1. Project Name and ID

|  |  |  |
| --- | --- | --- |
|  | |  |
| **Pharmacist Care Plan** | | Project ID: pending |
| |  |  | | --- | --- | |  | TSC Notification Informative/DSTU to Normative Date : | |  | |
|  | | |
| |  |  | | --- | --- | |  | Investigative Project Date : | | | |
|  | | |

1. Sponsoring Group(s) / Project Team

|  |  |
| --- | --- |
| Primary Sponsor/Work Group (**1 Mandatory**) | **Structured Documents** |
| Co-sponsor Work Group(s) | Pharmacy |
| Co-Sponsor Group Approval Date | Co-Sponsor Approval Date 2016-01-13 |
| Indicate the level of involvement that the co-sponsor will have for this project:   |  |  |  | | --- | --- | --- | |  | Request formal content review prior to ballot | | |  | Request periodic project updates. Specify period: | Monthly Conference Calls and at WGM | | |  | Other Involvement. Specify details here: | SME MTM WG10 Task Group | | | |
|  |  |
| **Project Team:** |  |
| Project facilitator (**1** **Mandatory**) | **Scott Robertson** |
| Other interested parties and their roles | Shelly Spiro, Pharmacy HIT Collaborative (Pharmacy Industry coordinator); Sue Thompson, NCPDP (NCPDP Coordinator) |
| Multi-disciplinary project team (recommended) |  |
| Modeling facilitator | **Lantana** |
| Publishing facilitator | **Scott Robertson** |
| Vocabulary facilitator | **n/a?** |
| Domain expert rep | Shelly Spiro |
| Business requirement analyst | Sue Thompson |
| Conformance facilitator (for IG projects) |  |
| Other facilitators (SOA, SAIF) |  |
|  |  |
| Implementers **(2** **Mandatory** for DSTU projects)  ***FHIR Project Note:*** *The implementer requirement will be handled by the “balloting” project. Therefore work groups do not fill out the above section. However, feel free to list implementers specific to your work group’s resources if you know of any.* | |
| 1) Community Care of North Carolina Inc.(CMMI grantee and pharmacist payer) r. | |
| 2) Great Plains Area ( ND, SD, IA, and NE) of the Indian Health Service (federal provider group) | |
| 3) QS1 Data Systems (national pharmacy software vendor) | |
| 4) PioneerRx Pharmacy Software (national vendor) | |
| 5) Rx30 (national pharmacy system) | |
| 6) Computer Rx (national pharmacy software vendor) | |
| 7) VIP Pharmacy Systems (national pharmacy system) | |
| 8) Creative Pharmacist (Clinical Pharmacy Software) | |

1. Project Definition
   1. Project Scope

|  |
| --- |
| **The goal of this project is to develop an electronic care plan with enhanced medication management content based on the templates in the** [**HL7 Implementation Guide for C-CDA Release 2.1: Consolidated CDA for Clinical Notes**](https://elearning.ihtsdotools.org/mod/scorm/player.php?a=2&currentorg=FA02)_Introduction_to_SNOMED_CT_ORGhttp://www.hl7.org/implement/standards/product_brief.cfm?product_id=379)**. This care plan called “Pharmacist Care Plan” will serve as a standardized, interoperable document for exchange of consensus-driven prioritized medication-related activities, plans and goals for an individual needing care Pharmacists work in multiple environments (community, hospital, long term care, clinics, etc.) and increasingly participate in patient-centered care teams providing essential clinically oriented patient care services such as medication therapy management, clinical reconciliation (medication, allergies and problems), patient immunization management, disease state monitoring, and therapy adherence programs. The pharmacist works with the patient or care giver to identify manageable medication-related goals of therapy, defines needed interventions and strategies for achieving those goals and monitors outcomes in an iterative process. Consultation with other providers involved in the patient’s care are performed as needed. Though the Pharmacist Care Plan is static and represents an instance in time, care for the patient is dynamic and will contains information on the patient, pharmacist and care team’s concerns and goals related to medication optimization. The care plan may also contain information related to individual health and social risks that may impact care, planned interventions, expected outcomes, and referrals to other providers or for additional services e.g., nutrition consultation or diagnostic laboratory studies.**  **The intent of this project is in alignment with the goals set forth in the roadmap - Connecting Health and Care for the Nation A Shared Nationwide Interoperability Roadmap the Office of the National Coordinator for Health Information Technology noted the following:**  **“Providers should have the tools they need to support care transformation, i.e. using technology that supports the critical role of information sharing. This shift will open up new possibilities for providers in how they engage with patients and interact with other care, support and service team members. For example person-centered planning, which includes individual goals and preferences, is increasingly recognized as an integral tool for supporting person-centered health, individual-provider partnerships, and coordinating care, particularly for individuals with chronic conditions and multiple co-morbidities. In a learning health system, person-centered plans will be seamlessly shared amongst a group of individuals in a way that allows all care, support and service team members to contribute to and maintain the person-centered plan. These interoperable plans will be used to support informed, shared decision-making between providers, patients and the full care support team. Further, the learning health system will require nationwide interoperability to support transparent, integrated cost and quality data, accurate outcome measures, and a continuous cycle of improvement. Information gathered and decisions made during the normal course of care will be transformed, in real-time, into computable data and knowledge that is shared across the learning health system.”**  **The Pharmacist Care Plan will is key to the incorporation of medication-related goals and outcomes into a patient’s care profile and planning.**  **Will adhere to the CDA IG Quality Criteria: http://wiki.hl7.org/index.php?title=CDA\_Implementation\_Guide\_Quality\_Criteria** |

