative influences Health Information Technology (HIT) policy through unified, consistent communications to the Centers for Medicare & Medicaid Services (CMS), the Office of the National Coordinator for Health Information Technology (ONC) and other organizations about pharmacist-provided patient care services and pharmacists' contributions to the CMS and ONC defined meaningful use (MU) of EHRs.

The Collaborative is focused on influencing the structure, development and implementation of the United States HIT infrastructure so that the pharmacy profession's HIT needs are addressed and integrated into the national HIT framework. Founded by nine pharmacist organizations; Academy of Managed Care Pharmacy (AMCP), Accreditation Council for Pharmaceutical Education (ACPE), American Association of Colleges of Pharmacy (AACP), American College of Clinical Pharmacy (ACCP), American Pharmacists Association (APhA), American Society of Consultant Pharmacists (ASCP), American Society of Health-System Pharmacists (ASHP), National Alliance of State Pharmacy Associations (NASPA), and National Community Pharmacists Association (NCPA). The Collaborative's founding members represent over 250,000 members and Associate Members from other pharmacy related organizations (Surescripts, National Council for Prescription Drug Programs (NCPDP), and RelayHealth).

The Collaborative seeks to ensure that pharmacist-provided patient care services in all practice settings are represented in the MU of EHR. The Collaborative's founding organizations represent pharmacists in all patient care settings and other facets of pharmacy, such as pharmacy education and pharmacy education accreditation. The Collaborative's Associate Members represent e-prescribing network, standards development organization, and provider network. For additional information, visit www.pharmacye-hit.org.

The Collaborative members were involved in the Standard Development Organization's process that developed the Pharmacist/Pharmacy Provider EHR (PP-EHR) functional profile. The PP-EHR was developed by a joint Health Level Seven (HL7) and National Council for Prescription Drug Programs (NCPDP) project and has been approved through the balloting process of both organizations. The Collaborative will be working with the national EHR certification organizations and pharmacy system vendors to assure that the PP-EHR functionality is adopted; including the development of certification criteria to meet the MU of EHR concepts related to pharmacists using the PP-EHR in a meaningful way.

General Comments:
The Collaborative is willing to work with ONC to address the need for support of pharmacists providing patient care services by assuring their eligibility to participate in the meaningful use of the EHR measurement concepts. On December 22, 2010, the Collaborative provided ONC with comments on how pharmacists providing patient care services using the PP-EHR impact the quality measure domains for the MU of EHR measurement concepts for all providers and the patients they serve in all practice settings.[i] These comments demonstrate that pharmacist-provided patient care services affect the MU of the EHR objective by current eligible providers.

Once adopted, the PP-EHR will apply across multiple types of providers, care settings and conditions. The PP-EHR functional profile incorporates the conformance criteria pharmacists use for patient care service documentation performed in the care of their patients in all practice settings. The capability of exchanging the pharmacist-provided care service documentation with other healthcare providers is a critical success factor for eligible providers of MU of EHR incentives in meeting their measurement goals. As an example, the PP-EHR functionality has the capability of capturing the pharmacist's patient interventions related to adverse drug events (ADE) and sharing recommendations on medication therapy with other healthcare providers in all settings (e.g., physician offices, hospitals, long term care facilities, home health care agencies, and hospices).

The PP-EHR functionality supports potential improvements in population health and reduces the burden of illness. Pharmacists in the community setting are one of the largest providers of influenza vaccines in the nation. The PP-EHR captures pertinent vaccination information and can exchange it electronically with other providers.

The PP-EHR functionality supports the assessment of patient health risks by assuring medication-related issues are prevented by exchanging information about medication-related problems with other providers. The bi-directional exchange of this information with physician and hospital EHRs will assure that the measures related to risk status; functional status and condition-specific outcomes are appropriately measured.

The PP-EHR functionality enables assessment of longitudinal, condition-specific, patient focused episodes of care by pharmacists, assuring that clinical information is exchanged with other providers, patients and their caregivers. Pharmacists providing medication-related clinical services do so in a longitudinal patient-focused manner. Pharmacists are nationally recognized for providing medication therapy management services across all practice settings, assuring patients' medication-related problems are addressed and thereby reducing overall healthcare costs and improving quality of care which results in positive patient outcomes.

