NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

January 28, 2019

Donald W. Rucker, MD
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St. SW
Floor 7
Washington, DC 20201

Dear Dr. Rucker:

On behalf of the National Association of Chain Drug Stores (NACDS), we appreciate the opportunity to comment on the Office of the National Coordinator for Health Information Technology's (ONC) *Draft Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit www.NACDS.org

1. **Mandatory Electronic Prescribing**

NACDS supports policies that promote the use of electronic prescribing to transmit prescription information between prescribers and pharmacists. Use of this technology improves safety and security in the prescribing process. In recent years, the adoption of electronic prescribing has increased dramatically. According to the most recent data available, 1.74 billion prescriptions were issued electronically in the United States last year, which equates to more than 4.7 million prescriptions per day.[1]

NACDS urges the adoption of laws and policies requiring electronic prescriptions where practical, as use of electronic prescribing technologies have numerous benefits for both patients and healthcare providers. Recognizing the important role of electronic prescribing in helping to curb the opioid crisis, Congress recently enacted federal legislation requiring controlled substances prescriptions covered

[1] The Surescripts *2017 National Progress Report* is available here: https://surescripts.com/news-center/national-progress-report-2017/

under Medicare Part D to be electronically transmitted starting in 2021.[2] We encourage policymakers to build upon this effort and extend the mandate to apply to all prescriptions – not just for controlled substances and not just those covered by Medicare.

a. The Benefits of Mandatory Electronic Prescribing

Electronic prescribing of controlled substances adds new dimensions of safety and security. Electronic controlled substance prescriptions cannot be altered, cannot be copied, and are electronically trackable. Furthermore, the federal DEA rules for electronic controlled substances prescriptions establish strict security measures, such as two-factor authentication, that reduce the likelihood of fraudulent prescribing. Notably, the state of New York saw a 70% reduction in the rate of lost or stolen prescription forms after implementing its own mandatory e-prescribing law.[3]

Beyond controlled substances however, studies show that all electronic prescriptions are less prone to errors. According to a study conducted at a Johns Hopkins Medication outpatient pharmacy, 89% of handwritten prescriptions failed to meet best practice guidelines or were missing information that would otherwise be prompted by an electronic prescribing system. By comparison, not a single prescription in that study issued electronically contained these types of errors.[4]

Electronic prescribing improves workflow in healthcare settings and reduces the administrative burden on physicians and clinical office staff responding to prescription refill authorizations. Further, electronic prescribing streamlines the process of getting the prescription to the pharmacy, thereby reducing the time spent by pharmacist and prescribers on the phone.

Electronic prescribing practices gives prescribers more flexibility with getting needed prescriptions into the hands of patients, as it eliminates the need for patients to have to travel to the prescriber's office to pick up a hard copy prescription, which is especially useful when patients are out of town.

Electronic prescribing drives down healthcare costs. Through the use of tools that allow for greater price transparency at the point of prescribing and enhanced formulary compliance, electronic prescribing practices can help to control healthcare costs.

Electronic prescribing practices reduce the number of prescriptions that go unfilled and serve to improve medication adherence. Electronic prescriptions are sent directly to the patient's pharmacy of choice. This technology allows healthcare providers to monitor and improve patient first fill adherence, as patients are more likely to fill prescriptions that are sent electronically to their pharmacy, as opposed to having to take the prescription to the pharmacy themselves.

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[2] The *Support for Patients and Communities Act* (H.R. 6) was enacted to include the Every Prescription Conveyed Securely Act, legislation requiring Schedule II through V controlled substances prescriptions covered under Medicare Part D to be electronically transmitted starting in 2021.

[3] Remarks of Anita Murray, Deputy Director, New York State Department of Health at the Harold Rogers Prescription Drug Monitoring Program National Meeting (September 6, 2017)

[4] http://www.hopkinsmedicine.org/news/media/releases/researchers_find_handwritten_opioid_prescriptions_are_more_prone_to_mistakes_

Electronic prescribing tools also enable clinical decision-making at point of care; when electronic prescribing is part of a healthcare provider's electronic health record system, prescriptions can be checked for interactions with patient medications, health conditions, and allergies. Greater adoption of electronic prescribing technology would lead to improved interoperability among healthcare providers in general, and better care coordination among patients' specific healthcare providers, thus improving overall patient care and outcomes.

