The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care: 2014 to 2017 Update

SYNOPSIS

About the Roadmap
The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care 2014-2017 revises the roadmap implemented for 2011-2015. It provides guidance to provider organizations, policymakers, vendors, payers, and other stakeholders striving to integrate pharmacy HIT into the national (U.S) HIT infrastructure. In 2014, the Pharmacy Health Information Technology Collaborative redefined its strategic plan through 2017. This included updating goals to define areas the pharmacy profession needs to continue to work on related to pharmacists integration into the national health IT infrastructure, areas the Collaborative should focus on as related to the 2014-2017 strategic plan, and recommendations for action.

The revisions align the roadmap to the Collaborative’s 2014-2017 strategic plan, vision, and mission. The Collaborative’s 2011-2015 roadmap was the first pharmacy health information technology strategic plan developed. The goals listed in the roadmap are numbered by process and not by priority.

About the Collaborative
The Pharmacy HIT Collaborative formed in 2010 by nine pharmacy professional associations representing over 250,000 members and includes seven associate members from other pharmacy-related organizations. The Collaborative’s founding organizations represent pharmacists in all patient care settings and other facets of pharmacy, including pharmacy education and pharmacy accreditation. Its associate members represent e-prescribing networks, a standards development organization, transaction processing networks, pharmacy companies, system vendors, and other organizations that support pharmacists’ services. For additional information, visit www.pharmacyhit.org.

2011-2015 Roadmap Reviewed

In 2013, the Collaborative Council reviewed the 10 goals and the 92 strategies to determine the status, importance, relevance to the profession, and if the Collaborative should continue to work on the strategies. Of the 92 strategies reviewed, it was determined that 3% were completed, 67% were partially done, and 30% were not worked on. In terms of importance, 36% were rated as none to low importance, and 64% were rated moderate to high importance. Nine percent of the strategies were determined to be no longer relevant to the profession. Of the 92 strategies, the Council determined that 44 of them (48%) should continue to be a focus of the Collaborative, while the other 48 strategies should be worked on by others in pharmacy or be considered not relevant to the pharmacy profession.

In 2014, the Collaborative convened pharmacy leaders from various practice settings to comment on the evaluation of the strategies. The pharmacy leaders agreed with the Council’s assessment, as well as identified the strategies and recommendations that the Collaborative should continue its focus and to include in its 2014-2017 strategic plan.
2014-2017 Roadmap & Strategic Plan Recommendations

Based on the convened pharmacy leaders review, three strategic goals encompassing nine objectives and 24 of the 44 strategies determined to be relevant were recommended to be the continued focus of the Collaborative. The pharmacy leaders revised the strategies based on the Collaborative’s vision and mission, aligning them with the 2014-2017 Pharmacy HIT Collaborative Strategic Plan. Additionally, several recommendations for action were made.

**Vision:** The US healthcare system is supported by meaningful use of Health Information Technology (HIT) and the integration of pharmacists for the provision of quality patient care.

**Mission:** To advocate and educate key stakeholders regarding the meaningful use of HIT and the inclusion of pharmacists within a technology-enabled integrated health care system.

**Goal 1: ACCESS—Ensure HIT supports pharmacists in health care service delivery**

**Objective 1:** Increase pharmacists’ awareness regarding the role and importance of HIT in patient care delivery and the role of the Collaborative.

**Objective 2:** Promote pharmacists’ use of HIT needed for patient care provision in all care settings to support the work as a patient care provider.

**Objective 3:** Provide guidance to standards development organizations about electronic documentation of pharmacy services.

**Goal 2: CONNECTIVITY—Achieve pharmacists’ integration within health information exchange.**

**Objective 1:** Provide direction about pharmacists’ requirement to access and submit clinical information through electronic health records (EHRs) fosters more effective and efficient care.

**Objective 2:** Increase participation by pharmacists in all practice settings in local, state and regional Health Information Exchanges (HIEs).

