POWER TO THE PATIENT
Collaborating to Improve the Patient Experience

2015 ANNUAL REPORT
NCPDP™
Defining our True North

It is important for all organizations to, from time to time, take a step back and engage in a listening exercise to understand how we – members, board members and staff – perceive ourselves, our goals and our progress. This exercise is particularly important to NCPDP at this stage of growth. In 2015, we looked at our vision, what we aspire to be, how we aim to behave, and how we interact with each other and redefined our true north. The culmination of this effort gives us a unified framework of our Vision, Purpose and Core Values that guides our work.

Vision

The potential inherent in our future, what we intend to be.

Lead the industry in healthcare standards and solutions for the common good.

Purpose

Why we exist.

To standardize the exchange of healthcare information to improve outcomes.

CORE VALUES

Express our shared understanding of what we believe, how we aim to behave with one another, our partners, and our customers.

- collaboration
- inclusiveness
- integrity & ethical behavior
- leadership
- innovation
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The theme of this year’s annual report, “Power to the Patient,” is particularly poignant for me, as it depicts our work at NCPDP, my personal passion and my life’s journey.

**I am a big believer that everything happens for a reason.**

Fresh out of college, I thought my interview with NCPDP Co-Founder, Ben Ward, was just the first stepping stone to a career in pharmaceuticals. After quite a bit of soul searching, I knew that NCPDP was my home. This is where I needed to be.

My medical history at the age of eighteen filled more than one bookcase at my university’s medical center. I was newly married, away from my hometown and family, and had just exhausted the maximum amount payable from the medical benefit available under my student insurance. It was the late 70s, but in many ways the same cost, quality and data sharing issues plague our healthcare system today.

I had asthma and recurrent pneumonia my whole life, but in my freshman year of college I became extremely ill. My right lung kept collapsing. There were many ambulance trips to the emergency room and stays in intensive care, consults with multiple care providers and repeated, failed attempts to re-inflate my collapsed lung. I ran out of insurance and options, but the university’s medical center graciously took me into their teaching facility as a subject of experiment. Medical students doing rotations were constantly moving in and out of my room. Everything was recorded on paper, another page in another book on my medical record bookcase. Finally, with my permission which was granted through weakness, uncertainty and fear, my surgical team prepared to remove my right lung.

**My surgeons said once, maybe twice, that I wasn’t going to make it. It was quite amazing to see yourself – your body lying on the operating table.**

It took the team of pulmonary specialists 14.5 hours to prepare and remove my right lung. They videotaped the surgery, took notes and shared the teaching tools with medical students. They also shared the videotape with me.

**My medical history could and should have been a lifeline to a lifetime of health challenges.**

20 years later, a new medical issue surfaced. My specialist asked about the previous lung surgery and diagnosis, concerned that it may have been cancer. All I could recall was that I had an inferior lung and that there were drainage tubes in my chest as well as in my nose. I didn’t believe I had cancer, as I did not recall having either chemotherapy or radiation treatments. I was in a tube similar to an MRI that was monitoring my lungs, my lung capacity. But cancer? I don’t think it was in my vocabulary back then.

**I returned to the university’s medical center only to learn that my bookcase medical history was gone, destroyed after 15 years. Both of my surgeons had since passed away. All that history, all the important information was gone.**

After they removed my right lung, they told me that I would have to be very careful and that I’d never be able to play tennis or run again. Yet there I was, 30 years later, training for a full marathon. Today I am proud to say that I have run...
five half marathons. My training for my first marathon, however, wasn’t without incident. As I was training, I began to have some serious back problems. I learned through an MRI that I have a herniated disk, a bulging disk and a back condition called dextroscoliosis, which I learned may be connected to birth injuries caused by the use of forceps. Again, had I access to my medical records, I am confident that through the many X-rays and tests that this condition would have been documented.

**In a twist of fate that you’d only expect to see in a made for cable movie, my primary care provider’s patient medical records were completely destroyed, innocent casualties of his divorce.**

He was my physician, guardian of my medical records – and additional medical diagnoses - for 27 years.

**We need to make it easier for people to connect the dots of their past medical history to their future empowered selves.**

I wish I had those records today so I can be more empowered as a patient in the future. I believe my medical history could help connect the dots on health challenges I will face as I continue to age, gracefully of course.

Through it all, I still believe that everything happens for a reason. I am sharing my story with NCPDP members, colleagues, and others because access to my medical records could have informed and accelerated my care and treatment. It could have reduced unnecessary costs and improved my quality of care. My longtime colleague and NCPDP Chair, Michele Vilaret Davidson, R.Ph., will share her unique healthcare experience. Our common thread is a deep appreciation for the work that is accomplished by our membership.

There is no question that NCPDP has led the industry in support of better quality, connected care, focused on conforming to provider workflows and improving the patient experience. Our solutions touch all patients and make it easier for providers to make sure the right person is getting the right medication; to protect patients from harm associated with drug interactions, duplicative therapies, dosing errors and system failures; to support continuity of care. We ease the administrative burdens that still exist in medical today. Our solutions facilitate a more focused patient/provider encounter.

**I am privileged to share my story. When we connect our expertise with our passion and experience as patients and caregivers, we are compelled to do more, try harder, listen better, be more creative – all in our collaborative pursuit of improving the safety and quality of patient care.**

This has been a tremendous year for NCPDP. As you read through this Annual Report – from our new vision, purpose and core values to the updates on our strategic initiatives, and standards and industry guidance, I welcome you to share your story on how you personally connect to your involvement with NCPDP.

Lee Ann Stember  
President, NCPDP
As I lay in the ambulance, the questions began: What is your full name? What is your address? What is your date of birth? Which medications do you take? I had already given some of this information to the nurses in the first aid tent, and now I had to repeat it. I take seven medications, and as I got to the seventh, my mind went blank. It begins with a “t,” is used for the heart, but I use it for prevention of migraines. It is a small, long yellow tablet and it is 50 mg. I am a pharmacist and have been in the profession for 30 plus years and can’t remember my meds.

I can remember when, as a pharmacist in the retail setting, hospitals used to call me to ask which medications a patient was taking. Sometimes the patient could recall the color, shape or size of a medication, but not the name of it. As I was faced with my own emergent medical issue, I couldn’t help but wonder: in such a vulnerable situation, how can anyone remember all their important medical information?

It was the summer of 2012, and I was participating in the Save the Bay Swim, a 1.7 mile swim across Narragansett Bay, from Newport to Jamestown, Rhode Island. I was doing well, but started to have difficulty breathing in the middle of the swim. Being the competitor that I am, I kept swimming and finished the race! As I stood up, I felt dizzy and nauseated. I was taken to the First Aid tent and then rushed to the emergency room of the nearest hospital. A blood test determined that I had a “cardiac event,” and I was transferred to another hospital for a cardio cath.

I was far from my home in Virginia, my doctors and my medical records which documented my history and treatment for migraines. The nurse asked me a couple of questions and then pulled me up in her system. She confirmed my insurance coverage, and read aloud my medication list. All my medications - including the one I couldn’t remember, were in there.

The work of NCPDP made it possible for the hospital staff to create a picture of my medical history with my medications.

In that moment, I realized that the Medication History told the story for me. For a few minutes I was not laying in the hospital bed, worried about my cardiac event and what would happen next. I was overcome with excitement to see our work at NCPDP having a very real and direct impact on my care.
Now they can begin safely treating me, with full visibility on my medications, steer clear of any potential drug interactions and avoid interruptions in therapy.

It turns out that I have a congenital heart defect. Upon discharge I received a packet of information with my test results and medications that were given to me during my stay at both hospitals – this was especially important since they had discontinued some of my medications and added a couple of new ones. My primary care physician also received a record of my care at the hospitals.

*Today I still swim, just at an easier pace. My diagnosis hasn’t changed my life, but it has made me want to do more to support NCPDP.*

The reality is that NCPDP’s work impacts the patient, physician and pharmacist – to facilitate communication, the exchange of information, and to improve patient care.

In 2015, I issued my Chair Challenge, asking members to invest two more volunteer hours each month in NCPDP, because there is still so much work to be done. We all know how important it is to participate in this process. I have seen the manual process of prescribing controlled substances – taking physicians out of their workflow and away from the patient to try to determine if the patient’s need is legitimate or fraudulent. We have the solution to preserve the connection in the physician-patient encounter; equip physicians with real-time, intrastate information to help determine a patient’s valid medical need versus inappropriate use; and speed time to therapy. Other, ready-to-implement transactions for electronic prior authorization and cancel/change a prescription are just two of many that can improve the healthcare experience.

I am honored to Chair this organization and sit alongside the dedicated members who contribute to our success at so many levels – from the strategic, to the very tactical, thoughtful and vital transactions enabled by our standards. Together at NCPDP, we are giving power to the patient and care providers to improve outcomes.

*Michele Vilaret Davidson, R.Ph.*
Chair, NCPDP Board of Trustees
POWER TO THE PATIENT
When we EDvocate, we share solutions and resources to improve healthcare and the patient experience.

We Define and Are Defined by EDvocacy
EDvocacy is an NCPDP initiative that communicates the value gained from bringing all healthcare industry stakeholders together in our forums to develop sustainable industry solutions to business and patient safety challenges to improve healthcare outcomes.

