January 17, 2010

Department of Health and Human Services
Office of the National Coordinator for Health
Information Technology
Attention: Steven Posnack
Hubert H. Humphrey Building
200 Independence Ave., SW. Suite 729D
Washington, DC 20201
http:/www.regulations.gov

RE: Office of the National Coordinator for Health Information Technology; Health Information Technology; Request for Information Regarding the President's Council of Advisors on Science and Technology (PCAST) Report Entitled ''Realizing the Full Potential of Health Information Technology To Improve Healthcare for Americans: The Path Forward''

Dear Office of the National Coordinator for Health Information Technology;

The Pharmacy e-Health Information Technology Collaborative (Collaborative) is pleased to provide comments to the Office of the National Coordinator for Health Information Technology (ONC) request for information Regarding the President's Council of Advisors on Science and Technology (PCAST) Report Entitled ''Realizing the Full Potential of Health Information Technology To Improve Healthcare for Americans: The Path Forward''.

Formed in the fall of 2010, the Collaborative is focused on improving patient care quality and outcomes, through the integration of pharmacists' patient care services into the national electronic health record (EHR) infrastructure. The group is pursuing EHR standards that effectively support the delivery and documentation of, and billing for pharmacist-provided patient care services across all care settings. The Collaborative influences HIT policy through unified, consistent communications to the Centers for Medicare & Medicaid Services (CMS), the ONC and other organizations about pharmacist-provided patient care services and pharmacists' contributions to the CMS and ONC defined meaningful use (MU) of EHRs.

The Collaborative is focused on influencing the structure, development and implementation of the United States HIT infrastructure so that the pharmacy profession's HIT needs are addressed and integrated into the national HIT framework. Founded by nine pharmacist organizations Academy of Managed Care Pharmacy (AMCP), Accreditation Council for Pharmaceutical Education (ACPE), American Association of Colleges of Pharmacy (AACP), American College of Clinical Pharmacy (ACCP), American Pharmacists Association (APhA), American Society of Consultant Pharmacists (ASCP), American Society of Health-System Pharmacists (ASHP), National Alliance of State Pharmacy Associations (NASPA), and National Community Pharmacists Association (NCPA). The Collaborative members represent over 250,000 members and seek to ensure that pharmacist-

provided patient care services in all practice settings are represented in the EHR. The Collaborative's founding organizations represent pharmacists in all patient care settings and other facets of pharmacy, such as pharmacy education and pharmacy education accreditation. For additional information, visit www.pharmacye-hit.org/.

The Collaborative members were involved in the Standard Development Organization's process that developed the Pharmacist/Pharmacy Provider EHR (PP-EHR) functional profile. The PP-EHR was developed by a joint Health Level Seven (HL7) and National Council for Prescription Drug Programs (NCPDP) work group and has been approved through the balloting process of both organizations. The Collaborative will be working with the national EHR certification organizations and pharmacy system vendors to assure that the PP-EHR functionality is adopted; including the development of certification criteria to meet the MU of EHR concepts related to pharmacists using the PP-EHR in a meaningful way.

The Collaborative has prepared comments of the pharmacist's role in HIT when using the PP-EHR in a meaningful way in relationship to the PCAST report as follows:

1. What standards, implementation specifications, certification criteria, and certification processes for EHR and other HIT would be required to implement the following specific recommendations from the PCAST report: a. That ONC establishes minimal standards for the metadata associated with tagged data elements; b. That ONC facilitate the rapid mapping of existing semantic taxonomies into tagged data elements; c. That certification of EHR technology and other HIT should focus on interoperability with reference implementations developed by ONC?

The Collaborative members are in agreement in following the ONC established minimal standards for metadata associated tagged data elements; ONC facilitated rapid mapping of existing semantic taxonomies into tagged data elements; and certification of EHR technology and other HIT focused on interoperability with reference implementations developed by ONC in relationship to standards, implementation specifications, certification criteria and certification processes for the all EHRs used by pharmacists including the PP-EHR.

The Collaborative is in agreement that the ONC should facilitate mapping of existing semantic taxonomies into tagged data elements and support the incorporation of the National Library of Medicine (NLM) codes including RxNORM into the EHR. Member organizations of the Collaborative are working with the NLM to establish Systematized Nomenclature of Medicine-Clinical Terms (SNOMED-CT) codes in the development of a Medication Therapy Management (MTM) Value Set to supplement the MTM Current Procedural Terminology (CPT) codes. This MTM Value Set will be used by pharmacist providing patient care services in all practice settings to facilitate tagging data elements to measure the MU of the PP-EHR.

The Collaborative:
   a. Focus is aligned with the standards development organizations (HL7 and NCPDP) defined EHR functionality used by pharmacists providing patient care services for exchanging clinical information with other healthcare providers and to patients using an electronic personal health record (PHR);
   b. Supports the implementation specifications outlined by the ONC for the adoption of the PP-EHR by pharmacists providing patient care services in all practice settings;

c. Will follow the certification criteria defined for the MU of the EHR for certifying the PP-EHR or other EHRs used by pharmacists providing patient care services including but not limited to MTM and immunization administration for patients in all practice settings.

