Technology Seminar: Health Information Exchange and the Pharmacist eCare Plan

Disclosure

• Shelly Spiro is Executive Director, Pharmacy HIT Collaborative. The conflict of interest has been resolved by peer review of the slide content.
Learning Objectives

1. Describe how collection, documentation and exchange of standard electronic clinical information through HIEs will assist in value-based payment models for pharmacists for transitions of care, Medication Therapy Management (MTM), and other pharmacist-provided patient care services.

2. Describe how pharmacists’ adoption of EHR system functionality for documentation and exchange of pharmacist-provided patient care services helps to bring together all providers on the health care team to reach better patient outcomes.

Voice of Awareness

- Meaningful Use (MU) EHR CMS incentive program
- Pharmacy and pharmacists’ health IT struggles
- Joint Commission Pharmacy Practitioners (JCPP)
  - 11 national pharmacy associations
  - Vision: “Pharmacists will be health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.”
  - Pharmacy HIT Collaborative formed to be a JCPP area of focus
### JCPP Areas of Focus

To Achieve Vision for Pharmacy Practice

<table>
<thead>
<tr>
<th>JCPP</th>
<th>Patient Care Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQA</td>
<td>Quality Measures and Standards</td>
</tr>
<tr>
<td>JCPP</td>
<td>Provider Status and Payment</td>
</tr>
<tr>
<td>Pharmacy HIT</td>
<td>Health Information Technology (HIT)</td>
</tr>
<tr>
<td>AACP, ACPE, CCP</td>
<td>Education and accreditation standards</td>
</tr>
<tr>
<td>JCPP</td>
<td>Evidence that demonstrates and validates value</td>
</tr>
</tbody>
</table>

### Collaborative Overview

#### Founding Organizations
- 9 Professional Pharmacy Associations
- Represents over 250K members in all practice settings

#### Members
- AACP-ACCP-ACPE-AMCP-APhA-ASCP-ASHP-NASPA-NCPA

#### Associate Members
- Surescripts – NCPDP – RelayHealth – OutcomesMTM
- Amgen – Pfizer – Cardinal Health/Fuse
Vision
- The US healthcare system is supported by meaningful use of Health Information Technology (HIT) and the integration of pharmacists for the provision of quality patient care.

Mission
- 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.

Goals
- Access
  - Ensure HIT supports pharmacists in health care service delivery

- Connectivity
  - Achieve pharmacists’ integration within health information exchange

- Quality
  - Support national quality initiatives enabled by HIT
• Steering Committee – oversees workgroup activities
• Over 70 volunteers
  • WG1 – Professional Service Claims and Codes
  • WG2 – Professional Service Documentation and Coding
  • WG3 – Communication Standards
  • WG4 – Pharmacist EHR
• www.pharmacyhit.org

Guidance Documents

Interoperability

• “Interoperability describes the extent to which systems and devices can exchange data, and interpret that shared data.”
• “For two systems to be interoperable, they must be able to exchange data and subsequently present that data such that it can be understood by a user.”

(accessed August 12, 2014)
Different Types of Standards Used in Pharmacy

- Billing/claims (electronic data interchange (EDI) using EDIFACT)
  - NCPDP D.0, X12 837P
- Messaging standard (electronic data exchange)
  - HL7 ADT
- Functionality and conformance criteria
  - HL7 EHR Functional Model and Profiles
  - NCPDP/ HL7 Pharmacist/Pharmacy Provider Functional Profile
- Extendable Mark Up Language (XML)
  - Continuity of care document (CCD) using C-CDA
  - eRX using SCRIPT

Free Text vs. Discrete Data

**Free Text**
- Typographical representation of care provided
- Traditional documentation method
- Transcended into electronic systems of today

**Discrete Data**
- **Codified** clinical information
- Structured documentation
- Commonly used for billing fee-for-service
Other Standard Terminologies

- RxNorm
  - Medications
- Logical Observation Identifiers Names and Codes (LOINC)
  - Laboratory test results
- CVX for immunizations
- ICD10
- CPT


Standard Terminologies

- Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT)
  - Vital signs
  - Height
  - Weight
  - Blood pressure
  - Smoking status
  - Adverse drug events
  - Allergies
  - Encounter diagnosis
  - Problems
Collaborative’s Work

- Association’s guidelines incorporate into Standards
  - SDO’s (NCPDP-HL7)
  - State HIEs
- Collect – Document – Exchange
- Guidance Documents (www.pharmacyhit.org)

