

ESSENTIAL MEDICATION INFORMATION STANDARDS

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy that outlines the essential medication information elements necessary for review, management, and communication of medication information with Veterans and their health care teams.

2. SUMMARY OF CONTENTS: This new Directive:

a. Defines the minimal or essential elements necessary to review, manage, and communicate medication information among health care teams, Veterans, and caregivers. This medication information is exchanged verbally, in print, and via digital processes and tools.

b. Defines the authoritative sources of medication information to promote standardization and reduce the likelihood that incomplete and/or incompatible data are displayed in different patient- and provider-facing venues.

c. Identifies Pharmacy Benefits Management (PBM) and Health Informatics/Knowledge Based Systems (HI/KBS) as business owners for medication information management standards in the Department of Veterans Affairs (VA).

d. Provides style guidance about how medication information should be displayed to patients and providers in these form factors: print, Web, point of service, and mobile.

3. RELATED ISSUE: VHA Directive 2011-012, Medication Reconciliation, or subsequent policy issue.

4. RESPONSIBLE OFFICE: Pharmacy Benefits Management Service (10P4P) is responsible for the content of this Directive. Questions may be referred to 202-461-7326.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA Directive is scheduled for recertification on or before the last working day of June 2020.

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ESSENTIAL MEDICATION INFORMATION STANDARDS

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes the policy that outlines the essential medication information standards and elements necessary for review, management, and communication of medication information with patients, caregivers, and their health care teams. These medication information standards and elements must adhere to Department of Veterans Affairs (VA) and federally-approved standards for terminology and structure to ensure that consistent information is being provided to the clinician, patient, and caregiver. **AUTHORITY:** 38 U.S.C. 7301(b).

2. BACKGROUND:

a. There is a lack of consensus among health care providers and health informaticists as to what medication information elements constitute part of a useful medication list. Without consensus, there can be gaps in critical information, which in turn can lead to compromised health care and harm. The problems caused by this lack of consensus are magnified by the rapidly expanding development of digital medication information tools including mobile, Web, and point of care service applications. The National Alliance for Patient Medication Information Standardization (NAPMIS) and Pharmacy Benefits Management (PBM) have described these issues in detail in the January 5, 2012, Medication Information Standardization White Paper. This Directive ensures that systems support the goal of the Secretaries of VA and Department of Defense (DoD) for interoperable, seamless information sharing between VA, DoD, and other health care organizations that may be used by Veterans and caregivers.

b. Additionally, in response to the Government Accountability Office (GAO) Report, DOD AND VA HEALTH CARE: Medication Needs during Transitions May Not Be Managed for All Servicemembers (GAO-13-26), VA is proceeding with defining the minimal essential elements to be included on VA medication lists with the goal of ensuring effective transitions in care, as well as to assist the Veteran and caregiver in managing medication information.

c. Lastly, VA medical facility-based staff have requested clarification from the VA Medication Reconciliation Task Force on The Joint Commission National Patient Safety Goal (NPSG) 3.06.01 (Improve the safety of using medications: Maintain and Communicate Accurate Patient Medication Information), Element of Performance (EP) 2: "Define the types of medication information to be collected in non-24-hour settings and different patient circumstances." Examples of medication information that may be collected include name, dose, route, frequency, and purpose. To comply with NPSG 3.06.01 EP 2, VA must define the types of medication information necessary in their medication reconciliation process to ensure safe communication of medication information among members of the health care team, Veterans, and caregivers.

3. POLICY: It is VHA policy that all medication information displayed to Veterans, caregivers, and health care professionals through print, Web, mobile, or point of service applications will contain the essential medication information elements described in

Appendix A; will be based upon the authoritative sources of information described in Appendix B; and, to the extent possible, will adhere to the style guide shown in Appendix C. These appendices are intended to be updated between concurrence cycles for this Directive. Refer to:

<http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Forms/AllItems.aspx> for the most current version of the appendices. **NOTE:** *This is an internal VA Web site that is not available to the public.* (See paragraphs 5.a., b., c.)

