



## AMCP Webinar Series

Sharing Medication Management Communications  
Electronically Using SNOMED Codes: What They Are,  
Why They Matter, How They Impact Managed Care  
Pharmacy and Adoption Efforts

May 11, 2016



## Disclaimer

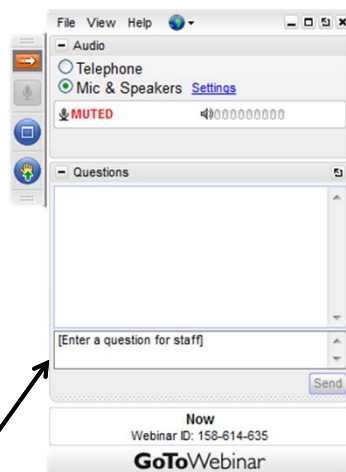
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## How to Ask A Question



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## Today's Speakers



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## Agenda

What Are SNOMED CT Codes?

Why Do SNOMED CT Codes Matter?

How Do SNOMED CT Codes Impact Managed Care Pharmacy?

Adoption Efforts

Question & Answer


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## What Are SNOMED CT Codes?

Samm Anderegg, PharmD, MS, BCPS  
Health IT Consultant  
Pharmacy HIT Collaborative

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## Pharmacy Health Information Technology Collaborative

- Founding Organizations**
  - 9 Professional Pharmacy Associations
  - Represents over 250K members in all practice settings
- Members**
  - AACP – ACCP – ACPE – AMCP – APhA – ASCP – ASHP – NASPA – NCPA
- Associate Members**
  - Surescripts – NCPDP – RelayHealth – OutcomesMTM – Amgen – Pfizer – Cardinal Health/Fuse



## Pharmacy Health Information Technology Collaborative

- **Goals**
  - **Access:** ensure HIT supports pharmacists in health care service delivery
  - **Connectivity:** achieve pharmacists' integration within health information exchange
  - **Quality:** support national quality initiatives enabled by HIT

The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care: 2014 to 2017 Update. 2014.

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## The Key to Pharmacy's Future?

- Structured, discrete data documentation
- Clinical reporting
- Value-based care
- Reimbursement for services
- Provider status



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## The Big Push

- **Meaningful Use (MU)** of the Electronic Health Record
  - Incentivizes hospitals and providers to adopt EHR systems and demonstrate interoperability \$\$\$
  - Requires specific EHR functionality, data reports, and use of electronic standards

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## SNOMED CT

- “**Systemized Nomenclature of MEDicine”
  - Designated U.S. standard coding terminology for health information exchange
  - Codifies clinical information into data points
  - Detailed documentation
    - 19 hierarchies, 300K concepts, 1.5M relationships
    - Diseases, findings, etiologies, living organisms, procedures, outcomes**

JAHIMA. 2012 Mar; 83(10): 72-75.

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## Clinical Documentation

- Purpose
    - Communicate care provided to other clinicians
    - Pass-off to colleagues
    - Billing
    - *Tracking productivity*
    - *Linking care to outcomes*
- } **Clinical Quality Measures**
- Limited by capabilities of software systems

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## Progress Note

/es/ LLOYD E RADER  
PSYCHIATRIST  
Cosigned: 11/28/2000 08:16

TITLE: MHC DIAGNOSTIC ASSESSMENT  
DATE OF NOTE: NOV 27, 2000@11:19 ENTRY DATE: NOV 27, 2000@11:19:41  
AUTHOR: WOODRUFF, ANTHONY EXP COSIGNER: RADER, LLOYD E  
URGENCY: STATUS: COMPLETED

Chief complaint: "I am here because my parole officer told me to come."

### History of present illness:

is a 65 year old, DIVORCED WHITE, NOT OF HISPANIC ORIGIN MALE who presents to clinic today because he was diagnosed with bipolar disorder in 1983, and he needs to be followed by this clinic for this disorder. has been in prison for the past five years and just got out a few months ago. He was arrested and put in prison in Texarkana for growing marijuana. He states that the marijuana was really a friends, but he states that he did not want to "rat" his friend out.

has come to this clinic because his parole officer told him to do so. He states that he has been taking divalproex since 1995, and he has not had any symptoms of mania or depression since that time (in fact.

