Meeting Notes

Health Information Technology Advisory Committee (HITAC)
Interoperability Standards Priorities (ISP) Task Force
July 23, 2019, 10:00 a.m. – 11:30 a.m. ET
Virtual

Executive Summary

The meeting schedule was reviewed and the addition of two new meetings was noted. The Priority 1 topics of the medication recommendations were reviewed and discussed. There was one public comment and there were additional comments in the public meeting chat via Adobe.

Agenda

10:00 a.m.	**Call to Order/Roll Call**
10:05 a.m.	**Task Force Schedule**
10:10 a.m.	**Draft Recommendations Discussion**
11:20 a.m.	**Public Comment**
11:30 a.m.	**Adjourn**

Roll Call

Steven Lane, Co-Chair, Sutter Health
Kensaku Kawamoto, Co-Chair, University of Utah Health
Tamer Fakhouri, Livongo Health
Valerie Grey, New York eHealth Collaborative
Edward Juhn, Blue Shield of California
Victor Lee, Clinical Architecture
David McCallie, Jr., Individual
Terrence O'Malley, Massachusetts General Hospital
Ram Sriram, National Institute of Standards and Technology
Sasha TerMaat, Epic

MEMBERS NOT IN ATTENDANCE

Ricky Bloomfield, Apple
Tina Esposito, Advocate Aurora Health
Cynthia A. Fisher, WaterRev, LLC
Anil Jain, IBM Watson Health
Leslie Lenert, Medical University of South Carolina
Arien Malec, Change Healthcare
Clement McDonald, National Library of Medicine
Ming Jack Poe, Google
Raj Ratwani, MedStar Health
Andrew Truscott, Accenture
Sheryl Turney, Anthem Blue Cross Blue Shield
Scott Weingarten, Cedars-Sinai Health System

ONC STAFF
Lauren Richie, Branch Chief, Coordination, Designated Federal Officer

Task Force Schedule
The task force was informed that additional meetings were added to the calendar and are scheduled for September 24, 2019 and October 8, 2019.

Draft Recommendations Discussion
The topics to be covered in the medication recommendations were reviewed and the current observations, recommendations, and policy levers for each topic were discussed.

PRIORITY 1 TOPICS
Medication Reconciliation
The following suggestions and changes were made:

- The benefit of designating a responsible party as a source of truth for a patient's record was discussed and added within the observation section. However, it was noted that it is challenging to identify the responsible party.
- The phrase "Business models" was added to the first recommendation within the Recommendation section.
- The phrase "for Provenance and reconciliation history/results" was added at the end of the first policy lever.
- A policy lever was added describing the need for the Centers for Medicare and Medicaid Services (CMS) to review quality measures related to medication reconciliation.

Discrete/Structured Medication Sig Information
The following suggestion was made:

- With the goal of indicating a need for a structured form of both the recommended sig and the manner of the actual consumption, a suggestion was made to add an additional observation which notes that there my be a difference between the prescribed sig and the patient reported consumption method.

Medication Administration & Dispense History
The following change was made:

- A new observation was added which stated: "medication dispense history should be traceable to the original prescription".

Eligibility and Formulary (E&F) Checking
The following changes were made:

- An observation was added which noted that data received in response to Eligibility & Formulary checks may be viewed by providers as unreliable.
- An observation was added noting that the availability of real-time, patient-specific price information will likely diminish the need for E&F checking over time.

Prior Authorization
No suggestions were made on this topic.

True Out of Pocket (TrOOP) Cost

The following changes were made:

- An explanation was added detailing the practical definition of true out-of-pocket cost and real-time prescription benefit checking and their interaction with one another. This explanation will be included in the transmittal letter prior to the list of observations and recommendations for each topic.
- An additional recommendation was added which addresses the need for the development of business models for entities offering application programming interface (API) services.

Real-Time Prescription Benefit Checking (RTPCB)

The following suggestions and changes were made:

- Due to the similarity between the following topics, it was suggested that the RTPBC discussion be moved to be included with or directly following, the E&F Checking section.
- Within the first policy lever, the phrase “conditions of certification” was changed to “certification”.
- It was noted that the policy levers listed include both determination steps and implementation steps, warranting a clarification that a determination of appropriate standards must be made prior to implementing a certification requirement.
- As they represent two differing perspectives, a description of the needs of both providers and patients was suggested.

Lack of a Patient-Facing API for RTPBC and Pricing Information

No suggestions were made on this topic.

Alternative Therapies

The following suggestion was made:

- It was noted that cost will not be the reason to explore alternative therapies in all cases and, as such, other factors should be considered.

Electronic Prescriptions for Controlled Substances (EPCS)

No suggestions were made on this topic.

The content of "the original prescribing event" is not defined

No suggestions were made on this topic.

PRIORITY 2 TOPICS

A new priority 2 topic for documenting the “Medication Indication” was added.

Public Comment

Margaret Weiker, National Council for Prescription Drug Programs (NCPDP): Informed members that there is an NCPDP standard that allows for the tracking of prescriptions from the prescribing event to the dispensing event called Rx Fill, but it has not been widely implemented. She also noted that there is a specific task group within NCPDP that works directly on Structured and Codified Sigs which has addressed the identified areas of concern regarding complex sigs such as ramping and tapering doses, and offered to coordinate a meeting with the task group for the ISP task force members.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE

Gay Dolin: To say there are not standards is not quite accurate. Of course in various levels of maturity. Perhas you are all aware of these - but just in case please be sure to review these, especially in terms of (re)defining data elements needed. In addition to these FHIR resources , of course, there are the similar C-CDA templates. FHIR: http://hl7.org/fhir/R4/medication.html , https://www.hl7.org/fhir/medicationdispense.html , https://www.hl7.org/fhir/medicationrequest.html , https://www.hl7.org/fhir/medicationadministration.html

Gay Dolin: US Core has not (yet) incorporated all of the above: https://www.hl7.org/fhir/us/core/StructureDefinition-us-core-medication.html

Gay Dolin: She - "Gay" :-)

Adjourn

Task force members were invited to continue to add comments to the Google document. The next meeting is scheduled for August 13, 2019. The meeting was adjourned at 11:30 a.m.