

July 1, 2009

The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Madam Secretary:

Re: Recommendation to adopt NCPDP SCRIPT Standard Version 10.6 for use in Medicare Part D e-prescribing

The National Committee on Vital and Health Statistics (NCVHS) is directed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) to develop recommendations for uniform standards to enable electronic prescribing (e-prescribing) in ambulatory care. This letter will specifically address three topics:

1. The current exemption for long-term care facilities from use of the adopted e-prescribing standards;
2. The progress that has been made in modifying the standards to make them workable in long-term care facilities; and
3. Our recommendation to adopt NCPDP SCRIPT 10.6 for e-prescribing transactions.

Background

The MMA established a voluntary prescription drug benefit program for Medicare Part D. Prescription Drug Plan (PDP) sponsors and Medicare Advantage (MA) organizations offering Medicare Advantage-Prescription Drug Plans (MA-PD) are required to establish electronic prescription drug programs to provide for electronic transmittal of certain information to the prescribing provider and dispensing pharmacy and pharmacist.

The MMA does not require that prescribers or dispensers implement e-prescribing. However, prescribers and dispensers who choose to electronically transmit and receive prescription and certain other information for covered drugs prescribed for Medicare Part D eligible beneficiaries, directly or through an intermediary, must comply with any applicable final standards in effect for e-prescribing.

E-prescribing challenges in long-term care

The November 2005 regulation that adopted foundation standards for e-prescribing contained an exemption for long-term care facilities from the requirement to use the

standards. Comments from the health care industry to NCVHS had indicated that the proposed standards, while well-accepted in the ambulatory setting, did not sufficiently support workflows and legal responsibilities in the long-term care setting. Therefore, long-term care facilities (defined under Medicare Part D as skilled nursing facilities), were exempted from the requirement to use the NCPDP SCRIPT standard.

Healthcare delivery in long-term care settings is unique for several reasons. Nurses are frequently the primary caregivers, with physicians (who are often not at the site of the long-term care facility) monitoring care. Specialized long-term care pharmacies are located off-site with drugs being delivered to the facility. In long-term care a prescription order typically remains an open order with no end date, or with an end date far in the future. A prescriber may need to modify this order and notify the pharmacy. Changes might include dose, form, strength, route, modifications of frequency, or a minor change related to the order. Also, in the long-term care environment, there is a need to send a refill request from a facility to a pharmacy. An example is when a medication supply for a resident is running low (2-3 doses remaining), and a new supply is needed from the pharmacy. The facility needs a way to notify the pharmacy that a refill for the medication is needed.*

Later in 2006, e-prescribing standards' pilot identified modifications that were necessary to support e-prescribing in long-term care settings. These modifications were fully incorporated in NCPDP SCRIPT 10.2, and approved by the NCPDP Board of Trustees in July 2007, with industry feedback indicating that NCPDP SCRIPT 10.2 met the basic needs of the long-term care industry relative to e-prescribing.

Differences among NCPDP SCRIPT versions

NCPDP SCRIPT 10.5 was approved by the NCPDP Board of Trustees in June 2008. This version built upon NCPDP SCRIPT 10.2, supporting, among other things, an XML Implementation section and Health Information Technology Standards Panel (HITSP) recommendations for Medication Management Use Cases.

The NCPDP has further advanced its SCRIPT standard in other areas to achieve Version 10.6, preserving all the previous NCPDP SCRIPT standard requirements needed to support e-prescribing in long term care settings. The additional new functionalities offered by NCPDP SCRIPT 10.6 are primarily related to the Medication History functionality which was adopted in the April 7, 2008 e-prescribing final rule (73 FR 18918 -18947). They include:

- Prescriber order number added to “Medication History Response”;
- Source and fill number information added to “Medication History Response”;
- A “Sold Date” value added into the DRU Segment Date/Time Period Qualifier;
- Enhancements to the DRU Segment enabling a physician to include prescribing-time drug utilization review alerts and comments to the pharmacist when communicating a prescription. This applies to retail, mail order and long term care pharmacy settings; and
- An Allergy Segment and Diagnosis Segment for use in the CENSUS transaction that allows sharing of a person’s full allergy and diagnosis profiles with the pharmacy at time of admission and/or changes in their allergy or diagnosis status, to help pharmacists catch additional, potential drug-drug interactions.

In addition to remediating e-prescribing issues in long-term care settings, these revisions facilitate better record matching, duplication reduction, and richer information being presented to the prescriber at the point of prescribing.

The long-term care industry has expressed its readiness to NCVHS to embrace e-prescribing so that it can enjoy the potential workflow and patient care benefits. NCPDP has certified that Version 10.6 is backward compatible to Version 8.1, which is currently the adopted standard.*

Recommendations

Recommendation 1:

The NCVHS recommends that NCPDP SCRIPT Version 10.6 be adopted under the streamlined process for backward compatible standards.

Recommendation 2:

The NCVHS recommends lifting the current exemption from the requirement to use the NCPDP SCRIPT standard for providers in long-term care settings. We believe lifting the exemption sends a clear message to the industry about the desirability of e-prescribing in long-term care.

Sincerely,

A black rectangular redaction box covering the signature of Harry L. Reynolds, Jr.

Harry L. Reynolds, Jr.
Chairman, National Committee
On Vital and Health Statistics

*For additional information, please refer to the NCVHS recommendation letter on Version 8.1, dated December 20, 2005, <http://www.ncvhs.hhs.gov/051220lt.htm> and Version 10.5, dated May 22, 2008, <http://www.ncvhs.hhs.gov/index.htm>.