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## Discrete Data

1. Comprehensive Medication Review (CMR)
2. Medication Reconciliation (Med Rec)
3. Medication Action Plan (MAP)
4. Medication Synchronization (Med Sync)

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## Discrete Data Reporting


MRN	Clinic	Service	Med Rec	CMR	MAP Doc	Med Sync
0000001	CCTR	Oncology	Yes	Yes	Yes	Yes
0000002	IM4	Transplant	Yes	Yes		
0000003	IM2	Medicine	Yes			
0000004	CCTR	BMT	Yes	Yes	Yes	Yes
0000005	IM3	Cardiology				
0000006	IM4	Transplant	Yes	Yes	Yes	Yes
0000007	IM2	Medicine	Yes			
0000008	IM1	Medicine	Yes	Yes	Yes	
0000009	IM3	Cardiology	Yes		Yes	
0000010	CCTR	Oncology	Yes		Yes	

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## Quantifying Data



Metric	Q3 CY2015	Q4 CY2015	Q1 CY2016	Q2 CY2016
Med Rec	19.2%	50.3%	89.9%	<b>92.6%</b>
CMR	5.5%	44.2%	70.2%	<b>88.5%</b>
MAP Doc	34.9%	35.6%	40.1%	<b>43.5%</b>
Med Sync	25.4%	21.6%	24.1%	23.2%


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## Benchmarking Data



Metric	Q3 CY2015	Q4 CY2015	Q1 CY2016	Q2 CY2016
Med Rec	● 19.2%	● 50.3%	● 89.9%	● 92.6%
CMR	● 5.5%	● 44.2%	● 70.2%	● 88.5%
MAP Doc	● 34.9%	● 35.6%	● 40.1%	● 43.5%
Med Sync	● 25.4%	● 21.6%	● 24.1%	● 23.2%

- Below Threshold
- Above Threshold, Not at Goal
- At Goal

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## SNOMED CT for Pharmacy

- **Hepler CM & Strand LM.** Opportunities and responsibilities in pharmaceutical care. *Am J Hosp Pharm.* 1990 Mar; 47(3): 533-43.
- **Codifying clinical pharmacy**
  - Drug Therapy Problems
  - Drug Therapy Interventions
  - Outcomes

*Am J Hosp Pharm.* 1990 Mar; 47(3): 533-43.

## SNOMED CT Codes for Pharmacy

SNOMED CT Concept	SNOMED CT ID
Referred by primary care physician	2021000124102
Medication reconciliation	430193006
Comprehensive medication review	428911000124108
Medication dose too low	448152000
Recommendation to increase dose	428811000124101
Documentation of medication action plan	432351000124105
Synchronization of repeat medication	415693003
Hemoglobin A1c <7%	165679005
Patient condition improved	268910001

UMLS SNOMED CT Browser. National Library of Medicine, National Institute of Health. 2014.

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## Why Do SNOMED CT Codes Matter?

Tricia Lee Wilkins, PharmD, MS, PhD  
Pharmacy Advisor and Health IT Specialist  
Office of Standards and Technology  
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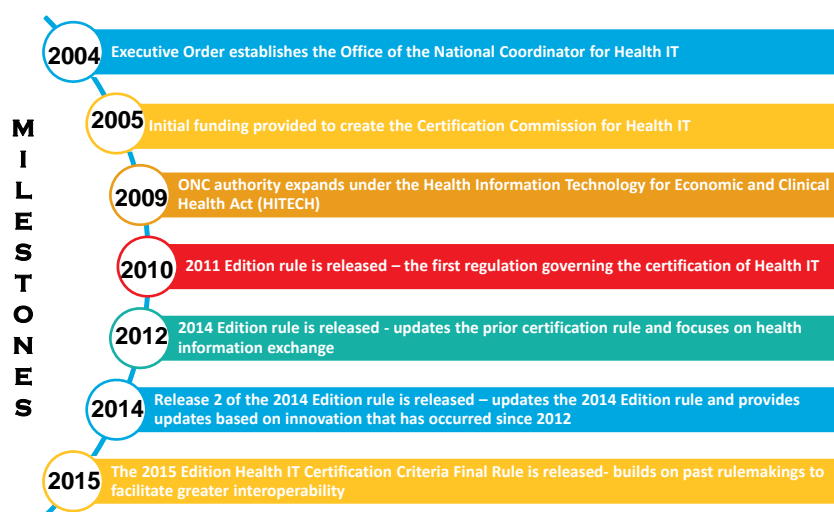
### AMCP Webinar Series: "Sharing Medication Management Communications Electronically Using SNOMED Codes: Why They Matter"

Tricia Lee Wilkins, Pharm D, MS, PhD  
Pharmacy Advisor & Health IT Specialist

April 28, 2016



## ONC's History



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## A health system that provides better care, spends dollars more wisely, and has healthier people

### Focus Areas Description

#### INCENTIVES

- Promote value-based payment systems
  - Test new alternative payment models
  - Increase linkage of Medicaid, Medicare FFS, and other payments to value
- Bring proven payment models to scale
- Align quality measures

#### CARE DELIVERY

- Encourage the integration and coordination of clinical care services
- Improve individual and population health
- Support innovation including for access

