

Health Information Technology Advisory Committee

Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 Virtual Meeting

Meeting Notes | September 13, 2023, 10:30 AM – 12 PM ET

Executive Summary

The goal of the Pharmacy Interoperability and Emerging Therapeutics Task Force (PhIET) meeting on September 13 was to review the final recommendation draft wording and structure. A robust discussion followed.

Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	Opening Remarks
10:40 AM	Recommendation Drafting Example Review
10:50 AM	Task Force Recommendation Drafting: Task 1 and Task 2
11:50 AM	Public Comment
11:55 AM	Task Force Work Planning
12:00 PM	Adjourn


Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:30 AM.

Roll Call

Members in Attendance

Hans Buitendijk, Oracle Health, Co-Chair
Pooja Babbrah, Point-of-Care Partners
Shila Blend, North Dakota Health Information Network
David Butler, Curatro, LLC
Steven Eichner, Texas Department of State Health Services
Adi Gundlapalli, Centers for Disease Control and Prevention (CDC)
Jim Jirjis, HCA Healthcare
Summerpal (Summer) Kahlon, Rocket Health Care
Steven Lane, Health Gorilla
Anna McCollister, Individual
Deven McGraw, Invitae Corporation
Ketan Mehta, Micro Merchant Systems
Justin Neal, Noble Health Services
Naresh Sundar Rajan, CyncHealth
Scott Robertson, Bear Health Tech Consulting



Alexis Snyder, Individual
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Christian Tadrus, Community Pharmacy Owner
Sheryl Turney, Elevance Health
Afton Wagner, Walgreens

Members Not in Attendance

Shelly Spiro, Pharmacy Health Information Technology Collaborative, Co-Chair
Chris Blackley, Prescriptive
Rajesh Godavathi, MCG Health, part of the Hearst Health Network
Meg Marshall, Department of Veterans Health Affairs
Eliel Oliveira, Dell Medical School, University of Texas at Austin

ONC Staff

Mike Berry, Designated Federal Officer, ONC
Tricia Lee Rolle, ONC

Key Points of Discussion

Opening Remarks

PHIET Task Force Co-Chair, Hans Buitendijk welcomed the Task Force and reviewed the Meeting Agenda. PHIET Task Force began recommendation drafting revisions and finalizations.

Recommendation Drafting Example Review

- Hans gave a detailed overview of the spreadsheet and current drafts of final recommendations, concentrating on columns D and E. He went into detail on how current iterations of final recommendations were drafted and asked task force members to review content in column D to make sure all notes were captured accurately and completely. He asked for volunteers to do any additional wordsmithing, as needed.

Task Force Recommendation Drafting: Task 1 and Task 2

- Steven Eichner noted that terminology is inconsistent in differentiating between pharmacy, pharmacist, and provider. He added that under the 21st Century Cures Act (Cures Act), pharmacies are considered providers. Language needs to be consistent throughout.
- Hans asked if it is acceptable to use the term “provider” for non-pharmacists and non-pharmacies and use pharmacy and pharmacist together.
- Steven Eichner said that because pharmacists are included in the definition of providers in the Cures Act, a different term would need to be used, other than “provider,” to differentiate providers other than pharmacists and pharmacies.
- Hans suggested using the term “clinician.” He added that they need to separate for context.
- Steven Lane noted that “provider” has a definition and is unsure if “clinician” does.
- David Butler said he considers a pharmacist to be a provider separate from the pharmacy facility,



- Deven McGraw suggested adding a key at the top of the document that clarifies that when the term provider is used it excludes pharmacists and pharmacies. There are many recommendations that apply to the provider community that are not pharmacists or pharmacies.
- Hans said he would support that and added that there needs to be a reasonable term for each of the three or all three in combination.
- Poojah said it is important not to combine pharmacists and pharmacy.
- Steven Eichner reiterated the Cures Act and its definition of the term “provider.”
- David agreed.
- Hans suggested pondering this more and coming back to it to find the right term.
- Christian Tadrus suggested using pharmacy regulatory terms and using a modifier that can differentiate pharmacists acting in different capacities, i.e., clinical, prescription dispensing.
- David asked if it can be made exclusionary. He explained that “pharmacist” is the provider, the pharmacy is the facility, and non-pharmacist providers would be all outside of the other two.
- Hans said that would make the recommendations longer, but it would work.
- Jim Jirjis asked how clinical and dispensing pharmacists would be differentiated if those three terms were used.
- Hans suggested tabling the subject and circling back later. He asked the group to put any suggestions in the chat.

