



Via Electronic Submission to: <http://www.healthit.gov/policy-researchers-implementers/strategic-plan-public-comments>

February 6, 2015

Office of the National Coordinator for Health IT (ONC)
Washington, DC 20510-6200

Re: Comments for Federal Health IT Strategic Plan 2015-2020

Dear Sir or Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative, we are pleased to submit comments in response to your proposed *Federal Health IT Strategic Plan 2015-2020*.

The Pharmacy Health Information Technology Collaborative (Collaborative) supports the intent of the proposed strategic plan and has been involved with the Office of the National Coordinator for Health IT (ONC) in its development of the national health information technology (HIT) framework since 2010. The Collaborative is supportive of strategies and recommendations that improve the secure use of health information through safely designed and implemented HIT systems, while maintaining and protecting patient privacy. As health care providers, pharmacists provide patient-centered care and services, maintain various secure patient care records, and as part of the integrated health care team, they are directly involved with other health care providers and patients in various practice settings. Pharmacists are in a strategic position to help improve usage, patient safety, and protect patient privacy through HIT.

The following are our comments regarding the proposed 2015-2020 strategic plan.

Goal 1: Expand Adoption of Health IT

Objective 1A: Increase the adoption and effective use of health IT products, systems, and services

Although the Collaborative supports the goal's aim to expand health IT adoption and use to "other populations ineligible to participate in the Medicare and Medicaid EHR Incentives Programs," the strategies proposed do not offer a solution for making ineligible providers eligible for the EHR Incentives Programs. For this goal to be fully

Pharmacy Health Information Technology Collaborative

attainable and successful, ineligible providers need to be made eligible for the EHR Incentive Programs. Pharmacists are currently non-eligible providers; however, they are demonstrated meaning users of EHR and are in a position to exchange clinical information with other providers, including physicians, hospitals, and long-term care.

We strongly encourage the ONC to include a strategy in the 2015-2020 strategic plan for resolving this eligibility issue. Resolving eligibility issues surrounding the EHR Incentives Programs would encourage broader adoption and use of health IT solutions across all provider and care settings. Such a resolution also would ensure a fully, integrated health care team approach within the EHR Incentive Programs. In 2009, the U.S. House of Representatives passed HR 3854, an act to amend the Small Business Act and the Small Business Investment Act, recognizing the importance of health IT that supports meaningful EHR by eligible professionals. Pharmacists were specifically included in the bill's definition of "eligible professional." The Collaborative believes that pharmacists should be eligible for EHR incentives.

The best medical outcomes happen with an integrated team approach of health care providers. Pharmacists' unique experiences, expertise, and access to medication information that others may not have bring enormous value to physicians and other health care providers in caring for patients. EHR incentives would greatly help in connecting non-eligible pharmacists to EPs, especially, in areas that have limited access to EPs and critical access hospitals (e.g., rural areas).

Objective 1B: Increase user and market confidence in the safety and safe use of health IT products, systems, and services

The Collaborative supports the intent of this objective and the proposed strategies. We agree that clinical and health care providers and individuals must be able to rely on health IT systems to perform safely and accurately to avoid adverse outcomes. We agree with the plan's concept that individuals and providers also must have the ability to change health IT products, systems, or services without undue financial burden or the loss of valuable information.

To help achieve this objective, particularly with regard to interoperability, we recommend that the strategies include employing standards developed by the American National Standards Institute (ANSI), the National Council for Prescription Drug Programs (NCPDP), and Health Level Seven (HL7); platform uniformity; and applicable guidelines developed by professional health care associations, particularly, for mobile devices and telehealth.

Objective 1C: Advance a national communications infrastructure that supports health, safety, and care delivery

The Collaborative supports the intent of this objective and the proposed strategies. We agree that secure, expanded, high-speed wireless and broadband services are needed to support health information sharing, collection, and use in the continuity of health care delivery. A strong national communications infrastructure also would be vitally critical during public health emergencies and natural disasters.

