The Pharmacy e-Health Information Technology Collaborative (Collaborative) is pleased to provide comments to the HIT Standards Committee on new initiatives being considered by ONC through the Standards and Interoperability (S&I) Framework.

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 EHR.

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 within the health care system, and other facets of pharmacy such as, pharmacy education and pharmacy education accreditation. For additional information, visit www.pharmacye-hit.org/.

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's goals, through the pharmacist's adoption of the PP-EHR functional profile, are fully aligned with the four-domain schemes of the meaningful use criteria of "Improve care coordination", "Engage patients and families in their health care", "Improve population and public health", and "Ensure adequate privacy and security protections for personal health information". The Collaborative's comments in regards to the S&I Framework short- and long-term priorities related to Importance/Relevance, Feasibility, Usability, and Evidence-Based Medicine & Research Support follow:

Importance/Relevance:
The PP-EHR functionality includes relevant health IT functions including clinical decision support resulting in improved outcomes and/or clinical performance. Although in the short-term the Pharmacist and the PP-EHR are not eligible to meet the Stage 1 MU of EHR measurement goal

concepts, the Collaborative is working with industry stakeholders to meet Stage 2 and Stage 3 MU measurement goals. The PP-EHR has been developed to integrate with the national health information network (NHIN); be an integral part of the healthcare delivery model; support Accountable Care Organizations' infrastructure; support Patient-Centered Medical Homes activities; and support bundled payment models. The Collaborative is prepared in the long-term to facilitate the healthcare industry adoption of the Pharmacist EHR using the S&I framework.

Feasibility:
   Once certified by the national recognized EHR certification organizations and certification criteria are defined, the PP-EHR can be integrated with other certified healthcare EHRs. The PP-EHR will support the exchange of clinical information (e.g., CCD); will leverage existing interoperability specifications (e.g., HITSP C83, ISO7 and ISO9); utilize existing standards (e.g. HL7 and NCPDP); and will support data flow which can be tested. The Collaborative is prepared to assist in the healthcare industry adoption of the PP-EHR to assure policies and costs are addressed. The Collaborative is in the process of working with ONC and CMS to address policy, regulatory and legislative issues. The Collaborative will assist the facilitation of studies to demonstrate the cost savings attributed to the adoption of the PP-EHR by pharmacists in all practice settings.

Usability:
   The Collaborative is aligning with stakeholders to assure readiness level use of the PP-EHR can be achieved. The adoption of the PP-EHR by the healthcare industry will improve the general health IT usability by assuring medication related information is appropriately exchanged (e.g., adverse drug event and immunization data).   The PP-EHR will have medication related outcome and or performance measures.

Evidence-Based Medicine & Research Support:
   The Collaborative will work with industry stakeholders in all practice settings incorporating the PP-EHR functionality into their systems to support ONC SHARP Program, the "Security and Health Information Technology" initiative, the "Patient-Centered Cognitive Support" initiative, the "Health Care Application and Network Design" initiative, the "Secondary Use of EHR Information" initiative, the practice of Evidence-Based Medicine, Comparative Effectiveness Research, and other high priority research.

The Collaborative's goals through the pharmacist's adoption of the PP-EHR functional profile fit into the S&I Framework as defined by answering the following questions:

- Are the current criteria appropriate and sufficient to evaluate Initiatives?
  - At this time, the PP-EHR certification criteria for the MU of EHR have not been defined and therefore a determination of appropriateness to sufficiently evaluate the initiatives has not been done.
- Are there additional criteria within the four categories that should be included?
  - The criteria of "Improve care coordination", "Engage patients and families in their health care", "Improve population and public health", and "Ensure adequate privacy and security protections for personal health information" should be sufficient to meet the MU of the PP-EHR.

