



September 15, 2008

Office of the National Coordinator for Health Information Technology
Attention: Use Case Team
Mary Switzer Building
330 C Street, S.W., Suite 1200
Washington, DC 20201

Re: Medication Gaps: Draft American Health Information Community (AHIC) Extension/Gap

Dear Sir/Madam:

The American Society of Health-System Pharmacists (ASHP) is pleased to submit written comments pertaining to the Office of the National Coordinator for Health Information Technology's (ONC) request for feedback relating to the Draft Medication Gaps Extension/Gap (draft document). For more than 60 years, ASHP has helped pharmacists who practice in hospitals and health systems improve medication use and enhance patient safety. The Society's 35,000 members include pharmacists and pharmacy technicians who practice in inpatient, outpatient, home-care, and long-term-care settings, as well as pharmacy students.

ASHP is pleased that the ONC is developing this extension/gap document and providing an opportunity for review and feedback by interested stakeholders. The Society provides the following comments pertaining to the draft document.

2.2 Scope

ASHP recommends that requirements for Medication Gaps include the ability to expand and implement standards to support Computerized Physician Order Entry (CPOE).

3.0 Functional Needs

The Society agrees that the ability to electronically conduct real-time eligibility, benefits, and prior-authorization activities that incorporate formulary restrictions established by the payor are necessary to support users during the exchange of medication information. ASHP believes it is also necessary that information regarding specialty pharmaceuticals

and distributors be available to the end-user, and the ONC should include this end-user need in the final document.

Additionally, the draft document recognizes that clinicians who conduct medication reconciliation when a patient is admitted may need to communicate patient demographic and medical information to a dispensing pharmacy. ASHP recommends that the final document should also acknowledge that clinicians need this ability at the time a patient is discharged.

5.0 Issues and Obstacles

A. Medication Terminology and Standardization

RxNorm is the Consolidated Health Informatics' adopted Federal Drug Terminology for Medications representing the clinical drug sub-group that will significantly increase interoperability across the pharmacy and health care industry. ASHP encourages AHIC to give endorsement to RxNorm to accelerate the movement toward interoperability, and encourages support for RxNorm as the accepted clinical drug nomenclature for interoperability.

C. Clinician and Pharmacist Workflow

ASHP agrees that many aspects of clinician and pharmacist workflow rely on detailed yet concise communication. When additional efforts such as avoidable phone calls, inefficient prior-authorization processes, or workflows that require multiple tools or systems are required, clinician and pharmacist productivity suffers. The Society recommends that the ONC also acknowledge issues relating to e-prescribing. When using e-prescribing, many pharmacists must print out the prescription and reenter it into another pharmacy system. This process is open to transcription errors, and takes additional time for the pharmacist to complete.

D. Allergy and Medication Intolerances Terminology and Standardization

ASHP agrees that, as medication terminology is improved, similar standardization and vocabulary efforts related to allergies, medication intolerances, and reactions will support the next generation of medication decision support tools, and that a concise, comprehensive allergies and intolerances vocabulary may be needed. ASHP further agrees that, if allergy, medication intolerance, and reactions vocabularies are not standardized, medication-related decision support benefits will not be realized.

E. E-Prescribing of Controlled Substances

ASHP agrees that, if e-prescribing adoption is limited or not applicable to prescribing of controlled substances, many of the benefits of e-prescribing will not be realized. ASHP

is planning to submit comments to the Drug Enforcement Agency regarding the referenced proposed rule.

8.0 Medication Gaps Dataset Considerations

Patient and Clinician Identification: Required and Optional Clinician Information

As noted in the draft document, standard prescription identification information may be required or optional depending on the order and the needs of the receiving entity and federal, state and local regulations. In addition to the required and optional clinician information listed in the draft document, ASHP recommends the ONC also include the National Provider Identifier, the unique identification number for covered health care providers.

SIG (Signatura – Patient Instructions): Required and Optional Information

ASHP strongly supports the effective communication of medication administration timing to patients. ASHP policy supports the principle that standard medication administration times should be based primarily on optimal pharmacotherapeutics, with secondary consideration of workload, caregiver preference, patient preference, and logistical issues. Hospital-specific or health-system-specific standard administration times should be developed through an interdisciplinary process coordinated by the pharmacy, and information technology vendors should be encouraged to adopt these principles in system design while allowing flexibility to meet site-specific patient needs.

ASHP appreciates this opportunity to present its written comments on the draft document. Feel free to contact me if you have any questions regarding our comments. I can be reached by telephone at 301-664-8702, or by e-mail at jcoffey@ashp.org.

Sincerely,



Justine Coffey, JD, LLM