#### INFORMATION

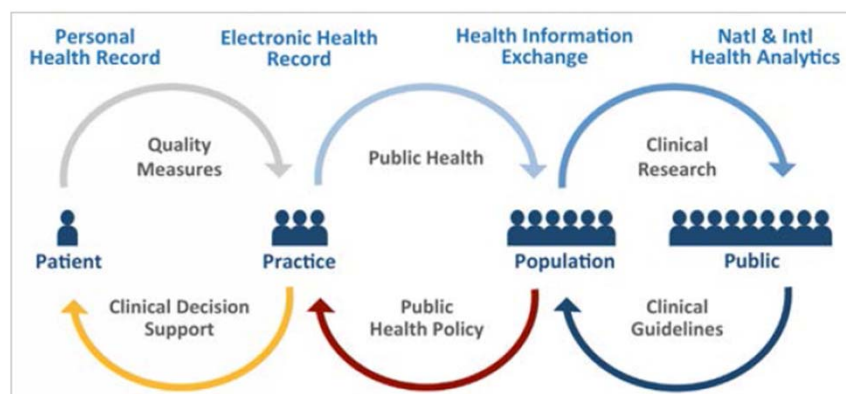
- Bring electronic health information to the point of care for meaningful use
- Create transparency on cost and quality information
- Support consumer and clinician decision making

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Source: Burwell SM. Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care. NEJM 2015 Jan 26; published online first.

## Learning Health System

Figure 4: The Health IT Ecosystem as a Learning Health System



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<http://www.healthit.gov/sites/default/files/nationwide-interoperability-roadmap-draft-version-1.0.pdf>

## Framework for Health IT in Support of Advanced Payment Models

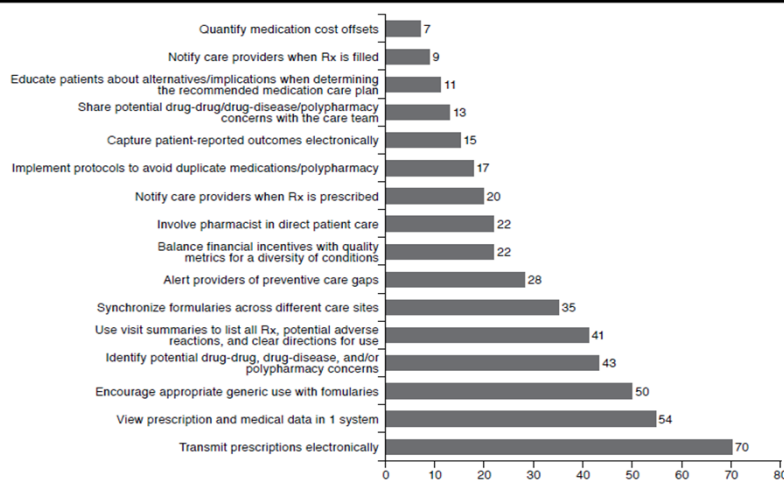
Care Coordination	Cohort Management	Patient & Caregiver Relationship Management	Clinician Engagement	Financial Management	Reporting	Knowledge Management
Access real time health insurance coverage information	Identify cohort from within entire patient population	Basic information services	User friendly, timely and actionable Clinical Decision Support (CDS)	Administrative simplification for operations	Retrieve Data specific to measures	User friendly, timely and actionable Clinical Decision Support (CDS)
Establish payer relationships	Monitor individual patients	Administrative simplification for patients	Standard clinical assessment tools	Normalized and integrated data	Store quality metric data	Personalize patient specific information
Establish provider relationships	Clinical Decision Support	Patient educational services	Well defined care teams	Health assessment of entire patient population	Calculate quality measures	Create and share clinical knowledge
Share clinical data during transitions of care	Patient engagement within cohort	Patient communication	Communication within organization	Patient attribution algorithms	Report quality metrics for internal use	Create and share process improvement knowledge
Identify best setting for care	Engage preferred providers and clinicians in care teams	Patient engagement in care	Communication external to organization	Performance reports	Report measures to external designated entities	Support comparative effectiveness research
Identify social & community supports	Shared care management plan	Patient assumption of care responsibilities	Administrative simplification for providers	Risk sharing analytics	Report data required for syndromic surveillance	
Manage referrals	Interventions	Monitor patient goals and outcomes	Usability of HIT	Payer contract management	Public Health reporting	
Patient-centric medication management	Follow up	Patient experience of care surveys	Comprehensive educational systems for clinicians	Provider contract management	Registry reporting	
Clinical information reconciliation	Monitor cohort		Community based resources	Cost accounting	Report resource consumption for internal use	
			Public Health information	Reimbursement systems for other than fee for service	Report adverse events to Patient Safety Organization	
			Research protocol information	Billing for revenue outside of risk contracts		
				Financial management for patients		

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CCHIT Accountable Care HIT Framework | ©2013 CCHIT

