Pharmacy e-Health Information Technology Collaborative

VIA Electronic Submission to http://www.regulations.gov/#!documentDetail;D=CMS-2012-0145-0001

December 27, 2012

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9962-NC
P.O. Box 8010, Baltimore, MD 21244-8010

Re: Request for Information Regarding Health Care Quality for Exchanges

Overview of the Pharmacy e-Health Information Technology Collaborative and Comments in Response to Request for Information Regarding Health Care Quality for Exchanges

On behalf of the membership of the Pharmacy e-Health Information Technology Collaborative (Collaborative), we are pleased to submit comments regarding the pharmacist's role in Health Care Quality for Exchanges. The Collaborative respectfully submits responses to the following questions:

What quality improvement strategies do health insurance issuers currently use to drive health care quality improvement in the following categories: (1) improving health outcomes; (2) preventing hospital readmissions; (3) improving patient safety and reducing medical errors; (4) implementing wellness and health promotion activities; and (5) reducing health disparities?

Response: Pharmacists work closely with health insurers concerning health care quality improvements. Through medication adherence and medication management programs that they provide, pharmacists are able to help patients improve their health outcomes and prevent hospital readmissions because their medications are used appropriately. Pharmacists also provide wellness and health promotion programs as part of their many patient-centered care services.

To fully achieve the desired health outcomes of the federal Health IT Strategic Plan, however, the Office of the National Coordinator for Health Information Technology (ONC) must consider

the inclusion of pharmacists as a component of Electronic Health Record (EHR) information exchange, which currently is not the case. The Pharmacy e-HIT Collaborative believes that the inclusion of pharmacists' clinical services and the use and exchange of patient clinical data are critical to achieving the new focus areas identified by the ONC, including Goal I of the Strategic Plan to foster and support current and new exchanges.

One way to achieve the desired health outcomes of the Strategic Plan is to incorporate pharmacist-specific quality metrics adopted by the Pharmacy Quality Alliance (PQA). PQA is the bridge between health insurers and medication management. PQA measures also encompass smoking cessation, blood pressure monitoring, and appropriate use of medications for the prevention of heart attacks, all of which support ONC's overall objective to reduce and prevent heart attacks and achieve other desired health outcomes.

The Collaborative supports information exchange that allows pharmacists to provide patient-centered care and to exchange medication information beyond that which is available for the purposes of electronic prescribing. Using e-HIT in this manner will provide better documentation so that quality can be measured.

Inclusion of pharmacists as meaningful users of EHRs also will help achieve ONC's Goal II of sharing information and care coordination to prevent unnecessary hospitalizations.[1] A key study demonstrating the positive benefit of pharmacists in preventing heart attacks is shown in the results from *ProjectImPACT: Hyperlipidemia* (Improve Persistence and Compliance with Therapy) sponsored by the American Pharmacists Association Foundation. This study demonstrates the positive outcomes associated with pharmacists' clinical interventions working in collaboration with physicians to achieve the goals of the National Cholesterol Education Program (NCEP) in 397 patients in 12 states with hyperlipidemia over the period of 1996-1999.[2]

Finally, pharmacists are easily accessible by individuals in all communities, including those that may not otherwise have access to other health care providers, which can mean reduced health care disparities.

What challenges exist with quality improvement strategy metrics and tracking quality improvement over time (for example, measure selection criteria, data collection and reporting requirements)? What strategies (including those related to health information technology) could mitigate these challenges?

Response: One of the challenges that exists, especially for pharmacists, is having to use prescription claims-based data captured by health insurers and other payers to obtain quality measures. The Pharmacy e-HIT Collaborative strongly recommends moving away from the sole

[1] Bluml BM, McKenney JM, Cziraky MJ. Pharmaceutical Care Services and Results in ProjectImPACT: Hyperlipidemia. J Am Pharm Assoc 2000; 40:157-65.
[2] *Ibid.*

use of claims-based data to incorporating the use of patient clinical data to obtain quality measures, as well.

The use of patient clinical data by pharmacists would provide a more meaningful and robust quality measure. Most claims submitted to health insurers or other payers that are used in claims-based data do not take into account cash payments, nonprescription medications, herbal alternatives, or other supplements used by patients as part of their health care regimen. Because pharmacists provide patient-centered care, they have access to meaningful patient clinical data and the ability to document such for improving quality measures.

As the adoption of e-HIT improves, the use of the SNOWMED CT standard vocabulary to gather patient care data will lead to improved quality measures.

Describe current public reporting or transparency efforts that states and private entities use to display health care quality information.

Response: As mentioned in the response to the previous question, one of the reporting mechanisms used by states and private entities for health care quality information is claims-based data. From a medication perspective, using claims-based data only indicates that the patient receives a prescribed medication. Claims-based data does not show if the patient is taking nonprescription medications, herbal alternatives, other health supplements, or paying cash. It also is incomplete patient data on which certain quality measures are being based for affecting desired health outcomes. Additionally, claims-based data does not take into account other aspects for exchanging critical health information and improving health outcomes (e.g., is the dosage too high or too low).

As incentivized meaningful users of electronic health records and information exchanges, EPs, EHs, and CAHs are gathering health care quality information and adopting quality measure sets. Pharmacists, however, are not receiving incentives to adopt these quality measures, although they are collecting health care quality information and clinical patient data and need to be able to access and exchange information with EPs, EHs, other providers, and private entities. Areas in which pharmacists collect this information for improving health outcomes and quality measures include Medicare Part D and immunizations.