It is distinguished by a focus on:
- Education, sharing knowledge about the complexities of the healthcare system.
- An understanding of the impact of change on each stakeholder group.
- The importance of consensus-building, sacrifice and investment to serve the greater good of the industry and, more importantly, for the ultimate benefit of patients.
- Real-world solutions that can improve healthcare; and the forum and process to lead and keep pace with evolving industry needs.

Members and Staff EDvocate on NCPDP’s Behalf
EDvocacy is expressed at all levels of NCPDP, from staff communication to NCPDP member activities carried out into their respective places of employment and in other professional interactions.

NCPDP’s Strategic Planning Committee members, Board members, Executive staff, and Industry and Government Relations team participate in meetings with industry leaders and policymakers to educate and increase awareness of NCPDP, and serve as a knowledgeable and trusted resource. To date, the team’s EDvocacy efforts have provided valuable industry and topic-specific education for leaders to make better informed decisions for their constituencies.

EDvocacy is Important for Awareness and Future Problem Solving
EDvocacy has existed as an informal NCPDP practice long before we coined the term. It is characterized by the ongoing activities of our members and staff, actively seeking to educate and share information about NCPDP, our process and outcomes. In 2013, we formalized our EDvocacy initiative, naming it and expanding the scope of activities to encompass visits with industry leaders and policymakers.

NCPDP represents a unique vantage point, providing a forum and process that require virtually all healthcare industry stakeholder groups to consider the various perspectives on an issue and develop industry solutions by consensus. As such, we are in a privileged position to understand all aspects of an issue and share information for more informed decision making.

Through EDvocacy, we increase awareness of NCPDP, our forums, and consensus-based standards and other patient safety solutions that can help address some of today’s healthcare challenges. It is imperative that we share our knowledge and continue to serve as a problem-solving forum in order to be true to our vision and purpose.
EDvocacy Activities in 2015

Our Strategic Planning Committee members, Board members, Executive staff, and Industry and Government Relations team participate in EDvocacy activities throughout the year. This includes presenting NCPDP solutions at industry conferences, in webinars and meetings with other industry associations, including:

- National Association of Chain Drug Stores (NACDS)
- ONC S&I Framework
- The National Alliance of State Pharmacy Associations (NASPA)
- Western Medicaid Pharmacy Administrators Association (WMPAA)
- U.S. Pharmacopeial Convention (USP)
- Various State Boards of Pharmacy
- Office of National Drug Control Policy (ONDCP)
- National Governors Association (NGA)
- Healthcare Information and Management Systems Society (HIMSS)

In addition, NCPDP Board members, Strategic Planning Committee members and Executive staff participated in two successful EDvocacy tours in 2015, with guidance from our consultant, Horizon Government Affairs (HGA). The EDvocacy tours included 35 meetings with congressional staff, members of Congress, congressional committees of jurisdiction and administration officials.

According to Joel White, President of HGA, NCPDP’s government and public affairs firm, “It is evident that policymakers and their staff and outside organizations all view NCPDP as a trusted resource and an organization to turn to for advice and education in the fight against prescription drug abuse and other issues.” This is marked by requests for meetings from the Senate HELP committee; Senator Shaheen (D-New Hampshire); Senator Ayotte (R-New Hampshire); House Energy and Commerce Committee staff; the Bureau of Justice Assistance (BJA); and John Coster, Director of the Division of Pharmacy within the Centers for Medicare and Medicaid Services (CMS).

NCPDP’s role is to serve as a resource to anyone interested in learning about all facets of an issue and how consensus-based solutions are developed in our forums. NCPDP does not lobby or engage in any activities that involve direct or indirect payment to influence the decision-making process in the legislative or executive branches of the federal government or at the state level. Read more about EDvocacy at http://ncpdp.org/About-Us/EDvocacy.

Community Pharmacy Foundation

NCPDP’s collaboration with the Community Pharmacy Foundation (CPF) grew out of our EDvocacy efforts. Community pharmacists had traditionally been underrepresented in NCPDP’s membership and in our forums for many reasons – including responsibilities to their communities and the patients they serve. Community pharmacists’ active participation in NCPDP is important to ensure continuous improvements in the delivery of patient care and patient safety, and ensuring that the voice, perspectives, expertise and experience of community pharmacists are represented in NCPDP stakeholder action groups, work groups and task groups.

In 2013, CPF first approved a grant focused on the engagement of active and influential independent community pharmacists in the NCPDP standards-development process. Now in its third year, the CPF grant has provided critical funding that has had immediate and profound benefits in supporting NCPDP’s work, and fostering community pharmacist collaboration within NCPDP’s membership.

NCPDP and CFP: From EDvocacy to Outcome

- Community pharmacy representation in NCPDP membership has increased.
- There is active community pharmacist representation in seven NCPDP work groups.
- Grantees have provided valuable input on the time management and workflow impacts of compound billing solutions, the standardized use of Prescription Origin Code in reporting, and ePrescribing best practices.
- Grantee participation and engagement supported the creation of a new task group on specialty drugs and compounding, fortifying prior authorization transactions, and ensuring independent pharmacies were included in a field to identify preferred pharmacies within NCPDP’s Formulary and Benefit Standard.
Multiple Paths to Improved Patient Safety

Year after year NCPDP has delivered actionable industry guidance to improve patient safety. While traditionally known for supporting patient safety through the development and enhancement of our industry standards, NCPDP is increasingly being called upon to provide the forum, process and people (our members) to address patient safety issues with solutions that are not necessarily rooted in standards.

Dose Accumulation Monitoring in Inpatient Setting

Based on widespread industry support for adoption of NCPDP’s recommendations addressing unintentional acetaminophen overdose in the ambulatory setting, we turned our attention to the inpatient setting. NCPDP approved “Recommendations for Dose Accumulation Monitoring in the Inpatient Setting” in 2015. The white paper, which will be published in 2016, uses acetaminophen as a case model to address supratherapeutic, or higher than therapeutically necessary, dosing for hospitalized patients. Supratherapeutic dosing can occur even with robust clinical decision support (CDS) tools and alerts to detect inappropriately-high ordered dosages and duplicate therapies. The white paper also tackles gaps in systems and processes at care transitions. The recommendations are targeted at reducing patient risk of overdose.

Summary of Recommendations and Stakeholders’ Call to Action for Dose Accumulation Monitoring for Medications Containing Acetaminophen

1. Minimize use of multiple-ingredient products containing acetaminophen.
2. Implement physician and nurse education with emphasis on maximum daily dose for medications at risk for overdose.
3. Provide patient education on medication use and the risk for overdose.
5. Establish the pharmacist as the primary actor in the Medication Reconciliation Process.
6. Integrate health information technology solutions that minimize the risk of inadvertent overdosage for high-risk medications into all process flows and decision support.

Optimizing the Powerful Functionality in SCRIPT

NCPDP and our members continue to EDvocate to increase awareness and adoption of the full functionality in ePrescribing standards. The capabilities inherent in the standard were developed to meet workflow and patient care needs of providers. Its capabilities go far beyond narrow Meaningful Use requirements. Further, the limited scope of adoption and implementation by electronic health record (EHR) vendors has neglected important patient safety capabilities that providers should have at the point of care.

To accelerate the goal of full use of the functionality in NCPDP standards, the NCPDP Foundation and the American Pharmacists Association (APhA) Foundation are developing a joint pilot study on ePrescribing. The pilot study aims to support complete, national implementation of the SCRIPT standard, which conforms to practice workflow and enhances communication via advanced messaging systems to improve patient outcomes. Read more about the ePrescribing pilot study in this Annual Report under NCPDP Foundation.
Supporting Effective Implementation of Structured and Codified Sig

NCPDP’s Structured and Codified Sig Format standardizes the portion of an electronic prescription that contains the directions for pharmacy dispensing and patient use. It facilitates communication between prescribers and pharmacists, provides for greater specificity in prescribing and dispensing, and can help reduce the opportunity for errors. To improve effective use of Structured and Codified Sig, NCPDP developed additional detailed use cases, including more complex examples that were included in the SCRIPT Implementation Recommendations, published in November 2015.

The new use cases also support the principles of the Universal Medication Schedule (UMS), a methodology that simplifies medication administration instructions to improve patient understanding and adherence for improved health outcomes.

Supporting Patient Safety in the Nonproprietary Naming of Biological Products

NCPDP kicked off 2015 participating in an historic FDA advisory meeting on biosimilars. The advisory panel recommended approval of the first U.S. biosimilar product. NCPDP has been actively EDvocating about the issue and the importance of giving biosimilars the same nonproprietary names as the innovator product to support the safe and effective use of biosimilars.

In August, FDA released industry guidance for all biological products, designating a nonproprietary name that includes a suffix composed of four lowercase letters. NCPDP submitted comments in response to the notice on Nonproprietary Naming of Biological Products Draft Guidance for Industry Availability and to the Proposed Rule on Designation of Official Names and Proper Names for Certain Biological Products.

Among NCPDP’s comments:

1. Employment of consistent standards and data structures accepted as valid by all parties in the pharmaceutical supply chain is critically important.
2. Nonproprietary naming conventions must be applied consistently to all products, including biologicals.
3. Any revisions to the nonproprietary naming conventions must be reconciled with the statutory obligations of the United States Pharmacopeial Convention (USP) and the United States Adopted Names (USAN) Council.
4. Development of U.S. naming practices that are at odds with those employed internationally is not supportive of global harmonization.
5. A preferred alternative to the nonproprietary naming conventions should consist of tracking by NDC.