## Are ACOs Ready to be Accountable for Medication Use?

**FIGURE 1** What Are ACOs Doing? Percentage of ACOs Surveyed That Reported High Readiness\*



Dubois et al. J Manag Care Pharm 2014 Jan; 20 (1) 17-21

## Role of Pharmacy Services in Accountable Care Organizations

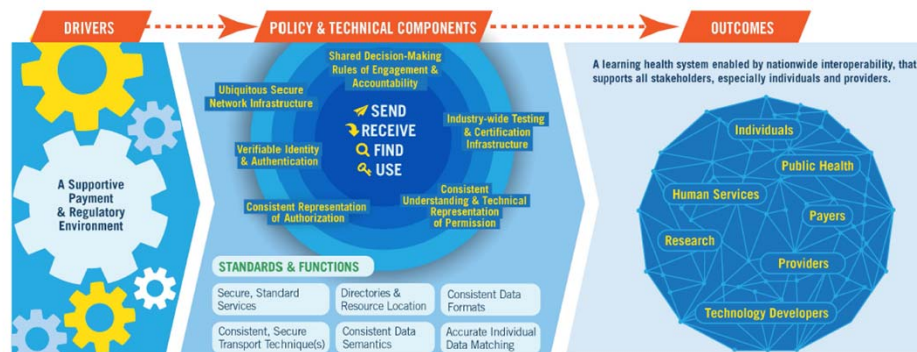
Pharmacy Engagement and Prescription Drug Management in ACOs: Overall and by Contract Type (Commercial, Medicare, Medicaid)


	All (N=270)	Private (N=140, 51.9%)	Medicare (N=111, 41.1%)	Medicaid (N=19, 7.0%)	P-value
At least one accountable care contract including pharmacy spending in calculation of total cost	45.2%	76.8%	1.8%	90.0%	<0.001
<i>Engagement with outpatient pharmacy:</i>					
Pharmacy within the ACO	26.4%	31.1%	15.8%	50.0%	0.001
Pharmacy contracted outside the ACO	19.3%	22.2%	14.9%	22.2%	
<i>Pharmacy-related health IT and data capabilities</i>					
Near complete ability to e-prescribe and confirm fill	45.6%	53.4%	37.3%	36.8%	0.068
Near complete ability to maintain a list of diagnoses and medications in EHR	54.4%	59.8%	51.0%	36.8%	0.109
Near complete ability to integrate inpatient and outpatient data in EHR, including medication data from ACO providers	38.7%	41.9%	37.9%	21.1%	0.511
Near complete ability to integrate data, including medication data from outside providers	9.9%	3.8%	15.5%	21.1%	0.019
Near complete ability to provide patients with electronic chart or discharge information	54.1%	58.6%	49.5%	47.4%	0.404



Notes: ACO is accountable care organization. IT is information technology. EHR is electronic health record. The "Private" column refers to ACOs whose contracts include commercial as well as Medicare and Medicaid. The Medicare column refers to ACOs whose contracts include Medicare and Medicaid but do not include private payers. 15 ACOs in this group have both Medicare and Medicaid contracts. Medicare contracts do not include accountability for pharmacy spending, thus accountability must come from Medicaid contracts in this subset. The Medicaid column refers to ACOs whose contracts include only Medicaid and no Medicare or private payer contracts. ACOs responded with regard to their largest contract for private payer contracts (defined as the largest number of attributed patients). Chi-square was used to determine significance between ACOs with a private contract, ACOs with a Medicare contract and no private contract, and ACOs with only Medicaid contracts.

Colla et al. *J Manag Care Spec Pharm*. 2015 April ; 21(4): 338–344.

## An Interoperable Health System








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**Thank You!**

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 @ONC\_HealthIT  @HHSONC 

## How Do SNOMED CT Codes Impact Managed Care Pharmacy?

Rebecca W. Chater, RPh, MPH, FAPhA  
Executive Healthcare Strategist  
Ateb, Inc



## March 1, 2016 CMS Guidance to CMMI Enhanced MTM Pilot Participants on Patient Encounters

- CMS described use of SNOMED-CT codes in documentation of services delivered to Medicare beneficiaries as:
  - Essential for **measuring** and **monitoring quality, service utilization** and **compliance** with Enhanced MTM model participation and contract requirements
  - An important source of information that may be used to **evaluate the effectiveness** of the Enhanced MTM model on health outcomes and Medicare expenditures

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## Examples of SNOMED CT Codes

- For initial and targeted follow-up appointments

Comprehensive medication therapy review	428911000124108
Targeted medication therapy review	6021000124103
Pulmonary disorder med review	473221002
a. Asthma medication review	394720003
b. Chronic obstructive pulmonary disease medication review	1611000124106
Endocrine disorder medication review	473235000
a. Diabetes medication review	394725008
Mental health medication review	413143000
a. Depression medication review	413974004
Cardiovascular disorder medication review (procedure)	473219007
a. Coronary heart disease medication review (procedure)	394724007
b. Heart failure medication review	473226007
c. Hypertension medication review	473225006
Infectious Disease	473232002
a. Human Immunodeficiency Virus	473233007
Oncologic Disorder	1701000124101
Hematologic Disorder	473220001
a. Anticoagulation	1801000124109

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## 4 Components of MTM Encounter Data Capture

- **Referral**: Documentation of referral source for beneficiary to receive MTM
- **Procedure**: Documentation of service or intervention the beneficiary received
- **Issue**: Documentation of the beneficiary's medication therapy issue
- **Outcome**: Documentation of what happened following an MTM procedure

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## Enhanced MTM Encounter Data: REFERRAL

- **Referral**: Document referral source—how was the beneficiary referred to receive MTM?
- **Examples:**
  - Referred by health care professional
  - Referred by self
  - Referral triggered by transition from acute care to self-care
  - Referral triggered by meeting sponsor's auto-referral targeting criteria

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## Examples of SNOMED CT Codes

- WHO referred the patient?

