

Health Information Technology Advisory Committee

Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 Virtual Meeting

Meeting Notes | June 21, 2023, 10:30 AM – 12 PM ET

Executive Summary

The focus of the Pharmacy Interoperability and Emerging Therapeutics Task Force meeting on June 21 was to level-set the Task Force Charge, Timeline, and Work Plan, discuss Expectations on Recommendations, and address Short-Term Public Health, Emergency Use Authorizations, and Prescribing Authorities.

Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	Opening Remarks/Task Force Introductions
10:55 AM	Task Force Charge, Timeline and Work Plan
11:10 AM	Task Force Expectations on Recommendations
11:15 AM	SHORT-TERM Public Health, Emergency Use Authorizations, and Prescribing Authorities
11:50 AM	Public Comment
11:55 AM	Task Force Work Planning
12:00 PM	Adjourn


Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:31 AM.

Roll Call

Members in Attendance

Hans Buitendijk, Oracle Health, Co-Chair
Shelly Spiro, Pharmacy Health Information Technology Collaborative, Co-Chair
Pooja Babbrah, Point-of-Care Partners
Chris Blackley, Prescriptive
Shila Blend, North Dakota Health Information Network
David Butler, Curatro, LLC
Steven Eichner, Texas Department of State Health Services
Rajesh Godavarthi, MCG Health, part of the Hearst Health Network
Summerpal (Summer) Kahlon, Rocket Health Care
Steven Lane, Health Gorilla
Anna McCollister, Individual
Deven McGraw, Invitae Corporation
Ketan Mehta, Micro Merchant Systems
Justin Neal, Noble Health Services



Eliel Oliveira, Dell Medical School, University of Texas at Austin
Naresh Sundar Rajan, CyncHealth
Scott Robertson, Bear Health Tech Consulting
Alexis Synder, Individual
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Sheryl Turney, Elevance Health
Afton Wagner, Walgreens

Members Not in Attendance

Adi Gundlapalli, Centers for Disease Control and Prevention (CDC)
Jim Jirjis, HCA Healthcare
Meg Marshall, Department of Veterans Health Affairs
Christian Tadrus, Community Pharmacy Owner

ONC Staff

Mike Berry, Designated Federal Officer, ONC
Tricia Lee Rolle, ONC

Key Points of Discussion

Opening Remarks/Task Force Information

Pharmacy Interoperability and Emerging Therapeutics Task Force Co-Chairs, Hans Buitendijk and Shelly Spiro, welcomed the Task Force. Hans and Shelly reviewed the meeting agenda and led group introductions.

Task Force Charge, Timeline and Work Plan

Shelly Spiro reviewed the Task Force Charge, Timeline, and Work Plan detailed in the [June 21 meeting presentation materials](#). Final recommendations are due to ONC by November 9.

Discussion:

- Steven Lane said he is interested in supporting integrating data from electronic health records (EHRs) into pharmacies and automating medication. He asked if the scope of the Task Force is limited to the topics presented in the meeting materials or if there is room to propose additional topics.
 - Tricia Lee Rolle said there will be time for Task Force members to propose additional topics, but she recommended the Task Force stay as closely aligned to the existing topics as possible.
- Pooja Babbrah asked if she should email the Co-Chairs if there are additional topics to recommend.
 - Hans Buitendijk said Task Force members should reach out to Tricia Lee Rolle and Mike Berry.

Task Force Expectations on Recommendations

Hans Buitendijk walked through the Pharmacy Interoperability and Emerging Therapeutics Task Force Recommendations Report outline that will be sent to ONC. He noted the Task Force recommendations should be clear and actionable. A link to the Task Force Recommendation Google Sheet will be sent to all Task Force members. This sheet will be the “workspace” for the Task Force to write down their recommendations.



SHORT-TERM Public Health, Emergency Use Authorizations, and Prescribing Authorities

Shelly Spiro noted the Task Force will first discuss short-term recommendations on public health, emergency use authorizations, and prescribing authorities at Meetings 1 and 2. Long-term recommendation discussions will occur at Meetings 3 and 4.