Recommendation 1 (R1)

- Hans reviewed recommendation one and suggested adding medication. He asked for any thoughts and suggestions.
 - Scott Robertson said the enhanced funding section seems like an afterthought and makes it read as two different ideas. It needs to be clarified that funding pertains to ONC and not Standards Development Organizations (SDO).
 - Hans asked if splitting the sentence and making the second half clearer would remedy that issue.
 - Scott said yes and volunteered to revise it further.
 - Poojah said the second half needs to stay included. She added that the intent was to make sure there is enough funding and agreed it needs to be made clearer.
 - Hans asked for any additional comments.
 - Scott said he would ensure rationale supports both parts of the recommendation.

Recommendation 2 (R2)

- Hans reviewed the second recommendation and suggested splitting it into two as it is very lengthy.
 - Steven Eichner said it needs more revising.



- Hans clarified Steven Eichner's note and asked if adding "bidirectional immunization data sharing" would suffice.
- Steven Eichner said it would need additional restructuring. The idea is that not all information exchange is unidirectional.
- Hans asked if the statement needs to be more general.
- Steven Eichner said yes.
- Jim suggested making it broader than immunization.
- Hans said it is not limited to immunizations; however, the bidirectional aspect can be made applicable to all.
- Steven Eichner said that it should be applicable where appropriate. He added that the primary goal is that "bidirectional" be recognized for the benefits to pharmacist administering vaccines.
- Hans asked Steven Eichner to further revise this recommendation.
- Steven Eichner agreed.

Recommendation 3 (R3)

- Hans reviewed the third recommendation and noted that "pharmacist" was missing in the first part.
 - Steven Eichner said the language can be simplified.
 - Hans suggested collapsing the bullets and adding "bidirectional access between."
 - Steven Eichner added, "to include all irrelevant parties."
 - Alexis Snyder said she added comments yesterday that were no longer there regarding the phrases, "after emergency use intervention" and "during normal operation." She suggested adding "with consent" where it says, "access to medical record by the pharmacist."
 - Hans said that the comment may be in column D and added that he did see it combined with other comments.
 - Steven Eichner added that consent needs to be clear to the patient. They should know what they are consenting.
 - Alexis agreed.
 - Steven Eichner added that consent is so cumbersome oftentimes, patients do not really know what they are agreeing to.
 - Christian detailed the real-life processes of consent for a patient as they exist in the pharmacy space. He asked the group to keep in mind the payers change the dynamic of consent in a way not seen on the medical provider side.
 - Hans asked Christian if he had any suggestions to add for clarification on this.
 - Christian referred to his suggestion in the chat. He added that once the patient has provided consent, during any aspect of the care process, it should not be revoked, and the patient should not have to re-consent.

Recommendation 4 (R4)

- Hans reviewed the fourth recommendation.
 - Alexis suggested changing the term "patient" to "patient/caregiver."



- Steven Eichner suggested tagging each recommendation with a letter at the beginning, so the discussion is easier to track.
- Hans labeled the recommendations accordingly.
- Steven Eichner suggested expanding it beyond federal priorities as other jurisdictional priorities may be relevant as well.
- Hans asked Alexis if putting in the full list would address her concerns.
- Alexis said yes.
- Steven Eichner added that it should not be constrained to federal agencies.
- Hans noted federal and state agencies.
- Steven Eichner said it is potentially broader than government activity and gave an example of a non-governmental entity.
- Hans asked Alexis if she could revise this recommendation with the comments made and added that he would look for her comments that were deleted.