To this end, we strongly support ONC's draft recommendation that HHS should increase adoption of electronic prescribing of controlled substances along with improving greater access to medication history to better inform appropriate prescribing of controlled substances. **However, we ask ONC to go further and that ONC should urge HHS to increase adoption of electronic prescribing for all medications along with improving greater access to medication history to better inform prescribing and clinical decision-making. In addition, we ask that ONC urge HHS to work within the realm of established standards, such as NCPDP SCRIPT, to promote a deregulatory environment that will foster competition and innovation in the development of medication history systems and technology.**

2. Streamlining the Process to Update NCPDP SCRIPT Standards

NACDS supports utilizing health IT to streamline workflow to improve patient care and care coordination. In pursuing this goal, NACDS believes that there are certain administrative burdens that can be alleviated to allow pharmacists to provide the best care to their patients. Currently, the National Council for Prescription Drug Programs (NCPDP) must finalize new standards (or updated versions of existing standards) and then request that HHS adopt those new standards or (updated versions) into regulation. As you are likely aware, the regulatory development process can be lengthy. Once named in a final regulation, only then can a standard be implemented by industry. This time-consuming rulemaking process for standards, which have been recommended and are needed by broad spectrums of industry sectors, negatively impacts effective healthcare delivery as it stifles innovations and improvements in care coordination and workflow. This is exemplified in a number of areas including:

a. Electronic Prescribing

Currently, industry is using NCPDP SCRIPT Version 10.6 for electronic prescribing. Under this version, prescriptions for specialty and compounded medications cannot be transmitted electronically, they must be communicated in writing, verbally, or via fax machine, thus increasing the potential for error. The NCPDP SCRIPT version 2017071, introduces a number of important improvements in electronic prescribing including better communicating instructions for specialty and compounded medications in a standardized format and allows them to be prescribed electronically like all other medications. Version 2017071 was recommended by NCPDP and industry in 2016 but was not adopted by CMS until April 2018, with an effective date of January 1, 2020. **This means that it took CMS nearly four years to respond to industry's call to update electronic prescribing transactions.**

b. Prior Authorization

The prior authorization standard named under the Health Insurance Portability and Accountability Act, ASC X12N 278,[5] has been tested but unfortunately is not workable for electronic prior authorizations in the prescription drug benefit. The NCPDP SCRIPT Version 2017071 Electronic Prior Authorization (ePA) standard has been designed to significantly reduce the approval time of prior authorizations and administrative tasks, which will foster improved patient care. Other benefits of adopting Version 2017071 ePA standards include:

- Would enhance overall patient care by giving plans, providers, and pharmacies mechanisms to improve primary patient adherence to their medication regimens;
- Would help improve clinical decision-making processes with enhancements that facilitate more timely clinical efficacy determinations of prescribed treatments and eventual dispensing of medication; and
- Would reduce the administrative burden for pharmacies, plans, and providers in the Medicare Part D program by minimizing activities such as printing, faxing, phone calls, and sending mail.

The NCPDP SCRIPT Standard Version 2017071 was finalized in 2017 and adopted by CMS in 2018 with an effective date of January 1, 2020. **This means that nearly three years will have lapsed between finalizing and implementing the standard.**

c. Querying the PDMP

The most impactful example of how this administrative delay is affecting patients is with regard to patients that may suffer from conditions that are treated by opioids and patients that may suffer from conditions related to opioid misuse. We fear that providers may not have all the available tools necessary to effectively diagnose these patients as current government-approved standards do not include certification criteria for querying prescription drug monitoring programs (PDMP). NCPDP SCRIPT Standard Version 2017071 would allow prescribers to use a standardized query to request and receive data from the various state PDMPs through the NCPDP SCRIPT RxHistory Request and Response transactions, thus facilitating their streamlined access to this valuable resource of patient medication information.

d. NACDS Recommendation

NACDS strongly believes that the industry is well equipped and can move quickly to create, revise, and adopt new standards as issues arise. As such, we urge ONC to coordinate with the Centers for Medicare and Medicaid Services (CMS) to facilitate the delegation of the authority to approve new and updated standards to NCPDP as the standard setting organization for the prescription drug benefit. In the alternative, we would ask that ONC coordinate with CMS to streamline the administrative processes for adopting new standards so that they can be implemented by industry in a timelier manner.

[5] ASC X12 N Standards are developed for the medical benefit, not the prescription drug benefit.

Thank you for the opportunity to comment on ONC's draft strategy. We look forward to continued collaboration with ONC on streamlining the integration and adoption of health information technology to facilitate better healthcare delivery for our nation.

Sincerely,

Kevin N. Nicholson, R.Ph., J.D.
Vice President
Public Policy and Regulatory Affairs