



# Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 Meeting #5

Shelly Spiro, Co-Chair

Hans Buitendijk, Co-Chair

July 26, 2023





# Call to Order/Roll Call

Mike Berry, Designated Federal Officer, ONC

# Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 Roster



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

# 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:

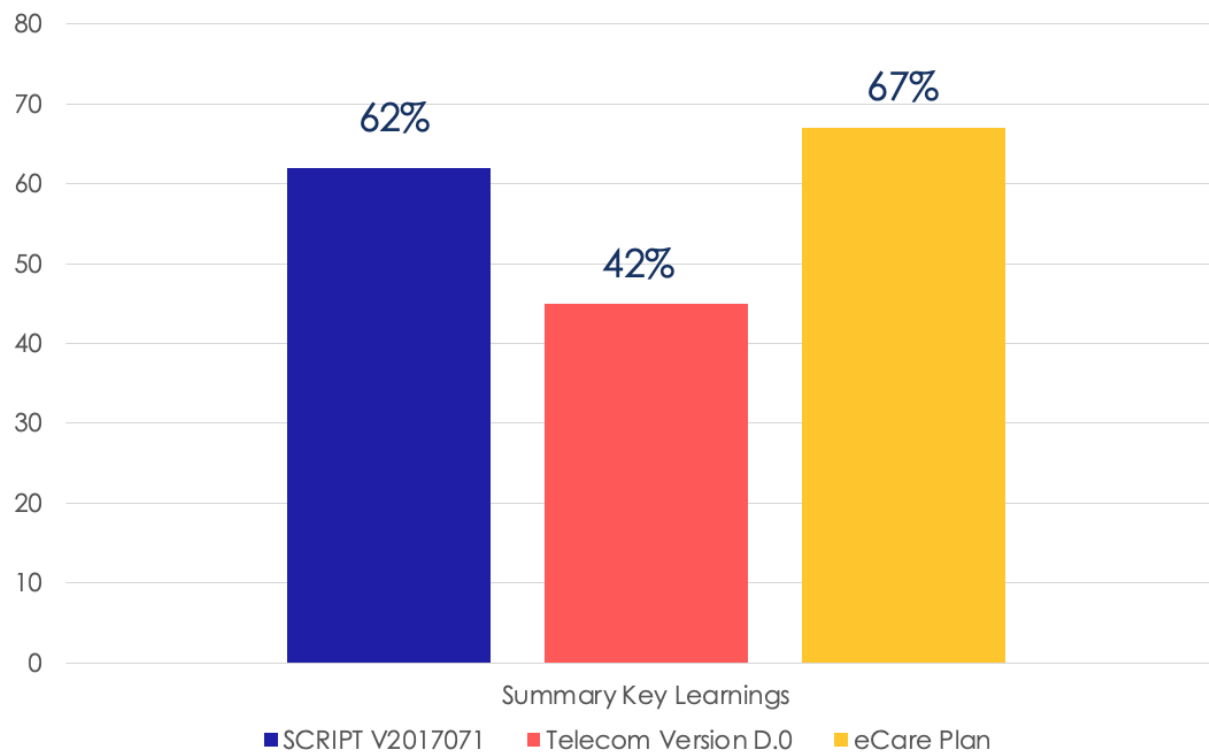
- **Varying Systems and Technologies:** Different pharmacies and primary care providers utilize a wide range of systems, EHRs, and health IT solutions. Many have different data formats, standards, and protocols, making it difficult to seamlessly exchange information.
- **Data Standardization:** Inconsistent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