Recommendation 5 (R5)

- Hans reviewed the fifth recommendation.
 - Steven Lane asked if this recommendation was actionable.
 - Hans asked what he would suggest adding to make it actionable.
 - Steven Lane said it is not clear what they are going to do with it.
 - Hans asked Christian if he had any additional thoughts.
 - Christian said much of his recommendations on this came from personal experience. He said he thinks this is actionable, and the approaches are possible. He noted the COVID pandemic as an example that it could be done for the benefit of public safety. He added that it is a way to broadly approach the issue of adoption and facilitation of IT development and interoperability.
 - Hans asked Deven if she had a comment.
 - Deven said she was concerned that this is beyond the scope of the ONC. She said she is not sure this is actionable and needs to be framed within the authority of ONC.
 - Christian asked if it would help if this recommendation served more as a preamble of recognition of the hurdles to ensure IT is supported.
 - Deven said that would help. She referred to Pooja's comment in the chat and added that it strays from the authority of ONC.
 - Hans asked if it would help if "advancement of critical standards" was added.
 - Christian said this is an opportunity to reduce any barriers that may exist; if it is framed in the right manner, it would work to support a move toward interoperability.
 - Hans suggested moving on to the next recommendation and then coming back to this one.
 - Steven Eichner suggested adding examples of what a standard might be.

Recommendation 6 (R6)



- Hans reviewed the sixth recommendation. He said that it is repetitive and long. He asked Steven Eichner if it was clearer now, as that was a concern of his before.
 - Christian suggested granular reporting to help advance target engagement, and funding different areas of the country as needed. He added that case reporting is relevant to point-of-care testing and suggested issuing and authorizing labs to validate.
 - Hans asked if there were any additional thoughts and recommendations beyond the measures defined here.
 - Christian suggested identifying the appropriate pharmacy-specific measure group for public health.
 - Hans asked Christian to update that in the worksheet.
 - Steven Eichner asked Christian for an example of what he considers a metric outcome or measure.
 - Christian used the COVID-19 pandemic care processes as an example, i.e., testing kits, disease state, dispensing information, shots, etc.
 - Steven Eichner said it sounded more like an evaluation of medical delivery than an assessment of data.
 - Christian said things related to the proper use of medications can be added, like liver function tests, etc.
 - Hans asked Christian and Steven Eichner to follow up with each other to determine how this can be best captured.
 - Steven Eichner said that this ties into work ONC has done around EHR performance, which would be a good space to leverage.
 - Hans reiterated to Christian and Hans to please follow up with each other and provide advancement to that recommendation.
 - Anna McCollister detailed relevant personal experience and said she was concerned that there may be an easier tactic that would significantly impact providers and pharmacists to act in a public health capacity other than what was being suggested.
 - Christian said this is likely long-term.
 - Hans said they will see if there is anything specific for ONC to follow up.
 - Steven Eichner said it sounds like an extension of the Centers for Medicare and Medicaid Services (CMS) requirements on promoting interoperability and the exchange of data. That is for CMS, not ONC.
 - Hans asked Steven Eichner and Christian to follow up.

Recommendation 7 (R7)

- Hans reviewed the seventh recommendation.
 - Christian said certification is challenging in the pharmacy space, and it is very costly. He recommended adding digital therapeutics and pharmacogenomics to the list.
 - Hans asked how the adoption of standards can be advanced to make this work? He added that the next recommendation tries to address funding challenges.



- Steven Eichner said if they are going to build something from scratch, they need to be mindful not to make the same mistakes made in the past. We need to improve upon what we have already done. He added that his comments were deleted from that section on the worksheet.
- Hans agreed and clarified that his comments were included where appropriate in topic two so as not to be repetitive here.
- Steven Eichner said that an overarching recommendation may be looking at what has been learned and using it as a foundation for new work to make improvements and implement new things.
- Hans asked if that would be a streamlining certification approach.
- Eichner said a more holistic recommendation may be better that takes into account everything learned over the years.
- Hans said it should be pulled out as a recommendation and added “so that it is based on experience to date.”
- Steven Eichner said it would apply to all recommendations made in this document.
- Hans said that would be noted. He referred to Pooja’s comment in the chat.
- Pooja said she wanted to make sure the next recommendation, we should consider voluntary certification. She said she was unsure if specialty also equated to voluntary.
- Hans asked her what section she was referring to on the worksheet.
- Pooja said she would put it in the chat.
- Hans went back to R5 and asked Christian, considering what was just discussed, how that recommendation can be advanced.
- Christian said the certification of voluntary is more plausible. He said it needs to be discussed more.
- Hans asked Christian to make a first suggestion on how to advance R5 to make it clearer.
- Christian agreed.

