

GAO Highlights

Highlights of [GAO-17-179](#), a report to congressional committees

Why GAO Did This Study

VHA provides health care services, including pharmacy services, to approximately 6.7 million veterans and their families. To do so, clinicians and pharmacists rely on VA's health information system. The National Defense Authorization Act for Fiscal Year 2003 required VA to ensure it has a pharmacy system that is interoperable with DOD's system.

A provision in Senate Report 114-57 required GAO to examine VA's acquisition and use of a pharmacy system. GAO determined whether (1) VA currently possesses a functioning pharmacy system and the extent to which the system enables data to be viewed, shared, and transferred among VHA pharmacy locations; (2) VA's pharmacy system is interoperable with DOD's, and whether this system, or the absence thereof, is impacting service members who transition care from DOD; and (3) VA has implemented its pharmacy system in accordance with health care industry practices. GAO analyzed documentation describing VA's pharmacy system; observed system demonstrations; analyzed plans and actions taken to achieve interoperability with DOD; and identified industry practices related to pharmacy systems, and compared them to VA's system capabilities.

What GAO Recommends

GAO is making six recommendations including that VA update its pharmacy system to view and receive complete medication data, assess the impact of interoperability, and implement additional industry practices. VA generally concurred with GAO's six recommendations.

View [GAO-17-179](#). For more information, contact Valerie Melvin at (202) 512-6304 or melvinv@gao.gov.

June 2017

VA INFORMATION TECHNOLOGY

Pharmacy System Needs Additional Capabilities for Viewing, Exchanging, and Using Data to Better Serve Veterans

What GAO Found

The Department of Veterans Affairs (VA) has system capabilities through multiple computer applications that support its clinicians and pharmacists in prescribing and dispensing medications to patients. However, pharmacists cannot always efficiently view necessary patient data among Veterans Health Administration (VHA) medical sites. In addition, pharmacists cannot transfer prescriptions to other VHA pharmacies or process prescription refills received from other VHA medical sites through the system. As a result, the system does not provide important capabilities for pharmacists to make clinical decisions about prescriptions efficiently, which could negatively affect patient safety.

In its efforts to establish and increase interoperability with the Department of Defense (DOD), VA has developed capabilities to exchange certain patient and medication information. For example, VA's pharmacy system has the ability to check prescription drug information from DOD. Nevertheless, limitations impede interoperability with DOD: (1) VA clinicians and pharmacists cannot always view DOD patient data and (2) VA pharmacists do not always receive complete information from DOD to perform prescription checks on new medications. Also, VA has not assessed the impact of its pharmacy system interoperability on service members transitioning from DOD to VA, and VHA officials stated that doing so would be difficult because there are other personnel related-factors that could affect patient-care outcomes. Without assessing the impact that pharmacy system interoperability is having on veterans, VA lacks assurance regarding the effectiveness of the system to adequately support its mission of providing health care to veterans.

VA's pharmacy system capabilities align with three of six identified health care industry practices. Specifically, the pharmacy system (1) provides the ability to order medications electronically, (2) enables prescription checks for drug-to-drug and drug-allergy interactions, and (3) tracks the dispensing of controlled prescription drugs. However, the pharmacy system lacks capabilities that align with three other practices which could enhance its usefulness:

- Pharmacists cannot electronically exchange prescriptions with non-VA providers and pharmacies. Therefore, veterans need to obtain paper prescriptions from external providers or have the providers fax the prescriptions to their local VA pharmacy to fill the prescriptions, which is time consuming and inefficient.
- VA's system does not include certain clinical decision and workflow capabilities that, among other things, could improve clinicians' and pharmacists' ability to provide enhanced medical care to veterans. VA has indicated that it plans to implement such capabilities, but its plans for doing so are incomplete.
- VA's system does not maintain a perpetual inventory management capability to monitor medication inventory levels. Therefore, pharmacists cannot effectively track when to reorder medications.

In the absence of these capabilities, VA is limited in its ability to interoperate with private providers, provide additional clinical decision support, and more effectively track medications that could impact veterans' patient safety.