Call to Order/Roll Call

Mike Berry, Designated Federal Officer, ONC
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Hans Buitendijk* (Co-Chair)</td>
<td>Oracle Health</td>
<td>Shelly Spiro (Co-Chair)</td>
<td>Pharmacy HIT Collaborative</td>
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<tr>
<td>Pooja Babbrah</td>
<td>Point-of-Care Partners</td>
<td>Deven McGraw*</td>
<td>Invitae Corporation</td>
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<tr>
<td>Chris Blackley</td>
<td>Prescriptive</td>
<td>Ketan Mehta</td>
<td>Micro Merchant Systems</td>
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<tr>
<td>Shila Blend*</td>
<td>North Dakota Health Information Network</td>
<td>Justin Neal</td>
<td>Noble Health Services</td>
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<td>David Butler</td>
<td>Curatro, LLC</td>
<td>Eliel Oliveira*</td>
<td>Noble Health Services</td>
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<tr>
<td>Steven Eichner*</td>
<td>Texas Department of State Health Services</td>
<td>Naresh Sundar Rajan*</td>
<td>CyncHealth</td>
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<tr>
<td>Rajesh Godavarthi*</td>
<td>MCG Health, part of the Hearst Health network</td>
<td>Scott Robertson</td>
<td>Bear Health Tech Consulting</td>
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<tr>
<td>Adi V. Gundlapallli**</td>
<td>Centers for Disease Control and Prevention</td>
<td>Alexis Snyder*</td>
<td>Individual</td>
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<tr>
<td>Jim Jirjis*</td>
<td>HCA Healthcare</td>
<td>Fillipe Southerland*</td>
<td>Yardi Systems, Inc.</td>
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<td>Summerpal Kahlon</td>
<td>Rocket Health Care</td>
<td>Christian Tadrus</td>
<td>Community Pharmacy Owner</td>
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<td>Steven Lane*</td>
<td>Health Gorilla</td>
<td>Sheryl Turney*</td>
<td>Elevance Health</td>
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<td>Meg Marshall**</td>
<td>Department of Veterans Health Affairs</td>
<td>Afton Wagner</td>
<td>Walgreens</td>
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<tr>
<td>Anna McCollister*</td>
<td>Individual</td>
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* HITAC Member   ** HITAC Federal Representative
Agenda

10:30 AM  Call to Order/Roll Call
- Mike Berry, Designated Federal Officer, ONC

10:35 AM  Opening Remarks and Introduction of Task 2 – Identify Opportunities and Recommendations to Improve Interoperability Between Pharmacy Constituents for Pharmacy-Based Clinical Services and Care Coordination
- Shelly Spiro, Co-Chair
- Hans Buitendijk, Co-Chair

10:40 AM  Task 2 Guest Presentations
- Kim Boyd, President, Boyd Consulting Group, LLC
- Stephen Mullinex, BS Pharm., R.Ph., Senior Vice President, Public Policy & Industry Relations, NCPDP
- Richard Sage, Executive Vice President, Innovation & Standards Development, NCPDP
- Josh Howland, Pharm.D., MBA, SVP Clinical Strategy & Product, RedSail Technologies

10:55 AM  Task 2 Discussion
- Shelly Spiro, Co-Chair
- Hans Buitendijk, Co-Chair

11:50 AM  Public Comment
- Mike Berry, Designated Federal Officer, ONC

11:55 AM  Task Force Work Planning
- Shelly Spiro, Co-Chair
- Hans Buitendijk, Co-Chair

12:00 PM  Adjourn
Opening Remarks and Introduction of Task 2

Shelly Spiro, Co-Chair
Hans Buitendijk, Co-Chair
Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 Charge

Overarching charge: Identify recommendations to support interoperability between pharmacy constituents, and the exchange of information necessary for medication management, patient safety and consumer engagement.

Recommendations Due: November 9, 2023

Specific charge:

1. Public Health, Emergency Use Authorizations, and Prescribing Authorities

2. Identify opportunities and recommendations to improve interoperability between pharmacy constituents (prescribers, pharmacists, pharmacy benefit managers, dispensers, payers, intermediaries, PDMPs, public health agencies, HIEs, third party service providers, consumers, etc.) for pharmacy-based clinical services and care coordination.

3. Identify standards needs to support prescribing and management of emerging therapies including, but not limited to specialty medications, digital therapeutics, and gene therapies.

