



JANUARY 2025

National Facilitator Model | Phase 2

Grant Funded to:

STChealth

Industry Integration:

WG9 | Government Programs

- Prescription Drug Monitoring Programs Task Group

Experian Health

This grant was made possible through funding from the Lee Ann Stember Endowment Fund, the FDB (First Databank) Patient Safety Founders Donor Fund, the GoodRx Access to Care Founders Donor Fund, and the NCPDP Foundation General Grant Fund.

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Abstract

Phase 2 of this research focused on validating the viability of the National Facilitator Model based on industry stakeholder interviews and research. Interviews resulted in a finding of support for two of the three models: immunizations and controlled substances with immunizations being the primary supported use case. Researchers determined that a National Facilitator would result in better data sharing among pharmacists and traditional providers leading to improved outcomes for patients. Researchers determined three critical areas for success: fitting within existing workflows, heavy industry adoption of the Facilitator, and a focus on customer value. Recommendations for moving the project forward include securing funding for product development, identifying pharmacy partners, developing a project plan, implementation of the Facilitator, and subsequent improvements until the final release. Areas where NCPDP can support were identified leveraging NCPDP's positive industry reputation and its collaboration and consensus-building business model.

Background

A National Facilitator Model is indicated to help pharmacies, prescribers, and government agencies follow community health for more effective responses to public health crises. The initial phase of the National Facilitator Model tested the NCPDP Universal Patient Identifier's ability to accurately identify patients across multiple data sets, across multiple states, to provide patient-specific data to pharmacists (NCPDP Foundation, 2023). Findings indicated the Universal Patient Identifier, powered by Experian Health UIM & NCPDP Standards™, improved the ability to identify patients across state lines and across multiple data sets. The Pharmacy Inclusive Provider Network™ (PhIPN) to share information throughout the healthcare ecosystem was established as an outcome to Phase 1. This network provided more accurate patient records and allowed pharmacists to identify those who had not yet received their COVID-19 immunizations thus improving the pharmacist's ability to support at-risk patients at the point of care. Moving to Phase 2, researchers performed a comprehensive business analysis on the National Facilitator Model.

Research Objective & Design

**Perform a comprehensive business case assessment
to validate the overall viability of the Facilitator Model.**

This assessment included three tasks:

1. The Facilitator Model and Solution Scope Definition
2. Market Validation
3. Recommendations for the final Model architecture

Researchers approached the objective through Voice of Market interviews and through external research. A total of 20 industry interviews were completed and analyzed, and research focused on product viability.

Research Findings

The primary focus of this research was based on the understanding that comprehensive patient immunization data for all providers, including pharmacists, is essential in delivering quality care (Adane, Gizachew, & Kendie, 2019).

Facilitator Model & Solution Scope Definition

The National Facilitator Model helps pharmacies, prescribers, and government agencies surveil public health and respond more effectively to pandemics and public health crises like the opioid epidemic by providing information on prescriptions, testing, immunizations, and related data in real time at multiple points of care.

The grantee, STChealth, notes their vision “to eradicate preventable disease through connected intelligence” as the basis of their increased chance of success in bringing a National Facilitator to market. Additionally, a value chain was developed to further envision the fit of a National Facilitator Model in the healthcare industry (see Figure 1.1). Researchers found that a National Facilitator would be viable and sustainable, fitting within existing infrastructure and workflow. No legal conflicts were discovered during research.

Three critical areas were identified to increase the rate of success for implementation and use of a National Facilitator. One is the need for the Facilitator to fit within existing workflows with minimal disruption for clinicians. The second is the need for heavy adoption by the industry, particularly pharmacy and traditional providers, with a clear plan for growth. Lastly, developing a Facilitator Model with a consistent focus on customer value and not feature quantity.

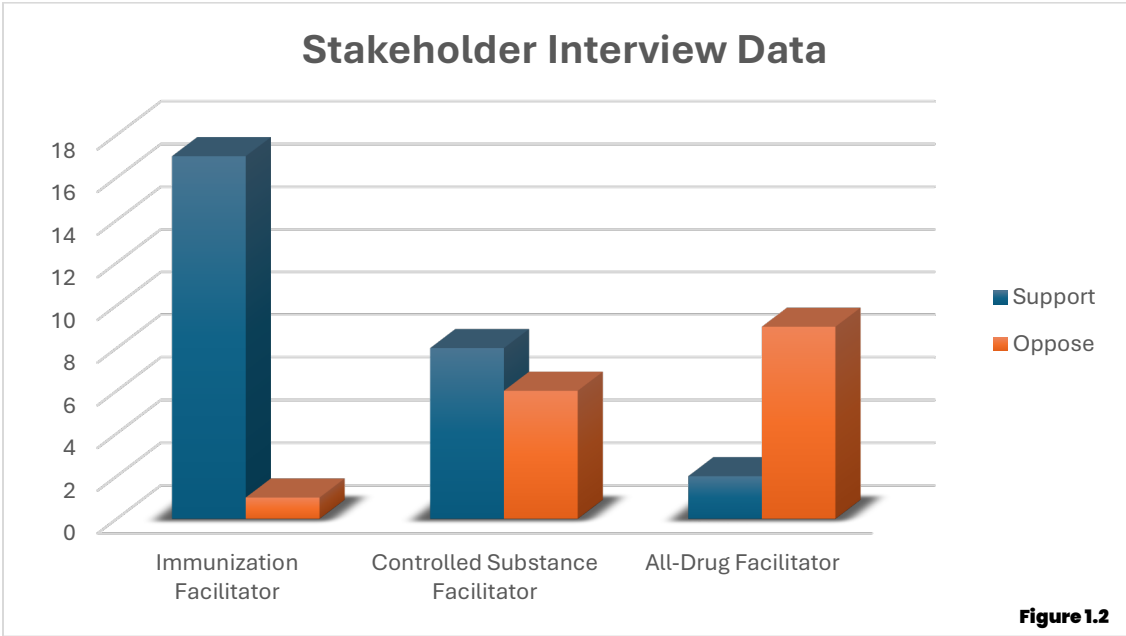
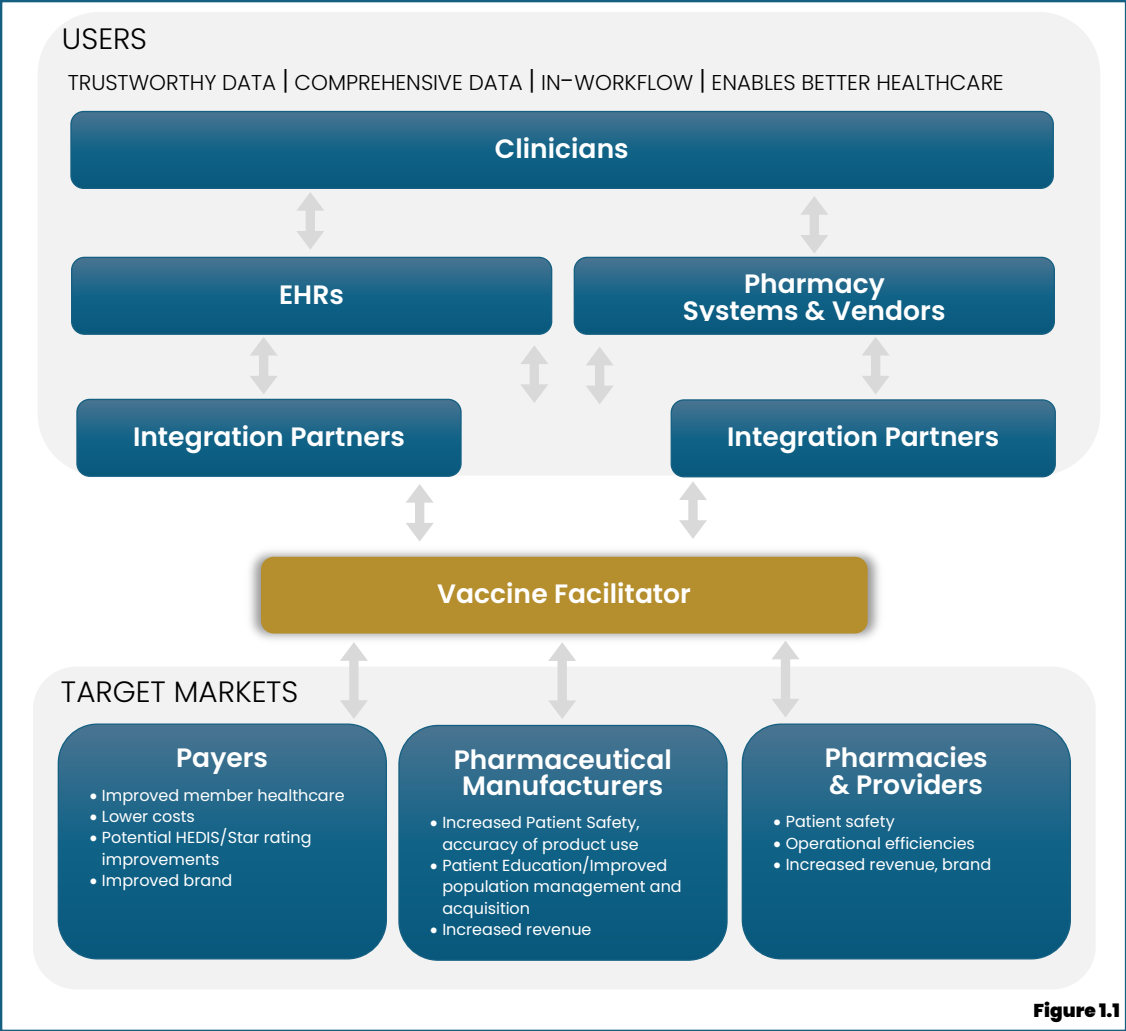
Market Validation

