

The Office of the National Coordinator for
Health Information Technology



Clinical Operations Workgroup Update

Health Information Technology Standards
Committee

June 19th 2013

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Health Information Technology



**Clinical Operations Workgroup
Health Information Technology
Standards Committee
June 19th 2013**

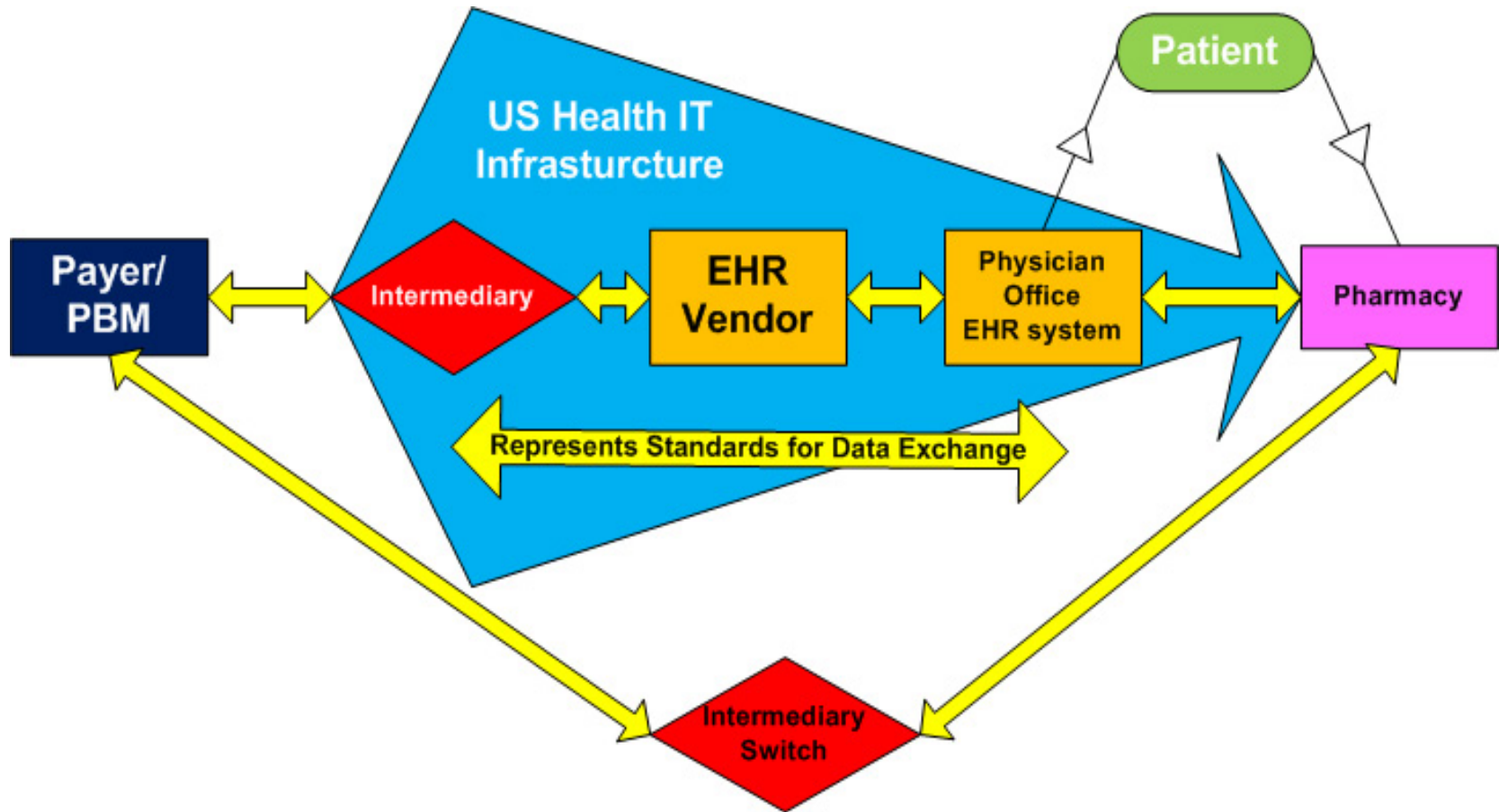
Putting the **I** in **HealthIT**
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Meaningful Use – Formulary & Benefit

