![Pharmacy Health Information Technology Collaborative logo — HI+ Pharmacy Health Information Technology Collaborative]

<u>**Via Electronic Submission to: Rebecca.Fish@hhs.gov**</u>

March 23, 2015

Ms. Rebecca Fish
National Vaccine Program Office
Department of Health and Human Services
Hubert H. Humphrey Bldg.
200 Independence Ave., SW, Room 733G
Washington, DC 20201

**Re: National Adult Immunization Plan**

Dear Ms. Fish:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments regarding the National Vaccine Program Office's (NVPO) draft report, *National Adult Immunization Plan.* The Collaborative is supportive of the plan's overall objective of achieving higher vaccination rates of adults across all population groups for the prevention of infectious diseases.

The Collaborative has been involved with the federal agencies (e.g. the Office of the National Coordinator, Centers for Medicaid and Medicare Services) developing the national health information technology (HIT) framework since 2010. The Collaborative is supportive of the ONC's proposed roadmap, strategic plan, and recommendations to improve the safety of HIT through coordinated governance and safely designed and implemented systems by federal agencies and private sector HIT providers, while maintaining and protecting patient privacy.

Pharmacists provide patient-centered care and services, including immunizations; maintain various secure patient care records; report to immunizations registries; 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 in a strategic position to help improve adult immunizations, patient safety, and patient privacy, especially, through HIT. The American Pharmacists Association reports that there are more than 260,000 pharmacists, including student pharmacists, trained to administer immunizations.

The following are our comments regarding the draft report:

***Goal 1: Strengthen the Adult Immunization Infrastructure***

The Collaborative is supportive of strengthening the immunization infrastructure through the use of health information technology (HIT) and standards that enable nationwide interoperability, particularly within immunization information systems, of which pharmacies are active participants. The Collaborative recommends that this effort be aligned for interoperability with the nationwide governance and health IT infrastructure framework being established by the Office of the National Coordinator (ONC) in its *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap* and its *Federal Health IT Strategic Plan 2015-2020*.

It is important that electronic health records (EHRs) that will be used in the proposed adult immunizations plan meet ONC certification criteria and standards established for use in existing federal health programs, such as the CMS Electronic Health Record Incentive Program, and allow for more consistent information exchange across all in the health care system who provide vaccine services for adults. Although pharmacists are not eligible for incentives under this CMS program, they are nevertheless meaningful users of EHRs and health IT. Pharmacists have nationally adopted standards in place to meet EHR requirements.[1]

It is also critically important that EHRs and immunization information systems (IIS) used to capture vaccine activity are secure and patient data privacy protected. Cybercrime is a fast-growing challenge. Given the most recent security breaches, we encourage NVPO to include an objective and strategies to address authentication and security issues. We believe that the NVPO should ensure that all health IT products and electronic systems used are ONC certified with regard to privacy and security. This appears to be missing from the proposed plan.

***Objective 1.2: Enhance current vaccine safety monitoring systems and develop new methods to accurately and more rapidly assess vaccine safety and effectiveness in adult populations (e.g., pregnant women).***

**Strategy 1.2.6**

The Collaborative supports electronic data submission to immunization registries and believes they can be effective tools to promote patient and population health, as well as vaccine safety and effectiveness. We support the inclusion of patient populations across the adult spectrum, particularly high-risk and vulnerable populations.

Because such registries are maintained at the state and local levels through public

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[1] HL7 EHR Pharmacist/Pharmacy Provider Functional Profile,
http://www.hl7.org/implement/standards/product_brief.cfm?product_id=262, accessed March 12, 2015.

health agencies, there needs to be a uniform standard for reporting vaccine administration activity. We encourage the harmonization of standards at a national level and the use of Health Level 7 (HL7) and the National Council for Prescription Drug Programs (NCPDP) SCRIPT and Telecommunication standards for this purpose. This would encourage health care providers, hospitals, and long term care facilities that administer immunizations to submit their vaccine administration data electronically and uniformly.

The standards should also support the bidirectional exchange with immunization registries. In other words, these standards should support: (i) the querying of a vaccine registry to identify gaps in care, and (ii) the reporting of vaccine administration activity. When it finalized rules for the EHR Incentive Program-Stage 2 in 2012, the CMS agreed that bidirectional communication with immunization registries should be included.

***Objective 1.4: Increase the use of electronic health records (EHRs) and immunization information systems (IIS) to collect and track adult immunization data***

**Strategies 1.4.1 – 1.4.4**

The Collaborative agrees that EHRs and IIS should be able to generate queries using nationally accepted standards. They should also be able to accept standardized immunization history information and forecast and inform providers of needed vaccinations by patients. Immunization histories and forecasts should be displayed within the EHR after the query is made. Additionally, EHR technology must also be able to record structured data in order to create and query different patient population groupings by patient characteristics.

**Strategy 1.4.5**

The Collaborative agrees that there are barriers that may preclude data sharing between states and systems. The Collaborative also agrees that the NVPO should develop and provide model agreements to address the documented legal and policy barriers that preclude data sharing between states and systems. This would promote greater interoperability in this area. The Collaborative is raising this same issue in comments to the ONC on its recently published nationwide governance roadmap. We noted that a barrier to interoperability is the various state laws regarding privacy, data collection, and security, especially as they pertain to individually identifiable information. According to the National Conference of State Legislatures (NCSL), a national public policy organization comprising the 50-state legislatures and territories, 32 states and Puerto Rico have enacted laws that require entities to destroy, dispose, or otherwise make personal information unreadable or undecipherable. All of these laws apply to businesses, and in 14 of the states, they apply to government agencies. Because of outdated contracts, some state health information exchanges (HIEs) have excluded pharmacists from accessing data through HIEs. Pharmacists should not be precluded from accessing health information.

**Strategy 1.4.6**

The Collaborative is supportive of expanding consumers' access to their own vaccination data through IIS and EHR consumer portals.

**Strategy 1.4.7**

The Collaborative is supportive of the NVPO developing and encouraging adoption of standardized clinical support tools for adult vaccination.

**Strategy 1.4.8**

The Collaborative is supportive of encouraging evaluation of IIS and EHR usage for adult vaccinations among providers, facilities, and organizations delivering vaccines to adults.

**Strategy 1.4.9 – 1.4.10**

The Collaborative agrees with the strategies to promote automation for documenting adult vaccines, such as EHRs capturing 2D barcodes on vials and syringes.  2D barcodes will help increase the accuracy of vaccine data collection, as well as improve the ability of public health agencies and providers, including pharmacists, to respond to vaccine recalls and expedited response and reporting of potential vaccine adverse events.

**Strategy 1.4.11**

Bidirectional communication among health care providers exchanging EHRs and other patient health information through HIT is vitally important.  The Collaborative encourages the NVPO to expand its bidirectional strategy (1.4.11) to be more inclusive.  As drafted, this strategy is limited to the bidirectional exchange between EHRs and IIS for clinics/health systems entering pediatric data.  More specifically, the strategy mentions federally qualified health center-funded clinics and health maintenance organizations.   There are additional groups administering adult vaccinations that need to be included.  As noted previously, the American Pharmacists Association reports that there are more than 260,000 pharmacists trained to administer immunizations across the lifespan.

**Strategy 1.4.11**

The Collaborative is supportive of increasing participation of federal agencies in IIS and the connectivity between IIS and EHR in these organizations.  We recommend that the CMS also be included in the listing of organizations for this strategy.


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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 *National Adult Immunization Plan.*

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

Respectfully submitted,
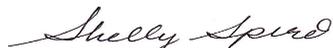
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