Health Information Technology Advisory Committee

Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 Virtual Meeting

Meeting Notes | October 18, 2023, 10:30 AM – 12 PM ET

Executive Summary
The goal of the Pharmacy Interoperability and Emerging Therapeutics Task Force (PhIET) meeting on October 18 was to begin the review of the Draft Recommendation Report. A robust discussion followed.

Agenda
10:30 AM	Call to Order/Roll Call
10:35 AM	Opening Remarks
10:40 AM	Review of Draft Recommendation Report
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 10:30 AM.

Roll Call
Members in Attendance
Shelly Spiro, Pharmacy Health Information Technology Collaborative, Co-Chair
Pooja Babbrah, Point-of-Care Partners
Chris Blackley, Prescryptive
David Butler, Curatro, LLC
Steven Eichner, Texas Department of State Health Services
Summerpal (Summer) Kahlon, Rocket Health Care
Steven Lane, Health Gorilla
Justin Neal, Noble Health Services
Naresh Sundar Rajan, CyncHealth
Scott Robertson, Bear Health Tech Consulting
Alexis Snyder, Individual
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Christian Tadrus, Community Pharmacy Owner
Sheryl Turney, Elevance Health
Afton Wagner, Walgreens

Members Not in Attendance

Hans Buitendijk, Oracle Health, Co-Chair
Shila Blend, North Dakota Health Information Network
Rajesh Godavarthi, MCG Health, part of the Hearst Health Network
Jim Jirjis, Centers for Disease Control and Prevention
Meg Marshall, Department of Veterans Health Affairs
Anna McCollister, Individual
Deven McGraw, Invitae Corporation
Ketan Mehta, Micro Merchant Systems
Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute

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

Key Points of Discussion

Opening Remarks and Introduction to Topic 4
PhIET Task Force Co-Chair, Shelly Spiro, welcomed the Task Force and reviewed the Meeting Agenda. She reminded the group that the HITAC presentation is tomorrow October 19th. She noted that Tricia Lee Rolle will be assisting Shelly with the document review as Hans Buitendijk was not present for this meeting.

Review of Draft Recommendation Report
Shelly reviewed the document's structure with the group and informed them that they would have "comment-only access" to the document. She noted that many of the recommendations were integrated for a more comprehensive workflow. She added that the priority of this meeting was to review the highlighted portions of the document. She asked if there were any questions or comments on the structure of the document. There were none.

After overviewing the draft document structure, the group began reviewing the highlighted sections.

Recommendation 27 (R27)
- Shelly reviewed the recommendation.
    - Pooja Babbrah suggested removing "address current contracting practices" as it is not within ONC's authority.
    - Shelly clarified that the intent of the recommendation was related to the work being done with the Trusted Exchange Framework and Common Agreement (TEFCA).
    - Steven Eichner noted that stating "current contract practices" is too broad as most contracts are within the state framework but not the federal.
    - Shelly asked Tricia Lee to strike the comment and add a comment to ensure the correct language is used. She asked for any additional comments.
    - Afton Wagner asked if the first sentence should read "…sharing data between pharmacies and other pharmacists" or "between pharmacists on-site and pharmacists off-site."
    - Shelly said it is intended to address pharmacists in different locations.
    - Afton noted that it needs rewording. She suggested, "between pharmacists."
    - Steven Eichner suggested changing "between" to "among."
    - Shelly agreed and added "other pharmacists in different locations.

