|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Attended** | **Name** | **Attended** | **Name** | **Attended** |
| Abolarin, Ngozi |  | Durkin, Rob |  | Parks, Linda W |  |
| Aylor, Amy R. |  | Ellery, Justin (By Light) |  | Phelps, Carl J. |  |
| Bain, Matthew C. |  | Fryson, Robert E. III |  | Pries, Rose Mary NCP |  |
| Baseley, Jeffrey D. |  | Gary, Kenneth E. |  | Prietula, Laura V. |  |
| Berg, Marcia |  | Good, Sean M. |  | Quansah, Adelaide |  |
| Bhamidipaty, Satish |  | Graham, Kenneth J. |  | Robertson, Raquel D. |  |
| Bhamidipaty, Soujanya |  | Haidary, Susan T. |  | Ruggerie, Terri |  |
| Brekke, John L. |  | Harman, Chip |  | Sanders, Lynn (VACO) |  |
| Brooks, Sarah B. |  | Haun, Jolie N. |  | Sartori, Jeff |  |
| Bryant, Hope L. (People) |  | Howard, Gary |  | Scott, Jeanie |  |
| Cadwallader, Madeleine |  | Howard, Gary (GFI) |  | Scruggs, Carnetta M |  |
| Carr, Robert (Mike) |  | Johnson, Lisa M |  | Seeger, Tony |  |
| Church, Victoria L |  | Kabel, Margo |  | Sheehan, Pat |  |
| Coville, Michelle |  | Kirk, Gregory |  | Sonnenfelt, Stephanie |  |
| Dalton, Brent M. |  | Langer, Stacey |  | Spahn, Eric C. (PBM) |  |
| Davis, Mike, CBO |  | Layden, Maureen Q. |  | Thomas, Sonya |  |
| Dear, Patricia |  | Long, Brenna |  | Trumble, Paul R. |  |
| Dom, Jenny |  | Martin, Heidi L. |  | Vetter, Brian M. |  |
| Douglas, David M. |  | Martinez, Orlando |  | Weaver, Rosanna |  |
| Dugoni, Bernadette |  | Nebeker, Jonathan |  | Wigfield, Patty |  |

| **Introductions/Opening Remarks** |
| --- |
| * + - * Welcome, Roll Call, Agenda Review, Icebreaker. |
| **My Health*e*Vet Redesign Pharmacy Review Presenter: People Technology Process (PTP)** |
| * + - * Reviewing the Liferay prototype         + Data refresh is once/day         + Example has 4 prescriptions that can be refilled         + We are working toward incorporating Rx renewal as well (renewing a prescription after there are no refills remaining)       * Where did the task workflow come from?         + Stakeholder interviews were the main place where we captured information         + Primary tasks are to look at history, look at med list, and track delivery   Wanted to bring those functions to the top   * + - * + There are not issues with findability in the Pharmacy module today, so we based the design on the current design         + We (the Pharmacy group) like to think of it as refills and other actions from the med list         + Should start out with the med list unfiltered, showing everything, then giving the user options for what they want to do or see       * Medication Tasks - Dashboard         + Medication information is in two places, under the health record, and in the Pharmacy section         + It would be great if the user could personalize the dashboard so that it first came up with their most common tasks, then also had other options for the other tasks         + Eric – Should start with the list of all the Meds and then have buttons at the top like Refill, when they push the button, it reorders the list with the available refills at the top.       * How do we order the All Meds list?         + In Pharmacy they order them alphabetically         + Studies show that users don’t think of their drugs alphabetically, but think of it by their maladies       * Remote duplicates         + We should come up with a way to filter out the remote duplicates         + Users should see a list of all of the medications that they have taken, regardless of where the prescription was written or filled       * VA versus Non-VA versus self-entered         + What do we do about the meds that are in the system multiple times from the different entry points?         + We are working toward having drug allergy information on all drugs that the Veteran is taking         + But now we are discussing future functionality         + This increment 1 is just about new look and feel for existing functionality         + But this meeting is also covering future improvements       * Medication Reconciliation         + Pharmacy group is currently working very hard on consolidating the Veteran med lists. Have been to all of the VA facilities to teach them how to reconcile the medications         + Med list is being input in the VistA Health Summary through CPRS       * MHV Health Summary versus VistA Health Summary         + VistA has a Health Summary application         + This Pharmacy information is being input into that database through CPRS         + Can we pull this Health Summary into MHV?         + We want to pull in the Essential Med list for review         + There is an enhanced version that will be coming out soon         + Once it is in VistA, there will have to be an API so that MHV can pull it         + Self-entered meds are not in there   When we did My Meds, we had a statement that said the self-entered meds would not be displayed  Items in the eVault are for the Veteran only  Terms and Conditions are being re-written so that self-entered data will be available to the VA Clinicians  Data in the PGD database will be available to the VA doctors  We are working on changes to the policies now that will allow the self-entered data to be shared  Policy is covering Provider use of the self-entered data  But if you change the T&C, there will be an expectation from the Veterans that someone is looking at the data, when in fact no one is yet   * + - * After Visit Summary is upcoming         + Rose Mary’s team is responsible for outreach to incoming Veterans         + Anything that is being newly released needs to have materials that describe it clearly and simply         + Also we need to discuss a pre-visit summary for the Veteran, which will describe all of the things that are going to occur in the upcoming appointment         + In discussing the Pharmacy module in MHV, how does impact the After Visit Summary?   There will be new meds, changes to prescriptions that are captured in the After Visit Summary   * + - * + Shouldn’t the summary be part of the appointment module?   We can add a link to the Appointments section   * + - * Where will the MRAR go in My HealtheVet?         + It should be part of the pre-appointment         + It is like a health management module         + We already did much of this in the My Medications module, which is still hidden in MHV         + This is a National tool that is part of the Kiosk         + My Medications has been put on hold         + It would be ideal to have the patient using MHV when they are preparing for their appointments         + Focus of MRAR should be “kitchen table”       * Action: Eric and Vicki to give updates every other week at the WIPT       * What are the technical issues with what we have been discussing?       * We need to have common information across the VA for the Veterans         + There are 20 different groups across VA trying to help Veterans manage their health. They need to be giving them the same information         + We also need to have the same terminology (e.g. Health Summary means different things)         + We should also give the Veterans some tips. When you give them the data, also give them assistance with what to do with the data         + The VA Health Summary in MHV is the C-CDA report         + This is available to the Veteran and to the provider         + This capability is mandated under Meaningful Use   We are building to the C-CDA standard so that all of the information is sharable (interoperability)   * + - * + What the Pharmacy group has seen is that the Medication lists across VA do not follow a standard   The essential Medication list was defined by the Pharmacy group  Worked with the C-CDA to make sure that it met the requirements  It equates to the “green” on the list that was shown yesterday   * + - * Do we need to identify different Points of Contact with different groups to ensure that we are working from the same page?         + Pharmacy has the Partnering Task Force   They need to keep doing this and continue to share the information about the essential med list   * + - * + Carnetta is a key person in VCHIO to know about what’s going on across VA         + VA is so insular that we think of the interoperability highway with sharing data outside of VA last, but we should think of it first   We need to have the data standardized  It is dangerous the variety of data that they get from VA outside of VA   * + - * + MHV has to standardize and be the model   **10:30-10:45 BREAK**   * + - * Pharmacy default screen. View filters as desired. Self-entered and VA meds in same list. Status column in list identifies source of medication. We have many categories/statuses of meds.       * To the Veteran, all are medications they are taking. Categories may not mean much or may cause confusion.       * The Essential Medication Directive defines some of the categories. Should we conform to that? There is also a Pharmacy Glossary.       * What is difference between an Herbal medication and a Supplement? In My Meds these are combined.       * Lot of confusion about med categories. May be a good candidate for a Quick Study by HFE.       * The user can set preferences for how many prescriptions to display on a page.       * Status. Is that the status of my refill request or the VA prescription status? Is it Order Status? Status means different things to different people. MRAR uses “Prescription Status” for that column so we should be consistent.       * For the MRAR, the terms “Current” and ‘Past” were used as a status. Current means meds the patient is currently taking. Past means no more refills, though the patient may still be taking it. “Expired” is not used.       * Per Vicki, the notes are very important, especially for patients taking medications that are titrated. We need to let the patient know what kinds of things would be useful to enter in the notes.   **Question from Rose Mary:** How do we ensure that the patient is using the tools we are giving them in a way that will make sense for that patient and for that relationship between the patient and the provider? Can we alert the patient about what we would like to see them put in the notes? Maybe show an example?   * + - * Vicki recommended that we call the notes “comments” to match the MRAR.       * We should direct the patient to enter comments by explaining what the desired outcome is by the provider reading the comments. The provider wants to know the positive/negative effect of the medication and whether the patient is taking it as prescribed.   **Comment:** Park a Prescription is a provider-facing functionality to be released in CPRS 32. |
| **Rob Durkin Demo of VA After Visit Summary (AVS) and Pre-Visit Summary (PVS)** |
| **AVS**   * + - * Dr. John Byrne approached Rob Durkin to develop this AVS template for use within the VA.       * Funding to develop AVS was received in 2009. VHA innovation project.       * The template has been refined over the past 5 years.       * The use of the AVS is now mandated in the Primary Care Clinics.       * The AVS is a comprehensive summary of the patient’s care, both with respect to the current visit and the patient’s ongoing care.       * The medications section is being revised to comply with the Essential Medication Directive (EMD). All the active or refillable meds are at the top.       * The font size can be changed and lab results can be imported into the AVS, or not.       * Graphical charts can be displayed.       * There is an Admin interface with which a number of the AVS features can be modified or edited to customize it for the patient. Labels and headers also can be modified.       * The AVS can be printed on a Windows or a VistA printer or saved as a PDF. AVS can be saved as a PDF/VistA Image stub note.       * The AVS is invoked from the CPRS tools menu. The AVS stays in synch with the patient currently being viewed in CPRS. It refreshes every few minutes. If the provider starts the encounter note (doesn’t have to finish it), AVS can get that information.   **Question:**  Is the AVS a “CCDA” as far as Meaningful Use is concerned? How does CCDA relate to AVS?  **Answer:** Rob hasn’t worked with VLER on Meaningful Use lately. The CCDA is the electronic, xml interoperable version of the AVS that can exported/imported into EHRs. Perhaps the AVS could generate a document that could be consumed by VLER and transformed into a CCDA. AVS is not intended to meet any national, industry sanctioned standard. But it could be with more work.  **Comment:** Per Rose Mary, we will have a new VHL contract in May and would like to work with the AVS to include VHL links. Rose Mary will schedule a call with Rob Durkin to plan for the AVS-VHL integration.   * + - * Per Maureen, Omar B has a contract to digitalize the AVS. ***Action Item: Carnetta will reach out to Omar.***   **Comment:** We need to make sure the 'VA' isn't sending multiple versions of a 'CCDA' to external HCSs  **PVS**   * + - * To be printed off prior to the patient’s visit and handed to the patient in the waiting area.       * Also has a medication section with a fourth column with checkboxes for the patient to select to provide into about how they are taking the medication.       * The PVS, MRAR, and My Health***e***Vet compliment each other. |

| **Updated Relevant Information from Pharmacy Benefits Management (PBM) to My Health*e*Vet Users – Chip Harman** |
| --- |
| * + - * What can we do better on My Health***e***Vet to make more information available to My Health***e***Vet user from the Pharmacy world, such as the VA Formulary. We need a reliable and identifiable location for this kind of information.       * An example of an event that needed to be communicated to all Veterans was when a certain pain medication was reclassified such that it could not longer be refilled using the My Health***e***Vet prescription refill service.       * With the adoption of the new content management system, My Health***e***Vet can more quickly post updated alerts and notices in locations on the pharmacy pages that will get the users’ attention.       * PTP needs to consider designing in these types of content placeholders on pages where they will be useful.       * At first, the stream of information from PBM to My Health***e***Vet would be manual. It may be possible to build some sort of automatic information feed and publication mechanism down the road that would be PBM’s responsibility. Eric Spahn agreed that this sounds like a good idea. A subgroup of SMEs could advise and recommend pharmacy-related content, and frequency, for the My Health***e***Vet site.       * The Rx Refill feature on My Health***e***Vet received more traffic than any other VA website so it is the ideal place to disseminate pharmacy-related information.       * Maureen Layden suggested we might want to include a patient medication education section. The Patient Education requirement came up in policy concurrence to help the field include evidence that medication education took place.       * Dr. Rose Mary Pries: Patient education begins with the assessment of the individual patients specific needs regarding the information and skills that will help patients self-monitor and self-manage their acute and chronic health problems. It requires evidence-based health education interventions and patient-centered communication strategies.       * Chip suggested that the Formulary could be “presented” with an AVI on My Health***e***Vet, though we would not own it. Right now it’s a database.       * Eric Spahn demonstrated VA’s online Formulary. It can be used by Non-VA providers to be able to prescribe medications to Veterans that will be available from the VA Pharmacy. The formulary can be useful/informative to clinicians and Veteran patients alike. The Formulary is publically available. The Ask a Pharmacist App links to it, too.       * Adelaide Quansah, who is involved with the PBM Formulary, said that it was their intention to have the formulary be part of the MVH platform but there have not been enough resources. Addie indicated that a contract modification is already in place to coordinate the formulary with the VHL in FY 2017. Rose Mary Pries was glad to hear that.   **Question from Paul Trumble:** Should we be creating another version of the Formulary or should we just be linking to it?  **Answer:** Chip is suggesting that we should have a MHV “user interface” that uses Pharmacy’s current database/platform. This is not a requirement but a recommendation.   * + - * In summary, any future efforts to have a Formulary on MHV should include people from PBM and Redesign and Rose Mary. |
| **Compliance Gaps between EMD and “To-Be” Prototype– Stephanie Sonnenfelt** |
| * + - * See link in SharePoint.       * Facility location, there are many with many names.       * Which name should we use? After visit summary? On the pill bottle?       * What facility should we show on the refill page?       * Window pickup?       * Address on bottle is where med was processed/dispensed from.       * What about the location where the doctor is who prescribed it?       * There is a data set that has the information we want. How do we get it and bring it into the design?       * There are a lot of missing fields we would love to have in MHV.       * We are doing data gaps for the “To-Be.”       * Let’s use the API that MRAR is already using. Will only take 6 months to make it work for us...to pull the extra data fields we need from CMOP. **Action Item: Write requirements to update the API.**       * Something about the NDC number. We need better ways to validate NDCs.       * We need to know where the missing data comes from and how to get it.       * "RxRefill ESS\_Stakeholder Review\_20150519" includes additional requirements not listed.       * "RX Refill\_BRD\_20150217\_Final" includes additional requirements not listed.             **Comment from Rose Mary:** We shouldn’t be confusing patient information with patient education. In providing health information from the Veterans Health Library, it’s patient information. Information in the patient’s chart will be automatically linked to content in the VHL so the provider or team can immediately provide it to the patient in person or virtually. Medications that are prescribed will also be linked to patient information in the VHL that PBM offers. All we can do is document the “provision of information.” We’re not educating or solving problems.  **Action Item: Sidebar. Reconcile Current PCP vs. pending PCP in PCMM. Pt chooses PCP. Limbo state. Need an appt. to switch PCPs?** |
| **Backlog – Ken Gary** |
| * + - * See presentation: <https://vaww.vha.esp.va.gov/sites/MHVReDesign/MHV%20ReDesign%20> Pharmacy%20May%203%204%205%202016/Pharm%20Redesign%20Backlog.pptx.       * A reminder is for something you already know. A notification gives you information that is new to you. |