



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

IL 10-2005-015

In Reply Refer To: 111PC

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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

**TELEPHONE CARE RESPONSES TO QUESTIONS REGARDING THE AUDIBLE
PRESCRIPTION READING DEVICE (APRD)**

1. This Veterans Health Administration (VHA) Information Letter provides questions and answers regarding the Audible Prescription Reading Device (APRD).
2. The Department of Veterans Affairs (VA) developed an APRD Program and selected a product (ScripTalk) for use in patients with special disabilities (i.e., visual, cognitive, physical and/or reading and language barriers). Prescriptions filled with the ScripTalk system have a special label with a microchip that when placed in front of the ScripTalk reader, reads the label back to the patient. This device is intended to help patients with specific disabilities safely and reliably self-medicate.
3. This Information Letter addresses steps which may improve access to information regarding the use of the APRD for this select group of patients.
4. According to VHA policy, each VA medical facility has been mandated to provide telephone care services to their enrolled patients. Many clinics provide this service during normal work week hours. A system of telephone support is available during non-clinic hours. This service is called by a variety of names depending on where the service originates from. The Registered Nurse (RN) follows locally-approved guidelines and responds to the veteran's questions. Twelve networks (2,5,6,7,8,10,11,16,20,21,22, and 23) now use the same approved protocols ensuring consistent responses.
5. The RN using the Computerized Patient Record System (CPRS) is able to access the patient's medical record, and can review the medications that the patient is receiving. This allows the nurse to answer questions regarding obtaining prescription refills, drugs not shipped, and other general questions.
6. Attachment A contains frequently asked questions (FAQs) with answers that have been developed in response to patients' inquiries about APRDs. These FAQs along with the Clinical Practice Recommendations and the VHA Directive for Audible Prescription Reading Devices are posted on the Pharmacy Benefits Management Strategic Healthcare Group and Blind Rehabilitation Service Intranet websites: <http://vaww.pbm.va.gov> ; and <http://vaww1.va.gov/blindrehab/>

IL 10-2005-015
August 30, 2005

7. Questions may be referred to Pharmacy Benefits Management Strategic Healthcare Group at 202-273-8429.

S/Jonathan B. Perlin, MD, PhD, MSHA, FACP
Under Secretary for Health

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ATTACHMENT A

**AUDIBLE PRESCRIPTION READING DEVICE (APRD)
FREQUENTLY ASKED QUESTIONS (FAQs)**

Question 1: Is it mandatory that every veteran who is determined to benefit from an APRD Program have access to one?

Answer: Yes, without exception.

Question 2: Is it mandatory that every facility purchase APRD equipment and make those services available?

Answer: No, it is not mandatory that every facility purchase APRD equipment, but it is mandatory that each facility provide APRD services to any veteran who needs them (reader, vials, education, etc.). If the APRD system is not located on the Department of Veterans Affairs (VA) medical center premises, a local policy needs to be developed to establish a process that ensures these patients can receive the training, readers, and medications in a safe, timely, and convenient manner from another VA facility.

Question 3: Is the APRD Program mandatory for all facilities which host a Visual Impairment Services Team (VIST) Program, Blind Rehabilitation Outpatient Specialist (BROS) Program, or other program to serve blinded veterans?

Answer: Yes, Veterans Health Administration (VHA) Directive 2004-006 mandates that veterans who would benefit from the issuance of an APRD have access to a device. It is expected that those sites with veterans who can benefit from APRD are to be identified as Phase I implementation sites.

Question 4: If a facility serves a small number of patients requiring an APRD and has a different APRD system in place than VA's standardized system (ScripTalk), can it continue to use the system?

Answer: Yes, if those systems are already in place. The goal of APRD standardization is to promote uniformity and portability across the entire VA system, and to select a device which offers the best overall value to VA and veteran patients. Use of alternate systems does not have national support and local policy is to be developed to define a process which ensures patient safety measures are in place and timely and convenient access to medications filled with the alternative APRD system is provided.

