

## Health Information Technology Advisory Committee

### Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 Virtual Meeting

#### Meeting Notes | November 1, 2023, 10:30 AM – 12 PM ET

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#### Executive Summary

The goal of the Pharmacy Interoperability and Emerging Therapeutics Task Force (PhIET) meeting on November 1 was to finalize 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

Hans Buitendijk, Oracle Health, Co-Chair  
Shelly Spiro, Pharmacy Health Information Technology Collaborative, Co-Chair  
Pooja Babbarah, Point-of-Care Partners  
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  
Jim Jirjis, Centers for Disease Control and Prevention  
Summerpal (Summer) Kahlon, Rocket Health Care  
Deven McGraw, Invitae Corporation  
Justin Neal, Noble Health Services  
Eliel Oliveira, Dell Medical School, University of Texas at Austin  
Scott Robertson, Bear Health Tech Consulting  
Alexis Snyder, Individual  
Christian Tadrus, Community Pharmacy Owner  
Sheryl Turney, Elevance Health



## Members Not in Attendance

Chris Blackley, Prescriptive  
Steven Lane, Health Gorilla  
Meg Marshall, Department of Veterans Health Affairs  
Anna McCollister, Individual  
Ketan Mehta, Micro Merchant Systems  
Fillipe (Fil) Southerland, Yardi Systems, Inc.  
Naresh Sundar Rajan, CyncHealth  
Afton Wagner, Walgreens

## ONC Staff

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

## Key Points of Discussion

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### Opening Remarks

PhIET Task Force Co-Chair, Shelly Spiro, welcomed the Task Force and began finalizing the draft recommendation report.

### Review of Draft Recommendation Report

- Hans reviewed the charge and the footnote edits and asked for any additional questions or concerns. There were none, and all changes were accepted.
- Hans reviewed Christian Tadrus' suggestions for the Pharmacy Quality Measures section and asked for any additional comments or concerns.
- David Butler suggested adding the phrase "for example" to note that the given list is not all-inclusive.
- Hans made the change and asked for any additional comments or concerns. There were none, and all changes were accepted.
- Hans reviewed the suggested changes for R3 and asked for any additional comments or concerns. There were none, and all changes were accepted.
- Hans reviewed the suggested changes to the rationale in R3 and asked for additional comments or concerns.
  - Steven Eichner suggested adding "accountability."
  - Alexis Snyder said the wording "regarding access to" was confusing and should be replaced with "accountability on who has access to."
  - Hans asked Deven McGraw if the wording change would address her original concerns.
  - Deven said that she agreed with Alexis' statements and added that accountability was for the providers, not the patients. She said that the transparency and consent aspect of this recommendation needed to be honored.
- Shelly asked if this recommendation was addressing a global patient issue as opposed to their charge of interoperability in pharmacy.
  - Deven clarified that it does have applicability outside of pharmacy but is relevant to pharmacy based on patient concerns. She noted the need to follow up on it.
- Steven Eichner noted that modern technology presented an opportunity to enable more patient access to information where data has been shared. He said it was an opportunity to build a better environment for the patient.



- Shelly suggested "patient should have transparency and accountability on who is accessing, and the sharing of your medication data."
- Steven Eichner said it should not be constrained to medications as they have already outlined the pharmacist's role in test to treat and other activities outside of medication dispensing.
- Hans agreed with Steven Eichner.
- Scott Robertson said there were two concepts in this recommendation: the first was sharing data, and the second was the patient's ability to understand their consent rights and provide or deny consent to sharing data.
- Deven noted her suggestion in the comments.
- David also noted his suggestion in the comments.
  - Deven said that his suggestion did not clarify her initial issue. She added that they never discussed patients having consent rights over data, and as such, they should not be making any statement concerning it. She said giving data managing capabilities went beyond their scope, considering the lack of available time to discuss the issue appropriately.
  - David asked if "transparency" was sufficient.
  - Deven said yes. She continued that "managing" suggested the ability to actively decide who can and cannot access data as opposed to providing a view of how their data is accessed, used, and shared. She said "manage" is too strong a word.
  - David agreed with removing "manage." He suggested adding "as with all healthcare data" or "all healthcare practitioners" to note that every healthcare practitioner should be compliant with this requirement.
- Shelly suggested changing "need" to "should."
- Alexis suggested adding "or not" to the second line.
- Hans acknowledged the challenge with including, but also excluding, "managing" and noted the need for wordage that better captures the intention.
- Pooja Babbrah asked for clarification on which section was being discussed.
- Hans clarified that the second section included the suggested changes modifying the first.
- Pooja said she agreed with the modifications.
- David asked if it was within the scope of PhIET to recommend that ONC look at patient management rights.
  - Deven said she did not think so. She reiterated that the topic was not discussed enough and noted that this is in the explanation and not the recommendation, so it should be limited.
  - David agreed and suggested a recommendation that ONC further explore that area. He asked if that would be in scope or if this should just be left alone.
- Hans suggested comparing R3 and R23 as they may have some overlap. Hans asked if Deven was okay with the current edits to R3.
- Deven agreed.
- Hans then asked if R23 sufficiently addressed any additional aspects of concern. There were no comments, concerns, or objections, and all changes were accepted.
- Hans accepted all changes to R27.
- Hans reviewed comments to R37, and all changes were accepted.
- Hans reviewed the suggested changes to R38 and asked for any additional questions or concerns. There were none, and all changes were accepted.
- Hans reviewed the suggested changes R12 and asked if there were any additional questions or concerns. There were none, and all changes were accepted.
- Hans reviewed the suggested changes to R13 and R14 and asked for additional comments or concerns combining the two recommendations. There were no objections, and the recommendations were combined.
- Steven Eichner noted the inconsistent use of "pharmacy" and "pharmacist" in the combined recommendation.