4. RESPONSIBILITIES:

a. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for ensuring VA medical facility staff compliance with this Directive.

b. **Assistant Deputy Under Secretary for Health for Patient Care Services.** The Assistant Deputy Under Secretary for Health for Patient Care Services is responsible for providing national direction and education to support implementation of this Directive and any updates to the appendices.

c. **Assistant Deputy Under Secretary for Health for Informatics and Analytics.** The Assistant Deputy Under Secretary for Health for Informatics and Analytics is responsible for ensuring that:

(1) All information technology systems conform to VA standards for medication terminology, interfaces, and communication, and can be maintained and sustained within the VA information system.

(2) Patient Medication Information Application Program Managers comply with this Directive.

d. **Chief Consultant for Pharmacy Benefits Management.** The Chief Consultant, PBM, under the direction of the Assistant Deputy Under Secretary for Health for Patient Care Services is responsible for:

(1) Reviewing all projects developing an application with a medication information component for staff or Veterans and caregivers in collaboration with the project application team. This review will ensure ongoing consistency with federally-approved standards for terminology and structure in information being provided to the clinician, Veteran, and caregivers and will determine what level of participation PBM needs to provide in the proposal, development, and deployment stages of each project as policies and mandates dictate.

(2) Presenting all PBM suggested updates to the appendices of this Directive to the NAPMIS for review and feedback within 30 days of submission of such updates.

(3) Presenting all PBM/NAPMIS approved updates to the Appendices of this Directive to the Deputy Under Secretary for Health for Operations and Management and to the Assistant Deputy Under Secretary for Informatics and Analytics for distribution.

(4) Collaborating with Standards and Terminology to review all projects prior to release with a medication component to ensure ongoing consistency with federally-approved standards for terminology and structure in information being provided to the clinician and patient.

e. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for ensuring that the medical facility Director and VISN Pharmacy Executive are aware of this Directive and will comply with this directive and ensure local and VISN policy reflect the changes put forth in this Directive.

f. **Veterans Integrated Service Network Pharmacy Executive.** The VISN Pharmacy Executive is responsible for ensuring that the VISN facilities' Pharmacy Chiefs are aware and will comply with this Directive.

g. **Medical Facility Director.** The medical facility Director is responsible for ensuring that:

(1) This Directive is followed and that local policy reflects the changes put forth in this Directive.

(2) Essential medication information is included in all transitions or episodes of care where medication reconciliation occurs.

(3) Essential medication information is included in medication lists given to Veterans and/or caregivers prior, during, or after the episode of care for the purpose of medication review, reconciliation, and self-management.

(4) Essential medication information is included in medication lists imported into health care team notes for the purpose of medication review, medication information management, and medication reconciliation relevant to the episode of care.

(5) Tools available to the health care team to adhere to this Directive include medication reconciliation note templates, reminder dialogues, and medication list data objects. These tools assist in exchanging essential medication information relevant to care settings (inpatient, outpatient, residential facilities or other non-traditional health care areas), include Veteran requirements, and utilize technology currently available or in development to the organization.

h. **Information Technology Application Program Managers.** Application program managers (from VHA or Office of Information and Technology) that are responsible for the development of Web, point of service, and/or mobile applications that include Veteran medication information must ensure this Directive is followed in the

application proposal, development, and deployment. The program managers will ensure:

(1) System design requirements are reviewed and approved by program office business owners, subject matter experts, and stakeholders for the application in development that provide clinical content, medication terminology, support, or may be operationally impacted by the product.

(2) Project teams work together to ensure interoperability, interconnectedness, and a seamless experience.

(3) Project teams actively pursue subject matter experts from key program offices and the field to be included in proposal, development, and deployment relevant to each project.

5. REFERENCES:

a. Essential Medication Information to be included in exchanges between Veterans and their health care teams are contained in this link to Appendix A located on the PBM intranet site:

<http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

b. Authoritative Source for the medication information is PBM. Current standards are described in this link to Appendix B located on the PBM intranet site:

<http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

c. The current standards for the style guide for medication information displays for health care professionals and Veterans are included in this link to Appendix C located on the PBM intranet site:

<http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

d. VHA Directive 2011-012, Medication Reconciliation, or subsequent policy issue. Retrieved from: http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2390

e. The National Alliance for Patient Medication Information Standardization White Paper, 2012. Retrieved from:

