

Office of Inspector General

REVIEW OF PRESCRIBING PRACTICES FOR ELDERLY OUTPATIENTS

VHA's medication management of four drugs prescribed to elderly outpatients compared favorably to the private sector. VHA can help optimize medication management for specific drugs and patient populations by providing data on drug specific prescribing practices to VHA managers and clinicians.

Report No. 7R1-A28-008
Date: November 22, 1996



DEPARTMENT OF VETERANS AFFAIRS
Office of Inspector General
Washington DC 20420

Memorandum to the Under Secretary for Health (10)

Review of Prescribing Practices for Elderly Outpatients

1. The Office of Inspector General (OIG) conducted a review of the Department of Veterans Affairs (VA) Veterans Health Administration's (VHA) prescribing practices for selected drugs issued to outpatients aged 65 or older. The purpose of the review was to help VHA:

- assess how well it manages certain medications for the elderly; and
- develop management tools for health care providers to monitor and optimize medication management for the elderly.

2. The management of prescription drugs is an issue that has drawn a significant amount of attention especially for elderly patients aged 65 and older. Health care providers report that the elderly use more prescription drugs than any other age group and are more likely to be taking multiple prescription drugs, which increases the probability of adverse drug reactions. Additionally, the elderly are more susceptible to adverse drug reactions because of the aging process. Studies published in The Journal of the American Medical Association (JAMA) in 1994 and by the General Accounting Office (GAO) in 1995 concluded that between 25 and 17.5 percent of non institutionalized elderly patients were taking 1 or more of 20 prescription drugs that many experts regard as generally unsuitable for their age group. Experts believe that there has been insufficient research specifically involving drug usage by the elderly. As a result, there is a need for more knowledge and information in an effort for clinicians to appropriately manage medications for the elderly.

3. Our review focused on 4 of the 20 drugs reported in JAMA and by the GAO. The four drugs reviewed (Amitriptyline, Chlorpropamide, Dipyridamole, and Propoxyphene) were selected based on discussions with VA geriatric experts, who believed there was greater agreement among clinicians that the four drugs generally should not be prescribed for the elderly. The scope of the review covered the period October 1, 1995 through March 31, 1996. The review included analyses of all prescriptions of these four drugs to VA outpatients aged 65 and older.

4. Based on a nationwide review of prescribing practices for these four drugs, we found that, during the first 6 months of Fiscal Year 1996, VHA providers prescribed these four drugs to elderly outpatients substantially less frequently than non-VA providers as reported in both the 1994 JAMA article and the 1995 GAO report. We also found that by providing VHA managers and clinicians information regarding their prescribing practices for these drugs, prescribing practices changed to further improve medication management for elderly patients. Specifically, our review of prescribing practices at VA Medical Center Bedford, MA showed that after prescription data was provided and educational programs were initiated for clinicians, the use of the four drugs was reduced by 60 percent among elderly outpatients. We believe managers at other VHA facilities should also be furnished information regarding use of the four drugs at their facilities so that they have the opportunity to optimize medication management. Additionally, we believe that by using the Automated Data Processing (ADP) application developed for this review, the scope of facility reviews could be expanded to other drugs or other patient populations (e.g., Proscar for the treatment of prostate conditions).

5. We recommended that you (1) have VISN Directors forward OIG furnished information regarding prescribing practices for the four drugs to the individual VHA facilities, (2) incorporate the ADP application into the national DHCP system, and (3) encourage VISN Directors to utilize the ADP application to help optimize medication management for specific drugs and patient populations as warranted.

6. You concurred with the findings and recommendations and provided acceptable implementation plans. We consider all issues resolved. However, we will follow up on implementation of planned actions until they have been completed.

For the Assistant Inspector General for Auditing



THOMAS L. CARGILL, JR.

