

# Electronic Health Record Certification: Making the Pharmacists' Case to System Vendors

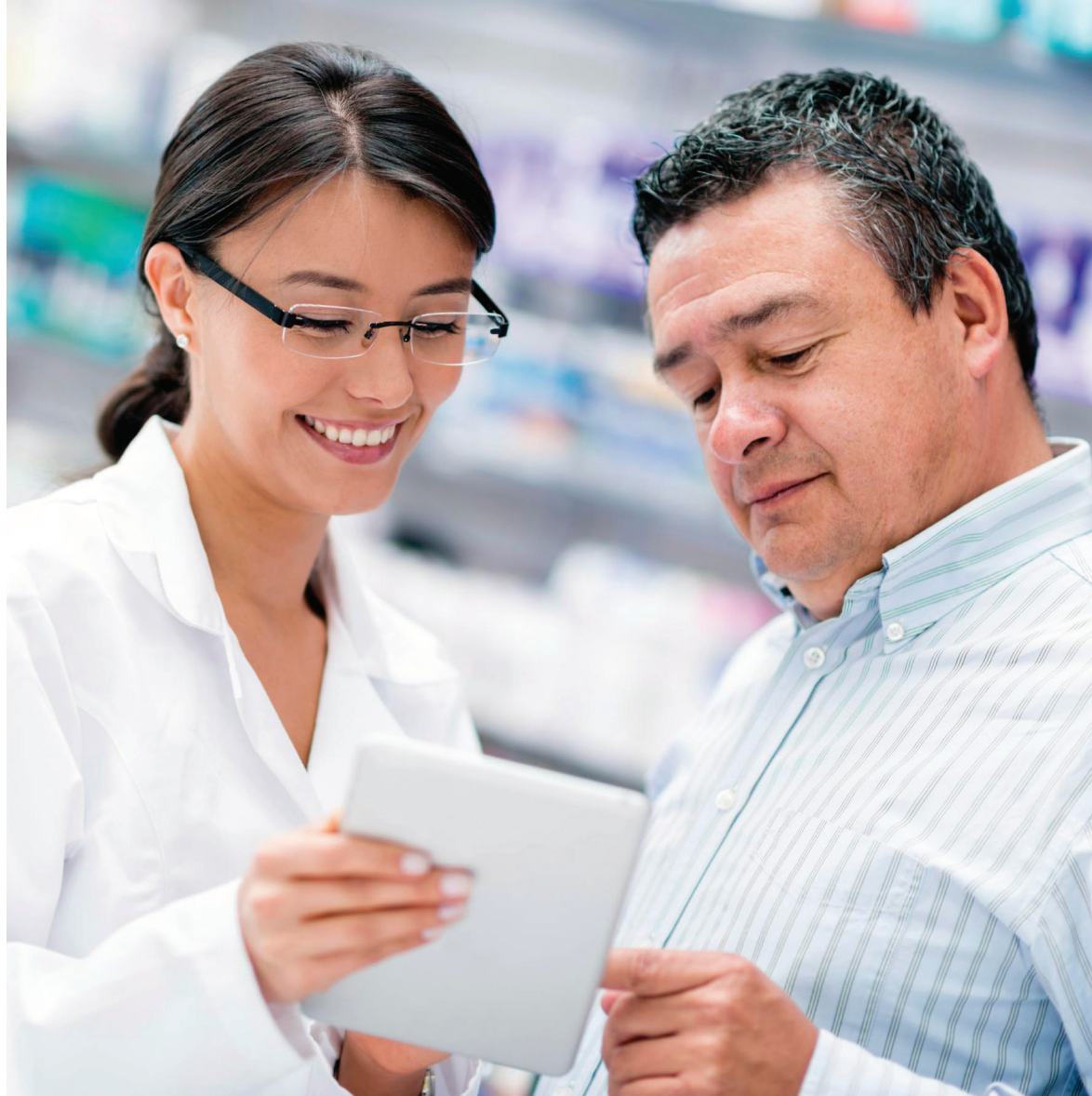
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## 1. BACKGROUND/OVERVIEW

Pharmacy management systems today are focused mainly on receiving electronic prescriptions, documenting prescription dispensing functions, and exchanging claims-based information. As pharmacists provide more clinically based services, pharmacy management systems need to adopt functionality to collect, document, and exchange clinical information. According to the *Pharmacy Times* article “Pharmacists’ Clinical Role in Health IT: Access, Connectivity, and Quality”—