4. Identify policy and technology needs and considerations for direct-to-consumer medication services.
Supporting Clinical Pharmacy Services and Coordinated Care

TASK 2: July 26- August 23

2. Identify opportunities and recommendations to improve interoperability between pharmacy constituents (prescribers, pharmacists, pharmacy benefit managers, dispensers, payers, intermediaries, PDMPs, public health agencies, HIEs, third party service providers, consumers, etc.) for pharmacy-based clinical services and care coordination.

   a. How can ONC help facilitate adoption and use of standards to support data exchange for pharmacy-based clinical services?

   b. Which priority pharmacy-based clinical use cases should ONC focus on in the short-term and long-term?
   c. What technology gaps exist for pharmacists to participate in value-based care?
   d. What can ONC do to address drug inventory transparency for prescribers and consumers?
Task 2 Guest Presentations

Kim Boyd, President, Boyd Consulting Group, LLC

Stephen Mullinex, BS Pharm., R.Ph., Senior Vice President, Public Policy & Industry Relations, NCPDP

Richard Sage, Executive Vice President, Innovation & Standards Development, NCPDP

Josh Howland, Pharm.D., MBA, SVP Clinical Strategy & Product, RedSail Technologies
Bridging the Gap: Unveiling the Potential of NCPDP Standards for Clinical Messaging between Pharmacists and Providers

Presented to the HITAC Task Force on Pharmacy Interoperability and Emerging Therapeutics
July 26, 2023

Kim Boyd
President, Boyd Consulting Group, LLC
23-year NCPDP Member, NCPDP Board of Trustee, Chair of NCPDP’s Strategic Planning Committee (SPC), Lead of SPC Value-Based Arrangement Subcommittee
Challenges

One challenge is the readiness of Pharmacy Management System vendors and others to prioritize real-time data exchange of clinical related care and messaging information. In part due to some of the following:

- **Varying Systems and Technologies**: Different pharmacies and primary care providers utilize a wide range of systems, EHRs, and health IT solutions. Many have different data formats, standards, and protocols, making it difficult to seamlessly exchange information.

- **Data Standardization**: Inconsistent or incompatible data structures and coding systems make it challenging to accurately interpret and exchange information between pharmacy and primary care systems.

- **Workflow Integration**: Varying workflows, processes, and system configurations can pose integration challenges and hinder the smooth exchange of information.

- **Consent and Patient Data Sharing**: Healthcare providers and their partners are generally aware of the importance of obtaining patient consent for data sharing, although it can still pose technical challenges. However, the need for pharmacies and pharmacists to capture consent for sharing clinical information derived from their services has not received as much attention.
  
  • Ensuring that patients are well-informed about the extent of data sharing, their rights, and the advantages of interoperability, while respecting their preferences, introduces an additional layer of complexity to achieving smooth and seamless information exchange.
NCPDP Standards - Clinical Messaging and Data Exchange – Analysis to Date

- Existing NCPDP Standards have data elements to support clinical content and data exchange
  - NCPDP Telecommunication Standard
  - NCPDP SCRIPT Standard
  - NCPDP/HL7 eCare Plan

*eCare Plan predominant method of clinical data sharing today. Proprietary solutions are also used but not evaluated by NCPDP

Data examples in NCPDP Standards:
Clinical Care and Messaging
- BMI percentile
- Diagnosis
- Date of Test
- Date of Test Results
- Immunizations
- Labs
- Nutritional Assessment
- Route of Administration
- Site of Care
- Systolic/Diastolic blood pressure
Pharmacist eCare Plan Model Overview

In Workflow | Real-Time | Structured Data
Drive Value Based Care

Care Coordination
Assess patient needs and provide care coordination support with value based care partners, including but not limited to the patients PCP and health plan.

Comprehensive Care Plan
Electronically provide a detailed summary of the comprehensive plan of care of each patient covered under a value-based arrangement to the PCP and health plan.

System Integration
Capture and exchange patient demographic, benefit and clinical data with EHRs and Payer platforms.

Transitional Care
Coordinate activities for qualified patients relative to post-discharge care and other transition activities.

Provider
Pharmacist
Patient
Health Plan

Time Tracking & Billing
Track patient engagement and consultative care coordination efforts; create or assure NCPDP Pharmacist VBA (services) billing standard is compatible with emerging medical standard APIs (such as FHIR), develop and maintain audit processes.

