



May 22, 2008

Michael O. Leavitt  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Re: NCPDP SCRIPT Standard version 10.5 for use in Medicare Part D e-prescribing in long-term care settings

Dear Secretary Leavitt:

The National Committee on Vital and Health Statistics (NCVHS) is directed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) to develop recommendations for uniform standards to enable electronic prescribing (e-prescribing) in ambulatory care. This letter will specifically address the current exemption for long-term care facilities from use of the adopted e-prescribing standards, the progress that has been made in modifying the standards to make them workable in long-term care, and our recommendations regarding adoption of e-prescribing standards for use in long-term care.

### **Background**

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) established a voluntary prescription drug benefit program for Medicare Part D. Prescription Drug Plan (PDP) sponsors and Medicare Advantage (MA) organizations offering Medicare Advantage-Prescription Drug Plans (MA-PD) are required to establish electronic prescription drug programs to provide for electronic transmittal of certain information to the prescribing provider and dispensing pharmacy and pharmacist.

There is no requirement that prescribers or dispensers implement e-prescribing. However, prescribers and dispensers who electronically transmit prescription and certain other information for covered drugs prescribed for Medicare Part D eligible beneficiaries, directly or through an intermediary, would be required to comply with any applicable final standards in effect for e-prescribing.

The November 2005 regulation that adopted foundation standards for e-prescribing contained three exemptions from the requirement to use the standards. One was based on comments that indicated that the proposed standards, while well-accepted in the ambulatory setting, were not proven to sufficiently support the workflows and legal responsibilities in the long-term care setting. Therefore, long-term care facilities were exempted from the requirement to use the NCPDP SCRIPT standard.

Healthcare delivery in long-term care (LTC) settings is unique for several reasons. Nurses are frequently the primary caregivers, with off-site physicians who monitor care. Specialized long-term care pharmacies are located off-site with drugs being delivered to the facility. Given these unique factors, the CY 2006 pilot project tested use of the foundation standards within LTC facilities in “three-way prescribing communications” between the LTC facility, physician, and pharmacy. This pilot setting provided a special opportunity for understanding e-prescribing’s impact and use of both foundation and initial standards on an entirely different patient population, provider type, and prescription delivery system.

In long-term care a prescription order typically remains an open order with no end date or with an end date far in the future. A prescriber may need to modify this order and notify the pharmacy. Changes might include dose, form, strength, route, modifications of frequency, or a minor change related to the order. Also, in the long-term care environment, there is a need to send a refill request from a facility to a pharmacy. An example is when a medication supply for a resident is running low (2-3 doses remaining), and a new supply is needed from the pharmacy. The facility needs a way to notify the pharmacy that a refill for the medication is needed. E-prescribing was evaluated within the unique context of long-term care workflow from facility to pharmacy.

The long-term care pilot site grantee tested the NCPDP SCRIPT 8.1 standard in the long-term care setting, and, upon demonstrating that the standard was not feasible for use in the long-term care setting, used workarounds (modifications) to test the standard as required to ensure complete prescription data was transmitted and received appropriately. On completion of the LTC pilot, the proposed modifications that were identified and tested by the grantee were formally submitted to NCPDP to modify the standard as follows:

- Adding identification for Facility Unit, Room and Bed, for medication delivery;
- Census Update Transaction to notify the pharmacy about census events such as a new resident, a change to a patient’s demographic information; or patient discharge;
- A new transaction type of “Resupply Request”;
- A Change of Prescription Status flag added for discontinue or cancellations in the Request segment; and
- Fields for Needed No Later Than with a date and time.

These requests have been fully incorporated in NCPDP SCRIPT 10.2, and approved by the NCPDP Board of Trustees in July 2007. According to feedback received from industry testimony to NCVHS, NCPDP SCRIPT 10.2 meets the basic needs of the long-term care industry relative to e-prescribing. Since these changes, NCPDP has further advanced the SCRIPT standard in other areas to achieve version 10.5, preserving all the needs of LTC e-prescribing.

The long-term care industry expressed its readiness to NCVHS to embrace e-prescribing so that it can enjoy the potential workflow and patient care benefits.

## **Recommendations**

### Recommendation 1:

Once NCPDP SCRIPT Version 10.5 is balloted and approved, NCVHS recommends that it be considered for voluntary adoption under the streamlined process for backward compatible standards. This would provide the functionality needed in long-term care settings to communicate information about prescription drugs that have been dispensed to a patient among facility, physician, and pharmacy and would provide direction to vendors developing e-prescribing products for long-term care. It would also allow for the voluntary use of the most recent version of the SCRIPT standard in ambulatory settings.

### Recommendation 2:

NCVHS also recommends lifting the current exemption from the requirement to use the NCPDP SCRIPT standard for non-prescribing providers in long-term care settings. The exemption currently applies to prescribers when they are required by law to issue a prescription for a patient to a non-prescribing provider (such as a nursing facility) that in turn forwards it to a dispenser. While long-term care facilities would be able to voluntarily use the NCPDP SCRIPT 10.5 standard even while the exemption is in place, we believe lifting the exemption sends a clear message to the industry about the desirability of e-prescribing in long-term care.

Sincerely,

/s/

Simon P. Cohn, M. D., M.P.H.  
Chairman, National Committee  
On Vital and Health Statistics

Cc: HHS Data Council Co-chairs