*“Imagine somebody being released from the hospital and the reconciled medication list is electronically available with a medication action plan (MAP) at the pharmacy prior to their showing up to pick up their discharge medications. The pharmacist would be able to counsel the patient, document any feedback, and reinforce discontinuation of duplicate prescriptions or interaction with non-prescription medications. These actions would help to reduce the possibility of hospital readmission due to medication errors. All this documentation would be electronically exchanged with other health care providers and sent to the patient’s electronic personal health record (PHR) through a health information exchange (HIE).*

*Pharmacists working in all types of practice settings collect, document, and exchange clinical information differently. Even the pharmacy management systems we use are individually geared to our own work flow. Other care providers, especially physicians and hospitals, are moving toward a standard electronic way of capturing and exchanging health information. A good analogy is how we receive e-mails. Each person uses their*



own e-mail system (Outlook, Google, Microsoft) and although we write an e-mail in these proprietary systems, somehow we get the e-mail and can read it. This is because the e-mail is transported using standards.

*In pharmacy, we see this with standard electronic claims, electronic prescribing, electronic submission of immunization/registry information, and the formation of state HIEs to transport the standard message (eg, laboratory data, discharge summaries, patient care summaries). As in our e-mail analogy, imbedded within the e-mail we receive attachments (e.g., word documents, PDFs, spreadsheets, pictures). These structured documents follow standards so they can be read by any computer system that has the functionality to read the attachment. The same is true for the HIT environment.”*

See more at <http://www.pharmacytimes.com/publications/Directions-in-Pharmacy/2013/December2013/Pharmacists-Clinical-Role-in-Health-IT-Access-Connectivity-and-Quality#sthash.q3fE0III.dpuf>.

In order for pharmacy systems to exchange clinical information with other health care providers, the pharmacy professional must adopt clinical terminology used by other health care providers that relates to pharmacists’ practice terminology. With the help of the Pharmacy HIT Collaborative, the major national pharmacy associations are defining technology-based standardized terminology for process of care and medication therapy management services and are even supporting the use of defined problem lists (i.e., a list of current and active diagnoses as well as past diagnoses relevant to the current care of the patient [[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/3\\_Maintain\\_Problem\\_ListEP.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/3_Maintain_Problem_ListEP.pdf)]).

This paper will provide guidance to pharmacists regarding the value of working with their pharmacy management system vendor to use certified electronic health records (EHRs). The Office of the National Coordinator for Health Information Technology (ONC) develops the functional and conformance testing requirements for the testing and EHRs certification that meets the certification criteria adopted by the Health and Human Services (HHS) Secretary. Only ONC approved Test Methods can test products intended for certification in the ONC HIT Certification Program. The Test Methods include test procedures, test data, and test tools used by ONC-Approved Certification Bodies (ONC-ACBs) to evaluate the conformance and functionality of EHR Modules (e.g. Pharmacist EHRs).

### **BENEFITS OF USING ONC RECOMMENDATIONS FOR EHR CERTIFICATION ADOPTION BY SYSTEM VENDORS**

For pharmacists, the opportunity to electronically access, capture, and integrate patient-related clinical information (non-medication dispensing information) from other health care providers into their workflow is most important. This information exchange with other health care providers will permit better usability of the information by pharmacists providing a variety of clinical services, including medication management, preventive services, and disease monitoring.

Documentation of clinical services provided by the pharmacist can be electronically integrated into the patient’s health record, where it is more readily available for other providers to use and incorporate into the care of the patient. Not only does the electronic exchange of a patient’s health care information promote a better continuum of care for the patient, but the pharmacist’s involvement in that care becomes more obvious when medication management documentation is included in the patient’s electronic records. By working with system vendors to adopt EHR certification, pharmacists will be in a better



position to electronically collect, document, and exchange clinical information within their own pharmacy management systems following their own clinical workflow processes.

## 2. PURPOSE

This paper will provide guidance to pharmacists regarding the value in encouraging vendors to adopt EHR certification for pharmacy systems.