Health & Wellness
Consult with and screen patients for various health risks, assessing patient status(es) that promote wellness and provide consultative advanced care planning services.
Opportunities

• Standardization: Encourage the development and adoption of standardized messaging formats for seamless data exchange as well as the adoption of Pharmacy EHRs (PEHRs)
  • Standardized formats ensure consistency and compatibility across different systems

• Workflow Integration: Pursue requirements to integrate pharmacy systems with EHRs and other health IT systems
  • Enable real-time data sharing, use, consumption and storage in support of care coordination

• Data Quality and Consistency: Emphasize accurate and consistent data capture within pharmacy systems
  • Improve the reliability and usefulness of the information exchanged between pharmacists and other stakeholders
Recommendations for Consideration

**Provide Guidance and Education:**
- Develop resources for implementation of pharmacy interoperability standards
- Workshops, webinars, and documentation on clinical messaging integration

**Collaboration and Coordination:**
- Foster consensus among pharmacy stakeholders, EHR vendors, health plans, and healthcare organizations
- Collaborate with pharmacy system innovators from initiatives like the Pharmacist eCarePlan Initiative

**Support Future Standards Modernization:**
- Actively engage in NCPDP’s future standards development and APIs
- Shape the interoperability landscape for pharmacy-based clinical services

**Standards and Certification:**
- Establish and enforce data exchange and interoperability standards
- Require PEHRs and provider EHRs to meet specific interoperability criteria

**Pharmacy Interoperability Roadmap:**
- Develop a comprehensive roadmap with milestones and timelines for achieving pharmacy interoperability goals
- Provide requirements and recommendations for system alignment and data exchange capabilities

**Incentives and Funding:**
- Offer financial incentives, grants, or funding to organizations demonstrating interoperability
- Encourage adoption and collaboration among stakeholders

**Collaboration and Partnerships:**
- Foster collaboration among PEHR vendors, provider EHR vendors, standards development organizations, and healthcare organizations
- Establish best practices, data standards, and implementation guides

**Policy and Regulations:**
- Establish policies and regulations mandating pharmacy interoperability requirements
- Ensure data sharing, patient access, and use of standardized APIs

**Education and Awareness:**
- Provide educational resources, guidelines, and training programs
- Increase awareness and adoption of interoperable systems

*Comparison Chart of Functionality Survey Results
*About Pharmacist eCarePlan Initiative
Bridging data and system gaps and unleashing the potential of NCPDP standards for clinical messaging between pharmacists and other providers is vital for elevating patient care and coordination.

By proactively addressing the challenges, capitalizing on the opportunities, and leveraging the guidance and support of the ONC, we can forge a path towards a more interconnected and efficient healthcare system.

Together, we have the power to create a connected and collaborative healthcare ecosystem, where pharmacists and providers can effortlessly share information, making informed decisions and ultimately delivering better care to patients.
Pharmacy Standards Development & Interoperability

Prepared For: Pharmacy Interoperability & Emerging Therapeutics Task Force

July 26, 2023

Stephen C. Mullenix, BSPharm, RPh
SVP Public Policy & Industry Relations | NCPDP

Rick Sage
EVP, Innovation & Standards Development | NCPDP
NCPDP’s Strategic Initiatives

**Purpose**: To standardize the exchange of healthcare information to improve outcomes.

**Industry Initiatives**
- Social Determinants of Health (SDoH)
- Health Equity
- Coordination of Care & Innovation
- Industry Engagement
- Digital Therapeutics
- Telemedicine

**Role & Value of Pharmacist**
- Precision Medicine
- Pharmacists as Providers
- Collaboration with Physicians
- Value Based Healthcare
- Interoperability

**Access to Care**
- Improved patient outcomes
- Non-disposable/Clinical Data Exchange
- Pharmacogenomics
- Collaboration Management with FHIR
- Preventing Prescription Misuse/Overdose
- JSON/API

**Patient Safety**
- ePA
- eCare Plan
- Telecommunication
- Real-Time Prescription Benefits
- Prescription Dispensing
- Data Exchange

**NCPDP Standards Support**
- Interoperability
- Collaboration & Partnerships
- Leadership
- Innovation & Investment
NCPDP’s Approach

NCPDP STANDARDS
Leverage advantages of existing NCPDP standards & opportunities for new/enhanced standards as pharmacists take on additional clinical services.

INTEROPERABILITY
Enhance and maintain interoperability with other relevant standards via the use of APIs.

PUBLIC HEALTH
Utilize a better, faster, and more affordable approach that can positively impact community health.

PHARMACY SOLUTIONS
Minimize transitional disruption within the healthcare ecosystem through effective health information exchange with pharmacy integration.

HEALTH INFORMATION
Reduce provider burden by integrating pharmacists and pharmacy-based clinical services into care coordination efforts.

