December 6, 2022

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0058-NC
P.O. Box 8013
Baltimore, MD 21244-8013

Request for Information: National Directory of Healthcare Providers & Services

Dear Sir/Madam:

On behalf of its membership, the Pharmacy Health Information Technology Collaborative (PHIT) is pleased to submit comments for the *Request for Information: National Directory of Healthcare Providers & Services.*

PHIT has been involved with the federal agencies, including the Department of Health and Human Services (HHS) Office of the National Coordinator (ONC), and the Centers for Medicare & Medicaid Services (CMS), developing the national health information technology (HIT) framework for implementing secure access of electronic health information to improve health outcomes since 2010.

Pharmacists provide essential, patient-centered care services to their patients, including Medicare and Medicaid beneficiaries. Pharmacists use health IT, provider directories, telehealth, e-prescribing (eRx), electronic medical record (EMR)/electronic health record (EHR) systems, and some certified EHR technology (CEHRT) to help manage patients' health needs. PHIT supports the use of these systems, which are important to pharmacists in working with other health care providers to provide longitudinal person-centered care planning, needed medications, and transmit patient information related to overall patient care, transitions of care, immunization, medication lists, medication allergies, allergy reactions, patient problem lists, smoking status, and social determinants of health (SDOH). Pharmacists also use health IT for reporting to public health agencies (e.g., immunization reporting), clinical decision support services/knowledge artifacts, drug formulary checking, and comprehensive medication management (CMM).

PHIT's comments on this RFI focus on including pharmacists in the National Directory of Healthcare Providers & Services (NDH).

Overall Comment

PHIT supports the establishment of a centralized NDH and the use of Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR) Application Programming Interfaces (APIs) to enable data exchange. CMS serving as the centralized hub could help resolve some issues regarding the National Provider Identifier (NPI) registry (i.e., improving the matching of providers names, addresses, and specialties). Using APIs would also help ensure that the most up-to-date information is available and allow health care providers and patients to access this data in real time. Data would not be static, as it currently is in the NPI. An NDH will also be critical to the continued implementation of the Trusted Exchange Framework and Common Agreement (TEFCA) and the development and onboarding of Qualified Health Information Networks (QHINs), which pharmacists could become participants or subparticipants. The Common Agreement requires maintaining a directory of exchange participants' digital endpoints.

C. Comment for Solicitation – Pharmacists Should be Included in the NDH (pages 61025-27)

PHIT strongly recommends and encourages CMS to include pharmacists in the NDH if it is established. PHIT seeks clarification from CMS as to why pharmacies are listed on page 61026 of the RFI, but pharmacists are omitted from the listing. Pharmacists provide clinical services to patients, including to Medicare and Medicaid beneficiaries, though all these services may not necessarily be provided at every pharmacy. Including pharmacists in the NDH would help direct patients and health plans to an appropriate pharmacist for specific pharmacists' services.   Therefore, if the goal is to ensure interoperability, a standardized platform that is inclusive of all health care providers for health plans, especially for payment, needs to include pharmacists.

Many states recognize pharmacists who have NPIs as health care providers. The Public Health Service Act also recognizes pharmacists. Under 42 U.S. Code §30jj(3) – Definitions of the act, the term health care provider includes a pharmacist. To better increase access to pharmacists' services, CMS should follow the Public Health Service Act and recognize pharmacists as health care providers.

VI. Prerequisites and CMS Actions to Address Challenges and Risks (page 61028)

A notable risk would be not including pharmacists in the NDH. This is a gap that needs to be addressed. To move toward the stated goal of increasing access to health care through coordinated, team-based are care, pharmacists should be included in the NDH, as they are part of health care teams.

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The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. PHIT's membership is composed of the key national pharmacy associations involved in health
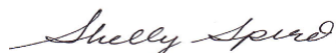
IT, the National Council for Prescription Drug Programs, and 14 associate members encompassing e-prescribing, health information networks, transaction processing networks, pharmacy companies, system vendors, pharmaceutical manufacturers, and other organizations that support pharmacists' services.

As the leading authority in pharmacy health information technology, PHIT's vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize person-centered care. Supporting and advancing the use, usability, and interoperability of health IT by pharmacists for person-centered care, PHIT identifies and voices the health IT needs of pharmacists; promotes awareness of functionality and pharmacists' use of health IT; provides resources, guidance, and support for the adoption and implementation of standards-driven health IT; and guides health IT standards development to address pharmacists' needs. For additional information, visit www.pharmacyhit.org.

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On behalf of PHIT, thank you again for the opportunity to comment on the *Request for Information: National Directory of Healthcare Providers & Services.*

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

Respectfully submitted,

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