Referral Source	SNOMED CT Code
Referred by health care professional	2011000124105
Referred by nurse practitioner	2041000124109
Referred by physician assistant	2051000124106
Referred by primary care physician	2021000124102

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## Enhanced MTM Encounter Data: PROCEDURE

- **Procedure**: Document service or intervention received by beneficiary
- **Examples**:
  - Assessment of compliance with medication regimen
  - Chronic disease process education
  - Medication regimen review
  - Consultation
  - Telemedicine consultation with patient

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## Examples of SNOMED CT Codes

- WHY was the patient referred?

Reason for Care	SNOMED CT Code
<b>Transitional Care</b>	<b>1861000124105</b>
Transition from acute care to home health care	1871000124103
Transition from acute care to long-term care	1881000124100
Transition from acute care to hospice	1891000124102
Transition from home health care to acute care	1901000124103

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## Enhanced MTM Encounter Data: ISSUE

- **Issue:** Document the beneficiary's medication therapy issue
- **Examples:**
  - Medication therapy unnecessary
  - Additional medication therapy required
  - Polypharmacy
  - Medication taken at higher dose than recommended
  - Adverse drug interaction
  - Noncompliance with medication regimen

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## SNOMED CT Codes for Medication-Related Problems (MRPs)

- WHAT was the patient's issue? OR WHAT were the pharmacist's findings?

Drug Therapy Problem	SNOMED CT Code
Unnecessary drug therapy	429621000124102
Needs additional therapy	428981000124101
Medication not effective	435501000124106
Dose too low	448152000
Adverse drug interaction	448177004
Dose too high	448089004
Noncompliance with medication regimen	129834002

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## Enhanced MTM Encounter Data: OUTCOME

- **Outcome:** Document how the medication therapy issue was resolved / what happened following an MTM encounter
- **Examples:**
  - Medication stopped – contraindication
  - Medication dose increased
  - Medication therapy management recommendation accepted by prescriber
  - Medication therapy management recommendation refused by prescriber
  - Patient's condition improved
  - Transition of care
  - Patient died

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## Pending SNOMED-CT Codes for Interventions to Resolve Medication-Related Problems (MRPs)

INTERVENTIONS To Resolve Medication-Related Problems SNOMED CT Code	
Start drug therapy	Pending
Start prescription medication	Pending
Start over-the-counter medication	Pending
Start dietary supplement	Pending
Start herbal supplement	Pending
Stop drug therapy	Pending
Change drug product	Pending
Change medication dose	Pending
Increase dose	Pending
Decrease dose	Pending
Change to different dosage form	Pending
Change length of therapy	Pending
Lengthen course	Pending
Shorten course	Pending
Alter dosing interval	Pending
Increase medication dosing interval	Pending
Decrease medication dosing interval	Pending

In a patient's care plan, the complete documentation would be represented as follows:

- Hypertension (ICD-9/ICD 10 code)
- Medication-related problem=needs additional therapy (SNOMED CT code)
- Intervention: start drug therapy. Lisinopril 10-mg oral tablet (RxNorm code= 314076)

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## EMTM Encounter Codes SNOMED CT Examples

SNOMED CT Code	Description	Potential Enhanced MTM Activity
185369008	Referred by pharmacist	Referral
1991000124105	Referred by self	Referral
309014007	Referred by doctor	Referral
435411000124108	Patient notified of eligibility for MTM service	Referral
429621000124102	Medication therapy unnecessary	Issue
435451000124109	Preventive medication therapy needed	Issue
182836005	Review of medication	Procedure
429101000124104	Documentation of medication therapy management plan	Procedure
435441000124107	Medication reminder device set-up	Procedure
11429006	Consultation	Procedure
448337001	Telemedicine consultation with patient	Procedure
394725008	Diabetes medication review	Procedure
447871000124109	MTM recommendation accepted by prescriber	Outcome
435431000124102	MTM information sent to health care provider	Outcome
395008009	Medication stopped - contra-indication	Outcome
395006008	Medication stopped - interaction	Outcome
271299001	Patient's condition worsened	Outcome
370996005	Patient condition resolved	Outcome
1861000124105	Transition of care	Outcome, Referral

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## SNOMED-CT Codes for Meeting Goals of Therapy in Team-based Care

SNOMED CT codes have been designed to enable pharmacists to capture what they are doing within a team-based practice to benefit their patients.

INTERVENTIONS	SNOMED CT Codes
Consultation with healthcare provider	11429006
Patient education	311401005
Medication education	967006
Medication equipment or device education	362978005
Chronic disease education	423167009
Medication reminder device set-up	435441000124107

SNOMED CT codes are available to capture the development of the care plan and medication-related action plan, as well as provision of medication-related action plan to the patient.

Documentation of Care Plan	SNOMED CT Codes
Development of care plan	399684003
Documentation of medication-related action plan	432351000124105
Provision of medication-related action plan	429141000124102

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## EMTM Data Example #1: Beneficiary Self-Referral for EMTM Services

Beneficiary Sequence	Encounter Date	Encounter Code	Encounter Code Description	Provider Identifier	Provider Type	Service Location	Drug Product Identifier 1
1	20170909	1991000124105	Referred by self				
2	20170909	429621000124102	Medication therapy unnecessary				198014
3	20170909	431531000124101	Health literacy assessment	1234567893	1835P0018X	Remote	
4	20170909	129866007	Deficient knowledge of medication regimen				
5	20170909	967006	Medication education	1234567893	1835P0018X	Remote	
6	20170909	412710004	Medication reminder chart given	1234567893	1835P0018X	Remote	
7	20170909	423167009	Chronic disease process education	1234567893	1835P0018X	Remote	

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## EMTM Encounter Data Example #2: Beneficiary Care Transition

Beneficiary Sequence	Encounter Date	Encounter Code	Encounter Code Description	Provider Identifier	Provider Type	Service Location	Drug Product Identifier 1
1	20170102	2001000124107	Referred by payer				
2	20170102	ZZZZZ	Met sponsor's auto-referral targeting criteria				
3	20170102	435411000124108	Patient notified of eligibility for medication therapy management service				
4	20170102	391156007	Medication review without patient	1245567895	1835P0018X	Remote	
5	20170102	432341000124108	Taking multiple medications for chronic disease				
6	20170102	2091000124100	Under care of multiple providers				
7	20170110	11429006	Consultation	1245567895	1835P0018X	Remote	
8	20170110	304540007	Recommendation to stop drug treatment	1245567895	1835P0018X	Remote	995278
9	20170110	6091000124101	Medication therapy management recommendation refused by prescriber				

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## EMTM Encounter Data Example #2: Beneficiary Care Transition

Beneficiary Sequence	Encounter Date	Encounter code	Encounter Code Description	Provider Identifier	Provider Type	Service Location	Drug Product Identifier 1
10	20170127	448511000124101	Transition from acute care to self-care				
11	20170127	395009001	Medication stopped – side effect				995278
12	20170130	428711000124105	Recommendation to change medication	1245567895	1835P0018X		1439829
13	20170130	447871000124109	Medication therapy management recommendation accepted by prescriber				
14	20170130	408374000	Drug changed to cost effective alternative				647555
15	20170130	359746003	Patient condition stable	1245567895	1835P0018X		

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## CMS EMTM Encounters - Summary

- **EMTM encounter should be submitted to document the following categories of MTM activities**
  - Referral: referral source for beneficiary to receive MTM
  - Procedure: service or intervention the beneficiary received
  - Issue: beneficiary's medication therapy issue
  - Outcome: how the medication therapy issue was resolved / what happened following an MTM encounter, including recommendations made and assessment of the beneficiary's health status
- **Beneficiary Sequence indicates the temporal order in which EMTM encounters occurred**
- **Sponsors will use existing SNOMED CT codes to document EMTM activities**
- **Forthcoming Enhanced MTM Model Encounter Data Companion Guide will contain instructions on how to access enhanced MTM SNOMED CT Value Sets**

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## Adoption Efforts

Patty Kumbera, RPh  
President  
Kumbera Solutions, LLC

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## VSAC: Value Set Authority Center

- Learn more



### Reviewing SNOMED CT Value Sets

Utilizing the Value Set Authority Center Collaboration Tool

1. **Sign up for a free Unified Medical Language System (UMLS) license.**

This is required prior to accessing the value sets. It's free and anyone can sign up by going to this link: <https://uts.nlm.nih.gov/license.html>

2. **Request access to the Pharmacy SNOMED CT VSAC Collaboration Site.**

Each Value Set will be reviewed by stakeholders across the industry prior to publication. Value Sets can be reviewed by accessing the appropriate site within the Value Set Authority Center (VSAC) Collaboration Tool. Login using your UMLS ID and password here: <https://vsaccollab.nlm.nih.gov/collab/page/>

3. **Request access to pharmacy value sets.**

Once logged into the VSAC Collaboration Tool, you will need to request access to the pharmacy value set sites that display the value sets currently under review. Click on the "Sites" drop down on the top left hand corner of your dashboard screen. Then click "Site Finder." Search for the title of the value set you are looking for (see Appendix 1 for a list of current pharmacy value set sites).