FOSTER CONTINUING
Expand electronic exchange of health information through industry collaboration and establishment of data sharing expectations.
New NCPDP Work Group Focused on Clinical Services - Coordination of Care & Innovation (CoCl)

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<th>Industry Inclusion &amp; Collaboration</th>
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<td>Precision Medicine</td>
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<td>FHIR Accelerator Alignment</td>
<td>Industry Associations</td>
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- HL7
- Industry Associations

- NCPDP Standards
- Pharmacists as Part of the Healthcare Team
NCPDP & HL7 FHIR Cross-Pollination

**Legend**
- * Existing NCPDP Standard
- 1 Supported by Telecom & SCRIPT Standards
- 2 Supported by SCRIPT, Telecom, & UPI Standards
- 3 Supported by SCRIPT Standard
- 4 Supported by SCRIPT, Telecom & Pharmacist eCare Plan Standards
- 5 Supported by Billing Unit, Product Identifiers, SCRIPT, Telecom, F&B, RTPB & Benefit Integration Standards
- 6 Separate standards developed jointly between NCPDP and HL7
NCPDP Supported Member Source™ APIs

- **SCRIPT Standard™**
  - New, Change, Cancel Rx
  - Medication History ePA

- **Real-Time Prescription Benefit Standard™**
  - Patient Coverage and Eligibility Utilization Management and Alternatives

- **Benefit Integration Standard™**
  - Accumulator Data Deductibles OOP costs

- **Specialized Standard™**
  - LTC Census Central Fill

- **Telecommunication Standard™**
  - Eligibility Verification Claim & Service Billing Information Reporting Prior Auth

REST & SOAP Protocols Supported
Josh Howland, Pharm.D., MBA, SVP Clinical Strategy & Product, RedSail Technologies
Clinical Messaging

**Current State:**
1. Provider to patient is functional but proprietary
2. Provider to provider is proprietary (i.e., EHR user to EHR user or PMS to PMS) and rarely crosses outside of that
3. Direct is not widely implemented and not uniformly consumed
**Clinical Messaging**

**Future State:**
1. Near real-time asynchronous communication between providers or groups of providers
2. Look and feel like email/Slack for asynchronous or chat options
3. Share medical records through this channel

**Needs:**
- **Universal Patient Identifier** for contextual linking
- **Direct secure messaging** implemented and consumed into every facet of the ecosystem
  - Standardized implementation (i.e., TCP/IP)
- Ability to initiate/link a conversation from orders or ad hoc (i.e., eRx, lab, xray)
Clinical Messaging Example Payload

- Prescribers
- Rx
  - PT ID: 010-1001-1001
    - Rx Info
    - Lab Info
    - Allergies, HC, etc.
    - Care Plan
    - Recent Hospitalizations
- Pharmacy
  - PT ID: 010-1001-1001
    - Rx Info + Fill History
    - PA Info
    - Fill Updates
    - RPh Care Plan
    - Updates on Services
    - Referrals
- Counsel
  - PT ID: 010-1001-1001
    - Rx Info
    - Lab Info
    - Allergies, HC, etc.
    - Care Plan(s)
    - Coordination
    - Appt reminders
- Communicate
  - 010-1001-1001
Task 2 Discussion

Shelly Spiro, Co-Chair
Hans Buitendijk, Co-Chair
Task 2: Supporting Clinical Pharmacy Services and Coordinated Care

2. Identify opportunities and recommendations to improve interoperability between pharmacy constituents (prescribers, pharmacists, pharmacy benefit managers, dispensers, payers, intermediaries, PDMPs, public health agencies, HIEs, third party service providers, consumers, etc.) for pharmacy-based clinical services and care coordination.

   a. How can ONC help facilitate adoption and use of standards to support data exchange for pharmacy-based clinical services?
Public Comment

To make a comment please

Use the Hand Raise Function

If you are on the phone only, press “*9” to raise your hand

(Once called upon, press “*6” to mute/unmute your line)

All public comments will be limited to three minutes

You may also email your public comment to onc-hitac@accelsolutionsllc.com

Written comments will not be read at this time, but they will be delivered to members of the task force and made part of the public record.
Task Force Work Planning

Shelly Spiro, Co-Chair
Hans Buitendijk, Co-Chair
# Upcoming Meetings

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<td>August</td>
<td>9, 16, 23, 30</td>
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<td>September</td>
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<td>September 14 (TF Update)</td>
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<tr>
<td>October</td>
<td>4, 11, 18, 25</td>
<td>October 19 (TF Update)</td>
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<tr>
<td>November</td>
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<td>November 9 (Final Recommendation and Vote)</td>
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Adjourn