* 1. Project Need

|  |
| --- |
| **The need is two-fold. The immediate need is support the CMS Medicare Part D Enhanced Medicare Therapy Management (MTM) program that starts on January 1, 2017. This pilot will start in 5 Medicare Part D regions. Applicants in these regions will have the opportunity to leverage pharmacy providers with issues related to medication management and adverse outcomes. The development of the Pharmacist Care Plan would be a mechanism to support the MTM model of enhanced care which includes an individual’s goals of therapy and outcomes. Secondly, the movement towards Value based payment (VBP) models has recognized pharmacists as an important part of the well-connected care team that addresses the needs of the patient.[[1]](#footnote-1) In a VBP model, an individual’s care is coordinated, managed and supported through documentation of goals and outcomes. Pharmacists have unique training and expertise in the appropriate use of medications and provide a wide array of patient care services in many different practice settings. These services reduce adverse drug events, improve patient safety, and optimize medication use and health outcomes. They are an integral member of the health care team and have unique and frequent access to patients. Pharmacists routinely work with patients to facilitate understanding and compliance with drug regimens, reconcile medications from multiple prescribers, and monitor effectiveness of the treatment. These activities impact the treatment plans of other caregivers. Having a medication-related plan of care shared with those providers and incorporated with care plans developed by** **other Care Team Member is critical to the overall success of patient’s reaching their proposed goals of care. The Pharmacist Care Plan will provide for identification of resources for and obstacles to the patient’s compliance with the recommended treatment.** |

* 1. Success Criteria

|  |
| --- |
| **The success criteria of this project publish the implementation guide for use in the Enhanced MTM pilot.** |

* 1. Project Risks

|  |  |
| --- | --- |
| Risk Description: | **Technical expertise in the development of the CDA documents. Knowledge and capabilities of tooling for C-CDA documents The implementation guide tooling is unfamiliar to the project team.** |
| Impact: | |  |  |  |  | | --- | --- | --- | --- | | Critical | X Serious | Significant | Low | |
| Likelihood: | |  |  |  | | --- | --- | --- | | High | Med | Low | |
| Risk Type: | |  |  |  |  | | --- | --- | --- | --- | | Requirements | Resources | Social-Political | Technology | |
| Risk To HL7: | |  |  |  |  | | --- | --- | --- | --- | | Internal to HL7 |  | External to HL7 |  | |
| Mitigation Plan: | **No specific mitigation. Limitation on resources will extend project Identification of tooling experts as needed to resolve issues.** |
|  | |
| Risk Description: | **.** |
| Impact: | |  |  |  |  | | --- | --- | --- | --- | | Critical | Serious | Significant | Low | |
| Likelihood: | |  |  |  | | --- | --- | --- | | High | Med | Low | |
| Risk Type: | |  |  |  |  | | --- | --- | --- | --- | | Requirements | Resources | Social-Political | Technology | |
| Risk To HL7: | |  |  |  |  | | --- | --- | --- | --- | | Internal to HL7 |  | External to HL7 |  | |
| Mitigation Plan: | **Technical expertise through Lantana.** |
|  | |

* 1. Security Risks

|  |  |  |  |
| --- | --- | --- | --- |
| Will this project produce executable(s), for example, schemas, transforms, stylesheets, executable program, etc. If so the project must review and document security risks. | Yes | No | Unknown |

* 1. External Drivers

|  |
| --- |
| Office of the National Coordinator for Health Information Technology emphasis on integrated, interoperable patient-center care plans and CMS innovation programs to incentivise medication therapy management services. |

