Pharmacy Health Information Technology Collaborative

Via Electronic Submission to: MCC@ahrq.hhs.gov

November 15, 2022

Agency for Healthcare Research and Quality (AHRQ)
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Request for Information on Person-Centered Care Planning for Multiple Chronic Conditions (MCC)

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 on Person-Centered Care Planning for Multiple Chronic Conditions (MCC).*

PHIT has been involved with the federal agencies, including AHRQ, 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, person-centered care services to their patients, including those with MCC. As users of health IT, and in particular, telehealth, e-prescribing (eRx), electronic medical record (EMR)/electronic health record (EHR) systems, and those utilizing certified EHR technology (CEHRT), pharmacists use technology to 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), especially for those at risk for or living with MCC.

The following comments concerning this RFI focus on the pharmacists' role using the Pharmacists' Patient Care Process and the Pharmacists eCare Plan (PeCP) for assessing a patient's health needs and providing person-centered care services for patients with MCC.

Which organizations are successfully engaged in the person-centered planning for people at risk for or living with MCC?

Pharmacists and pharmacy organizations are engaged in helping patients manage their chronic conditions, medication treatments, and medication-related issues to improve their health.

Chronic diseases are "the leading causes of death and disability and the leading drivers of the nation's $4.1 trillion in annual health care costs,"[1] according to the Centers for Disease Control and Prevention. Six out 10 adults in United States have a chronic disease, while four out of 10 U.S. adults have two or more.[2] As health care providers, pharmacists are uniquely positioned to create personal patient relationships, engage in the MCC process, and make chronic disease management programs more successful.[3]

Who are the thought leaders in this area and/or where would leaders go to seek information about how to begin this work?

Pharmacy-based organizations and associations, especially those who are members of PHIT (see listing at the end of these comments), are thought leaders who could be sought for information. PHIT is one of the pharmacy profession's leaders for advancing technology use in the pharmacy profession. The PeCP initiative also identifies pharmacy system vendors that have PeCP functionality.

What are best practices for designing, implementing, and evaluating person-centered care planning for people at risk for or living with MCC?

For pharmacists, best practices for person-centered care planning are outlined in the Pharmacists' Patient Care process. Person-centered care (person-centered care) is the crux of the Joint Commission of Pharmacy Practitioners (JCCP) Pharmacists' Patient Care Process, which was developed in 2014 by experts in pharmaceutical care for pharmacists to successfully manage chronic diseases.

Through the Pharmacists' Patient Care Process, the pharmacist establishes a patient-pharmacist relationship and "develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective."[4] The plan addresses medication-related problems and "sets goals of therapy for achieving clinical outcomes in the context of the patient's overall health care goals and access to care; engages the patient through education, empowerment, and self-

[1] "Chronic Diseases in America." Center for Disease Control and Prevention. 2022. https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm.
[2] Ibid.
[3] "Pharmacists Can Build Relationships for Chronic Disease Management." Patient Engagement HIT. October 24, 2016. https://patientengagementhit.com/news/pharmacists-can-build-relationships-for-chronic-disease-management.
[4] "Pharmacists' Patient Care Process." Joint Commission of Pharmacy Practitioners'. May 29, 2014. https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf.

management; and supports care continuity, including follow-up and transitions of care as appropriate."[5] The Pharmacists' Patient Care Process is now taught in all of the colleges and schools of pharmacy in the U.S.[6]

A 2018 study, "The Effect of Clinical Pharmacist-Led Comprehensive Medication Management on Chronic Disease State Goal Attainment in a Patient-Centered Medical Home," supports the Pharmacist' Patient Care Process and confirmed what is currently known: Integrating pharmacists "in primary care settings can have positive effects on patient outcomes relating to chronic disease state control," and pharmacists' interventions "in a variety of settings can have positive effects on patient outcomes related to diabetes, including improvements in hemoglobin A1c, blood pressure, and cholesterol management."[7] This study further showed that "comprehensive medication services provided by clinical pharmacists in the primary care setting have a positive effect on patients" and that "the pharmacist intervention can help achieve better disease control without significantly increasing the number of prescribed medications."[8]

How have shared electronic care plans (e-care plans) been developed, implemented, and shared with the care team?

Within one year of the Pharmacists' Patient Care Process release, the National Council for Prescription Drug Programs (NCPDP), an ANSI-accredited, standards development organization providing health care solutions, and Health Level 7 (HL7) embarked on a joint project in 2015 to create the Pharmacist eCare Plan. PeCP was based on the JCCP Pharmacists' Patient Care Process and modeled after the HL7 care planning standard.

PeCP "is an interoperable standard that allows for pharmacy technology providers to have a common method of exchanging information related to care delivery, including patient goals, health concerns, active medication list, drug therapy problems, laboratory results, vitals, payer information, and billing for services"[9] between pharmacy technology platforms, clinically integrated networks, and electronic health records. "It is the only currently balloted and adopted standard for which multiple utilities, audiences and use result across so many different stakeholders and care team members" that focuses on optimizing medication use.[10] The latter being a critical element in managing MCC. PeCP is listed as an interoperability standard tool by the ONC.

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[5] Ibid.
[6] Anthony W. Olson, et al. "Patient-Centered Care preferences & expectations in outpatient pharmacist practice: A three archetype heuristic." Research in Social and Administrative Pharmacy. October 2021. https://www.sciencedirect.com/science/article/abs/pii/S1551741121000656.
[7] Jarred Prudencio et al, "The Effect of Clinical Pharmacist-Led Comprehensive Medication Management on Chronic Disease State Goal Attainment in a Patient-Centered Medical Home." *Journal of Managed Care Specialty Pharmacy*, May 2018, 24(5), pgs. 423-429. https://www.jmcp.org/doi/full/10.18553/jmcp.2018.24.5.423.
[8] Ibid.
[9] Pharmacist eCare Plan Initiative. https://www.ecareplaninitiative.com/.
[10] Ibid.