**Objective 3:** Enhance the ability of pharmacists to electronically document the administration of, share information about, and determine the need for population health interventions.

**Goal 3: QUALITY—Support national quality initiatives enabled by HIT.**

**Objective 1:** Advance the pharmacist’s role in meaningful use of the Electronic Health Record (EHR).

**Objective 2:** Develop value sets of standard codes for patient care documentation.

**Objective 3:** Support the implementation of clinical quality measures to improve patient care.
The recommendations for action are:

- Continue to garner support among policymakers and regulators at all levels to recognize pharmacists as health care providers.
- Ensure that electronic health information is accessible to pharmacists in order to optimize patient care.
- Ensure that electronic health information contributed by pharmacists gets documented, captured and integrated for use by all patient care providers.
- Promote and support the effective integration and bidirectional exchange of electronic clinical information and medication order/prescription information for pharmacists and pharmacies across the continuum of care.
- Promote and support the effective integration and bidirectional exchange of electronic prescription information and clinical information for pharmacists and pharmacies across the continuum of care.
- Encourage the utilization of standardized electronic documentation of MTM services through the adoption of the PP-EHR.
- Ensure that pharmacists have access to an EHR system to perform MTM services and that they can electronically exchange MTM service information with patients, providers, and payers.
- Enhance the ability of pharmacists to electronically determine the need including accessing registries, document the administration of, and share information into registries about immunizations.
- Ensure that system vendors understand the necessity of including immunization-related capabilities in pharmacy practice management systems.
- Ensure that pharmacists’ immunization activities are captured at a registry, and the immunization information needs query capabilities and where required or clinically appropriate the pharmacists’ immunization activity should be shared with other providers and the patients.
- Pharmacists’ immunization activities should be captured as a MU of EHR measurement goal.
- Ensure pharmacists that provide patient care information have the ability to consent to share patient information following privacy and security standards.
- Promote practice models in which pharmacists participate in the support or enhancement of the MU of EHR including quality measures.
- Educate pharmacists about the MU of EHR and how their role supports patient care delivery to improve quality measures in all practice settings.
- Educate other health care practitioners on the role of the pharmacist in the MU of the EHR measurement concepts and how pharmacists may assist in attaining their MU goals.
- Assist in definition of PP-EHR conformance criteria leading to certification of pharmacy management system vendors or through partnerships with EHR vendors to expedite creation of certifiable PP-EHRs.
• Support efforts to encourage voluntary PP-EHR certification.
• For patient safety purposes, ensure pharmacists using EHRs have the ability to report adverse drug events.
• Facilitate pharmacists in understanding the value of pharmacy management system vendors adopting certified PP-EHR functionality.
• Educate payers, prescribers, and patients about the evidence supporting the value of pharmacists using HIT solutions.
• Promote support among policymakers and regulators for the value of pharmacists using HIT solutions.
• Promote research on how the PP-EHR and HIT can be used to advance best practices among pharmacists, prescribers, payers, and patients.
• Encourage pharmacist’s active participation in local, state, and regional HIEs.
• Promote pharmacists as meaningful users of the EHR.
• Promote the contribution of pharmacists in assisting all eligible providers with meeting MU objectives.
• Disseminate information about research and advocate for the development and use of quality measures that demonstrate the value of the pharmacist’s role in health care.
• Incorporate quality measures and research outcomes demonstrating the value of pharmacists into HIT processes used by all health care providers in all practice settings.

**ONC’s 10-Year Vision to Achieve an Interoperable Health IT Infrastructure**

The Pharmacy HIT continues working with the Office of the National Coordinator for Health Information Technology to ensure pharmacists are recognized as an integral part of the health IT infrastructure. The ONC has developed a 10-year vision, based on the health IT foundation it has built over the past decade, and plans to have a national interoperability roadmap completed by March 2015. In it’s report, *Connecting Health and Care for the Nation: A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure*, the ONC says that by 2014, “individuals should be able to securely share electronic health information with providers and make use of the information to support their own health and wellness through informed shared decision-making.”