2. What processes and approaches would facilitate the rapid development and use of these standards, implementation specifications, certification criteria and certification processes?

The Collaborative is working with system vendors used by pharmacists providing patient care services in all practice settings to adopt the HL7 and NCPDP accredited standard PP-EHR functionality into their systems and certify those pharmacists systems. The Collaborative is recommending that the pharmacists system vendors use the ONC defined certification criteria for the MU of EHR through the government recognized EHR certification organizations.

3. Given currently implemented information technology (IT) architectures and enterprises, what challenges will the industry face with respect to transitioning to the approach discussed in the PCAST report?

a. Given currently implemented provider workflows, what are some challenges to populating the metadata that may be necessary to implement the approach discussed in the PCAST report?

Pharmacists providing patient care services are already populating medication and diagnosis related metadata into their practice management systems. Once an MTM Value Set is defined and the system vendors adopt the PP-EHR functionality into their systems, the Collaborative members will be in the position to exchange standardized medication related clinical information for patient care services provided by pharmacists in all practice settings.

b. Alternatively, what are proposed solutions, or best practices from other industries, that could be leveraged to expedite these transitions?

The Collaborative is open to working with as many organizations as necessary to assure the proposed solution and industry best practices are adopted as quickly as possible for all practice settings where pharmacists provide patient care services including but not limited to community pharmacies, ambulatory clinics, hospitals, health systems, long term and post acute care, hospice, and home care.

4. What technological developments and policy actions would be required to assure the privacy and security of health data in a national infrastructure for HIT that embodies the PCAST vision and recommendations?

The Collaborative supports all technological developments and policy actions related to the privacy and security of health data as long as pharmacists are recognized as providers of patient care services and are not limited by any provision exclusion. The Collaborative supports the vision and recommendations related to privacy and security outlined in the PCAST report.

5. How might a system of Data Element Access Services (DEAS), as described in the report, be established, and what role should the Federal government assume in the oversight and/or governance of such a system?

The Collaborative supports DEAS described in the PCAST report.   The use of networks providing patient access information is common place in the pharmacy sector including pharmacists providing patient care services in those settings. The Collaborative is in support of the establishment of both government and private sector networks as long as pharmacists are recognized as providers and are able to access and exchange clinical information within those networks.

6. How might ONC best integrate the changes envisioned by the PCAST report into its work in preparation for Stage 2 of Meaningful Use?

In order to best integrate the changes envisioned by the PCAST report, the Collaborative is willing to work with ONC to address the need for support of pharmacists providing patient care services by assuring their eligibility to participate in the meaningful use of the EHR measurement concepts. On December 22, 2010, the Collaborative provided ONC with comments on how pharmacists providing patient care services using the PP-EHR impact the quality measure domains for the MU of EHR measurement concepts for all providers and the patients they serve in all practice settings.[i]

The Collaborative supports the changes envisioned by the PCAST report for the Stage 2 MU of EHR measurement concepts including the use of capturing tagged data elements. Member organizations of the Collaborative are in the process of working with the NLM in establishing Systematized Nomenclature of Medicine-Clinical Terms (SNOMED-CT) codes in the development of a MTM Value Set to supplement the MTM Current Procedural Terminology (CPT) codes. This MTM Value Set will be used by pharmacists providing patient care services in all practice settings to facilitate tagging data elements to measure the MU of the PP-EHR.

7. What are the implications of the PCAST report on HIT programs and activities, specifically, health information exchange and Federal agency activities, and how could ONC address those implications?

The Collaborative agrees that there are implications noted in the PCAST report for health information exchanges (HIEs) and federal agency activities. The Collaborative member organizations are engaged in assuring pharmacists providing patient care services in all practice settings are integrated with HIEs and federal agency activities. The Collaborative recommends that ONC address the need for support of pharmacists providing patient care services by assuring their eligibility to participate in the meaningful use of the EHR measurement concepts. The Collaborative urges ONC to petition the Secretary of Health and Human Services to include pharmacists providing patient care services among the eligible professionals that participate in the MU of EHR measurement concepts.

8. Are there lessons learned regarding metadata tagging in other industries that ONC should be aware of?

The use of metadata tagging of medication related information is known within the healthcare industry. A natural progression of the use of metadata tagging is the expansion of electronic prescription metadata tagging to include pharmacist-provided patient care services for medication related information.

9. Are there lessons learned from initiatives to establish information-sharing languages (``universal languages'') in other sectors?

The pharmacist's role in the exchange of electronic prescription information is well established in the pharmacy sector. Lessons learned in the exchange of electronic prescription information and medication claims processing can be used as a guide to integrate similar shared languages for the exchange of clinical information used by pharmacists providing patient care services.

The Collaborative supports the PCAST report recommendations and is willing to work with ONC to address the need for support of pharmacists providing patient care services by assuring their eligibility to participate in the meaningful use of the EHR measurement concepts. For more information, contact Shelly Spiro, Director, Pharmacy e-HIT Collaborative at shelly@pharmacye-hit.org or by visiting our website at www.pharmacye-hit.org/.

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[i] http://pharmacye-hit.org/yahoo_site_admin/assets/docs/HITPC_Quality_Measures_Comments_Due_12-23-10.12100726.pdf