

# ONC-HIP: PHARMACIST CARE PLAN (PHCP)

## ONC Annual Meeting

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Lantana Consulting Group

## ONC High Impact Pilot Grant

- Awarded to Lantana Consulting Group
- Collaborators:
  - Community Care of North Carolina (CCNC)
  - PioneerRx
  - QS/1

## 1. Improve practice efficiency by

- Eliminating duplication of effort by pharmacists
- Allowing pharmacists to focus on patients at high risk for negative outcomes and developing care plans incorporating CMRs for those patients

## 2. Improve clinical quality by

- Enhancing free-text narratives with structured data
- Sharing structured data from patient interactions between providers, pharmacist and payers

## 3. Support interoperable exchange by enabling CCNC to

- Receive PhCPs from pharmacy management systems
- Validate against the specification

# Phases of the Project

**Phase 1:** Project Launch, Standards Development, and Training

**Phase 2:** Initial Implementation, Refinement, and Testing

**Phase 3:** Full Implementation and Data Collection

**Phase 4:** Data Analysis and Reporting

## Three key tools placed into the public domain:

- CDA (Clinical Document Architecture) and FHIR® (Fast Health Interoperable Resources) implementation guides (IGs) for PhCPs
- A library of bi-directional transformations converting PhCP FHIR to and from PhCP CDA
- PhCP FHIR and PhCP CDA training for implementers delivered in person and materials delivered to ONC

# Dual CDA/FHIR IGs

- First dual CDA/FHIR IG development project
- Included CDA and FHIR examples
- Demonstrated a viable pathway for CDA/FHIR integration and transition planning

CDAR2\_IG\_CCDA\_MTM\_CAREPLAN\_R1\_01\_2017SEP\_Introductory\_Material



**HL7 CDA® R2 Implementation Guide: Pharmacist Care Plan Document, Release 1 - US Realm**  
**Volume 1 — Introductory Material**  
September 2017

The screenshot shows the 'Current Build' page for the HL7 FHIR implementation guide. The page title is 'Pharmacist Services and Summaries (FHIR)'. A red banner at the top contains the HL7 logo and the text 'Current Build'. Below the banner is a navigation menu with links for Home, Documentation, Modules, Resources, Profiles, Extensions, and Operations. The main content area features a red box with a warning message: 'This is a pre-release of a future version of the Pharmacist Care Plan FHIR IG (expected to be STU 1). There is no current official version. For a full list of available versions, see the Directory of published versions.' Below this is a tabbed interface with 'Resources' selected. The page lists profiles defined in the guide, including Pharmacist Care Plan Document (FHIR), PhCP Intervention List, PhCP Intervention Request Group, PhCP Encounter, PhCP Medication Dispense, PhCP Care Coordination, PhCP Education Procedure, PhCP Referral ProcedureRequest, and PhCP Coverage. The footer contains copyright information: '© HL7.org 2011+. FHIR STU3 Candidate (v3.1.0-12258) generated on Mon, Jul 31, 2017 10:17+1000. QA Page Links: Search | Version History | Table of Contents | PUBLIC COMMENT | Propose a change'.

Profile Name	Description
Pharmacist Care Plan Document (FHIR)	
PhCP Intervention List	
PhCP Intervention Request Group	
PhCP Encounter	
PhCP Medication Dispense	
PhCP Care Coordination	
PhCP Education Procedure	
PhCP Referral ProcedureRequest	
PhCP Coverage	

# CDA <—> FHIR Transforms

- Open Source
- Targets the PhCP document type, but extendable to others
- Bi-Directional
  - **FHIR to CDA:** Comply with existing C-CDA standards while moving early to FHIR
  - **CDA to FHIR:** Load FHIR systems and servers with C-CDA data

# CDA to FHIR Transformation

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  <translatio
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  <statusCode c
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    codeSystemN
  </observation>
```

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# Pharmacy Management Vendor Training

## Training plan:

- 3 days for CDA/FHIR training
- 1 week virtual Connectathon

**Initial target:** 2 vendors

**Final trained:** 22 vendors

## Implementation of the standard, improved:

- **Practice efficiency** (objective #1)
  - Reducing redundant manual data entry
  - Increasing time for patient engagement with pharmacist
- **Clinical quality** (objective #2)
  - Increasing structured data capture, supporting automated clinical quality measurement
  - Speeding data sharing (pharmacies → CCNC), supporting reporting
- **Interoperability** (objective #3)
  - Delivering standard-based structured and coded reports
  - Validation, conversion (CDA to FHIR) done by CCNC

### Clinical Quality—structured data capture, supporting automated clinical quality measurement

- Assessed PhCP data for calculating three pharmacy-based measures:
  - Percent of Antihypertensive Drug Users Adherent to Antihypertensive Therapy
  - Percent of Antihyperlipidemic Therapy Users Adherent to Antihyperlipidemic Therapy
  - Percent of Patients Adherent to Multiple Chronic Medications
- Found that PhCP specifications and submitted files contained all data elements required to calculate these measures

**Interest in the standard grew substantially during the pilot.**

- At start of pilot, only 2 pharmacy management vendors involved
- By the end of pilot, trained 20 more organizations

**The standard will be reviewed by a larger audience as both specifications move through the HL7 ballot process, opening an opportunity for nationwide adoption.**