



Via Electronic Submission to: PainandSUDTreatment@cms.hhs.gov

October 11, 2019

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: RFI CMS Action Plan to Prevent Opioid Addiction
P.O. Box 8016
Baltimore, MD 21244-8016

Re: RFI for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment

Dear Administrator Verma:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments regarding the *RFI for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment*.

The Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC), developing the national health information technology (HIT) framework since 2010, including elements related to the opioid crisis.

Pharmacists provide essential patient-centered care and services to Medicare and Medicaid patients. Pharmacists are users of health IT, and in particular, e-prescription and EMR (EHR) systems. The Collaborative supports the use of these systems, which are important to pharmacists in working with other health care providers to provide needed medications and transmit patient information related to overall patient care, transitions of care, immunization (historical and administered), immunization registry reporting, medication lists, medication allergies, allergy reactions, patient problem lists, smoking status, reporting to public health agencies, clinical decision support services/knowledge artifacts, drug formulary checking, and electronic prescribing.

The following are our comments regarding two specific questions posed in the *RFI for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment*.

The Collaborative supports the *CMS Roadmap: Fighting the Opioid Crisis* and CMS' efforts to develop an action plan, building off of the roadmap.

Questions on Acute and Chronic Pain

1. What actions can CMS take to enhance access to appropriate care for acute and/or chronic pain in Medicare and Medicaid, including
 - b. Through remote patient monitoring, telehealth, and other communication technologies.

4. What can CMS do to expand program access to the treatment of SUDs, including OUD, in Medicare and Medicaid through remote patient monitoring, telehealth, telecommunications, and other technologies?

Comments

The Collaborative recommends that CMS review and consider incorporating the [Pharmacist eCare Plan Initiative](#), using HL7 CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R1, which incorporates USCDI v1 and FHIR Release 4 for interoperable exchange of medication-related clinical data captured by pharmacists, into its action plan. The Pharmacist eCare Plan (PeCP) is a unique interoperable standard that maintains multiple information types and origins from patient-reported concerns and outcomes, to medication use related details, to intervention data, and more.¹ It allows for pharmacy technology providers to have a common method of exchanging information related to care delivery, including patient goals, health concerns, active medication list, drug therapy problems, laboratory results, vitals, payer information, and billing for services.²

It is critical to ensure that the action plan supports existing standards for transmitting data, as well as standards currently under development for use with today's technology. The Collaborative recommends that CMS review and consider the HL7 FHIR Accelerator program, which "is designed to assist implementers across the health care spectrum in the creation of FHIR Implementation Guides or other informative documents."³ Other projects within the Accelerator Program include Argonaut, Da Vinci, and CARIN Alliance. It is vitally important that pharmacists are able to transmit and bi-directionally exchange data with health care teams. The action plan developed by CMS needs to take this into account and incorporate standards to ensure interoperability.

The Collaborative supports the use of telehealth for delivering clinical health and person-centered care, particularly in rural health areas. Telehealth enables pharmacists

¹ <https://www.ecareplaninitiative.com/>

² Ibid.

³ <http://www.hl7.org/about/fhir-accelerator/>

to connect with established health care management teams and patients, particularly, when questions arise concerning medications prescribed or changes to medications, independent of geography. In many instances, especially in rural and underserved areas where telehealth would be invaluable, pharmacists are the first point of contact by patients and their caregivers.

The role of pharmacists in telehealth is expanding. Many types of medication management services (MMS)⁴ provided by pharmacists are clinically appropriate for telehealth, including: medication therapy management, chronic care management (e.g., diabetes, hypertension), medication reconciliation, transitions of care, and consultations with patients and health care providers.

Telehealth is a cost-saving option that can expand pharmacist-provided health care services to patients outside traditional community pharmacy practice settings, while complementing existing pharmacy services and expanding access to the expertise of pharmacists across all settings in which pharmacists practice. Telehealth and telepharmacy could also provide cost-savings for hospitals, particularly rural hospitals.⁵

In addition to telehealth, connected care technologies would also be useful in providing access to appropriate acute care. The Collaborative supports the use of remote patient monitoring devices, particularly, when such devices help improve care provided by health care practitioners. Many patients currently communicate and collaborate with their pharmacists by such devices.

The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. The Collaborative's membership is composed of the key national pharmacy associations involved in health information technology (HIT), the National Council of Prescription Drug Programs, and nine associate members encompassing e-prescribing, health information networks, transaction processing networks, pharmacy companies, system vendors, pharmaceutical manufacturers, and other organizations that support pharmacists' services.

As the leading authority in pharmacy health information technology, the Pharmacy HIT Collaborative's vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize person-center care. Supporting and advancing the use, usability, and interoperability of health IT by pharmacists for person-centered care, the Collaborative identifies and voices the health IT needs of pharmacists; promotes awareness of functionality and pharmacists' use of health IT; provides resources, guidance, and support for the adoption

⁴ "Medication Management Services (MMS) Definition and Key Points," Joint Commission of Pharmacy Practitioners, <https://jcpp.net/wp-content/uploads/2018/05/Medication-Management-Services-Definition-and-Key-Points-Version-1.pdf>

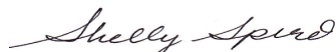
⁵ Health IT News, January 2018, <https://www.healthcareitnews.com/news/telepharmacy-rural-hospitals-provides-big-savings-quality-improvements>

and implementation of standards driven health IT; and guides health IT standards development to address pharmacists' needs. For additional information, visit www.pharmacyhit.org.

On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *RFI for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment*.

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

Respectfully submitted,



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