### GOALS:

- Encourage pharmacy systems to connect and exchange information with healthcare providers.
- Identify steps needed for pharmacists in order to promote EHR certification for pharmacy systems.
- Develop value propositions for pharmacists to define the benefits of working with their system vendors to adopt EHR certification for pharmacy system.

## 3. RECOMMENDATIONS FOR ACTION

- Develop guidance to pharmacists about the value of working with their system vendors to adopt EHR certification for pharmacy systems.
- Use ONC 2014 Edition Release 2 EHR Certification Criteria Test Procedures and applicable test data files <https://confluence.oncprojecttracking.org/display/2014R2/2014+Edition+Release+2+EHR+Certification+Criteria+Home>.

### 3.1. ONC 2014 EDITION RELEASE 2 EHR CERTIFICATION CRITERIA TEST PROCEDURES

ONC develops the functional and conformance testing requirements for the testing and EHRs certification that meets the certification criteria adopted by the HHS Secretary. Only ONC approved Test Methods can test products intended for certification in the ONC HIT Certification Program. The Test Methods include test procedures, test data, and test tools used by ONC-ACBs to evaluate the conformance and functionality of EHR Modules (e.g. Pharmacist EHRs).

As part of the ONC 2014 Edition Release 2 EHR Certification Criteria, ONC provided Test Procedures and applicable test data files as follows:



## CRITERIA

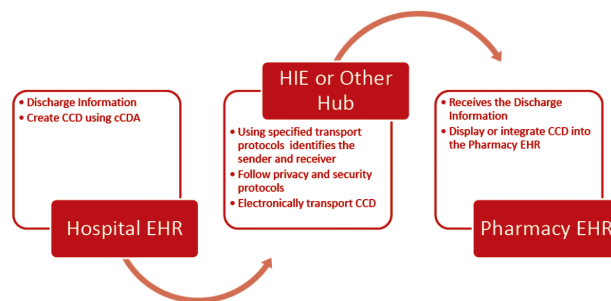
Criterion #	Certification Criterion Name	Test Procedure
§170.314(a)(18)	Computerized Provider Order Entry – Medications	<a href="#">§170.314(a)(18) Computerized Provider Order Entry – Medications</a>
§170.314(a)(19)	Computerized Provider Order Entry – Laboratory	<a href="#">§170.314(a)(19) Computerized Provider Order Entry – Laboratory</a>
§170.314(a)(20)	Computerized Provider Order Entry – Diagnostic Imaging	<a href="#">§170.314(a)(20) Computerized Provider Order Entry – Diagnostic Imaging</a>
§170.314(b)(8)	Transitions of Care – Send and Receive via Edge Protocol	<a href="#">§170.314(b)(8) Transitions of Care – Send and Receive via Edge Protocol</a>
§170.314(b)(9)	Clinical Information Reconciliation and Incorporation (CIRI)	<a href="#">§170.314(b)(9) Clinical Information Reconciliation and Incorporation (CIRI)</a>
§170.314(e)(1)	View, Download, and Transmit to a 3rd Party with Edge Protocol Testing	<a href="#">§170.314(e)(1) View, Download, and Transmit to a 3rd Party with Edge Protocol Testing</a>
§170.314(f)(7)	Ambulatory Setting Only – Transmission to Public Health Agencies – Syndromic Surveillance	<a href="#">§170.314(f)(7) Transmission to Public Health Agencies – Syndromic Surveillance</a>
§170.314(g)(1)/§170.314(g)(2)	Automated Numerator Recording/§170.314(g)(2) Automated Measure Calculation	<a href="#">§170.314(g)(1) Automated Numerator Recording/§170.314(g)(2) Automated Measure Calculation</a>
§170.314(h)(1)	Applicability Statement for Secure Health Transport	<a href="#">§170.314(h)(1) Applicability Statement for Secure Health Transport</a>

Source: 2014 Edition Release 2 EHR Certification Criteria Home <https://confluence.oncprojecttracking.org/display/2014R2/2014+Edition+Release+2+EHR+Certification+Criteria+Home> . Accessed October 21, 2014.

## 3.2. TRANSITIONS-OF-CARE SCENARIO

One component of the certification criteria requires EHR technology to be, at a minimum, capable of electronically creating and receiving summary care records using electronic structured documents with a common data set, in accordance with the Health Level 7 (HL7) standard cCDA standard.

