

May 24, 2024

Micky Tripathi, Ph.D., M.P.P. National Coordinator for Health Information Technology Office of the National Coordinator for Health Information Technology (ONC) U.S. Department of Health and Human Services 330 C St., SW, Floor 7 Washington, DC 20201

Submitted to: https://inquiry.healthit.gov/support/plugins/servlet/desk/portal/2

Re: NACDS Recommendations for the 2024-2030 Federal Health IT Strategic Plan

Dear Dr. Tripathi:

The National Association of Drug Stores (NACDS) is pleased to have the opportunity to comment on the Draft 2024-2030 Federal Health IT Strategic Plan ("Strategic Plan") recently issued for public comment by the Office of the National Coordinator for Health Information Technology (ONC). We appreciate the opportunity to provide feedback on this important initiative.

First and foremost, we commend ONC for its comprehensive and forward-thinking approach in developing the Strategic Plan. The goals outlined in the plan align closely with NACDS's commitment to leveraging technology to improve patient care outcomes, enhance interoperability, and advance public health initiatives. However, we believe there are several areas where additional emphasis and strategic focus could further strengthen the plan's effectiveness, as detailed below.

I. **Summary of Recommendations**

a. ONC should focus on the HITAC Pharmacy Interoperability and Emerging Therapeutics Task Force's use cases of (1) bi-directional data sharing and/or exchange among pharmacies and other relevant providers and (2) integrating pharmacists into the care team, as well as (3) the Task Force's recommendation that ONC work with HHS enabling receipt of incentives to develop and adopt certified Health IT under ONC's Certification Program, e.g., through full recognition of pharmacists as providers. Focusing on these three priorities initially, in concert, would provide the greatest impact toward achieving pharmacy interoperability. Consequently, implementing these three priorities should be an element of the Strategic Plan.

- b. We encourage ONC to actively involve pharmacies, pharmacy professionals, and pharmacy partners (e.g., wholesalers/distributors) in the development and implementation of health IT initiatives. By integrating pharmacy workflows and systems into broader health information exchange networks, we can maximize the impact of technology on patient-centered care delivery. This should be another focus of the Strategic Plan.
- c. In light of the recent Change Healthcare cyberattacks, we urge ONC in the Strategic Plan to raise the priority of implementation of robust cybersecurity measures to mitigate the risk of data breaches and unauthorized access. It is critical that the response to the next interruption is not built around a temporary patchwork of provider loans and flexibilities, but rather a sturdy and reliable mechanism for healthcare providers to rely on so when emergency disruptions occur, alternate tools exist and can be active to support uninterrupted healthcare for the nation without additional strain on the healthcare providers who are on the front lines of serving the American people.
- d. We appreciate ONC's incorporating into the Strategic Plan measures that promote equity and accessibility. By leveraging technology to bridge the digital divide, we can improve health equity and reach populations that have historically faced barriers to care. ONC should look to pharmacies and pharmacists as key players in helping bridge that divide to improve health equity and reach vulnerable communities.
- e. We urge ONC to leverage community pharmacies in its Strategic Plan to help achieve your objective of patients experiencing expanded access to quality care and reduced or eliminated health disparities. The American people deserve more accessible options to improve their health, including access to the clinical care and expertise of their local pharmacist that proved irreplaceable over the last three years.
- f. We recommend that ONC adopt a flexible and adaptive approach to its Strategic Plan, allowing for iterative updates and adjustments to accommodate emerging technologies and evolving healthcare trends.

II. Interoperability and Data Exchange

While the strategic plan rightly prioritizes interoperability as a cornerstone of health IT advancement, we urge ONC to continue fostering collaboration among stakeholders to accelerate the implementation of interoperable systems. Facilitating seamless data exchange between pharmacies,

healthcare providers, and other entities is essential to ensuring coordinated patient care and improving health outcomes.