Director, Bedford Audit Operations Division

TABLE OF CONTENTS

	<u>Page</u>
Memorandum to the Under Secretary for Health (10).....	i
RESULTS AND RECOMMENDATIONS	
Medication Management for Elderly Outpatients Can Be Enhanced by Monitoring Prescribing Practices for Selected Drugs	1
Conclusion.....	4
Recommendations	4
APPENDIXES	
I PURPOSE, SCOPE AND METHODOLOGY	6
II BACKGROUND	7
III SUMMARY SCHEDULE BY VETERANS INTEGRATED SERVICE NETWORK	9
IV MEMORANDUM FROM THE UNDER SECRETARY FOR HEALTH.....	10
V FINAL REPORT DISTRIBUTION.....	13

RESULTS AND RECOMMENDATIONS

Medication Management For Elderly Outpatients Can Be Enhanced By Monitoring Prescribing Practices For Selected Drugs

VHA clinicians prescribed Amitriptyline, Chlorpropamide, Dipyridamole, and Propoxyphene, drugs geriatric experts regard as generally unsuitable for elderly outpatients, less frequently than non-VHA clinicians. During the first 6 months of Fiscal Year (FY) 1996, analyses of all prescriptions of these four drugs to VHA outpatients aged 65 and older showed 6.67 percent of the patients were prescribed one or more of the four drugs. The percentage of VHA patients receiving one or more of the four drugs was lower than the percentage of elderly patients reported in recent studies published in The Journal of the American Medical Association (JAMA) and by the General Accounting Office (GAO) which found 16.46 percent and 13.72 percent respectively of patients were receiving these drugs. We also found that by providing VHA managers and clinicians information regarding their prescribing practices for these drugs, medication management for elderly patients was further enhanced. Our review of VA Medical Center (VAMC) Bedford's prescribing practices showed that after prescription data was provided and educational programs were initiated for clinicians, the use of the four drugs was reduced by 60 percent among elderly patients. We believe that by routinely extracting and providing drug specific prescribing practice information, VHA could establish an effective quality assurance monitor to help facilities optimize management of medications prescribed to elderly patients. Additionally, by adopting and modifying the Automated Data Processing (ADP) application used for this review such management monitors could be expanded to other drugs or patient populations (e.g., Proscar for the treatment of prostate conditions).

Management of Prescription Drugs for the Elderly

The potentially inappropriate use of prescription drugs is an issue that has drawn a significant amount of attention especially for elderly patients aged 65 and older. The elderly take more prescription drugs than any other age group and more often take several drugs at once, which increases the probability of adverse drug reactions. The elderly are also more vulnerable to adverse drug reactions as they often do not eliminate drugs from their systems as efficiently as younger patients because of decreased liver and kidney function.

In 1991, geriatric experts identified 20 drugs which they believe are generally inappropriate for use by elderly patients, because alternative drugs provide equivalent therapeutic benefits with fewer side effects. For example, some drugs, because of decreased liver and kidney functions, can impair physical or mental function in the elderly or even cause hospitalization, or death¹. The medical community has only

¹ Many clinicians maintain that use of these drugs is not always inappropriate. For example, if a patient was doing well on the drug and was being closely monitored, it would be appropriate to continue its use.

recently started to emphasize the study of geriatrics and elderly clinical pharmacology. For example, board certification in geriatrics was offered for the first time in 1988.

Medical experts believe that there has been insufficient research specifically involving drug usage by the elderly. As a result, there is a need for more knowledge and information in an effort for clinicians to appropriately manage medications for the elderly.

Many Elderly Patients Were Using Potentially Unsuitable Drugs

Recent studies have reported that many non institutionalized patients were using 1 or more of these 20 drugs identified by geriatric experts as generally unsuitable for elderly patients. JAMA in 1994 published an article showing nearly 25 percent of non institutionalized elderly patients were using at least 1 drug identified as generally unsuitable². A 1995 report by GAO found that about 17.5 percent of non institutionalized Medicare patients 65 or older used at least 1 of the 20 drugs³.

Based on discussions with VHA geriatric experts, we focused our review on 4 (Amitriptyline, Chlorpropamide, Dipyridamole, and Propoxyphene) of the 20 drugs included in the JAMA article and GAO report. The VHA geriatric experts believed there was greater agreement among clinicians that the four drugs generally should not be prescribed for the elderly. The review included analysis of all prescriptions of these four drugs to VHA outpatients aged 65 and older during the period October 1, 1995 through March 31, 1996.

VHA Providers Prescribed Potentially Unsuitable Drugs Less Frequently

We found that during the first 6 months of FY 1996, VHA providers prescribed Amitriptyline, Chlorpropamide, Dipyridamole, and Propoxyphene to elderly outpatients less frequently than as compared to non-VHA providers, as reported in both the 1994 JAMA article and the 1995 GAO report.