Question 5: Who should have access to an APRD?

Answer: Any veteran who is determined by the Primary Care team to likely benefit from the use of an APRD needs to have access to a device. Patients who have visual, physical, or cognitive impairments may be eligible for this device.

Question 6: What if a patient does not want to change from the system the patient is currently using?

Answer: Patients need to be educated about the advantages and disadvantages of both their current system and the standardized APRD system. If after receiving comparative information, the patient prefers using the former system, the patient should be permitted to do so.

Question 7: Who is responsible for identifying patients for the device?

Answer: All health care providers have the responsibility of identifying individuals who may be APRD candidates and referring them to their Primary Care providers. VIST Coordinators are uniquely positioned to identify visually-impaired APRD candidates.

Question 8: Who is responsible for evaluating and assessing patients for the APRD Program?

Answer: The veteran's Primary Care team is responsible for determining the veteran's overall ability to self-medicate using an APRD, and for documenting this determination in the patient's medical record.

Question 9: Who is responsible for APRD training and the medication management?

Answer: The Primary Care team is responsible for APRD training, relying on a variety of health care providers to perform various functions. These functions are coordinated by the Nurse Educator, or designee, who must ensure that each veteran is trained on the APRD device, educated in medication management by appropriately licensed staff, and that the training is documented in the patient's medical record.

Question 10: What is the responsibility of the VIST Coordinator in the APRD Program?

Answer: The VIST Coordinator is responsible for identifying visually-impaired patients who may be appropriate candidates for an APRD device and for referring them to their Primary Care team for evaluation. VIST Coordinators also serve as a resource to the Nurse Educator regarding visual loss.

Question 11: What is the Prosthetics policy for stocking APRD devices?

Answer: Initially some APRDs will be purchased to provide hands-on access to the devices. The Primary Care team notifies Prosthetics Service when a patient needs a reader, so that Prosthetics can maintain an adequate reader inventory.

Question 12: Who should a veteran call if they experience problems with a device?

Answer: If a veteran can't resolve the problem using the reference information provided to them, they need to call the Prosthetics Service that issued their device to coordinate repair or replacement, during normal clinic hours. During non-clinic hours, the patient should be referred to the medical facility's appropriate telephone service line.

Question 13: How do APRD devices relate to the Self-Medication Program (SMP)?

Answer: APRD devices and policy are separate and distinct from the SMP policy, although it is possible that an SMP patient may be a candidate for a device and use of the device would be incorporated into the patient's individualized SMP.

Question 14: Who should a veteran using an APRD call if there are questions regarding the veteran's medication(s)?

Answer: The patient needs to contact the VA physician, pharmacist, or another appropriately qualified and designated member of the Primary Care team, during normal clinic hours. During non-clinic hours the patient should be referred to the medical facility's appropriate telephone service line.

Question 15: Whom should I contact to purchase APRD equipment for use at my facility?

Answer: VA Personnel need to contact their local Prosthetics and/or Pharmacy offices for assistance in purchasing this type of equipment.

Question 16: What type of training is available for VHA's standardized APRD?

Answer: Staff training for VHA's standardized APRD (ScripTalk) can be obtained in two ways: either through the manufacturer (for a fee), or through the VA's Intranet website (<http://vaww.vistau.med.va.gov/vistau/scriptalk/default.htm>). Additionally, questions or training issues can be referred to the following VA staff: Scott Wachter, Education Project Manager via phone at 440-526-3030 x6107 or email at and Laura Meade, Education Technician via phone at 440-526-3030 x7795 or email at laura.meade2@va.gov. Facilities wishing to receive training from the manufacturer need to contact the manufacturer directly to schedule training. The manufacturer's contact information may be obtained from the local facility's Prosthetics or Pharmacy offices.

Question 17: How do I obtain software for VHA's standardized APRD?

