Pharmacy Health Information
Technology Collaborative

August 12, 2014

The Honorable Ron Wyden
The Honorable Charles Grassley
United States Senate
Committee on Finance
Washington, DC 20510-6200

Re: Request for Comments Concerning Availability and Utility of Health Care-Related Data

Dear Senators Wyden and Grassley:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative, we are pleased to submit comments in response to your June 12, 2014 *Request for Comments Concerning the Availability and Utility of Health Care-Related Data.*

The Pharmacy HIT Collaborative (Collaborative) has been involved with the agencies developing the national health information technology (HIT) framework since 2010. The Collaborative is supportive of the proposed strategy and recommendations to improve the safety of HIT through safely designed and implemented systems, while maintaining and protecting patient privacy. Pharmacists provide patient-centered care and services, maintain various secure patient care records, and as part of the integrated health care team, they are directly involved with other health care providers and patients in various practice settings. Pharmacists are in a strategic position to help improve patient safety and protect patient privacy, especially, through HIT.

The following are our responses to the questions asked concerning the availability and utility of health care-related data:

1. *What data sources should be made more broadly available?*

   As health care professionals who provide patient-centered care, the Collaborative believes that pharmacists in all practice settings should have access to health care data that supports the pharmacist's role in health care delivery and encourages pharmacists to connect medication data to the patient/consumer.

Pharmacists play an important role in optimizing therapeutic outcomes and promoting safe, efficacious, cost-effective medication use. Domains of pharmacist involvement in the health care delivery system, in which having access to health care data is vital, include assuring the appropriate use of medication; initiation, modification, and discontinuation of medication regimens in accordance with approved collaborative medication therapy management agreements or institutional protocols; medication dispensing; medication safety by prevention of adverse events and medication errors; development and deployment of clinical decision support; assurance of integrity of the medication-use system; and monitoring of patient outcomes from medication therapy.

Pharmacists provide a variety of patient care services in all practice settings, including comprehensive medication review and reconciliation, medication therapy management, chronic disease state management, immunization administration, and health and wellness services.

Pharmacists are a key resource that can help bridge the gap between doctor and patient, particularly those patients treated by more than one specialist in an often disconnected health care network.   To bridge this gap, however, pharmacists need access to the same health care data as doctors, nurses, and other health care providers treating these patients. In this regard, we also recommend that prescribers also should have access to health plan prescription drug formularies and prescription drug payment information (e.g., copayments) the same as pharmacists.

Additionally, pharmacists need to be formally recognized as eligible providers (EPs) in the EHR Meaningful Use Incentive Program. Although pharmacists are meaningful users of EHR, they are not included as EPs in this program.

2. **How, in what form, and for what purposes should this data be conveyed?**

The Collaborative supports the use of ANSI (American National Standards Institute), NCPDP (National Council for Prescription Drug Programs), and HL7 (Health Level 7 International) standards as the means for exchanging medication-related data. The Collaborative works closely with these standard groups to limit the expansion of proprietary data exchange.

The Collaborative also supports and encourages the development and use of these standards by pharmacists so patients, consumers, or others can engage electronically with pharmacists in an interoperable way. As an example, pharmacists are the number one immunizers for flu vaccines in the United States. It is important that pharmacists have HIT systems that document and exchange information about pharmacist-administered immunizations with other health care providers and public health organizations.

Pharmacists are working with state regulators to submit immunization information in order for it to be included in health records for health providers.

3. **What reforms would help reduce the unnecessary fragmentation of health care data? What reforms would improve the accessibility and usability of health care data for consumers, payers, and providers?**

The Collaborative believes that mandating use of ANSI accredited standards by systems at the state and federal levels would reduce unnecessary fragmentation of health care data.

As a reform to improve the accessibility and usability of health care data for consumers, payers, and providers, the government should promote the adoption of NCPDP and HL7 standards. Additionally, the government should help educate consumers in adapting their personal health records and becoming engaged with pharmacists and other health care providers for the electronic exchange of health care data.

Another reform that should be considered is the prior authorization process, especially, for prescription drugs. The current system creates an undue burden on pharmacists and providers. Rapid implementation of electronic prior authorization (ePA) utilizing transaction standards adopted for use in NCPDP's electronic prescribing standard (i.e., SCRIPT Standard) is necessary for reforming the system.

4. **What barriers stand in the way of stakeholders using existing data sources more effectively, and what reforms should be made to overcome these barriers?**

The Collaborative believes the main barrier in using existing data sources is that many of these systems use proprietary interfaces rather than using open source or standard exchange, which makes the exchange of data costly.

Another barrier is that health care data is not flowing as freely as it should. Some organizations limit access to health care data that would improve patient care. Such limitations are generally done because of privacy and security concerns. Because of a perceived liability, limiting access is becoming a hindrance and could also become detrimental overall. There are ways that organizations and systems can ensure that health care data goes to the right provider with patients or consumers consent. Health care providers need to be trusted to be good stewards of health data and information.

Pharmacists need to be a part of this exchange and have access to health care data. Some health information exchanges will not allow pharmacists access

because they believe pharmacists do not need to know this information. Because pharmacists provide patient-centered care, including making clinical decisions regarding medication-related care, access to this health care data is essential to the successful performance of these duties.

As mentioned previously, pharmacists are an integral part of health care teams, including bridging the gap between doctors and patients. Having access to health care data is vital to pharmacists in providing care to their patients.

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The Pharmacy HIT Collaborative's vision and mission are to assure the nation's health care system is supported by meaningful use of HIT, the integration of pharmacists for the provision of quality patient care, and to advocate and educate key stakeholders regarding the meaningful use of HIT and the inclusion of pharmacists within a technology-enabled integrated health care system. The Collaborative was formed in the fall of 2010 by nine pharmacy professional associations, representing 250,000 members, and also includes seven associate members from other pharmacy-related organizations. The Pharmacy HIT 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 and health information networks, a standards development organization, transaction processing networks, pharmacy companies, system vendors and other organizations that support pharmacists' services. For additional information, visit www.pharmacyhit.org

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On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *Request for Comments Concerning the Availability and Utility of Health Care-Related Data.*

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

Respectfully submitted,

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