As illustrated in the following chart, 6.67 percent of VHA patients were using one or more of the four drugs compared with 16.46 percent of patients in the JAMA article and 13.72 percent of patients in the GAO report.

² The Journal of the American Medical Association, July 24, 1994, "Inappropriate Drug Prescribing for the Community-Dwelling Elderly" by Willcox, et. al.

³ The General Accounting Office (GAO/HEHS-95-152), July 1995, "Prescription Drugs and the Elderly".

COMPARISONS OF VA DRUG USAGE RATES
Percentage of Patients in Study Receiving One or More of the Four Drugs

NAME OF DRUG	1994 JAMA ARTICLE	1995 GAO REPORT	VA 10/1/95 - 3/31/96
Amitriptyline	3.13%	2.63%	2.72%
Chlorpropamide	2.06%	.87%	.23%
Dipyridamole	6.44%	4.09%	.70%
Propoxyphene	4.83%	5.63%	3.02%
Percentage of Elderly Receiving One or More of the Four Drugs	16.46%	13.22%	6.67%

Providing Information Can Further Improve Medication Management

By providing VHA managers and clinicians information regarding their prescribing practices for the four drugs, medication management for elderly patients can be further enhanced. Our review of prescribing practices at VAMC Bedford, showed that after prescription data was provided and educational programs were initiated for clinicians, the use of the four drugs was reduced by 60 percent among elderly patients as illustrated below:

**COMPARISON OF CHANGES IN
PRESCRIBING PRACTICES AT VAMC BEDFORD**

NAME OF DRUG	NO. 65 & >	1/1/95 - 6/30/95 NO. RECV DRUG	%		NO. 65 & >	10/1/95 - 3/31/96 NO. RECV. DRUG	%
Amitriptyline	1,947	45	2.31		2,243	20	.89
Chlorpropamide	1,947	6	.31		2,243	2	.09
Dipyridamole	1,947	13	.67		2,243	5	.22
Propoxyphene	1,947	17	.87		2,243	5	.22
Total Number of Pts. Using One or More of the Four Drugs		81	4.16			32	1.43

Other VHA Facilities Should Be Furnished Drug Utilization Information

More detailed information on the prescribing practices of each of the four drugs is summarized by VISN in Appendix III. The table in Appendix III shows the average, high and low percent ranges of elderly patients who received each drug. For example, in VISN 18 the percent of elderly patients who received Amitriptyline ranged from a low of 1.17 percent to a high of 6.81 percent; while the average for VISN 18 of 3.06 percent is comparable to the nationwide average of 2.72 percent.

A copy of the ADP application used to obtain information regarding use of the four drugs during the first 6 months of FY 1996 was transmitted to each VHA facility. In addition, each VISN Director will be furnished listings detailing prescribing practices for each VHA facility for each of the four drugs.

We believe managers at other VHA facilities should also be furnished information regarding use of the four drugs at their facilities so that they have the opportunity to optimize medication management for their elderly patients. Additionally, the scope of facility reviews could be expanded to other drugs or other patient populations (e.g., Proscar for the treatment of prostate conditions) by using the ADP application developed for this review.

Conclusion

VHA's medication management of four drugs prescribed to elderly outpatients compared favorably to the private sector. VHA can help optimize medication management for specific drugs and patient populations by providing data on drug specific prescribing practices to VHA managers and clinicians.

Recommendations

We recommend that the Under Secretary for Health (1) have VISN Directors forward OIG furnished information regarding prescribing practices for the four drugs to the individual VHA facilities, (2) incorporate the ADP application into the national DHCP system, and (3) encourage VISN Directors to utilize the ADP application to help optimize medication management for specific drugs and patient populations as warranted.

Under Secretary for Health Comments

The Under Secretary concurred with the findings and recommendations.

Implementation Plan

The Under Secretary provided an implementation plan which stated that recommendations 1 and 3 were implemented October 15, 1996. Recommendation 2, to incorporate the ADP application into the national DHCP system, would be accomplished, but final implementation would be dependent upon completion of higher priority projects. The Under Secretary also stated the Pharmacy Benefits Management Strategic Healthcare Group will be taking the lead in coordinating steps to assure that data extract needs are assessed and that VISNs and headquarters offices get the assistance they need in establishing relevant and effective mechanisms for review and analysis of pharmaceutical utilization information. *(See Appendix IV on page 10 for the full text of the Under Secretary's comments.)*

Office of Inspector General Comments

The implementation plan is acceptable and we consider all issues resolved. However, we will follow up on implementation of planned actions until they have been completed.