Goal 2: Advance Secure and Interoperable Health Information

Objective 2A: Enable individuals, providers, and public health entities to securely send, receive, find, and use electronic health information

The Collaborative supports the intent of this goal and objective and the strategies proposed. Additionally, the Collaborative supports the ONC HIT Certification Program. As noted in Objective 1B, we recommend that standards developed by the American National Standards Institute (ANSI), the National Council for Prescription Drug Programs (NCPDP), and Health Level Seven (HL7); platform uniformity; and applicable guidelines developed by professional health care associations, particularly for mobile devices and telehealth, be incorporated for the interoperable exchange of health information.

Objective 2B: Identify, prioritize, and advance technical standards to support secure and interoperable health information

The Collaborative supports the intent of this objective and the strategies proposed. We agree that the use of common technical standards and specifications are necessary. As noted previously, we support the use of standards developed by the American National Standards Institute (ANSI), the National Council for Prescription Drug Programs (NCPDP), and Health Level Seven (HL7); platform uniformity; and applicable guidelines developed by professional health care associations, particularly for mobile devices and telehealth. Use of these standards may help promote widespread adoption of health IT more quickly.

Critical to this, especially in today's environment and given the most recent security breaches, is to ensure that all health IT products and electronic systems used are ONC certified with regard to privacy and security. The latter is particularly crucial for the interoperability between medical devices and certified health IT products and systems.

As patient-centered, health care providers, pharmacists capture and monitor their patients' health information through mobile medical devices. It is important that the producers of mobile medical devices and mobile medical apps be encouraged to certify that their products follow and meet acceptable HIT standards and platforms for the collection, exchange, and protection of patient health information, as well as ensuring patient security, safety, and well-being in use of these devices and information.

Protecting patient information collected via mobile medical devices or other electronic means is paramount. Development of an HIT framework in this area needs to ensure that any patient information transmitted to and received by a mobile device and using mobile medical apps, which could include state registries and Prescription Drug Monitoring Programs, is protected and patient privacy secured.

In its July 21, 2011 draft guidance for Mobile Medical Applications, the FDA noted that traditional medical devices and mobile medical apps can pose potential risks to public health. The FDA stated there are concerns with mobile medical apps, which the Collaborative also shares in regard to usage, platforms, and standards that apply to specific health issues and management in which the patient should be interacting with a health care provider when using a mobile medical app.

The ONC also may want to consider including the Federal Communications Commission (FCC) in this particular area. We noticed that the FCC appears not to be included in the planning of this proposal, though the FCC has been involved with the establishment of the telemetry for medical devices and has oversight in this area. The FCC's thoughts and expertise may be helpful.

Objective 2C: Protect the privacy and security of health information

The Collaborative supports the intent of this objective and the strategies proposed. Protecting patient information collected or transmitted via any electronic means and allowing patients to control their information are paramount, particularly with the increase in criminal cybercrime. Cybercrime is a fast-growing area of crime. With new trends in cybercrime emerging on a regular basis, we would encourage the ONC to include a strategy for the establishment of a digital crime center to proactively research new areas of cybercrime, solutions, and notify those providers and vendors using the national health IT infrastructure of potential and real threats.

Goal 3: Strengthen Health Care Delivery

Objective 3A: Improve health care quality, access, and experience through safe, timely, effective, efficient, equitable, and person-centered care

The Collaborative supports the intent of this objective and the strategies proposed. We encourage the ONC to talk further with private sector organizations, including the Collaborative, that may have developed and implemented aspects that are in alignment with the proposed strategies.

As health care providers of patient-centered and patient-centric care, the Collaborative supports the ability of pharmacists in all practice settings to have access to health care data that supports their roles in health care delivery. These areas include comprehensive medication review and reconciliation, medication therapy and

disease state management, immunization administration, personalized pharmacogenetic consultations, and health and wellness services.

Objective 3B: Support the delivery of high-value health care

The Collaborative supports the intent of this objective and the strategies proposed, especially the use of open data sources. The Collaborative believes that a main barrier to using existing data sources is that many of these systems use proprietary interfaces rather than using open source or standard exchange, which makes the exchange of data costly.