Interviews were conducted throughout the healthcare industry to determine stakeholder support for three areas where pharmacists play a role: immunizations, controlled substances, and all drugs. A total of 20 industry interviews were completed and analyzed for stakeholder support of each area, results indicated support for all three areas to varying degrees (see Figure 1.2).

Immunization. Industry support for a National Facilitator Model was overwhelmingly supportive in the immunization space with 17 interviewees indicating support for immunization data being stored and shared with stakeholders. One interviewee vocalized opposition to the sharing of immunization data. Supporters cited patient safety, reduction in immunization recommendation errors, and improved clinical data access for providers as reasoning for supporting a National Facilitator.

Controlled Substances. Researchers indicated opioids as the controlled substance of most interest in inclusion within the National Facilitator Model. Nine interviewees indicated support for opioid data being shared with stakeholders while six vocalized opposition. Opposers cited a lack of support from government, particularly at the state level, and concern of making some stakeholders business models obsolete.

All Drug. The all drug category resulted in the least support from interviewees with two indicating support and nine vocalizing opposition. Consensus on an all drug facilitator centered around the idea of the ultimate goal, the “utopia”, but not viable in the near future.



Recommendations for the Final Model Architecture

Researchers identified steps to further develop and implement a National Facilitator Model in accordance with the findings herein. The path forward is developing and implementing the first rendition of the National Facilitator, noted as the Minimally Viable Product (MVP). Pharmacy segment partners need to be identified with clear roles and responsibilities. A full pilot project plan should be developed with clear success criteria, clear roles and responsibilities, and with funding secured. The MVP will allow researchers to take a small step into the market for usable data in further development of the National Facilitator for optimal use based on live feedback and real patient-provider interactions and outcomes. This process is visualized in Figure 1.3.

To further strengthen the grantee relationship with the industry and increase success, NCPDP can continue to elevate support. As an industry leader and with established trust as a collaborator and industry connector, NCPDP is in a prime position to bring together all industry stakeholders to discuss, develop, and implement the National Facilitator Model. Communications from NCPDP surrounding the National Facilitator, the grantee as the developer, and the benefits of utilizing the National Facilitator would increase the success of the project. Lastly, continued discussion and support within relevant Work Groups and Task Groups within NCPDP's working model are vital to the unbiased development of the National Facilitator.



Figure 1.3

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Maintains the state PDMP tracking document and monitors ONC initiatives for PDMP interoperability. Collaborates with other NCPDP task groups and state PDMP administrators in developing and harmonizing enhancements to the NCPDP standards to support the reporting to, requesting for and responding PDMP prescription data.

Disclosures

Research was performed by the Grantee, STChealth, was funded by the NCPDP Foundation, and final results were provided to the NCPDP Foundation by the Grantee.

STChealth did not indicate whether AI was utilized in the drafting and writing of the report provided to the NCPDP Foundation. This abridged results paper did not utilize AI.

As of the publication of this abridged report, and to the best knowledge of the NCPDP Foundation, the original report(s) generated by STChealth are not available online.

References

Adane, K., Gizachew, M., & Kendie, S. (2019). The role of medical data in efficient patient care delivery: a review. *Risk management and healthcare policy*; 12, 67–73.

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