ASCP/NASL Pharmacy and EHR Information Exchange Summit

The inaugural “Pharmacy and EHR Information Exchange – A National Summit,” on May 2, 2017 in Arlington, VA gathered an audience of LTPAC pharmacy operators, consultant pharmacist business owners, pharmacist NH executives and EHR company representatives from across the country. EHR Company representation included PCC, MatrixCare, SigmaCare, American HealthTech, Netsmart Technologies, HealthCare Solutions, Cantata Health and Symbria with representation from SureScripts as well.

The purpose of the Summit was to exchange ideas on a high level and discuss non-proprietary EHR information exchange strategies that address LTPAC patient care transitions goals and specifically as they relate to the CMS Requirements of Participation (RoP) and the IMPACT Act. The goal was to identify opportunities that benefit stakeholders of all types, sizes, and geography, with three stated deliverables: recognition and identification of challenges, a call to action and future “blue sky” work.

Panel of Industry Leaders

Moderator: Kevin Donnelly, CEO/Executive Director of PCPI (Physician Consortium for Performance Improvement)
Panel Participants include but not limited to:
- LTPAC Nursing Leadership: Rachelle Ayers, RN, CDONA/LTC, VP Clinical Services, Aurora Health Management
- LTPAC Pharmacy Consultant Business Owner: Chad Worz, Pharm D, Owner, Medication Managers
- LTC Pharmacy Operator: Robert Warnock, RPh, Sr VP Pharmacy Services, PruittHealth, Inc
- Pharmacist NH Executive: Ron Perry, BS, RPh, Sr. VP Pharmacy Services, Fundamental
- Pharmacy Metrics Specialist: Laura Cranston, RPh, Executive Director, Pharmacy Quality Alliance (PQA)

Discussion Topics and Outcomes

**Topic #1**: Interoperability and High-Level Pharmacy Work Flow – Key elements of interoperability, sharing necessary and appropriate information across settings, organizations and practices.

**Key Points** identified the need for:
- Clinical information from the discharging hospital with consistent use of the Continuity of Care Document (CCD)
- Compatibility between hospital and nursing home EHRs
- Systems that integrate documentation into practitioner workflow, organized and easy to navigate
- RE: CMS Quality Measures (QMs) associated with Requirements of Participation and IMPACT Act - most meaningful to have set of core measures that can be held as a standard across all LTPAC care settings.

**Call to Action**: (see addnl related actions under Topic #2)
- Identify medication management QM standards used across settings that can be supported by EHR companies.
- Seek input from LTPAC pharmacy and providers (AHCA and Nurse Executive Council (NEC)), prescribers (AMDA) and Rehabilitation Services (NASL), homecare, Pharmacy Quality Alliance (PQA), others
ASCP/NASL Pharmacy and EHR Information Exchange Summit

**Topic #2:** Medication Reconciliation: Requirements of Participation (ROP) and IMPACT Act require medication reconciliation by LTPAC providers during discharge process and the measurement of completion of a Drug Regimen Review (DRR) at the time of admission.

**Key Points** identified the need for:
- Standardized definition and templates for the components of medication reconciliation process.
- Discussions between acute care and pharmacists regarding necessary medication information exchange.
- Consistent medication lists (ie “The Perfect Med List”) maintained by prescribers and acute care and means to address adherence issues.
- Medication related risk assessment tools or incorporation of medication related ADR metrics within existing tools.
- Demonstrating pharmacist value to enhance opportunities for medication reconciliation reimbursement.

**Call to Action:**
- Engage NCPDP and the Pharmacy HIT Collaborative to review progress around standardized communication of pharmacist recommendations to prescribers and development of a standard transaction record for pharmacist DRR interventions and medication reconciliation
  - Consider qualitative metrics around the quantitative MR metric required by CMS.
  - Continue discussions with EHR Companies to develop electronic medication reconciliation solutions.
- Explore opportunities with Cerner and Epic (acute care systems) in discussions related to use of a consistent process to transfer patient information upon discharge.
- Work with SureScripts and selected conveners (Outcomes, Navihealth) to identify processes to procure consistent med lists across settings (data repository?) and to review medication adherence software applications.
- ASCP/ASCP Foundation outreach to stakeholders to identify a process to measure the value proposition of pharmacist interventions in medication therapy management.

**Calls to Action Aligned with Vendor Feedback**

Vendors in attendance agreed that this discussion was important and enlightening. They commented that they look forward to working with pharmacists and others to maximize the utility, interoperability, and accessibility of EHRs, but they also indicated the need for support from practitioners to make this happen. Said one, “We need you to help us build a business case for the types of EHRs you want.” This vendor suggested that data showing the value, for example, of pharmacist-led medication reconciliation on discharge would get the attention of hospitals, nursing homes, and other stakeholders. “Studies showing that medication reconciliations, for instance, cut readmissions in half would make them stand up and take notice.”

Looking ahead, vendors have a few items on their wish lists.
- Get the large hospital EHR vendors to the table, a goal that it has been difficult for individual nursing home EHR vendors to accomplish.
- Pull together a panel/small group discussion that involves hospitals, physician groups, and other stakeholders. “It would be helpful to establish a workgroup to attempt to reach consensus on solutions to the challenges we addressed at the summit.

**Next Steps:**
The next step is to work together to build a business case for integrating good clinical practice into the types of EHRs providers want and will use. ASCP and NASL will reconvene to determine path forward and the sharing of resources to address the calls to action. Contact ASCP at fgrosso@ascp.com for more information and updates.