Another barrier is that the health care data are not flowing as freely as they should. Some organizations limit access to health data that would improve patient care. Such limitations are generally done because of privacy and security concerns. Because of a perceived liability, limiting access is becoming a hindrance and could also become detrimental overall. There are ways that organizations and systems can ensure that health care data is transmitted directly to the provider with patients or consumers consent. Health care providers need to be trusted to be good stewards of patients' health care information.

Pharmacists need to be included in this exchange and have access to patients' health care information. Some health information exchanges will not allow pharmacists access because they believe pharmacists do not need to know this information. Because pharmacists provide patient-centered care, including making clinical decisions related to medication use, access to this health care data is essential to the successful performance of these duties.

As mentioned previously, pharmacists are an integral part of health care teams who have the ability to bridge the gap between doctors and patients. Having access to this health care data is vital to pharmacists in providing quality care to their patients.

We encourage the ONC to ensure that Strategies 4 and 5, in particular, are implemented to resolve the barriers noted above.

Objective 3C: Improve clinical and community services and population health

The Collaborative supports the intent of this objective and the strategies proposed, especially, the interoperable exchange of information.

Goal 4: Advance the Health and Well-Being of Individuals and Communities

Objective 4A: Empower individual, family, and caregiver health management and engagement

The Collaborative supports the intent of this objective and the strategies proposed.

As indicated previously, pharmacists provide patient-centered services to individual patients in a person-centered manner. The Collaborative agrees that moving further toward a person-centered vision, especially in engaging the individual and providing them or their caretakers the tools and educational resources to access wellness and health care services, is important to improving health and health care outcomes.

4B: Protect and promote public health and healthy, resilient communities

The Collaborative supports the intent of this objective and the strategies proposed, particularly with regard to public health entities using interoperable health information to achieve this objective. Health care providers, including pharmacists, send health information to public health agencies and registries.

Pharmacists have frequent access to patients and are in a position to observe and report commonly treated illnesses to the appropriate authority that can lead to trending emergency and pandemic situations, as well as submit electronic syndromic surveillance data, to aid in alerting and mitigating emerging hazards and public health threats. Additionally, pharmacists are in a position to capture immunization, cancer, hypertension, and diabetes information and submit to public health agencies and other registries in accordance with applicable laws. The Collaborative is working on methods/solutions with the pharmacy profession for adoption.

For this objective to be realized, however, it is critical that a uniform standard for reporting be established and that all health care providers also have access to this health information. In moving this objective forward, we would encourage the support and harmonization of standards, such as the Health Level 7 (HL7) and NCPDP (SCRIPT and Telecom) standards for this. Additionally, we would recommend the creation of a national standard format, particularly with regard to reporting to state and federal registries. This would encourage health care providers to submit health information electronically and uniformly and ease the burden of implementation.

Goal 4 and its objectives need to be a partnership with health care providers and health care organizations, such as the Collaborative, that are already moving in this direction. Although this proposed strategic plan is primarily outlining what federal agencies will be doing, we suggest that ONC consider adding such a strategy to include a private sector partnership.

Goal 5: Advance Research, Scientific Knowledge, and Innovation

Objective 5A: Increase access to and usability of high-quality electronic health information and services

The Collaborative supports the intent of this objective and the strategies proposed.

Objective 5B: Accelerate the development and commercialization of innovative technologies and solutions

The Collaborative supports the intent of this objective and the strategies proposed.

As mentioned in Objective 2B, pharmacists capture and monitor their patients' health information through mobile medical devices. It is important that the producers of mobile medical devices and mobile medical apps be encouraged to certify that their products follow and meet acceptable HIT standards and platforms for the collection, exchange, and protection of patient health information, as well as ensuring patient security, safety, and well-being in use of these devices and information. Protecting patient information collected via mobile medical devices or other electronic means is paramount. Development of an HIT framework in this area needs to ensure that any patient information transmitted to or received by a mobile device and using mobile medical apps is protected and patient privacy secured.

The Collaborative agrees that open data sources would help create a decentralized environment for not only innovators to leverage information but also for other health care providers, including pharmacists, to build, deploy, and create solutions that help improve patient care. The Collaborative believes that a main barrier to using existing data sources is that many of these systems use proprietary interfaces rather than using open source or standard exchange, which makes the exchange of data costly.

