Pharmacy Health Information Technology Collaborative

Via Electronic Submission to: http://www.regulations.gov

August 21, 2017

Molly MacHarris, MIPS
Benjamin Chin, APMs
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5522-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-5522P: CY 2018 Updates to the Quality Payment Program

Dear Ms. MacHarris and Mr. Chin:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (the Collaborative), we appreciate the opportunity to submit comments regarding the proposed changes for *CMS-5522P: CY 2018 Updates to the Quality Payment Program*.

Although pharmacists are ineligible for electronic health record (EHR) incentives and MIPS payments at this time, pharmacists provide person-centered care and services to Medicaid and Medicare, and they are part of many integrated health care teams comprising eligible clinicians, eligible hospitals, and critical access hospitals (CAHs).

The following are our comments.

Removing Summary Survey Measure (SSM) Helping You Take Medication as Directed (page 110)

The Pharmacy HIT Collaborative requests additional clarification as to the reasons for proposing the removal of the SSM: "Helping You Take Medication as Directed." The proposal mentions that "in 2014 and 2015, the majority of groups had very low reliability on this SSM." The proposal does not define nor provide any measure for determining reliability.

As recognized person-centered, health care providers and health IT users, pharmacists play an integral role in bringing value to the health care system by

providing treatments, care, and services to patients, which improve quality outcomes, reduce or eliminate additional hospital stays through medication therapy management (MTM), comprehensive medication management, medication reconciliation, and help reduce overall health care costs. In some settings, pharmacists are first-line-of-care providers. Helping patients take their medications as directed and understanding the benefits of their medications are part of the person-centered services pharmacists provide.

Before removing this SSM, we would encourage the Center for Medicare and Medicaid Services (CMS) to look at recent activities in this area, particularly the development of the Pharmacist eCare Plan and a pilot program regarding that plan that is currently being tested. The Pharmacist eCare Plan will serve as a standardized, interoperable document for exchanging medication-related activities, plans, and goals for an individual needing care. The Pharmacist eCare Plan will be a dynamic plan that contains information on the patient, pharmacist, and health care team's concerns and goals related to medication optimization.

Additionally, a second pilot project under way through Community Care of North Carolina (CCNC) will use the Pharmacist eCare Plan, as well as using existing standards adopted by medical providers in electronic medical records. Pharmacists in this project will use the systems to share care plans electronically and improve care coordination. The CCNC will receive the care plans and use EHR-ready, standardized data to access the quality of care and manage payment for enhanced services.

Protect Patient Health Information (page 191)

The Collaborative supports efforts to protect health information by certified EHR technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.

Electronic Prescribing (pages 192 and 203)

The Collaborative supports the proposed objective and measures for electronic prescribing and the transmission of electronic prescriptions using CEHRT.

Patient Electronic Access (pages 192 and 204)

The Collaborative supports the proposed objective and measures for eligible clinicians to provide patients with timely electronic access to their health information and patient-specific education.

Coordination of Care Through Patient Engagement (page 193)

The Collaborative supports the proposed objective and measures for eligible clinicians to use EHR technology to engage with patients and their authorized representatives about the patient's care.

Medication Reconciliation (page 208)

The Collaborative supports adding the description of the medication reconciliation objective that was inadvertently omitted in the CY 2017 QPP proposed final rule to align with the objective adopted for Modified Stage 2 at 80 FR 62811. As we understand, the description requires an MIPS eligible clinician who receives a patient from another setting of care or provider of care to perform medication reconciliation.

Advancing Care Information (page 211)

The Collaborative supports the proposed objective and measures to require MIPS eligible clinicians to generate and transmit permissible prescriptions electronically using CEHRT.

21st Century Cures (page 215)

Understanding that the 21st Century Cures Act was enacted after the CY 2017 QPP final rule was published, the Collaborative supports the proposed hardship modification for MIPS eligible clinicians facing a significant hardship because of the Act under the advancing care information performance category of MIPS. We understand that such hardships could include "the lack of sufficient Internet connectivity or those who face extreme and uncontrollable circumstances," and providing this exception is in alignment with the hardship exception under the Medicare EHR Incentive Program.

Social Risks (page 405)

The Collaborative supports measures that reflect the use of clinical and preventive services and achieve improvements in the health of the population served, especially for certain groups where social risks may increase health disparities. Although adding social risk factors to existing risk-adjustment methods may provide more accurate information about relative performance, it should be kept in mind that incentives to improve quality care for patients with social risk factors could be diluted if benchmarks are set lower for patients with social risk factors than those without social risk factors.[1]

[1] *Accounting for Social Risk Factors in Medicare Payment,* The National Academy of Sciences, Engineering, and Medicine, 2017.

Performance Feedback (page 469)

The Collaborative supports measures that demonstrate appropriate and timely sharing of information and coordination of clinical and preventive services among health professionals in the care team and with patients, caregivers, and families to improve patient and care team communication. For pharmacists, ensuring interoperability and bidirectional communication in this area are extremely critical. Information blocking is an area of concern to the Collaborative and its members with regard to health IT functionalities and EHR technology.

As noted previously, although pharmacists are ineligible for MIPS payments, they are an integral part of the health care team. Pharmacists are frequently blocked from the multi-directional exchange of relevant clinical information, which is critical to maximize the benefit of coordinated team-based care. Enabling pharmacists access to relevant patient information through interoperable health IT, particularly bidirectional communication, and certified EHRs is essential for improving patient care and helping practitioners deliver effective care. Implementing the proposed rule without addressing pharmacists' need for and reporting of information limits the integration of pharmacists into health care teams, fails to utilize pharmacists' expertise and experience, and would be inconsistent with the principles of value-based coordinated care models that underpin the proposed rule.

The Collaborative suggests that the CMS review these areas to ensure that those developing these systems demonstrate they are not limiting or restricting compatibility or interoperability of certified EHR technology. Eliminating the existence of information blocking would make the exchange of health information more open and transparent and ultimately contribute to quality improvement in health care.

Outcome Measure (page 661)

The Collaborative supports the modification that a payer, alternative payment modes (APM) entity, or eligible clinician must certify that there is no applicable measure on the MIPS quality measure list if the payment arrangement does not use an outcome measure.

Use of Certified EHR Technology (CEHRT) (page 603)

The Collaborative believes that the use of CEHRT should be required in all areas of the MIPS program and should be consistent with the definition of Meaningful EHR User for MIPS. After the many years of developing and advancing the stages of the Meaningful Use EHR Incentive programs, the use of CEHRT is required to participate in these programs. Requiring the use of CEHRT is also an important component for ensuring successful interoperability for those systems used to exchange information and for those systems to use information that has been exchanged. Interoperability is vitally important to pharmacists who may be submitting data concerning patients of MIPS

eligible clinicians for whom pharmacists provide person-centered services, even though pharmacists are not currently eligible clinicians under MIPS.

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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 health IT 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 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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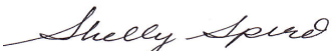
On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on *CMS-5522P: CY 2018 Updates to the Quality Payment Program*.

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

Respectfully submitted,



Shelly Spiro
Executive Director, Pharmacy HIT Collaborative

Shelly Spiro, RPh, FASCP
Executive Director
Pharmacy HIT Collaborative
shelly@pharmacyhit.org