

# Consolidated Health Informatics

## **Standards Adoption Report: MESSAGING STANDARDS: Retail Pharmacy Transactions**

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## Summary

**Domain: Messaging Standards for Retail Pharmacy Transactions**

**Standards Adoption Recommendation:  
National Council for Prescription Drug Programs (NCPDP) SCRIPT**

### SCOPE

Covers electronic transfer of prescription data between retail pharmacies and prescribers for new prescriptions, prescription changes, prescription refill requests, prescription fill status notifications, and cancellation notifications.

### RECOMMENDATION

The NCVHS August 2000 report and ANSI-HISB inventory served as background to identify existing standards. No additional standards were identified beyond these sources. Hence, the standards considered by the workgroup were those found in that report.

### OWNERSHIP

The National Council for Prescription Drug Programs (NCPDP) owns the standard.

### APPROVALS AND ACCREDITATIONS

NCPDP is an ANSI approved SDO. The SCRIPT standard was approved by full ballot voting of the organization.

### ACQUISITION AND COST

Standards are available to members from NCPDP. Membership cost is \$550/year. Non-NCPDP members who do not wish to become members may purchase the standards, implementation guides, and/or data dictionaries at a cost of \$325-\$650. See [www.ncpdp.org](http://www.ncpdp.org) for more information. No use restrictions are applied.

## Part I – Team & Domain Scope Identification

### Target Vocabulary Domain

<i>National Committee on Vital and Health Statistics (NCVHS) Patient Medical Record Information (PMRI) Messaging Standards Recommendations of 2/27/02</i>
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<i>Describe the specific purpose/primary use of this standard in the federal health care sector (100 words or less)</i>
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Adoption of the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard for messaging between prescribers and retail pharmacies for new prescriptions, prescription refill requests, prescription fill status notifications, and cancellation notifications.
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**Sub-domains** *Identify/dissect the domain into sub-domains, if any. For each, indicate if standards recommendations are or are not included in the scope of this recommendation.*

Domain/Sub-domain	In-Scope (Y/N)
Retail pharmacy transactions	Y

**Information Exchange Requirements (IERS)** *Using the table at appendix A, list the IERs involved when using this standard.*

Patient Demographic Data
Care Management Information

**Team Members** *Team members' names and agency.*

Name	Agency/Department
Steven Steindel	HHS/CDC
Steven Wagner	VHA
Nancy Orvis	DoD
Jorge Ferrer	HHS/CMS
Marco Johnson (Alternate)	DoD
Lisa Hines (Alternate)	HHS/CMS
Ken Rubin (Alternate)	VHA

**Work Period** *Dates work began/ended.*

Start	End
May 2002	January 2003

## Part II – Standards Adoption Recommendation

### **Recommendation** *Identify the solution recommended.*

Adoption of the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard for messaging between prescribers and retail pharmacies for new prescriptions, prescription refill requests, prescription fill status notifications, and cancellation notifications.

### **Ownership Structure** *Describe who “owns” the standard, how it is managed and controlled.*

NCPDP, located in Phoenix, AZ, is a non-profit ANSI-accredited Standards Development Organization consisting of over 1230 members who represent chain and independent pharmacies, consulting companies and pharmacists, database management organizations, federal and state agencies, health insurers, health maintenance organizations, mail service pharmacy companies, pharmaceutical manufacturers, pharmaceutical services administration organizations, prescription service organizations, pharmacy benefit management companies, professional and trade associations, telecommunication and systems vendors, wholesale drug distributors, and other parties interested in electronic standardization within the pharmacy services sector of the health care industry.

NCPDP began as a small group of ad hoc committee members and has grown into a powerful presence within the pharmaceutical industry's standards setting environment. The not-for-profit organization holds several Educational Forums each year for their members, and non-members affiliated with the industry. The Forums, as well as the Joint Technical Work Group Meetings, are designed to promote teamwork in solving today's industry issues in an effective and timely manner.

### **Summary Basis for Recommendation** *Summarize the team’s basis for making the recommendation (300 words or less).*

The NCVHS sent a letter to the Secretary, DHHS in February 2002 recommending adoption of specific standards based on current status and the August 2000 report. It is this letter that formed the basis for the above recommendations. Interoperability between federal health care systems was the primary factor in forming these recommendations to the CHI Council and any deviations from the NCVHS recommendations reflect this consideration.

### **Conditional Recommendation** *If this is a conditional recommendation, describe conditions upon which the recommendation is predicated.*

Not applicable

**Approvals & Accreditations**

*Indicate the status of various accreditations and approvals:*

Approvals & Accreditations	Yes/Approved	Applied	Not Approved
Full SDO Ballot	Y	Y	
ANSI	Y	Y	

**Options Considered** *Inventory solution options considered.*

During the period from December 1998 through August 2000 the Computerized Patient Record (CPR) Workgroup of the Standards and Security Subcommittee of the National Committee for Vital and Health Statistics (NCVHS) investigated the standards available for patient medical record information and released a report to the Secretary of the Department of Health and Human Services (DHHS) on the current status. Review of this document by the workgroup indicated it was a good general description of both Standard Development Organizations and the standards they supply. A more specific inventory, maintained by the ANSI Health Informatics Standard Board (ANSI-HISB) did not indicate any significant additions to the NCVHS report. Hence, the standards considered by the subteam were those found in that report.