Discussion:

- Pooja Babbrah noted there is a substantial data gap in patient immunization records. This was exemplified during the COVID-19 pandemic.
- Steven Eichner said during the early days of the COVID-19 pandemic, clinicians administering immunizations did not have the proper technology to send data to public health agencies. In this Task Force, examining how pharmacies order medications and report that information will be important.
- Pooja noted if pharmacists are considered providers, the Task Force should examine how the information blocking rule impacts them.
- Afton Wagner noted with Paxlovid that pharmacists ideally need medical records from the last 12 months with information on liver and kidney diseases. It is not easy to walk into a pharmacy and have an opportunity to treat patients with limited EHR information.
- Chris Blackley added information reporting was one of the biggest challenges with COVID-19. Standardization for workflows is crucial. It is important to have credentialing and authentications when working across systems.
- David Butler noted the importance of lifetime health information. A patient may remember where they got their medications filled last week, but they will likely forget their pharmacy from a few months or years ago. A lot of information is lost over a lifetime when no interoperability exists in the pharmacy ecosystem.
- Shelly shared her anecdotal experience with pharmacy interoperability when she was diagnosed with COVID-19. She noted immunization reconciliation is very important, and there is currently no standardized way to share that information.
- Pooja suggested the American Medical Association (AMA) be brought in for conversations regarding pharmacist scope. There are some states where pharmacists are allowed to diagnose, treat, and prescribe medication. She also noted the Task Force should consider the opioid crisis as a potential use case when discussing data exchange.
 - Steven Lane explained as a physician that he hears concerns from colleagues about pharmacists ordering tests and prescribing medications.
- Shelly said she hears from smaller system providers that they can't afford to connect to a health information network (HIE). It is difficult for small pharmacies to have access to the clinical data required to prescribe or dispense medication.
 - Chris agreed financial viability is an issue with pharmacies connecting to HIEs. He asked if addressing financial barriers to utilizing those standards is within scope.
 - Tricia Lee Rolle said ONC welcomes those recommendations, and it is within the scope.
- Steven Eichner flagged there were recommendations presented to HITAC last week that include the impact of certification of EHRs.
- Deven McGraw noted that some pharmacists with prescription capabilities do not have the necessary data queries because systems do not recognize them as providers.
 - Scott Robertson agreed and said it is important to recognize that pharmacists are providers and ensure they have appropriate data access. Knowing where to "cut" relevant data off can be difficult because there may be interplay between different medications, diagnosis, and treatment.
- Ketan Mehta asked if this discussion is related to medications used during the Emergency Use



Authorization.

- Shelly said there are other items the public health community also looks at.
- Scott added that the COVID-19 pandemic accelerated the vaccination process under the Emergency Use Authorization. If the pharmacist is the administering provider, they have all the responsibilities that come along with that role.

PUBLIC COMMENT

Mike Berry, Designated Federal Officer, ONC, opened the meeting up for public comment.

QUESTIONS AND COMMENTS RECEIVED VERBALLY

No questions or comments were received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the Pharmacy Interoperability and Emerging Therapeutics Task Force! Meeting materials can be found at: <https://www.healthit.gov/hitac/events/pharmacy-interoperability-and-emerging-therapeutics-task-force-2023>

Mike Berry (ONC): Please remember to tag "Everyone" when using Zoom Chat. Thanks!

Steven Lane: <https://www.healthit.gov/topic/federal-advisory-committees/hitac-calendar>

Steven Lane: Gene therapy is not the same as pharmacogenomics, which will warrant specific discussion.

Pooja Babbrah: +1 to Steven's question. Would love to have a conversation about ADT notifications related to care coordination and pharmacists/pharmacies

Deven McGraw: Thanks, Dr. Rolle - I am glad to hear pharmacogenomics is contemplated in the emerging therapeutics category 😊

Ketan Mehta: is HL7 a better format or should we look at other scalable standards like FHIR to get this off the ground

Steven Lane: An area that I hope we can fit into the topics addressed by the TF is clarification of the role of pharmacists and pharmacies as Providers under the Information Blocking rules which, I understand, gives them both a responsibility to make all of the EHI that they maintain available for valid queries as well as present them with the opportunity to access clinical data from other data holders to inform their workflows and decision making. (My interest in medication reconciliation is related to this, as I see a tremendous opportunity to improve patient safety and care coordination by engaging pharmacists in MedRec workflows.)

Pooja Babbrah: +1 Steven. I'm assuming this would fit under the pharmacy interoperability topic - topic #2

Deven McGraw: +1 Steven

Fil Southerland: +1 Steven - I'm hopeful we can get clarity around how ONC certification standards apply to pharmacies as well beyond Information Blocking and identify any impediments to certified HIT uptake within the pharmacy sector.

Pooja Babbrah: FYI - the work done at NCPDP was related to billing of covid vaccines and tests. Allowing pharmacists to bill for these services.



Mike Berry (ONC): Here are links to media articles regarding the launch of this task force:
<https://www.hcinnovationgroup.com/interoperability-hie/interoperability/news/53063666/onc-hitac-creates-pharmacy-interoperability-task-force>; <https://www.healthleadersmedia.com/technology/onc-unveils-pharmacy-interoperability-task-force>; <https://www.beckershospitalreview.com/ehrs/onc-pharmacy-it-group-includes-hca-oracle-elevance-health-execs.html>

Pooja Babbrah: Chris - were the regulatory challenges you saw state specific? Or do we think it's across multiple states?

