The Office of the National Coordinator for Health Information Technology

Health IT Advisory Committee

Health IT for the Care Continuum Task Force

Carolyn Petersen, co-chair
Chris Lehmann, co-chair

April 5, 2019

Agenda

- Call to Order/Roll Call
- Welcome Remarks
- Agency for Healthcare Research and Quality (AHRQ) MITRE Clinical Decision Support (CDS) Presentation/Demo
- Discussion – Pediatric Recommendations Wrap Up
  - » Remaining Supplemental Children's EHR Format Requirements
  - » Pediatric Health IT Tools Resources Draft Compilation
- Opioid Use Disorder (OUD) Request for Information (RFI); and Electronic Prescribing and Prescription Drug Monitoring Program (PDMP) Discussion
- Public Comment
- Next Steps and Adjourn

AHRQ MITRE Live Demo

Pediatric Recommendations Wrap Up

- Group Discussion
  - » Supplemental Children's EHR Format Requirements
  - » Pediatric Health IT Tools Resources Draft Compilation

Health IT and Opioid Use Disorder Prevention and Treatment RFI

Section VI of the NPRM addresses Health IT for the Care Continuum:

- VI (A) *Health IT for Pediatric Setting*
- VI (B) *Health IT and Opioid Use Disorder Prevention and Treatment – Request for Information*

Questions for OUD RFI:

- **General**
  - What's your general sense of how our existing Program requirements and the proposals in this rulemaking support use cases related to OUD prevention and treatment and additional areas for ONC consideration for effective implementation of health IT?
    - **General sense/value** for how existing and new criteria can support clinical priorities and advance interoperability for OUD
    - **General sense/value** for how the successful implementation of health IT can support OUD and aid in the achievement of national and programmatic goals, especially where they may align with initiatives across HHS and with stakeholder and industry led efforts

*Please see appendix slides for RFI preamble text

Health IT and Opioid Use Disorder Prevention and Treatment RFI

1. Electronic Prescribing and Prescription Drug Monitoring Program (PDMP)

- What are some effective approaches for the successful dissemination and adoption of standards including the National Council for Prescription Drug Programs (NCPDP) SCRIPT 2017071 standard (see section IV.B.2) that can support the exchange of PDMP data for integration into EHRs and also enable further adoption and use of Electronic Prescribing of Controlled Substances (EPCS)?
  - Discuss the opportunities for integration of health IT with PDMPs and EPCS and any real and/or perceived challenges and opportunities as may involve either policy and/or technical components and/or distinctions.
  - Discuss health IT solutions and effective approaches to improve opioid prescription practices and clinical decision support for OUD.

*Please see appendix slides for RFI preamble text

Interoperability Standards Advisory (ISA) - Opioids

- The ISA identifies interoperability needs, associated technical standards, and implementation specifications within the ISA that support certain high priority functions in health IT, including EHRs, in the delivery of healthcare to prevent and treat opioid use disorder (OUD) and other substance use disorders (SUDs) and is not exhaustive.
- These interoperability needs, standards, and specifications also support other medical specialties and practice settings.

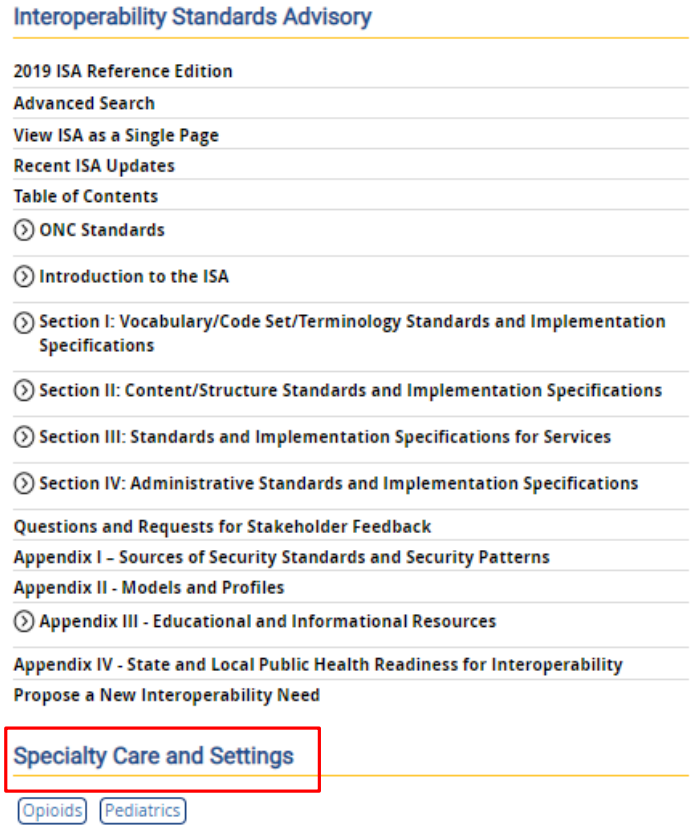
Updates Since the 2019 Edition Reference ISA

- Specialty Care and Settings functionality for opioids and pediatrics

- Allows a Prescriber to Send a Prescription to a Pharmacy for a Controlled Substance
- Allows a Prescriber to Communicate Drug Administration Events
- Allows a Prescriber to Communicate with a REMS Administrator
- Allows for the Exchange of State Prescription Drug Monitoring Program (PDMP) Data

Specialty Care and Settings

- New functionality supports "Specialty Care and Settings" to display a list of interoperability needs supporting particular care needs or settings, including Opioids (prevention and treatment) and Pediatrics .