In particular, ONC should look to the recommendations of its HITAC Pharmacy Interoperability and Emerging Therapeutics Task Force ("Task Force") in developing its Strategic Plan. The Task Force developed a robust set of recommendations that warrant ONC's recognition in the Strategic Plan. Among the Task Force's recommendations, ONC should focus on the Task Force's use cases of (1) bi-directional data sharing and/or exchange among pharmacies and other relevant providers and (2) integrating pharmacists into the care team, as well as (3) the Task Force's recommendation that ONC work with HHS enabling receipt of incentives to develop and adopt certified Health IT under ONC's Certification Program, e.g., through full recognition of pharmacists as providers. Focusing on these three priorities initially, in concert, would provide the greatest impact toward achieving pharmacy interoperability. Consequently, implementing these three priorities should be an element of the Strategic Plan.

We agree with the Task Force that the increase in the availability of pharmacy-based and pharmacist-delivered clinical services necessitates improved coordination between pharmacies and other health care providers. More and more, community pharmacies are providing patients with increased options for safe, affordable and convenient clinical care. In recent years, community pharmacies have been granted expanded authority to provide a broad range of clinical care services, which has enhanced access to routine healthcare services like testing, immunizations, treatment for minor ailments, preventive therapies, and other low-acuity clinical care.

III. Pharmacy Integration and Engagement

Community pharmacies are increasingly key players in the healthcare system, providing convenient care for millions of patients across the country. We encourage ONC to actively involve pharmacies, pharmacy professionals, and pharmacy partners (e.g., wholesalers and distributors) in the development and implementation of health IT initiatives. By integrating pharmacy workflows and systems into broader health information exchange networks, we can maximize the impact of technology on patient-centered care delivery. This should be another focus of the Strategic Plan.

About **90% of Americans live within 5 miles of a community pharmacy**¹ and **86%** of adults report that **pharmacies are easy to access**.² Importantly, 97% of Americans live within 10 miles of a pharmacy. Pharmacies are open for extended hours – including nights and weekends – when other healthcare providers are unavailable. Across communities, people visit pharmacies more often than other healthcare settings. Moreover, **80**% of Americans support pharmacists helping patients prevent chronic diseases, a top driver of healthcare costs. Additionally, nearly **3 out of 4 Americans support**

¹ https://www.japha.org/article/S1544-3191(22)00233-3/fulltext

² https://accessagenda.nacds.org/dashboard/

pharmacists testing for and treating common illnesses, such as flu and COVID-19.3

When pharmacies were more fully leveraged during the recent COVID-19 public health emergency, pharmacy interventions averted more than 1 million deaths, prevented more than 8 million hospitalizations, and **saved \$450 billion in healthcare costs**. Additionally, a recent study found that a 50% uptake of a pharmacist-prescribing intervention to improve blood pressure control was associated with **\$1.137 trillion in cost savings** and could save an estimated 30.2 million life years over 30 years.

The accessibility and clinical expertise of pharmacists and pharmacies lends very well to driving solutions that improve healthcare access, promote innovation, and mitigate preventable spending that results from suboptimal health outcomes. This includes helping to bridge gaps in healthcare access resulting from the expected shortage of 86,000 physicians by 2036. The unique footprint and infrastructure of community pharmacies should be leveraged in advancing healthcare solutions to prioritize better outcomes, prevention, cost-savings, access, and equity for the American people. To better leverage pharmacies in transforming healthcare to help meet the needs of the American people, NACDS strongly recommends that ONC actively involve pharmacies, pharmacy professionals, and pharmacy partners (e.g., wholesalers and distributors) in the development and implementation of health IT initiatives.

IV. Cybersecurity Safeguards

As evidenced by the recent Change Healthcare cyberattacks, health IT systems are becoming increasingly interconnected and complex. A successful attack on one entity can cause ripple effects nationwide across the entire healthcare delivery system, causing delays in care delivery and patient harm. Thus, safeguarding patient privacy and data security remains paramount. In the Strategic Plan, we urge ONC to raise the priority of implementation of robust cybersecurity measures to mitigate the risk of data breaches and unauthorized access.

