Pharmacy Health Information Technology Collaborative

Via Electronic Submission to: http://www.healthit.gov/policy-researchers-implementers/2015-interoperability-standards-advisory-public-comments

May 1, 2015

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: 2015 Interoperability Standards Advisory (Open Draft)

Dear Sir or Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments regarding the proposed *2015 Interoperability Standards Advisory (Open Draft).*

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 initial list of 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, RxNorm, and NCPDP SCRIPT. As outlined in the initial lists indicating these specific standards, those of particular importance to pharmacists include: 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.

The following are our comments regarding some of the specific questions posed by the ONC about the initial list of the proposed *2015 Interoperability Standards Advisory*.

Section I: Best Available Vocabulary/Code Set/Terminology Standards

Encounter Diagnosis

Question 7: *Should more traditionally considered "administrative" standards (e.g., ICD-10) be removed from the list because of its focus on clinical health information interoperability?*

The Collaborative recommends that ICD-10 remain on the list for encounter diagnosis. For pharmacists providing patient care services, it is important for the pharmacists to know the reason or indication for the medications being prescribed. ICD-10 documentation is used to validate the medication's appropriateness, including dosing, and the mitigation of adverse events. This information also improves a patients' understanding of the medications they're taking, which leads to increased medication adherence. Although ICD-10 codes may not necessarily match the indication for medication use, ICD-10 documentation for certain medications may be needed by certain payers (ICD-10 documentation is important for billing purposes). SNOMED CT should also remain. Linking the encounter diagnosis to a problem using SNOMED CT codes is a better process of more accurate medication indication matching.

Food allergies

Question 8: *Should "food allergies" be included as a purpose in this document or is there another approach for allergies that should be represented instead? Are there standards that can be called "best available" for this purpose?*

The Collaborative believes that all substance allergies, including medication, immunizations, food, and environmental allergies should be included. This will require coding using RxNorm, UNII, CVX, MVX and SNOMED CT. It is important not only to code the substance but also to code the reaction, intolerance, and allergic severity.

Immunizations – Historical

Question 10: *Should the MVX code set be included and listed in tandem with CVX codes?*

The Collaborative believes immunization coding should include MVX, CVX and NDC. For tracking purposes, it will be important to code the actual product, lot number and expiration date.

Immunizations – Administered

Question 11: *Public health stakeholders have noted the utility of NDC codes for inventory management as well as public health reporting when such information is known/recorded during the administration of a vaccine. Should vaccines administered be listed as a separate purpose with NDC as the code set?*

The Collaborative believes immunization coding should include MVX, CVX and NDC. For tracking purposes, it will be important to code the actual product, lot number and expiration date.

Section II: Best Available Content/Structure Standards

Summary care record (HL7 CDA Release 2.0 Normative Edition)
Question 17: *For the 2015 list, should both Consolidated CDA Release 1.1 and 2.0 be included for the "summary care record" purpose or just Release 2.0?*

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 and implementation guides work using C-CDA Release 1.1 and current development work using C-CDA Release 2.0.

Section IV: Best Available Standards and Implementation

Question 18: *Should specific HL7 message types be listed? Or would they be applicable to other purposes as well? If so, which ones and why?*

Pharmacists providing patient care services are working jointly between NCPDP and HL7 to develop standards using HL7 message types, C-CDA templates, and for future work incorporating Fast Healthcare Interoperability Resources (FHIR).

Data element based query for clinical health information

Pharmacists providing patient care services are in support of moving toward joint NCPDP and HL7 standards development work using FHIR.

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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 HIT 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 seven 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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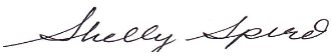
On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *2015 Interoperability Standards Advisory (Open Draft).*

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

Respectfully submitted,



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