Request for Comments on the MU Objectives and Measurements for Stage 2 and Stage 3:

A separate spreadsheet is containing specific comments to the MU objectives and measurements for the following categories:

- Improving Quality, Safety, Efficiency & Reducing Health Disparities
- Engage Patients and Families in Their Care
- Improve Care Coordination
- Improve Population and Public Health
- Ensure Adequate Privacy and Security Protections for Personal Health Information

The spreadsheet is in a separate document attached to this letter and is available on the following link: http://pharmacye-hit.org/links/collaborative_outreach/admin.

Request for Comments on Specific Questions:

1. How can electronic progress notes be defined in order to have adequate specificity?
   RESPONSE: To date, there are no accepted "standards" for progress note. Pharmacists providing patient care services use a common structure Subjective, Objective, Assessment and Plan (SOAP) notes format. The Collaborative agrees that patient-level data (like allergies or medication lists) should not appear in progress notes. The Collaborative will encourage pharmacists to meaningful use the EHR following the proposed HL7 project design of a Progress Note in XML as a constraint on HL7 v3 CDA r2. This Progress Note documents patient's clinical status during a hospitalization or outpatient visit. The project will review current Progress Note usage and will examine industry precedents and requirements.[ii]

2. For patient/family access to personal health information, what standards should exist regarding accessibility for people with disabilities (e.g., interoperability with assistive technologies to support those with hearing, visual, speech, or mobile impairments)?
   RESPONSE: Pharmacists using the PP-EHR support the development of standards to promote the accessibility for patients with disabilities and their families to utilize PHRs.

3. What strategies should be used to ensure that barriers to patient access – whether secondary to limited internet access, low health literacy and/or disability – are appropriately addressed?
   RESPONSE: Principles and guidelines for pharmacy practice used by pharmacists pay special attention to low health literacy and or patient disabilities. These principles are incorporated into the functionality of the PP-EHR and can be utilized to print care summaries when required for patients. These summaries can also be transferred in other media to allow for appropriate communications for the designated patient population when needed.

4. What are providers' and hospitals' experiences with incorporating patient-reported data (e.g., data self-entered into PHRs, electronically collected patient survey data, home monitoring of biometric data, patient suggestions of corrections to errors in the record) into EHRs?
   RESPONSE: Pharmacists in all practice settings (e.g., ambulatory care, acute care/hospital, long term care, and community environments) understand the value of using patient-reported data. Pharmacists play a significant role in gathering and evaluating patient survey data, home monitoring of biometric information, and in working with patients to assure medication related errors in their record are corrected. The Collaborative will encourage our profession and vendors to incorporate patient-reported data into their systems, once the PP-EHR is adopted and implemented.

   Pharmacists serve an important role in care transitions by providing medication therapy management services and facilitating the medication reconciliation process. As a key member of the healthcare team, the pharmacist, as a medication expert, can identify and work with the patient's other healthcare providers to identify and resolve medication-related problems and safety issues to prevent morbidity and mortality associated with improper drug selection, subtherapeutic dosage, failure to receive medication, supra-therapeutic dosage, therapeutic duplication or omission, drug interactions, drug use without indication, and treatment failures. Pharmacists interact directly with patients and can provide patient education, ensure that medication information is communicated accurately and completely during transfer of care settings, and oversee the patient's medication therapy regimen.[iii, iv]

5. For future stages of meaningful use assessment, should CMS provide an alternative way to achieve meaningful use based on demonstration of high performance on clinical quality measures (e.g., can either satisfy utilization measures for recording allergies, conducting CPOE, drug-drug interaction checking, etc, or demonstrate low rates of adverse drug events)?
   RESPONSE: The Collaborative encourages CMS to recognize the value of the pharmacists' role in meeting the MU concepts. Pharmacists are not currently included as "eligible professionals" and their contribution to the MU concepts is not measured. Pharmacists play a significant role in maintaining the safety of the medication use process by demonstrating low rates of adverse drug events, delivering high quality patient care, improving patient outcomes and decreasing overall healthcare costs. The expansion of the role of pharmacists in medical home models and accountable care organizations will further demonstrate the importance of the pharmacists' contribution to the delivery of high performance on clinical quality measures.