- Hans asked again if there were any objections to combining the recommendations. There were none, and they reviewed the wording and suggested changes to the combined recommendation.
  - Deven suggested adding, “ONC should work with federal policy makers.”
  - Alexis said “address the ability” was not sufficient.
  - Deven asked Alexis if “ONC work with other federal policymakers in the private sector, to make sure the capability is available” was better.
  - Alexis said that would help but added that some pharmacies already have the capability but do not use it, and that needs to be addressed.
  - Hans suggested adding the word “advancing.”
  - Alexis said that worked.
  - Shelly suggested adding “to advance.”
- David suggested, “between pharmacy personnel, the pharmacist, and the patient/caregiver.”
- Hans noted that they defined “pharmacy” as inclusive of pharmacy personnel.
- David then suggested using “between pharmacy personnel and the patient/caregiver.”
- Shelly suggested “pharmacy and pharmacist with the patient.”
- Steven Eichner noted the need to use the terms “pharmacy” and “pharmacist” consistently throughout.
- Hans asked for any additional comments before reviewing any further changes.
- Alexis said “between pharmacy and pharmacist” was confusing and suggested adding a slash, i.e., “pharmacy/pharmacist.”
- Hans asked Shelly if she agreed with the change.
- Shelly agreed.
- Hans asked if there were any additional comments or concerns with the changes to the combined recommendation. There were none, and all the changes were accepted.
- Hans reviewed the suggested changes to R22 and asked both Scott and Deven if it read as intended.
- Hans noted that if “pharmacy personnel” is included, then “pharmacy” would need to be added as well.
- Scott agreed.
- Hans suggested, “from patients by pharmacists and pharmacies.”
- Scott agreed.
- There were no objections, and all changes were accepted.
- Hans reviewed the suggested changes for R31 and asked if it should be combined with R23.
- Deven said they should be combined.
- Shelly asked for any questions or concerns about combining R23 and R31. There were no objections, and the recommendations were combined.
- Hans noted that he would do further wordsmithing to the combined recommendation.
- Hans reviewed the suggested changes to R35 and asked for any additional comments or concerns. There were none, and all changes were accepted.
- Christian said that the first line in R35 needed further wordsmithing for clarification. He suggested removing “e.g., specialty pharmacies.”
- Hans reviewed the combined R11 and R32 recommendations and asked for any additional comments or concerns.
- Christian suggested adding “as appropriate” or “with patient interest in mind.”
- Steven Eichner suggested changing the “nearest pharmacy” to “most convenient pharmacy.”
- Hans asked Christian for further clarification on where to add “Appropriate.”
  - Christian said if “the quickest” was addressed, then “appropriate” would not be necessary. He said if speed is being addressed, then patient care and safety need to be included as well.
  - Alexis noted that they discussed this at length in the last meeting. She said they agreed as a group that the rationale covered all issues raised. She said the changes made to the rationale in the last meeting were sufficient, but it has been changed again.



- David said that all patients need to be considered: those who are looking for a convenient pharmacy and those who care less about convenience and more about going to the pharmacy they like. He warned of being too directive in the recommendation.
- Steven Eichner agreed and noted that as the reason behind his previous recommendation of changing “nearest” to “most convenient.”
- David agreed with both Christian and Steven Eichner. He added that a reference to patient preference should be made irrespective of speed. He reiterated the recommendation is too directive.
- Shelly suggested replacing “nearest” with “convenient” and removing any time constraints.
- David suggested using “having better insight into the availability of information about the pharmacy that best meets the patient’s needs.” He said that would give the patient their desired power.
- Steven Eicher said it is not about the availability of information but the information. A patient does not want to know if the information is available; they want the information.
- David agreed.
- Hans noted three variations of the sentence they were reviewing and asked Alexis if she agreed with the third variation.
  - Alexis suggested adding “as determined by the patient.”
  - Steven Eichner reiterated that the patient needs information about the availability of the drug.
  - Shelly suggested adding “prescription medications.”
  - David suggested “information about the pharmacy that best meets the patients’ needs regarding availability of the prescription, care provided by the care team, and other factors important to that patient.”
  - Alexis suggested, “best meets the patients needs as determined by the patient.”
  - David asked if there was anything additional needed.
  - Christian suggested including health plans.
- Hans asked if the group agreed with removing variations one and two. There were no objections. Next, he reviewed the current changes being made to the third variation and asked Alexis if she had any additional comments or concerns.
  - Alexis said she was not sure how to further address it at the moment.
  - Shelly suggested “having better information about the pharmacy, the health plans formulary...”
  - Alexis suggested “having better information about the pharmacy, including any restrictions.”
  - David agreed with simplifying it and suggested “having better information about the pharmacy, or pharmacies that best meets the patient’s needs.”
  - Alexis suggested adding “as determined by the patient.”
  - David said all patients should have the right to decide how their needs are met.
  - Alexis said it does not read that way without it explicitly mentioned.
  - David disagreed.
- Shelly asked if the group agreed to keep it short.
- Alexis agreed to keep it short.
- Pooja also agreed with keeping it short and suggested adding something about insurance restrictions in the area that references prescription transfers. She said it needed to be included somewhere.
- Hans added the suggested changes.
- Shelly asked if anyone disagreed with the changes. There were no objections.
- Hans reviewed the suggested changes for R33 and asked for any additional comments and concerns.
- Alexis reviewed her suggestions.
- David also reviewed his suggestions and further suggested adding “-best outcomes focused measures.”
- Shelly clarified the purpose of this recommendation for understanding.