PURPOSE, SCOPE AND METHODOLOGY

Purpose

The purpose of the review was to help VHA:

- assess how well it manages certain medications for the elderly; and
- develop management tools to enable care providers to monitor and optimize medication management for the elderly.

Scope and Methodology

To review VHA's prescribing practices for the elderly, we:

- Conducted a medical literature review.
- Interviewed knowledgeable VHA physicians, pharmacists, and quality management specialists.
- Attended "Optimizing Medication Management of the Older Adults" workshop, which was co-sponsored by VA and the Health Care Financing Administration and designed to produce quality indicators for optimizing medication management of the older adult.
- Developed computer software to acquire relevant data regarding prescribing practices at VHA medical facilities.
- Identified all veterans among the 933,060 outpatients aged 65 and over receiving Amitriptyline, Chlorpropamide, Dipyridamole, and Propoxyphene from all VHA facilities (except Manila) during the period October 1, 1995 to March 31, 1996.
- Verified the accuracy of the information extracted at three VAMCs.
- Analyzed the data.
- Reviewed changes in drug utilization at a VAMC.
- Discussed results of our review with VHA managers.

The review was conducted in accordance with government auditing standards for qualifications, independence and due professional care.

BACKGROUND

The management of prescription drugs is an issue that has drawn a significant amount of attention especially for elderly patients aged 65 and older. The elderly take more prescription drugs than any other age group and more often take several drugs at once, which increases the probability of adverse drug reactions. Health care providers report that the elderly are also more vulnerable to adverse drug reactions as they often do not eliminate drugs from their systems as efficiently as younger patients because of decreased liver and kidney function. For example, because the elderly have decreased liver and kidney functions, some drugs can impair their physical or mental functions or even cause hospitalization or death.

The medical community has only recently started to emphasize the study of geriatrics and elderly clinical pharmacology. For example, board certification in geriatrics was offered to physicians for the first time in 1988. Medical experts believe that there has been insufficient research specifically involving drug usage by the elderly. As a result, there is a need for more knowledge and information in an effort for clinicians to appropriately manage medications for the elderly. VHA management has been actively working to develop additional knowledge and information regarding drug usage by the elderly. In March 1995, VHA and the Health Care Financing Administration co-sponsored a workshop, "Optimizing Medication Management of the Older Adults", designed to produce quality indicators for medication management.

In 1991, geriatric experts identified 20 drugs which they believe are generally inappropriate for use by elderly patients, because alternative drugs provide equivalent therapeutic benefits with fewer side effects. The 20 drugs were:

Diazepam	Chlordiazepoxide	Flurazepam
Meprobamate	Pentobarbital	Secobarbital
Amitriptyline	Indomethacin	Phenylbutazone
Chlorpropamide	Propoxyphene	Pentazocine
Isoxsuprine	Cyclandelate	Dipyridamole
Cyclobenzaprine	Methocarbamol	Carisoprodol
Orphenadrine	Trimethobenzamide	

On July 27, 1994, the Journal of the American Medical Association published an article entitled "Inappropriate Drug Prescribing for the Community-Dwelling Elderly". The article reported that 23.5 percent of people aged 65 or older living in the community received at least 1 of the 20 potentially inappropriate drugs. In July 1995, the General Accounting Office (GAO) published the results of their review of the same 20 drugs

among Medicare patients. In Prescription Drugs and the Elderly, GAO reported 17 percent of elderly outpatients still receive 1 or more of the 20 drugs despite recent improvement. Based on discussions with VHA geriatrics experts, we selected Amitriptyline, Chlorpropamide, Dipyridamole, and Propoxyphene for further study. The four drugs, their use and reason why they may be inappropriate for elderly are shown below:

<u>Prescription Drug</u>	<u>Use</u>	<u>Comment</u>
Amitriptyline	To treat depression	Other antidepressant medications cause fewer side effects, such as cognitive impairment and loss of balance.
Chlorpropamide	To treat diabetes	Other oral hypoglycemic medications have shorter half-lives and do not cause inappropriate antidiuretic hormone secretion which leads to dehydration.
Dipyridamole	To reduce blood-clot formation	Effectiveness at low dosage is at doubt. Toxic reaction is high at higher dosages. Safer alternatives exist.
Propoxyphene	To moderate pain	Other analgesic medications are more effective and safer.