## 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



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

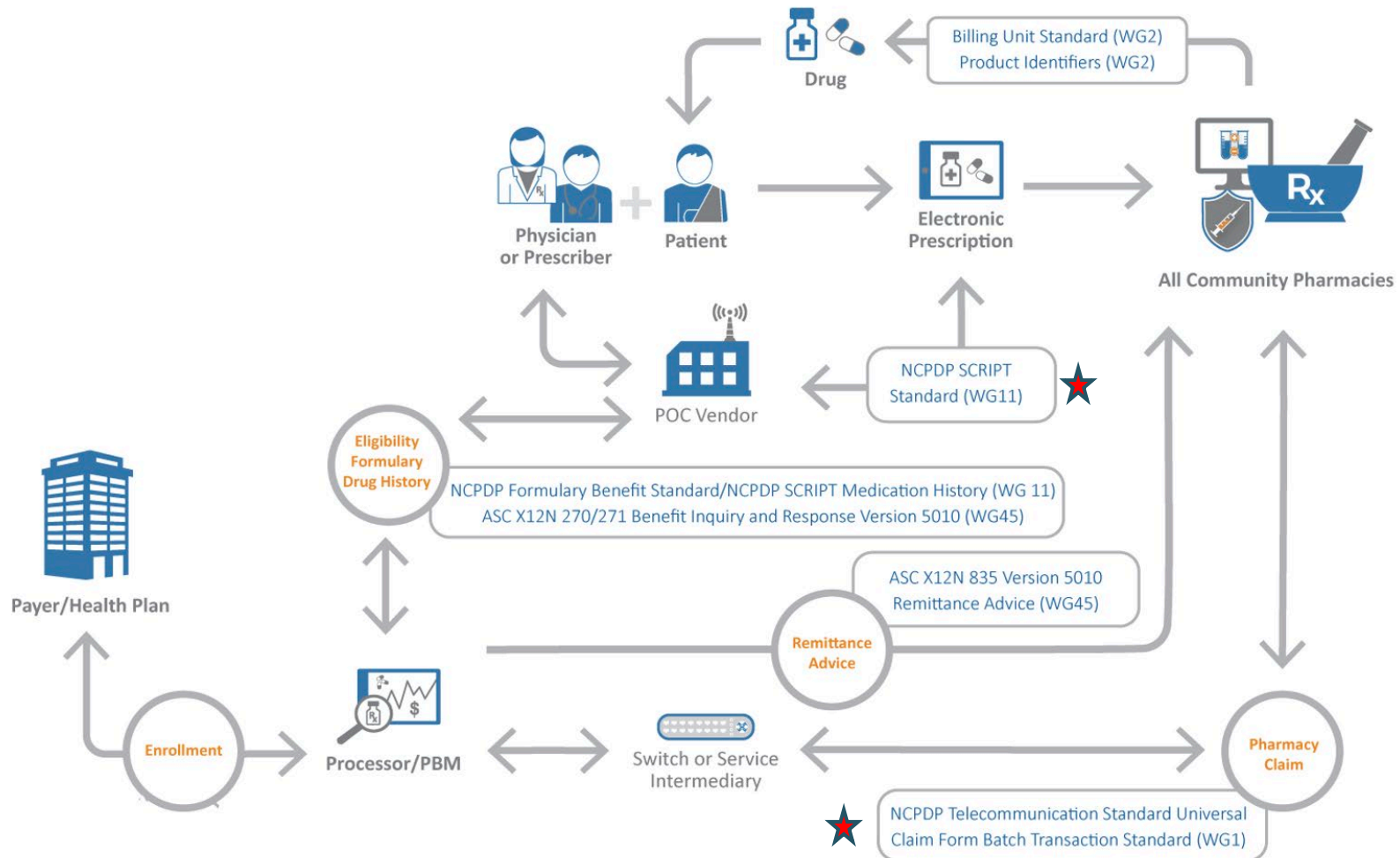
# Pharmacist eCare Plan Model Overview

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



# NCPDP Standards Simplified Workflow

## Telecommunication and SCRIPT Flow



# 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

# Conclusion

---

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,  
BSP Pharm, RPh

SVP Public Policy &  