Objective 5C: Invest, disseminate, and translate research on how health IT can improve health and care delivery

The Collaborative supports the intent of this objective and the strategies proposed, especially, the idea of focusing on how to implement health IT solutions in ways that ensure that health IT meets its full potential.

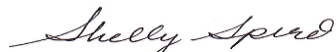
We recommend that a specific strategy for disseminating the results, analyses, recommendations, etc., of such studies be included. That appears to be missing in the five strategies proposed for this objective. The five strategies focus on collecting, analyzing, interpreting, funding, etc., but not disseminating.

The Pharmacy HIT Collaborative's vision and mission are to assure the nation's health care system is supported by meaningful use of HIT, the integration of pharmacists for the provision of quality patient care, and to advocate and educate key stakeholders regarding the meaningful use of HIT and the inclusion of pharmacists within a technology-enabled integrated health care system. The Collaborative was formed in the fall of 2010 by nine pharmacy professional associations, representing 250,000 members, and also includes eight associate members from other pharmacy-related organizations. The Pharmacy HIT Collaborative's founding organizations represent pharmacists in all patient care settings and other facets of pharmacy, including pharmacy education and pharmacy education accreditation. The Collaborative's Associate Members represent e-prescribing and health information networks, a standards development organization, transaction processing networks, pharmacy companies, system vendors and other organizations that support pharmacists' services. For additional information, visit www.pharmacyhit.org

On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *Request for Comments to Federal Health IT Strategic Plan 2015-2020*.

For more information, contact Shelly Spiro, Executive Director, Pharmacy HIT Collaborative, at shelly@pharmacyhit.org.

Respectfully submitted,



Shelly Spiro
Executive Director, Pharmacy HIT Collaborative

Shelly Spiro, RPh, FASCP
Executive Director
Pharmacy HIT Collaborative
shelly@pharmacyhit.org

Edith A. Rosato, RPh, IOM
Chief Executive Officer
Academy of Managed Care Pharmacy
erosato@amcp.org

Peter H. Vlasses, PharmD, DSc (Hon), BCPS,
FCCP
Executive Director
Accreditation Council for Pharmacy
Education (ACPE)
pvllasses@acpe-accredit.org

Thomas Felix, MD
Director, Regulatory Affairs, R&D Policy, and
Global Regulatory Affairs and Safety
Amgen, Inc.
thfelix@amgen.com

William Lang, MPH
Senior Policy Advisor
American Association of Colleges of
Pharmacy wlang@aacp.org

C. Edwin Webb, Pharm.D., MPH
Associate Executive Director
American College of Clinical Pharmacy
ewebb@accp.com

Stacie S. Maass, B S Pharm, JD
Senior Vice President, Pharmacy Practice
and Government Affairs
American Pharmacists Association (APhA)
smaass@aphanet.org

Arnold E. Clayman, PD, FASCP
Vice President of Pharmacy Practice &
Government Affairs
American Society of Consultant Pharmacists
Aclayman@ascp.com

Christopher J. Topoleski
Director, Federal Regulatory Affairs
American Society of Health-System
Pharmacists
ctopoleski@ashp.org

Rebecca Snead
Executive Vice President and CEO
National Alliance of State Pharmacy
Associations
rsnead@naspa.us

Ronna B. Hauser, PharmD
Vice President, Pharmacy Affairs
National Community Pharmacists Association
(NCPA)
ronna.hauser@ncpanet.org

Stephen Mullenix, RPh
Sr. VP, Public Policy & Industry Relations
National Council for Prescription Drug
Programs (NCPDP)
smullenix@ncpdp.org

Cynthia Kesteloot
Vice President Operations
OutcomesMTM
ckesteloot@outcomesmtm.com

Cathy DuRei
Director, Trade Channel Management
Pfizer US Trade Group
Cathy.DuRei@Pfizer.com

Roger Pinsonneault, R.Ph.
Vice President, Business Development
RelayHealth – Pharmacy
Roger.Pinsonneault@RelayHealth.com

Michael E. Coughlin
President, CEO and CFO
ScriptPro
mike@scriptpro.com