



**VIReC RESEARCH USER GUIDE:**  
VHA PHARMACY PRESCRIPTION DATA

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Veterans Affairs Information Resource Center  
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# I. Introduction

*VIREC Research User Guide: VHA Pharmacy Prescription Data* is produced by the VA Information Resource Center (VIREC), a national resource center of the Health Services Research and Development Service (HSR&D), U.S. Department of Veterans Affairs (VA). This first edition of the guide describes the various sources of pharmacy data in the Veterans Health Administration (VHA) and provides detailed information about two of the sources: the Pharmacy Benefits Management (PBM) Database and the Decision Support System (DSS) Pharmacy National Data Extracts. VIREC issues this guide to assist health services researchers and other users of these data in understanding the availability of the data and definitions of the variables within the various sources of data.

## Using the Guide

This guide is divided into eight chapters, including “Introduction.” The other seven chapters are listed below. Additional documents are included as appendices. Throughout the document references to Internet addresses are hyperlinked. References to VA intranet addresses are not hyperlinked; instead the intranet address will be provided along with the name of the document or web page referenced.

- [Overview of the Pharmacy Prescription Data in the VHA](#). Chapter II provides a brief description of the three primary sources for pharmacy prescription data and methods for accessing.
- [Special Data Topics](#). Chapter III provides information on special topics.
- [DSS NDE Pharmacy SAS<sup>®\\*</sup> Dataset Variables](#). Chapter IV provides a list of the variables available in the DSS Pharmacy NDE SAS Dataset.
- [DSS NDE Pharmacy SAS<sup>®</sup> Dataset Variable One-Page Descriptions](#). Chapter V presents a one-page description for each variable in the DSS Pharmacy NDE SAS Dataset.
- [PBM Database Variables](#). Chapter VI provides a list of the variables available in the PBM Database for outpatient prescriptions and ordering provider.

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- [PBM Database Variable One-Page Descriptions](#). Chapter VII presents a one-page description for each variable in the PBM Database for outpatient prescriptions and ordering provider.
- [Selected Bibliography](#). Chapter VIII lists references to articles about studies that utilized VA pharmacy databases.

## Acknowledgments

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This guide is the product of many people’s efforts, experiences, and insights. The contributing authors at VIREC included Noreen Arnold and George Joseph. Chris Schneiderman compiled and prepared the Selected Bibliography. April Kopp helped in editing and putting final touches to the guide, and Cody Tilson designed the cover.

The authors are indebted to Robert Silverman, Pharm.D., Hines VA Hospital and PBM/SHG, for his assistance in developing the overview of the PBM Database and descriptions of the database variables; Ramon Navarro, R. Ph., ADPAC/CAIS Pharmacy Service, Hines VA Hospital, for providing information about VistA files and local pharmacy operations; and to Steve Porter and Judith Garland, M.P.A., C.P.A., DSS Support Office, for their assistance in developing the overview of the DSS NDE Pharmacy SAS Datasets and descriptions of the dataset variables.

Reviewers for this guide included the following data stewards and users whose affiliations are listed for identification purposes:

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VIREC accepts responsibility for any deficiencies in the current guide and welcomes suggestions for improving this resource to better meet the needs of research users.

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## II. Overview of Pharmacy Prescription Data in the VHA

There are currently three main sources of pharmacy prescription data for researchers:

- 1) VistA (Veterans Health Information Systems and Technologies Architecture),
- 2) Pharmacy Benefits Management (PBM) Database, and
- 3) Decision Support System (DSS) National Data Extract (NDE) Pharmacy SAS Datasets.

All prescription orders captured in VistA and, therefore, the other two sources of prescription data originate from VistA extracts. (See Figure 1 on the following page.) A general description of the three available sources and methods for accessing them are presented in this chapter. Smith and Joseph provide a more detailed discussion of several of these sources in their article entitled, “Pharmacy Data in the VA Health Care System”.\*

### VistA

All pharmacy data are entered, processed and stored in VistA, which is the automated environment that supports day-to-day operations at local VA health care facilities. The VistA Pharmacy Package consists of the following thirteen applications that gather, process, and store data for prescription orders written and filled within the VA system:

1. Automatic Replacement/Ward Stock (AR/WS)
2. Bar Code Medication Administration (BCMA)
3. Consolidated Mail Outpatient Pharmacy (CMOP)
4. Controlled Substances
5. Drug Accountability/Inventory Interface (DA)
6. Inpatient Medications
7. Inpatient Medications-Intravenous (IV)
8. Inpatient Medications-Unit Dose (UD)
9. National Drug File (NDF)
10. Outpatient Pharmacy
11. Pharmacy Benefits Management (PBM)
12. Pharmacy Data Management (PDM)
13. Pharmacy Prescription Practices (PPP)

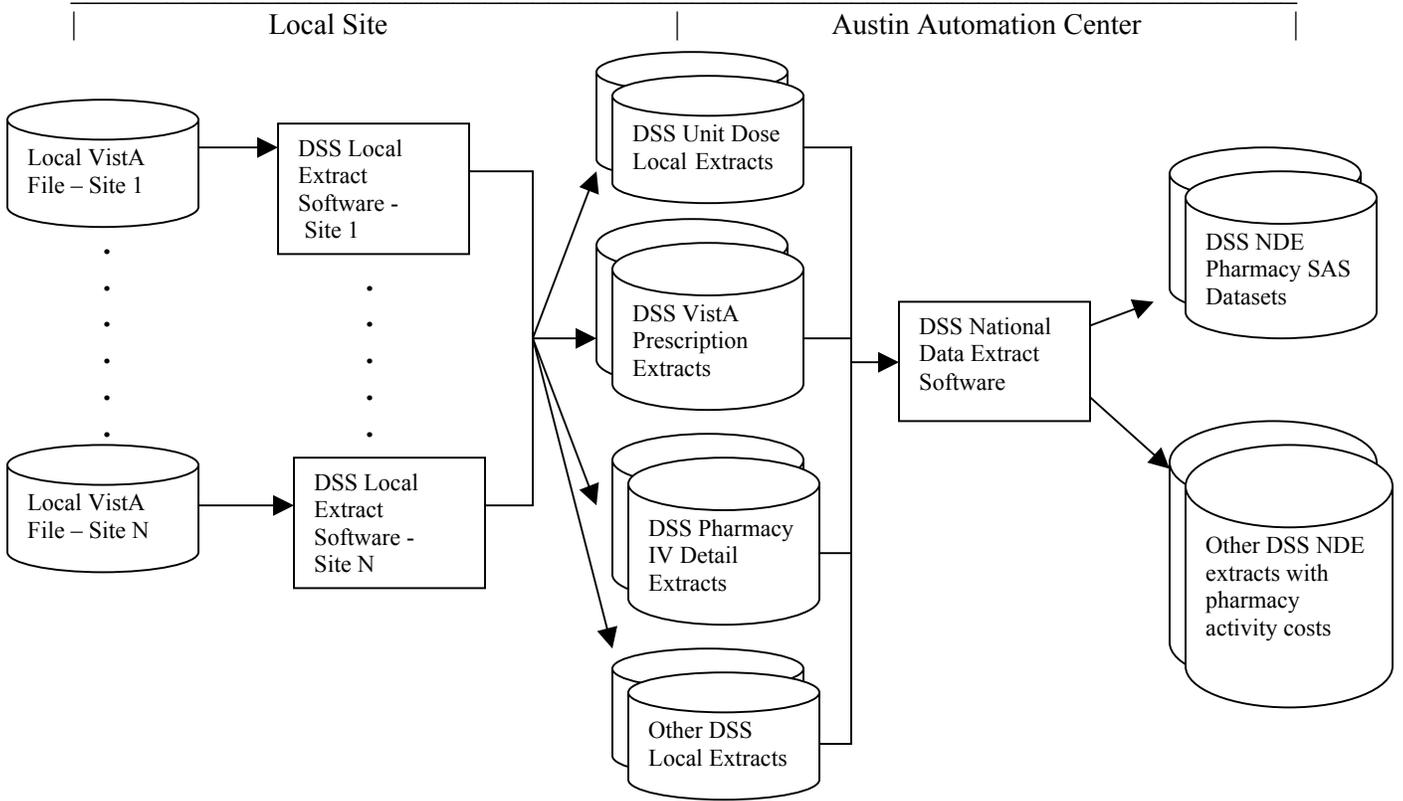
The [VistA Monograph](#) contains a description of these applications and their functions.

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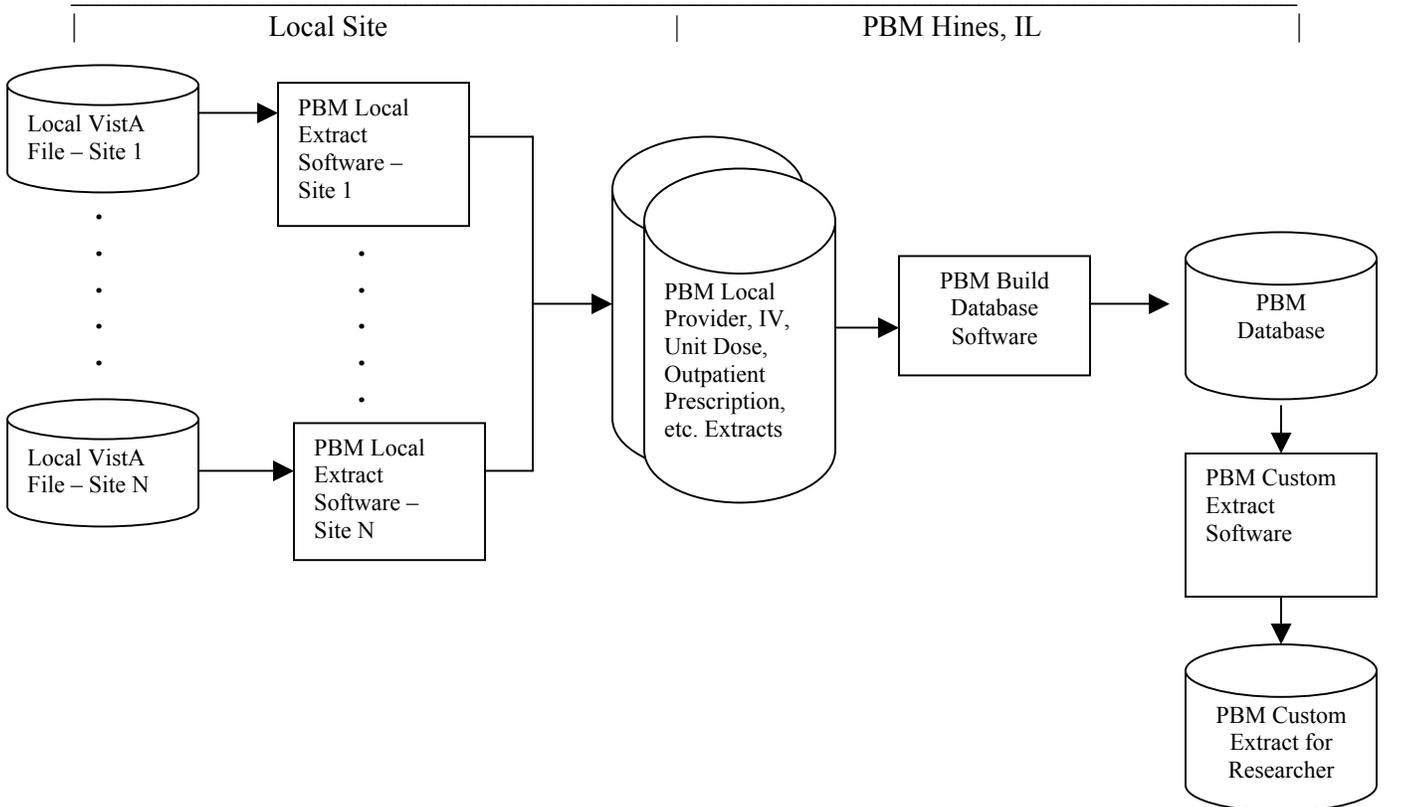
\* Smith MW, Joseph G. Pharmacy Data in the VA Health Care System. *Medical Care Research and Review* 2003;60(3 Suppl):92S-123S.

**FIGURE 1. Flow of Pharmacy Prescription Data from Vista to Researcher Accessible DSS and PBM Data**

**DSS**



**PBM**



The following three pharmacy files used by the VistA Pharmacy Package contain information most relevant to prescription orders dispensed:

1. Prescription File (FILE 52)
2. Pharmacy Patient File (FILE 55)  
This file has two sub-files:
  - a. IV Orders (FILE 55.01)
  - b. Unit Dose Orders (FILE 55.06)
3. Local Drug File (FILE 50)

Completed pharmacy transactions are stored in two locations in VistA: the Prescription File (FILE 52), which contains outpatient medications dispensed including those processed by a CMOP and the Pharmacy Patient File (FILE 55) which contains inpatient medications dispensed. Information specific to a particular prescription, such as patient identity, product dispensed, start date, and quantity dispensed is stored in these files. In the prescription process, information about the drug product, supply, or diagnostic ordered will come from the Local Drug File (file 50).

Each site operates its own VistA system; therefore, there will be a local set of VistA Pharmacy files at each site. Prescriptions filled by a CMOP will be stored in the local VistA system for the site from which the patient requested the fill or refill. Beginning in 1997 with the VistA Inpatient Medications Version 5.0 and Outpatient Pharmacy Version 7.0, pharmacy data could no longer be purged from or archived in VistA. Therefore, all VistA sites should have pharmacy inpatient and outpatient data beginning in 1997 when these versions were installed (installation dates varied by site). Some sites may have pharmacy data prior to 1997 depending on whether they archived or purged data. For example, at the Hines VA Hospital inpatient pharmacy data goes back to 1987 and outpatient pharmacy data goes back to April 1997. To determine which years' pharmacy data are maintained in a site's VistA system, contact the site's Pharmacy ADPAC (Administrative Data Processing Applications Coordinator).

