

May 7, 2012

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0044-P
P.O. Box 8013
Baltimore, MD 21244-0813

Re: CMS-0044-P Medicare and Medicaid Programs; Electronic
Health Record Incentive Program – Stage 2

Dear Administrator Tavenner:

The Academy of Managed Care Pharmacy (AMCP) is pleased to provide comments to the Centers for Medicare & Medicaid Services on Medicare and Medicaid Programs; Electronic Health Record (EHR) Incentive Program – Stage 2.

AMCP is a national professional association of pharmacists and other health care practitioners who serve society by the application of sound medication management principles and strategies to achieve positive patient outcomes. The Academy's 6,000 members develop and provide a diversified range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by managed care pharmacy benefits.

Following are the Academy's comments to the Notice of Proposed Rulemaking on the EHR Incentive Program – Stage 2:

- 1.) **Proposed Measure:** More than 60 percent of medication, laboratory, and radiology orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized prescriber order entry (CPOE).

Comment: AMCP agrees that capturing sixty percent of the medication, laboratory and radiology orders is appropriate. We also agree that CPOE and the information that is being captured in an EHR, especially related to medications, laboratory, and radiology, are important in the exchange of clinical information with pharmacists.

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2.) Consolidated Objective: Implement drug-drug and drug-allergy interaction checks.

Comment: These checks are critical to ensure the safety of the medications being ordered for patients. They alert prescribers to potential problems allowing therapy for a patient to be altered if necessary. The Academy agrees with the decision to make this a core objective. Additional checks, such as, drug-disease, drug-age, drug-dosage, drug-gender, etc., should also be implemented to further ensure the safety of the medications prescribed to patients.

3.) Proposed Objective: Generate and transmit permissible prescriptions electronically (eRx). A permissible prescription is defined as all drugs meeting the definition of prescription not listed in controlled substances schedule II-IV. Proposed Measure: More than 65 percent of all permissible prescriptions written by the eligible professional (EP) are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology.

Comment: AMCP supports electronic prescribing, as “electronic transmission offers benefits over written and oral prescription transmission in terms of accuracy, storage capacity, accessibility, security, productivity and minimizing the potential for adverse drug events.”¹ “The Academy believes that the electronic exchange of prescription, drug benefit, and drug information improves patient drug therapy, enhances the collection and analysis of patient data, increases operational efficiencies and optimizes health care outcomes.”² The Academy agrees that 65% is the appropriate level for the Stage 2 measure. E-prescribing should include controlled substances, and CMS has asked for comments on whether to include controlled substances in this measure. Although the DEA now permits e-prescribing of controlled substances, not all states allow this. Although this Stage 2 requirement will not become effective until 2014, some states may still not allow e-prescribing of controlled substances. Controlled substances should not be added to the measure until all 50 states allow e-prescribing of controlled substances.

4.) Proposed Objective: The EP, eligible hospital or critical access hospital (CAH) who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

Comment: The Academy believes that medication reconciliation should be a requirement, and agrees with the addition of this measure. However, transitions of care involve more than EPs and eligible hospitals, and we direct CMS to consider the role that pharmacists play in this critical function. AMCP supports pharmacists in their unique role in ensuring the continuity of a patient’s medication therapy regimen when moving among diverse health care settings. Pharmacists analyze and communicate information about the safety, effectiveness and outcomes of drug therapy to other health care providers to ensure appropriate continuity of drug therapy. Additionally, pharmacists can best serve patients by providing consultation that gives them the ability to understand and remain adherent to medication therapy regimens as the patient moves from one setting to another.³ We urge CMS to consider the inclusion of pharmacists as eligible professionals in the EHR Incentive Program.

5.) Proposed Measures: EPs, eligible hospitals and CAHs must satisfy both measures in order to meet the objective: 1.) implement five clinical decision support interventions for related to five or more clinical

¹ Academy of Managed Care Pharmacy, Where We Stand on Electronic Transmission of Prescription Information, Approved by AMCP Board of Directors, Jan 2002, Updated Jun 2010, <http://www.amcp.org/Tertiary.aspx?id=8733>, accessed April 27, 2012.

² Academy of Managed Care Pharmacy Policy Digest, Electronic Exchange of e-Prescribing Information, Approved by AMCP Board of Directors, Nov 2001, Revised Feb 2005 and Nov 2009, <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=14917>, accessed April 27, 2012.

³ Academy of Managed Care Pharmacy, Policy Digest, Medication Reconciliation/Transitions of Care, Approved by AMCP Board of Directors, Apr 2007, <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=14917>, accessed April 27, 2012.

quality measures at a relevant point in patient care for the entire EHR reporting period, and 2.) the EP, eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy checks for the entire EHR reporting period.

Comment: As previously stated, drug-drug and drug-allergy checks are critical to ensuring the safety of the medications prescribed for patients, and agrees with the inclusion of this measure. We also believe that the additional checks, again, as described above, should be implemented to further ensure the safety of the medications prescribed to patients.

6.) Proposed Eligible Hospital/CAH Objective: Generate and transmit permissible discharge prescriptions electronically.

Comment: As previously stated, AMCP supports electronic prescribing, and agrees with this objective.

7.) Consolidated Objective: Implement drug formulary checks.

Comment: A drug formulary is a continually updated list of medications and related products supported by current evidence-based medicine, judgment of physicians, pharmacists and other experts in the diagnosis and treatment of disease and preservation of health. The primary purpose of the formulary is to encourage the use of safe, effective and most affordable medications.⁴ Formulary checks are most useful when performed in combination with e-prescribing, and the Academy is pleased that this objective will be included.

8.) Proposed Eligible Hospital/CAH Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new or changed prescriptions) are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology.

Comment: Medication reconciliation at the end of a hospital stay is important for patients to ensure that the correct medications are received. The requirement to check discharge medication orders against at least one formulary assists in the reconciliation process and will help ensure that the medications prescribed are covered. AMCP agrees with this measure.

The Academy appreciates the opportunity to provide comments to CMS on the Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Stage 2. Should you have any comments or questions, please contact me at erosato@amcp.org or (703) 683-8416.

Sincerely,



Edith A. Rosato, RPh, IOM
Chief Executive Officer

⁴ Academy of Managed Care Pharmacy, Concepts in Managed Care Pharmacy, Formulary Management, Approved by AMCP Board of Directors, Nov 2009, <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=9298>, accessed April 27, 2012.