

# Electronic Medication Administration Report Focus Group

**Ritz Carlton, Pentagon City, Arlington, VA.  
February 6, 2008**

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# Agenda

- Situation Review and Level Set
- Historical Review

# **Situation Review and Level Set**

# Overview

- Role of associations
  - ASCP-NASL-NCPDP
- Standards development organizations
  - Industry census building
  - Work groups and task groups
- Historic aspect of pharmacy's involvement with MARs



## Why Standards are Relevant

- Reduces total information technology expenditures
- Allows for broader connectivity
- Consistency in capability
- End of expensive and limited proprietary solutions

# Historic Overview

## SCRIPT Standard

- Standards development organization: NCPDP
- First introduced in the ambulatory setting
  - Adopted, refined in ambulatory setting: 2001–2005
- NCPDP LTC task group initiated in 2005
- First LTC use during the 2006 CMS pilot
- Pilot findings and industry input drove LTC enhancements in 2006/7
- Current ANSI-approved version: SCRIPT 10.2

# SCRIPT Conventions, Characteristics

- Tightly-defined standard prescription interface
  - Focused on prescriber/pharmacy messaging
  - Few partner-defined elements, conventions
  - Less flexibility or support for clinical data than HL7
  - Similar prescription model and messaging in HL7
- Routed by standards-based intermediaries
  - Each pharmacy, facility vendor connects to a “hub”
  - Eliminates “many-to-many” development and certification between each pharmacy, facility
- Named standard for Part D (ambulatory setting)

# Complementary Standardization

- **HL7 LTC EHR-S Functional Model**
  - Defines required LTC EHR functionality
  - Expected to be basis for CCHIT certification (~2009)
  - Includes eMAR functionality, eRx, and other
  - Communication requirements between pharmacy and facility. Names SCRIPT for use with external parties
- **HITSP**
  - Names SCRIPT for long-term care facility / pharmacy medication management messaging (preliminary)

# Current SCRIPT

- **New order, change, discontinue, resupply:** Facility-to-pharmacy. Supports open-ended orders
- **Fill status:** Pharmacy-to-facility. Dispensed details
- **Census:** Notify pharmacy of resident admission, discharge, other census and demographic changes
- **Medication history:** History from 3rd-party sources
- **Current medication profile:** Facility-to-pharmacy, care setting-to-care setting. All current resident meds
- **Formulary & Benefit file:** 3<sup>rd</sup> party data source-to-facility. Resident pharmacy benefit details—formulary, coverage rules

