



**Via Electronic Submission to:** <https://www.healthit.gov/isa/iii-j-consumer-accessexchange-health-information>

November 20, 2017

Office of the National Coordinator  
Department of Health and Human Services  
Hubert H. Humphrey Bldg., Suite 729D  
200 Independence Ave., SW  
Washington, DC 20201

**Re: Advanced Comment Period for 2018 Interoperability Standards Advisory**

Dear Sir or Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments for the advanced *2018 Interoperability Standards Advisory* comment period.

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. The Collaborative is supportive of the proposed standards for clinical health IT interoperability purposes.

Pharmacists provide patient-centered care and services, maintain various secure patient care records, and as part of the integrated health care team, they are directly involved with other health care providers and patients in various practice settings. Pharmacists are users of health IT and are especially supportive of interoperability standards incorporating HL7, SNOMED CT, LOINC, RxNorm, and NCPDP SCRIPT, and NCPDP Real Time Formulary and Benefits (currently under development). The Collaborative supports use of these particular standards which are important to pharmacists for allergy reactions, immunization historical and administered, immunization registry reporting, medications, medication allergies, patient problems, smoking status, reporting to public health agencies, clinical decision support services/knowledge artifacts, drug formulary checking, and electronic prescribing (including new versions).

The following are our comments regarding changes made to the final *2017 Interoperability Standards Advisory* and the advance request for feedback regarding the *2018 Interoperability Standards Advisory* that is in the development process.

Pharmacy Health Information Technology Collaborative

| 2215 Constitution Ave NW | Washington, DC 20037 | [www.pharmacyHIT.org](http://www.pharmacyHIT.org) | 703-599-5051 |

## 2017 Interoperability Standards Advisory (ISA)

The Pharmacy HIT Collaborative greatly appreciates the ONC taking the recommendations we made to Section I (Vocabulary/Code Set/Terminology Standards and Implementation Specifications) and Section II (Content/Structure Standards and Implementation Standards) of the 2017 ISA and adding them to the final 2017 ISA.

In our October 2016 comments, the Collaborative recommended that NDF-RT be changed to MED-RT (based on changes made by the federal Medical Group Terminology) in Sections I-A (allergies) and I-J (medications); HL7 Version 3 Value Set be added to Section I-R, Sexual Orientation and Gender Identity (ONC added HL3 Version 3 Null Flavor); including MVX, CVX, and NDC in Section I-G (immunizations); incorporating SNOMED CT to Section I-S (social determinants); and adding HL7 2.5.1 to Section II-A (admission, discharge, and transfer).

The Collaborative made two additional recommendations that appear not to have been incorporated and requests that these be reconsidered for 2018.

Section II-B: Care Plan, Documenting Patient Care and Documenting, Planning, and Summarizing Care Plans for Patients with Cancer. The Collaborative recommends that consolidated CDA (C-CDA) Release 1.1 and 2.0 be included for the summary care record. For pharmacists providing patient care services, there have been joint NCPDP and HL7 standards development<sup>1</sup> and implementation guides work using C-CDA Release 1.1 and current work using C-CDA release 2.1 for Pharmacist eCare Plan<sup>2</sup>.

### Section IV: Questions and Requests for Stakeholder Feedback

*17-6. Section III: Standards and Implementation Specifications for Services*

*New subsection, III-J, Consumer Access/Exchange of Health Information*

#### Remote Patient Authorization and Submission of EHR Data for Research

**Comment:** The Pharmacy HIT Collaborative supports using Fast Healthcare Interoperability Resources (FHIR). The Collaborative also supports the development (balloted draft) of HL7 FHIR STU Release 3.

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<sup>1</sup> <http://ncdpd.org/NCPDP/media/pdf/Pharmacist-eCare-Plan.pdf>, accessed November 8, 2017.

<sup>2</sup> <https://www.healthit.gov/techlab/ipg/node/4/submission/1376>, accessed November 8, 2017.