NCPDP clearly stated the basis of our opposition to the use of suffixes:

1. A case for the inadequacy of the current system has not been made.
2. A clear definition of the problem to be solved and an identification of its true causes are essential preliminaries in any consideration of a new naming convention.
3. It is critical that, if any changes are to be considered, all stakeholders must be educated and engaged.

FDA is expected to release final guidelines on the naming of biosimilar products in November 2016.

Patient Safety Efforts Abound

Other ongoing activities in support of patient care and safety include:

- Tactical support for implementing electronic prior authorization transactions.
- Development of a normalization process for the formulary and benefit file, reducing file size and improving usability of the NCPDP Formulary and Benefit Standard to encourage greater utilization.
- Modifications to the way compound medication information is transmitted via the SCRIPT Standard, allowing for greater visibility on the ingredients of the compound. This enables alerts such as drug-drug interactions and patient allergies, Drug Utilization Review (DUR) and improved Medication Therapy Management (MTM).
- Developing a retail pharmacy solution for FDA’s unique device identification (UDI) system, which is intended to help identify and track medical devices to improve patient safety and aid in post market surveillance.
- Discussion of DEA (Drug Enforcement Administration) guidance on refill/renewal requests for controlled substances and creation of a new task group to identify solutions for requests of controlled substance prescriptions for continued therapy that complies with the DEA requirements.
Shaping the Future – Best Practices and Sustainability

NCPDP’s recent recommendation to require industry to move to SCRIPT Standard Version 2015071 will provide even more robust functionality than Version 10.6, which was developed and approved by NCPDP more than seven years ago. Visionary in both strategy and practice, NCPDP has successfully paved the way for better connected, coordinated, and safer healthcare. Our focus on best practices for standards development, enhancement and implementation, as well as other industry guidance facilitates a sustainable framework for healthcare today and for generations to come.

Planning for the Future of Pharmacy

During the year, NCPDP’s WG10 Professional Pharmacy Services assessed its scope and goals to ensure that its focus addresses the evolving and potential future roles of pharmacists as valuable providers on the patient care team. The work group goals support pharmacist-provided patient care services – from immunizations and prescribing to patient monitoring services. The goals align with the Joint Commission of Pharmacy Practitioners Pharmacists’ Patient Care Process, supporting continued development or modification of administrative and clinical standards, both medication and practice related.

Other goals include developing standards and implementation guides that enhance the patient-centered care process using interoperable information technology to facilitate communication among all individuals involved in the patient’s care. Working with colleges of pharmacy, another goal is to incorporate information about health information technology and data exchange standards into the pharmacy curriculum.

The work group, in conjunction with WG11 ePrescribing and Related Transactions, will also identify segments of pharmacy practice, such as compounding, specialty and home infusion, that may have unmet communication and information exchange needs. Together, the two work groups will develop or enhance standards, guidance and terminologies to address those needs.

Developing a Patient Care Plan for Pharmacists

One provider-specific project that kicked off in 2015 is the development of a Pharmacist Care Plan, a patient-centered electronic care plan involving medication-related activities and services such as Medication Therapy Management (MTM), clinical reconciliation (medication, allergies and problems), immunization management, disease state monitoring, and therapy adherence programs. Distinguishing features of the care plan include:

- Identification of manageable medication-related therapy goals.
- Specifying interventions and strategies for achieving the goals.
- Monitoring progress and outcomes.
- Referrals to other providers or for additional services, such as nutrition consultation or diagnostic laboratory studies.

The clinical handoff to pharmacists after diagnosis and prescribed treatment is a natural transition in care. Pharmacists have training and expertise in the appropriate use of medications and in providing patient care services. Their accessibility and experience communicating with patients improves patient understanding and compliance with drug regimens.
The Pharmacist Care Plan will be based on the templates in the HL7 Implementation Guide for C-CDA Release 2.1: Consolidated CDA for Clinical Notes. It supports interoperability and the integration of pharmacy clinical services into the National Interoperability Roadmap, as well as the CMS Medicare Part D Enhanced Medicare Therapy Management program and the move toward value based payment models.

Driving Best Practices In Standards Implementation and Optimization

Our standing effort to EDvocate for full implementation of our standards and continuous improvement of implementation guidance found federal support in a grant awarded in 2015. As the Chair of the Standards Charter Organization (SCO), NCPDP spearheaded a major resurgence in the group which is composed of various healthcare standards development organizations. SCO members include Health Level Seven (HL7), Inc., Accredited Standards Committee (ASC) X12, ASTM International, and Clinical Data Interchange Standards Consortium (CDISC), as well as other standards-related entities and formal observers.

NCPDP has been working with the Office of the National Coordinator for Health Information Technology (ONC) and SCO members to support the goals of the Shared Nationwide Interoperability Roadmap.

Candid, problem-solving discussions between the SCO and ONC led to an ONC grant, “Standards Development Organization Collaboration to Enhance Standards Alignment, Testing, and Measurement Project.” The grant, which seeks to ensure that standards are used as intended to facilitate interoperability and workflow efficiency, was awarded to NCPDP. It includes testing and measurement of standards use by industry. NCPDP reports quarterly on the status of the deliverables under the grant.

The SCO is demonstrating value to its member organizations and the ONC. It has the potential to play a pivotal role in supporting new strategies for improving interoperability and the use of technology to support patient-centered, value based care.

Preparing for the Next Versions of SCRIPT and Telecommunication Standards

In February 2016, NCPDP submitted our recommendation for the next version of the SCRIPT Standard. Our proposal for the next version of the Telecommunication Standard will be made in the third quarter of 2016.

NCPDP recommended that regulations for the SCRIPT Standard be published with the following timeline:

- Compliance date for the use of NCPDP SCRIPT Standard Version 2015071 should be January 2019.
- Sunset date of NCPDP SCRIPT Standard Version 10.6 should be January 2019.

SCRIPT Standard Version 2015071 includes not only technical but also important patient safety features incorporated since Version 10.6, including:

- Electronic prior authorization (ePA) transactions.
- Support for compound prescriptions with fields for the final compound and the individual ingredients.
- Updates to Structured and Codified Sig Format in response to members’ needs for additional implementation guidance.

Spotlight on NCPDP Consensus Group

The consensus group is a vital part of NCPDP’s process.

- Each year, a new NCPDP Consensus Group is formed to review and vote on NCPDP Data Maintenance Ballots released twice a year. Participants must enroll each year.
- NCPDP reviews the list of respondents to ensure the Consensus Group represents a reasonable balance of interests which requires that no single membership classification constitutes a majority of the Consensus Group.
- Consensus group participants are asked to review proposed standards modifications and cast one of the following votes for each new ballot:
  - **Affirmative with Comments** – comments are not required, but if submitted must contain actionable items that are minor in nature and must be noted on the electronic ballot.
  - **Negative with Reason** – reasons are required and must cite the section being referenced, with corrective cures.
  - **Abstain** – if a ballot has no direct impact on your business, an “abstain” vote is appropriate and is counted in the validation of a ballot.

In 2015, NCPDP balloted 48 DERFs (Data Element Request Forms), the documentation used to request an addition or modification to an NCPDP standard. For more details on NCPDP’s process, including approval by American National Standards (ANS) and how to participate in the consensus group, go to [http://www.ncpdp.org/NCPDP/media/pdf/SOP.pdf](http://www.ncpdp.org/NCPDP/media/pdf/SOP.pdf).
Prescription Drug Access Without Abuse – NCPDP’s PDMP Solution

Prescription drug abuse has been making headlines for years, becoming increasingly pervasive, taking lives and destroying families. Its impact ripples through the very fabric of our communities. According to the Drug Enforcement Administration (DEA) 2015 National Drug Threat Assessment, every year since 2002, deaths from prescription drug abuse have outpaced those from cocaine and heroin combined. Furthermore, prescription drug abuse is higher than that of cocaine, methamphetamine, heroin, MDMA (3,4-Methylenedioxyamphetamine), and Phencyclidine (PCP) combined.

In 2015, President Obama unveiled a plan which included private sector actions and public efforts, focused on prescriber training and improving access to treatment, to help combat the prescription drug abuse and heroin epidemic.

NCPDP has been actively engaged in problem solving the challenges associated with the issue since 2012, which culminated in the release of a white paper with recommended solutions for Prescription Drug Monitoring Programs (PDMP) reporting. Since then, NCPDP PDMP Task Group participants, other members and staff have tirelessly EDvocated and expounded on NCPDP’s PDMP Solution.

EDvocacy Activities:

- Presentations at national conferences.
- Meetings and presentations with national and state boards of pharmacy and government agencies.
- Participation in and presentation to ONC S&I Framework.
- Meetings with other industry associations – from National Association of Chain Drug Stores (NACDS) to American Academy of Family Physicians (AAFP).