SNOMED CT Codes

<table>
<thead>
<tr>
<th>SNOMED CT Concept</th>
<th>SNOMED CT ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred by primary care physician</td>
<td>2021000124102</td>
</tr>
<tr>
<td>Patient unable to obtain medication</td>
<td>429611000124105</td>
</tr>
<tr>
<td>Medication dose too low</td>
<td>448152000</td>
</tr>
<tr>
<td>Hypertension medication review</td>
<td>473225006</td>
</tr>
<tr>
<td>Rheumatologic disorder education</td>
<td>413084000</td>
</tr>
<tr>
<td>Recommendation to increase dose</td>
<td>428811000124101</td>
</tr>
<tr>
<td>Medication reconciliation by pharmacist</td>
<td>428701000124107</td>
</tr>
<tr>
<td>Hemoglobin A1c &lt;7%</td>
<td>165679005</td>
</tr>
</tbody>
</table>

Mapping

- Clinical terms linked to codes
- For EHR use
- Integration into software applications
- Improves data quality for clinical quality measures
- Facilitates interoperability

Value

- Interoperability for data exchange
- Cost savings by decreasing proprietary interfaces
- Capture metadata used by pharmacists for clinical quality measures
Building Documents

- Terminology (e.g. SNOMED CT)
- Form Clinical Document (CDA-XML)
- Clinical Electronic Structured Document for Standard Exchange

Standard Electronic Structured Documents

- Normalized terminologies with standardized structured documents
- Clinical Document Architecture (CDA) when exchanging clinical information between health care providers
- HL7 Clinical Document Architecture (CDA)
  - Patient care summary (continuity of care document, CCD)
  - Discharge summary
  - Progress note
  - Care plan
- Extendable Markup Language (XML)
Patient Process of Care

Common Clinical Data Set

Aim

- Prescriber workflow is different than pharmacist workflow
- Data needs to be standardized, prioritized, meaningful and useable
- Data standardization and EHR certification supports ability to capture data for quality measures
- Useful clinical data sharing can be used to improve pt care, increase medication safe use and reduce costs

Provider Service Shift

- The pharmacy industry is facing a critical time
  - adoption of electronic standards to
  - collect, document and share clinical information
- Important component of this exchange
  - entire health care industry
  - pharmacists/pharmacies, physicians, hospitals, health systems, health plans/payers and other healthcare providers
  - patient-centered longitudinal eCare Plan to share medication-related goals
CMR C-CDA IG

- HL7 CDA® R2 Implementation Guide: Medication Therapy Management (MTM) Templates, Release 1 - US Realm

Joint Efforts between NCPDP and HL7

- NCPDP Pharmacy Professional Services Work Group 10’s MTM Communication Task Group
  - 1st C-CDA project MTM HL7 CDA® R2 Implementation Guide: Medication Therapy Management (MTM) Templates, Release 1 - US Realm
  - Work was done NCPDP MTM Communications Task Group then brought to HL7 for balloting
Other Pharmacy C-CDA

- NCPDP WG10 has developed a document to provide guidance to the pharmacy sector on the use of the HL7 Consolidated CDA template document format as the vehicle for capture and exchange of the pharmacist clinical information
- Content of two document formats are included: Transition of Care Between Inpatient and Community Pharmacy and Pharmacy/Pharmacist Care Note (PCN)
- [http://www.ncpdp.org/NCPDP/media/pdf/NCPDP_Recommendations_for_Use_CCDA.pdf](http://www.ncpdp.org/NCPDP/media/pdf/NCPDP_Recommendations_for_Use_CCDA.pdf)

Project Scope Statement

- Sponsor – Pharmacy WG (Scott Robertson, HL7 Pharmacy WG Co-Chair, NCPDP Board of Directors)
- Pharmacy Industry Coordinator (Shelly Spiro, Executive Director Pharmacy HIT Collaborative)
- NCPDP (Sue Thompson, NCPDP Staff)
- Implementers who agreed to pilot
  - Community Care of North Carolina Inc. (CMMI grantee and pharmacist payer)
  - PioneerRx Pharmacy Software (national vendor)
  - Great Plains Area (ND, SD, IA, and NE) of the Indian Health Service (federal provider group)
  - QS1 Data Systems (national pharmacy software vendor)
Project Need

- Emerging value-based payment models
- Chronic Care Management
- External Drivers
  - ONC – Interoperability effort
  - CMS Innovation Center (CMMI)

