

NCPDP Integrated Standards for Pharmacist-Provided Patient Care Services

NCPDP provides a broad set of tools, standards and recommendations to support and strengthen the role of pharmacists in the provision of patient services, documentation and the interoperative exchange of clinical information. Typically the healthcare provider having the most consistent and regular contact with a patient is the pharmacist. This places the pharmacist in a pivotal position to support continuity of care and monitor patient outcomes and the safe use of medications.

HL7-NCPDP Pharmacist/Pharmacy Provider

EHR – S Functional Profile (March 2012) ([Members](#); [Non-Members](#))

The Pharmacist/Pharmacy Provider Functional Profile, developed jointly by NCPDP and HL7, facilitates the capture, maintenance and sharing of point of care prescription and medication related clinical data by Electronic Health Record (EHR) systems in a standard manner across the healthcare industry. The profiles detail functions of systems and will be used to support system certification.

Note: Version 2 of the Functional Profile is currently in development to align with the [Standards and Certification Regulations](#), 2015 Edition Health IT Certification Criteria (2015 Edition [Final Rule October 6, 2015](#)).

NCPDP Specialized Standard ([Members](#))

The Specialized Standard is available for use by all willing trading partners. It is based on the SCRIPT XML model and therefore the transactions are compatible with ePrescribing transactions. The following are transactions included in the Specialized Standard:

MTM and Other Patient Care Services Transactions (last update July 2015)

➔ *Request for Service/Referral (XML title: MTMServiceRequest)*

The request/referral for MTM Services may be initiated by the payer, treating or prescribing physician, pharmacist, a hospital or other facility, and/or the patient or caregiver. Triggers for the request for MTM Services include the complexity of the medication regimen or considerations of the therapy in light of one or more chronic or multisystem impacting conditions.

Guidance Documents:

NCPDP develops guidance documents focusing on enhancement of medication safety, and ensuring medication related standards support clinical best practices for pharmacists.

Universal Medication Schedule (UMS) March 2013

This white paper introduces the concept of the Universal Medication Schedule (UMS) and lays out a set of best practices for implementation using NCPDP's SCRIPT Standard. UMS simplifies medication administration instructions for the patient and/or caregiver, promoting increased medication adherence and improved patient safety. The SCRIPT Standard supports transmission of the UMS through the use of the Sig segment when an electronic prescription is transmitted from a prescriber to a pharmacy.

NCPDP Specialized Standard

MTM and Other Patient Care Services Transactions (continued)

Medication Therapy Reviewsⁱ - The medication therapy review (MTR) is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them.

Comprehensive MTMⁱⁱ

Targeted MTM

Specified Service or Intervention

Examples of services and interventions include medication reconciliation, pharmacist consultation, patient monitoring to ensure continuity of care and medication adherence, consolidation of medication regimen into a rational dosing schedule, medication synchronization, etc.

→ **Response (XML Title: MTMServiceResponse)**

The pharmacist or other provider reviews the patient's clinical information and MTM service type, optional frequency and total number of MTM encounters requested/approved to determine if services can be provided. The response back to the requestor is to either accept or refuse the request/referral for service.

→ **Documentation of Service (XML Title: MTMService Documentation)** (July 2011)

Through use of MTM-specific SNOMED codes, the Documentation transaction provides a description of services rendered, including clinical information and/or recommendations for therapy modifications, referrals to other healthcare professionals (e.g. nutritionists), etc. Refer to the Specialized Implementation Guide for examples.

→ **Query transactions (XML Titles: CLINICALINFOREQUEST AND CLINICALINFORESPONSE)** (January 2013)

Query transactions are used for the exchange of patient-centric clinical health information, such as allergies, conditions, medical histories, or all clinical information available between electronically enabled healthcare providers.

Guidance Documents:

NCPDP Recommendations for Dose Accumulation Monitoring in the Inpatient Setting:

Acetaminophen Case Model June 2016

This paper provides the healthcare industry, in particular the pharmacy and inpatient facility sectors, with historical and background information on the patient risks associated with hidden sources of acetaminophen and recommendations for best practices to mitigate those risks through facility management and electronic medical record systems.

NCPDP Recommendations for Improved Prescription Container Labels for Medicines Containing Acetaminophen Version 1.1 Dec 2012 and Version 1.0 May 2011

Version 1.0 provides information on the patient risks associated with use of abbreviations and hidden sources of acetaminophen and recommendations for improved labeling and warnings. Building on findings and recommendations of Version 1.0, Version 1.1 of this white paper details the compelling progress made in response to NCPDP's recommendations and call to action for industry stakeholders to address the public health issue of accidental acetaminophen overdose. The Executive Summary provides a snapshot of actions taken and guidance for continued implementation since Version 1.0 of the white paper was first published in 2011.

ⁱ Medication Therapy Management in Pharmacy Practice: [Core Elements of an MTM Service Model v 2.0](#)

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ⁱⁱ The National MTM Advisory Board's [definition of a Comprehensive Medication Review](#), based on Core Elements of an MTM Service Model v2.02011



Consolidated CDA (C-CDA) Related Implementation Guides and Recommendations

The C-CDA is the recognized health IT certification standard for the electronic exchange of clinical documents.