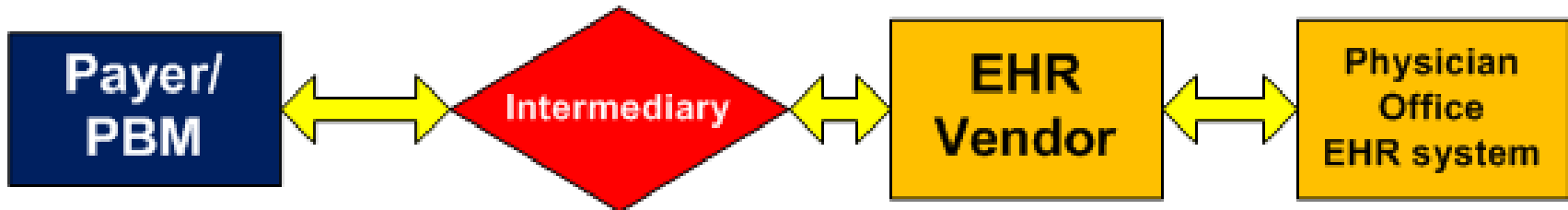
- **Core Measure**
- Generate and transmit permissible prescriptions electronically (eRx)
 - **Meaningful Use Stage 1:**
 - **Core:** More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
 - **Menu:** Implement drug formulary checks
 - **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



What standards currently exist for F&B data?

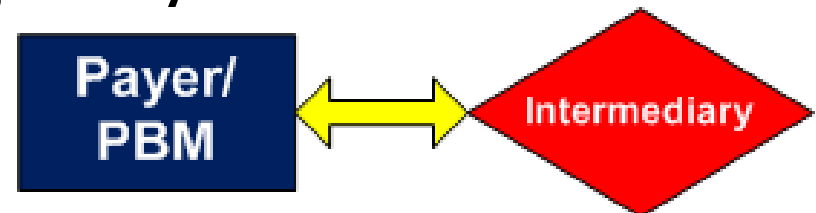
- NCPDP Formulary & Benefit Standard
 - Current Version 4.0 approved by membership



F&B Standard is not used from Pharmacy to Payer

RESPONSIBILITIES OF THE SENDER

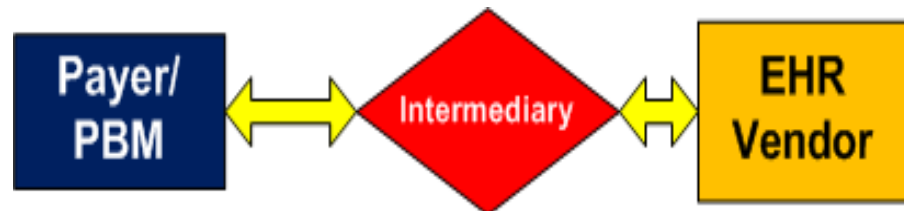
- At a high-level, the Sender is responsible for:
- Maintaining updated formulary and benefits information.
- Publishing the information regularly to keep recipients up-to-date.
- Providing a means for linking a patient to a formulary, either through a Cross-Reference List or through an Eligibility transaction.



RESPONSIBILITIES OF THE INTERMEDIARY

At a high-level, the Intermediary is responsible for:

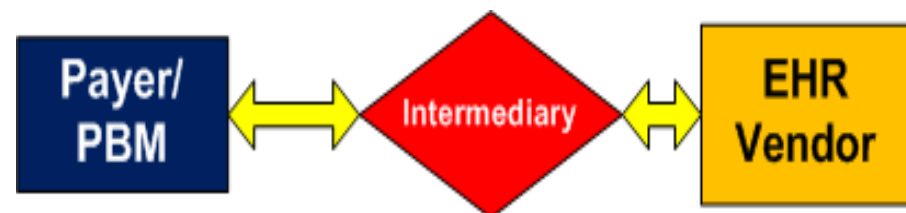
- Facilitating the distribution of formulary and benefits information between the Formulary Publishers and Retrievers.
- Documenting and communicating the data load specifications, processing, and usage guidelines particular to their service.
- Validating transmitted files against the standard specification (optional).



RESPONSIBILITIES OF THE RECEIVER (TECHNOLOGY VENDOR)

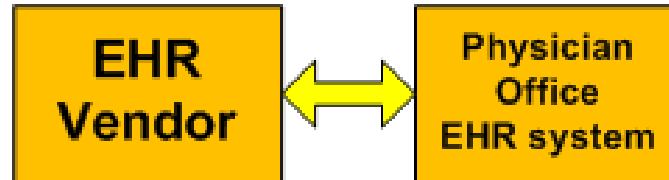
At a high-level, the Receiver is responsible for:

- 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



- 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)

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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