VA FileMan is the hierarchical database management system used to access and manage VistA data. Documentation of VistA files and their fields is available under the FileMan List File Attributes [DILIST] option. There are three methods available for extracting data from VistA files: MUMPS, FileMan and SQL. M or MUMPS (Massachusetts General Hospital Utility Multi-Programming System) is the primary programming language used to access VistA files. FileMan can also be used to extract data from VistA files, and some sites have implemented an SQL interface to the VistA files. For further information on VistA and extracting data from VistA please consult the following *VIReC Insights*: [Veterans Health Information Systems and Technology Architecture \(VistA\) as a Research Tool](#).

Some VISNs (Veterans Integrated Service Network) have created data warehouses of data from all VistA installations within their region. VISNs are VHA organizational business units comprised of multiple medical centers and clinics within a geographic region. These data warehouses may contain prescription data. For example, Consumer

Health Information & Performance Sets (CHIPS), the VISN 20 Data Warehouse, contains inpatient pharmacy and outpatient prescription data (<http://vaww.visn20.med.va.gov/visn20/CHIPS/index.html>). For research that requires only VISN or site specific data, the researcher may find that prescription data is available in a VISN data warehouse and should contact their local Information Resource Management (IRM) office to determine existence of a data warehouse and access procedures for the warehouse.

Because each site operates their own VistA system that requires local Institutional Review Board (IRB) approval for research access, and few researchers are trained in using M or accessing hierarchical databases, researchers will most likely find it easier to obtain the data they need from one of the other two primary data sources that are national in scope. These national sources are PBM Database and the DSS NDE Pharmacy SAS Datasets for inpatient and outpatient pharmacy utilization and costs.

## **Decision Support System National Data Extracts (DSS NDE)**

### **DSS NDE Pharmacy SAS<sup>®</sup> Datasets**

The DSS NDE Pharmacy SAS Datasets for inpatient and outpatient pharmacy utilization and costs are available beginning with fiscal year 2002. These datasets reside at the Austin Automation System and are built from the DSS VistA Prescription Extracts, Unit Dose Local Extracts, and Pharmacy IV Detail Extracts generated at each VistA site. Due to their size, the SAS datasets are split into multiple files by VISN and inpatient and outpatient status at time the order was dispensed. Both inpatient and outpatient files will include IV orders, unit dose orders, and outpatient prescription orders. The files contain a record for:

- 1) each outpatient prescription filled by a VA pharmacy or CMOP,
- 2) each day for every inpatient unit dose order, and
- 3) each additive and solution in every IV mixed and dispensed per day.

Records for ward stock charges and other charges such as clinical pharmacy consultations will also be found in the files.

The final SAS datasets for a fiscal year are normally produced in January after the end of the fiscal year (September 30<sup>th</sup>). Thus, the FY2002 datasets are now complete and will not be updated. The FY2003 datasets should be complete in January 2004. Interim SAS datasets are created monthly and contain cumulative, year-to-date information. The interim datasets are usually not available until well into the year. If you use an interim dataset, please keep in mind that DSS smoothes month-to-month cost variations over the course of the year. Therefore, costs on the interim datasets may not agree with those on the final year's datasets.

Information about obtaining access to these datasets and the dataset names are available on the VSSC web site (<http://klfmenu.med.va.gov>). Once you logon to this site: 1) Click on "DSS" in the leftmost column, 2) Click on "DSS Reports", 3) Click on the "National Data Extracts (NDE) Reports" button, 4) Click on "Info About Reports" header, and 5)

Click on “NDE File & SSN Access.” See [Chapter IV](#) and [Chapter V](#) for a list and description of the contents of these SAS datasets.

### **DSS VistA Extracts**

The DSS VistA Prescription Extracts, Unit Dose Local Extracts, and Pharmacy IV Detail Extracts used to build the SAS datasets do contain additional data elements. These extract files are not as easily accessible as the SAS datasets and are short lived, especially the Prescription Extracts. Use of these extract files requires authorization from each site. For more details about these files, consult the DSS Technical Guides located at the DSS website ([vaww.dss.med.va.gov](http://vaww.dss.med.va.gov)). To access the guides at the home page: 1) Click on “Program Documents” in the left column; 2) Click on “Building the Database” in the menu that appears; and 3) Click on “Technical Guides” in the menu that appears. Refer to the links provided at the end of this section for further details on access to these files.

### **DSS NDEs with National Pharmacy Activity Costs**

There are three other DSS National Data Extracts that provide costs for national pharmacy activity: Outpatient Extract, Inpatient Discharge Extract, and Inpatient Treating Specialty Extract. These DSS NDEs are SAS datasets created for each fiscal year beginning with 1998.

Although these DSS NDEs do not contain prescription data, they are mentioned here because they do provide costs for national pharmacy activity on:

- 1) an outpatient encounter level (pharmacy costs for each outpatient encounter in the extract fiscal year),
- 2) an inpatient discharge level (pharmacy costs for an inpatient stay with a discharge date in the extract fiscal year), and
- 3) an inpatient treating specialty level (pharmacy costs per month per treating specialty for each inpatient stay for the extract fiscal year).

The following fields are available on the Outpatient Extract, Inpatient Discharge Extract, and Inpatient Treating Specialty Extract:

Field	Description
Pharmacy Fixed Direct Cost	Costs that can be directly attributed to the pharmacy department and are incurred regardless of the volume of services provided.
Pharmacy Variable Direct Cost	Costs of supplies, labor, etc. that vary with the workload of the pharmacy department. Includes the cost of the drug product, supply, or diagnostic dispensed.
Pharmacy Indirect Cost	Costs of overhead departments such as housekeeping, engineering, and administration.

Field	Description
Pharmacy Units – Pharmacy Days	The number of days that medications were received by a patient (i.e., the number of days pharmacy costs are reported). This is not the number of prescriptions.
Pharmacy Variable Supply Cost	This is a calculated cost that is also included in the Pharmacy Variable Direct Cost. It is the Pharmacy Variable Direct Cost multiplied by a factor. The factor is the Total Pharmacy Variable Supply Cost for the year divided by the Total Pharmacy Department Direct Variable Cost for the year. A factor is developed for each medical center.

The following links provide a more detailed discussion of the DSS NDEs and procedures for obtaining access to the datasets: [VIREC Insights: The VA Decision Support System: A Tool for Health Services Research](#), the [VIREC DSS page](#), the DSS website ([http://vaww.dss.med.va.gov/DSS/dss\\_home.htm](http://vaww.dss.med.va.gov/DSS/dss_home.htm)), and the [HERC website](#).

## PBM Database

To facilitate its work, Pharmacy Benefits Management Strategic Health Group (PBM/SHG) has developed software systems and databases to organize and analyze medication data. Every month, the PBM Database Extraction Software is run against each site's VistA System to create pharmacy data extracts for that site. Details of these data extracts may be found in the [PBM Database Monographs](#) in the [VistA Documentation Library](#).

The extracted data are electronically sent to the PBM/SHG field office located on the premises of Hines VA Hospital, Hines, IL. The data extracts are then passed through a translation process and checked for quality. For example, if necessary, local drug names ([Generic Drug Name](#)) are assigned a VA standard drug name ([VA Product Name](#)) and local dispensing units are converted to a common dispensing unit. After translation, the monthly extracts are added to the PBM Database, which is a Microsoft®\* SQL database. The PBM Database contains all individual pharmacy transactions (prescription orders, refills, etc.) from October 1, 1998, until about 60 days prior to any given date.

Extracts of the PBM Database are made available to researchers as either a Visual FoxPro®\*, Microsoft® Access, or SAS file. The process to request an extract for research can be found at the PBM website (PBM Research Data Request Form, <http://vaww.pbm.med.va.gov/research-qualityimprovement/rdrf.asp>) or in the following

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issue of *VIReC Insights*: [The Pharmacy Benefits Management \(PBM\) Database: A Primary Resource for Nation-Wide VA Medication Data on the PBM database.](#)

See [Chapter VI](#) and [Chapter VII](#) for a list and description of the outpatient prescription variables and inpatient IV and unit dose variables available for extracting from the PBM database.

## **National Drug File (NDF) and the VA National Formulary**

There are two other files of interest to researchers that may be downloaded from the PBM/SHG website: the National Drug File (NDF) and the VA National Formulary. The NDF is created and maintained by the PBM/SHG and provides for standardization of the Local Drug Files (FILE 50) in all VA medical facilities. For drugs approved by the Food and Drug Administration (FDA), the NDF contains information concerning dosage form, strength and unit; package size and type; manufacturer's trade name; and National Drug Code (NDC). The NDF is updated bimonthly.

A Microsoft<sup>®</sup> Access database version of the NDF is available for download from the PBM website and has over 95,000 entries (<http://vaww.pbm.med.va.gov/pbm/natform.htm>). A description of the variables in the database is also available on the PBM website.

The VA National Formulary is a list of products available for prescribing by all physicians providing services at VA facilities. A Microsoft<sup>®</sup> Excel spreadsheet version of the VA National Formulary is available for download from the PBM website and contains over 1,200 products (<http://vaww.pbm.med.va.gov/pbm/natform.htm>). The spreadsheet includes the [VA Drug Class](#) and any restrictions on usage of the product.

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### **III. Special Data Topics**

This section presents information that cuts across individual variables or relates to a single variable but goes beyond what can be covered in the one-page description of the variable. The information here is necessarily brief. VIREC welcomes suggestions of topics for expanded attention in the form of VIREC Insights or peer-reviewed published manuscripts. Proposals of possible collaboration are also welcome.

#### **Pharmacy ADPAC**

When using pharmacy data, the researcher should discuss the medications under study with a local Pharmacy ADPAC (Administrative Data Processing Applications Coordinator) to determine whether there are any issues such as possible non-recording of ward stock administration or non-administration of medications dispensed that could cause under reporting or over reporting of the medication dispensed and assumed administered in the VistA Pharmacy data and thus, the prescription extracts described in this guide. The Pharmacy ADPAC is responsible for administering the VistA Pharmacy Package for a site.

#### **Ward Stock**

Some medications and supplies are delivered to a ward, specialty unit, or clinic as “ward stock”. Ward stock often contains medications not available in unit dose form (e.g., nitroglycerin tablets, insulin, Maalox, etc.) or needed for emergency situations. These medications are maintained on the ward as general stock; they are not ordered for a specific patient but are stored on the ward for future use. When ward stock is administered to a patient policy normally requires that an order be entered and the administration be recorded via the Bar Code Medication Administration (BCMA) Application. Occasionally, ward stock may be administered and not recorded in the patient’s medication record if the person administering the medication fails to record the administration in VistA. This was more common before the implementation of the BCMA Application, which varies by site. The BCMA Application for unit dose administration became available in September 1999 and for IV dosing in August 2002. Full implementation may not have occurred at some sites until 2002 or later.

You may find that medications dispensed in a Dialysis Unit such as EPO (erythropoietin) are often dispensed from ward stock. Because the amount of a drug dispensed can vary with each dialysis treatment, sites may differ in how the orders are recorded in VistA. Orders may or may not change with each change in the amount of drug administered in a

treatment. If orders are not changed, the dispensing information found in VistA could vary significantly from what was administered. Thus, pharmacy-dispensing data may not be the most reliable source for records on the administration of drugs such as EPO.

## **Inpatient Medication Dispensed vs. Inpatient Medication Administered**

Administration of inpatient medications is recorded via the BCMA. When medications are administered the patient's wristband and the medication are scanned with a bar code reader. The BCMA Application verifies and records the administration from the scanned bar codes in the BCMA Application Files. These files are not the same as the Pharmacy Inpatient Files that are used by the extracts described in this guide, which contain medication orders that were dispensed. It is possible a medication may have been dispensed but not administered for several reasons. A patient may refuse the medication or not be available for administration. Medications dispensed and not administered should be returned to the VA Pharmacy or destroyed. This will be recorded in the Pharmacy Inpatient Files. It is also possible that a medication may have been administered but not recorded in the BCMA Application. If the BCMA Application is not available (i.e., the system is down), the administration may not be recorded or the person administering the medication may just fail to properly scan or enter the act of administration. Thus, the researcher should keep in mind that when using the extracts described in this guide they are working with the data that records medications dispensed which may differ from data that records administration of medications.

## **National Drug Code (NDC)**

The NDC is a unique 10-digit, 3-segment number (labeler code - product code - package code) for a drug product. The labeler code is assigned by the FDA and identifies the firm that manufactures, repackages, or distributes a drug product. The product code identifies a specific strength, dosage form, and formulation. The package code identifies package sizes. The firm assigns both the product and package codes. The NDC will be in one of the following configurations: 4-4-2 (4-digit labeler, 4-digit product and 2-digit package), 5-3-2, or 5-4-1. See the FDA's [National Drug Code Directory](#) for additional information about the codes and links for searching or listing the codes.

You may also find an 11-digit or 12-digit version of the NDC. The 11-digit version has a 5-4-2 configuration and is a format often used in commercially available software. The 12-digit version has a 6-4-2 configuration and is generated by the PBM/SHG to provide a standardized configuration for use in their National Drug File (NDF).

**PLEASE NOTE:** The NDC on the dispensing record may not be the NDC for the drug product actually dispensed to the patient. It always will be an NDC for the same drug, but the manufacturer or package size may be different from the actual drug product dispensed. This will occur if Drug File (#50) has not been updated to reflect the currently stocked supply at the time the drug product was dispensed.

## Data Quality Issues

We found no published studies on the quality of VHA pharmacy prescription data in our literature review. Researchers are encouraged to investigate and report on the quality of this data and are invited to contact VIREC if they encounter any data quality issues when using pharmacy prescription data so that their findings may be included in future versions of this guide. General information about the quality of VA health care utilization data may be found in the [VIREC Research User Guide: FY2002 VHA Medical SAS® Inpatient Datasets](#) and the [VIREC Research User Guide: FY2002 VHA Medical SAS® Outpatient Datasets](#).

## Choosing Between PBM and DSS Data Sources

Decisions on using the PBM Database versus the DSS NDE Pharmacy SAS Datasets should be based on two main factors: 1) availability of the data source and 2) contents of the data source.