Using a scenario of a patient being discharged from the hospital and going to his or her community pharmacy as part of the transition from the hospital setting to the community or ambulatory setting, the sending entity in this case would be the Hospital EHR System. The hospital EHR system would create an electronic structured document using cCDA (HL7



CDA R2 standard implementation guides for the electronic structured document “Continuity of Care Document” [CCD] [http://www.hl7.org/Implement/standards/product\\_section.cfm?section=5&ref=nav](http://www.hl7.org/Implement/standards/product_section.cfm?section=5&ref=nav)).

The receiving entity—the community pharmacy EHR system—needs to connect with the sending entity—hospital EHR system—through an HIE or using Direct Connect

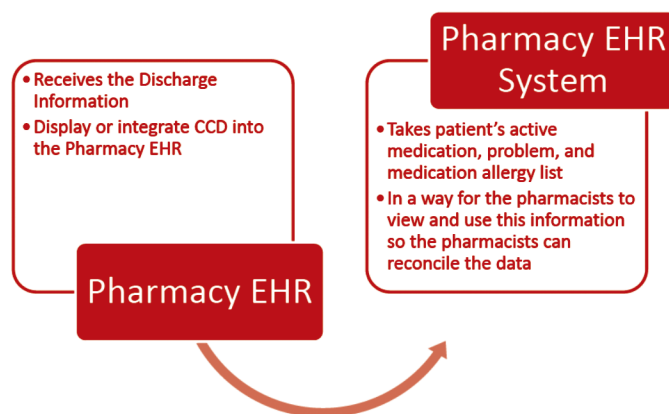


(<http://www.healthit.gov/policy-researchers-implementers/direct-project>) or some other proprietary clinical exchange network (e.g., Surescripts) using Direct transport specifications. The receiving entity—the community pharmacy system—needs to have the ability to either read or integrate the electronic structured document (in this scenario CCD template) into the pharmacy EHR system.

### 3.3. CLINICAL INFORMATION–RECONCILIATION SCENARIO

Another component of the certification criteria requires EHR technology to allow users to electronically reconcile the data that represent a patient’s active medication, problem (i.e., problem list of current and active diagnoses, as well as past diagnoses relevant to the current care of the patient [[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentive-Programs/downloads/3\\_Maintain\\_Problem\\_ListEP.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentive-Programs/downloads/3_Maintain_Problem_ListEP.pdf)]), and medication allergy list.

Using the same scenario of a patient being discharged from the hospital and going to his or her community pharmacy as part of the transition from the hospital setting to the community or ambulatory setting, the receiving entity—the community pharmacy EHR system—needs to electronically reconcile the data sent by the sending entity—hospital EHR system—



with data sent in the cCDA document. The data are divided into sections (e.g., patient’s active medication, problem, and medication allergy list). The pharmacy EHR system needs to put these sections into the system so that pharmacists can view and use this information and can reconcile the data. How the pharmacy EHR system uses and views the data is proprietary to the system vendor.

### 3.4. PHARMACISTS’ GUIDANCE TO PHARMACY SYSTEM VENDORS

In addition to the two components identified in the two scenarios, the remaining certification criteria present the functionality that pharmacists should encourage their system vendors to implement to meet the necessary certification for EHR pharmacy technology developers. Once pharmacy system vendors implement the certification criteria and go through a certification process, pharmacists can start working with HIEs to exchange clinical data (e.g., laboratory information, discharge summaries, patient care summaries, and progress notes).

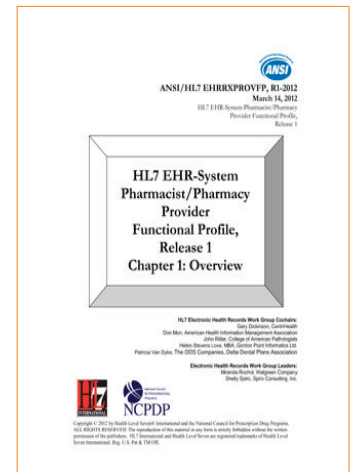
## 4. RESOURCES AND REFERENCES

List of HL7 Standards – EHR Profiles [http://www.hl7.org/implementation/standards/product\\_section.cfm?section=4&ref=nav](http://www.hl7.org/implementation/standards/product_section.cfm?section=4&ref=nav)