Steven Lane: There are concerns in the physician community regarding the impacts of enabling pharmacists to order diagnostic testing and prescribe medications. Our TF should ideally explore these concerns specifically, perhaps even inviting an SME from AMA to come and represent these concerns so as to get all the specifics out on the table.

Hans Buitendijk: @Steven - what communication capabilities would be required to have timely interaction between a pharmacist outside the provider's organization?

Chris Blackley: Pooja - it's across multiple states. It can be isolated to a particular state but there are use cases and scenarios that make it a multi-state challenge (e.g. small chains, pharmacies in multi-state grocery chains, etc.). The inconsistency between states make it a significant hurdle for technology providers to respond to the emergency quickly to enable pharmacists to provide care in a compliant way.

Steven Lane: +1 David Butler. In addition to the desirability of leveraging pharmacists and pharmacy data to support the reconciliation and documentation of the CURRENT medication list, we also need to focus on the documentation and exchange of LIFETIME medication (and immunization) history data for individuals. A full accounting of prescribed/dispensed medications, along with adherence and outcomes data, will provide tremendous value for patients, providers, payers, researchers, and others.

Chris Blackley: +1! Steven Lane re "There are concerns in the physician community..."

Hans Buitendijk: Would this fit as a TEFCA use case generally under Treatment to advance access to the larger record (targeted to purpose as needed) and even Public Health?

Deven McGraw: +1 to Pooja. Let's not take on the licensure issues but instead focus on movement of data to facilitate pharmacist emergency use interventions where it is lawful for them to do so.

Steven Lane: @Hans - Simply stated, I believe that all pharmacies should be encouraged and eventually required to leverage the nationwide interoperability framework to access and contribute to patient data as appropriate to the use case.


Pooja Babbrah: +1 Hans - I do think it would fit as TEFCA use case

Hans Buitendijk: Agreed, but it sounds like there is beyond the access/query a potential of directed communications. May be an edge case for TEFCA as the provider is likely known, and more a general standards based exchange use case.

Steven Lane: Let's also consider the other prescribers of medications, including dentists, and the need to assure that they have access to full clinical information to inform care decisions.

Pooja Babbrah: Agree Shelly - that is a big issue I hear, that it's expensive to access the data from HIEs, but not sure that TEFCA would solve for that issue of cost

Deven McGraw: +1 to Hans. Sometimes networks don't necessarily recognize some providers (labs, pharmacists, dentists) as necessarily needing access to data for treatment purposes. We have experienced some push back when seeking records to support results interpretation, for example - so wouldn't surprise me to hear pharmacists face barriers in seeking data to inform treatment and/or public health decisions/activities



Deven McGraw: (Either the networks themselves or the participants who see their data getting “pinged” by an entity they don’t expect...)

Steven Lane: Ideally there should be an opportunity for providers to subscribe to notifications whenever a patient under their care receives care, especially diagnostic testing, immunizations, and medication changes, and most importantly each time a professional medication reconciliation is completed.

Shila Blend: Another point to add is that many pharmacists do screenings such as blood pressure for patients on hypertension meds, diabetics and such. It would be important to have access to patient information for these cases

Pooja Babbrah: +1 Shila

Steven Lane: @Scott - I would suggest that pharmacists have a significant need to access and consider an individual’s medication history as well as immunizations, allergies/intolerances, and even medical history and SDOH data, as appropriate, to inform care. It is this access and consideration that will assure that care provided in the pharmacy setting is safe, effective, and integrated in the total care of individuals.

Steven Lane: As a provider, pharmacists are held to the same Minimum Necessary standards as other providers.

Steven Lane: As providers, pharmacists do not need to collect specific consent to access or share information.

Steven Lane: @Deven - Please correct me if I am wrong here.

Hans Buitendijk: @Ketan: Topic 2 would allow us to go beyond emergency (use) as well.

Pooja Babbrah: Steven - I would argue that pharmacists (and maybe pharmacy vendors) are not aware of this. Maybe one of our recommendations is around education

Steven Lane: None of this data access, exchange, or use by pharmacists should be limited to emergency situations.

Steven Lane: +! @ Scott - As providers, Pharmacists have the same responsibilities and liabilities as physicians.

Deven McGraw: Steven, you are correct under federal law - exception for data covered by part 2

Steven Lane: Thank you, Deven, and to all for the great discussion.

Pooja Babbrah: Thanks all - great conversation! Look forward to working with you all on this great work

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

Resources

[Pharmacy Interoperability and Emerging Therapeutics 2023 Webpage](#)

[Pharmacy Interoperability and Emerging Therapeutics 2023 – June 21, 2023 Meeting Webpage](#)

[HITAC Calendar Webpage](#)



Adjournment

The meeting adjourned at 12:00 PM.