→ [HL7-NCPDP Implementation Guide for CDA® Release 2: Medication Therapy Management \(MTM\) Templates Release 1—US Realm](#) (December 2015)

This guide supports the documentation and communication needs of the expanding Medication Therapy Management (MTM) services arena and the CMS Medicare Part D reporting and patient information requirements for MTM. It is to be used for the exchange of medication related information including assessment results, recommendations for modifications to medication regimens, recommendations for other services (e.g., dietary or laboratory) and the results of interventions between/among providers, payers, pharmacy benefit managers (PBMs) and the patient.

[CMS Mandated Takeaway Document](#)

The “takeaway document” is provided to the patient after a Comprehensive Medication Review (CMR), and summarizes the review and the activities the patient must complete for compliance and enhanced outcomes, as well as the patient’s active medication list. This C-CDA includes a stylesheet that enables printing of the document in accordance with the Medicare format requirements.

[Medication List](#)

Personal Medication List (PML) is a reconciled list of all the medications in use (i.e., active medications) by the patient at the time of a CMR.

→ [Recommendations for Use of the HL7 Consolidated CDA Templates for Pharmacy](#) (March 2014)

This NCPDP recommendation document provides guidance on the use of the HL7 Consolidated CDA template document formats as the vehicle for capture and exchange of the pharmacist clinical information. Two document formats are included:

Pharmacy Transition of Care - The document sets out the situations which define the requirements for use of the optional sections of the CCD Template for pharmacy and pharmacist transfer of care services from the inpatient to the community setting. This enables the electronic transmission of the discharge information and supports the reconciliation of the discharge medications with the medications in use in the community setting.

Pharmacy/Pharmacist Care Note - The document sets out the situations which define requirements for the optional sections of the HL7 C-CDA Progress Note Template as they relate to pharmacy and pharmacist services.

Guidance Documents:

[NCPDP Recommendations and Guidance for Standardizing the Dosing Designations on Prescription Container Labels of Oral Liquid Medications](#)

March 2014

This paper provides the healthcare industry with historical and background information on the patient risks associated with the dosing of liquid medications and recommendations to mitigate those risks through best practices in prescription orders, prescription labeling and the provision of dosing devices.

[NCPDP’s Recommendations for an Integrated, Interoperable Solution to Ensure Patient Safe Use of Controlled Substances](#)

December 2016

This white paper examines the shortfalls of today’s prescription drug monitoring programs intended to reduce fraud and abuse and proposes a new roadmap for PDMP. The recommendations leverage best practices and NCPDP’s existing, widely adopted standards to help states standardize PDMP’s and provide real-time reporting and access to data, giving providers information in a timely manner, across state lines and across pharmacies.

Consolidated CDA (C-CDA) Related Implementation Guides and Recommendations (continued)

➔ *Pharmacist eCare Plan Version 1.0: Guidance on the Use of the HL7 CDA Consolidated Templates for Clinical Notes R2.1 Care Plan* (September 2016)

This NCPDP guidance document utilizes the HL7 C-CDA Clinical Notes R2.1 Care Plan template to create a pharmacist electronic care plan. The document sets out the situations which define requirements for the optional sections of the Care Plan Template for pharmacy and pharmacist assessment and treatment planning and outcome documentation. This enables pharmacists to capture their assessments of patient health status and health concerns, mutually defined patient care goals, recommendations, interventions and outcomes and to share them with other care providers, payers and the patient.

NCPDP Standards/Documents Under Development Using HL7 C-CDA

➔ *Pharmacist Care Plan Implementation Guide*

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](#). 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. Additional information [click](#) here.

➔ *Consultant Pharmacist Consultation and Recommendation Templates*

A current project in WG14 Long Term and Post Acute Care is defining the requirements for documentation of Consultant Pharmacist review and treatment recommendations. Business requirements have been identified and are being mapped to the C-CDA Consult Note to determine its usability or whether a Consultant Pharmacist specific template will be required.

Other Transactions with NCPDP Guidance

X12 Collaboration for Service Request, Notification, Approval and Billing

Additions made to the X12 278 Health Care Services Review: Request and Response Transaction and Notification Transaction to enable the request for and authorization of MTM services, including MTM Type of Service codes and support for SNOMED CT.

SNOMED Codes for Pharmacist Provided Services:

SNOMED CT is a standardized, multilingual vocabulary of clinical terminology that is used by physicians and other health care providers for the electronic exchange of clinical health information. Currently there are 450 terms and 82 value sets related to MTM and other pharmacist care services.

The following and additional SNOMED related web links are available on the [Pharmacy Health IT](#) website.

SNOMED CT Implementation: A Beginner’s Guide [PHIT; PDF]

Use this document to get up to speed on SNOMED CT clinical documentation and develop a plan for implementation within your system. Additional documents under “Implementation Resources” supplement this guide.

Value Set Authority Center (VSAC) [ONC; Weblink]

Locate pharmacy value sets within VSAC to guide implementation of SNOMED CT clinical documentation. Access to VSAC requires a free Unified Medical Language System (UMLS) [login](#).