Industry Relations | NCPDP

Rick Sage

EVP, Innovation &  
Standards Development |  
NCPDP



# NCPDP's Strategic Initiatives



# 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 (CoCI)

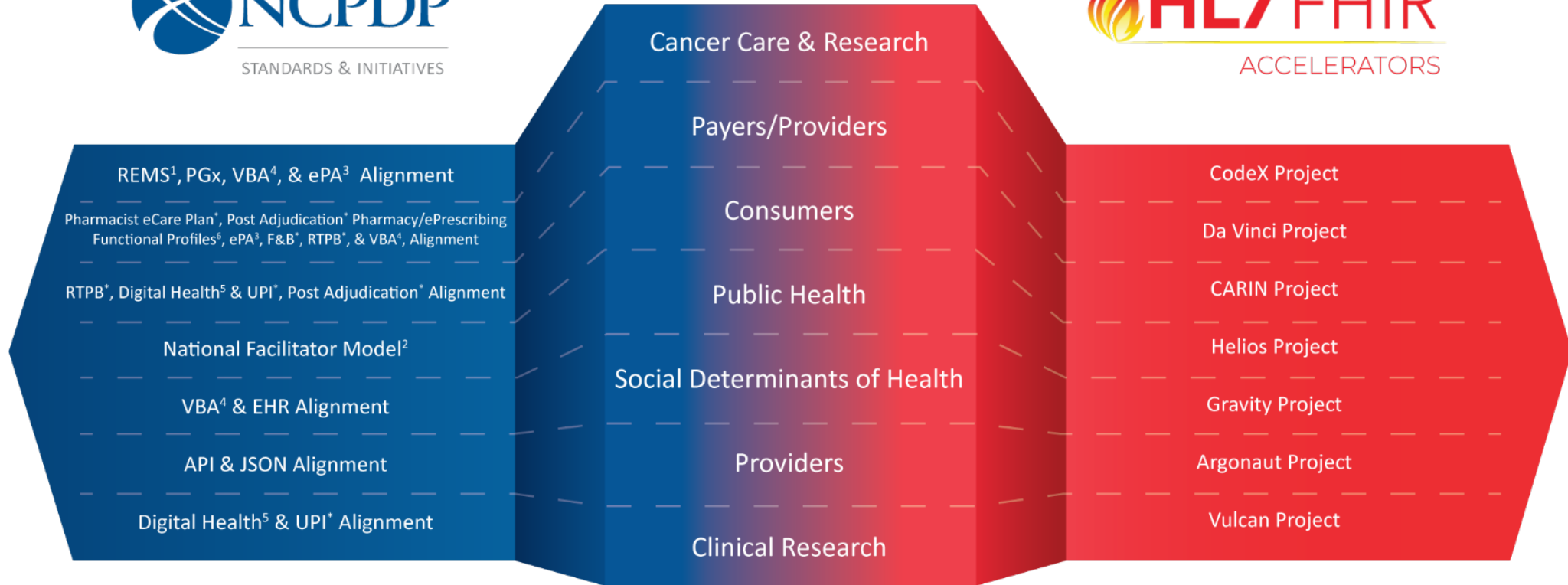
## Supports Clinical Care Initiatives

- Value Based Care
- Social Determinants of Health
- Precision Medicine
- Health Equity
- FHIR Accelerator Alignment

## Industry Inclusion & Collaboration

- NCPDP Standards
- HL7
- X12
- Industry Associations
- Pharmacists as Part of the Healthcare Team