- ONC will be using the Prioritization Framework to evaluate future initiatives that may pass through the S&I Framework. We would ask you to review the proposed initiatives executive summaries using the Prioritization Framework. We would also ask you to apply weightings on these criteria as you review the initiatives, based on the level of importance you attach to each criteria, and also to use the Prioritization Framework to score new initiatives you may propose as part of your comments. We will use this feedback to evaluate the criteria in the Prioritization Framework and the various weightings that could be used to score initiatives.
    - The Collaborative will encourage industry stakeholder holders adopting the PP-EHR to:
        - Follow the S&I Framework proposed initiatives including those related to the approach to evolve a new model of health information exchange;
        - Support specific initiatives that can be harnessed into health information exchange initiatives to guide the design and development of a fully connected health information infrastructure that will enhance efficiency, quality and effectiveness in healthcare delivery;
        - Leverage existing and new investments in technology, take advantage of health IT innovations, and identify opportunities for new investments through the management of health information exchange initiatives within a portfolio.
    - Clinical Summary - Collaborate with stakeholders and SDOs to create a minimum baseline data set for the clinical summary including use of unstructured text and coded data elements that allow for provider adoption in accordance with Stages 1-3 of meaningful use requirements.
        - Collaborative members are working with SDOs (e.g., HL7 and NCPDP) to create a minimum baseline data set for the clinical summary related to medication therapy management and the clinical services provided by pharmacists. This information will be shared with other providers in the CCD to allow provider adoption in accordance with the MU requirements.
        - This criterion has a high weight in terms of the MU of the EHR for pharmacists.
    - Templated Clinical Documents - Collaborate with stakeholders and SDOs to create computable implementation guide and validation tools for clinical documents including standard headers, sections and data elements that can be constrained by templates to meet specific information exchange and interoperability requirements.
        - Collaborative members are working with stakeholders and SDOs to create computable implementation guides and validation tools for clinical documents to meet specific information exchange and interoperability requirements pertaining to the usability of the PP-EHR by system vendors to meet national certification criteria.
        - This criterion has a high weight in terms of the MU of the EHR for pharmacists.
    - Lab Interface Improvement - Limited to address this challenge for the subset of lab reporting to primary care (internal medicine, family practice, pediatrics).
        - It is essential that pharmacists providing clinical services to patients have the ability to receive and exchange lab data. Collaborative members are working with stakeholders to assure the PP-EHR functionality adopted system vendors will interface with lab reporting in all practice settings.
        - This criterion has a high weight in terms of the MU of the EHR for pharmacists.
    - Medication Reconciliation Improvement - Medication reconciliation improvement would be scoped to focus on improving medication reconciliation tools, with the medications templates and entries undergoing further refinement as ambiguities are addressed.

- It is critical for quality patient care that pharmacists be involved in the medication reconciliation process. Collaborative members are working with stakeholders to assure the PP-EHR functionality adopted by system vendors incorporates medication reconciliation processes ensuring that pharmacists documentation of medication reconciliation occurrences are electronically exchanged with other healthcare providers in all practice settings.
- This criterion has a high weight in terms of the MU of the EHR for pharmacists.

o Provider Directories - This specification would focus on developing a specification to allow third parties to build a provider directory that is interoperable with other provider directories.
- Collaborative members support the development of specifications allowing third parties to build provider directories as long as those directories include pharmacists as providers of clinical services in addition to prescription dispensing functions.
- This criterion has a high weight in terms of the MU of the EHR for pharmacists.

o Syndromic Surveillance - Develop a syndromic surveillance service specification to be used by vendors to deploy a standardized syndromic surveillance service within their infrastructure NOTE: This initiative would complement the work conducted by ISDS and CDC to develop Stage 1 meaningful use recommendations for syndromic surveillance. The ISDS recommendations are available for public comment and review at: http://www.syndromic.org/uploads/files/ISDSRecommendation-PROVISIONAL_vFINAL.pdf.
- Pharmacists play a critical role in disease surveillance in all practice settings, and in some settings, may be the first providers to recognize diseases that may lead to an epidemic. Collaborative members will work with stakeholders to assure syndromic surveillance service specifications will be used by vendors incorporating the PP-EHR functionality into their systems.
- This criterion has a high weight in terms of the MU of the EHR for pharmacists.