To initially implement and promote the PeCP, it was linked to ONC's High Impact Pilots (HIP): Interoperable Pharmacist Care Planning, which awarded Lantana Consulting Group a HIP grant to develop standard care plans for pharmacists to deploy across the Pharmacy Enhanced Services Network, a project of Community Care of North Carolina (CCNC).[11] In the pilot, pharmacists upgraded their pharmacy management systems to submit PeCPs to CCNC.

The PeCP is a FHIR-based (Fast Healthcare Interoperability Resources) interoperable document. It uses HL7 CDA Consolidated Templates for Clinical Notes (US Realm) designed for the PeCP and Consolidated Clinical Document Architecture (C-CDA) on FHIR. Additionally, the Lantana Consulting Group incorporated Relevant Medication Management value sets to the PeCP C-CDA and FHIR Release 4 Implementation Guides for Standard Trial Use, which was balloted, reconciled, and published by HL7 and NCPDP in 2021.

According to Flip the Pharmacy, 1.35 million eCare plans have been submitted.[12]

What policy levers should HHS use to further advance the adoption of standards-based e-care plans?

As the federal National Quality Strategy that has been adopted moves forward, HHS could consider further use of its guidance authority and regulatory process to require the use of e-care plans and provide incentive programs for health care providers, including pharmacists, to use e-care plans as part of delivering person-centered care and services. In the initial days of getting health care providers to use electronic health records (EHR), the Centers for Medicare and Medicaid Services initiated the "Meaningful Use" program (CMS EHR Incentive Program; now called the Merit-based Incentive Payment System), though pharmacists were not eligible for this program. This could foster innovation in e-care plans and facilitate faster adoption across organizations and communities.

HHS collects and analyzes copious amount of health care data on various programs and technologies. HHS should use this data to create and disseminate education materials to health care providers to further their understanding of the benefits of using e-care plans that are evidence-based not only for MCC but for improving overall health care outcomes.

How can technical approaches use FHIR standards better support sharing of e-care plans across care teams? What are major barriers to advancing these approaches?

"A fully enabled FHIR-based platform can address the complexities of implementing innovative programs,"[13] such as e-care plans, that would increase health care efficacy. PeCP is FHIR-based. FHIR is being promoted for use in other aspects to help pharmacists in managing patient care that are part of e-care plans, as well (i.e., electronic prior authorization (ePA),

[11] Interoperability Proving Ground. HealthIT.gov. https://www.healthit.gov/techlab/ipg/node/4/submission/1726.
[12] Flip the Pharmacy. https://www.flipthepharmacy.com/.
[13] Nick Zamora. "Powering Optimized Medication Management with FHIR Standard." Better Medication Management blog. https://www.smilecdr.com/our-blog/better-medication-management-part-4-hl7-fhir.

which would be delivered faster using FHIR, providing faster access to care and needed medications).[14] FHIR will be particularly important in advancing medication therapy management (MTM)[15] for those at risk for or living with MCC.

Ensuring that other standards work seamlessly with FHIR is an interoperability challenge in pharmacy. For example, most community pharmacies currently rely on NCPDP telecommunications and SCRIPT standards for e-prescribing, billing, benefit eligibility, etc., while large health care systems with acute care pharmacies use HL7 standards for data exchange.[16] The challenge is "bringing all pharmacy services together to deliver an integrated care model like MTM requires sorting through and translating these two standards so that data can flow seamlessly between two settings as the data currently resides in siloed systems controlled by busy health IT vendors."[17]

Another possible barrier for e-care plans is getting payers' payment systems to work with FHIR systems.

Lastly, AHRQ and others (federal and state agencies, health IT vendors) need to look closely at the activity and work currently being done with Trusted Exchange Framework and Common Agreement (TEFCA), particularly the TEFCA-FHIR roadmap, to implement the Qualified Health Information Network (QHIN) Technical Framework – Version 1. It is anticipated that the first QHIN will be approved and operational in 2023. TEFCA is designed to enable electronic health information (EHI) to flow seamlessly across various health information networks (HINs) nationwide so that health care providers, health plans, and others have secure access to their electronic health information.[18] As this appears to be the future of EHI exchange, it will have a direct bearing on e-care plans and person-centered care, and there could be potential barriers regarding e-care plans interoperability if it is not addressed now. Continued work by AHRQ and others need to keep this in mind when developing and implementing strategies and technology for health care.

Concluding Comments

Pharmacists need to be recognized as health care providers and included in AHRQ's work in improving care for people at risk for or living with MCC. Through their person-centered care services, which are becoming a core component of coordinated care delivery,[19] pharmacists coordinate planning, management, and treatment with patients and collaborate with the patient's multi-disciplinary health care team and caregivers. The Pharmacists' Patient Care Process and Pharmacist eCare Plan enable pharmacists' engagement in MCC to deliver person-centered care and improve health outcomes, while supporting and empowering people

[14] Ibid.
[15] Ibid.
[16] Ibid.
[17] Ibid.
[18] What is the ONC Trusted Exchange Framework and Common Agreement. The Sequoia Project. https://rce.sequoiaproject.org/tefca/.
[19] Ibid.

at risk for or living with MCC to manage their health and initiate behavioral changes. The processes implemented by pharmacists were developed and supported by evidence-based research and clinical guidelines.

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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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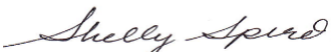
On behalf of PHIT, thank you again for the opportunity to comment on the *Request for Information on Person-Centered Care Planning for Multiple Chronic Conditions (MCC).*

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

Respectfully submitted,



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