# To the Office of the National Coordinator for Health Information Technology

**ASAP**

We are responding to the draft copy of *Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs*.

The American Society for Automation in Pharmacy (ASAP) has been an active participant with prescription drug monitoring programs (PDMPs) for over twenty years, developing the first PDMP reporting standard in 1995. Since then we have worked closely with PDMPs and other stakeholders in enhancing the functionality of the standard. Today the ASAP PDMP reporting standard is required by every prescription drug monitoring program. It is used not only by pharmacies but physician and veterinarian offices where prescriptions are dispensed from stock.

In 2013 we introduced the ASAP Web Service Standard for integration into the workflow of EHRs and pharmacy management systems to query PDMP data. We subsequently enhanced this standard, again with the involvement of PDMPs and other stakeholders, and our current version 2.1A, released in October 2015, was part of the *S&I Framework Prescription Drug Monitoring Program & HIT Integration Initiative*. It was the only standard that met all the criteria set forth by this initiative.

What sets this XML-based standard apart from other standards is that it was developed from the ground up to support a PDMP query. This is the only standard that can make this claim. Features of the ASAP Web Service Standard include the following:

 \* It can support a query for a single state as well a multiple states.

 \* It supports all the data elements in the ASAP reporting standard.

 \* It supports a “pick list” and reference numbers in the response.

 \* It supports a medical record ID in a query.

 \* It supports risk scores in the response.

 \* The data elements supported in a query minimize “no match” responses.

 \* It supports a “no match” message when no match is found on a query.

 \* It is easily integrated into the workflow.

While we agree that the integration of such a standard in the workflow would facilitate querying PDMP data, we do not agree that a prerequisite is that the EHR must have EPCS capability. Evidence of this is that the ASAP Web Service standard has been integrated into the workflow of pharmacy management systems independent of EPCS.

As for the issue of interoperability, there is currently interoperability among the state PDMPs in the sharing of data. NABP PMP InterConnect is an example of this. However, the draft copy of the report fails to recognize this.

Should there be any questions or additional information needed, feel free to contact me.

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Executive Director
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cc: ASAP Board of Directors