### Availability

The PBM Database contains pharmacy prescription data beginning with fiscal year 1999 prescription orders. The DSS NDE Pharmacy SAS Datasets have data beginning with fiscal year 2002 prescription orders. Both sources extract inpatient prescription data, but to date the PBM/SHG has not released inpatient prescription orders to researchers. The DSS Datasets are available on the Austin Automation Center host and can be accessed directly by the researcher once access is granted. Researchers cannot directly access the PBM Database. PBM/SHG must process a custom extract for the researcher that may take several months to complete.

### Contents

In general the PBM Database contains more information about the medication dispensed and the dispensing details than the DSS NDE Pharmacy SAS Datasets, and the DSS Datasets contain more demographic and clinical information about the patient than the PBM Database. See [Chapters IV](#) and [VI](#), respectively, for a list of the variables in the DSS Datasets and the PBM Database.

The most significant difference in the contents of these two data sources is in the dispensing details. The DSS Datasets do not contain the dosing instructions or dispensing unit variables that are available in the PBM Database. In addition, the quantity for a unit dose order reflects the number of doses dispensed, not the quantity of the drug dispensed. Therefore, for some orders it is impossible to determine the amount of drug dispensed to a patient or daily dosage when using the DSS Datasets.

It is also important to note that the cost variables in the DSS Datasets include labor and overhead. The PBM Database variables contain only the cost of the drug product. In

addition, the origin of the drug product costs differs between these two data sources. The PBM drug product costs contain the value in the VistA DRUG File (#50) on the dispensing date. The DSS drug product costs are obtained from a local DSS standard table. This local DSS table is originally populated based on values in the VistA DRUG File, but the table is usually updated not more than once a year. Also, as noted in other sections of this guide, the VistA DRUG File is not always updated to reflect the costs of the most current supply. Therefore, the drug product costs are more an approximation than an actual cost. For some drug products, such as generic drugs, it will be a rather close approximation. For others, including brand name products, the drug product cost could vary significantly from the actual cost.

## IV. DSS NDE Pharmacy SAS<sup>®</sup> Dataset Variables

The following table lists the variables contained on the DSS Pharmacy NDE SAS datasets and indicates if the variable is extracted for inpatients or outpatients. This list of variables is based on the contents of the final FY2002 files and the interim FY2003 files.

SAS <sup>®</sup> Name	Name	Inpatient	Outpatient	Page Number
<a href="#">A_PCP</a>	Associate Provider for Primary Care	X	X	24
<a href="#">ACT_COST</a>	Drug Product Total Cost	X	X	25
<a href="#">ADMITDAY</a>	Date of Admission	X		26
<a href="#">BORNDAY</a>	Date of Birth	X	X	27
<a href="#">CLSNUM</a>	Clinic Stop Code		X	28
<a href="#">CLSTOP</a>	Clinic Stop Code		X	29
<a href="#">CMOP*</a>	CMOP Flag	X	X	30
<a href="#">DAY_SUPPLY*</a>	Days Supply	X	X	31
<a href="#">DCM_DEPT</a>	Department Cost Manager Department	X	X	32
<a href="#">DISDAY</a>	Date of Discharge	X		33
<a href="#">DISPCOST</a>	Average Dispensing Labor Cost	X	X	34
<a href="#">DIVPERF</a>	Division Performed	X	X	35
<a href="#">DRUGDESC</a>	Drug Description	X	X	36
<a href="#">DXCODE</a>	Diagnosis Code	X	X	37
<a href="#">ENC_NUM*</a>	Encounter Number	X	X	38
<a href="#">ENRLPRTY*</a>	Enrollment Priority	X	X	39
<a href="#">FEED_KEY</a>	DSS Feeder Key (Includes National Drug Code)	X	X	40
<a href="#">FEED_LOC</a>	Feeder Location	X	X	41
<a href="#">FP</a>	Fiscal Period	X	X	42
<a href="#">FY</a>	Fiscal Year	X	X	43
<a href="#">IN_OUT</a>	Inpatient/Outpatient Indicator	X	X	44
<a href="#">INVEST*</a>	Investigational Drug Flag	X	X	45
<a href="#">IPNUM</a>	Intermediate Product Number	X	X	46
<a href="#">MEANS</a>	Means Test Indicator Code	X	X	47
<a href="#">ORD_PROV</a>	Ordering Provider's IEN	X	X	48
<a href="#">PCP_DSS</a>	Primary Care Provider	X	X	49
<a href="#">PCTEAM</a>	Primary Care Team	X	X	50
<a href="#">QUANTIFY</a>	Quantity of Drug Dispensed	X	X	51
<a href="#">SCRSSN</a>	Scrambled Social Security Number	X	X	52
<a href="#">SEX</a>	Sex of Patient	X	X	53
<a href="#">STA3N</a>	Parent Station	X	X	54
<a href="#">STA6A</a>	Substation Identifier	X	X	55
<a href="#">SUFFIX</a>	Suffix			56
<a href="#">SVC_DATE</a>	Date of Service	X	X	57
<a href="#">TRTSP</a>	Treating Specialty	X	X	58

<b>SAS<sup>®</sup> Name</b>	<b>Name</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>Page Number</b>
<a href="#">TRTSP_C</a>	Treating Specialty	X	X	59
<a href="#">VA_CLASS</a>	VA Drug Classification	X	X	60
<a href="#">VISN</a>	Veterans Integrated Service Network	X	X	61
<a href="#">VS_COST</a>	Variable Supply Cost	X	X	62
<a href="#">WARD</a>	Inpatient Ward	X	X	63
<a href="#">ZIP</a>	Zip Code	X	X	64
<a href="#">ZIP_4</a>	Zip Code + 4	X	X	65

\*Available beginning with fiscal year 2003 files.

## V. DSS NDE Pharmacy SAS<sup>®</sup> Dataset Variable One-Page Descriptions

Each description includes a table with the following information, when applicable.

- Data Type:** This indicates whether the variable is numeric, character, or a date.
- VistA File:** This is the VistA file where data for the variable originate. In VistA, files are identified by both a number and a name.
- VistA Field:** This is the field where data for the variable originate in VistA. In VistA, fields are identified by both a number and a name.

Where applicable, and where space allows, a second table lists the values that the variable can assume with a description of each value. In cases where the possible values exceed the space available, the table will be in an Appendix. For selected variables, the reader is given a reference source to obtain the possible values and their descriptions.

(One-page descriptions begin on the following page.)

SAS Name: **A\_PCP**

Definition: Patient's Associate Provider for Primary Care

Remarks: This variable contains the IEN (Internal Entry Number) of the Patient's Associate Provider for Primary Care prefixed with the character "2", which indicates the source file is the VistA NEW PERSON File (#200). The IEN may be used as a pointer to obtain information about the provider in the VistA NEW PERSON File (#200). The Primary Care Management Module (PCMM) is called to obtain the IEN.

For any provider in Station 506 (Ann Arbor), these numbers will not be unique and thus, they cannot be used as a pointer to the VistA NEW PERSON File (#200). Ann Arbor provider numbers are too long and the least significant digit is truncated. In FY2004, the Ann Arbor provider numbers will not be preceded by a "2" and will not be truncated. Therefore, the Ann Arbor provider numbers will be unique beginning with the FY2004 files. This change began in mid-FY2003, and you will see a mixed format (i.e., some provider numbers will be preceded by a "2" and some will not) for this variable in the FY2003 files for Ann Arbor.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **ACT\_COST**

Definition: Drug product total cost

Remarks: For prescription fills, the drug product total cost is the total of the pharmacy fixed direct costs, variable direct costs excluding the direct labor costs of dispensing, and indirect costs. It includes the cost of the drug product, supply, or diagnostic dispensed. **ACT\_COST** includes the value in the **VS\_COST** variable.

The direct labor costs of dispensing can be found in the variable **DISPCOST**. The sum of **DISPCOST** and **ACT\_COST** represents the total cost of filling the prescription order.

The value of this variable will be negative on returns (dispensed orders not administered and returned to the VA Pharmacy).

For records other than dispensing records the value of this variable contains other costs. For example, ward stock charge records contain the **WARD** in the **FEED\_LOC** and **FEED\_KEY** variables and contain "NONE" in the **ORD\_PROV** variable. For each day a patient resides on a ward, he or she may be charged for ward stock. The **ACT\_COST** variable contains the average daily drug product total cost of ward stock for the month of the **SVC\_DTE** for the ward.

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **ADMITDAY**

Definition: Date of admission of the inpatient stay

Remarks: This variable indicates the date when an episode of care began in the hospital or other setting. Because the DSS system requires a value in admission date, outpatient records will contain a date that is usually the [SVC DTE](#). Even though populated for outpatients, only the **SVC\_DTE** should be used for outpatients.

<b>Data Type</b>	Date
<b>VistA File</b>	PATIENT MOVEMENT File (#405)
<b>VistA Field</b>	DATE/TIME (#.01)

SAS Name: **BORNDAY**

Definition: Date of patient's birth

Remarks: This date may be between December 31, 1870 and the current date. If the date cannot be determined from the data in the VistA field specified below, the date will be set to January 1, 1942.

<b>Data Type</b>	Date
<b>VistA File</b>	PATIENT File (#2)
<b>VistA Field</b>	DATE OF BIRTH (#.03)

SAS Name: **CLSNUM**

Definition: Clinic stop code of the clinic where treatment was given and the prescription was written or where the prescription was filled

Remarks: This variable is null for inpatients. For outpatients it is the value contained in the VistA field specified below referenced by the VistA Field CLINIC (#5) in the PRESCRIPTION File (#52). This field will usually contain the value "160" indicating "Clinical Pharmacy". Other values may be found in this field often for outpatients held for observation. Use of the standard SAS format "YCLINIC." will provide stop code descriptions. A list of clinic stop codes is available in the [VIReC Research User Guide: FY2002 VHA Medical SAS® Outpatient Datasets](#).

<b>Data Type</b>	Numeric
<b>VistA File</b>	INSTITUTION File (#44)
<b>VistA Field</b>	STOP CODE (#8)

SAS Name: **CLSTOP**

Definition: Clinic stop code of the clinic where treatment was given and where the prescription was written or filled

Remarks: This variable contains the value of the [CLSNUM](#) variable stored in character format.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **CMOP**

Definition: Indicates whether Consolidated Mail Outpatient Pharmacy (CMOP) filled the prescription

Remarks: This variable indicates that a CMOP processed the fill and mailed it to the patient. Routine high-volume medications are most often processed by a CMOP. Some drugs, such as controlled substances, may not be mailed.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**CMOP** can assume the following values:

<b>Value</b>	<b>Description</b>
Blank	Dispensed by VA Pharmacy
Y	Dispensed by CMOP

SAS Name: **DAY\_SUPPLY**

Definition: Number of days of dosing the fill will satisfy

Remarks: The maximum value of this field is 180 (i.e., a six month supply). Any value above 180 should be handled as an error. The value in this variable may be zero or missing for a small percent of fills. Occasionally VistA is unable to calculate an appropriate days supply or the value of zero was entered manually.

<b>Data Type</b>	Character
If this is a New Prescription the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	DAYS SUPPLY (#8)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	DAYS SUPPLY (#1.1)
If this is a Partial Fill the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	DAYS SUPPLY (#.041)

SAS Name: **DCM\_DEPT**

Definition: Department Cost Manager (DCM) department

Remarks: The Department Cost Manager is the DSS cost accounting system that focuses on the control and management of costs at the department and product level. A DCM department is a cost center for the assignment of costs at a department or division level. The naming convention for a DCM department follows:

- 1) the first character identifies the clinical service responsible for products;
- 2) the second and third characters indicate the national DSS production unit or department; and
- 3) the fourth, fifth and sixth characters may be used locally to indicate multiple divisions for a DSS department type identified by the second and third characters.

The values for pharmacy DCM departments are listed below. The value of the fourth character in this list is always “1”. You will find other values in the fourth character and values in a fifth and sixth character, which will vary by site. For example, a site may use DA31 and DA32 to identify costs separately for two different outpatient windows. A list of all valid **DCM\_DEPT** codes and their descriptions can be found at the DSS Web site (<http://vaww.dss.med.va.gov>). At the home page: 1) Click on “Program Documents” in the left column; 2) Click on “General” in the menu that appears; 3) Click on “Lists” in the menu that appears; and 4) Select the appropriate “ALBCC Master List”.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**DCM\_DEPT** can take the following values for pharmacy departments:

<b>Value</b>	<b>Description</b>
D001	Administration
D011	Pharmacy Research (includes Investigational Drug )
D021	Pharmacy Teaching
D031	Pharmacology Consults
DA31	Outpatient Window
DA61	Clinical Pharmacist Consult
DA81	Ward Stock
DAA1	CMOP Supply
DAB1	CMOP Dispense
DAC1	IVP (IV Product)
DAD1	UDP (Unit Dose Product)

SAS Name: **DISDAY**

Definition: Date of discharge for the inpatient stay

Remarks: Because the DSS system requires a value in the discharge date, outpatient records will contain a date that is usually the [SVC\\_DTE](#). Even though populated for outpatients, only the **SVC\_DTE** should be used for outpatients.

<b>Data Type</b>	Date
<b>VistA File</b>	PATIENT MOVEMENT File (#405)
<b>VistA Field</b>	DATE/TIME field (#.01)

SAS Name: **DISPCOST**

Definition: Labor cost to process the fill

Remarks: This variable contains the direct labor costs associated with dispensing the prescription order. It is an average cost for the type of prescription filled. Average direct labor costs are established for new prescriptions, refills, CMOP fills, IV piggybacks, IV syringes, IV chemotherapy preparations, unit dose fills, etc. Average costs vary by site according to the salary level of pharmacy employees.

The sum of **DISPCOST** and [ACT\\_COST](#) represents the total cost of filling the prescription order.

**Please note:** Unlike **ACT\_COST**, **DISPCOST** will be positive not negative on returns (dispensed orders not administered and returned to the VA Pharmacy).

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **DIVPERF**

Definition: Division where service (fill or dispensing) was performed

Remarks: This variable contains the three-digit station number with modifiers if the **DIVPERF** is a substation. If this is a CMOP fill, this variable will contain the facility the patient contacted to request the fill or refill.