Again, the Collaborative believes that the inclusion of pharmacists' clinical services is critical to achieving the new focus areas identified by the Office of the National Coordinator for Health Information Technology (ONC) Federal Health IT Strategic Plan, including Goal I of the Strategic Plan that is to foster and support current and new exchanges.

What are the priority areas for the quality rating in the Exchange marketplace? (for example, delivery of specific preventive services, health plan performance and customer service)? Should these be similar to or different from the Medicare Advantage five-star quality rating system (for example, staying healthy: screenings, tests and vaccines; managing chronic (long-term) conditions; ratings of health plan responsiveness and care; health plan members' complaints and appeals; and health plan telephone customer service)?

Response: The Pharmacy e-HIT Collaborative supports the work being done by the PQA, which helps document Medicare's five-star rating on services provided by pharmacies. As noted previously, the Collaborative encourages movement away from claims-based data to patient clinical services data for EHR quality measures.

The majority of patient medication management conducted by pharmacists is for Medicare eligible patients, and they are taking more medications. Pharmacists' quality measures track closely to the Medicare rating system. The Collaborative would encourage and support the development of a rating system that could be used for the general population that will be served by Exchanges, in order to facilitate continuity of care.

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Formed in the fall of 2010, the Collaborative's focus is to assure the meaningful use (MU) of standardized electronic health records (EHRs) that supports safe, efficient, and effective medication use, continuity of care, and provides access to the patient-care services provided by pharmacists with other members of the interdisciplinary patient-care team. The Collaborative's goal is to assure that the pharmacist's role of providing patient-care services is integrated into the National HIT interoperable framework. The group is pursuing EHR standards that effectively support the delivery, documentation of, and billing for pharmacist-provided patient care services across all care settings.

The Collaborative seeks to ensure that pharmacist-provided patient care services in all practice settings are represented in the MU of EHRs. The 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, and a transaction processing network. The Collaborative was founded by nine pharmacy professional associations representing over 250,000 members and includes six associate members from other pharmacy related organizations. For additional information, visit www.pharmacyhit.org.

Finally, the Collaborative reiterates its support of all technological developments and policy actions related to the privacy and security of health data provided that pharmacists are recognized as providers of patient care services and are not limited by any provision exclusion, such as minimum necessary requirements.

On behalf of the Pharmacy e-HIT Collaborative, thank you again for the opportunity to comment on the request for information regarding Health Care Quality for Exchanges. As the process moves forward, the Collaborative urges you to consider the important role pharmacists play in achieving the clinical and functional objectives to meet meaningful use that results in improvement in patient care and outcomes. For more information, please contact Shelly Spiro, Executive Director, Pharmacy e-HIT Collaborative at shelly@pharmacyhit.org.

Respectfully submitted,

Shelly Spiro
Executive Director, Collaborative

Shelly Spiro, RPh
Executive Director
Pharmacy e-Health Information Technology Collaborative
shelly@pharmacyhit.org

Mark N. Brueckl, RPh, MBA
Assistant Director, Pharmacy Affairs
Academy of Managed Care Pharmacy
mbrueckl@amcp.org

Mike Rouse B.Pharm (Hons); MPS
Assistant Executive Director, Professional Affairs and Director, International Services
Accreditation Council for Pharmacy Education (ACPE)
mrouse@acpe-accredit.org

William Lang, MPH
VP Policy and Advocacy
American Association of Colleges of Pharmacy wlang@aacp.org

C. Edwin Webb, Pharm.D., MPH
Associate Executive Director
Director, Government and Professional Affairs
American College of Clinical Pharmacy
ewebb@accp.com

Marcie Bough, PharmD
Senior Director, Government Affairs
American Pharmacists Association
mbough@aphanet.org

Lynne Batshon
Director, Government Affairs
American Society of Consultant Pharmacists
Lbatshon@ascp.com

Christopher J. Topoleski
Director, Federal Regulatory Affairs
American Society of Health-System Pharmacists
ctopoleski@ashp.org

Marc J. Ricker
CMO
IQware Solutions
mricker@iqwaresolutions.com

Kim Swiger, RPh
Vice President, Pharmacy Services
Mirixa Corporation
kswiger@mirixa.com

Ronna B. Hauser, PharmD
VP Policy and Regulatory Affairs
National Community Pharmacists Association (NCPA)
ronna.hauser@ncpanet.org

Lynne Gilbertson
VP Standards Development
National Council for Prescription Drug Programs (NCPDP)
lgilbertson@ncpdp.org

Stephen Mullenix. RPh
Sr VP, Communications & Industry Relations
National Council for Prescription Drug Programs (NCPDP)
smullenix@ncpdp.org

Roger Pinsonneault, R.Ph.
Sr. Director, Business Development
RelayHealth – Pharmacy
Roger.Pinsonneault@RelayHealth.com

Michael E. Coughlin
President, CEO and CFO
ScriptPro
mike@scriptpro.com

Ken Whittemore, Jr., RPh, MBA
Senior VP, Professional & Regulatory Affairs
Surescripts
ken.whittemore@surescripts.com