

VISTA Community Meeting
Day One: January 14, 2011
Morning Session

Topic: Medication-reconciliation Tools

Presenter: Rob Silverman, Developer, Department of Veterans Affairs

[Note: Mr. Silverman did not attend the conference in person, but joined the morning session via conference call.]

In 2006–2007, VA realized that VISTA did not include the tools that would support medication-reconciliation. Mr. Silverman and others wrote a white paper outlining what the proposed tools should do, and outlining what local facilities were currently doing.

VA decided to select tools, including a class-three package to be released as a class-one patch. This kind of thing had been done before, but this was the first time in a long while that a class-three project had been formally evaluated and selected for conversion. Mr. Silverman noted that VA learned a lot about how *not* to do this.

Issues arising from the conversion included how to maintain the tools, and how to keep the new class-one package as close to the class-three version as possible.

It was released as the Outpatient Pharmacy package. The implementation guide has two parts: for a brand-new install, and for an upgrade for sites already running the class-three software.

The package includes four reporting tools.

1. Medication-reconciliation Profile, developed in collaboration with the Portland VA. This tool combines outpatient medications, inpatient medications, and remote data into a single list. This was the first tool to bring all this information together in one place. Results could be alphabetized by drug name, making outpatient/inpatient reconciliation easier. However, this is still a report, and the user cannot take action directly on it.
2. Medication Worksheet: An outpatient-only view, originally developed in the Seattle VA. The worksheet is easy to annotate, and can be given to a patient upon discharge.
3. TIU component, which is an alternative to the Medication Chart health summary. Medications become inactive through being expired or discontinued. Expiring is a passive thing; a date is set, and if no further action is taken, VISTA automatically expires the medication. Discontinuing a medication, on the other hand, requires action on someone's part. Because of this difference, this tool differentiates between the two.
4. TIU data objects and health-summary components to retrieve remote data. Issues: the VA depository won't send a medication that isn't in the Drug file, so a remote data interface can't necessarily return accurate remote data. Connectivity downtime was also an issue, which is being resolved.

This patch was released in 2008, and should now be part of the FOIA VISTA release.

There is work going on now in San Francisco to bring this to the next level. One proposed next

step is to move the package to its own function, or to the meds tab or orders tab, so that providers can make changes and get them reconciled right on the spot.

Questions/Discussion:

Q: Is this system in active use? Has it been deployed?

A: Yes, it is active. It is available, but it is not required. Several VAs have set it up, but if a VA has something they like better, they can go on using it instead.

Q: Do you know whether the patches are available in the FOIA request?

A: I believe so

Denise LeFevre of Oroville Hospital confirmed that it is.