* 1. Project Objectives / Deliverables / Target Dates

|  |  |
| --- | --- |
|  | **Target Date** (estimated) |
| Project Scope Statement (PSS) | October 20, 2016 |
| Draft Template Content | February 2017 |
| Notice of Intent to Ballot (NIB) | July 2017 |
| Pre-ballot Review | August 2017 |
| Pre-ballot Approval | August 2017 |
| Final Ballot Content Due | August 2017 |
| Ballot Opens for Voting | August to September 2017 |
| Ballot Reconciliation | September to December 2017 |
| Publication | January 2018 |
| STU | 2018 to 2020 |
| Normative | TBD |

* 1. Common Names / Keywords / Aliases

|  |
| --- |
| **Clinical Pharmacy Care Plan, Pharmacist Care Plan, Medication Therapy Management Care Plan** |

* 1. Lineage

|  |
| --- |
| **n/a** |

* 1. Project Requirements

|  |
| --- |
| **Project requirements are still being accumulated. They will be documented on the NCPDP Collaborative Workspace. See link below in 3.I.** |

* 1. Project Dependencies

|  |
| --- |
| **No known dependencies** |

* 1. Project Document Repository Location

|  |
| --- |
| **All project materials will be maintained at:** [**http://dms.ncpdp.org/**](http://dms.ncpdp.org/) **(NCPDP Collaborative site)under WG10 Professional Pharmacy Services/MTM Communications Task Group which is publically available. NCPDP Registration is required (no fee).** |

* 1. Backwards Compatibility

[*Click here*](#Backwards_Compatibility_help) *to go to Appendix A for more information regarding this section and FHIR project instructions.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are the items being produced by this project backward compatible? | Yes | No | Unknown | N/A |
|  | | | | |
| For V3, are you using the current data types? | Yes | No |  |  |
| If you check 'No' please explain the reason: Built on CDA R2 which uses data types from R1. | | | | |
|  | | | | |

* 1. External Vocabularies

[*Click here*](#External_Vocabularies_help) *to go to Appendix A for more information regarding this section.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will this project include/reference external vocabularies? | Yes | No | Unknown | N/A |
| If yes, please list the vocabularies:  SNOMED CT, LOINC, NCPDP, HL7 vocabularies, RxNorm, and others TBD. | | | | |

1. Products

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Non Product Project- (Educ. Marketing, Elec. Services, etc.) | | |  |  | | --- | --- | |  | V3 Domain Information Model (DIM / DMIM) | |
| |  |  | | --- | --- | |  | Arden Syntax | | |  |  | | --- | --- | |  | V3 Documents – Administrative (e.g. SPL) | |
| |  |  | | --- | --- | |  | Clinical Context Object Workgroup (CCOW) | | |  |  | | --- | --- | |  | V3 Documents – Clinical (e.g. CDA) | |
| |  |  | | --- | --- | |  | Domain Analysis Model (DAM) | | |  |  | | --- | --- | |  | V3 Documents - Knowledge | |
| |  |  | | --- | --- | |  | Electronic Health Record (EHR) Functional Profile | | |  |  | | --- | --- | |  | V3 Foundation – RIM | |
| |  |  | | --- | --- | |  | Logical Model | | |  |  | | --- | --- | |  | V3 Foundation – Vocab Domains & Value Sets | |
| |  |  | | --- | --- | |  | V2 Messages – Administrative | | |  |  | | --- | --- | |  | V3 Messages - Administrative | |
| |  |  | | --- | --- | |  | V2 Messages – Clinical | | |  |  | | --- | --- | |  | V3 Messages - Clinical | |
| |  |  | | --- | --- | |  | V2 Messages - Departmental | | |  |  | | --- | --- | |  | V3 Messages - Departmental | |
| |  |  | | --- | --- | |  | V2 Messages – Infrastructure | | |  |  | | --- | --- | |  | V3 Messages - Infrastructure | |
| |  |  | | --- | --- | |  | FHIR Resources | | |  |  | | --- | --- | |  | V3 Rules - GELLO | |
| |  |  | | --- | --- | |  | FHIR Profiles | | |  |  | | --- | --- | |  | V3 Services – Java Services (ITS Work Group) | |
| |  |  | | --- | --- | |  | New/Modified/HL7 Policy/Procedure/Process | | |  |  | | --- | --- | |  | V3 Services – Web Services (SOA) | |
| |  |  | | --- | --- | |  | New Product Definition | |  |
| |  |  | | --- | --- | |  | New Product Family | |  |
|  | |

1. Project Intent (check all that apply)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Create new standard | |  | Revise current standard (**see text box below**) | |  | Reaffirmation of a standard | |  | New/Modified HL7 Policy/Procedure/Process  Withdraw an Informative Document | |  | N/A (Project not directly related to an HL7 Standard) | | |  |  | | --- | --- | |  | Supplement to a current standard | |  | Implementation Guide (IG) will be created/modified | |  | Project is adopting/endorsing an externally developed IG: Specify external organization in Sec. 6 below;  Externally developed IG is to be (select one): | |  | Adopted - OR -  Endorsed |  | Endorsed | |
| * **Based upon the current C-CDA R2.1 templates** | |