<http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Reference%20Documents/White%20Paper%20Med%20List%20Standardization%201-5-12%20.pdf>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

f. Government Accountability Office. DoD and VA Health Care: Medication Needs during Transitions May Not Be Managed for All Servicemembers, (GAO-13-26), 2012. Retrieved from: <http://www.gao.gov/assets/650/649781.pdf>

g. The Joint Commission. National Patient Safety Goal 03.06.01. Retrieved from: http://www.jointcommission.org/standards_information/npsgs.aspx

h. CPT® (Current Procedural Terminology). Retrieved from: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-products-services.page?>

i. FDA (United States Food and Drug Administration). Retrieved from: <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/default.htm>

j. Health Information Technology Standards. Retrieved from: <http://www.nlm.nih.gov/healthit.html>

k. ICD-9-CM (International Classification of Disease, 9th Revision, Clinical Modification). Retrieved from: <http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html>

l. ICD-10-CM; ICD-10-PCS (International Classification of Disease, 10th Revision, Clinical Modification; International Classification of Disease, 10th Revision, Procedure Coding System). Retrieved from: <http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>

m. LOINC® (Logical Observation Identifiers Names and Codes). Retrieved from: <https://loinc.org/>

n. National Institute for Standards and Technology (NIST). Retrieved from: <http://www.nist.gov/healthcare/index.cfm>

o. NCPDP SCRIPT Standard. Retrieved from: <http://ncdp.org/standards.aspx>

p. NDF-RT (National Drug File – Reference Terminology). Retrieved from: <http://www.nlm.nih.gov/research/umls/sourcereleasedocs/current/NDFRT/>

q. Office of the National Coordinator Meaningful Use Standards. Retrieved from: <http://healthit.gov/policy-researchers-implementers/meaningful-use-regulations>

r. RxNorm (Prescription for Electronic Drug Information Exchange). Retrieved from: <http://www.nlm.nih.gov/research/umls/rxnorm/RxNorm.pdf>

s. The Patient Protection and Affordable Care Act. Retrieved from: <http://housedocs.house.gov/energycommerce/ppacacon.pdf>

t. SNOMED CT® (Systematized Nomenclature of Medicine -- Clinical Terms). Retrieved from: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

u. U.S. Pharmacopeial Convention (USP) Chapter 17 Prescription Container Labeling, of the United States Pharmacopeia and the National Formulary. Retrieved from: <http://www.usp.org/usp-nf/key-issues/usp-nf-general-chapter-prescription-container-labeling>

APPENDIX A

ESSENTIAL MEDICATION INFORMATION CONTENT

The information provided through the link below is intended to be updated between concurrence cycles for this Directive and represents the minimal or essential elements necessary to review, manage, and communicate medication information among health care teams, Veterans, and caregivers. This medication information is exchanged verbally, in print, and via digital processes and tools.

Refer to:

<http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Essential%20Med%20Directive%20APPENDIX%20A1.7.2015.docx> for the most current version of this appendix.

NOTE: *This is an internal VA Web site that is not available to the public.*

APPENDIX B

PHARMACY DATA: VistA/CDW FILE STRUCTURE

The information provided through the link below is intended to be updated between concurrence cycles for this Directive and includes the data files needed in building medication information tools. This data file defines the authoritative sources of medication information to promote standardization and reduce the likelihood that incomplete and/or incompatible data are displayed in different patient and provider facing venues.

Refer to:

<http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Essential%20Med%20Directive%20APPENDIX%20B%201.7.2015.docx> for the most current version of this appendix. **NOTE:** *This is an internal VA Web site that is not available to the public.*

APPENDIX C

MEDICATION INFORMATION DISPLAY STANDARDS

The information provided through the link below is intended to be updated between concurrence cycles for this Directive and reflects display standards for essential medication information displayed to patients and their health care teams across print, Web, mobile, and point of service applications (i.e., Kiosk) tools.

Refer to:

<http://vaww.infoshare.va.gov/sites/MedRecon/Essential%20Medication%20Information%20Standards%20Directi/Essential%20Med%20Directive%20APPENDIX%20C%201.7.2015.docx> for the most current version of this appendix. **NOTE:** *This is an internal VA Web site that is not available to the public.*