

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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November 5, 2015

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National Coordinator for Health Information Technology

Office of the National Coordinator for Health Information Technology

U.S. Department of Health and Human Services

200 Independence Avenue SW, Suite 729-D

Washington, D.C. 20201

Dear Dr. DeSalvo,

Subject: Comments on 2016 Interoperability Standards Advisory

**Prescription Drug Monitoring Programs (PDMPs) 2016 Interoperability Comments**

The current 2016 Interoperability Standards Advisory does not list a standard transaction for PDMPs. This concerns us as we do not want to end offering this as a specialized registry in 2018. To that end we would like to recommend that the National Council for Prescription Drug Programs (NCPDP) version 10.6 Medical History Request/Response Standard be set as the PDMP standard in the advisory. The following reasons help support our recommendation:

* These systems help address a current public health epidemic of overdose and misuse as declared by the Centers for Disease Control and Prevention (CDC) (<http://www.cdc.gov/drugoverdose/>) and other federal partners. By providing MU to providers for this transaction, we help address this epidemic and allow providers to have extra incentive to use this important tool. This is crucial as most states do not have mandates to use their PDMPs and more providers need to be using them. A Centers for Medicaid and Medicare Services (CMS) FAQ ([https://questions.cms.gov/faq.php?id= 5005&faqId=11988](https://questions.cms.gov/faq.php?id=5005&faqId=11988)) came out recognizing that PDMPs can be used for MU and we feel it is important to ensure we can continue to allow for this.
* Epic Systems Corporation has released the functionality to query additional external systems for patient medication history. Providers and hospitals can now configure an Outgoing Medication Dispense History Query interface to communicate with external systems other than Surescripts that track the sale of prescription and over-the-counter (OTC) medications containing ingredients that can be used to make illegal drugs. This information is designed to supplement medication history information your organization already receives from a third-party e-prescribing system. They use NCPDP 10.6 for this. Washington State’s PDMP just finished a pilot with Epic using this standard, and Epic plans to release an update to their Washington customers using this standard.
* Also, ONC has been conducting a Standards and Interoperability (S&I) Framework to help bridge the gap between Electronic Health Records (EHRs) and PDMPs ([http://wiki.siframework.org/PDMP+%26+Health+IT+Integration+Homepage](http://wiki.siframework.org/PDMP%2B%26%2BHealth%2BIT%2BIntegration%2BHomepage)). Most of the current pilots are using NCPDP 10.6 as their standard for this medication history request/response.
* CMS also currently recognizes NCPDP as the official standard for e-prescribing (see <https://www.cms.gov/Medicare/E-Health/Eprescribing/Adopted-Standard-and-Transactions.html>). So it is available in current Certified Electronic Health Record Technology (CEHRT) systems for medication reconciliation already.

Because PDMPs are important for addressing this public health epidemic, and because there is a recognized standard in use already that PDMPs can employ and are employing, we would like to see PDMPs listed with the NCPDP 10.6 standard in the 2016 advisory.

Currently PDMPs are allowed under Meaningful Use (MU) Stage 3 Modification Rules and Stage 3 rules to be counted as an “other specialized registry” under Public Health. The Washington State Department of Health (DOH) appreciates this inclusion and fully supports it to continue. The new rules also indicate that in 2018 if an eligible provider (EP) has not yet implemented the connection to the PDMP that at that point if no national standard is set for PDMP transactions that no other EPs may use the PDMP to meet MU objectives.

**Syndromic Surveillance 2016 Interoperability Comments**

Syndromic surveillance standards listed on page 28 are supported by DOH. Readers would benefit from the inclusion of the erratum associated with version 2.0. The erratum was listed in the ONC 2015 edition final rule. The Public Health Information Network (PHIN) Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0 link provides direction to the erratum but would benefit to include directly on the 2016 Interoperability Standards guide.

Reporting syndromic surveillance to public health (emergency department, inpatient and urgent settings) table on page 45 currently lists PHIN v 1.1 in this table. Please clarify this is the correct version since PHIN v 2.0 is released and optional through 2017.

There is no reference in the 2016 Interoperability Standards to what ambulatory care sites (outside of Urgent Care) should do. Since syndromic surveillance is an option for EPs at non-urgent care sites, a reference to adoption or the lack of standards would be insightful.

**Electronic Laboratory Reporting 2016 Interoperability Comments**

DOH looks forward to moving to the Electronic Laboratory Reporting (ELR) release 2.0, in tandem with the adoption of Laboratory Orders Interface (LOI) and Laboratory Results Interface (LRI).

The Washington State Department of Health is pleased to submit comments on the 2016 Interoperability Standards Advisory. We appreciate the work done to date by the Office of the National Coordinator for Health Information Technology (ONC) to identify best available standards and implementation specifications necessary for care coordination. Thank you for providing an opportunity to submit comments for your consideration.

We are encouraged by ONC’s efforts to coordinate the adoption of standards specifications across agencies, and we look forward to supporting our providers and hospitals through the adoption of selected standards.

Sincerely,

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