Answer: Software has been available since 2003 and is available through your local Information Technology (IT) group. Questions regarding the software may be referred to Shannon Templeton at (205) 554-3521 or via email at terri.templeton@va.gov.

Question 18: How was VHA's standardized APRD chosen?

Answer: A multidisciplinary work group conducted the market research and product evaluations which ultimately led to VHA's APRD national standardization contract. The multidisciplinary group included Pharmacists, Blind Rehabilitation Service representatives, VHA Prosthetics Service representatives, VA National Acquisition Center (NAC) representatives and Information Technology representatives. The group reviewed four commercially available devices and judged each of them on their existing ability to deliver a high-quality and cost-effective APRD device to VA patients, using relevant selection criteria.

Question 19: Are APRD devices available through VHA's Consolidated Mail Outpatient Pharmacies (CMOPs)?

Answer: APRDs are not currently supported through the CMOP Program due to both technical barriers as well as the uncertainty of the need for off-site dispensing. VHA continues to evaluate the need for support APRDs through the CMOP, and, if necessary, will request resolution of the existing technical barriers.

Question 20: How long does it take to perform patient training on VHA's APRD?

Answer: Approximately 30 minutes, but this time varies from patient to patient and instructor to instructor.

Question 21: In what languages is VHA's APRD available?

Answer: Both English and Spanish.

Question 22: Is there a limit to the number of characters permissible in the APRD prescription instructions?

Answer: The instructions field (i.e., prescription directions or SIG) is limited to 196 total characters. This 196 character limit does not affect the vast majority of medication instructions. An early estimate (during the evaluation pilot) was that less than 1 percent of prescriptions would require greater than 196 characters. It was further estimated that most, if not all, of the 1 percent could be restated to be under the limit. In the event that more than 196 characters is unavoidable, the patient receives the following message: *"The instructions for this prescription are too long for the ScripTalk label. Please get the assistance of a caregiver to read the printed label for this prescription."*

Question 23: Can the APRD label get wet or dirty? Will the label "wear out"?

Answer: ScripTalk labels are very durable, with a life expectancy of more than 10 years and 10,000 reads. The labels can be read through dirt, grime, grease, etc., and after getting wet. Additionally, airport and mail scanning do not affect the labels.

Question 24: What happens if the APRD fails?

Answer: Patients having any difficulty with the APRD need to be instructed to have a sighted caregiver visually read the label information. The printed label is always available and needs to be considered as a fail-safe in case of problems. During non-clinic hours, the patient should be referred to the medical facility's appropriate telephone service line. During clinic hours, the patient should contact their Primary Care team for assistance.

Question 25: How often should a patient be re-evaluated for APRD use?

Answer: A patient's ability to use an APRD needs to be re-evaluated as part of their routine Primary Care treatment. The Primary Care team determines the recommended frequency for re-evaluation; however, it should be performed annually at a minimum.

Question 26: May VIST Coordinators demonstrate APRDs to potential referral candidates?

Answer: Yes, VIST Coordinators may demonstrate APRD equipment to potential candidates for the purpose of gauging their desire to be evaluated for use of the device. VIST Coordinators need to obtain demonstration prescriptions from the Pharmacy with fictitious patient names, vial contents and directions (e.g., PATIENT: VA patient. DRUG: Chocolate Candy. DIRECTIONS: Use as needed.)

Question 27: May VIST Coordinators help patients practice with their APRD after having been evaluated, approved for participation and trained by the Primary Care team?

Answer: Yes, VIST Coordinators may help patients practice with their APRD, after the patient has been trained by the Primary Care team. With the patient's permission, VIST Coordinators may use the patient's VA issued prescriptions for device training, or they may use the fictitious prescriptions used for initial demonstration. VIST Coordinators must not provide instruction on specific medications, but instead need to refer the patient back to the Primary Care team for drug-specific or disease-specific issues.