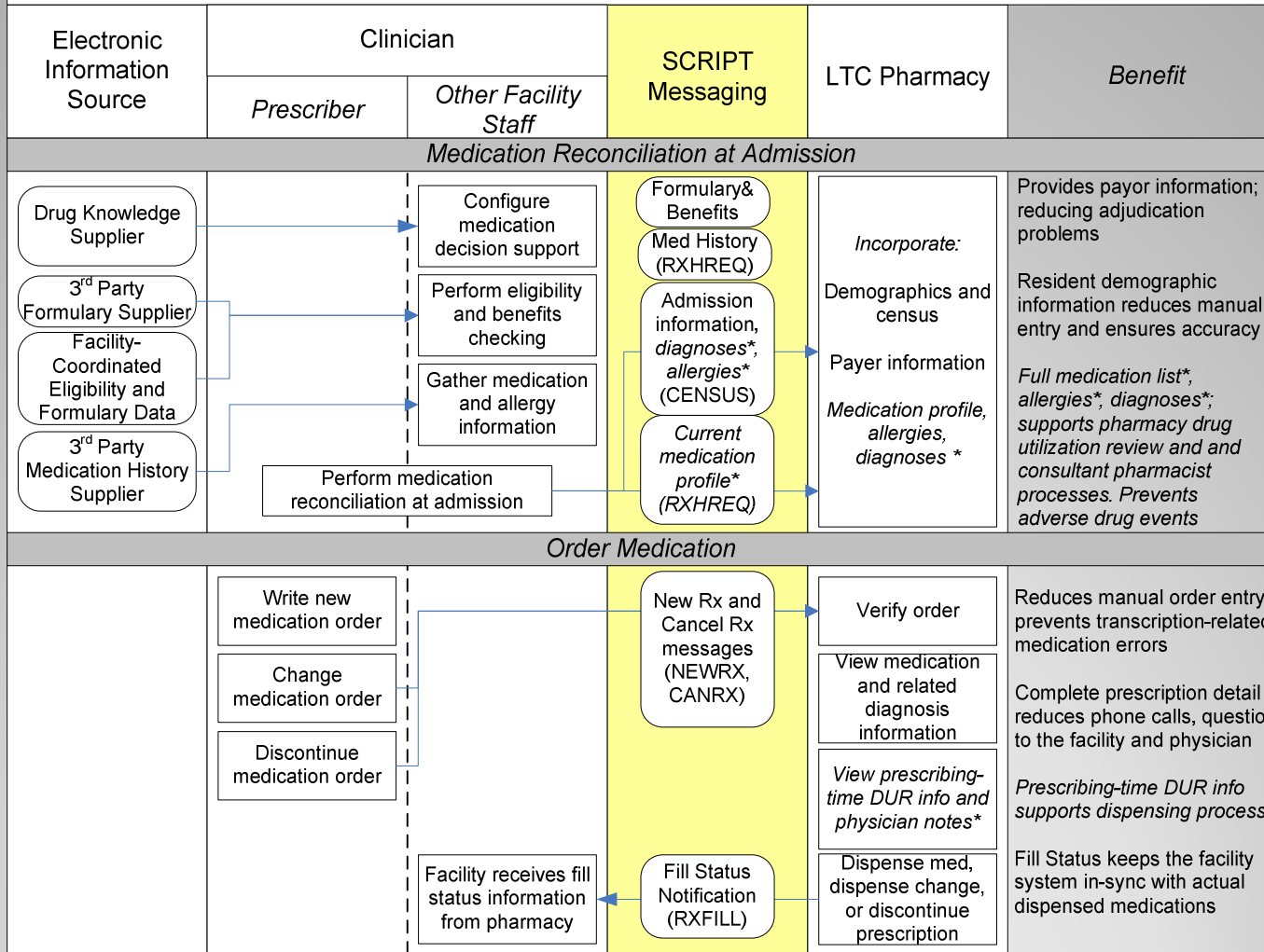
# SCRIPT Work in Process

- Version 10.5 is in final ballot. *Includes...*
  - Structured and Codified SIG (rich support for prescription details: frequencies, directions, etc.)
  - Full, equal XML option
- Enhancements in ballot queue
  - Communicate all resident diagnoses, allergies
  - Convey safety alerts / conflicts and physician notes
- In development: Inventory management
  - Return, reuse, destruction and/or other disposition of discontinued medications. Authorization and tracking

# **SCRIPT and LTC (Process View)**

# LTC Medication Management Process – SCRIPT Support

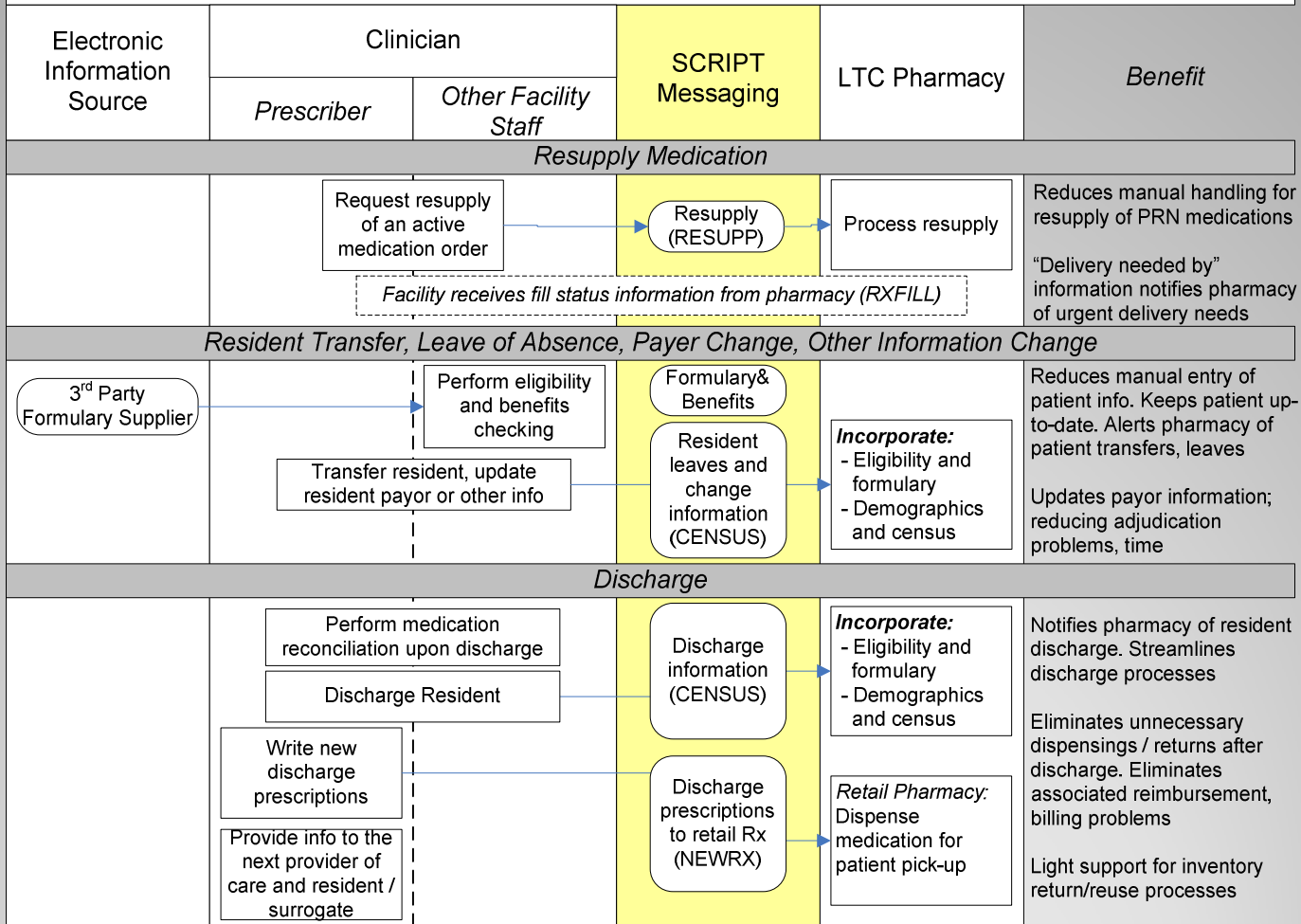
(1 of 2)



\* Capabilities marked with an asterisk are available in SCRIPT versions higher than 10.2, or have been submitted for inclusion in a future version

# LTC Medication Management Process – SCRIPT Support

(2 of 2)



**eMAR Discussion Begins...**