Pharmacy e-Health Information Technology Collaborative

The Pharmacy e-Health Information Technology Collaborative (Collaborative) is pleased to provide comments to the HIT Policy Committee Quality Measures Workgroup on the meaningful use (MU) of the electronic health record (EHR) quality measurement concepts to be included in Stage 2 and 3 measurement goals.

Formed in the fall of 2010, the Collaborative is focused on improving patient care quality and outcomes, through the integration of pharmacists' patient care services into the national electronic health record infrastructure. The group is pursuing EHR standards that effectively support the delivery and documentation of, and billing for pharmacist-provided patient care services across all care settings. The Collaborative influences HIT policy through unified, consistent communications to the Centers for Medicare & Medicaid Services (CMS), the Office of the National Coordinator for Health Information Technology (ONC) and other organizations about pharmacist-provided patient care services and pharmacists' contributions to the CMS and ONC defined meaningful use of EHRs.

The Collaborative is focused on influencing the structure, development and implementation of the United States HIT infrastructure so that the pharmacy profession's HIT needs are addressed and integrated into the national HIT framework. Founded by nine pharmacist organizations, the Collaborative seeks to ensure that pharmacist-provided clinical services are represented in the electronic health record. The Collaborative's founding organizations represent pharmacists in all patient care settings and other facets of pharmacy, such as pharmacy education and pharmacy education accreditation. For additional information, visit www.pharmacye-hit.org/.

The Collaborative members were involved in the Standard Development Organization's process that developed the Pharmacist/Pharmacy Provider EHR (PP-EHR) functional profile. The PP-EHR was developed by a joint Health Level Seven (HL7) and National Council for Prescription Drug Programs (NCPDP) work group and has been approved through the balloting process of both organizations. The Collaborative will be working with the national EHR certification organizations and pharmacy system vendors to assure that the PP-EHR functionality is adopted; including the development of certification criteria to meet the MU of EHR concepts related to pharmacists using the PP-EHR in a meaningful way.

The Collaborative has prepared a spreadsheet (http://pharmacye-hit.org/links/collaborative_outreach/admin) outlining the pharmacist's role in HIT when using the PP-EHR following the ONC HIT Policy Committee Quality Measures Workgroup revised and consolidated measure concept criteria using examples fitting the following criteria:

• HIT-sensitive—Capable of being built into electronic health record (EHR) systems with implementation of relevant health IT functions (e.g., clinical decision support) that result in improved outcomes and/or clinical performance.

The PP-EHR functionality includes clinical decision support that should result in improved outcomes and/or clinical performance. The PP-EHR functionality used by pharmacists meets all the quality measure concepts in all the following domains:
• Patient and Family Engagement
• Clinical Appropriateness
• Care Coordination
• Patient Safety
• Population and Public Health
• Other

• Parsimonious—Applies across multiple types of providers, care settings and conditions.

Once adopted, the PP-EHR will apply across multiple types of providers, care settings and conditions. The PP-EHR functional profile incorporates the conformance criteria pharmacists use for clinical documentation of services performed in the care of their patients in all practice settings.   The capability of exchanging the pharmacist's clinical documentation with other healthcare providers is a critical success factor for eligible providers of MU of EHR incentives in meeting their measurement goals. As an example, the PP-EHR functionality has the capability of capturing the pharmacist's patient interventions related to adverse drug events (ADE) and sharing recommendations on medication therapy with other healthcare providers in all settings (e.g., physician offices, hospitals, long term care facilities, home health care agencies, and hospices).

• Demonstrates preventable burden—Supports potential improvements in population health and reduces burden of illness.

The PP-EHR functionality supports potential improvements in population health and reduces the burden of illness. Pharmacists in the community setting are one of the largest providers of influenza vaccines in the nation. The PP-EHR captures pertinent vaccination information and can exchange it electronically with other providers.

• Assesses health risk status and outcomes—Supports assessment of patient health risks that can be used for risk adjusting other measures, and assessing changes in outcomes, including general cross-cutting measures of risk status and functional status and condition-specific measures.

The PP-EHR functionality supports the assessment of patient health risks by assuring medication-related issues are prevented by exchanging information about medication-related problems with other providers. The bi-directional exchange of this information with physician and hospital EHRs will assure that the measures related to risk status, functional status and condition-specific outcomes are appropriately measured.

• Longitudinal—Enables assessment of longitudinal, condition-specific, patient-focused episodes of care.

The PP-EHR functionality enables assessment of longitudinal, condition-specific, patient focused episodes of care by pharmacists, assuring that clinical information is exchanged with other providers, patients and their caregivers. Pharmacists providing medication-related clinical services do so in a longitudinal patient-focused manner. Pharmacists are nationally recognized for providing medication therapy management services across all practice settings, assuring that patients' medication-related

problems are addressed and thereby reducing overall healthcare costs and improving quality of care which results in positive patient outcomes.

The Collaborative supports the HIT Policy Committee Quality Measures Workgroup's proposed quality measurement concepts for inclusion in Stage 2 and 3 MU EHR measurement goals. For more information, contact Pharmacy e-HIT Collaborative at by visiting our website at www.pharmacye-hit.org/.