In State and Interstate PDMP Data Exchange

Allows for the Exchange of State Prescription Drug Monitoring Program (PDMP) Data

Type	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity
Standard	NCPDP SCRIPT Standard, Implementation Guide, Version 10.6	Final	Production
Standard	NCPDP SCRIPT Standard, Implementation Guide, Version 2017071	Final	Feedback requested
Standard	NCPDP Telecommunication Standard, Version D	Final	Production
Implementation Specification	NIEM, Version 3.2	Final	Production
Standard	PMIX, Version 2	Final	Production
Standard	ASAP, Version 4.2	Final	Production
Standard	HL7, Version 2	Final	Production
Emerging Standard	*HL7 FHIR Implementation Guide: US Meds STU2*	*Balloted Draft*	*Pilot*

Electronic Controlled Substances in NCPDP SCRIPT

- The DEA currently tests to SCRIPT v10.6 for EPCS
- NCPDP released v1.0 of their PDMP Reporting Standard Implementation Guide Jan 29, 2019
  - This version has been developed for the use of batch electronic submission
- Over the years, SCRIPT schemas have been updated to support:
  - Digital Signature Indicator
  - Controlled Substance Indicator
  - Earliest Fill Date
  - Drug Abuse Treatment Indicator
  - Medication Indication for GHB (Gamma-Hydroxybutyric acid)
  - <Prescriber><Identification>
    - While an NPI is always required (Type 1 Individual NPI), a <DEANumber> is required if the prescriber has a DEA Number and the medication being prescribed is a controlled substance

Workplan

Meeting Date	Draft Discussion Items
March 6	• TF Kick-off Meeting • Review of charge, discussion
March 8	• TF Meeting • Discussion/early draft recommendations
March 15	• TF Meeting • Discussion/early draft recommendations
March 19-20	• Present draft recommendations to HITAC
March 22	• TF Meeting • Discussion, update and/or revise recommendations
March 29	• TF Meeting • Discussion, update and/or revise recommendations
April 5	• **TF Meeting** • **Discussion, update and/or revise recommendations**
April 10	• Present progress on draft recommendations to HITAC
April 12	• TF Meeting • Discussion, update and/or revise recommendations
April 19	• TF Meeting • Update and revise recommendations
April 25	• Present final recommendations to HITAC (if not finalized sooner)
April 29 – May 2	• ONC prepares final transmittal letter from HITAC
May 3, 2019	

Public Comment

To make a comment please call:

Dial: 1-877-407-7192

*(once connected, press "*1" to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
"Public Comment" field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time, but they will be delivered to members of the Workgroup and made part of the Public Record.

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Meeting Adjourned

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OUD RFI Appendix

- *In the proposed rule, we summarize some of these 2015 Edition certification criteria identified and indicate how they support care coordination, the prevention of OUD and overdose, and the detection of opioid misuse, abuse, and diversion. We have also identified the proposals for revised or new 2015 Edition criteria within this proposed rule that we believe can support clinical priorities, advance interoperability for OUD (including care coordination and also the effective use of health IT for the treatment and prevention of OUD). We welcome input from stakeholders specifically on these criteria within the context of OUD prevention and treatment, as well as input on the identification of other criteria included either in the 2015 Edition and/or that are proposed in other parts of this rule that may be considered a clinical and interoperability priority for supporting OUD treatment and prevention.*

OUD RFI Appendix – Electronic Prescribing and PDMPs

- *As discussed in section IV.B.2, we are proposing to remove the current 2015 Edition electronic prescribing certification criterion (§ 170.315(b)(3)) and replace this criterion with a new electronic prescribing certification criterion (§ 170.315(b)(11)) that would support improved patient safety and prescription accuracy, create workflow efficiencies, reduce testing requirements, and increase configurability of systems. This new proposed criterion includes the addition of Risk Evaluation and Mitigation Strategy (REMS) messages. We believe this proposal would help address challenges discussed in the CMS Hospital Inpatient Prospective Payment Systems final rule (83 FR 41651) and Medicare Physician Fee Schedule proposed rule (83 FR 35704) by strengthening clinical and administrative efficiency, helping move the industry forward by adopting more current standards for electronic prescribing, and harmonizing efforts across federal agencies in the prevention and treatment of OUD. In addition, the FDA has enacted an opioids medications REMS program for opioid analgesics mandating prescriber and patient education to encourage proper patient screening and appropriate monitoring. Adoption of the new proposed criterion also supports the efficient and accurate exchange of medication history transactions between providers and pharmacies, and between pharmacies and state PDMPs.*
- https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm163647.htm

OUD RFI Appendix – CDS Hooks

- *Improving how opioids are prescribed through evidence-based guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the risk of opioid misuse, abuse, or overdose from these drugs. In response to the critical need for consistent and current opioid prescribing guidelines, the Centers for Disease Control and Prevention (CDC) released the Guideline for Prescribing Opioids for Chronic Pain. While progress has been made in training prescribers and fostering the adoption of the CDC guideline, the President's Opioid Commission acknowledged that "not all states have adopted the guideline, not all physicians are aware of them, and sound opioid prescribing guidelines are far from universally followed." Clinical decision support (CDS) Hooks is a health IT specification that has the potential to positively affect prescriber adoption of evidence-based prescribing guidelines by invoking patient-specific clinical support from within the clinician's EHR workflow. ONC is currently collaborating with CDC on a project to translate the CDC guideline into standardized, shareable, computable decision support artifacts using CDS Hooks. We recognize that CDS Hooks is still an emerging technology and seek input on the adoption of the CDS Hooks specification for opioid prescribing and OUD prevention and treatment. We also request public comment on other health IT solutions and effective approaches to improve opioid prescription practices and clinical decision support for OUD.*

- Guideline for Prescribing Opioids for Chronic Pain: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

- President's Opioid Commission: https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf