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NCPDP Standard Sig Industry Task Group

Laura Topor

National Committee on Vital and Health Statistics

December 7, 2005

Washington, D.C.

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NCPDP Standard Sig Industry Task Group - Agenda

- Overview
- Work to date
- Structure
- Next Steps
- Code Sets
- Task Group Participants

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Overview

- History
  - 10+ years
- Stakeholders
  - Changing industry environments
- Previous efforts
  - NCPDP, ASTM CCR, HL7
- Operating Assumptions
  - Flexibility
  - 99/1
  - Multiple industry segments (inpatient/outpatient)
  - *This will be the only recognized Sig standard structure*

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Overview

- Membership
  - ~ 100 representatives; ~25 highly active
  - Pharmacy providers, physicians, knowledge database vendors, payers, e-solution organizations, academia, other SDOs
- Goals/Objectives
  - Conformance, but not duplication, with existing e-prescribing scenarios
  - Leverage industry experiences and work product
  - Flexibility and interoperability

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Structure

- Relationship with other standards
  - SCRIPT
  - HL7
  - ASTM CCR
- Segments
  - Dose, Dose Calculation, Dose Restriction, Vehicle, Route, Site, Frequency, Interval, Administration Time, Duration, Stop, Indication, Free Text

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Work to Date

- Bi-weekly conference calls since 10/04
- Six face-to-face meetings
- Collaboration with other organizations
- Developed format
- Drafted implementation guidance document
- Confirmed conformance with ASTM CCR

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Work to Date

- Proposed format content and draft implementation document approved by NCPDP WG 10 – Professional Pharmacy Services (November 2005).
- NCPDP WG 11 – E-Prescribing
  - Pended request for approval (November 2005); will be revisited in March 2006.
  - Task Group formed to incorporate work product into NCPDP SCRIPT Standard (August 2005).

Volunteers needed!

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Next Steps

- Create subset of SNOMED codes to be used (based on TG recommendation)
  - Meeting December 19. 2005, Washington DC area
- Incorporate content and implementation guidance into NCPDP SCRIPT
  - Pilot timeline
    - Guidance documentation available by March 31. 2006
    - Pilot participants begin coding in April
    - Testing timelines determined
    - Guidance documentation adopted by standards organizations (NCPDP, HL7, ASTM CCR)
  - Anticipated NCPDP timeline:
    - DERF approved in May
    - Ballot sent to members in June
    - Adjudicate ballot (including comments) at August WG meeting
    - If comments are received, recirculate the ballot in October
    - Final comments at November WG meeting
    - Required appeals period in December
    - Board approval by January 2007

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Next Steps, continued

- Finalize work product for use by other standards organizations
  - Each standards organization would have to incorporate the format and relevant guidance information into their documentation
- Provide ongoing support for maintenance and enhancement needs

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Code Set Conundrum

Who's going where?
How will they get there?
Will anyone know?

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Code Set Conundrum

- Goals
- Reasons for Use
- Suppliers
- Customers
- Impact to Standard Sig development

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Code Set Conundrum

- Current State
  - Multiple code systems/vocabularies
  - Differing users/purposes
  - Differing audiences
  - Need for strategic, nation-wide organization and direction

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Code Set Conundrum - Goals

- Consistent use of terminology
- Interoperability

- Effective and efficient implementation
- Patient safety

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Code Set Conundrum – Reasons for Use

- Prescribing/ordering drugs and supplies
- Compliance with regulatory and contractual requirements
- Electronic Health Records
- Research – clinical and financial
- Business operations

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Code Set Conundrum - Suppliers

- **S**tructured **P**roduct **L**abel
- RxNorm
- SNOMED CT®
- HL7

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Code Set Conundrum - Suppliers

- The Structured Product Labeling (SPL) is a document markup standard approved by Health Level Seven (HL7) and adopted by FDA as a mechanism for exchanging medication information.
  (http://www.fda.gov/oc/datacouncil/spl.html)
- RxNorm provides standard names for clinical drugs (active ingredient + strength + dose form) and for dose forms as administered to a patient. It provides links from clinical drugs, both branded and generic, to their active ingredients, drug components (active ingredient + strength), and related brand names.
  (http://www.nlm.nih.gov/research/umls/rxnorm/)

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Code Set Conundrum - Suppliers

- SNOMED International advances excellence in patient care through the delivery of a dynamic and sustainable, scientifically validated terminology and infrastructure that enables clinicians, researchers and patients to share health care knowledge worldwide, across clinical specialties and sites of care.

  (http://www.snomed.org/about/index.html)

- The HL7 Vocabulary Technical Committee is working to provide an organization and repository for maintaining a coded vocabulary that, when used in conjunction with HL7 and related standards, will enable the exchange of clinical data and information so that sending and receiving systems have a shared, well defined, and unambiguous knowledge of the meaning of the data transferred.

  (http://www.hl7.org/)

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Code Set Conundrum - Customers

- Government
- Providers
  - Hospitals
  - Clinics
  - Pharmacies
- Vendors
- Academic Medical Centers/Researchers
- Manufacturers
- *Standards Organizations

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Code Set Elements Needed for Sig

- Dose Form
- Route
- Site
- Frequency
- Interval
- Vehicle
- Indication
- Administration Timing

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	SNOMED	HL7	RxNorm	SPL
Dose Form	✔	✔	✔	✔
Route	✔	✔	✔	✔
Site	✔	✔	NA	NA
Frequency	✔	✔	NA	NA
Interval	✔	✔	NA	NA
Indication	✔	✔		will likely use SNOMED
Vehicle	✔	✔	NA	NA
Strength	NA	NA	✔	✔
Administration Timing	✔	✔	NA	NA

100% synchronization	95% synchronization

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Observations

- SNOMED and HL7 are generally in sync due to collaborative efforts
- SNOMED codes are hierarchical allowing for greater flexibility
- HL7 dose forms support phase changes, i.e. solid to liquid (powder to suspension)
- RxNorm and SPL route codes include more detail than SNOMED, often due to research needs. Example: IV (SNOMED) IVPB (RxNorm & SPL)
- RxNorm is meant as a standard for clinical drugs and their dose forms, which do not always represent what is exactly ordered/prescribed and dispensed. Example: Clindamycin 150 mg/ml is available in 6 ml and 10 ml vials. RxNorm will reflect Clindamycin 150 mg/ml, but not vial size.

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Why SNOMED for Sig standard?

- Timeline
- Content
- Maintenance
- Availability
- CHI-approved

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Interoperability

- UMLS will likely house FDA terminology
- NLM is the logical resource to own interoperable map of route and dose form concepts
  - FDA
  - HL7
  - RxNorm
  - SNOMED
- SNOMED ability to assist with mapping outside of UMLS

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Task Group Participants

Rich	Balow	Walgreens
Fred	Barber	Scientific Retail Systems
Doug	Beeman	Group Health Cooperative
Craig	Bentley	Beyond-Rx
Charles	Best	PDX/NHIN
Tom	Bizzaro	First DataBank
Mike	Bordelon	Achieve Health Care
Jim	Boyd	James Boyd & Associates
Peggy	Bradley	JASCORP, LLC
Jim	Breen	First DataBank
Carol	Broverman	Partners
Tony	Brummel	Epic
Jay	Bueche	H-E-B Grocery Company
Roy	Bussewitz	NACDS

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Task Group Participants

Carol	Cerney	NDC Health
Jim	Chismar	Albertson's, Inc.
Jennifer	Covich	E-Health Initiative
Gary	Cruickshank	Canadian Pharmacists Association/Thames Valley Healthcare Consultants Inc.
Sean	Crute	NDCHealth
Ajit	**Dhavle**	**SureScripts**
Keith	Dick	Rite Aid
Karen	**Eckert**	Wolters Kluwer Health
Marilyn	**Eelkema**	**HealthPartners**
Beth	Fagan	NCPDP
Keith	**Fisher**	**SXC Health Solutions**
Maria	Friedman	CMS