For outpatient prescriptions, the VistA RELATED INSTITUTION Field (#100) in the OUPATIENT SITE File (#59) is used to link to the INSTITUTION File (#4). The appropriate pointer in the INSTITUTION File (#4) is used to link to the MEDICAL CENTER DIVISION File (#40.8) for the related division.

Data Type	Character
<b>Outpatient Prescription</b>	
VistA File	MEDICAL CENTER DIVISION File (#40.8)
VistA Field	FACILITY NUMBER (#1)
If a related division is not found, the source is:	
VistA File	INSTITUTION File (#4)
VistA Field	STATION NUMBER (#99)
<b>IV or Unit Dose</b>	
VistA File	MEDICAL CENTER DIVISION File (#40.8)
VistA Field	FACILITY NUMBER (#1)

SAS Name: **DRUGDESC**

Definition: Drug description

Remarks: The drug description is obtained from a DSS Product Table, which originates from the [National Drug File](#) (NDF). The **IPNUM** is used to point to the appropriate entry in the DSS Product Table. If no entry is found in the DSS Product Table for the **IPNUM**, the **DRUGDESC** will contain blanks. The **DRUGDESC** will also be blank if the record is not a dispensing record. For example, the variable will be blank for ward stock charges and clinical pharmacy consults.

The **DRUGDESC** is limited to 30 characters, but the VA Product Name field has 64 characters on the NDF. Therefore, the **DRUGDESC** has been shortened through the elimination of spaces in and truncation of the VA Product Name.

For new products the **DRUGDESC** may contain the description of one of ten price categories below or one of three DSS standard categories of low, medium or high. The ten price categories are:

NEW DRUG 1	<0.01
NEW DRUG 2	.011- .02
NEW DRUG 3	.021- .10
NEW DRUG 4	.11- 1.00
NEW DRUG 5	1.01- 2.00
NEW DRUG 6	2.01- 5.00
NEW DRUG 7	5.01-10.00
NEW DRUG 8	10.01-25.00
NEW DRUG 9	25.01-50.00
NEW DRUG 10	>50.01

The most current version of the DSS Product Table may be found on the DSS website ([vaww.dss.med.va.gov](http://vaww.dss.med.va.gov)). At the home page: 1) Click on “Program Documents” in the left column; 2) Click on “General” in the menu that appears; 3) Click on “Products” in the menu that appears; and 4) Select the Products document.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **DXCODE**

Definition: Diagnosis code (ICD-9-CM)

Remarks: For outpatient prescriptions this variable contains the primary diagnosis for the encounter. The source field specified below is obtained using the pointer in the VistA DIAGNOSIS Field (#.01) that has a value of "1" in the corresponding VistA DIAGNOSIS RANKING Field (#.03) in the OUTPATIENT DIAGNOSIS File (#409.43) record for that encounter.

For inpatients, this variable contains the DXLSB Field on the VHA Medical SAS Inpatient Bed Section Datasets record for the corresponding [SCV DTE](#). This code is the ICD-9-CM diagnostic code responsible for the length of stay within the bed section

<b>Data Type</b>	Character
<b>Outpatient Prescription</b>	
<b>VistA File</b>	ICD DIAGNOSIS (#80)
<b>VistA Field</b>	DIAGNOSIS (#.01)
<b>IV and Unit Dose</b>	
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not Applicable

SAS Name: **ENC\_NUM**

Definition: Encounter number

Remarks: The format of this number has not yet been finalized for the FY2003 files.  
It is not available on the FY2002 files.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **ENRLPTY**

Definition: Patient's enrollment priority

Remarks: Based on a veteran's specific eligibility status for VA health care, he or she is assigned a priority group. The priority groups have been established to help ensure that VA resources are allocated to veterans with the highest priority for VA health care. Priority groups range from 1-8 with 1 being the highest priority for enrollment.

**ENRLPTY** can assume the values shown in [Appendix A](#) on page 130.

<b>Data Type</b>	Character
<b>VistA File</b>	PATIENT ENROLLMENT File (#27.11)
<b>VistA Field</b>	ENROLLMENT PRIORITY (#.07)

SAS Name: **FEED\_KEY**

Definition: DSS Feeder Key

Remarks: This variable contains a 17-digit number for dispensing records. The first five digits contain the IEN (Internal Entry Number) of the VistA VA PRODUCT File (#50.68). The last 12 digits contain the 12-digit version of the National Drug Code ([NDC](#)).

This 17-digit number may be used to link the records to the [NDF](#) (National Drug File) and obtain additional information about the drug product dispensed such as formulary status.

The **FEED\_KEY** will contain values other than a 17-digit number. For example, **FEED\_KEY** will contain the [WARD](#) for ward stock charges. Only records with a 17-digit number should be used to identify drugs dispensed.

<b>Data Type</b>	Character
Source for the first five digits:	
<b>VistA File</b>	DRUG File (#50)
<b>VistA Field</b>	PSNDF VA PRODUCT NAME ENTRY (#22)
Source for the last 12 digits:	
<b>VistA File</b>	DRUG File (#50)
<b>VistA Field</b>	NDC (#31)

SAS Name: **FEED\_LOC**

Definition: Feeder location

Remarks: This variable indicates the site-specific location where the drug was dispensed. It includes a number that identifies an operational unit within the facility. Operational units are established and differ by site and refer to a medical center division or outpatient site. The contents of this variable will vary depending on the location and type of services as specified below:

Location/Type	Contents
IV Order	“IVP” concatenated with the operational unit
Unit Dose Order	“UDP” concatenated with the operational unit
Outpatient Prescription Order - VA Pharmacy	“PRE” concatenated with the operational unit
Outpatient Prescription Order - CMOP	“CMOPDSU” concatenated with the operational unit

This variable may also contain numbers. For example, **FEED\_LOC** will contain the [WARD](#) for ward stock charges. Only records that contain one of the values in the above table should be used to select prescription data for dispensed drugs, supplies or diagnostics.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **FP**

Definition: Month (fiscal period) in which service was performed

Remarks: Each month is a fiscal period. October is the first period in a fiscal year.  
The period is based on the [SVC DTE](#).

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**FP** can assume the following values:

<b>Value</b>	<b>Description</b>
1	October
2	November
3	December
4	January
5	February
6	March
7	April
8	May
9	June
10	July
11	August
12	September

SAS Name: **FY**

Definition: Fiscal year in which service was performed

Remarks: The year is based on the [SVC DTE](#).

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **IN\_OUT**

Definition: Inpatient/outpatient indicator

Remarks: Code identifying if the patient was an inpatient or outpatient on the event date (on the day the drug, diagnostic, or supply was dispensed).

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**IN\_OUT** can assume the following values:

<b>Value</b>	<b>Description</b>
I	Inpatient
O	Outpatient

SAS Name: **INVEST**

Definition: Investigational drug indicator

Remarks: This variable is set to “I” if the VistA DEA, SPECIAL HDLG field specified below contains an “I”.

<b>Data Type</b>	Numeric
<b>VistA File</b>	DRUG File (#50)
<b>VistA Field</b>	DEA, SPECIAL HDLG (#3)

**INVEST** can assume the following values:

<b>Value</b>	<b>Description</b>
(Blank)	Not an investigational drug
I	Investigational drug

SAS Name: **IPNUM**

Definition: Intermediate Product Number

Remarks: This number is a pointer to the DSS Product Table that contains information specific to a drug product, supply, or diagnostic such as the [VA CLASS](#) and [DRUGDESC](#). See **DRUGDESC** for the link to the DSS Product Table.

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **MEANS**

Definition: Means Test Indicator Code

Remarks: Certain nonservice-connected and 0% noncompensable service-connected veterans are required to fill out a financial worksheet, referred to as the “Means Test”. A means test is the assessment of a veteran’s financial information by which the VA determines a veteran’s priority group for enrollment in VA Health Care System, and whether or not the veteran is required to make co-payments for the services received. A veteran is rated as either above or below the Means Test Threshold. Below the Means Test Threshold is defined as those veterans whose attributable income and net worth are such that they are unable to defray the expenses of care and therefore are not subject to co-payment charges for hospital and outpatient medical services. Above the Means Test Threshold is defined as those veterans whose attributable income and net worth are such that they are able to defray the expenses of care and must agree to pay a co-payment for hospital care and outpatient medical services. The Means Test Thresholds are established January 1<sup>st</sup> of each year. There are four different co-payments: prescription, inpatient, outpatient and long-term care.

A separate pharmacy co-payment exemption test is required for the prescription co-payment. Service-connected veterans rated 50% or more, service-connected veterans receiving medications for a service-connected condition, or non-service-connected veterans who meet the low-income criteria are exempt from the prescription co-payment. To meet the low-income criteria a veteran’s annual income must not exceed the maximum annual rate of a VA pension that would be payable to the veteran if the veteran were eligible for a pension. A veteran may be exempt from inpatient and outpatient co-payments, but still be required to pay a pharmacy co-payment.

This variable contains the current means test status in the VistA field specified below referenced by the VistA CURRENT MEANS TEST STATUS Field (#.14) in the PATIENT File (#2).

**MEANS** can assume the values shown in [Appendix A](#) on page 130.

<b>Data Type</b>	Numeric
<b>VistA File</b>	MEANS TEST STATUS File (#408.32)
<b>VistA Field</b>	CODE (#.02)

SAS Name: **ORD\_PROV**

Definition: Ordering provider's IEN

Remarks: This variable contains the IEN (Internal Entry Number) of the ordering provider preceded by the character "2" which indicates the source file is the VistA NEW PERSON File (#200). The IEN may be used as a pointer to obtain information about the provider from the VistA NEW PERSON File (#200). This variable may contain the character string "NONE" for records containing ward stock charges.

For any provider in Station 506 (Ann Arbor) these numbers will not be unique and thus, they cannot be used as a pointer to the VistA NEW PERSON File (#200). Ann Arbor provider numbers are too long, and the least significant digit is truncated. In FY2004, the Ann Arbor provider numbers will not be preceded by a "2" and will not be truncated. Therefore, the Ann Arbor provider numbers will be unique beginning with the FY2004 files. This change began in mid-FY2003, and you will see a mixed format (i.e., some provider numbers will be preceded by a "2" and some will not) for this variable in the FY2003 files for Ann Arbor.

<b>Data Type</b>	Character
<b>Outpatient Prescription</b>	
If this is a New Prescription, the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	PROVIDER (#4)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	PROVIDER (#15)
If this is a Partial Fill, the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	PROVIDER (#6)
<b>IV or Unit Dose</b>	
If this is an IV order, the source is:	
<b>VistA File</b>	IV Sub-file (#55.01)
<b>VistA Field</b>	PROVIDER (#.06)
If this is a Unit Dose order, the source is:	
<b>VistA File</b>	UNIT DOSE Sub-file (#55.06)
<b>VistA Field</b>	PROVIDER (#1)

SAS Name: **PCP\_DSS**

Definition: Primary care provider

Remarks: This variable contains the IEN (Internal Entry Number) of the primary care provider preceded by the character “2” which indicates the source file is the VistA NEW PERSON File (#200). The IEN may be used as a pointer to obtain information about the provider from the VistA NEW PERSON File (#200).

The value of this variable is obtained by a call to the Scheduling API, which returns the IEN of the primary care provider for the patient on the [SVC DTE](#). If no primary care provider was identified, the field will contain blanks.

For any provider in Station 506 (Ann Arbor), these numbers will not be unique and thus, they cannot be used as a pointer to the VistA NEW PERSON File (#200). Ann Arbor provider numbers are too long and the least significant digit is truncated. In FY2004, the Ann Arbor provider numbers will not be preceded by a “2” and will not be truncated. Therefore, the Ann Arbor provider numbers will be unique beginning with the FY2004 files. This change began in mid-FY2003, and you will see a mixed format (i.e., some provider numbers will be preceded by a “2” and some will not) for this variable in the FY2003 files for Ann Arbor.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **PCTEAM**

Definition: Primary care team

Remarks: This variable contains the IEN (Internal Entry Number) of the primary care team. The IEN may be used as a pointer to obtain information about the team the VistA TEAM File (#404.51).

The value of this variable is obtained by a call to the Scheduling API, which returns the IEN of the primary care team for the patient on the [SVC DTE](#). If no primary care team was identified, the field will contain blanks.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **QUANTITY**

Definition: Quantity of drug dispensed

Remarks: For Outpatient Prescription orders this variable contains the quantity of drug dispensed for each new prescription, refill, or partial fill.

For an IV order additive, this quantity equals the quantity of additive used in the manufacture of the IV order. For an IV order solution, this variable contains the volume measured in milliliters. An IV order dispensed will have multiple records in the DSS SAS file: one for each solution in the IV order and one for each additive in the IV order. Records will be generated for each IV manufactured and dispensed on the [SVC\\_DTE](#).

For a Unit Dose order this is the number of doses dispensed on the [SVC\\_DTE](#); therefore, only one record will be generated per day for each Unit Dose order. The DSS SAS file does not contain the number of dispensed units (tablets, etc.) in a dose.

Because DSS SAS file does not contain the unit of measure for the **QUANTITY** and the unit dose **QUANTITY** contains the number of doses, it will be difficult if not impossible to determine the total amount of drug dispensed for some orders.

<b>Data Type</b>	Numeric
<b>Outpatient Prescription</b>	
If this is a New Prescription the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	QTY (#7)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	QTY (#1)
If this is a Partial Fill the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	QTY (#.04)
<b>IV and Unit Dose</b>	
If this is an IV order additive the source is:	
<b>VistA File</b>	ADDITIVE Sub-file (#55.02)
<b>VistA Field</b>	STRENGTH (#.02)
If this is an IV order solution the source is:	
<b>VistA File</b>	SOLUTION Sub-file (#55.11)
<b>VistA Field</b>	VOLUME (#1)
If this is a Unit Dose order the source is:	
<b>VistA File</b>	DISPENSE DRUG Sub-file (#53.53)
<b>VistA Field</b>	#DOSES ACTUALLY DISPENSED (#.03)

SAS Name: **SCRSSN**

Definition: Scrambled Social Security Number

Remarks: Scrambled Social Security Number was created in FY1986 as a replacement for the patient's real Social Security Number (SSN). It is a formula manipulation of the real SSN and not a randomly generated number. Therefore, SCRSSN may be used to identify a patient across fiscal years and datasets. Any patient with "00000" in the first five digits of their SSN will not be included in the DSS Extract. The real SSN from the source listed below is scrambled.