- o David Butler said that he got a different impression from this recommendation. He noted that the intent was to account for pharmacists in provider roles. He suggested, "to share information between pharmacists and other providers (including other pharmacists)." That would account for providers who are not prescribers but direct the pharmacist to act for a patient.
  - ▪ Shelly reiterated for clarification.
  - ▪ David clarified that he would keep "between pharmacists" and change "other pharmacists" to "other providers (including other pharmacists)."
- o Shelly asked the group if the highlight could be removed.
- o Steven Eichner directed the group to the third line at the top of page 12. He suggested changing "ONC should consider how it can use its information blocking authority to issue regulations" to "ONC should consider using its regulatory authority to issue regulations." He added that ONC does not have the authority to block information only to create regulations.
- o Shelly reiterated for confirmation.
- o Steve Eichner agreed.
- o Scott Robertson suggested removing "unnecessary or unreasonable contractual" so it reads as "eliminate obstacles."
- o David suggested adding "for patient assessment" to the first sentence.
- o Scott suggested moving "beyond technology and standards" and placing it after "identify the obstacles."
- o David suggested changing it to "including those beyond technology." He added that he likes the sentence, but he does not understand its purpose. He suggested adding something to the end of the sentence to identify the reason for it.
  - ▪ Shelly clarified that it gives rationale as pharmacies and pharmacists are included in the 21st Century Cures Act.
  - ▪ David suggested adding something about improving interoperability among healthcare practitioners to the end of the sentence.
- o Shelly noted that this recommendation still needs wordsmithing and asked if a subgroup was needed or if the group wanted to make comments to be reviewed later. She said it would stay as is for now and moved on to the next.
- o The group returned to this recommendation near the end of the meeting and resumed discussions.
- o Steven Eichner suggested adding an action to "identify obstacles" in the first sentence.
- o David agreed and suggested, "identify and remove obstacles."
- o Another member suggested "address."
- o Pooja noted that it was noted at the end with "ONC should consider how it can use its regulatory authority" and it will cause redundancy to note it in both sections of the recommendation. She noted that some editing should be done to consolidate the two.
- o Steven Eichner asked if patients should be included in the list as well as it was focused on healthcare professionals. He also suggested adding "monitor and assess."
- o David agreed with consolidating the two sentences.
- o Pooja suggested moving the struck-through section to the rationale.
- o Tricia Lee made the changes and noted that further wordsmithing is needed.
- o Shelly asked for additional comments. There were none and they removed the highlight.

Recommendation 37 (R37)
- Shelly reviewed the recommendation and asked for thoughts and comments.
  - o Mike Berry noted that Hans suggested combining this with R36.
  - o Pooja suggested keeping them separate.
  - o Shelly agreed with Pooja and added that payers need to be included in data exchange as

they are part of the care coordination. She asked if anyone disagreed. No one disagreed and they removed the highlight.
- o Steven Lane noted that he made some editorial changes that can be seen in red.

Recommendation 38 (R38)
- Shelly reviewed the recommendation and asked for thoughts and comments.
  - o Pooja suggested removing "National Association of State Boards of Pharmacists (NABP)" and using "associations" so as to not specifically call out the NABP. She suggested using them as an example instead.
  - o Shelly agreed.
  - o David suggested removing "mail order pharmacy" as they are not unique.
    - ▪ Shelly noted that they are not pharmacies. When a patient opts for direct-to-consumer prescriptions they are not interacting with a pharmacy, rather a medication is being shipped to them.
    - ▪ David noted that their function is to deliver prescriptions, however, a traditional pharmacy can do the same. Mailing medications do not separate mail-order pharmacies from traditional pharmacies.
    - ▪ Another member asked if "online pharmacy" would be better since that is what is being referenced.
    - ▪ Shelly noted that she wrote this recommendation and she agreed with using "online."
  - o David asked why the state boards were listed.
  - o Shelly said because they regulate direct-to-consumer operations, so their input was wanted.
  - o Alexis Snyder suggested adding "patients/caregivers."
  - o David referred back to the state boards and asked if this would also affect the prescriber practitioners of the providers, and their state boards.
    - ▪ Shelly said that although it is regulated by the health departments, they oversee the prescribing. She noted that there still needs to be a license to prescribe and that falls under the purview of the state boards.
    - ▪ David asked if the State Board of Medicine would have any impact on the prescriber.
    - ▪ Shelly said they would be under the Medical Practice Act but not in prescribing.
  - o Shelly asked for any additional comments. There were none and they removed the highlight.
  - o Shelly directed the group to enter their comments for any suggested changes to the documents. She noted that today's objective was to review the recommendations and instructed the group to review the rationales on their own.

Recommendation 23 (R23)
- Shelly reviewed the recommendation and asked for thoughts and comments.
  - o Alexis suggested changing "with other appropriate organizations" to "with other relevant organizations."
  - o Shelly asked if there were any objections. There were none.
  - o Shelly asked for additional comments. There were none and they removed the highlight.

Recommendation 31 (R31)
- Shelly reviewed the recommendation and asked for thoughts and comments.
  - o Pooja said there needs to be consistency in the document and use of Pharmacy Benefit Managers (PBM) or health plans.
  - o Shelly asked for any additional comments. There were none and they removed the highlight.
  - o David noted that medical device dispensing is a growing area, and it may not be processed through PBM. He added that many pharmacies are Durable Medical Equipment (DME) providers as well. He noted that the payer and PBM are also being aggregated under one company now as well. He said it needs to be given more thought.