### Table 1. CCM Scope of Service and Billing Requirements

<table>
<thead>
<tr>
<th>CCM Scope of Service Element/Billing Requirement</th>
<th>Certified EHR or Other Electronic Technology Requirement</th>
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<tbody>
<tr>
<td>Initiation during an AHW, IPPE, or comprehensive EM visit (billed separately).</td>
<td>None</td>
</tr>
<tr>
<td>Structured recording of demographics, problems, medications, medication allergies, and the creation of a structured clinical summary record. A full list of problems, medications and medication allergies in the EHR must inform the care plan, care coordination and ongoing clinical care.</td>
<td>Structured recording of demographics, problems, medications, medication allergies, and creation of structured clinical summary records using CCM certified technology.</td>
</tr>
<tr>
<td>Access to care management services 24/7 (providing the beneficiary with a means to make timely contact with health care practitioners in the practice who have access to the patient’s electronic care plan to address his or her urgent chronic care needs regardless of the time of day or day of the week).</td>
<td>None</td>
</tr>
<tr>
<td>Continuity of care with a designated practitioner or member of the care team with whom the beneficiary is able to get successive routine appointments.</td>
<td>None</td>
</tr>
<tr>
<td>Care management for chronic conditions including systematic assessment of the beneficiary’s medical, functional, and psychosocial needs; system-based approaches to ensure timely receipt of all recommended preventive care services; medication reconciliation with review of adherence and potential interactions; and oversight of beneficiary self-management of medications.</td>
<td>None</td>
</tr>
<tr>
<td>Creation of a patient-centered care plan based on a physical, mental, cognitive, psychosocial, functional and environmental reassessment and an inventory of resources and supports; comprehensive care plan for all health issues. Share the care plan as appropriate with other practitioners and providers.</td>
<td>Must at least electronically capture care plan information: make this information available on a 24/7 basis to all practitioners within the practice whose time counts towards the time requirement for the practice to bill the CCM code, and share care plan information electronically (other than by fax) as appropriate with other practitioners and providers.</td>
</tr>
</tbody>
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**Project Need**

- CMMI Enhanced MTM Model
  - 5 Region, 11 state project starting Jan 2017 to enhance MTM services
  - Pharmacist eCare Plan needed to exchange patient-centered medication-related goals of care

  Source: [https://innovation.cms.gov/initiatives/enhancedmtm/](https://innovation.cms.gov/initiatives/enhancedmtm/)

**State Medicaid Directors Letter 16-003**

- The CMS Medicaid Data and Systems Group and ONC Office of Policy have partnered to update the guidance on how states may support health information exchange and interoperable systems to best support Medicaid providers in attesting to Meaningful Use Stages 2 and 3:
  - This updated guidance will allow Medicaid HITECH funds to support all Medicaid providers that Eligible Providers want to coordinate care with.
  - Medicaid HITECH funds can now support HIE onboarding and systems for behavioral health providers, long term care providers, substance abuse treatment providers, home health providers, correctional health providers, social workers, and so on.
  - It may also support the HIE on-boarding of laboratory, pharmacy or public health providers.

Health Information Exchange

Health Information Exchange (HIE) Providers (Hospitalists, Physicians, Pharmacists)
Settings (Hospitals, Clinics, Labs, Pharmacies)

Patients, Caregivers, Families
Registries (Immunization, Clinical Trial, Public Health)

Other Organizations (Health Plans, Payers)

• Provider Directories: with an emphasis on dynamic provider directories that allow for bidirectional connections to public health and that might be web-based, allowing for easy use by other Medicaid providers with low EHR adoption rates.

• Secure Messaging: with an emphasis on partnering with DirectTrust (https://www.directtrust.org/about-directtrust/)

• Encounter Alerting
• Care Plan Exchange
• Health Information Services Providers (HISP) Services
• Query Exchange
• Public Health Systems
Discussion- On-Boarding Pharmacists as Medicaid Providers

- Which State Medicaid’s recognize pharmacists and providers and which don’t?
- What does this mean to State pharmacist provider status efforts?
- What can the Pharmacy State Associations and NASPA do to help pharmacist on-boarding to support expanded Medicaid HIE program?

Discussion Topics/Questions

1. Barriers and driving factors for providers to adopt newer technology solutions
2. Benefits of sharing pharmacist-provided patient care data
3. Slow rate of adoption of standardized electronic documents with providers and payers
Contact

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