If a researcher needs the real SSN, a cross-reference file will be made available to convert the scrambled SSN to the real SSN. The functional tasks codes required to obtain access to the cross-reference file are listed on the DSS website. See the [DSS NDE Pharmacy SAS® Datasets](#) section in this guide for the website link.

<b>Data Type</b>	Numeric
<b>VistA File</b>	PATIENT File (#2)
<b>VistA Field</b>	SOCIAL SECURITY NUMBER (#.09)

SAS Name: **SEX**

Definition: Sex of patient

Remarks: The variable indicates the gender of the patient.

<b>Data Type</b>	Numeric
<b>VistA File</b>	PATIENT (#2)
<b>VistA Field</b>	SEX (#.02)

**SEX** can assume the following values:

<b>Value</b>	<b>Description</b>
F	Female
M	Male

SAS Name: **STA3N**

Definition: Parent station identifier

Remarks: This is the 3-digit numeric identifier of a VAMC facility. This variable indicates the parent station (VA hospital) or the parent station of a branch to which the patient was admitted or received outpatient services. Use of the standard SAS format “STA3NL.” will provide parent station descriptions.

**STA3N** can assume the values shown in [Appendix A](#) on page 132.

<b>Data Type</b>	Numeric
<b>Outpatient</b>	
<b>VistA File</b>	INSTITUTION File (#4)
<b>VistA Field</b>	STATION NUMBER (#99)
<b>IV and Unit Dose</b>	
<b>VistA File</b>	MEDICAL CENTER DIVISION File (#40.8)
<b>VistA Field</b>	FACILITY NUMBER (#1)

SAS Name: **STA6A**

Definition: Substation identifier

Remarks: The first three characters of this field contain the [STA3N](#). The last three characters are either the substation identifier or a number that identifies an operational unit within the facility. Operational units are established and differ by site and refer to an outpatient site or medical center division. The standard SAS format “\$STA6AL.” will provide substation descriptions if the last three characters contain the substation identifier.

Since there are over one thousand substations, they are not listed in this document. Instead, users are referred to the VA Site Tracking (VAST) database, maintained by the Planning Systems Support Group (PSSG) of the Office of Policy and Planning. After linking to the PSSG website (<http://vaww.pssg.med.va.gov>): 1) Click on “VAST” in the left column; 2) Click on “Site Data” under the VAST Downloads heading; 3) Under “Select VISNs” click on the “All VISNs” box; 4) Under “Select Services” click on the “All Services” box and on the “or” circle; and 5) Click on the “Submit Query” box. A spreadsheet of substation information will be generated and displayed that includes the substation identifier, name, and location.

Data Type	Character
<b>Outpatient</b>	
VistA File	INSTITUTION File (#4)
VistA Field	STATION NUMBER (#99)
<b>IV and Unit Dose</b>	
VistA File	MEDICAL CENTER DIVISION File (#40.8)
VistA Field	FACILITY NUMBER (#1)

SAS Name: **SUFFIX**

Definition: This field is a temporary work field.

Remarks: Do not use.

SAS Name: **SVC\_DTE**

Definition: Date of service

Remarks: For an IV or Unit Dose order, this variable is the date the medication was dispensed. For an outpatient prescription, it is the date when the prescription was released from the VA Pharmacy to the patient or mailed by a CMOP.

<b>Data Type</b>	Date
<b>Outpatient Prescription</b>	
If this is a New Prescription the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	RELEASE DATE/TIME (#31)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	RELEASED DATE/TIME (#17)
If this is a Partial Fill the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	RELEASED DATE/TIME (#8)
<b>IV and Unit Dose</b>	
If this is an IV order the source is:	
<b>VistA File</b>	IV EXTRACT DATA File (#728.113)
<b>VistA Field</b>	DATE/TIME (#4)
If this is a unit dose order the source is:	
<b>VistA File</b>	UNIT DOSE EXTRACT DATA File (#728.904)
<b>VistA Field</b>	DATE (#2)

SAS Name: **TRTSP**

Definition: Treating specialty associated with the patient when the drug product was dispensed

Remarks: This variable contains the IEN (internal entry number) to the SPECIALTY File (#42.4), which contains information about the treating specialty such as the name of the treating specialty. This variable normally contains null values for outpatients but may contain a value if the patient was held for observation. The standard SAS format "BEDSECN." may be used with this variable to obtain a description of the Treating Specialty.

**TRTSP** can assume the values shown in [Appendix A](#) on page 136.

<b>Data Type</b>	Numeric
<b>VistA File</b>	SPECIALTY File (#42.4)
<b>VistA Field</b>	PTF CODE (#.001)

SAS Name: **TRTSP\_C**

Definition: Treatment specialty

Remarks: This variable contains the value of the [TRTSP](#) variable in character format.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **VA\_CLASS**

Definition: VA Drug Classification of the drug, supply, or diagnostic dispensed

Remarks: The VA Drug Classification system separates drugs, supplies, and diagnostics into different categories based upon their characteristics. The classes are assigned by the PBM. Diagnostic classes begin with “DX” and contain drugs or items used in diagnostic tests such as barium sulfate or glucose test strips. Supply classes begin with “XA” or “XX”. Supply classes contain items such as solutions, syringes, ostomy belts and pouches, bandages, and catheters. All other classes are drugs.

The VA drug class is obtained from the DSS Product Table which has the VA Drug Classification added from the [NDE](#). The [IPNUM](#) is used to point to the appropriate entry in the DSS Product Table. This variable may be blank when there is no entry in the DSS Product Table for the **IPNUM**. The **VA\_CLASS** will also be blank if the record is not a dispensing record. For example, it will be blank for ward stock charges and clinical pharmacy consults.

A list of the most current VA Drug Class values is available on the PBM website (<http://vaww.pbm.med.va.gov/natform/vaclass.htm>). If drug product, supply, or diagnostic does not have a VA Drug Class identified by the PBM, you may see a non-standard name in this field such as “SUPPLY” or “STUDY”.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **VISN**

Definition: Veterans Integrated Service Network (VISN) where the care was received

Remarks: The value of this field is established by the software that creates the SAS file based on the value of the [STA3N](#) variable (the parent station).

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**VISN** can assume the following values:

<b>Value</b>	<b>Description</b>
1	VA New England Healthcare System
2	VA Healthcare Network Upstate New York
3	VA NY/NJ Veterans Healthcare Network
4	VA Stars & Stripes Healthcare Network
5	VA Capitol Health Care Network
6	VA Mid-Atlantic Network
7	The Atlantic Network
8	VA Sunshine Healthcare Network
9	Mid South Veterans Healthcare Network
10	VA Healthcare System of Ohio
11	Veterans In Partnership
12	The Great Lakes Health Care System
15	VA Heartland Network
16	South Central VA Health Care Network
17	VA Heart of Texas Health Care Network
18	VA Southwest Healthcare Network
19	Rocky Mountain Network
20	Northwest Network
21	Sierra Pacific Network
22	Desert Pacific Healthcare Network
23	VA Midwest Health Care Network

SAS Name: **VS\_COST**

Definition: Variable supply cost

Remarks: The **VS\_COST** is calculated by DSS and is included in the [ACT\\_COST](#) variable.

The value of this variable will be negative on returns (dispensed orders not administered and returned to the VA Pharmacy).

For records other than dispensing records the value of this variable contains other costs. For example, ward stock charge records contain the average daily variable supply cost of ward stock for the month of the [SVC\\_DTE](#) for the ward. For each day a patient resides on a ward, they will be charged this average daily cost. Ward stock records contain the [WARD](#) in the [FEED\\_LOC](#) and [FEED\\_KEY](#) variables and contain "NONE" in the [ORD\\_PROV](#) variable.

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

SAS Name: **WARD**

Definition: Location of the patient on the date a drug was dispensed

Remarks: The ward on which the patient's IV drug was administered or the location of the patient when he/she received a unit dose. The IEN may be used as a pointer to obtain information about the ward in the VistA HOSPITAL LOCATION File (#44). This field is normally blank for outpatients but may contain a value for outpatients admitted for observation.

<b>Data Type</b>	Character
<b>VistA File</b>	HOSPITAL LOCATION File (#44)
<b>VistA Field</b>	IEN (#.001)

SAS Name: **ZIP**

Definition: Zip code

Remarks: This variable is the five-digit zip code of the patient's residence.

<b>Data Type</b>	Numeric
<b>VistA File</b>	PATIENT File (#2)
<b>VistA Field</b>	ZIP CODE (#.1112)

SAS Name: **ZIP\_4**

Definition: Zip code plus 4

Remarks: This is the zip code with optional four-digit extension of the patient's residence.

<b>Data Type</b>	Character
<b>VistA File</b>	PATIENT File (#2)
<b>VistA Field</b>	ZIP+4 (#.1112)

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## VI. PBM Database Variables

The following table lists those variables extracted from VistA Systems for the PBM Prescription Extract, Unit Dose Extract, IV Extract, and Provider Extract. The variables documented in this section are those extracted in the VistA Pharmacy Benefits Management Application V. 3.0, PBM Extracts Enhancements Phase 1 (patch, PSU\*3\*19). This version became available in June 2002.

The PBM Extract columns indicate which variables are extracted from VistA or created in each of these extracts. The Prescription Extract (“PRE EXT” column) pulls information about each outpatient new prescription, refill and partial fill. The Unit Dose Extract (“UNT EXT” column) pulls information about each inpatient unit dose order. The IV Extract (“IV EXT” column) pulls information about each inpatient IV order. The Provider Extract (“PRO EXT” column) pulls information about any provider who placed a prescription order. The SAS Name is the commonly used SAS Name (where known) for research extracts provided as a SAS file by the PBM.

Variable Name	PBM Extract				SAS <sup>®</sup> Name	Page Number
	PRE EXT	UNT EXT	IV EXT	PRO EXT		
<a href="#">Average Cost Per Unit</a>			X			70
<a href="#">Cancel Date</a>	X					71
<a href="#">CMOP Indicator</a>	X				CMOP_IND	72
<a href="#">Days Supply of Medication</a>	X				DAY_SUPPLY	73
<a href="#">DEA, Special Handling</a>	X	X	X		DEA_SHF	74
<a href="#">Dispense Unit</a>	X	X			DSP_UNT	75
<a href="#">Dispensed Amount</a>		X				76
<a href="#">Dispensing Occurrences</a>			X			77
<a href="#">Dosing Instructions (Outpatient Prescription)</a>	X				SIG	78
<a href="#">Dosing Instructions (IV)</a>			X			79
<a href="#">Drug Unit</a>			X			80
<a href="#">Fill/Refill/Partial Date</a>	X				FRP_DATE	81
<a href="#">Generic Drug Name</a>	X	X	X		STN_NAME	82
<a href="#">IV Additive or Solution Print Indicator</a>			X			83
<a href="#">IV Additive or Solution Print Name</a>			X			84
<a href="#">IV Order Number</a>			X			85
<a href="#">IV Type</a>			X			86
<a href="#">Local Formulary Indicator</a>	X	X	X		FORMULARY	87
<a href="#">Mail/Window Indicator</a>	X				MW_IND	88
<a href="#">Medication Counseling Indicator</a>	X				MED_C	89
<a href="#">National Drug Code (NDC)</a>	X	X	X		NDC	90
<a href="#">National Formulary Indicator</a>	X	X	X		NFORM	91
<a href="#">National Formulary Restrictions Indicator</a>	X	X	X		NFORMR	92

Variable Name	PBM Extract				SAS <sup>®</sup> Name	Page Number
	PRE EXT	UNT EXT	IV EXT	PRO EXT		
<a href="#">New/Refill/Partial Indicator</a>	X				NRP_IND	93
<a href="#">Order Indicator</a>			X			94
<a href="#">Outpatient IV</a>			X			95
<a href="#">Patient ID (SSN)</a>	X	X	X		PAT_SSN	96
<a href="#">Patient's ICN</a>	X	X	X			97
<a href="#">Prescription Number</a>	X				PRE_NUM	98
<a href="#">Prescription Patient Status</a>	X				PRE_PSTAT	99
<a href="#">Price Per Dispense Unit</a>	X	X			PRICE_DSP	100
<a href="#">Provider Class</a>				X	PROV_CLASS	101
<a href="#">Provider ID (SSN)</a>	X	X	X	X	PROV_ID	102
<a href="#">Provider Local IEN</a>	X	X	X	X		103
<a href="#">Provider Service/Section</a>				X	PROV_SERV	104
<a href="#">Provider Specialty</a>				X	PROV_SPEC	105
<a href="#">Provider Station Number</a>				X		106
<a href="#">Provider Subspecialty</a>				X	PROV_SUB	108
<a href="#">Provider Type</a>	X				PROV_TYPE	108
<a href="#">Release Date</a>	X				REL_DATE	109
<a href="#">Schedule</a>		X				110
<a href="#">Sender</a>	X	X	X		STA_NUM	111
<a href="#">Start Date of Order</a>		X	X			112
<a href="#">Stop Date of Order</a>		X	X			113
<a href="#">Thirty-Day Equivalent of the Prescription</a>	X				DAY30RXS	114
<a href="#">Total Cost of Prescription</a>	X				TL_COST	115
<a href="#">Total Quantity Dispensed</a>	X				TL_QTY	116
<a href="#">Total Units Dispensed</a>			X			117
<a href="#">Unit Dose Order Number</a>		X				118
<a href="#">Units Per Dose</a>		X				119
<a href="#">VA Drug Class</a>	X	X	X		VA_CLASS	120
<a href="#">VA Product Name</a>	X	X	X		VA_PRODUCT	121
<a href="#">VISN Formulary Indicator</a>	X	X	X			122

## VII. PBM Database Variable One-Page Descriptions

Each description includes a table with the following information, when applicable.

