

# ONC-HIP: PHARMACIST CARE PLAN (PHCP)

#### **ONC Annual Meeting**

Rick Geimer Lantana Consulting Group

#### **PhCP Pilot Overview**

## **ONC High Impact Pilot Grant**

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



### **Project Objectives**

#### 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



#### **Work Products**

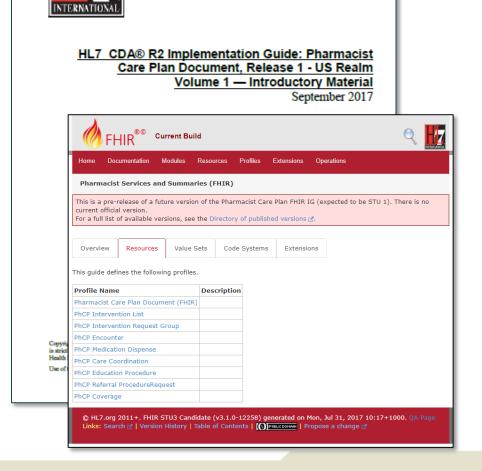
## Three key tools placed into the public domain:

- 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 O1 2017SEP Introductory Material



#### 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**

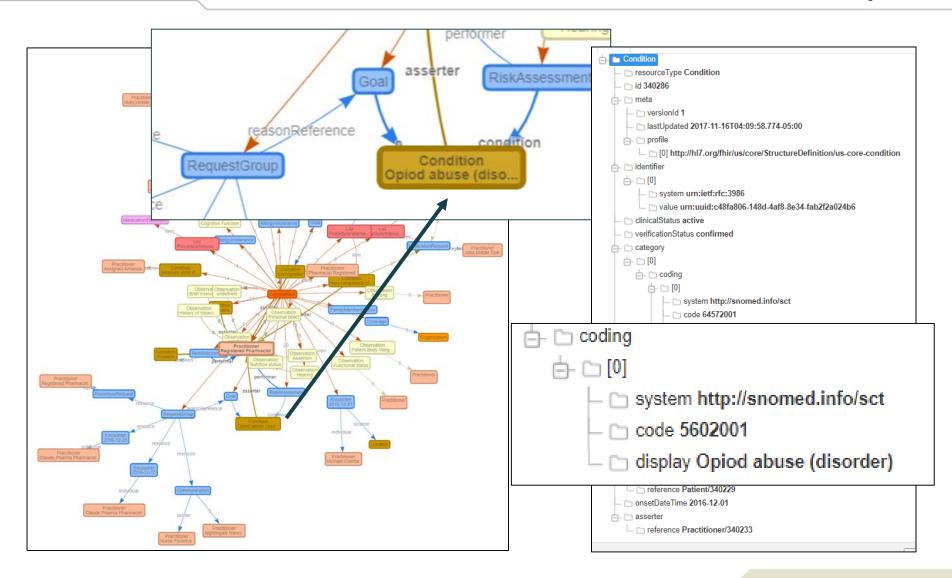
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### ClinFHIR Resource Graph





## **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.

