Pharmacy HIT Collaborative Updates Roadmap

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THE PHARMACY HEALTH INFORMATION TECHNOLOGY (HIT) Collaborative released its updated integration roadmap in mid–November, entitled, "The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care: 2018 to 2021 Update." The accompanying press release notes:

"The revised roadmap reflects the areas the pharmacy profession needs to continue its focus and updates the Collaborative's vision, mission, goals, and objectives to ensure the U.S. health information technology (HIT) infrastructure better enables pharmacists to optimize person-centered care. It provides guidance to provider organizations, policymakers, vendors, payers, and other stakeholders striving to integrate pharmacy HIT into the national (U.S.) HIT infrastructure."

The purpose of the new release is to align the 2011 to 2015 roadmap to the Pharmacy HIT Collaborative's 2018 to 2021 strategic plan's mission, goals, and objectives. The roadmap is updated to reflect areas of focus for the profession. In particular, the updated roadmap outlines three strategic goals as the underpinnings to move pharmacists further into the national HIT infrastructure:

Interoperability: Advance the adoption by pharmacists of systems capable of standards-driven health information exchange.

Workflow and Usability: For systems and providers and support for the Joint Commission of Pharmacy Practitioners' (JCPP) Pharmacists' Patient Care Process (PPCP) and the provision of patient care services.

Quality: Support national quality initiatives enabled by HIT.

The goals reflect the collaborative's efforts to drive cultural technology changes for how pharmacists interact and collaborate with others on the healthcare team. Importantly, a key change has been to change emphasis to patient-centered care — a focus of the Office of the National Coordinator's (ONC) strategic plan as well. The collaborative's revised mission and vision now reflect this.

VISION

The U.S. health IT infrastructure will better enable pharmacists to help optimize person-centered care.

The collaborative's former vision was "The U.S. health system is supported by meaningful use of health information technology and the integration of pharmacists for the provision of quality patient care."

MISSION

As the leading authority in pharmacy health information technology, the Pharmacy HIT Collaborative advances and supports the use, usability, and interoperability of health IT by pharmacists to help optimize person-centered care.

The former mission was "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."

The collaborative's new plan notes it will accomplish its mission by:

- Identifying and voicing the health IT needs of pharmacists.

- Promoting and influencing awareness of pharmacists' use and functionality of health IT.

- Collaborating, facilitating, and convening stakeholders on topics related to health IT.

- Providing resources, guidance, and support for adoption and implementation of standards-driven health IT.

- Guiding health IT standards development and other activities to address the health IT needs of pharmacists.

- Supporting the collection, documentation, and exchange of information among health IT systems.

The changes to the roadmap reflect the collaborative's significant accomplishments in areas related to government outreach, education, standards development, and coding impacting the pharmacy profession during the past eight years. Since 2010, the government has been working on building a health IT foundation. The collaborative works with the ONC to assure that pharmacists are recognized as an integral part of the health IT infrastructure.

Some of those significant achievements have included:

- Working to ensure pharmacists providing patient care services are able to collect, document, and share clinically relevant medication-related information. This information promotes the delivery of high-quality healthcare and satisfaction of requirements for value-based payment models.

- Stewarding the clinical documentation codes and value sets for the pharmacy profession and responsibility for vetting and approving documentation codes and value sets for use in national electronic health information exchanges.

- Participating and leading national standards development work representing pharmacists providing patient care services (e.g., Pharmacist eCare Plan, Pharmacist EHR).

- Serving as the unified voice of pharmacy representation on the American Medical Association Health Care Professionals Advisory Committee (HCPAC) CPTE ditorial Panel and endeavoring to enhance the recognition of pharmacists and their patient care services.

- Participating in the United States Pharmacopeia's (USP) allergy and intolerance technical expert panel to standardize electronic allergy and adverse drug event reporting within electronic health records (EHRs).

The collaborative is a shining example of what happens when pharmacy organizations work together cooperatively to identify and solve issues. I had the good fortune to facilitate early strategy sessions with a number of organizations to understand how the profession's patient care service could fit into the nation's growing HIT infrastructure. The passage of the Health Information Technology for Economic and Clinical Health Act (HITECH Act) was the motivator. The HITECH Act is part of the American Recovery and Reinvestment Act of 2009 (ARRA). It was created to motivate the implementation of EHRs and supporting technology in the United States.

Those conversations in 2009 led to the formation of the collaborative in 2010 by nine national pharmacy professional organizations. It now leads the pharmacy profession in integrating pharmacist-provided patient care services into the national health IT infrastructure by working in collaboration with accredited standards development organizations (NCPDP, HL7, and X12) and U.S. government regulatory agencies (HHS, CMS, and the ONC). The following year, the collaborative structure was opened to associate members. The collaborative council currently has 20 member organizations.

The collaborative and its members use the roadmap for outreach to health IT stakeholders, and it provides one common set of pharmacist health IT goals. In reviewing the plan with system vendors in mind, several goals and strategies stand out. The collaborative notes the importance of "pharmacist awareness of the importance of working with their system vendors to adopt standardized processes for interoperable collection, documentation and exchange of clinical information regardless of pharmacy practice setting or other healthcare providers." Regarding workflow and usability, they note the support for the JCPP PPCP and that they will "participate with and influence standards development organizations and system vendors' activities to facilitate use and usability by pharmacists." A recommend-

ed strategy is to support pharmacists to work with system vendors to incorporate the JCPP PPCP into systems capturing pharmacist-provided clinical services. They also note they "support pharmacists to work with system vendors to incorporate Systematized Nomenclature of Medicine — Clinical Terms (SNOMED CT) and value sets into systems to capture pharmacist-provided clinical services."

The collaborative maps out how its activities are meeting the nine elements of the ONC's 10-year vision for achieving interoperability, including to:

- Build upon the existing health IT infrastructure.
- Recognize one size does not fit all.
- Empower individuals.
- Leverage the market.
- Simplify.
- Maintain modularity.
- Consider the current environment and support multiple levels of advancement.
- Focus on value.
- Protect privacy and security in all aspects of interoperability.

Many of its actions will impact system vendors in the coming years. I encourage readers to review the updated roadmap by downloading the document at http://pharmacyhit.org/. It is a wealth of information that can guide your organization's HIT work as well. **CT**

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