Clinical Operations Workgroup Update

Health Information Technology Standards Committee
June 19th 2013
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Meaningful Use –
Formulary & Benefit

• **Core Measure**
  • Generate and transmit permissible prescriptions electronically (eRx)

• **Meaningful Use Stage 1:**
  • **Core:** More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
  • **Menu:** Implement drug formulary checks

• **Core Measure MU Stage 2:**
  • **Core:** More than 50% of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology
Flow of the e-prescription

The diagram illustrates the flow of an electronic prescription in the context of the US Health IT Infrastructure. It involves multiple parties: Payer/PBM, Intermediary, EHR Vendor, Physician Office EHR system, and Pharmacy. Each of these components is connected through various data exchange processes, highlighted by the arrows and labels in the diagram. The Intermediary Switch represents the intermediary role in facilitating the data exchange between different parties.
What standards currently exist for F&B data?

- NCPDP Formulary & Benefit Standard
  – Current Version 4.0 approved by membership

F&B Standard is not used from Pharmacy to Payer
RESPONSIBILITIES OF THE SENDER

- At a high-level, the Sender is responsible for:
  - Maintaining updated formulary and benefits information.
  - Publishing the information regularly to keep recipients up-to-date.
  - Providing a means for linking a patient to a formulary, either through a Cross-Reference List or through an Eligibility transaction.
At a high-level, the Intermediary is responsible for:

- Facilitating the distribution of formulary and benefits information between the Formulary Publishers and Retriever.
- Documenting and communicating the data load specifications, processing, and usage guidelines particular to their service.
- Validating transmitted files against the standard specification (optional).
At a high-level, the Receiver is responsible for:

- Accepting or retrieving the formulary information from the Sender (directly or via an Intermediary) and integrate it into their point-of-care application.

- Associating formulary and benefits information to the patient or group, as appropriate, using the Cross-Reference List or an Eligibility transaction.

- In the context of a prescribing system, present the formulary and benefits information to the physician during the prescribing process, enabling him/her to make the most appropriate drug choice for the patient.
Possible Industry Issues

- Large files needed to provide the F&B Data – might be minimized using RxNorm instead of NDC’s. This will also help when medication are not match due to differences in representative NDC via compendia’s or other sources.

- Submitted in batch form, not in real-time.

- Group level variations in coverage are not represented leading to the provider not seeing an accurate representation of the patients drug-specific benefit since member-specific exceptions and other variances are not accurately reflected.

- Assumes that the patient’s current drug insurance plan is identified through a successful eligibility check based on 5 point identifier and not the patients actual pharmacy benefit data (PCN/BIN).

- Differences in coverage among different employer level groups within individual health plans is a major source of inaccuracies in the F&B data presented to clinicians.

- Use of symbols used in formulary interpretation that do not reflect actual drug-specific benefits at the point of care.

- Cannot detect differences in primary & secondary prescription benefit coverage.
Possible Industry Issues

- **Automatic (push)**
  - formulary data information is automatically pushed into the provider’s system in real time without any provider intervention

- **Pull (manual)**
  - the provider must take the initiative and manually download the updated data (or called ‘practice triggered’).
Proposed Recommendations

• Short term:
  – NCPDP Formulary & Benefit Standard Version v3.0 (Current standard – batch files) should be supported in CEHRT for F&B transmission to EHRs
  – F&B transmission with NCPDP 3.0 should be required to use RxNorm to facilitate accurate exchange of data and to reduce file size
  – Certified EHR technology should have functionality to match the patient not only to their medical benefits but also to their pharmacy benefits utilizing PCN/BIN/Issuer
  – Certified EHR technology should be required to support acceptance of automatic updates or push functionality to update F&B data at the provider level to minimize latency in information at the Point of Care
  – F&B Data presented at the point of care should, at minimum, represent the patient’s group pharmacy benefit

• Long term:
  – Certified EHRs should develop the functionality to run patient level formulary checks against the patient’s actual drug benefit for a specific drug & dose in a timely manner (new standard/transaction is required)
Image Sharing Standards

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Report On Initial WG Discussions

• Approach:
  1. Discuss use cases and candidate standards and methods
  2. Refine use case scenarios
  3. Determine and align recommendations to scenarios

• Initial Use Cases
  – Provider to Consumer Image Sharing
  – Clinician to Clinician Image Sharing
  – Care Team / Network / Community Image Sharing

• Possible Additional Use Case
  – Consumer-mediated Provider to Provider Image Sharing

• Initial standards/methods considered: RSNA Image Share Pilot