



Pharmacy e-Health Information Technology Collaborative

VIA Electronic Submission to HIT-PTQ@AHRQ.hhs.gov

August 20, 2012

Ms. Rebecca Roper
Agency for Health Care Research and Quality
Attention: HIT-Enabled QM RFI Responses
540 Gaither Road, Room 6000
Rockville, MD 20850

**Re: Request for Information on Quality Measurement
Enabled by Health IT (FR Doc. No.: 2012-17530)**

Dear Ms. Roper:

On behalf of the membership of the Pharmacy e-Health Information Technology Collaborative (Collaborative), we are pleased to respond to the Agency for Health Care Research and Quality Attention's Request for Information on Quality Measurement Enabled by Health IT published in the *Federal Register* on July 20, 2012.

The Collaborative recommends that pharmacists be included in the HIT quality measurement process so as to integrate pharmacy health information technology (HIT) into the national HIT infrastructure and to assure that pharmacists can connect to other health care providers through secure bidirectional communication. As recognized health care providers and HIT users, pharmacists play an important role in providing treatments and care to patients. In some settings, pharmacists are first-line-of-care providers, and as such, access to health information through the health information network is critical.

Integration of pharmacy HIT into the national HIT infrastructure and access to the HIT network will improve communication, especially bidirectional communication, among health care team members and improve the overall quality of patient outcomes.

As our responses to the questions posed by AHRQ demonstrate, the use of the national HIT infrastructure by pharmacists is critical to the integration of pharmacist-provided patient care services into the national HIT plan.

Question 1. Briefly describe what motivates your interest in clinically- informed quality measures through health information technology. To what extent is your interest informed by

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a particular role (e.g., provider, payer, government, vendor, quality measure developer, quality improvement organization, standards organization, consumer advocate) in this area?

Pharmacists are at the forefront of patient care services and uniquely qualified via education, trusted relationships, and accessibility to profoundly impact healthcare outcomes. As meaningful users of EHR and having an impact on the meaningful use (MU) quality measures of other eligible professionals and hospitals, pharmacists involvement in HIT is needed in the following quality measure domains: patient and family engagement; clinical appropriateness, including appropriate and efficient use of medications; care coordination, including care transition; patient safety, including medication safety; population and public health, including smoking, obesity, blood pressure monitor, and glucose monitoring, and medication errors and near misses.¹

Question 2. Whose voices are not being heard or effectively engaged at the crucial intersection of health IT and quality measurement? What non-regulatory approaches could facilitate enhanced engagement of these parties?

Pharmacists' voices are not being heard outside of e-prescribing. Pharmacists serve as accessible care providers who are connected directly to clinical quality measures related to patient care and impact quality measurements of other inter-professional health care teams. By assuring quality measures include pharmacists' patient care services that are integrated into the national HIT framework through quality standard organizations (e.g., NCQA and NQF) will facilitate an enhanced engagement of pharmacists. Pharmacists utilize HIT in AHRQ projects and support AHRQ in quality-related research regarding pharmacists' patient care services. The value of the pharmacist's role in health care continues to be important for the integration of pharmacist-provided patient care services into the national HIT infrastructure.²

Question 9. How do you see the establishment and adoption of data standards impacting the future of health IT-enabled quality measurement? For what types of quality measures should a combination of natural language processing and structured data be considered?

HIT solutions and standards can enhance a pharmacist's ability to improve the overall medication-related safety and quality of patient care in coordination with other health care providers within the inter-professional health care team. Standardization of some HIT solutions currently in use in the pharmacy is the direction in which pharmacy is moving. These data standards should speed adoption of new services by lowering the overall cost. Some current

¹ Office of the National Coordinator for Health Information Technology (ONC) HIT Policy Committee Quality Measures Work Group presentation, February 2, 2011. Available at http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_0_6010_1814_17824_43/http%3B/wci-pubcontent/publish/onc/public_communities/_content/files/qm_deck_020211.ppt Accessed August 9, 2011.

² The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care Available at http://www.pharmacyhit.org/pdfs/11-392_RoadMapFinal_singlepages.pdf. Accessed August 9, 2012

standards being used are structured documents (Consolidated Clinical Document Architecture (CDA) Release 2) and standardized nomenclature (Systematized Nomenclature of Medicine--Clinical Terms (SNOMED CT)). The Pharmacy e-HIT Collaborative has established over 200 SNOMED CT codes defining medication therapy management (MTM), which enables accurate quality measures in HIT. Codes are embedded in electronic structured documents used by meaningful users of EHR. These processes will enable pharmacists providing patient care services to better document quality measures related to MTM outcomes. At the present, there is no clear national standard way to measure pharmacist-provided patient care services. SNOMED CT provides the clinical measures for the future.

Question 12. What is the best way to facilitate bi-directional communication between vendors and measure developers to facilitate collaboration in health IT-enabled measure development?

The best way to facilitate this is to secure pharmacists involvement in health care delivery bidirectional exchange of health information, including clinical information and information generated by pharmacists, which is essential for all patients. Always early adopters of new technology, pharmacists have developed and adopted HIT standards for the profession.

The active participation of pharmacists in health information exchanges (HIEs) is aligned with overall HIE goals to improve patient safety, enhance quality of clinical care, increase clinical and administrative efficiency, reduce duplication of services, enhance identification of threats to public health, and expand consumer access to their own health information. Pharmacists play an integral role in providing services and information related to medication therapy management, wellness and prevention, chronic disease management programs, and complex case management related to multiple medications with complex medication dosing regimens. The electronic exchange of current or real time pharmacist-provided patient care information using HIEs or e-prescribing networks will ensure effective, bidirectional communication among the health care team members, improve overall quality of patient outcomes, and assist providers in meeting their MU of EHR measurement goals.

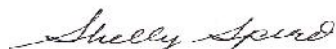
Formed in the fall of 2010, the Collaborative's focus is to assure the MU of standardized electronic health records that supports safe, efficient, and effective medication use, continuity of care, and provides access to the patient-care services of pharmacists with other members of the interdisciplinary patient care team.

The Collaborative seeks to ensure that pharmacist-provided patient care services are integrated into the National HIT interoperable framework. 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, transaction processing networks, pharmacy companies, system vendors and other organizations that support pharmacists' services. The Collaborative was founded by nine

pharmacy professional associations representing over 250,000 members and includes seven associate members from other pharmacy related organizations. For additional information, visit www.pharmacyhit.org

On behalf of the Pharmacy e-HIT Collaborative, thank you again for the opportunity to comment on AHRQ's Request for Information on Quality Measurement Enabled by Health IT, published in the *Federal Register* on July 20, 2012. For more information, contact Shelly Spiro, Director, Pharmacy e-HIT Collaborative at shelly@pharmacyhit.org.

Respectfully submitted,



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