6. Should Stage 2 allow for a group reporting option to allow group practices to demonstrate meaningful use at the group level for all EPs in that group?
   RESPONSE: While pharmacists are not currently recognized as EPs, the Collaborative agrees that group reporting for Stage 2 should be allowed and extended to all providers. Pharmacists utilizing the PP-EHR should be recognized EPs within patient care teams in group practices or individually.

7. In stage 1, as an optional menu objective, the presence of an advance directive should be recorded for over 50% of patients 65 years of age or older. We propose making this objective required and to

include the results of the advance-directive discussion, if available. We invite public comment on this proposal, or to offer suggestions for alternative criteria in this area.
RESPONSE: The Collaborative agrees with requiring the advance directive discussion. The PP-EHR functionality incorporates advance-directive notifications for all applicable patients.

8. What are the reasonable elements that should make up a care plan, clinical summary, and discharge summary?
RESPONSE: The Collaborative recommends that pharmacists follow HL7 CDA standards for exchanging care plans, clinical and discharge summaries electronically with other providers. The PP-EHR contains this functionality.

9. What additional meaningful-use criteria could be applied to stimulate robust information exchange?
RESPONSE: To assure robust information exchange it will be critical for the eligible hospitals and providers to connect to the PP-EHR. Pharmacists are able to meet the MU concepts proposed under stage 2. On December 22, 2010, the Collaborative provided ONC with comments on how pharmacists providing patient care services using the PP-EHR impact the quality measure domains for the MU of EHR measurement concepts for all providers and the patients they serve in all practice settings.[v]

10. There are some new objectives being considered for stage 3 where there is no precursor objective being proposed for stage 2 in the current matrix. We invite suggestions on appropriate stage 2 objectives that would be meaningful stepping-stone criteria for the new stage 3 objectives.
RESPONSE: Adoption and meaningful use of the PP-EHR will assist pharmacists in meeting the proposed Stage 2 and Stage 3 measurement objectives. The Pharmacy e-HIT Collaborative agrees with the proposed measurement objectives. Pharmacists assist other providers in meeting the MU concepts proposed under Stage 2 and Stage 3.

The Collaborative supports the Stage 2 MU concepts and is willing to work with ONC to address the need for support of pharmacists providing patient care services by assuring their eligibility to participate in the meaningful use of the EHR measurement concepts. For more information, contact Shelly Spiro, Director, Pharmacy e-HIT Collaborative at shelly@pharmacye-hit.org or by visiting our website at www.pharmacye-hit.org/.

---

[i] http://pharmacye-hit.org/yahoo_site_admin/assets/docs/HITPC_Quality_Measures_Comments_Due_12-23-10.12100726.pdf

[ii] http://www.regulations.gov/#!submitComment;D=HHS-OS-2011-0006-0001

[iii] Academy of Managed Care Pharmacy, American Pharmacists Association, American Society of Consultant Pharmacists, American Society of Health-System Pharmacists, National Community Pharmacists Association. Re: Docket no. CMS-0033-P. Centers for Medicare and Medicaid Services. Medicare and Medicaid Programs; Electronic Health Records Incentive Program; Proposed Rule I42 CFR 412 et al) Document ID: RIN-0991-AB58. Department of Health and Human Services. Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology; Interim Final Rule (45 CFR Part 170). Letter to Charlene Frizzera and David Blumenthal, MD, MPP. 15 Mar 2010. Accessed at: http://www.ncpanet.org/pdf/leg/commenttoonccmsregmedrec.pdf

[iv] National Transitions of Care Coalition. Improving Transitions of Care: The Vision of the National Transitions of Care Coalition, May 2008. Accessed April 27, 2010 at: http://www.ntocc.org/Portals/0/PolicyPaper.pdf

[v] http://pharmacye-hit.org/yahoo_site_admin/assets/docs/HITPC_Quality_Measures_Comments_Due_12-23-10.12100726.pdf