**Current Deployment**

We have endorsed the use of NCPDP SCRIPT for communication with retail pharmacies. We do not know the extent of these transactions that occur between federal health care systems and retail pharmacies, but DoD uses this standard. VHA uses HL7 internally for most drug orders, but would use this standard for any that are external.

### Part III – Adoption & Deployment Information

*Provide all information gathered in the course of making the recommendation that may assist with adoption of the standard in the federal health care sector. This information will support the work of an implementation team.*

#### **Existing Need & Use Environment**

*Measure the need for this standard and the extent of existing exchange among federal users. Provide information regarding federal departments and agencies use or non-use of this health information in paper or electronic form, summarize their primary reason for using the information, and indicate if they exchange the information internally or externally with other federal or non-federal entities.*

- Column A: Agency or Department Identity (name)
- Column B: Use data in this domain today? (Y or N)
- Column C: Is use of data a core mission requirement? (Y or N)
- Column D: Exchange with others in federal sector now? (Y or N)
- Column E: Currently exchange paper or electronic (P, E, B (both), N/Ap)
- Column F: Name of paper/electronic vocabulary, if any (name)
- Column G: Basis/purposes for data use (research, patient care, benefits)

<b>Department/Agency</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
Department of Veterans Affairs						
Department of Defense						
HHS Office of the Secretary						
Administration for Children and Families (ACF)						
Administration on Aging (AOA)						
Agency for Healthcare Research and Quality (AHRQ)						
Agency for Toxic Substances and Disease Registry (ATSDR)						
Centers for Disease Control and Prevention (CDC)						

Centers for Medicare and Medicaid Services (CMS)						
Food and Drug Administration (FDA)						
Health Resources and Services Administration (HRSA)						
Indian Health Service (IHS)						
National Institutes of Health (NIH)						
Substance Abuse and Mental Health Services Administration (SAMHSA)						
Social Security Administration						
Department of Agriculture						
State Department						
US Agency for International Development						
Justice Department						
Treasury Department						
Department of Education						
General Services Administration						
Environmental Protection Agency						
Department of Housing & Urban Development						
Department of Transportation						
Homeland Security						

<b>Number of Terms</b>
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Not Applicable

### **Range of Coverage**

Not Applicable – messaging standards

### **Acquisition:** *How are the data sets/codes acquired and use licensed?*

Standards are available to members from NCPDP. NCPDP asserts and retains copyright in all works contributed by members and non-members relating to all versions of the standards and related materials. No use restrictions are applied.

### **Cost**

*What is the direct cost to obtain permission to use the data sets/codes? (licensure, acquisition, other external data sets required, training and education, updates and maintenance, etc.)*

Standards are available to members of NCPDP. Membership cost is \$550/year. Non-NCPDP members who do not wish to become members may purchase the standards, implementation guides, and/or data dictionaries at a cost of \$325-\$650. See [www.ncdp.org](http://www.ncdp.org) for more information. No use restrictions are applied.

NCPDP offers education programs.

### **Systems Requirements**

*Is the standard associated with or limited to a specific hardware or software technology or other protocol?*

No.

### **Guidance:** *What public domain and implementation and user guides, implementation tools or other assistance is available and are they approved by the SDO?*

NCPDP SCRIPT is in widespread use. See [www.ncdp.org](http://www.ncdp.org) for more details.

*Is a conformance standard specified? Are conformance tools available?*

A standard is not specified. Conformance tools are not available through the SDO.

### **Maintenance:** *How do you coordinate inclusion and maintenance with the standards developer/owners?*

Voluntary upgrade to new versions of standards, generally by trading partner agreement. Messages are transmitted with version number and use of prior versions is generally



supported for a period of time after introduction of a new version.

*What is the process for adding new capabilities or fixes?*

Continual review of in-use requirements of standard at organization meetings held yearly.

*What is the average time between versions?*

Various.

*What methods or tools are used to expedite the standards development cycle?*

None. Occurs at meetings held three times/year and in the workgroups between meetings. Standards development can be quite lengthy.

*How are local extensions, beyond the scope of the standard, supported if at all?*

No.

**Customization:** *Describe known implementations that have been achieved without user customization, if any.*

None.

### **Mapping Requirements**

Not applicable – messaging standard.

### **Compatibility**

*Identify the extent of off-the-shelf conformity with other standards and requirements:*

Conformity with other Standards	Yes (100%)	No (0%)	Yes with exception
NEDSS requirements	NA		
HIPAA standards	Y		
HL7 2.x	NA		

### **Implementation Timeframe**

See above. Not widely used in Federal systems as communication needs to retail pharmacies is not widespread.

### **Gaps**

NCPDP SCRIPT is only endorsed for transactions to the retail pharmacy system. Presently, other standards, such as HL7, are used for drug ordering within agencies and

these will continue.

**Obstacles**

None for the use intended.

**Appendix A**

**Information Exchange Requirements (IERS)**

<b>Information Exchange Requirement</b>
Customer Demographic Data
Encounter (Administrative) Data
Beneficiary Financial / Demographic Data
Customer Health Care Information
Care Management Information
Customer Risk Factors
Referral Information
Body of Health Services Knowledge
Tailored Education Materials
Patient Schedule
Beneficiary Tracking Information
MHS Direction
Provider Demographics
Patient Satisfaction Information
Case Management Information
Cost Accounting Information
Population Member Health Data
Population Risk Reduction Plan
Provider Metrics
Improvement Strategy
Resource Availability
Beneficiary Inquiry Information
Labor Productivity Information
Clinical Guidelines
Customer Approved Care Plan