- Data Type:** This indicates whether the variable is numeric, character, or a date.
- VistA File:** This is the VistA file where data for the variable originate. In VistA, files are identified by both a number and a name.
- VistA Field:** This is the field where data for the variable originate in VistA. In VistA, fields are identified by both a number and a name.

Where applicable and where space allows, a second table lists the values that the variable can assume with a description of each value. In cases where the possible values exceed the space available, the table will be in an Appendix. For selected variables, the reader is given a reference source to obtain the possible values and their descriptions.

(One-page descriptions begin on the following page.)

Variable: **Average Cost Per Unit**

Definition: Average cost per **Drug Unit**

Remarks: For solutions this will be the average cost per milliliter. For additives this will be the average cost per **Drug Unit**. The **Average Cost Per Unit** is calculated and entered by the Pharmacy ADPAC. The **Average Cost Per Unit** may not reflect the actual price of the dispense unit of the drug product dispensed. This will occur if VistA files specified below have not been updated to reflect the price of the currently stocked supply at the time the drug was dispensed.

The total cost of the IV order from the **Start Date of Order** until the **Stop Date of Order** will equal the sum of the **Average Cost Per Unit** multiplied by the **Total Units Dispensed** for each solution and additive in the IV preparation.

<b>Data Type</b>	Character
If the IV Additive or Solution Print Indicator equals "A" the source is:	
<b>VistA File</b>	IV ADDITIVE (#52.6)
<b>VistA Field</b>	AVERAGE DRUG COST PER UNIT (#7)
If the IV Additive or Solution Print Indicator equals "S" the source is:	
<b>VistA File</b>	IV SOLUTION (#52.7)
<b>VistA Field</b>	AVERAGE DRUG COST (#7)

Variable: **Cancel Date**

Definition: Date on which a prescription was cancelled or explicitly discontinued

Remarks: This date only applies to those prescriptions specifically cancelled or discontinued by an authorized provider or under their authority.

<b>Data Type</b>	Date
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	CANCEL DATE (#26.1)

Variable: **CMOP Indicator**

Definition: Indicates whether Consolidated Mail Outpatient Pharmacy (CMOP) filled the prescription

Remarks: This variable indicates that a CMOP processed the fill and mailed it to the patient. Routine high-volume medications are most often processed by a CMOP. Some drugs, such as controlled substances, may not be mailed.

Even though the CMOP Indicator is set to “N”, a local VA Pharmacy may have mailed the prescription. Please refer to [Mail/Window Indicator](#) variable to determine whether the prescription was actually mailed.

The PBM/SHG Extraction Software sets the value of this field. If the fill was processed by the CMOP, evidenced by an entry in the CMOP Event File (#52.01), the **CMOP Indicator** is set to “Y”; otherwise, it is set to “N”.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**CMOP Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
Y	Yes, the prescription was processed by a CMOP
N	No, the prescription was not processed by a CMOP

Variable: **Days Supply of Medication**

Definition: Number of days of dosing the fill will satisfy

Remarks: The maximum value of this field is 180 (i.e., a six month supply). Any value above 180 should be handled as an error. The value in this variable may be zero or missing for a small percent of fills. Occasionally VistA is unable to calculate an appropriate days supply or the value of zero was entered manually.

<b>Data Type</b>	Numeric
If this is a New Prescription the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	DAYS SUPPLY (#8)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	DAYS SUPPLY (#1.1)
If this is a Partial Fill the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	DAYS SUPPLY (#.041)

Variable: **DEA, Special Handling**

Definition: Drug Enforcement Agency (DEA) schedule code and/or special handling codes

Remarks: This variable contains the special handling codes associated with a drug product, which include an indication whether a drug is on the DEA's Controlled Substance List. Up to six codes may be associated with a drug. If applicable, the schedule code (DEA Controlled Substances Schedule) must appear in the first position. For example, a Schedule III narcotic will be coded "3A". See list of allowed codes below.

Each site can set the values of these codes for a drug product so the **DEA, Special Handling** variable may vary across VistA systems for the same drug product.

<b>Data Type</b>	Numeric
<b>VistA File</b>	LOCAL DRUG FILE (#50)
<b>VistA Field</b>	DEA, SPECIAL HDLG (#3)

**DEA, Special Handling** variable may contain up to six of the following codes:

<b>Value</b>	<b>Description</b>
0	Manufactured in pharmacy
1	Schedule I item
2	Schedule II item
3	Schedule III item
4	Schedule IV item
5	Schedule V item
6	Legend item
9	Over-the-counter
L	Depressants and stimulants
A	Narcotics and alcohols
P	Dated drugs
I	Investigational drugs
M	Bulk compound items
C	Controlled substances – non-narcotic
R	Restricted items
S	Supply items
B	Allow refill
W	Not renewable
F	Non-refillable

Variable: **Dispense Unit**

Definition: Dispense unit of the prescription

Remarks: Examples of a dispense unit include:  
“TAB” – tablet;  
“ML” – liquid;  
“CAP” – capsule;  
“GM” – gram; and  
“EA” or “EACH” – products such as inhalers.

Each site can establish the value of the **Dispense Unit** for a drug product so the **Dispense Unit** variable may vary across VistA systems for the same drug product.

<b>Data Type</b>	Character
<b>VistA File</b>	LOCAL DRUG FILE (#50)
<b>VistA Field</b>	DISPENSE UNIT (#14.5)

Variable: **Dispensed Amount**

Definition: Total quantity dispensed for a unit dose order

Remarks: The quantity unit of measure is the [Dispense Unit](#). The total quantity dispensed equals the total of all units for every unit dose dispensed less returns from the [Start Date of Order](#) through the [Stop Date of Order](#). Therefore, this is the number of units sent to the floor, not the number of doses.

Unit doses may be returned to the pharmacy if not administered. This usually occurs if an order is cancelled between the time a unit dose has sent out from the VA Pharmacy and the scheduled administration time or when a patient is not available for a dose or refuses a dose.

The **Dispensed Amount** is calculated based on the values in the VistA fields specified below. The **Dispensed Amount** is incremented by the value in the AMOUNT field for every unit dose logged with a value of “1” (from pick list), “2” (pre-exchange units), or “3” (extra units dispensed) in the HOW field. The **Dispensed Amount** is decremented by the value in the AMOUNT field for every unit dose logged with a value of “4” (returns) in the VistA HOW field.

The **Dispensed Amount** multiplied by the **Price Per Dispense Unit** will equal the total cost of the drug dispensed from the **Start Date of Order** through the **Stop Date of Order** for a unit dose order.

<b>Data Type</b>	Numeric
<b>VistA File</b>	UNIT DOSE Sub-file DISPENSE LOG Multiple (#55.06)
<b>VistA Field</b>	AMOUNT (#.03) HOW (#.05)

Variable: **Dispensing Occurrences**

Definition: Number of times an IV preparation (i.e., bag, syringe, etc.) was dispensed from the [Start Date of Order](#) until the [Stop Date of Order](#)

Remarks: This variable is only populated on parent orders (see [Order Indicator](#)).

The PBM/SHG Extraction Software calculates the **Dispensing Occurrences** based on the values in the VistA Fields ACTION and DAILY USAGE. **Dispensing Occurrences** will be incremented if the DAILY USAGE field is set to “1” (label printed counted as daily usage) and ACTION is set to “1” (dispensed). **Dispensing Occurrences** will be decremented if ACTION is set to “2” (recycled) or “4” (canceled).

<b>Data Type</b>	Character
<b>VistA File</b>	IV Sub-file LABEL TRACKING (#55.1111)
<b>VistA Field</b>	ACTION (#2) DAILY USAGE (#6)

Variable: **Dosing Instructions (Outpatient Prescription)**

Definition: Dosing instructions printed on the prescription

Remarks: When an authorized provider places the prescription order, he or she may select dosing instructions from a standard menu, enter the instructions free format, or use a combination of standard options with additional free format text. The dosing instructions extracted by the PBM/SHG Extraction Software may include Latin abbreviations. For example, for a medication that should be taken twice a day, you may find “twice a day” in some instructions and “bid” in others.

<b>Data Type</b>	Character
If the order is placed via VistA the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	SIG (#10)
If the order place via CPRS the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	SIG1 (#52.04)

Variable: **Dosing Instructions (IV)**

Definition: Dosing instructions for the IV

Remarks: This variable contains the dosing instructions either as a schedule or infusion rate. If the variable contains an infusion rate the format will be either a number or “free text@number of items per day”. Examples include:

“125” = 125 ml/hr

“TITRATE@1” or “T@1” = titrate with 1 label per day

“125@2” = 125ml/hr with 2 labels per day

Label per day indicates how many labels print automatically with the “morning” IV batch of labels. The pharmacy will prepare and send one bag for each label printed.

Schedules may be a standard schedule or nonstandard schedule and may include Latin abbreviations. Examples of standard schedules include:

“TID” = three times a day

“Q5H” = every five hours

The PBM/SHG Extraction Software sets the value of this variable to either the VistA Field SCHEDULE or INFUSION RATE specified below based on the IV type.

<b>Data Type</b>	Character
<b>VistA File</b>	IV Sub-file (#55.01)
<b>VistA Field</b>	SCHEDULE (#.09) INFUSION RATE (#.08)

Variable: **Drug Unit**

Definition: Unit of measure for the additive or solution

Remarks: The value of this variable is set to “ML” if a solution. For additives, it will contain the value of the VistA field specified below.

<b>Data Type</b>	Character
<b>VistA File</b>	IV ADDITIVE File (#52.6)
<b>VistA Field</b>	DRUG UNIT (#2)

**Drug Unit** can assume the following values:

<b>Value</b>	<b>Description</b>
ML	Milliliter
LITER	Liter
MCG	Microgram
MG	Milligram
GM	Gram
IU	International Unit
MEQ	Milliequivalent
MM	Millimole
MU	Million units
THOUU	Thousand units
UNITS	Units

Variable: **Fill/Refill/Partial Date**

Definition: Process date of new fill, refill, or partial fill

Remarks: This variable should be used in conjunction with the [New/Refill/Partial Indicator](#) variable that specifies whether the date refers to a new prescription, a refill or a partial fill.

The **Fill/Refill/Partial Date** is the date the fill was processed by a VA Pharmacy or CMOP and the prescription label was printed. For new prescriptions, this date may be the same day or several days following the date the provider entered the order. In general, VA policy requires that a refill cannot be processed more than ten days before the previous fill's supply is due to run out. CMOPs are allowed to process refills earlier than this authorized refill date. Whether a VA Pharmacy or a CMOP processes a refill, the patient must request the refill.

There is one exception to the definition above. When the CMOP receives notification of a refill request, it may actually fill and mail the prescription up to ten days prior to the authorized refill date. Even so, the **Fill/Refill/Partial Date** will never be earlier than ten days before the previous fill's supply is due to run out. For example, assuming the previous fill's supply will run out on January 30<sup>th</sup> and the CMOP processes and mails the refill on January 15<sup>th</sup>, the **Fill/Refill/Partial Date** will still be January 20<sup>th</sup>. The [Release Date](#) will be January 15<sup>th</sup>.

<b>Data Type</b>	Date
If this is a New Prescription the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	FILL DATE (#22)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	REFILL DATE (#.01)
If this is a Partial Fill the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	PARTIAL DATE (#.01)

Variable: **Generic Drug Name**

Definition: Generic name assigned by the individual station to the drug, supply, or diagnostic product

Remarks: The same drug, supply, or diagnostic product may not have the same **Generic Drug Name** across all VA sites because this name is assigned at the station level. Therefore, it is best to use the [VA Product Name](#) for drugs, which is standard across all stations. However, the **Generic Drug Name** may be more descriptive for supplies and diagnostics. A **VA Product Name** is not assigned to all supplies and diagnostics because the names and types of medical supplies and diagnostics are too numerous and change frequently. Thus, for diagnostics and supplies you may need to check both the **Generic Drug Name** and the **VA Product Name** for a descriptive name of the product.

<b>Data Type</b>	Character
<b>VistA File</b>	LOCAL DRUG File (#50)
<b>VistA Field</b>	GENERIC NAME (#.01)

Variable: **IV Additive or Solution Print Indicator**

Definition: IV additive or solution record indicator

Remarks: This variable indicates whether information for the record is extracted for the IV solution from the VistA IV SOLUTION File (#52.6) or the IV additive from the VistA IV ADDITIVE File (#52.7). For an IV order there may be multiple records in the PBM/SHG Database: one for each additive and solution in the IV preparation. These records will have the same [IV Order Number](#).

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**IV Additive or Solution Print Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
A	Additive
S	Solution

Variable: **IV Additive or Solution Print Name**

Definition: Name of the additive or solution printed on the IV label, Ward list, Manufacturing list, etc.

Remarks: This name should contain only the name of the drug or solution. It should be free of any indication of strength or volume. The Pharmacy ADPAC establishes the **IV Additive or Solution Print Name** at every VistA site; therefore, this name may vary across sites for the same drug or solution.

<b>Data Type</b>	Character
If the IV Additive or Solution Print Indicator equals "A" the source is:	
<b>VistA File</b>	IV ADDITIVE (#52.6)
<b>VistA Field</b>	PRINT NAME (#.01)
If the IV Additive or Solution Print Indicator equals "S" the source is:	
<b>VistA File</b>	IV SOLUTION (#52.7)
<b>VistA Field</b>	PRINT NAME (#.01)

Variable: **IV Order Number**

Definition: Record number of the IV order

Remarks: This is a unique number for the IV order and patient. An order may cover multiple administrations of an IV preparation.

<b>Data Type</b>	Numeric
<b>VistA File</b>	IV Sub-file (#55.01)
<b>VistA Field</b>	ORDER NUMBER (#.01)

Variable: **IV Type**

Definition: Indicator of IV type

Remarks: This indicator specifies the type of IV as detailed in the table below. This indicator is only set on parent orders (see [Order Indicator](#)).