APPENDIX III

SUMMARY SCHEDULE BY VETERANS INTEGRATED SERVICE NETWORK

Percentage Range of Elderly Patients Receiving Each Drug

VISN	AMITRIPTYLINE			CHLORPROPAMIDE			DIPYRIDAMOLE			PROPOXYPHENE		
	AVG	HIGH	LOW	AVG	HIGH	LOW	AVG	HIGH	LOW	AVG	HIGH	LOW
1	2.31%	3.34%	0.89%	0.45%	1.65%	0.06%	0.48%	0.69%	0.22%	2.07%	6.47%	0.22%
2	2.15%	2.50%	1.95%	0.26%	0.53%	0.00%	1.20%	2.57%	0.43%	3.41%	8.07%	0.00%
3	1.31%	1.99%	0.51%	0.40%	0.86%	0.05%	1.25%	2.90%	0.00%	0.15%	0.59%	0.00%
4	2.00%	3.55%	0.51%	0.20%	0.56%	0.00%	0.68%	1.55%	0.00%	3.64%	13.41%	1.07%
5	2.45%	3.51%	1.92%	0.36%	0.75%	0.10%	0.26%	0.54%	0.17%	1.36%	2.63%	0.05%
6	2.91%	4.59%	0.46%	0.24%	0.60%	0.00%	0.85%	3.50%	0.11%	2.92%	17.74%	0.00%
7	3.63%	5.26%	1.72%	0.35%	1.51%	0.08%	0.67%	2.89%	0.00%	4.81%	10.73%	0.00%
8	1.84%	2.72%	0.24%	0.33%	0.75%	0.08%	0.60%	1.80%	0.06%	4.85%	19.46%	0.01%
9	4.56%	6.74%	2.67%	0.27%	0.64%	0.12%	0.49%	1.13%	0.00%	2.81%	7.41%	0.00%
10	2.84%	3.98%	1.93%	0.15%	0.56%	0.00%	1.46%	2.94%	0.12%	3.54%	19.86%	0.08%
11	2.37%	3.77%	0.89%	0.17%	0.28%	0.05%	1.09%	2.60%	0.44%	6.57%	16.61%	0.02%
12	2.07%	2.55%	1.23%	0.07%	0.25%	0.00%	0.44%	0.85%	0.03%	2.80%	7.37%	0.00%
13	2.17%	5.09%	1.13%	0.04%	0.13%	0.00%	0.30%	0.78%	0.00%	2.90%	11.51%	0.36%
14	3.70%	4.56%	1.67%	0.19%	0.46%	0.09%	0.70%	1.23%	0.00%	3.96%	11.88%	0.00%
15	3.58%	6.42%	2.24%	0.18%	0.65%	0.00%	0.74%	3.66%	0.03%	2.84%	10.07%	0.00%
16	3.96%	5.66%	2.57%	0.11%	0.27%	0.00%	0.82%	1.92%	0.07%	3.75%	14.14%	0.00%
17	3.41%	4.17%	2.95%	0.21%	0.42%	0.00%	1.54%	4.64%	0.63%	2.03%	9.31%	0.07%
18	3.06%	6.01%	1.17%	0.16%	0.34%	0.00%	0.52%	3.05%	0.08%	2.41%	8.73%	0.02%
19	3.12%	4.15%	2.09%	0.06%	0.40%	0.00%	0.25%	0.60%	0.00%	3.88%	12.85%	0.00%
20	1.94%	2.35%	1.61%	0.08%	0.21%	0.00%	0.30%	0.58%	0.12%	1.40%	6.01%	0.00%
21	2.34%	3.28%	1.05%	0.09%	0.25%	0.00%	0.26%	0.42%	0.05%	1.04%	4.88%	0.00%
22	2.40%	3.07%	1.50%	0.46%	1.52%	0.02%	0.27%	0.73%	0.03%	1.95%	5.84%	0.00%

**MEMORANDUM FROM THE UNDER SECRETARY FOR HEALTH
DATED NOVEMBER 8, 1996**

Department of
Veterans Affairs

Memorandum

Date: November 8, 1996

From: Under Secretary for Health (10/105E)

Subj: OIG Draft Report, *Review of Prescribing Practices for Elderly Outpatients*