In addition to increasing awareness, the organic nature of EDvocacy and the enthusiasm it engenders facilitates introductions to other individuals, organizations and entities. It also has a very tangible impact:

- Language was included in H.R. 1725 National All Schedules Prescription Electronic Reporting Reauthorization Act to “incorporate prescription drug monitoring program data directly into the workflow of prescribers and dispensers to ensure timely access to patients’ controlled prescription drug history.” This language closely aligns with NCPDP’s PDMP Solution. This bill passed the House in 2015 and remains eligible for Senate action in 2016.
- Report language accompanying H.R. 2578 Commerce, Justice, Science, and Related Agencies Appropriations Act for 2016 “directs the Bureau of Justice Assistance (BJA) to continue partnerships with other professional organizations that foster interstate interoperability and connectivity among State-run PDMPs, and encourages BJA to continue its support for efforts to establish a national network of interconnected PDMPs.” As a result of the passage of this language, NCPDP met with BJA and the agency has requested a follow up meeting to continue discussions in 2016.
Actions Taken to Build Out the Solution:

- Discussions with potential participants in one or more pilots using NCPDP’s PDMP Solution.
- Further enhancement of our PDMP Transaction Flow, and implementation steps.
- Updates to *NCPDP Recommendations for Improving Prescription Drug Monitoring Programs* to fortify the solution and meet the needs of providers using PDMPs.
- Creation of a document to address next stage questions about our PDMP Solution, including funding the model solution, coordination with and the role of state PDMPs, and upholding privacy protections.
- Development of a detailed requirements document for the interoperable PDMP Facilitator responsible for receiving, storing and evaluating NCPDP D.0 claims, evaluating risk, and receiving and responding to Controlled Substance Repository requests, including providing states with PDMP data when needed.

**NCPDP’s PDMP Solution Transaction Flow**

- **PDMP Facilitator**
- **State PDMPs**
- **Prescriber/HIT System**
- **Switch/Intermediary/Hub**
- **Pharmacy**

*NCPDP’s integrated workflow solution uses existing NCPDP industry standards for proactive intervention at both the points of prescribing and dispensing, allowing for electronic access to prescription drug abuse data.*

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### An Interoperable Solution for Proactive Intervention

NCPDP’s white paper describes our sustainable, interstate solution for PDMPs that can effectively prevent diversion, ensure appropriate access for patients who legitimately need controlled substances, and protect patients. The solution was developed using NCPDP’s unique consensus-building process that explores all aspects of an issue; is inclusive of the various stakeholder perspectives and roles and the impact of proposed solutions to each stakeholder; considers and conforms to existing workflows; and takes a best practice approach focused on creating sustainable solutions.

NCPDP’s model enables proactive intervention at the points of prescribing and dispensing, providing access to information:

- in real-time,
- across state lines, and
- within prescriber and pharmacy workflows.

Further, it addresses gaps with existing PDMPs, providing an onramp to optimize PDMPs at both the state and national levels. NCPDP’s model puts the focus on the patient and provider. It equips prescribers and dispensers with timely information at the point of care to support clinical decision making. The model leverages federally mandated industry standards as the infrastructure for interoperable data sharing.
Progress on Strategic Goals and Initiatives

The NCPDP Board of Trustees' Strategic Planning Committee (SPC) annually establishes and measures progress of goals designed to guide the future of the organization. Goals and initiatives are approved by the Board in May for implementation over the next twelve months. Some initiatives are short-term and some are ongoing and long-term.

Following are comments from some of the SPC members on the progress of important initiatives in 2015.

Continue campaign to gain industry and legislative support for national PDMP solution using NCPDP standards, and see it to implementation in five years.

“The realization of NCPDP’s PDMP Solution is our highest organizational priority. We have a solution that can effectively stem the tide of prescription drug abuse, prevent patients from heading down the insidious path of addiction, and also provide appropriate access for patients who have a valid medical need. We can give prescribers and pharmacies ready access to real-time, interstate information for proactive intervention at the points of care and dispensing. This will save lives… maybe in our own families or circle of friends.

Most compelling is that we already have the means to make this a reality, without the need for a lot more infrastructure. The distance from vision to reality is relatively short, which makes it all the more important for NCPDP to accelerate efforts to advance our PDMP solution.

This past year, we made tremendous strides in educating the healthcare industry and policymakers about NCPDP’s PDMP Solution. There is increasing support for our solution, and now we’re detailing the working model.”

Darren Townzen, R.Ph., MBA
Immediate Past Chair, NCPDP Board of Trustees
Member, Strategic Planning Committee

Charlie Oltman, MBA CHC, (L) and Darren Townzen, R.Ph., MBA (R)
“The momentum we gained this past year has taken our solution to the next level. We’re currently talking with interested stakeholders in several states about piloting NCPDP’s PDMP Solution. We’re hoping that can happen in the next year.

Our PDMP Task Group has developed a requirements document for a PDMP Facilitator. The EDvocacy team of NCPDP members and staff has been discussing NCPDP’s PDMP Solution with trading partners that represent users of the proposed solution. In visiting with the National Governors Association, we have reinforced the message that NCPDP’s PDMP Solution can work with – and improve individual state PDMPs. There are questions still to be answered, including how the solution will be funded, and we are exploring alternative funding models. You can learn more about NCPDP’s PDMP Solution and our sustained effort to make it a reality on pages 12 and 13 of this report.”

Charlie Oltman, MBA, CHC
President, NCPDP Foundation
Member, Strategic Planning Committee
Leader, NCPDP PDMP Task Group
Past Member, NCPDP Board of Trustees

**Develop priorities for EDvocacy and Industry Relations to maximize impact.**

“We reached a tipping point in our EDvocacy efforts in 2015. For the past several years, we have placed a priority on education of policymakers in Washington, D.C. and pharmacy industry leaders. In 2015, we expanded our outreach to leaders of government agencies, offices of the Administration, state Governors and leaders of other healthcare industry segments.

We have diligently targeted EDvocacy visits to individuals and organizations where we believe NCPDP can serve as a resource. It has been effective. Policymakers and healthcare leaders now are asking NCPDP for input on potential solutions to critical healthcare challenges, most notably prescription drug abuse. I think congressional leaders who now know us are in awe of our ability to bring stakeholders together to collaborate and develop solutions for the common good.

Another priority for us in 2015 was to increase understanding of the nature of EDvocacy. We have defined it, described it and explained how it is very different from lobbying. You can read about it in this report and on the NCPDP website. We plan to continue to increase EDvocacy in 2016 because it is making a difference.”

John Hill, MBA, HCM
Member, NCPDP Board of Trustees
Chair, Strategic Planning Committee

**Inaugural NCPDP Champion Award**

During the year, the Strategic Planning Committee established the NCPDP Champion Award as part of its EDvocacy and Industry Relations Initiative. The NCPDP Champion Award recognizes an individual or team for outstanding accomplishments or work within the industry to improve patient care by actively supporting NCPDP initiatives.

NCPDP named Joseph Fine, R.Ph., Technical Director, Centers for Medicare & Medicaid Services (CMS), the recipient of our inaugural Champion award. Fine has been instrumental in fostering the close collaboration between CMS and NCPDP for many years. The award was announced at NCPDP’s 2015 Annual Technology & Business Conference.
Increase collaboration with other healthcare organizations to advance mutual goals for improving healthcare.

“Collaboration is one of NCPDP’s core values. We have always looked for ways to collaborate with pharmacy industry associations. As we expanded our EDvocacy efforts over the past several years, we also increased efforts to collaborate with organizations throughout the healthcare continuum on shared goals for medication safety, pharmacist provider status, interoperability and PDMP.

Some of the organizations NCPDP connected with in 2015 to identify or collaborate on shared goals are the American Academy of Family Physicians, Patient Safety Movement Foundation, New England Healthcare Institute, USP Executive Leadership, and the HIT Collaborative.

As a result of more outreach, our connections tend to snowball. For example, we were invited to serve on advisory boards and to participate in summit meetings, including an Invitational Leadership Summit of pharmacy executives and a Government Drug Policy Summit. We will continue these efforts because we believe that by working together we can have a greater impact on patient safety and improved care.”

Mara N. Mitchel
Member, NCPDP Board of Trustees
Vice Chair, Strategic Planning Committee

EDvocacy in Action:

- NCPDP participated in a Panel Discussion on prescription drug abuse hosted by the Network of Excellence in Health Innovation (NEHI)
- NEHI published an Issue Brief, Physicians and PDMPs: Improving the Use of Prescription Drug Monitoring Programs
- Participation in the panel opened the door for NCPDP to collaborate with American Academy of Family Physicians (AAFP)
Leverage NCPDP’s experience to develop standards and real-time connectivity in other healthcare segments.

“There is tremendous change afoot in the healthcare industry. It includes rethinking the care team and developing new coordinated care models. NCPDP has expertise in creating standards and building the connectivity necessary to support care coordination and related business transactions. Our vision and purpose compel us to share that expertise.

Three years ago, the National Dental EDI Council (NDEDIC) became an affiliate of NCPDP. Since then, we have guided NDEDIC in developing a consensus-based standards development process based on our successful model. Through that process, NDEDIC now has developed two guidance documents to help facilitate the electronic exchange of information within the dental industry. By continuing to leverage NCPDP’s expertise, NDEDIC will eventually be instrumental in connecting dental to all of healthcare so dentists can share their critical insights on patient risk for cardiovascular disease, diabetes, osteoporosis and more.

NDEDIC is currently working to emulate the NCPDP business model by identifying revenue-generating products that can help support the volunteer solutions development efforts of the organization.”

Perry Lewis
Vice Chair, NCPDP Board of Trustees
Member, Strategic Planning Committee
NCPDP Liaison, NDEDIC Strategic Planning Committee

Identify work group and industry challenges that represent an opportunity for the SPC to take a leadership role.