- Alexis said the recommendation reads as if it is trying to prevent adverse events that are unpreventable.
- Shelly clarified that the role of the pharmacist is what is being referenced here. She asked for any objections. There were none.

## QUESTIONS AND COMMENTS RECEIVED DURING PUBLIC COMMENT

None received.

## QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Deven McGraw: Many thanks to the co-chairs and ONC staff!

Mike Berry (ONC): Thank you for joining the Pharmacy Interoperability and Emerging Therapeutics Task Force.

Mike Berry (ONC): Please remember to select "Everyone" when using Zoom chat. Messages to "Everyone" will be included in the meeting notes. Thanks!

Jim Jirjis: Jim Jirjis here

Sheryl Turney: agree

Rita Torkzadeh: Would "not providing consent" involve restrictions to data?

Suzanne Gonzales-Webb, CPhT: suggesting the following: Patients should have transparency and accountability on who is accessing their (pharmacy) data and where it is being shared, while maintaining the ability for patient consent authorization rights.

Deven McGraw: Patients should have transparency on who is accessing and sharing their data, as well as on their rights to consent to access & sharing of their data; where such consent rights exist, they must be honored. Pharmacy entities need to be held accountable for providing transparency and honoring consent rights.

Sheryl Turney: agree

David Butler: As with all healthcare data, patients should be able to monitor and manage who is accessing and sharing their pharmacy-utilized data.

Deven McGraw: no objection from me to adding "as with all health care data" somewhere

Summerpal Kahlon: Accountability in what way? Penalties for non-compliance?

Alexis Snyder: Accountable for info blocking


Deven McGraw: We just didn't have a lot of time to discuss such a meaty issue

Deven McGraw: this is also the explanation, not the recommendation

Deven McGraw: The recommendation covers transparency only (as I read it)

Deven McGraw: pharmacy entities?

Pooja Babbrah: agree - pharmacies vs. pharmacists



Suzanne Gonzales-Webb, CPhT: agree - pharmacies

David Butler: I agree with combining the two

David Butler: "broad spectrum of entities - including PBMs, health plans, TPAs and other Payors - to" could be inserted in the existing text where the phrase "broad spectrum of entities" exists

Pooja Babbrah: it could also be the pharmacy with the cheapest drug

Deven McGraw: patient's preferred pharmacy

Deven McGraw: ?

Pooja Babbrah: 100% agree with David on concerns about quickest

David Butler: Having better insight into availability of information that best meets the patient's needs from a pharmacy.

Deven McGraw: Can we replace one of the "information" references to be more clear?

Rita Torkzadeh: Except sometimes "best meeting patients needs" depends on insurance/coverage

Deven McGraw: Steven just made my point much better!

Alexis Snyder: Best meets the needs as determined by the patient

Pooja Babbrah: agree Rita

Steven Eichner: it should probably be "prescribed medication or service" not "prescription"

Deven McGraw: 🍷

Pooja Babbrah: Congratulations everyone!! Thank you Shelly, Hans and Tricia Lee for all of your help with this!

Sheryl Turney: Shelly and Hans and Tricia thank you all. Great job!

David Butler: Thank you Hans and Shelly! And it was a pleasure to work with everyone!

## **QUESTIONS AND COMMENTS RECEIVED VIA EMAIL**

No comments were received via email.



## **Task Force Work Planning**

- Hans thanked everyone for their work and noted that they are done finalizing all recommendations.
- Shelly thanked everyone for their work and reminded the group that the final presentation is on November 9, 2023. She asked anyone with any additional comments to send an email.
- Mike Berry noted that PhIET will be presenting first on November 9, 2023.

## **Resources**

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

[Pharmacy Interoperability and Emerging Therapeutics 2023 – November 1, 2023 Meeting Webpage](#)

[HITAC Calendar Webpage](#)

## **Adjournment**

The meeting adjourned at 11:53 AM.