Recommendation 8 (R8)

- Hans reviewed the eighth recommendation. There were no comments or concerns from the group.

Recommendation 9 (R9)

- Hans reviewed the ninth recommendation and asked if it should be combined with the other Privacy Preserving Record Linkage (PPRL) comment.
 - Steven Lane said it makes sense to combine those. He noted he did not want to volunteer to revise it. He added that R8 passed without comment, but he wanted to make sure to note that it is very important.
 - Hans agreed and added that this is what the group has been working toward. He also referred to chat comments that were in support of R8.
 - Hans asked Christian to check comments in D5 for accuracy.



Recommendation 10 (R10)

- Hans reviewed the 10th recommendation and asked for thoughts.
 - Anna said she added many recommendations in the worksheet yesterday and wanted to note that they were not discussed today, but she would like for them to be considered.

QUESTIONS AND COMMENTS RECEIVED DURING PUBLIC COMMENT

None received.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Shila Blend: Shila Blend-present

Mike Berry (ONC): Welcome to the Pharmacy Interoperability and Emerging Therapeutics Task Force!

Mike Berry (ONC): Please remember to tag "Everyone" when using Zoom chat so that everyone can see your message. Thanks!

Alexis Snyder: Need to step away to take a call BRB

Deven McGraw: Clinician doesn't pick up hospitals

Melissa McClung: The recommendation mentions public health space but doesn't really address public health - seems to focus on pharmacy and providers.

Suzanne Gonzales-Webb, CPhT: agree with Scott. remove wording past advancing funding... (also, only 'public?' what about government...i.e. VA, DoD?)

Pooja Babbrah: Agree with Christian's recommendation on funding language

Pooja Babbrah: I agree with Jim

Afton Wagner: Agree with importance of bidirectional exchange

Alexis Snyder: Are we using the raise hand function?

Deven McGraw: We need to ground our recommendations in authorities that ONC has - they don't necessarily have the tools to fix some of these things.

Pooja Babbrah: +1 Deven

Pooja Babbrah: we have made recommendations that ONC works with other HHS organizations

Pooja Babbrah: is there a pivot here we could do so it stays in, but gets farmed out to another organization under HHS

Richard Sage: +1 Christian

Afton Wagner: Agree with Christian, cost to pharmacies would be substantial absent any incentive - should be something we think about

Summerpal Kahlon: Is there a need for ONC to intervene in lab data exchange? The standards exist, the infrastructures somewhat exist. Is it a matter of compelling pharmacy management systems to be certified to send/receive HL7 messaging?



Richard Sage: Digital Therapeutics and Pharmacogenomics are critical to the future pharmacy models

Summerpal Kahlon: Health system-integrated pharmacies, as well as some chains, have solved this interoperability problem through pharmacist access to an enterprise EMR

Pooja Babbrah: I think the second recommendation adds to this discussion. we say specialty certification, but should we also include voluntary? Or maybe that means the same thing related to certification

Kim Boyd: Funding to support the cost of pharmacy system modernization and convergence with EHRs/EMRs holistically would be very beneficial

Kim Boyd: +1 Rick Sage

Afton Wagner: Agree, Kim!

Kim Boyd: How will a voluntary certification incentives program solve for the issues in the rationale section of R8?

Kim Boyd: Yes! Re: R8

Cathy Graeff: R8 should be number 1!

Deven McGraw: Lack of comment doesn't mean lack of support.

Steven Lane: +1 @Cathy

Pooja Babbrah: +1 Deven and Cathy

Kim Boyd: +1 Cathy

Summerpal Kahlon: Looks fine, thanks

Kim Boyd: Thanks!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

No comments were received via email.

Task Force Work Planning

- Hans said next week will resume discussion on task three and further review of the final draft recommendation. He asked the group to add any additional thoughts and recommendations to the worksheet.

Resources

[Pharmacy Interoperability and Emerging Therapeutics 2023 Webpage](#)

[Pharmacy Interoperability and Emerging Therapeutics 2023 – September 13, 2023 Meeting Webpage](#)

[HITAC Calendar Webpage](#)

Adjournment

The meeting adjourned at 12:00 PM.