- o Pooja suggested using "health plan and payer" to distinguish the two.
- o Shelly asked for any additional comments. There were none, the highlight was removed, and she noted that it would be further edited for clarity.

Recommendation 28 (R28)
- Shelly reviewed the recommendation and asked for thoughts and comments. There were none and the highlight was removed.

Recommendation 29 (R29)
- Shelly reviewed the recommendation and asked for thoughts and comments. There were none and the highlight was removed.

Recommendation 30 (R30)
- Shelly reviewed the recommendation and asked for thoughts and comments. There were none and the highlight was removed.

Recommendation 32 (R32)
- Shelly reviewed the recommendation and asked for thoughts and comments.
  - o David suggested changing pharmacies to "pharmacy enterprises as designated by the Organization for Economic Co-operation and Development (OECD)."
  - o Afton and Alexis both noted that they worked on this recommendation in a subgroup and it was now rewritten.
  - o There was some confusion about which recommendation Afton and Alexis worked on. Alexis noted that they did work on R32. She added that this iteration is different than the version they drafted and it does not capture the same information.
  - o Shelly asked if she wanted to leave it highlighted.
  - o Alexis said yes.
  - o The group returned to this recommendation near the end of the meeting and resumed discussions.
  - o Shelly suggested changing "industry group" to "stakeholders." She also suggested changing "ordering providers" to "prescribers," and adding "patients/caregivers."
  - o David said this recommendation is very specific and needs further consideration.
  - o Shelly directed David to read the rationale to help him better understand the focus of this recommendation.
  - o Afton noted that this recommendation stemmed from Anna McCollister's personal experience.
  - o David agreed and noted that it needs to be approved but he is concerned that safety is not being considered.
  - o Steven Lane noted that this recommendation focuses on urgency and time and said that adding anything more would make it lose that focus.
  - o Scott noted that he changed the end of the recommendation to "where they can fill urgent prescriptions" to address the concerns raised.
  - o Shelly said this is for high-risk prescriptions and noted that this is meant to address the issue of patients becoming their own medication coordinators due to inefficiencies.

- o David suggested ending it with "to optimize patient care" to address that issue.
- o Shelly said that there needs to be an electronic method for noting pharmacy inventory to prevent the need for patients to search for the medications themselves.
- o David suggested, "where they can fill urgent prescriptions in a manner that optimizes patient care and convenience."
- o Shelly asked for any additional comments. There were none and they removed the highlight.
- o Fil Southerland noted that he added suggestions to R24.
- o Shelly reviewed Fil's suggestion and asked the group for their thoughts.
- o Fil added that the intent was to have ONC consider the pharmacy framework in relation to the specialty Electronic Health Record (EHR) framework as well as ensuring the incentive structures align with the Centers for Medicare & Medicaid Services (CMS).
- o Pooja asked for clarification on what recommendations he was referring to.
- o Fil clarified that the recommendations were from the Health Data, Technology, and Interoperability (HTI-1) Task Force.
- o Pooja said she thought it was a good idea to add.
- o David asked for examples of specialty practices.
- o Fil and Shelly noted behavioral health, long-term post-acute care, rehab, community support, and hospice.
- o Fil noted the need to consider the broader framework of other specialty settings. He said this needs to interface well with the overall certification requirements and CMS to avoid any future challenges.
- o Shelly noted that the National Council for Prescription Drug Programs (NCPDP) reviewed certification criteria and noted the areas that pharmacists and EHR would focus on for specialty certification. She added that what was being referenced here was other practice settings that do not fit into the enterprise EHR systems seen in hospital and medical settings.

Recommendation 36 (R36)
- Shelly reviewed the recommendation and asked for thoughts and comments.
  - o Scott suggested including the National Library of Medicine, Logical Observation Identifiers Names and Code (LOINC), and Systematized Nomenclature of Medicine Clinical Terms (SNOMED) as industry organizations.
  - o Shelly asked if he was thinking of compendiums or the Clinical Pharmacogenetics Implementation Consortium (CPIC).
  - o Scott said the various organizations in which the labs and device manufacturers participate need to be included for common messaging. He agreed with what was added.
  - o Shelly asked for any additional comments. There were none and they removed the highlight.

