

VHA Pharmacy Re-Engineering and IT Support (EA-14)

Authoritative Source

- BY-2007 IT Project Portfolio

Stakeholder

- All veterans, their dependents, and their survivors
- DoD/VA Health Executive Council
- VHA Business Line Managers and Health Care Providers

Related Segment Architectures

- “Proposed” Health Business Segment

Requirement Description

VA's current Pharmacy support systems do not meet VA's current workload needs, current programming standards or desired patient safety thresholds. This project is to facilitate improved VA pharmacy operations, customer service, and patient safety, concurrent with pursuit of full re-engineering of VA pharmacy applications. It will help address critical needs for immediate improvements to achieve stated goals and vision for VA Pharmacy while maintaining current level of operations in pursuit of long term reengineering to achieve long range strategic goals. Specifically, all functionality relating to Pharmacy operations and service is to be re-engineered, modified or replaced. Pharmacy applications and systems are some of the oldest technologies in VistA. Systems limitations and cumbersome non-consistent pharmacy processes have been identified as a weakness in VA's ability to provide efficient pharmacy service, driven by patient safety protocols, across the VA continuum. In 2001, a functionality assessment of pharmacy applications and operations was conducted by an external contractor to determine the viability of maintaining the status quo of current technology supporting VA Pharmacy operations, taking into account agency goals and priorities. To ensure the level of care offered is consistent throughout the VA system, achievement of stated goals and vision for VA Pharmacy operations requires abandonment of the current "silo" approach to IT solutions, in favor of global, or enterprise wide standardization of protocols, direction and implementation. The 2001 assessment identified critical weaknesses in the current operational environment of VA pharmacies. The pharmacy replacement initiative will enhance pharmacy data exchange as well as clinical documentation capabilities, in a truly integrated fashion to improve operating efficiency. It will provide a flexible technical environment to adjust to and meet future business conditions and needs in the clinical environment, focused on the patient with robust decision support safety features. The reengineering and replacement of these systems will directly address several important Federal mandates and business drivers, including but not limited to the President's Management Agenda; VA Strategic Goals; Secretarial Priorities; the Clinger-Cohen Act; the Government Performance and Results Act; the Privacy Act; the Health Insurance Portability and Accountability Act; Section 508 of the Rehabilitation Act; the Government Paperwork Elimination Act; the Government Information Security Reform Act, and the Joint Commission on Accreditation of Healthcare Organizations. The desired result is a seamless integrated system, nationally supported, capable of growth, which supports a repository structure (HDR) in order to facilitate uniform service being offered to veterans in all locations.

Recommended Solution

VA desires to preserve existing functionality and to provide functionality advancements where the capability does not currently exist within COTS products. Therefore, VA will re-engineer and re-host VA's pharmacy applications through a combination of in house VA build system components (layering) onto the HealthVet/VistA design, in conjunction with the purchase of COTS system products, where appropriate, including exploration and evaluation of partnership arrangements with outside vendor(s) for development of technology, including platform and interfaces.

EA Investment Scoring

The following table provides the EA evaluation score for BY-2008 (this is the project's most recent Exhibit-300 budget request). Scores are provided for business, data and implementation issues and for an overall project average. The Exhibit-300 EA evaluation procedure is defined within the Enterprise Architecture Portal "Procedures Tab"; all scoring is based on a scale from 0 through 5.

VA EA Evaluation			
Business	Data	Implementation	Average
5.00	4.00	4.00	4.33

Project Value Proposition, Performance Measures and Measured Results

The following table identifies the VA and PMA business objectives that this project will satisfy, along with the performance metrics with which project success will be evaluated. For projects that are mature enough to have produced measured results, those results are also provided.

Project Value Proposition			
Support for PMA Initiatives 1.A.13.a & 1.A.13.b	Support for VA Strategic Goals 1.A.29	Project Metrics 1.D.1	Project Results/Outcomes 1.D.1
<p>Human Capital ----The re-engineered software will improve usability increasing employee satisfaction and reducing turnover</p> <p>Budget Performance Integration ----Cross-agency interoperability with DoD will enhance the ability to trend cost and utilization</p> <p>Financial Performance ----Improvements in operational cost will accrue with elimination of legacy system maintenance.</p> <p>Expanded E-Government ----This initiative will provide the ability to request refills and obtain drug information via the Web</p> <p>Competitive Sourcing ----Efficiency will be improved</p>	<p>Honor & Memorialize Convenience, environment of care and ease of access is now a major driver of selection of healthcare providers</p> <p>One VA CMOP operations can be standardized and improved, including efficient processing of orders and invoices.</p> <p>Ensure Smooth Transition Pharmacists must be enabled to improve their documentation of interventions as they monitor patients' drug therapy, and be cognizant of prescriptions subscriptions by private sector providers.</p> <p>Quality of Life The Re-engineered Pharmacy system will provide operational efficiencies and greater cost effectiveness by reducing adverse</p>	<p>Measurement-1 Indicator A 5 % decrease in the average inventory level (2005 baseline average level was \$274,571.26</p> <p>Measurement-2 Indicator Increase the number of National Drug File updates from 5 updates per year to 52 updates per year.</p> <p>Measurement-3 Indicator A 40% reduction in cost of Adverse Drug Events (baseline cost = \$42,460,914 per year)</p> <p>Measurement-4 Indicator Denials of Claims to be reduced to 50% of all claims (currently 2004 denials per year account for 80% of all claims)</p> <p>Measurement-5 Indicator</p>	<p>Measurement-1 Results To be calculated in Q1 of FY2009 .</p> <p>Measurement-2 Results To be calculated in Q1 of FY2009</p> <p>Measurement-3 Results To be calculated in Q1 of FY2009</p> <p>Measurement-4 Results To be calculated in Q1 of FY2009</p> <p>Measurement-5 Results To be calculated in Q1 of FY2009</p>

<p>with the integration of commercial products offering a robust drug database and clinical decision support.</p> <p>Coordination of VA & DoD Programs and Systems</p> <p>-----This initiative will achieve cross-agency interoperability with DoD</p>	<p>drug events and medication errors</p> <p>Public Health & Socioeconomic Wellbeing</p> <p>Standardization of information exchange will ensure that all facilities have processes in place to deal effectively with emergencies or disasters.</p>	<p>A 15% increase in prescription fills over the baseline (baseline = 105,499,349 prescriptions filled per year).</p>	
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Enterprise Impact

Replaces antiquated subsystems within the Vista Health Care System Complex, introducing current technology.

Project Status

Funded from BY-2002 through BY-2007

Project currently at Milestone-3