“In 2015, we launched a quarterly, online forum for two-way dialogue with NCPDP’s Work Group Co-Chairs. The Strategic Planning Committee wants to learn from Co-Chairs what unsolved challenges they face in their work groups to consider how SPC might be able to support their efforts through our initiatives. We also want to hear about issues Co-Chairs may see emerging in the industry that haven’t been brought to work groups, but may impact the healthcare sector.

We held four forums in 2015. At least one Co-Chair from each work group attended, and the online format proved effective for lively, interactive discussion. We identified actionable items to help us continually improve our consensus process, task group leader skills, and grooming of new leadership. We also identified opportunities to support work group efforts through our EDvocacy.

Another benefit of the forums is that our Co-Chairs are more informed about how ongoing SPC activities are already addressing issues of concern to our members and our work group efforts.”

Perry Lewis
Vice Chair, NCPDP Board of Trustees
Member, Strategic Planning Committee
Facilitator, Quarterly Co-Chair Forums
Education Programs – Sharing a Global View of Healthcare and Industry Solutions

NCPDP’s Education Programs cover timely, focused and rich content on topics and issues that matter most to our members. From webinars to our Educational Summit and Annual Conference, we curate a variety of topics – from updates on standards, best practices and implementation guidance to pressing industry issues, presented by subject matter experts.

Webinars

NCPDP’s 2015 webinar series featured a variety of topics, including Electronic Prior Authorization (ePA) Transactions; Accreditation: The Pharmacy Practice Credential; Implementation of Structured and Codified Sig in SCRIPT 10.6; and Medicare Audit Findings and a Look at What to Expect in 2016. In response to members’ requests to learn more about professional growth and leadership opportunities, NCPDP University presented an in-depth webinar, NCPDP Leadership Opportunities. NCPDP webinars are archived and available on demand through our website.

NCPDP in HIMSS Town Hall Meetings

NCPDP collaborated with HIMSS to produce a total of three webinars for the Spring 2015 HIMSS Town Hall series. The first, Pharmacy Leads the Way with ePrescribing of Controlled Substances (EPCS), concentrated on overcoming the obstacles that prevent EPCS utilization by prescribers. The second installment of the series, Pharmacy’s Role in Interoperability, focused on the national conversation about interoperability in healthcare IT and the large role pharmacy is playing today and will continue to play into the future. The final webinar, Pharmacy, Leadership & the Optimization of Quality, zeroed in on the next steps that the healthcare industry can take to optimize the quality of ePrescribing and the major role NCPDP standard SCRIPT 10.6 could play with its enhanced functionality. NCPDP and HIMSS are planning the Spring 2016 HIMSS Town Hall webinar series.

Access the latest webinar programming, as well as archived webinars, at http://www.ncpdp.org/Education/Webinar

Educational Summit

NCPDP hosted our annual Educational Summit in St. Louis, Missouri. The 2015 theme, Meeting Healthcare Needs Through Partnerships, Transparency & Trust, focused on key industry challenges and the importance of collaboration and adoption of industry standards to increase healthcare interoperability and patient safety. The Summit opened with a Legislative and Regulatory Outlook to prepare attendees for upcoming 2016 legislative priorities and healthcare regulations. John M. Coster, Ph.D., R.Ph., Director, Pharmacy Division for CMS, presented a session about the Impact of Medicaid, Medicare, and Part D on Standards. Other highlights of the Summit include:

- Tricia Lee Wilkins, Ph.D., Pharm.D., Pharmacy Advisor and Health IT Specialist, Office of the National Coordinator (ONC), discussed how ONC and NCPDP are meeting healthcare challenges together, and the vital role of standards and interoperability.
- A presentation on State Partnerships & PDMPs: Improving Adoption of NCPDP Standards Through Pilots and Legislation featured NCPDP’s PDMP Solution.

NCPDP’s 2016 Educational Summit will be held in Atlanta, Georgia, on November 1, 2016.

Annual Conference

NCPDP’s 2015 Annual Technology & Business Conference put the spotlight on the Creative Collisions. Sustainable Solutions. developed in our forums. The theme depicts the work of our members and our processes of discovery, problem-solving, and consensus-building. It also describes the outcomes of our work: sustainable solutions to complex business challenges and patient safety issues.

The 38th Annual Conference started with a dynamic keynote panel discussion on “Policy, Politics and People.” The industry thought leader panel was composed of: Thomas R. Bizzaro, R.Ph. (Moderator), Vice President, Health Policy, FDB (First Databank, Inc.), and Past BOT Chair, NCPDP; Mary Jo Carden, Director of Regulatory Affairs, Academy of Managed Care Pharmacy (AMCP); Jim Bialick, President, Patient Safety Movement Foundation and Patient Safety Movement Coalition; and Brandi Greenberg, Managing Director, The Advisory Board Company.

A second, powerful keynote presentation was delivered by Carey Lohrenz, the first female F-14 Tomcat pilot. The conference also included 14 educational track sessions, networking events, and an island-themed closing night celebration.

NCPDP’s 2016 Annual Technology & Business Conference will be held May 2-4, 2016, in Scottsdale, Arizona.
NCPDP Products – Providing Industry with Reliable, Up-to-date Data and Information

NCPDP is known as the source of truth when it comes to pharmacy and provider data. Our products, the dataQ® Pharmacy Database and the HCIdea® Prescriber Database are trusted sources for reliable, up-to-date information. NCPDP’s RxReconn® Healthcare Legislation Tracking tool gives subscribers access to industry related issues that can impact our members’ business and profession. Our products are designed to help subscribers be more efficient in daily operations and stay ahead of emerging issues and trends that may impact their business in the months and years ahead.

NCPDP’s products support the valuable work of NCPDP, and provide funding to help underwrite more than 70% of the costs associated with work group meetings and other activities that are essential to NCPDP. Our products are a vital source of revenue that enable us to create awareness, educate, develop standards and address the variety of healthcare and patient safety issues brought forth by industry stakeholders.

What’s New with dataQ®

NCPDP’s dataQ has been the go-to resource for pharmacy network verification for over 35 years. Accurate and current information about pharmacies is vital for proper reimbursement by many third party plans because the NCPDP Provider ID is used to identify the pharmacy, as well as maintain the highest level of accuracy in the dataQ Pharmacy Database.

In 2015, NCPDP rolled out a complete rebuild of NCPDP Online, dataQ’s data source. NCPDP Online is the website used by pharmacies and pharmacy services administrative organizations (PSAOs) to apply for new NCPDP/NPDS (Non Pharmacy Dispensing Site) numbers; view and update NCPDP profile information; and report changes in ownership to NCPDP.

- **Enhanced user interface** – The login and landing pages for NCPDP Online have a familiar look-and-feel, consistent with our ncpdp.org website. The pages are also now hosted on ncpdp.org, enabling us to post real-time updates on future enhancements or scheduled maintenance.
- **One click access to NCPDP Online** – At ncpdp.org we added a “Pharmacy Info” tab, just above our Member Login to access the NCPDP Online login with a single click.
- **Browser agnostic** – NCPDP Online supports multiple browsers, including Google Chrome, Apple Safari, Mozilla Fire Fox and Microsoft Windows Explorer 9.0 or higher. This improved browser support increases pharmacies’ ability to easily login in and access NCPDP Online using latest technology and browsers.

**dataQ® Fast Facts**

- Comprehensive and up-to-date information for 74,500+ active pharmacies, and over 6,000 non-pharmacy dispensing sites.
- An average of 12,614 changes in data are recorded each month.
- 4,672 new profiles were added in 2015, averaging nearly 400 per month.

**HCIdea® Fast Facts**

- Used by CMS and law enforcement, including the HHS Office of Inspector General, the FBI and the DEA for Medicare fraud and abuse surveillance.
- Accurate information on 2.4 million Type 1 providers and 598,000+ Type 2 providers.
- Data on federal prescriber sanctions now available

**RxReconn® Fast Facts**

- RxReconn tracked 2,945 legislative bills and 918 regulatory notices spanning 33 issue topics.
- New enhancements include search by bill number; access to additional resources including the Capitol Journal, Legislative Session Calendar; and a chart of partisan breakdown by state.
- RxReconn is the source for legislative and regulatory updates provided at our quarterly work group meetings.
Recognizing Members for Leadership, Service

NCPDP is grateful for the continued leadership and dedication of its members. The time and energy that members contribute in work groups, committees, task groups and the Board of Trustees are essential to NCPDP’s success. This valuable volunteer work provides critical industry solutions through advancements in health information technology and medication safety. In 2015, NCPDP recognized many members through award programs.

TIME (The Individual Member Excellence) Award
Damon R. Tressler | CVS Health

NCPDP’s 2015 TIME Award recipient is Damon R. Tressler, Senior Director, Medicare Program Services, CVS Health. An NCPDP member for 15 years, Damon received one of the first MVP awards in 2001, his first year with NCPDP. Damon served as a Work Group Co-Chair for a total of nine years, leading WG5 Payment Reconciliation and then WG1 Telecommunication. He also led several task groups and has chaired or been an active member of most Board committees, including: Annual Conference, Awards, Bylaws, Membership and Leadership Development Committee, Nominating, SNIP, and Strategic Planning. In 2012, he was elected to the Board of Trustees and served a three-year term ending in 2015. Not only has Damon devoted countless hours in leadership roles over the years, he has also advocated for ever-increasing involvement in NCPDP membership, member leadership and financial sponsorship. His cumulative impact over the years made him a most deserving recipient of the TIME Award.