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## Value Set Authority Center

NIH Value Set Authority Center  
U.S. National Library of Medicine

Welcome Search Value Sets Authoring Collaboration Management Download

Search the NLM Value Set Repository  
Query: pharmacy

Apply Filters Clear Filters

Narrow search results by selecting from pull-down menus below:

CMS eMeasure (NQF Number)  
Select

Quality Data Model Category  
Select

Steward  
Select

Meaningful Use Measures  
Select

Code System  
Select

Search Results Value Set Details

Matched Value Sets

Name	Type	Code System	Steward
Complications of Medication Therapy	Extensional	SNOMEDCT	PharmacyHIT
Medication Reconciliation	Extensional	SNOMEDCT	PharmacyHIT
Medication Therapy Problems	Extensional	SNOMEDCT	PharmacyHIT
Reasons Why Additional Medication Is Required	Extensional	SNOMEDCT	PharmacyHIT
Reasons Why Medication Dose Too High	Extensional	SNOMEDCT	PharmacyHIT
Reasons Why Medication Dose Too Low	Extensional	SNOMEDCT	PharmacyHIT
Reasons Why Medication Therapy Unnecessary	Extensional	SNOMEDCT	PharmacyHIT
Reasons Why More Effective Medication Therapy Available	Extensional	SNOMEDCT	PharmacyHIT
Referral Reasons	Extensional	SNOMEDCT	PharmacyHIT
Transitions Between Health Care Settings	Extensional	SNOMEDCT	PharmacyHIT

<https://vsac.nlm.nih.gov/>

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## Why Do I Care About Data Standards?

- Continuity of Care Record/Document (from ASTM and HL7)
- National Council for Prescription drug Programs (NCPDP)
- Digital Imaging and Communications in Medicine (DICOM)
- Systematized Nomenclature of Medicine--Clinical Terms (SNOMED CT)
- Logical Observation Identifiers Names and Codes (LOINC)
- International Classification of Diseases (ICD)
- RxNorm (a nomenclature for drugs produced by NLM)
- Current Procedural Terminology (CPT)

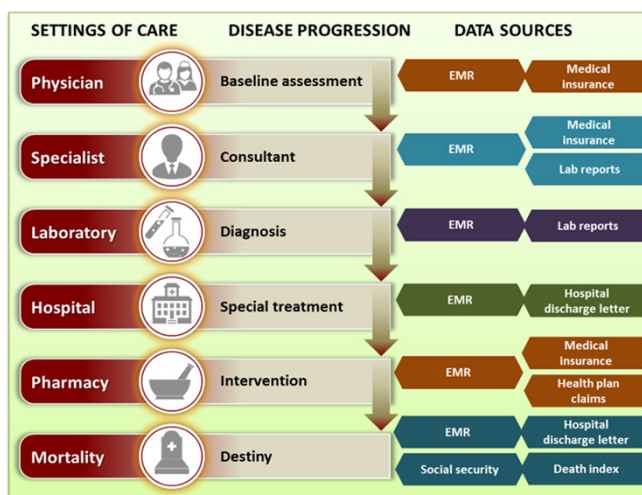
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## Why Do I Care About Data Standards?