To: Assistant Inspector General for Auditing (52)

1. The draft report was reviewed by the appropriate Veterans Health Administration (VHA) program offices and we concur with the report findings and recommendations. VHA has put great emphasis on discontinuing or modifying the use of the drugs studied by OIG (as well as many others) in the elderly, especially in VA nursing home care units. Strong programs in geriatrics (especially research and education), the availability of consulting clinical pharmacists and active P&T Committees with facility Drug Usage Evaluation programs have greatly assisted VHA efforts in this area. Your report findings reflect the effectiveness of these processes and other quality assurance monitors that are used by most facilities to enhance medication management. As you recommended, the facility specific information you prepared has already been provided to each Veterans Integrated Service Network (VISN) Director for distribution to each facility to use in these processes. In addition, copies of your final report will be distributed to each of VA's Geriatric Research, Education and Clinical Care programs for use in the development of educational presentations to VA and non-VA clinicians, and your findings and recommendations will be presented for discussion on one or more of the systemwide monthly Geriatrics and Extended Care conference calls.

2. The issues you raise in your report regarding access to pharmaceutical utilization information and management of pharmaceutical utilization at the VISN, while addressed in the recommendations, extend beyond them. In addition to the activities outlined in our attached corrective action plan (which meet the immediate requirements of the recommendations), the Pharmacy Benefits Management Strategic Healthcare Group will be taking the lead in coordinating steps to assure that data extract needs are assessed and that VISNs and headquarters offices get the assistance they need in establishing relevant and effective mechanisms for review and analysis of this information.

3. Thank you for the opportunity to review the draft report. If you have any questions or require further information, please contact Paul C. Gibert, Jr., Director, Management Review Service (105E), Office of Policy, Planning and Performance, at 273.8355.

[Signed by Tomas L. Garthwaite, M.D., for:]
Kenneth W. Kizer, M.D., M.P.H.

Attachment

Action Plan in Response to OIG/GAO/MI Audits/Program Evaluations/Reviews

Name of Report: *Review of Prescribing Practices for Elderly Outpatients*

Project No.: None

Date of Report: Draft report, dated September 20, 1996

Recommendations/ Actions	Status	Completion Date
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Recommendation 1.: Have VISN Directors forward OIG furnished information regarding prescribing practices for the 4 drugs to the individual VHA facilities.

Concur

The information was forwarded to the VISN Directors by the Chief Network Officer on October 15, 1996, for dissemination to all VHA facilities. (See attached memorandum)

Completed	10/15/96
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Recommendation 2.: Incorporate the ADP application into the national DHCP system.

Concur

This will be accomplished, however, final implementation is dependent upon completion of higher priority projects.

In process	12/31/97
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Recommendation 3.: Encourage VISN Directors to utilize the ADP application to help optimize medication management for specific drugs and patient population as warranted.

Concur

The Chief Network Officer encouraged all VISN Directors to use the ADP application once it is incorporated into the national DHCP system in a memorandum to all VISN Directors, dated October 15, 1996.

Completed	10/15/96
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Department of
Veterans Affairs

Memorandum

Date: October 15, 1996

From: Chief Network Officer (10N)

Subj: OIG Draft Report, Review of Prescribing Practices for Elderly Outpatients

To: Network Directors (10N1-22)

1. The OIG recently issued a draft report on the prescribing practices for selected drugs (Amitriptyline, Chlorpropamida, Dipyridamole, and Propoxphene) issued to outpatients aged 65 or older. The review was done to assist VHA in:

- a. assessing how well it manages certain medications for the elderly
- b. developing management tools for health care providers to monitor and optimize medication management for the elderly.

2. The OIG concluded that VHA providers prescribed these 4 drugs to elderly outpatients less frequently than non-VA providers. A review of prescribing practices at one VA Medical Center revealed that after the prescription data was provided and educational programs were initiated for clinicians, the use of the 4 drugs was reduced by 60% among elderly outpatients. Consequently, the OIG believes that the attached information should be shared with your facilities so that they have the opportunity to optimize medication management.

3. The OIG also recommended that the ADP application developed for this review be incorporated into the national DHCP system. Once this is done, I would encourage you to utilize the ADP application to help optimize medication management for specific drugs and patient populations as warranted.

[Signed]
Jule D. Moravec, Ph.D.

Attachment

FINAL REPORT DISTRIBUTION

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