<b>Data Type</b>	Character
<b>VistA File</b>	IV Sub-file (#55.01)
<b>VistA Field</b>	TYPE (#.04)

**IV Type** can assume the following values:

<b>Value</b>	<b>Description</b>
A	Admixture
C	Chemotherapy
H	Hyperalimentation
P	Piggyback
S	Syringe
(Blank)	Not a parent order. See <b>Order Indicator</b> .

Variable: **Local Formulary Indicator**

Definition: Local Formulary flag

Remarks: This variable indicates if a drug is approved for the Local Formulary or not. If a drug is on the Local Formulary, it is available for prescribing by all providers authorized by the local station to write medication orders. With rare exception, if a drug is on the Local Formulary, it is also on the VISN Formulary. Occasionally, you may find a drug on the Local Formulary that is not on the VISN formulary because the VISN has not yet addressed addition of the drug. Also, please note that prescribing of a non-formulary drug is controlled by policy not the software.

The PBM/SHG Extraction Software translates the values in the VistA Field LOCAL NON-FORMULARY INDICATOR specified below to one of two values. If the LOCAL NON-FORMULARY INDICATOR is set to "1" (Non-Formulary), the value of the **Local Formulary Indicator** is set to "N/F"; otherwise, it is set to null values. These values are subsequently translated to the allowed values indicated below.

<b>Data Type</b>	Character
<b>VistA File</b>	LOCAL DRUG FILE (#50)
<b>VistA Field</b>	LOCAL NON-FORMULARY INDICATOR (#51)

**Local Formulary Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
F	Formulary
N	Non-Formulary

Variable: **Mail/Window Indicator**

Definition: Fill mail or pick up flag

Remarks: This variable indicates if the fill was picked up at the window or if it was mailed out to the patient. A CMOP or a local VA Pharmacy may mail a fill.

<b>Data Type</b>	Character
If this is a New Prescription the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	MAIL/WINDOW (#11)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	MAIL/WINDOW (#2)
If this is a Partial Fill the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	MAIL/WINDOW (#.02)

**Mail/Window Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
M	Fill was mailed to the patient
W	Fill was picked up by the patient or their representative at the VA pharmacy

Variable: **Medication Counseling Indicator**

Definition: Medication counseling flag

Remarks: This variable indicates whether the pharmacist counseled a patient about his or her prescription. The pharmacist sets the **Medication Counseling Indicator** if he or she counseled the patient.

<b>Data Type</b>	Character
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	WAS THE PATIENT COUNSELED (#41)

**Medication Counseling Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
Y	Yes, the patient was counseled
N	No, the patient was not counseled

Variable: **National Drug Code (NDC)**

Definition: NDC code for the drug dispensed

Remarks: The NDC is a unique three-segment number (labeler code - product code - package code) for a drug product. This code is explained in [Chapter III, Special Data Topics](#).

<b>Data Type</b>	Character
<b>Outpatient Prescription</b>	
If the Fill was processed by a CMOP the source is:	
<b>VistA File</b>	CMOP EVENT File (#52.01)
<b>VistA Field</b>	NDC (#4)
If this is a New Prescription not processed by a CMOP the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	NDC (#27)
If this is a Refill not processed by a CMOP the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	NDC (#11)
If this is a Partial Fill not processed by a CMOP the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	NDC (#1)
If there was no NDC on the fill the source is:	
<b>VistA File</b>	Drug File (#50)
<b>VistA Field</b>	NDC (#31)
If there was no NDC on the fill or in the Drug File (#50), set to "NO NDC DATA".	
<b>IV or Unit Dose</b>	
<b>VistA File</b>	Drug File (#50)
<b>VistA Field</b>	NDC (#31)

Variable: **National Formulary Indicator**

Definition: VA National Formulary flag

Remarks: This variable indicates whether a drug is on the VA National Formulary. If a drug is on the VA National Formulary, it may be prescribed by all providers authorized to write prescription orders anywhere in the VA.

The VA National Formulary is available in a Microsoft® Excel spreadsheet on the PBM website (<http://vaww.pbm.med.va.gov/pbm/natform.htm>).

<b>Data Type</b>	Numeric
<b>VistA File</b>	VA PRODUCT FILE (#50.68)
<b>VistA Field</b>	NATIONAL FORMULARY INDICATOR (#17)

**National Formulary Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
1	Yes, the drug is on the VA National Formulary
0	No, the drug is not on the VA National Formulary

Variable: **National Formulary Restrictions Indicator**

Definition: VA National Formulary restrictions flag

Remarks: This variable indicates if the VA National Formulary has any restrictions on usage of the drug. The PBM/SHG Extraction Software converts the contents of the VistA Field NATIONAL FORMULARY RESTRICTION specified below to one of two values. If the NATIONAL FORMULARY RESTRICTION field contains any data (i.e., a restriction), the value of the **National Formulary Restrictions Indicator** is set to “1”; otherwise, it is set to “0”.

The VA National Formulary, available on the PBM/SHG website, lists all drugs on the formulary and their restrictions (<http://vaww.pbm.med.va.gov/pbm/natform.htm>).

<b>Data Type</b>	<b>Numeric</b>
<b>VistA File</b>	VA PRODUCT FILE (#50.68)
<b>VistA Field</b>	NATIONAL FORMULARY RESTRICTION (#50.6818, .01)

**National Formulary Restrictions Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
1	Yes, the VA National Formulary has restrictions on the drug
0	No, the VA National Formulary does not have restrictions on the drug

Variable: **New/Refill/Partial Indicator**

Definition: New prescription, refill, or partial fill flag

Remarks: This variable indicates if the prescription is new prescription, a refill, or a partial fill. The PBM/SHG Extraction Software sets the value of this variable based on the origin of the prescription as follows:  
“N” if the origin is the PRESCRIPTION File (#52)  
“R” if the origin is the REFILL Sub-file (#52.1)  
“P” if the origin is the PARTIAL Sub-file (#52.2).

A partial fill is where a quantity smaller than requested on the prescription is dispensed. Partial fills are processed for several reasons. For example, a patient may accidentally lose or spoil medication. Partial refills do not count against the total number of refills for a prescription.

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**New/Refill/Partial Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
N	New Prescription
R	Refill Prescription
P	Partial Prescription

Variable: **Order Indicator**

Definition: Parent order record flag

Remarks: This variable indicates whether the record is the parent order. For an IV order there will be multiple records all with the same [IV Order Number](#): one for each solution in the IV preparation and one for each additive in the IV preparation. Only one record will be identified as a parent order, thus will contain a “P” in this variable. All other records will contain a blank.

The following variables will only be populated on the parent order:  
[Dispensing Occurrences](#), [IV Type](#), and [Outpatient IV](#).

<b>Data Type</b>	Character
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**Order Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
P	Parent order
(Blank)	Not the parent order

Variable: **Outpatient IV**

Definition: Outpatient IV indicator

Remarks: This variable indicates if the IV was administered to an outpatient. This indicator is only set on parent orders (see [Order Indicator](#)).

The PBM/SHG Extraction Software translates the values in the VistA Field WARD specified below to one of two values. If the WARD is set to “.5” (Outpatient IV), the value of the **Outpatient IV** is set to “Y”; otherwise, it is set to “N”.

<b>Data Type</b>	Character
<b>VistA File</b>	IV Sub-file (#55.01)
<b>VistA Field</b>	Ward (#104)

**IV Type** can assume the following values:

<b>Value</b>	<b>Description</b>
Y	Yes, outpatient IV
N	No

Variable: **Patient ID (SSN)**

Definition: Patient's Social Security Number (SSN)

Remarks: Even though the PBM/SHG does extract the patient's real SSN from VistA, only a scrambled SSN will be provided to the researcher. If the researcher needs to link the prescription data to other VA Health Services data on an individual patient level, the PBM/SHG will provide a method for the researcher to unscramble the SSN for linkage.

<b>Data Type</b>	Character
<b>VistA File</b>	PATIENT File (#2)
<b>VistA Field</b>	SOCIAL SECURITY NUMBER (#.09)

Variable: **Patient's ICN**

Definition: Patient's Integration Control Number (ICN)

Remarks: This number is a unique patient identifier. There are two types of ICNs: a local ICN and a national ICN. The local ICN begins with the station number and a national ICN begins with "100" or "101". A patient is temporarily assigned a local ICN until a national ICN can be assigned.

The ICN is used to tie together all of a patient's records found within the Veterans Health Administration's information systems and the Health Data Repository (HDR). The Master Patient Index (MPI) is the authoritative source for a patient's ICN (<http://vaww.vhaco.va.gov/dataquality/mpidqteam.htm>).

<b>Data Type</b>	Numeric
<b>VistA File</b>	PATIENT File (#2)
<b>VistA Field</b>	INTEGRATION CONTROL NUMBER (#991.01)

Variable: **Prescription Number**

Definition: Unique number assigned to the prescription by the pharmacy

Remarks: This number is assigned only to the original prescription. All initial fills, refills, and partial fills of a prescription will have the same prescription number. This number is unique to the station where the prescription was finished (i.e., the new prescription was checked by a pharmacist) and the date when the prescription was filled.

<b>Data Type</b>	Character
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	PRESCRIPTION NUMBER (#.01)

Variable: **Prescription Patient Status**

Definition: Status of the patient when the prescription was finished (i.e., the new prescription was checked by a pharmacist)

Remarks: The PBM/SHG extraction software maps the values in the VistA Field SC/AA/OTHER/INPATIENT specified below into four possible values because the values in this VistA Field vary across the VistA Systems. [Appendix B](#) contains an example of the mapping for one site.

<b>Data Type</b>	Character
<b>VistA File</b>	RX PATIENT STATUS File (#53)
<b>VistA Field</b>	SC/AA/OTHER/INPATIENT (#6)

**Prescription Patient Status** can assume the following values:

<b>Value</b>	<b>Description</b>
SC	Service Connected (Rating that a veteran's illness or injury was incurred in or aggravated by the military service.)
AA	Aid and Attendance (Payments from the Department of Veterans Affairs to a veteran or spouse if they are blind, nearly blind, helpless, or nearly helpless and require the aid and attendance of another person.)
IP	Inpatient
OT	Other

Variable: **Price Per Dispense Unit**

Definition: Price of the **Dispense Unit** at the time of dispensing

Remarks: For example, this will be the price of each tablet dispensed. The **Price Per Dispense Unit** multiplied by the **Total Quantity Dispensed** equals the **Total Cost of Prescription** for outpatient prescriptions.

The **Dispensed Amount** multiplied by the **Price Per Dispense Unit** will equal the total cost of the drug dispensed from the **Start Date of Order** through the **Stop Date of Order** for a unit dose order.

The **Price Per Dispense Unit** may not reflect the actual price of the dispense unit of the drug product dispensed. This will occur if Drug File (#50) has not been updated to reflect the price of the currently stocked supply.

<b>Data Type</b>	Numeric
<b>Outpatient Prescription</b>	
If this is a New Prescription the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	UNIT PRICE OF DRUG (#17)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	CURRENT UNIT PRICE OF DRUG (#1.2)
If this is a Partial Fill the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	CURRENT UNIT PRICE OF DRUG (#.042)
<b>Unit Dose</b>	
<b>VistA File</b>	DRUG File (#50)
<b>VistA Field</b>	PRICE PER DISPENSE UNIT (#16)

Variable: **Provider Class**

Definition: Abbreviated classification or title of the provider ordering the medication

Remarks: The values of this variable are established by site and will vary across VistA systems.

<b>Data Type</b>	Character
<b>VistA File</b>	PROVIDER CLASS File (#7)
<b>VistA Field</b>	ABBREV. TITLE (#1)

The following are sample values that may be found in this variable:

ATTENDING PHYSICIAN  
CARDIOLOGY FELLOW  
CLINICAL NURSE SPECIALIST  
D.O.  
DDS  
GASTRO RESIDENT  
INTERNAL MEDICINE  
M.D.  
MD  
NEPHROLOGY STAFF  
NURSE PRACTITIONER  
OD  
OPTOMETRIST  
PHARMACIST  
PHYSICIAN  
PHYSICIAN ASSISTANT  
RESIDENT SURGEON  
RHEUMATOLOGY STAFF  
RN

Variable: **Provider ID (SSN)**

Definition: Provider's social security number (SSN)

Remarks: Even though the PBM/SHG does extract the provider's real SSN from VistA, only a scrambled SSN will be provided to the researcher. If the researcher needs to link the prescription data to other VA Health Services data on an individual provider level, the PBM/SHG will provide a method for the researcher to unscramble the SSN for linkage.

<b>Data Type</b>	Numeric
<b>VistA File</b>	NEW PERSON File (#200)
<b>VistA Field</b>	SSN (#9)

Variable: **Provider Local IEN**

Definition: Locally assigned Internal Entry Number (IEN) for the provider

Remarks: This is an internal number assigned to a provider that is unique to a particular site and is constant for the duration of service of the provider at that particular site.

<b>Data Type</b>	Numeric
<b>VistA File</b>	NEW PERSON File (#200)
<b>VistA Field</b>	Internal Entry Number

Variable: **Provider Service/Section**

Definition: Section or service affiliation of the provider

Remarks: The PBM/SHG Extract maps the contents of the VistA Field NAME specified below to a defined set of abbreviations. See [Appendix C](#) for the mapping. If the contents of the NAME field cannot be mapped, the value of the **Provider Service/Section** will be set to null values.

<b>Data Type</b>	Character
<b>VistA File</b>	SERVICE/SECTION File (#49)
<b>VistA Field</b>	NAME (#.01)

**Provider Service/Section** can assume the following values:

<b>Value</b>	<b>Description</b>
AMB	Ambulatory Care
ANES	Anesthesiology
CV	Cardiology
CPHAR	Clinical Pharmacy
DDS	Dental
IM	Intermediate Medicine
MED	Medicine
NEUR	Neurology
NUM	Nuclear Medicine
RN	Nursing
OPH	Ophthalmology
ORTHO	Orthopedics
PSY	Psychiatry, Mental Health
PUL	Pulmonary
RAD	Radiology
SUR	Surgery
U	Urology

Variable: **Provider Specialty**

Definition: Specialty of the provider ordering the medication

Remarks: A site can add additional specialties to the standardized set of specialties. Therefore, the allowed values of the **Provider Specialty** variable may vary by VISN. See [Appendix D](#) for a list of the standard **Provider Specialty** values.