Benjamin D. Ward Distinguished Member Award
Tim McNeil | Surescripts, LLC

The 2015 Benjamin D. Ward Distinguished Member Award recipient is Tim McNeil, Director, Standards, Surescripts, LLC. Tim has been a member of NCPDP for 13 years. Tim has been instrumental in the development, enhancement and industry implementation of NCPDP’s SCRIPT Standard. He has served as Co-Chair of WG11 ePrescribing and Related Transactions since 2009. Tim is a five-time recipient of NCPDP’s MVP Award. He was also instrumental in the move to XML based on the industry need/request.

Rising Star Award
Jessica Byrne | Express Scripts

NCPDP’s 2015 Rising Star is Jessica Byrne, Senior Project Manager, Express Scripts. Since joining NCPDP in 2013, Jessica has been an active participant in many task groups and committees. Since May 2014 she has served as Co-Chair for WG9 Government Programs. In 2014, she took on the responsibility to co-lead a sub-task group for the NPRM review and recommendations under WG9 FAQ and single-handedly facilitated a lengthy discussion at the August 2015 Joint Technical Work Group Meeting around the NPRM proposal grid. She also presented at the November Educational Summit around this same topic.
Most Valuable Participant Awards*

The Most Valuable Participant (MVP) Award highlights individuals who have contributed an extraordinary amount of time and effort to a work group or committee that results in the group accomplishing its goals. In May 2015, MVP awards were presented to these deserving recipients:

**WG1 Telecommunication**
Dale Edmonds, *Excellus Health Plan*
Sharon Gruttadauria, CVS Health
Monique Irmen, MBA, CPHQ, RelayHealth/McKesson
Rick Jennejahn, M.S., *Excellus Health Plan*
Harry Ram, Express Scripts

**WG2 Product Identification**
Jenny Barker, Wolters Kluwer Clinical Drug Information
Gerald McEvoy, Pharm.D., ASHP

**WG9 Government Programs**
Patty Benjamin-Stern, Independent Consulting
Nancy Bridgman, Remedi SeniorCare
Monique Irmen, MBA, CPHQ, RelayHealth/McKesson
Mary A. Perez, Catamaran (now with Magellan Rx Management)

**WG10 Professional Pharmacy Services**
Daniel R. Ramirez, R.Ph., Pharm.D., McNeil Consumer Healthcare

**WG11 ePrescribing and Related Transactions**
Mike Menkhaus, R.Ph., Kroger Co.
Frank McKinney, Frank McKinney Group, LLC
Cynthia Smith, Pharm.D., Omnicare, Inc.
Laura Topor, Granada Health
Bruce Wilkinson, MBA, BenMedica

**WG14 Long Term and Post Acute Care (LTPAC)**
Cynthia Smith, Pharm.D., Omnicare, Inc.

**WG16 Property and Casualty/Workers’ Compensation**
Adam Fowler, M.A., Heilos
Kristie Griffin, Express Scripts
Sandy Shtab, Healthesystems

**Annual Conference Committee**
Thomas R. Bizzaro, R.Ph., FDB (First Databank, Inc.)

**Finance Committee**
Michele Babcock, R.Ph., RxEssential Consulting, Inc.

**Membership and Leadership Development Committee**
Jill S. Bone, Express Scripts
Mariel Brechner, MBA, MPH, Express Scripts (now with Washington University School of Medicine)
Ashley Hazen Maples, CPhT, Express Scripts
Terrence Neal, MBA, CVS Health
Mary A. Perez, Catamaran (now with Magellan Rx Management)
Kyle Tucker, Express Scripts

**Standardization Committee**
Mark Elliott, CSG Government Solutions

**Strategic Planning Committee**
Perry Lewis, CoverMyMeds, LLC
Nathan W. Ludvigson, M.P.A., Emdeon (Change Healthcare), (now self-employed)
Charlie Oltman, MBA, CHC, Target Corporation

*Member information is listed as reported in member profile record.
2015-2016 Board of Trustees and Committee Chairs

Michele Vilaret Davidson, R.Ph.
Walgreen Co.
Chair, Board of Trustees
Chair, Executive Committee
Vice Chair, Annual Conference Committee

Perry Lewis
CoverMyMeds, LLC
Vice Chair, Board of Trustees
Vice Chair, Executive Committee
Chair, Annual Conference Committee

Darren K. Townzen, R.Ph., MBA
Walmart
Immediate Past Chair, Board of Trustees
Treasurer, Executive Committee
Chair, Nominating Committee
Co-Chair, Standardization Committee

Richard Klein Brook
Change Healthcare
Liaison to NCPDP Foundation Board

Sharon Gruttadauria
CVS Health
Vice Chair, Membership and Leadership Development Committee

John W. Hill, MBA, HCM
Argus Health Systems, Inc.
Chair, Strategic Planning Committee
Russell B. Keith
(formerly with OmniSYS, LLC)
Vice Chair, Bylaws Committee
Lead Co-Chair, Standardization Committee

Laurie Littlecreek
Express Scripts
Chair, Membership and Leadership Development Committee

Mara N. Mitchel
Magellan Rx Management
Secretary, Executive Committee
Chair, Finance Committee
Vice Chair, Strategic Planning Committee

Kay Morgan
Elsevier
Vice Chair, Awards Committee

Nancy J. Nemes
OptumRx
Chair, Awards Committee
Vice Chair, Nominating Committee

Scott M. Robertson, R.Ph., Pharm.D.
Kaiser Permanente
Chair, Bylaws Committee
2015-2016 Work Group Co-Chairs*

**Standardization Committee**
Nancy Bridgman, Remedi SeniorCare
Mark Elliott, CSG Government Solutions
Russell B. Keith (formerly with OmniSYS, LLC)
Mary J. Lynam, Argus Health Systems, Inc.
Richard Sage, Supplylogix
Lee Ann Stember, NCPDP
Darren K. Townzen, R.Ph., MBA, Walmart

Standardization Co-Chairs have line management responsibility for the Council’s industry standards development activities conducted through the Standardization Committee according to procedures described in the NCPDP Bylaws and the NCPDP Standing Operating Procedures. Co-Chairs are responsible for standards documents development and maintenance efforts, which are intended to become industry standards, and the working groups that produce them.

**MC Maintenance and Control**
Karen Eckert, R.Ph., Wolters Kluwer Clinical Drug Information
Nancy J. Nemes, OptumRx
Barbara Reed, R.Ph., MBA, Omnicare, Inc.

MC Maintenance and Control monitors and maintains the development of NCPDP standards, implementation guides and reference documents, promotes consistent business and technical administration, makes recommendations to the Standardization Co-Chairs on development procedures, due process compliance, as well as ethical and legal matters. MC provides a forum for updates of work group activities, resolution of inter-work group issues and discussion of legislative, regulatory, policy, and court decisions, which may affect the pharmacy industry.

**WG1 Telecommunication**
Trish Brown, CVS Health
Amy Harvey, Rite Aid Corporation
Roger G. Pinsonneault, R.Ph., Gemini Health (formerly with RelayHealth/McKesson)

WG1 Telecommunication develops and maintains standards and guidelines to accommodate the collection, transmission, and processing of electronic pharmacy claim information, i.e., administering and certifying eligibility, prior authorization, and prescribing drug benefits for traditional, managed care, and government programs; billing; payment determination or denial of compensation with explanations, and concurrent drug use review.

**WG2 Product Identification**
Anne S. Johnston, R.Ph., Express Scripts
Reem A. Mohamed, Pharm.D., FDB (First Databank, Inc.)
Kay Morgan, Elsevier

WG2 Product Identification deals with issues relating to the identification of drugs and health related products within NCPDP’s stated mission. Identification consists of how the product is billed (billing units, quantity designations), product identification systems, and any type of descriptive data, which serves to uniquely identify a product with the intent to establish standards for product identification such that there is no ambiguity in distinguishing one product from another.

**WG3 Standard Identifiers**
Lynda Schulman, Magellan Rx Management (formerly with CVS Health)
Anthony S. Stewart, McKesson Pharmacy Systems
Yvette Eileen Zawisza, Argus Health Systems, Inc.

WG3 Standard Identifiers develops, educates, and promotes the adoption of standard identifiers for pharmaceutical data transactions, healthcare providers, and benefit delivery systems, i.e., identification cards.

**WG7 Manufacturer and Associated Trading Partner Transaction Standards**
Sara Aguilera, Ventegra, Inc.
Terrence Neal, MBA, CVS Health

WG7 Manufacturer and Associated Trading Partner Transaction Standards develops, monitors, and maintains standards for the electronic exchange of data amongst manufacturers and trading partners to facilitate business processes. Additionally, the work group promotes implementation and education of the standards.

**WG9 Government Programs**
Jessica Byrne, Express Scripts
Sharon Gruttadauria, CVS Health
Donna Power, BluePeak Advisors (formerly with OptumRx)

WG9 Government Programs, in conjunction with WG1 Telecommunication and other work groups as necessary, guides and advises Federal and State pharmacy programs and their agents on NCPDP standards. WG9 also supports data processing initiatives, and provides design alternatives for standards, which support government requirements.
WG10 Professional Pharmacy Services
Robert Franz, R.Ph., Express Scripts
Scott M. Robertson, R.Ph., Pharm.D., Kaiser Permanente
Rachelle Spiro, R.Ph., FASCP, Pharmacy HIT Collaborative

WG10 Professional Pharmacy Services assists in the development and maintenance of standards to support electronic documentation and transmission of data for professional pharmacy services.