Throughout the disruptions stemming from the Change Healthcare cyberattacks, pharmacies have remained committed to promoting uninterrupted access to care for the patients and communities they serve nationwide. Feedback from our pharmacy membership indicates that across the country, pharmacies have been significantly impacted by the disruptions caused by the cyberattacks on Change Healthcare -- financially, operationally, and otherwise. Since disruptions were first encountered, pharmacies have continued to work tirelessly to mitigate delays and treatment interruptions for their patients, implementing high-burden and unsustainable workarounds with limited guidance and no indication of the scope of the interruption, nor an estimated duration of the

³ https://www.nacds.org/pdfs/Opinion-Research/NACDS-OpinionResearch-National.pdf

⁴ https://pubmed.ncbi.nlm.nih.gov/36202712/

⁵ Dixon DL, Johnston K, Patterson J, Marra CA, Tsuyuki RT. Cost-Effectiveness of Pharmacist Prescribing for Managing Hypertension in the United States. JAMA Netw Open. 2023;6(11).

⁶ https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage

disruption, especially during the first several weeks following the first incident.

Despite important progress made over the last several months since the incident initially occurred, pharmacies across the country continue to report disruptions as they work to process the backlog of claims that mounted during the first outage of various billing systems and claims processors. Specifically, pharmacies were unable to bill Medicare Part B for certain products and medications for nearly five weeks, with additional disruptions in billing across six state Medicaid programs for nearly six weeks, and there were interruptions in some workers' compensation plans as well. Workarounds for these programs have resulted in high administrative burdens and medication access delays in certain instances. While we appreciate actions taken by CMS, HHS, and UnitedHealth Group to mitigate the impact of this disruption on pharmacies, other healthcare providers, and the American people, there are several key areas of opportunity that ONC could incorporate into its Strategic Plan to better resolve current challenges and prepare for similar, future incidents.

During the recent interruptions in billing processes stemming from the Change Healthcare attacks, cash flow challenges for large and small pharmacies, hospitals, and medical offices have been reported on an ongoing basis. Most pharmacies and other entities could not seamlessly implement alternate claims processing, which requires substantial time, effort, and re-contracting. Therefore, pharmacies and other healthcare providers had no choice but to manually hold transactions for billing at a later, unknown date once the disruptions were resolved. More importantly, holding claims places pharmacies and other providers in an untenable position, taking on financial risk for prescriptions dispensed and services provided without a reliable mechanism and timeframe to be compensated for those products and services.

While provider funds and temporary payment programs are greatly appreciated, reports of meager funds, egregious high-interest loan programs, and closed deadlines have mitigated benefits of such assistance. Also, because restoration timelines were unknown and unreliable earlier in the incident, it was challenging for providers eligible for such programs to determine if the administrative burden was worth the potential for temporary funding assistance. Rather than supporting temporary funding programs, it is critical for HHS and ONC, together with policymakers, to explore effective solutions and policy levers to better respond to emergency disruptions that more seamlessly resolve interruptions from such incidents. Specifically, implementation of emergency declarations, the availability of cyberattack insurance to help alleviate financial burdens, and similar solutions, tools, and policies that provide an immediate, alternate mechanism for pharmacy and medical claims processing is an essential lesson learned from the recent cyberattacks. It is critical that the response to the next interruption is not built around a temporary patchwork of provider loans, but rather a sturdy and reliable mechanism for healthcare providers to rely on so when emergency disruptions occur, alternate tools exist and can be active to support uninterrupted healthcare for the nation without additional strain on the healthcare providers who are on the front lines of serving the American people.

⁷ https://www.unitedhealthgroup.com/changehealthcarecyberresponse#latestupdates

V. Equity and Access

Addressing disparities in healthcare access and outcomes is a critical component of any comprehensive health IT strategy. We appreciate ONC's incorporating into the Strategic Plan measures that promote equity and accessibility. By leveraging technology to bridge the digital divide, we can improve health equity and reach populations that have historically faced barriers to care. ONC should look to pharmacies and pharmacists as key players in helping bridge that divide to improve health equity and reach vulnerable communities.

