



Meeting Notes

Health Information Technology Advisory Committee

Interoperability Standards Priorities Task Force

July 9, 2019, 10:00 a.m. – 11:30 a.m. ET

Virtual

Executive Summary

The July 9, 2019, meeting of the Interoperability Standards Advisory Task Force of the Health IT Advisory Committee (HITAC) was used to review medication recommendations at a high-level, hear from CoverMyMeds regarding work needed to advance standards in this area, and then a more thorough review of potential medication recommendations was initiated.

Agenda

10:00 a.m.	Call to Order/Roll Call
10:05 a.m.	Medication Recommendations Overview
10:15 a.m.	Patient Transparency
10:35 a.m.	Medication Recommendations Discussion
11:20 a.m.	Public Comment
11:30 a.m.	Adjourn

Roll Call

MEMBERS IN ATTENDANCE

Kensaku Kawamoto, co-chair, University of Utah Health
Steven Lane, co-chair, Sutter Health
Ricky Bloomfield, Member, Apple
Anil Jain, Member, IBM Watson Health
Edward Juhn, Member, Blue Shield of California
David McCallie, Jr., Member, Individual
Terrence O'Malley, Member, Massachusetts General Hospital

MEMBERS NOT IN ATTENDANCE

Tina Esposito, Member, Advocate Health Care
Tamer Fakhouri, Member, One Medical
Cynthia Fisher, Member, WaterRev, LLC
Valerie Grey, Member, New York eHealth Collaborative
Victor Lee, Member, Clinical Architecture
Leslie Lenert, Member, Medical University of South Carolina



Arien Malec, Member, Change Healthcare
Clement McDonald, Member, National Library of Medicine
Ming Jack Po, Member, Google
Raj Ratwani, Member, MedStar Health
Mark Roche, Federal Representative, Centers for Medicare and Medicaid Services (CMS)
Ram Sriram, Member, National Institute of Standards and Technology
Sasha TerMaat, Member, Epic
Sheryl Turney, Member, Anthem Blue Cross Blue Shield
Andrew Truscott, Member, Accenture
Scott Weingarten, Member, Cedars-Sinai Health System

ONC STAFF

Denise Joseph, Public Health Analyst, ONC ISP Task Force Lead
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

Opening Remarks

Steven Lane shared that a high-level review of the medication recommendations will be discussed with the ISP TF in addition to a presentation from CoverMyMeds who will be providing perspective on how to advance standards to support medication workflows.

Medication Recommendations Overview

Steven Lane separated the potential recommendations previously proposed into Priority 1 and 2 and reviewed the list with the ISP TF. The two priorities are detailed below (note there is no hierarchy designated in the lists).

PRIORITY 1

- Medication Reconciliation
- Discrete/Structured Medication Sigs
- Medication Administration & Dispense History Data
- Real Price Data for Medications
- Eligibility & Formulary Checking Transactions
- Electronic Prior Authorization (Prescription Benefit)
- Alternative Therapies Information
- Electronic Prescribing of Controlled Substances

PRIORITY 2

- Costs to access to Prescription Drug Monitoring Programs (PDMPs) Data
- Adverse Drug Event Detection
- PDMP Query and Reporting Transactions
- Prescription Transfer Transactions
- Electronic Prior Authorization (Medical Benefit)
- RxNorm Code availability for discontinued drugs
- Public access to National Council for Prescription Drug Programs (NCPDP) standards



- Risk Evaluation and Mitigation Strategy Data

Patient Transparency

COVER MY MEDS

Outcomes

Kim Boyd and Ryan Tarzy from CoverMyMeds presented outcomes to the ISP TF related to real time benefit checking. Some highlights of the information shared is below:

- Formulary and benefit files are standards based, but it is not real time information; therefore, providers do not always trust this information.
- 52% of patients said that they did not fill prescriptions because the prescription was much more expensive than expected.
- CoverMyMeds is working to help patients understand their options, helping them make decisions before completing the prescribing process.

Standards Recommendations

Suggested standards recommendations include:

- Don't impede innovation
 - Lean in on the fast healthcare interoperability resource (FHIR) standard and encourage electronic health records (EHRs) and stakeholders to adopt FHIR and clinical decision support (CDS) hooks
- Consider multiple pathways
- Consider that there are times that a RESTful application programming interface (API) will be the best way (e.g., coupons)
- Allow patients the right to access their health information
- **Steven Lane** asked CoverMyMeds to follow-up with a list of recommendations with additional details

ISP TF Questions and Discussion

- **Question:** What is CoverMyMeds' business model? Who is financing?
 - **Answer:** Solutions are delivered free to providers and patients. Payers and pharmacy benefit managers (PBMs) are typically the economic sponsors.
- **Question:** Eligibility in a structured way is key, what standard is used?
 - **Answer:** CoverMyMeds is currently using patient information and PBM information to research previous claims to match the patient.
- **Confirming Statement:** There isn't an absence of standards, CoverMyMeds would rather see a coalescence of existing standards?
 - **Answer:** CoverMyMeds confirmed.
 - Coalesce around the following:
 - HL7 clinical resource document (CDR) that is part of FHIR 4.0
 - SMART on FHIR
 - CDS Hooks
 - Factoring in older standards (e.g., old telecom standards b1 and d1 that are owned by NCPDP)



- Make sure information is open and available to the provider
- **Question:** Are these new and/or existing prescriptions? How are they delivered?
 - **Answer:** Both initial and follow-up prescriptions. Delivered through RESTful API with a direct connection between EHR or prescribing software
- **Question:** What does price information include?
 - **Answer:** The price incorporates deductible into the benefit price for the patient. Price is what the patient will actually experience at the pharmacy.
- **Question:** Is the consumer solution free to the patient?
 - **Answer:** Yes, it is free to the patient and is available via the application (app), mobile website, or a patient portal that the health system provides.

Medication Recommendations Discussion

The ISP TF began a review of potential medication recommendations.

- It was suggested that there should be consideration to a recommendation around whether it would be possible to get allergies, medications, and medication classes encoded using RxNorm.
 - **Ricky Bloomfield** was asked to follow-up with additional details to help support a recommendation.
 - **David McCallie** was asked to identify potential contacts with additional expertise for follow-up conversations (e.g., Multum).
 - It was also noted that payers prefer NDC codes and there is resistance to change.
- Due to lack of support, the Risk Evaluation and Mitigation Strategy Data (REMS) recommendation was removed.
- The ISP TF suggested rephrasing the recommendation around public access to National Council for Prescription Drug Programs (NCPDP). It was suggested that this should be broader and instead suggest that the government should support open standards.
 - It was also noted that the government should provide an open license to NCPDP similar to SNO-MED.
 - **Ken Kawamoto** was asked to work on refining this recommendation.

Public Comment

There were no public comments.

Next Steps and Adjourn

Steven Lane thanked the ISP TF members and noted that the next meeting will be on July 23, 2019 at 10:00 a.m. ET.

The meeting was adjourned at 11:30 a.m. ET