## **View, Download, and Transmit Data from EHR**

**Comment:** The Pharmacy HIT Collaborative supports using the Applicability Statement for Secure health Transport v1.2(Direct) and Fast Healthcare Interoperability Resources (FHIR). The Collaborative also supports the development (balloted draft) of HL7 FHIR STU Release 3.

## **Patient Exchanging Secure Messages with Care Providers**

**Comment:** The Pharmacy HIT Collaborative supports using the Applicability Statement for Secure health Transport v1.2(Direct) and Fast Healthcare Interoperability Resources (FHIR). The Collaborative also supports the development (balloted draft) of HL7 FHIR STU Release 3.

## **Push Patient-Generated Health Data into Integrated EHR**

**PHIT Comment:** The Pharmacy HIT Collaborative supports using the Applicability Statement for Secure health Transport v1.2 (Direct) and Fast Healthcare Interoperability Resources (FHIR). The Collaborative also supports the development (balloted draft) of HL7 FHIR STU Release 3.

### *Section IV: Models and Profiles*

*17-7. Is the existing ISA format used for listing standards and implementation specifications applicable for listing Models and Profiles? Are there additional or different attributes that should be collected for them? Are there additional models and/or profiles that should be listed?*

#### *IV-A: Functional Models*

### **PHR Interoperability with the HIT Ecosystem**

**Comment:** The Pharmacy HIT Collaborative supports using ISO HL7 16527 PHR System Functional Model, Release 1, aka PHR-S FM (published by HL7 2014, ISO 2016).

### **EHR Interoperability with the HIT Ecosystem**

**Comment:** The Pharmacy HIT Collaborative supports using ISO HL7 16527 PHR System Functional Model, Release 1, aka PHR-S FM (published by HL7 2014, ISO 2015).

#### *IV-B: Functional Profiles*

##### **Interoperability for Public Health Services**

**Comment:** The Pharmacy HIT Collaborative supports using HL7 Public Health Functional Profiles (published 2015), suite of nine FBs for specific health services/domain areas, based on ISO/HL7 10781 EHR-S FM.

#### *IV-C: Information Models*

##### **Information Model for the Interoperability of Behavioral Health**

**Comment:** The Pharmacy HIT Collaborative supports using HL7 Version 3 Domain Analysis Model: Behavioral Health Record Release 2.

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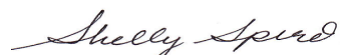
The Pharmacy HIT Collaborative's vision and mission are to assure the nation's health care system is supported by meaningful use of health IT, the integration of pharmacists for the provision of quality patient care, and to advocate and educate key stakeholders regarding the meaningful use of health 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](http://www.pharmacyhit.org).

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On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the advanced *2018 Interoperability Standards Advisory*.

For more information, contact Shelly Spiro, Executive Director, Pharmacy HIT Collaborative, at [shelly@pharmacyhit.org](mailto:shelly@pharmacyhit.org).

Respectfully submitted,



Shelly Spiro  
Executive Director, Pharmacy HIT Collaborative

**Comment Template Introduction:** Please select a topic/action from the dropdown list for each comment provided. Where more than one interoperability need or standard/implementation specification exists, please identify the applicable interoperability need or standard/implementation specification. If your comment has a specific request for action, please include it in the "Comment (Request for Action)" column. Where no action is required (e.g., comments in support of currently listed standards, etc), please use the "Comment (No Action)" column. Where possible, use of a reviewer for individual recommendations is preferred. The deadline for comment submissions is 5 p.m. on Friday, October 30, 2015. Comments to be submitted at <https://www.health.gov/standards/submit>. Please do not convert this template to a PDF file for submission. Thank you for your ongoing participation and engagement with the SA process.

Interoperability Need	Standard/Implementation Specification	Comment (No Action)	Comment (Request for Action)
Representing Patient Allergies - Medications	RxNorm and NDF-RT	The Pharmacy HIT Collaborative appreciates the ONC taking our recommendation for changing NDF-RT to MED-RT throughout the final 2017 SA.	The Federal Medical Terminology Group has changed NDF-RT to RT. This change needs to be reflected throughout.
Representing Immunizations - Administered	HL7 Standard Code Set C11 and National Drug Code	The Collaborative appreciates the ONC responding to our recommendation by including coding MIV, CIV and NDC in final 2017 SA for immunizations.	
Representing Patient Medications	RxNorm, National Drug Code (NDC), National Drug File-Reference Terminology (NDF-RT)	The Pharmacy HIT Collaborative appreciates the ONC taking our recommendation for changing NDF-RT to MED-RT throughout the final 2017 SA.	The Federal Medical Terminology Group has changed NDF-RT to RT. This change needs to be reflected throughout.
Representing Patient Gender Identity	LOINC and SNOMED-CT	The Pharmacy HIT Collaborative appreciates the ONC taking our recommendation and adding HL7 version 3 Null Flavor to the final 2017 SA.	The Collaborative also supports using HL7 Version 3 Value Set to Administrative Gender.
Representing Patient Sex (At Birth)	LOINC and SNOMED-CT	The Pharmacy HIT Collaborative appreciates the ONC taking our recommendation and adding HL7 version 3 Null Flavor to the final 2017 SA.	The Collaborative also supports using HL7 Version 3 Value Set to Administrative Gender.
Representing Alcohol Use	LOINC	The Pharmacy HIT Collaborative appreciates the ONC taking our recommendation and adding SNOMED CT to the final 2017 SA.	The Collaborative requests that SNOMED be added, as well.
Sending a Notification of a Patient's Admission, Discharge, and/or Transfer Status to the Servicing Pharmacy	NCPS Script Standard, Implementation Guide, Version 10.6	The Pharmacy Collaborative appreciates the ONC taking our suggestion and adding HL7 2.6.1 to the final 2017 SA.	
Documenting Patient Care	HL7 Clinical Document Architecture, Release 2.0, Final Edition and HL7 Implementation Guide for CDA Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard Trial Use, Release 2.1	The Pharmacy Collaborative supports using HL7 CDA Release 2, Final Edition and the HL7 Implementation Guide for CDA Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard Trial Use, Release 2.1.	The Pharmacy HIT Collaborative also recommends that consolidate CDA (CDA) Release 1.1 and 2.0 be included for the summary case record. For pharmacists providing patient care services, there has been joint NCPS and HL7 standards development and implementation guides work using CDA Release 1.1 and current development work using CDA Release 2.1 for Pharmacist Care Plan. <a href="http://ncps.org/ncps/medial/pdf/Pharmacist-Care-Plan.pdf">http://ncps.org/ncps/medial/pdf/Pharmacist-Care-Plan.pdf</a>
Documenting, Planning and Summarizing Care Plans for Patients with Cancer	HL7 Clinical Document Architecture, Release 2.0, Final Edition and HL7 CDA R2 Implementation Guide: Clinical Oncology Treatment Plan and Summary, Release 1	The Pharmacy HIT Collaborative supports using HL7 CDA Release 2, Final Edition and CDA R2 Implementation Guide.	The Pharmacy HIT Collaborative also recommends that consolidate CDA (CDA) Release 1.1 and 2.0 be included for the summary case record. For pharmacists providing patient care services, there has been joint NCPS and HL7 standards development and implementation guides work using CDA Release 1.1 and current development work using CDA Release 2.1 for Pharmacist Care Plan. <a href="http://ncps.org/ncps/medial/pdf/Pharmacist-Care-Plan.pdf">http://ncps.org/ncps/medial/pdf/Pharmacist-Care-Plan.pdf</a>
Recording Patient Preferences for Electronic Consent to Access and/or Share their Health Information with Other Care Providers	HL7 Basic Patient Privacy Consents (BPPC)	The Pharmacy Collaborative supports using HL7 Basic Patient Privacy Consents.	ONC added HL7 Implementation Guide for CDA Release 2 and HL7 Advanced Patient Privacy and Consents to 2017 final SA. Now in 2.0 in final version.