Recommendation 35 (R35)
- Shelly reviewed the recommendation and asked for thoughts and comments.
  - o David asked if pharmacists who assist physicians with hospital rounds are included in this recommendation.
  - o Shelly said they are included under "clinical pharmacy vendors."
  - o Pooja said it refers to the vendors not the pharmacists.

- o Shelly said that is because that is where certification lies.
- o Shelly asked for any additional comments. There were none and they removed the highlight.

Recommendation 33 (R33)
- Shelly reviewed the recommendation and asked for thoughts and comments.
  - o Alexis noted that number four would not be a measure but an outcome and suggested changing "reducing" to "measuring."
  - o Tricia Lee made the change.
  - o David noted that this recommendation is focused on operational performance and suggested including quality health outcome performance.
  - o Shelly clarified that this is for certification approaches.
  - o David reiterated that items one through four are operation-focused. He added that there is nothing referencing adverse events prevented, interactions detected, therapeutic dosing changes, etc.
  - o Shelly noted that those were examples. She suggested additional examples and asked David to add the examples he noted.
  - o David asked the group to comment if they disagreed with his suggestions. There were no comments.
  - o Shelly asked for any additional comments. There were none and they removed the highlight.

The group finished reviewing the draft recommendations and moved on to Parking Lot Considerations.

Parking Lot Considerations
Shelly reminded the group that this section included topics that were considered out of scope of the charge but should be noted for future consideration by HITAC.

Consideration 1
- Shelly reviewed the topic and asked for any thoughts and comments.
  - o Scott noted that the first sentence was convoluted and needed rewording. He suggested removing the latter half of the sentence to reduce redundancy.
  - o Pooja asked for clarification on what is being asked on this topic. She said it was out of scope and asked if it should be included if it is out of scope. She asked for comments from the group for further clarification.
  - o Shelly said it's being out of scope was the reason for this section of the document. She reiterated that though the topics are out of the scope of the PhIET charge they were considered important for HITAC to review.
  - o Another member suggested referring this topic to the Annual Report Work Group (AR WG).
  - o Shelly asked for any additional comments. There were none and the highlight was removed.

QUESTIONS AND COMMENTS RECEIVED DURING PUBLIC COMMENT

None received.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Justin Neal: Apologies, a few minutes late. Justin is here

Mike Berry (ONC): Welcome to the Pharmacy Interoperability and Emerging Therapeutics Task Force!

Mike Berry (ONC): Please remember to select "Everyone" when using Zoom chat. Chats to Everyone are included in the meeting notes.

Pooja Babbrah: Great way to organize the document - I like the use cases and having the recommendations tie back to those use cases

Afton Wagner: Looks great. Thank you!

Steven Eichner: Good morning. I'm sorry for being a few minutes late

Leslie Carr: "Between" should be "among" since the data share is among more than two entities.

Afton Wagner: Agree that it's too broad as written

Cathy Graeff: "between pharmacists and other pharmacists or providers..

Kim Boyd: Agreed David

Kim Boyd: Recommend removing technology and standards as the following sentences and paragraphs explain the rationale

David Butler: thank you for the edits Steven!

Cathy Graeff: NCPDP refers to payer/PBM

David Butler: oecd.org

David Butler: https://data.oecd.org/entrepreneur/enterprises-by-business-size.htm#:~:text=An%20enterprise%20is%20defined%20as%20a%20legal%20entity,corporation%2C%20a%20non-profit%20institution%2C%20or%20an%20unincorporated%20enterprise.

Kim Boyd: The following could be helpful in detailing the difference between performance measures and other measures https://www.pqaalliance.org/assets/Measures/PQA_Measures_Overview.pdf

David Butler: I agree with Scott's recommendation to drop the phrase "the earliest."

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

Task Force Work Planning

- Shelly oriented the group to the reference sections of the document and informed them that they link the recommendations to their corresponding use cases and reviewed the remaining meeting dates.

Resources

Pharmacy Interoperability and Emerging Therapeutics 2023 Webpage
Pharmacy Interoperability and Emerging Therapeutics 2023 – October 18, 2023 Meeting Webpage
HITAC Calendar Webpage

Adjournment

The meeting adjourned at 12:01 PM.