WG11 ePrescribing and Related Transactions
Tim McNeil, Helios (formerly with PMSI, Inc.)
Michael Menkhaus, R.Ph., Kroger Co.
Miranda Rochol, CPhT, Healthcare Data Solutions

WG11 ePrescribing and Related Transactions develops standardized messages for prescribers, pharmacists, payers and/or other interested parties to exchange information.

WG14 Long Term and Post Acute Care (LTPAC)
Jessica Goins, MBA, Omnicare, Inc.
Mary A. Perez, Magellan Rx Management
Gary J. Schoettmer, R.Ph., NetRx, LLC

WG14 Long Term and Post Acute Care (LTPAC), in conjunction with the other work groups, guides and advises payers, processors, and providers of the long term care industry and institutional pharmacy programs and their agents on standards implementation and supports data processing initiatives.

WG16 Property and Casualty/Workers’ Compensation
Kim Ehrlich, Express Scripts
Kevin C. Tribout, M.A., PMSI, Inc.
Cory Wedding, Accident Fund Holding, Inc.

WG16 Property and Casualty/Workers’ Compensation will ascertain, monitor and analyze regulatory requirements to develop and recommend correlating fields to be supported in the Telecommunication Standard format; evaluate, and maintain a Property and Casualty/Workers’ Compensation standard paper claim form; proactively promote and educate pharmacy industry stakeholders and regulatory policy makers on the form and format standards found in Property and Casualty/Workers’ Compensation (including but not limited to uniform billing, state reporting policies and the overall delivery of pharmacy services/care).

WG45 External Standards Assessment, Harmonization, and Implementation Guidance
Amy Craycraft, Walmart
Leann Lewis, PDX-NHIN
Elizabeth Serraino, Omnicare, Inc.

WG45 External Standards Assessment, Harmonization and Implementation Guidance reviews, assesses and works to continually monitor the development of standards and/or operating rules by other Standards Development Organizations (SDOs) and/or other non-NCPDP entities that may impact the pharmacy industry. The work group

- Communicates SDO and other external entities developments and identifies actions that may be needed by this or other NCPDP work groups. These include, but are not limited to, the ASC X12N Implementation Guides and the Health Level Seven International (HL7) Standards.
- Develops and maintains guidelines for the pharmacy industry to accommodate pharmacy implementation of the Health Insurance Portability and Accountability Act (HIPAA) and Affordable Care Act (ACA) mandated electronic data interchange (EDI) transactions and operating rules not developed by NCPDP as determined by the membership.
- Contributes to the development and maintenance of operating rules that impact the pharmacy industry.

To this end, WG45 External Standards Assessment, Harmonization and Implementation Guidance will collaborate with other SDOs, operating rules entities or other non-NCPDP entities to provide the pharmacy perspective and represent the industry needs in the development of standards and guidelines.

*Member information is listed as reported in member profile record.*
Member Loyalty*

NCPDP is proud to recognize the following people who have been members of the organization for six years or more as of the end of December 2015. Names are listed in alphabetical order by last name in each category.

30+ Years
Mary J. Lynam
Michael Mastromonica
Alex Pallas
Charles Pulido
Mark Sancreainte
Benjamin Ward
Douglas Wittenauer

26-29 Years
Richard Bruzek
Russell Dates
Craig Ford
R. Lee Friedman
Gregory Kaupp
Joseph Kearney
Gregory Kosater
Elizabeth Lea
Douglas Long
Gary Schettmer
Geralyn Taylor

21-25 Years
Kenneth Anderson
Richard Balow
Brian Bamberger
Bob Beckley
Marla Brickley
Daniel Bruchwalski
Roger Burgess
Dale Chamberlain
Willard Edwards
Keith Fisher
Kenneth Fitchett
Annette Gabel
Patrick Gavin
Gena Gilliam
Catherine Graeff
J. Stephen Groover
Dale Houston
John Lavin
Phillip Lettrich
Daniel Makowski

16-20 Years
Bruce Anderson
Michael Baca
Andrea Bailey
Stacey Barber
Bill Barre
Jeff Beard
David Benoit
Terri Bernacchi
Thomas Bizzaro
Garth Black
Irene Blanton
Maryanne Bourdier
Charles Brinkley
Richard Brook
Trish Brown
Charles Callihan
Mark Chamness
Michael Chinn
Jim Chismar
Susan Colbert

25-29 Years

20-24 Years

15-19 Years

10-14 Years

5-9 Years

0-4 Years
Robert Mueting
Brenda Mulligan
George Murphy
Natalie Neil
Daniel Pagnillo
Steve Petrozzi
Daniel Pope
Daniel Ramirez
Mark Rangell
Charles Reed
Patrick Robinson
James Rowe
Greg Rucinski
Richard Sage
Margaret Schindhelm
Anthony Schueth
David Schuetz
Denise Schultz
Todd Simenson
Steve Smith
Rachelle Spiro
Lorraine Stevens
Anthony Stewart
Fonda Thompson
Scott Tierney
Laura Topor
Damon Tressler
Aidan Tuite
Alan Van Amber
Roger Warkentine
Linda Wiart
Ginny Yates

11-15 Years
Patricia Adams
Shimels Afework
Jeffrey Albright
James Andrews
Michele Babcock
Karen Barbeau
Nancy Barrett
Patty Benjamin
Scott Biggs
Dennis Bird
Kathleen Bradford
Scott Brady
Larry Brantley
Kimberly Bridgewater
Deborah Brown
Pamela Bufe
Sophia Byndloss
Scott Campbell
Alan Chazen
Thomas Cooley
Joseph Credico
Kevin Crowe
Annette Cunningham
Michele Vilaret Davidson
Bobby Davis
Timothy Delehanty
Keith Dick
Kenneth Dildine
Lisa Dobbs
Tom Eder
Sharon Edmunds
Albert Edwards
Kate Etscorn
Ed Feltner
Desiree Feoranz
Allen Feris
Eric Flowers
Melissa Friese
Richard Fuelling
Michael Galluzzo
Amy Garrard
Peggy Gedzyk
Darren Gettings
Angelo Giambrone
Carolyn Gingras
Jessica Goins
Tom Groom
Sharon Gruttadaura
Aaron Guggisberg
James Hall
Kenneth Hammond
James Hancock
Sean Hansen
H. Heckman
John Heller
Bret Hightower
John Hill
Douglas Hillblom
David Holladay
Rose Hom
Paul Hooper
Timothy Hutchison
Monique Irmens
Kevin James
Anne Johnston
Brendan Joyce
Ralph Kalies
Elizabeth Kaye
Michael Kennedy
David Kilgo
Lynette Klingeman
Kathy Knapp
Timothy Kosty
Debbie Krasnow
William Lambert
Bill Langlois
Douglas Lazorick
Ruth Lightner
Nathaniel Love
Michelle Lovelace
Kevin Mahoney
Raymond Martin
C. Anita Martin
Edward Martinez
Stephanie McBroom
Mary Kay McDaniel
Tim McNeil
Karl Meehan
Patricia Milazzo
Mara Mitchel
Randy Mound
Nancy Naples
Member Loyalty (continued)

11-15 Years (continued)
Cherri Neises
Kevin Nicholson
Helen Noonan-Harnsberger
Gerald Novak
Don Oaks
Patricia Orth
Lisa Oswald
Jon Paladino
Rolando Peralta
Michael Pereira
Melenie Petropoulos
Douglas Pick
David Pollack
Susan Rhodus
Ronald Richmond
William Riden
Peter Ringel
Mariana Ritchie
Michael Roberts
Alana Rothman
Rita Russell
Alan Ryan
Daniel Salemi
Trinh Schaeffer
Frank Schiraldi
Eric Schram
Julie Schreiner
Kara Schulz
Pamela Schweitzer
Dilip Sedani
Karen Sell
William Shircliff
Allan Smith
Brenda Smith
Craig Stern
John Strecker
Robert Taki
Christina Thornton
Darren Townzen
Linda Van Hook
James Vasquenza
Peggi Vesecky
Dianne Warneke
Howard Wild
Steve Wubker
Ash Yerasi
Thomas Young
Keith Zalewski
Henry Zalewski
Timothy Zevnik