# NCPDP & HL7 FHIR Cross-Pollination



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

# NCPDP Supported Member Source™ APIs



CURRENT STATE

**SCRIPT  
Standard™**

New, Change, Cancel  
Rx  
Medication History  
ePA



CURRENT STATE

**Real-Time  
Prescription  
Benefit  
Standard™**

Patient Coverage  
and Eligibility  
Utilization  
Management  
and Alternatives



CURRENT STATE

**Benefit  
Integration  
Standard™**

Accumulator Data  
Deductibles  
OOP costs



CURRENT STATE

**Specialized  
Standard™**

LTC Census  
Central Fill



FUTURE STATE/JSON

**Telecommunicati  
on Standard™**

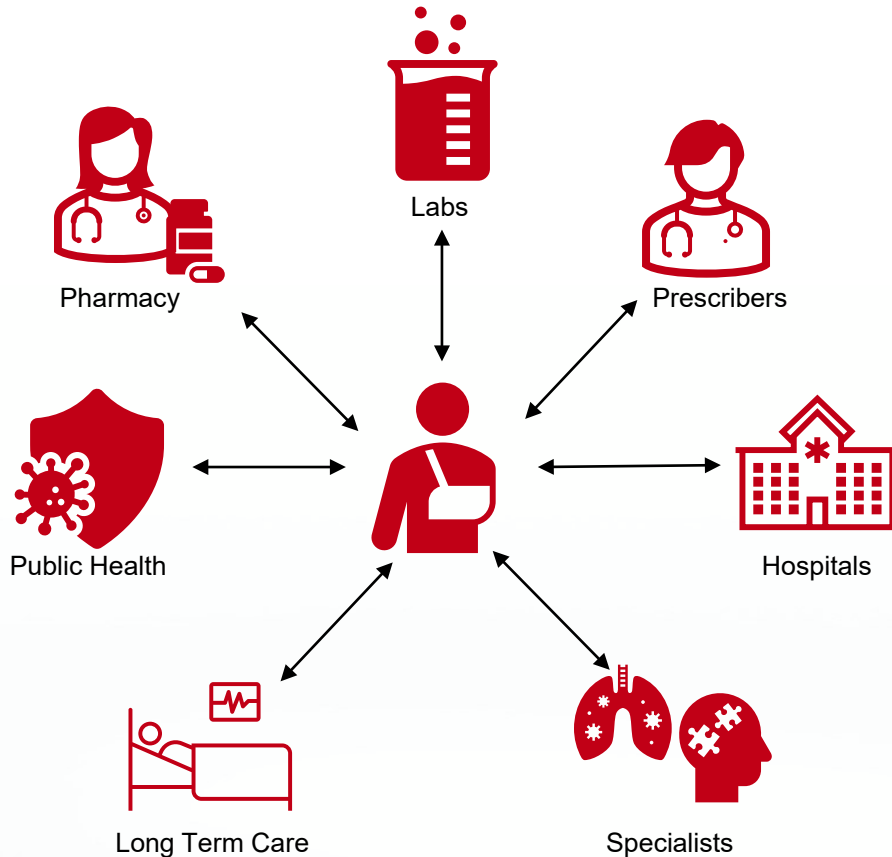
Eligibility Verification  
Claim & Service Billing  
Information Reporting  
Prior Auth