o Quality Measures - Focus on quality reporting format specification to help meet Stage 1 meaningful use requirements, with initial scope highlighting the most critical quality measures needed.
- As currently structured, the PP-EHR does not meet quality reporting Stage 1 MU requirements. Collaborative members are working with stakeholders to assure the adoption of the PP-EHR functionality to meet the Stage 2 and 3 MU quality measures.
- This criterion has a high weight in terms of the Stage 2 and 3 MU of the EHR for pharmacists.

o Population Health Query - Develop detailed specifications focused on enabling distributed query mechanisms to aggregate data from multiple public health data sources into a single view.
- Pharmacists in the ambulatory setting are substantial providers of immunization services (e.g., influenza vaccines). It will be critical for providers meeting the MU of EHR measurement criteria that information of pharmacist-administered immunizations are exchanged. Collaborative members will work with stakeholders to assure syndromic surveillance service specifications will be used by vendors incorporating the PP-EHR functionality into their systems.
- This criterion has a high weight in terms of the MU of the EHR for pharmacists.

- o Clinical Decision Support - Development of a standard content specification for implementation and exchanging clinical decision support rules and alerts across various EHR platforms.
  - Collaborative members support the incorporation of medication-related and disease state clinical decision support content into the PP-EHR.
  - This criterion has a high weight in terms of the MU of the EHR for pharmacists.
- o Blue Button - The focus would be on developing a standard content specification for how the text file would be structured to make it readable for patients, and ensuring the structure could be mapped and/or transformed to the CCD (so that documents using those standards could be transformed into the common text file format).
  - Collaborative members support a standard content specification for the structure of text files to assure documentation of clinical services provided by pharmacists could be mapped and/or transformed to the CCD.
  - This criterion has a high weight in terms of the MU of the EHR for pharmacists.
- o Green Button - Develop clear standard format for how data from one EHR can be transferred to another EHR using a green button specification.
  - Collaborative members support the development of standard formats for the transfer of data from the PP-EHR to another EHR and PHR.
  - This criterion has a high weight in terms of the MU of the EHR for pharmacists.
- o Value Set Development - There is a specific need for standardized value sets in areas such as: Lab Orders, critical for meaningful use, Reportable Conditions and Lab Results – for the most frequently reported tests.
  - Collaborative members are developing a standardized vocabulary for medication-related information. The Collaborative is working with the National Library of Medicine to identify and develop SNOMED-CT codes to be used to exchange documentation related to mediation therapy management services provided by pharmacists and exchange that information using PP-EHR functionality.
  - This criterion has a high weight in terms of the MU of the EHR for pharmacists.

In review of the Initiative Executive Summaries the Collaborative has the following comments:

Is the challenge statement listed for each initiative accurate? What are your general thoughts about this challenge statement? Is it an important initiative to you and the stakeholder community you work in or represent?

> The challenge statement listed for each initiative could be more specific to the pharmacist's meaningful use of the PP-EHR functionality; they overall are accurate for the healthcare industry.

Is the scope of the initiative acceptable, and if not, what changes would you suggest?

> The scope statements listed for each initiative could be more specific to the pharmacist's meaningful use of the PP-EHR functionality, they overall are acceptable.

Are the outcomes specified for each initiative reasonable and achievable, and if not, how would you refine them?

The outcomes specified for each initiative could be more specific to the pharmacist's meaningful use of the PP-EHR functionality and the time lines should be adjusted, they overall are reasonable and achievable in the future.

Thank you for the opportunity to comment on the HIT Standards Committee initiatives and the Standards and Interoperability Framework. The Collaborative supports these initiatives. If you require additional information, contact Shelly Spiro, Director, Pharmacy e-HIT Collaborative at shelly@pharmacye-hit.org or by visiting our website at www.pharmacye-hit.org/.