6-10 Years
Sara Aguilera
Todd Airhart
Domingo Alejandro
Brian Allen
Marc Allgood
Khalid Al-Maskari
Brian Anderson
Theophilos Antoniou
Stephen Ascolese
Simon Aubrey
Jennifer Ausbrook
Philecia Avery
John Baker
James Baker
Jenny Barker
Jennifer Baun
Jason Beauch
David Beckwith
Matt Benson
Eileen Bidell
Julie Birch
Stephen Blank
Claudette Bonvie
Richard Bossman
Debbie Bowen
Anthony Bowers
Dean Bradley
Amy Bricker
M Bridgers
Nancy Bridgman
Gary Brown
Melissa Brown
Felim Buckley
Jay Bueche
Michael Bukach
Tammy Burdick
Michael Burger
Paul Callahan
Joyce Canning
Jennifer Causey
Robert Champagne
Melva Chavoya
Hal Chernoff
Candy Chesnick
Thomas Christensen
Peter Clayton
Gregory Cliburn
Timothy Cody
Amber Compton
Sandra Connell
Daryl Corr
Herminio Correa-Garces
Deanna Cox
Theresa Craig
Amy Craycraft
Keith Crozier
Laura Culbertson
Loraine Daugherty
Jeff Deitich
Stephen DePietro
Ajit Dhavle
Luiz Dias
Kim Diehl-Boyd
Philip Doherty
Keith Dowers
Debbie Drennan
Robert Duggan
Jennifer Dujakovich
Peter Duncan
Roy Eckloff
Katherine Egenolf
Brian Eidex
John Elliott
Gene Escanaverino
Wendy Faldet
Thomas Faloon
Sarah Fenwick
Joseph Fine
Danita Florez
Marc Fluitt
Valerie Fortin
Cynthia Foy
Steven Franko
Christopher Frantz
Robert Franz
Patrick Gallagher
Omharaisriram Gangaikondanlyer
Julie Geason
Lee Genco
Mark Gingrich
Patricia Glynn
Tina Goodman
Jason Grantham
Robert Greenwood
Kristie Griffin
Kimberly Gunther
Louise Gustafson
Andrew Gustin
Carolyn Ha
Michael Hajdun
AnnMarie Hamlin
Pu Han
Radim Hanke
Mary Hardin
Patrick Harris
Amy Harvey
Diana Harvie
David Haugen
Adam Hebert
Ed Heon
Ann Hill
Susan Hogue
Jim Hopsicker
Melissa Howard
Lawrence Hruska
Ted Itzkowitz
Judith Jeffers
Rick Jennejahn
Debbie Jirikowic
Kristen Johnson
Rachel Juarez
Peter Kaufman
Debra Keena
Leanne Kent
Brandon Kessler
John Kilbourne
David King
Don Kirn
Rita Klein
Barbara Klos
Michael Koerner
Jerry Krupa
Jennifer Kuhar
Susan Kunstmann
Kathleen Lang
Dawn Lang
Allen Langjahr
Deborah Larwood
Nicholas Laurora
Darrin Lee
Anne Lee
Loran Lentz
Leann Lewis
Wuhong Li
Michelle Lieberman
Laura Linroth
Cliffie Loomer
Yola Lorenc
Scot Lovejoy
Denise Luce
Tom Luft
Greg Lybrand
John Lynch III
Craig Lyon
Joseph Macaluso
Rebecca MacGillivray
Catherine Mackey
Cindy MacLaren
Kenneth Majkowski
Dinesh Malhotra
Ashley Maples
Barbara Mart
Jennifer Martinez
Joe Marttina
Raymond McCall
Timothy McClure
Kymberly McFarland
Ronald McKillip
Frank McKinney
Michelle McLeod
Carl Mecum
Michael Menkhaus
Thomas Merritt
Byron Mickle
Kristina Miller
Lisa Miller
Craig Miner
Nader Moawad
Rob Mohr
Andrea Moore
Michael Moore
Matt Moore
Teresa Morelock
Joyce Moretina
Andrew Morgan
Jacqueline Mortensen
Anne Moy
Stephen Murley
Lorie Neumann
Kristie Newton
Robert Nickell
Alisha Nielsen
Sheri North
Craig O’Brien
Lynne Olewine
Shannon Olson
Christine Ostrowski
Karen Padgett
Busaba Pardungkiattisak
Mary Perez
Cassandra Perkins
Deborah Peterson
Pari Phothirath
Cindy Post
James Potts
Sherry Pound
Donna Power
Christina Prieve
Tina Prince
Robert Puccio
Dale Purvis
Thomas Ramage
Carolina Ramos
Jason Reed
Michael Regan
Shelly Renkvish-Abo
Jean Ritter
Member Loyalty (continued)

6-10 Years (continued)

Scott Robertson
Miranda Rochol
Rick Rondinelli
Elizabeth Ross
Thomas Roth
Robert Rowland
Gregory Santulli
Anne Sayther
Matthew Scantland
Laurie Schaeffer
Amanda Schaeuble
Chris Schneider
Shellie Schoening
Lynda Schulman
Mike Scollon
Stacy Scribner
Elizabeth Shea
Lynne Shirk
Kathleen Shoemaker
Sandy Shtab
Deborah Simmons
Karen Sims
Mark Singleton
Amy Smith
Sally Smith
Raelene Snure
Claire Soaper
Michelle Soble-Lernor
Caroline Sojourner
Adam Souza
Marc St. Pierre
Edward Stacey
Mariusz Stachera
G. Patrick Stack
Chris Steiner
Richard Stoneking
Elizabeth Streicher
Julie Suko
Joann Sullivan
Sri Swarna
Mary Swart
Steve Szewczyk
David Tan
Bob Tanner
Chris Thompson
Robert Tinsley
Carrie Tort
Diona Townsend
Kevin Tribout
Phil Trunnell
Kyle Tucker
Ivette Vaca
Dan Vatland
Deborah Veale
Matthew Vesledahl
Matthew Walker
Allen Walls
Cory Wedding
Brian Wehneman
Jeff Wellman
Alice Weyman
Laura White
Bruce Wilkinson
Mary Williams
Christa Williams
Deborah Wistuba
Teri Wood
Julie Woolley
David Yakimischak
Bryan York
James Young
Anthony Zappa
Chase Zaputil
Harry Zelcer
John Zevzavadjian
Stephanie Zimmer
David Zimmerman

*Every attempt has been made to ensure the accuracy of this list. If anyone has been inadvertently left off of the list or misplaced on the list, we apologize. Please bring it to our attention so we can correct our records for future use.*
NCPDP Staff

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Janet Cabibbo, Senior Manager, Marketing Communications and Media
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Jenny Powers, Manager, Membership Services
Terry Schroeder, Marketing Communications Specialist
Brian Goerlich, Meeting Planning Specialist
Eryka Long, Graphic Design and Multimedia Specialist

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Sue Thompson, Advisor, Standards Development
Teresa Strickland, Technical Advisor, Standards Development
Thanh Cheng, Model Facilitator, Standards Development
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Mark Schlesinger, Project Manager, Information Services
Manju Janarthanam, Database Administrator, Information Technology

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Laurie Hosken, Senior Manager, Human Resources
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Nicole Russell, Manager, Government Affairs

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Jolene Morgan, Pharmacy Database Services Associate
Megan Black, Pharmacy Database Services Associate
Jeremy Steng, Pharmacy Database Services Associate
Lauren Brust, Call Center Associate

NDEDIC, an Affiliate of NCPDP
Rebecca Rudnyk, Executive Director
Mark Schlesinger, Technical Standards Liaison
Growth in the NCPDP Foundation

This was yet another remarkable year for NCPDP Foundation, awarding record scholarship funds, and planning for its first research project.

2015 Highlights:

• NCPDP awarded $10,000 in scholarship funds to pharmacy students seeking to learn more about pharmacy’s role in information technology, and information technology’s role in improving patient safety and health outcomes.
• NCPDP hosted the Third Annual Foundation Pour and also featured a meter board to encourage donations at the 2015 Annual Technology & Business Conference, raising more than $18,000 in donations for the NCPDP Foundation.
• NCPDP Foundation received a $25,000 donation from Mary and Charles D. Pulido, R.Ph.
• To date, NCPDP has contributed approximately $42,000 in matching funds to the NCPDP Foundation.

ePrescribing Pilot Study

During the year, NCPDP Foundation began planning for its first research project, a joint pilot study with the American Pharmacists Association (APhA) Foundation on the impact of implementing the full functionality of NCPDP’s SCRIPT Standard for ePrescribing. Together, NCPDP Foundation and APhA Foundation held stakeholder action group meetings in May and August 2015 to define the project, its goals and next steps.

The ePrescribing pilot study will be conducted in Minnesota. It can help providers and their trading partners comply with Minnesota Statute 62J.497. In Subd 3, Standards for Electronic Prescribing, prescribers and dispensers must use the NCPDP SCRIPT Standard for the communication of a prescription or prescription-related information, including transactions Cancel Rx, Rx Change, Rx Fill as well as using Rx Norm and Structured and Codified Sig. The pilot will include multiple sites in Minnesota, spanning the continuum of care: health systems, pharmacy networks, clinics, etc.

The outcomes of the ePrescribing pilot study will document the healthcare delivery, patient safety, and provider workflow benefits of a more robust implementation of NCPDP’s SCRIPT Standard, and provide additional resources for implementation.

In November 2015, NCPDP Foundation and APhA Foundation conducted a survey to help identify potential healthcare providers and vendors that would participate in and support the pilot study in Minnesota. The NCPDP Foundation and APhA Foundation are partnering with the Minnesota eHealth Initiative to form pilots to test and implement elements required by the state statute. The next step will be to work with trading partners to align pilot testing, which is expected to take place in 2017.

NCPDP Foundation

The NCPDP Foundation is a 501(c)(3) nonprofit charitable organization headquartered in Scottsdale, Arizona and is affiliated with the National Council for Prescription Drug Programs (NCPDP). The NCPDP Foundation was established in December 2012 to support research, education and charitable involvement within the healthcare industry. For more information or to make a donation, visit: http://ncpdpfoundation.org.
NCPDP’s Elite Partner Program establishes the highest level of sustained support for the valuable work of NCPDP in advancing patient safety and interoperability. The following Elite Partners have demonstrated intense commitment to support NCPDP’s work, vision and core values.

- CovermyMeds
- Medversant
- AmerisourceBergen
- McNeil
- hub.