

**Health Information Technology and Health Information Exchange Topical Area Meeting
Pharmacy
August 14, 2006**

The Vision for Health Information Technology

Stakeholders in attendance gave their vision for health information technology as it relates to pharmacy within various settings including the community, hospitals, long term care, etc.

- Physicians see entire drug history dating back to at least 6 months
- The drug history should list allergies/reactions to medications, compliance issues, and if the patient has picked up prescriptions
- The drug history should be viewable across multiple pharmacies and prescribers
- Pharmacists should be able to get all information in a true results browser
- Decision makers should receive the correct information on time as needed
- Reporting mechanism for pharmacist
- Pharmacist will see the diagnosis of the patient and medication therapy
- Input of over the counter meds-process
- Information about drug interactions
- Database that identifies drugs inappropriate for the elderly and children
- Database that captures drugs administered in an office setting (purchased by physician)
- E-prescribing
 - Safer system, takes precedence
 - Makes sense financially, load formulary into tool, save time and money
 - Medicare part D formulary included in tool
 - Real-time connection between physicians, pharmacies, and facility (long term care)
 - Veteran Affairs system- patient specific history (more than 6 months of history), with real time access
- Hospital pharmacist and community pharmacist should have access to the same information including modification in drugs
- Standard architecture will for ease of information exchange
 - HL7-not in use by everyone, not mandated
- Smoother process for nurses in long term care passing out medication.
 - Example: computer based system to indicate medication administered, resident refused, etc. Make information available to physician and pharmacy. This will reduce paperwork, allow for efficient documentation, and administering of medication.
- Community pharmacy: Package unit of use. RFID technology in prescriptions bottles has been implemented but pharmacists want to see more RFID use which will allow more time with patient.
- Instant Messaging between pharmacists and physician for real time conversation
- Rx Hubs
 - They can also make sure physicians are using current standards (font, format, etc)/messaging wrapper/role

Barriers to Health Information Technology Adoption

- Money
 - can't spend money you don't have
 - can't come up with extra money needed to implement, need to invest in future, future savings
 - Alignment of payment incentives
 - Payers are pushing community pharmacies to go electronic
 - Cost of technology maintenance
- Community pharmacies economic model
 - Pharmacies are being charged per prescription
 - This makes community pharmacies reluctant to do e-prescribing
- Reluctance of physicians to change
- Workflow change/disruption
- Ease of use of technology
 - What happens when technology does not work?
- Belief that it takes longer to use electronic technology than to write paper a prescription
- Hybrid period: period when organizations are part paper, part electronic
 - Challenges getting through hybrid period
- Parties are technology challenged
 - initial training, ongoing training, knowledge of participants, money (financial/budget cuts)
- Current regulations do not speak to HIT and HIE
 - Who handles compliance issues comes?
- Technology systems are not compatible
- System stability
- Rx Hubs
 - Possibility that they will distort the message
- Controlled Medications require digital signatures
- Definition of roles; whom can do what
 - Do nurse practitioners have the authority to write prescriptions?
- How does a facility know that doctor has called prescriptions into the pharmacy?
 - How does the facility know if it's a valid prescription?
- Consumer Barriers
- Who regulates electronic brokers?
- Willingness to share with others
- Opt-out/Opt-in options
 - What about a liability release if patient opts-out?
- Personal Health Record: medication list, how do we know it's up to date?

Barriers to Health Information Exchange

- Positive identification- where it needs to be
 - ID regulations upfront, proof of use
- Lack of standards
- Regulatory board of pharmacy

- Going back against e-prescribing because of problems with positive ID
- How to preserve original prescription for possible regulations/liability
 - Is it identical to what came through on pharmacy side
- Fraud, errors
- Pharmacy modification for formulary
- Multiple applications that do not talk
- In corrections system: everything is controlled tightly, history maybe short
- Concerns about sharing of mental health and HIV information

Policy Options to Address Health Information Technology Adoption Barriers

- Up front grant to help with initial costs
- Long term loan with low interest rate
- Reimbursement based on performance- between provider + payers, providers + vendor
- Metrics from IT system
- Education on ROI due to little to no understanding of paper-world costs
- Payers help share cost; more fair sharing of cost among groups
- Tax credits- maybe but benefits are not immediate, does not apply to non-profits
- Detailed workflow analysis (education on how to perform workflow analysis)
- Policies/procedures to redesign new system
- Certification of products-useful
- Vendor selection assistance/pooled purchasing
- Staff training- contract with an outside trainer during rollout and then facility trainer can maintain it.
- Sometimes the organization has to build a system themselves build it yourself and then feed other people into the system
 - Ex: Ohio Health built one them selves and then feed

Policy Options to Address Health Information Exchange Barriers

- Opt-in/Opt-out options
- Facility passwords, electronic signature for individuals/nurses
- End of day review of ordered prescriptions
- ICD9 codes with Rx
- Text description of Rx
 - Regulators together for a conversation