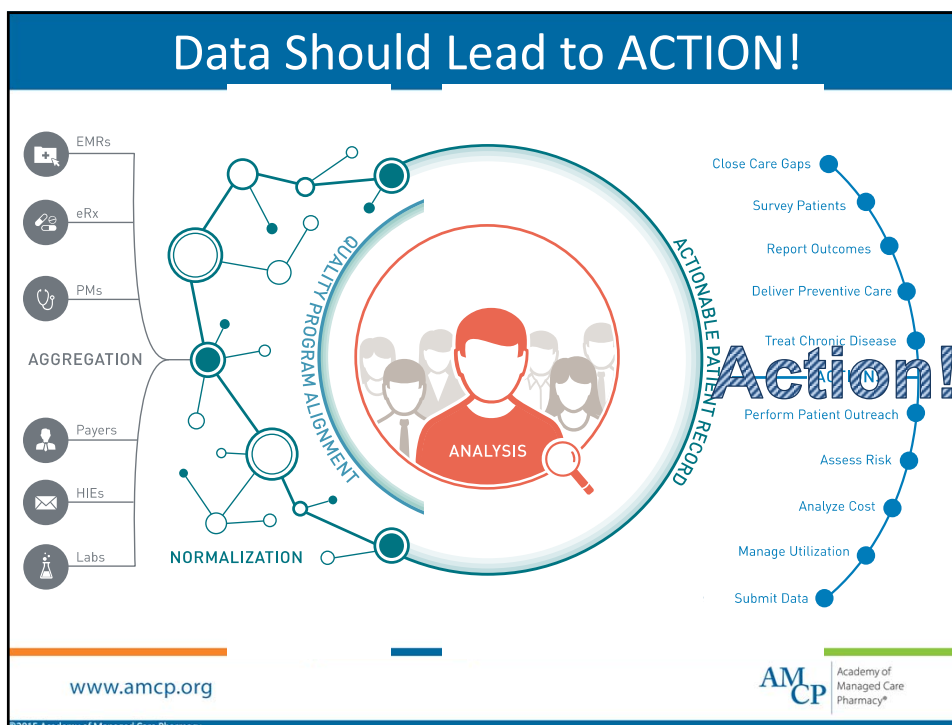
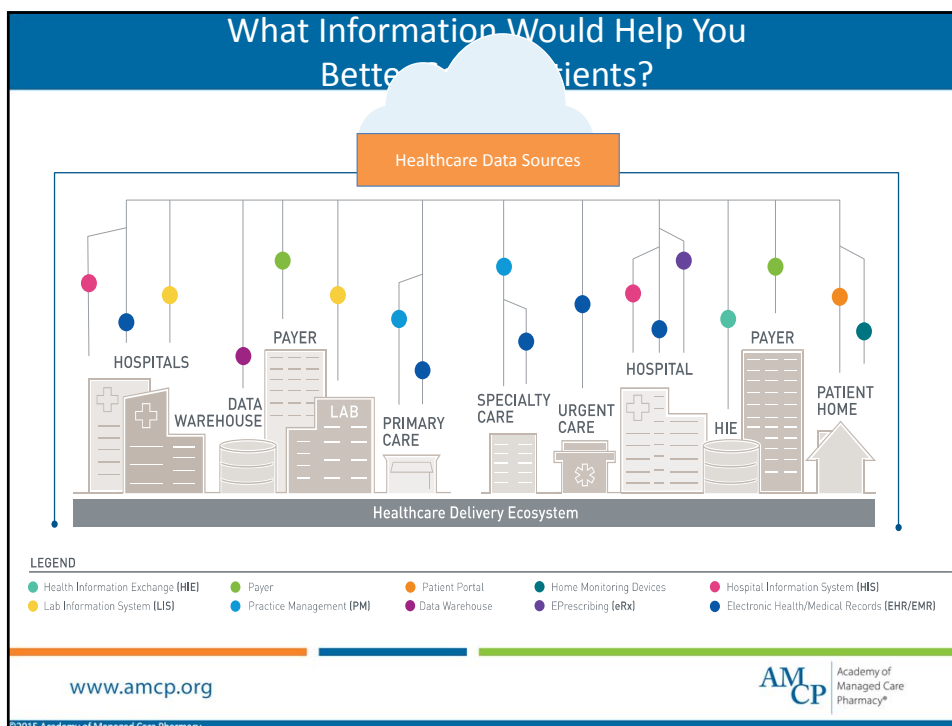
- **Healthcare Team Members with Data**



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## AMCP MTM Advisory Group

- Collaborating with key stakeholders to advance adoption efforts and to develop a consensus-based standardized framework for reporting of MTM services using SNOMED CT codes
- Advocating for a delay in reporting requirements for the enhanced MTM model to Q4 2017 to allow sufficient time for participating Part D sponsors to implement a consistent, standardized, and industry-approved consensus framework for mapping SNOMED CT codes to describe and report enhanced MTM activities

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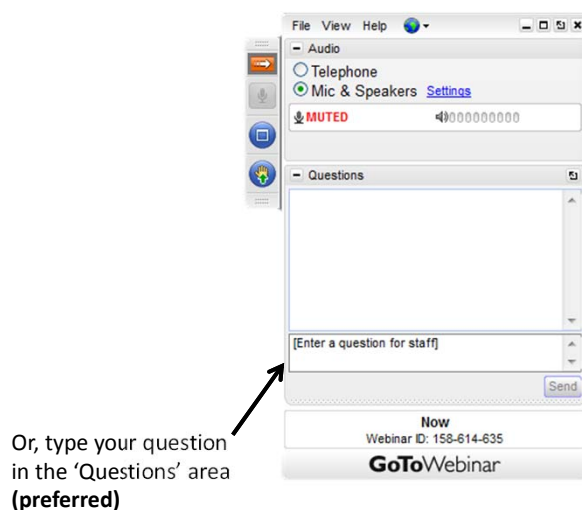
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## Question & Answer

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## How to Ask A Question



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## AMCP Policy Issue Groups

Sign up for late-breaking information and the opportunity to be in the conversation:  
[www.amcp.org/list](http://www.amcp.org/list)

- Specialty/Biosimilars
- Health Care Reform Implementation
- Medicare Part D
- HIT
- Quality initiatives
- MTM

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**WEBINAR**

Sharing Medication Management  
Communications Electronically Using SNOMED  
Codes: What They Are, Why They Matter, How  
They Impact Managed Care Pharmacy and  
Adoption Efforts

Thank you for  
attending!

