



September 16, 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: Order Sets: 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 Order Sets 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.

***3.0 Functional Needs***

ASHP agrees overall with the functional needs described.

**F. i.**

The Society recommends that the order set should "adjust" based on patient clinical parameters documented in the local electronic health record. For example, if the patient has a documented allergy to penicillin, no penicillin antibiotic should be available for selection from within the order set. Similarly, if a recommended diagnostic test or lab was recently completed and resulted in the electronic record, those orders should not be available for selection from within the order set.

**F. ii.**

ASHP recommends more specificity regarding formularies within local clinical ordering systems. When bringing order sets into local clinical order systems, the order set should update only with those medications on the local formulary. For certain indications, order sets should contain only the recommended drug class, which would link to and offer only those medications contained in the local system's formulary.

**Add Section I.**

ASHP recommends adding the ability to view and reconcile the patient's "home medication list" with the recommended order set before entering orders from the order set. This ability to view and reconcile would decrease the risk of inadvertent duplication, particularly for common medical problems such as heart failure.

***4.0 Stakeholder Communities***

ASHP recommends adding pharmacists as a stakeholder group. Many health systems utilize pharmacists to develop and implement orders sets as part of a computerized provider order entry system. No order set should be developed without a pharmacist's involvement. The requirement of a multidisciplinary team's approval of the order set, for example a health system's Pharmacy and Therapeutics Committee, would provide the necessary pharmacist input.

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](mailto:jcoffey@ashp.org).

Sincerely,



Justine Coffey, JD, LLM