USE CASES



**Josh Howland, Pharm.D., MBA, SVP  
Clinical Strategy & Product, RedSail  
Technologies**

# Clinical Messaging

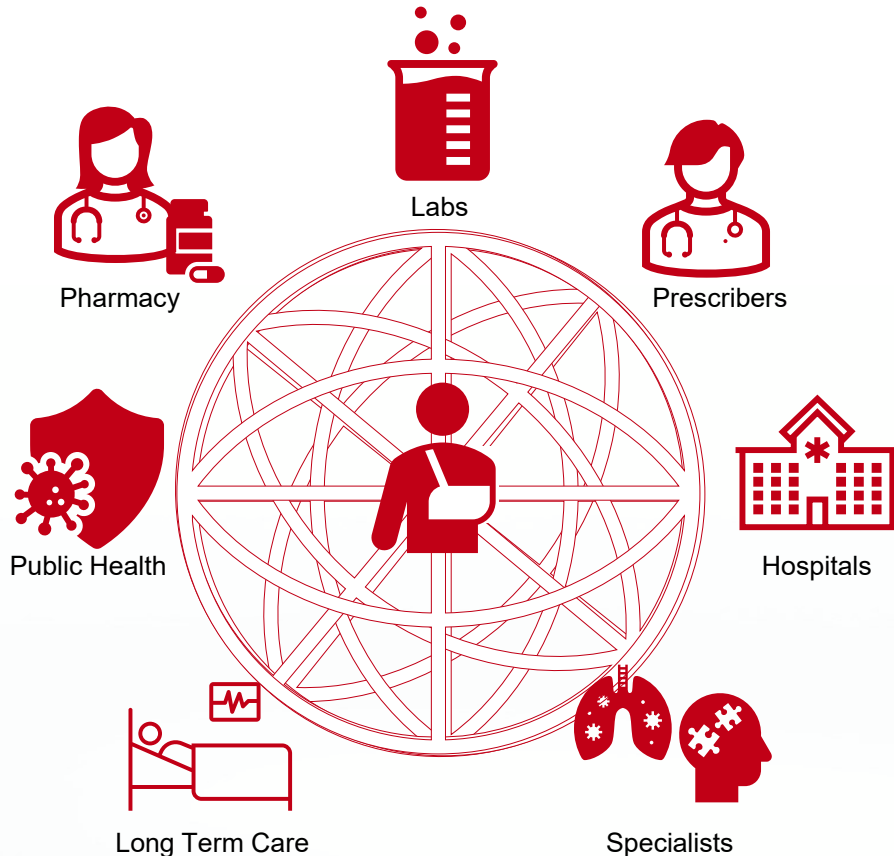


## Current State:

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



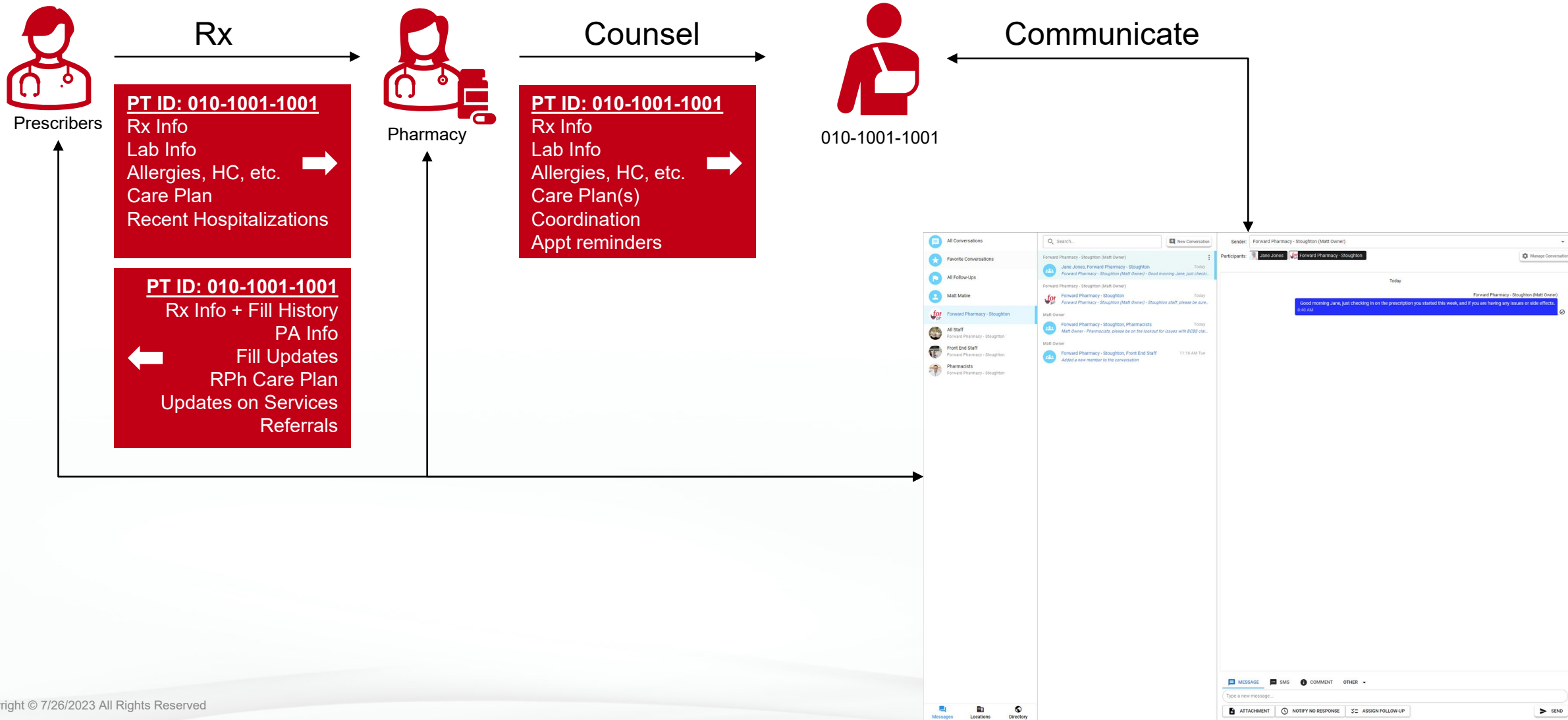
## Future State:

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





# 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](mailto: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



Month	Task Force Meeting Dates	HITAC Meeting Date
August	9, 16, 23, 30	August 17 (TF Update)
September	13, 20, 27	September 14 (TF Update)
October	4, 11, 18, 25	October 19 (TF Update)
November	1	November 9 (Final Recommendation and Vote)



**Adjourn**