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Task Group Participants

Linda	Gelalia	Pharmerica
Jennifer	Geller	Target
Lynne	Gilbertson	NCPDP
Michele	**Glynn**	**Medco Health Solutions**
Garry	Goddette	Value Options
Marco	Gonzales	EDS
Steve	Groover	eRx Network, LLC
Jim	Haas	Web MD
Joel	Hadfield	Association of NW Pharmacies
Robert	**Hallowell**	**Siemens**
Jim	Hancock	QS/1 Data
Radim	Hanke	ACS
Randy	Hanna	Target
Ned	Hanson	Health Net
Penni	Hernandez	Thomson
Elizabeth	Holland	CMS
Cynthia	Howard	CMS

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Task Group Participants

Santhosh	Jayakumar	Wipro
Kiran	Kambhampati	Walgreens
Wayne	Karp	Pharmacy Industry Consultants, LLC
Peter	**Kaufman, M.D.**	**Dr. First**
Rusty	**Keith**	**SureScripts**
Stuart	Kersky	Walgreens
David	**Kilgo**	**Wal-Mart**
John	Klimek	Albertsons
Kathyrn	Kuhn	NCPA
Stu	Levine	ISMP
Wuhong	Li	Gold Standard
Sam	Libo	Walgreens
Kathleen (Kat)	**Mahan**	**Sure Scripts**
Daniel	**Makowski**	**Allscripts**
Bob	Mandernack	HealthTrans

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Task Group Participants

Eugenia	Marcus, M.D.	Pediatric Health Care at Newton-Wellesley, P.C.
Ray	Martin	Omnicare
Ross	Martin	Pfizer
Stephanie	McBroom	PDX/NHIN
Jim	**McCain**	**VA**
Robert	**McClure**	**Apelon**
Patsy	McElroy	NCPDP
Doris	**McGinness**	**SNOMED**
Orinda	**McIntire**	**Medi-Span**
Joe	Mengoni	GA Pharmacy Association
Mark	Meyers	Express Scripts
Mark	Millikan	Wolters Kluwer Health
Drew	**Morgan**	**CMS**
Sherry	**Neuman, Pharm. D.**	**Prescription Informatics**

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Task Group Participants

Tom	**Ochocinski**	**Walgreens**
Rolando	Peralta	Pharmerica
Ginny	Perliss	Express Scripts
Rick	**Peters**	**AAFP**
Steve	Petrozzi	NDC Health
Marjorie	Rallins	SNOMED
Harley	Ramelson, M.D.	Healthvision
Bill	Rampy	Wal-Mart
Ryan	Reddick	WellPoint
Don	Reese	OHS
Scott	**Robertson**	**Kaiser/HL7**
George	**Robinson**	**First DataBank**
Tim	Rowland	Pharmerica
Rita	Russell	NDCHealth
Spencer	Rylander	Lifespan

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Task Group Participants

Rick	Sage	eRx Network, LLC
Mark	Sancrainte	McKesson Pharmacy Systems
Peggy	Schindhelm	eRx Network, LLC
Cliff	Scott	Southwood Pharmaceuticals, Inc
Mike	**Simko**	**Walgreens**
Marge	Simos	Express Scripts
Allan	**Smith**	**ProxyMed**
Kent	Spackman	SNOMED
Shelly	Spiro	Long Term Care Pharmacy
Dan	Staniec	Caremark
Teresa	**Strickland**	**Healthcare Computer Corporation**
Rose	Tang	Walgreens Health Initiative
Geri	Taylor	NDCHealth
Sue	Thompson	WVDHHR/Bureau for Medical Services
Laura	Topor	PricewaterhouseCoopers
Steve	Treff	Procare

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Task Group Participants

Michael	vanCampen	GPP Informatics
Margaret	VanAmringe	JCAHO
Kathy	Vieson	Gold Standard
Max	Ward	WoltersKluwer
Ellen	Weber	ProxyMed
Ken	Whittemore	Sure Scripts
Warren	Wiliams	NDC
Alan	**Zuckerman**	**Georgetown University**

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Questions?

Contacts:

Laura Topor
Laura.Topor@us.pwc.com
612-596-6054

Lynne Gilbertson
LGilbertson@NCPDP.org
480-477-1000 x 120