* 1. Ballot Type (check all that apply)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Comment Only | |  | Informative | |  | DSTU to Normative | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | Normative (no DSTU) | |  | Joint Ballot (with other SDOs or HL7 Work Groups) | |  | N/A (project won’t go through ballot) | | |
| **First DSTU. Joint HL7 ballot with NCPDP.** | |
|  | |

* 1. Joint Copyright

*Check this box if you will be pursuing a joint copyright. Note that when this box is checked, a Joint Copyright Letter of Agreement must be submitted to the TSC in order for the PSS to receive TSC approval.*

|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | |  | Joint Copyrighted Material will be produced NCPDP-HL7 letter of agreement on file (active until August 2018) | |

1. Project Logistics
   1. External Project Collaboration

|  |  |  |
| --- | --- | --- |
| **Pharmacy HIT Collaborative, National Council for Prescription Drug Programs** | | |
| For projects that have some of their content already developed: | | |
| How much content for this project is already developed? | **Basic identification of required information.** | |
| Was the content externally developed (Y/N)? | **N** | |
| Date of external content review by the ARB? | **n/a** | |
| Is this a hosted (externally funded) project? (not asking for amount just if funded) | Yes | No |

* 1. Realm

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | |  | Universal | | Realm Specific |
|  | Check here if this standard balloted or was previously approved as realm specific standard |
|  | **US specifications but other realms not specifically excluded.** |

* 1. Project Approval Dates

|  |  |
| --- | --- |
| Affiliate/US Realm Task Force Approval Date  (for US Realm Specific Projects) | **USRTF Approval Date 2016-01-14** |
| Sponsoring Work Group Approval Date | **WG Approval Date 2016-01-14** |
| FHIR Project: FHIR Management Group Approval Date | **n/a** |
| Steering Division Approval Date | **SD Approval Date CCYY-MM-DD** |
| |  |  |  | | --- | --- | --- | | [PBS Metrics and Work Group Health Reviewed](http://gforge.hl7.org/gf/download/docmanfileversion/7241/10172/PBSMetricGuidanceforSDCoChairs2013Final.doc)? (required for SD Approval) | Yes | No | | |
| Technical Steering Committee Approval Date | **TSC Approval Date CCYY-MM-DD** |
| |  |  |  | | --- | --- | --- | | TSC has received a Copyright/Distribution Agreement (which contains the verbiage outlined within the SOU), signed by both parties. | Yes | No | | |

* 1. Stakeholders / Vendors / Providers

*This section must be completed for projects containing items expected to be ANSI approved, as it is an ANSI requirement for all ballots*

|  |  |  |
| --- | --- | --- |
| **Stakeholders** | **Vendors** | **Providers** |
| Clinical and Public Health Laboratories | Pharmaceutical | Clinical and Public Health Laboratories |
| Immunization Registries | EHR, PHR | Emergency Services |
| Quality Reporting Agencies | Equipment | Local and State Departments of Health |
| Regulatory Agency | Health Care IT | Medical Imaging Service |
| Standards Development Organizations (SDOs) | Clinical Decision Support Systems | Healthcare Institutions (hospitals, long term care, home care, mental health) |
| Payors | Lab | Other (specify in text box below) |
| Other (specify in text box below) | HIS | N/A |
| N/A | Other (specify below) |  |
|  | N/A |  |
| |  | | --- | | **Other: pharmacists** | | | |

* 1. Synchronization With Other SDOs / Profilers

|  |  |  |
| --- | --- | --- |
| Check all SDO / Profilers which your project deliverable(s) are associated with. | | |
| ASC X12 | CHA | LOINC |
| AHIP | DICOM | NCPDP |
| ASTM | GS1 | NAACCR |
| BioPharma Association (SAFE) | IEEE | Object Management Group (OMG) |
| CEN/TC 251 | IHE | The Health Story Project |
| CHCF | IHTSDO | WEDI |
| CLSI | ISO | Other (specify below) |
| **Project is in coordination with NCPDP. NCPDP has SMEs which can directly contribute to the successful application of this project to current clinical pharmacy requirements.** | | |

1. # The Rising Star in the Value-Based Community: Pharmacists; http://www.ihealthbeat.org/perspectives/2015/the-rising-star-in-the-valuebased-community-pharmacists#.Vmmcilv\_d98.linkedin

   [↑](#footnote-ref-1)