### HL7 EHR Pharmacist/Pharmacy Provider Functional Profile

*The Pharmacist/Pharmacy Provider Functional Profile will facilitate EHR systems' capture of medication- and clinical-related data at the point of contact or point of care by specifying the functional requirements needed to support messaging among prescribers, pharmacist, and pharmacy providers and other health care entities needing medication-related information. These standards provide functional models and profiles that enable the constructs for management of electronic health records.*

- HL7 EHR Pharmacist/Pharmacy Provider Functional Profile. [http://www.hl7.org/documentcenter/private/standards/ehr/Functional\\_Profiles/HL7\\_EHRRXPROVFP\\_R1\\_2012MAR.zip](http://www.hl7.org/documentcenter/private/standards/ehr/Functional_Profiles/HL7_EHRRXPROVFP_R1_2012MAR.zip)
- EHR-System for a Pharmacist/Pharmacy EHR: Implementation Guide for Community Practice (offered as is; HL7 endorsement pending). [http://www.hl7.org/documentcenter/public/standards/informative/13-294\\_HITSbook\\_HL7\\_Web.pdf](http://www.hl7.org/documentcenter/public/standards/informative/13-294_HITSbook_HL7_Web.pdf)
- ONC Resources
- Certification Guidance for EHR Technology Developers Serving Health Care Providers Ineligible for Medicare and Medicaid EHR Incentive Payments. [http://www.healthit.gov/sites/default/files/generalcertexchangeguidance\\_final\\_9-9-13.pdf](http://www.healthit.gov/sites/default/files/generalcertexchangeguidance_final_9-9-13.pdf)
- ONC HIT Certification Program, Overview for 2014. <http://www.healthit.gov/policy-researchers-implementers/onc-hit-certification-program>.
- Certified Health IT Product List (CHPL) provides the authoritative, comprehensive listing of certified Complete EHRs and EHR Module(s). <http://oncchpl.force.com/ehrcert?q=chpl>
- Certification Programs and Policy: *The ONC Certification Program provides a defined process to ensure that EHR technologies meet the standards and certification criteria adopted by the Secretary of Health and Human Services (HHS) to help providers and hospitals achieve MU objectives and measures established by CMS.* <http://www.healthit.gov/policy-researchers-implementers/certification-programs-policy>.
- 2014 Edition Testing and Certification. <http://www.healthit.gov/policy-researchers-implementers/2014-edition-testing-and-certification>
  - Test Method Overview: ONC, in collaboration with the National Institute of Standards and Technology, developed the functional and conformance testing requirements, test cases, and test tools for the testing and certification of EHRs to the certification criteria adopted by the HHS Secretary.
  - By adopting certified EHR technology and attesting to MU, eligible professionals, eligible hospitals, and critical access hospitals are eligible to receive incentive payments through the CMS EHR incentive programs.







## 5. CONCLUSION

The purpose of this guidance document is to do the following:

- Encourage pharmacists to be able to connect and exchange information with health care providers.
- Identify steps for pharmacists to promote EHR certification.
- Develop value propositions for pharmacists to define the benefits of working with their system vendors to adopt EHR certification.

By working with system vendors to adopt EHR certification, pharmacists will be in a better position to electronically collect, document, and exchange clinical information within their own pharmacy management systems following their own clinical workflow processes.

The general feeling seems to be that without access to clinical information and with pharmacists unable to work with the information within their workflow, patients suffer. The benefits of pharmacists having access to clinical information include time savings, more streamlined communication (e.g., telephone and fax), ability to serve more patients, and improved and better patient care.

Information recorded in the patient's current medical records and transmitted health care providers in an organized, accepted format is extremely valuable in the development of appropriate drug therapies and monitoring of the patient's response to treatment. Such involvement and oversight on the part of the pharmacist can aid in driving positive outcomes, including safety of the patient's medication treatment plans through a variety of methods. Being able to improve patient care, attract additional patients and providers, and use this information in contract negotiations serves as the motivation to pursue the adoption of appropriate EHR certification. Pharmacists, in serving the best interests of the patient's medication-related health care, can effectively and efficiently use the exchange of EHR data to provide optimal patient care.



## 6. ACKNOWLEDGEMENTS

The following representatives of the Pharmacy HIT Collaborative Work Group developed this guidance document “Pharmacists’ Guidance Document on the Value of Adopting EHR Certification.”

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