Throughout the COVID-19 public health emergency, pharmacies were a trusted, equitable provider of vaccinations, tests, and antivirals, providing about 340 million COVID-19 vaccines, in addition to more than 42 million tests, and dispensing more than 8 million antiviral courses.8 Compared to medical centers, pharmacies provided more than 90% of COVID-19 vaccinations.9 During 2022-2023, more than two-thirds of adult COVID-19 vaccinations were administered at pharmacies. With respect to testing, pharmacies provided 87% of the free tests administered through the Improving Community Access to Testing (ICATT) program. Similarly, in considering pharmacies impact on antiviral access, HHS reported that 87.5% (35,000 of the 40,000) antiviral dispensing sites were pharmacies. Pharmacies unequivocally demonstrated their ability to meaningfully expand critical access to care across vulnerable communities during the recent public health emergency, and the American people have taken notice. According to a poll conducted by Morning Consult and commissioned by NACDS in October 2023, 81% of adults in the U.S. believe it's important for their state to update its policies to ensure that patients permanently have the same access to pharmacy vaccination, testing, and treatment services that were available during the COVID-19 pandemic.

Not only did pharmacies provide unparalleled access to COVID-19 vaccines, tests, and antivirals, pharmacies surpassed expectations when it came to serving vulnerable and underserved communities. For example, 43% of people vaccinated through the Federal Retail Pharmacy Program were from racial and ethnic minority groups, exceeding CDC's goal of 40% — the approximate percent of the U.S. population comprised of racial and ethnic groups other than non-Hispanic White. Pharmacies also supported concerted efforts to foster testing and antiviral access in vulnerable and rural communities, helping to ensure access points across diverse populations, especially in those communities without other healthcare providers within reach.

⁸ https://www.liebertpub.com/doi/10.1089/hs.2023.0085

⁹ https://www.iqvia.com/insights/the-iqvia-institute/reports/trends-in-global-adult-vaccination

¹⁰ https://www.liebertpub.com/doi/10.1089/hs.2023.0085

¹¹ Miller MF, Shi M, Motsinger-Reif A, Weinberg CR, Miller JD, Nichols E. Community-based testing sites for SARSCoV-2 — United States, March 2020–November 2021.MMWR Morb Mortal Wkly. 2021;70(49):1706-1711.

¹² US Department of Health and Human Services. https://www.hhs.gov/about/news/2023/04/14/factsheet-hhs-announces-amend-declaration-prep-act-medical-countermeasuresagainst-covid19.html

¹³ https://www.nacds.org/pdfs/Opinion-Research/NACDS-OpinionResearch-National.pdf

¹⁴ https://www.gao.gov/assets/720/718907.pdf

We urge ONC to leverage community pharmacies in its Strategic Plan to help achieve your objective of patients experiencing expanded access to quality care and reduced or eliminated health disparities. The American people deserve more accessible options to improve their health, including access to the clinical care and expertise of their local pharmacist that proved irreplaceable over the last three years.

VI. Innovation and Flexibility

The pace of technological innovation continues to accelerate, presenting both opportunities and challenges for healthcare providers and stakeholders. We recommend that ONC adopt a flexible and adaptive approach to its Strategic Plan, allowing for iterative updates and adjustments to accommodate emerging technologies and evolving healthcare trends. Embracing innovation will be key to unlocking the full potential of health IT in improving patient outcomes and driving efficiency across the care continuum.

VII. Conclusion

NACDS is committed to collaborating with ONC and other stakeholders to advance the objectives outlined in the 2024-2030 Federal Health IT Strategic Plan, which we hope will include our recommendations provided in this letter. By working together to address the challenges and opportunities inherent in today's rapidly evolving healthcare landscape, we can pave the way for a future where technology enables seamless, patient-centered care delivery for all. Thank you for considering our input; if we can provide more information, please do not hesitate to contact Sara Roszak, Senior Vice President, Health and Wellness Strategy and Policy at sroszak@nacds.org.

Sincerely,

Steven C. Anderson, FASAE, IOM, CAE President and Chief Executive Officer

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NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate nearly 40,000 pharmacies, and NACDS' chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit NACDS.org.