<b>Data Type</b>	Character
<b>VistA File</b>	PERSON CLASS File (#8932.1)
<b>VistA Field</b>	CLASSIFICATION (#1)

Variable: **Provider Station Number**

Definition: Outpatient site/station number where the [Provider Local IEN](#) was assigned

Remarks: This variable contains a three-digit numeric identifier for a VAMC (VA Medical Center) facility. Use of the standard SAS format “STA3NL.” will provide parent station descriptions.

**Provider Station Number** can assume the values shown in [Appendix A](#) on page 132 for the variable **STA3N**.

<b>Data Type</b>	Character
<b>VistA File</b>	INSTITUTION File (#4)
<b>VistA Field</b>	STATION NUMBER (#99)

Variable: **Provider Subspecialty**

Definition: Area of specialization of the provider

Remarks: A site can add additional subspecialties to the standardized set of subspecialties. Therefore, the allowed values of the **Provider Subspecialty** variable may vary by VISN. There are over 700 unique **Provider Specialty** and **Provider Subspecialty** combinations. See [Appendix E](#) for a selected list of the standard **Provider Specialty** and **Provider Subspecialty** combinations.

<b>Data Type</b>	Character
<b>VistA File</b>	PERSON CLASS File (#8932.1)
<b>VistA Field</b>	AREA OF SPECIALIZATION (#2)

Variable: **Provider Type**

Definition: Staff or fee provider indicator

Remarks: This variable indicates whether the provider is employed by the VA or has a contract with the VA to provide services. The PBM/SHG Extract maps the contents of the VistA Field PROVIDER TYPE specified below to one of two values. If the contents of the PROVIDER TYPE field equals “4” (Fee Basis), the value of the **Provider Type** variable is set to “F”; otherwise it is set to “S”.

<b>Data Type</b>	Character
<b>VistA File</b>	NEW PERSON File (#200)
<b>VistA Field</b>	PROVIDER TYPE (#53.6)

**Provider Type** can assume the following values:

<b>Value</b>	<b>Description</b>
S	Staff (Provider is employed by the VA)
F	Fee (Provider performs services for the VA under contract and is paid a fee for those services)

Variable: **Release Date**

Definition: Date when the prescription was released from the VA Pharmacy to the patient or mailed by a CMOP

Remarks: This date is recorded in the system when the pharmacist scans the bar code on the prescription label.

For prescriptions processed by a VA Pharmacy, this date will be the same day as or several days after the [Fill/Refill/Partial Date](#).

For prescriptions processed by a CMOP, this date may actually be before the **Fill/Refill/Partial Date**.

Please note that you may find missing values in the **Release Date** prior to 2002. These records should be ignored because they indicate that a prescription was filled but never picked up or mailed to the patient.

<b>Data Type</b>	Date
If this is a New Prescription the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	RELEASED DATE/TIME (#31)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	RELEASED DATE/TIME (#17)
If this is a Partial Fill the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	RELEASED DATE/TIME (#8)

Variable: **Schedule**

Definition: Dosage frequency for a unit dose

Remarks: The schedule is entered as a free form text usually in an abbreviated form.  
Examples include:

“Q6H” – Every six hours

“09-12-15” – At 9:00 A.M., 12:00 P.M., and 3:00 P.M.

“0900-1200-1500” - At 9:00 A.M., 12:00 P.M., and 3:00 P.M.

“STAT” – Immediately

“QOD” – Every other day

“MO-WE-FR@1100” – Monday, Wednesday, and Friday at  
11:00 A.M.

<b>Data Type</b>	Character
<b>VistA File</b>	UNIT DOSE Sub-file (#55.06)
<b>VistA Field</b>	Schedule (#26)

Variable: **Sender**

Definition: Outpatient site/station number of the facility where the prescription was ordered

Remarks: This field could have either a three-digit parent station number or a six-character substation identifier. The parent station number may be entered even though the prescription was ordered at a substation. Therefore, a researcher should not assume that a prescription was ordered at a parent station when the variable contains a three-digit value.

If **Sender** is a parent station number it can assume the values shown in [Appendix A](#) on page 132 for the variable **STA3N**. Since there are over one thousand substations, they are not listed in this document. Instead, users are referred to the VA Site Tracking (VAST) database, maintained by the Planning Systems Support Group (PSSG) of the Office of Policy and Planning (<http://vaww.pssg.med.va.gov>). After linking to the website: 1) Click on “VAST” in the left column; 2) Click on “Site Data” under the VAST Downloads heading; 3) Under Select VISNs click on the “All VISNs” box; 4) Under Select Services click on the “All Services” box and on the “or” circle; and 5) Click on the “Submit Query” box. A spreadsheet of substation information will be generated and displayed that includes the substation identifier, name, and location.

<b>Data Type</b>	Character
<b>Outpatient Prescription</b>	
<b>VistA File</b>	OUTPATIENT SITE File (#59)
<b>VistA Field</b>	SITE NUMBER (#.06)
<b>IV or Unit Dose</b>	
<b>VistA File</b>	MEDICAL CENTER DIVISION File (#40.8)
<b>VistA Field</b>	FACILITY NUMBER (#1)

Variable: **Start Date of Order**

Definition: Date the unit dose order or IV order began

Remarks:

<b>Data Type</b>	Date
If this is a Unit Dose order the source is:	
<b>VistA File</b>	UNIT DOSE Sub-file (#55.06)
<b>VistA Field</b>	START DATE/TME (#10)
If this is an IV order the source is:	
<b>VistA File</b>	IV Sub-file (#55.01)
<b>VistA Field</b>	START/DATE TIME (#.02)

Variable: **Stop Date of Order**

Definition: Date the last dose was given or the IV order ended

Remarks:

<b>Data Type</b>	Date
If this is a Unit Dose order the source is:	
<b>VistA File</b>	UNIT DOSE Sub-file (#55.06)
<b>VistA Field</b>	STOP/DATE TIME (#34)
If this is a IV order the source is:	
<b>VistA File</b>	IV Sub-File (#55.01)
<b>VistA Field</b>	STOP DATE/TIME (#.03)

Variable: **Thirty-Day Equivalent of the Prescription**

Definition: Number of thirty-day supplies the prescription satisfies

Remarks: The PBM/SHG Extract Software generates this variable from the [Days Supply of Medication](#) variable. For example, a ninety-day supply would convert to three (3) thirty-day equivalents.

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

**Thirty-Day Equivalent of the Prescription** can assume the following values:

<b>Value</b>	<b>Description</b>
1	0-30 Days Supply
2	31-60 Days Supply
3	61-180 Days Supply

Variable: **Total Cost of Prescription**

Definition: Total cost of the outpatient prescription

Remarks: The PBM/SHG Extraction Software calculates the value of this variable by multiplying Total Quantity Dispensed by the Price per Dispense Unit.

<b>Data Type</b>	Numeric
<b>VistA File</b>	Not applicable
<b>VistA Field</b>	Not applicable

Variable: **Total Quantity Dispensed**

Definition: Total quantity of the drug, supply, or diagnostic dispensed for this fill

Remarks: The quantity's unit of measure is the [Dispense Unit](#). For example, if the **Dispense Unit** is a tablet, the **Total Quantity Dispensed** will be the number of tablets dispensed.

<b>Data Type</b>	Numeric
If this is a New Prescription the source is:	
<b>VistA File</b>	PRESCRIPTION File (#52)
<b>VistA Field</b>	QTY (#7)
If this is a Refill the source is:	
<b>VistA File</b>	REFILL Sub-file (#52.1)
<b>VistA Field</b>	QTY (#1)
If this is a Partial Fill the source is:	
<b>VistA File</b>	PARTIAL Sub-file (#52.2)
<b>VistA Field</b>	QTY (#.04)

Variable: **Total Units Dispensed**

Definition: Total number of units dispensed of a solution or additive in an IV preparation from the [Start Date of Order](#) until the [Stop Date of Order](#)

Remarks: The unit of measure is the [Drug Unit](#). The value in this variable for additives is calculated by multiplying [Dispensing Occurrences](#) by either of the two VistA fields specified below depending on the value of the [IV Additive or Solution Print Indicator](#).

<b>Data Type</b>	Character
If the IV Additive or Solution Print Indicator equals "A" the source is:	
<b>VistA File</b>	IV Sub-file – IV ADDITIVE Multiple (#55.02)
<b>VistA Field</b>	STRENGTH (#7)
If the IV Additive or Solution Print Indicator equals "S" the source is:	
<b>VistA File</b>	IV Sub-file - IV SOLUTION Multiple (#55.11)
<b>VistA Field</b>	VOLUME (#1)

Variable: **Unit Dose Order Number**

Definition: Record number of the order

Remarks: This is a unique number for the order. Multiple doses may be administered under an order number.

<b>Data Type</b>	Numeric
<b>VistA File</b>	UNIT DOSE Sub-file (#55.06)
<b>VistA Field</b>	ORDER NUMBER (#.01)

Variable: **Units Per Dose**

Definition: Number of **Dispense Units** (tablets, capsules, etc.) to be dispensed in the unit dose

Remarks: The number may be a fraction. For example, if the **Dispense Unit** is a 60ml bottle, the **Units Per Dose** may be .5 specifying that half the bottle or 30ml should be dispensed.

<b>Data Type</b>	Numeric
<b>VistA File</b>	UNIT DOSE Sub-file DISPENSE DRUG Multiple (#55.07)
<b>VistA Field</b>	UNITS PER DOSE (#.02)

Variable: **VA Drug Class**

Definition: VA Drug Classification of the drug, supply, or diagnostic dispensed

Remarks: The classes are assigned by the PBM. The VA Drug Classification system separates drugs, supplies, and diagnostics into different categories based upon their characteristics. Diagnostic classes begin with “DX” and contain drugs or items used in diagnostic tests such as barium sulfate or glucose test strips. Supply classes begin with “XA” or “XX”. Supply classes contain items such as solutions, syringes, ostomy belts, pouches, bandages, and catheters. All other classes are drugs.

A list of the most current **VA Drug Class** values is available on the PBM website (<http://vawww.pbm.med.va.gov/natform/vaclass.htm>). If a drug product, supply, or diagnostic does not have a **VA Drug Class** identified by the PBM you may see a non-standard name in this field such as “SUPPLY” or “STUDY”.

<b>Data Type</b>	Character
<b>VistA File</b>	LOCAL DRUG File (#50)
<b>VistA Field</b>	VA CLASSIFICATION (#21)

Variable: **VA Product Name**

Definition: Official standardized VA name for a drug product, supply, or diagnostic established by the PBM for formulary and non-formulary items

Remarks: This is a unique name assigned to a product. For drug products, the name includes strength, unit, and dosage form. It does not vary by station unlike the [Generic Drug Name](#), which varies by site.

The National Drug File (<http://vaww.pbm.med.va.gov/pbm/natform.htm>) contains the most current **VA Product Name** values and is the original source of the **VA Product Name**. If a drug product, supply, or diagnostic does not have a **VA Product Name** established by the PBM, you may see a non-standard name in this field such as “\*SUPPLY”, “\*LOCAL”, or “\*STUDY”.

<b>Data Type</b>	Character
<b>VistA File</b>	LOCAL DRUG File (#50)
<b>VistA Field</b>	VA PRODUCT NAME (#21)

Variable: **VISN Formulary Indicator**

Definition: VISN Formulary flag

Remarks: This variable indicates if the drug is included on the VISN formulary. If a drug is on the VISN Formulary, it is available for prescribing by all providers authorized to write prescription orders for any station within the VISN.

The PBM/SHG Extract maps the contents of the VistA Field VISN NON-FORMULARY specified below to a one of two values. If the contents of the VISN NON-FORMULARY field equals “1” (Non-Formulary), the value of the **VISN Formulary Indicator** will be set to “N/F”; otherwise, it will be set to null values.

<b>Data Type</b>	Character
<b>VistA File</b>	LOCAL DRUG File (#50)
<b>VistA Field</b>	VISN NON-FORMULARY (#52)

**VISN Formulary Indicator** can assume the following values:

<b>Value</b>	<b>Description</b>
N/F	Drug is not on the VISN formulary
Null	Drug is on the VISN formulary

## VIII. Selected Bibliography

This bibliography contains references to articles about studies that utilized VA pharmacy databases. To construct this bibliography, a [PubMed](#) search was conducted on July 14, 2003 using the following search criteria in all text fields:

[(veteran OR veterans) AND (medication OR medications OR prescription OR prescriptions OR drug OR drugs OR pharmaceutical or pharmaceuticals) AND (PBM OR “pharmacy benefits” OR vista OR mumps OR dss OR “decision support system” OR database OR databases)].

The search yielded seventy-four articles, and the full text of each article was read to determine whether VA pharmacy databases were utilized. Forty-five articles were found to be relevant and are included in this bibliography. The references are listed alphabetically by year.

We have identified where possible the VA pharmacy databases or files that were used in the research reported in the article. The databases or files used are indicated by superscripts after the abstract link. The table below specifies the correspondence between superscript and data source.

Superscript	Data Source
1	PBM/SHG Database
2	Local VistA file
3	VISN data warehouse
4	DSS National Data Extract
5	DHCP (Decentralized Hospital Computer Program) – the original VistA system

### *Year 2003*

Charbonneau A, Rosen AK, Ash AS, Owen RR, Kader B, Spiro A, III, et al. Measuring the quality of depression care in a large integrated health system. *Med Care* 2003; 41(5):669-680. ([Abstract](#))<sup>1</sup>

Dobscha SK, Anderson TA, Hoffman WF, Winterbottom LM, Turner EH, Snodgrass LS, et al. Strategies to decrease costs of prescribing selective serotonin reuptake inhibitors at a VA Medical Center. *Psychiatr Serv* 2003; 54(2):195-200. ([Abstract](#))<sup>2,3</sup>

Metlay JP, Strom BL, Asch DA. Prior antimicrobial drug exposure: a risk factor for trimethoprim-sulfamethoxazole-resistant urinary tract infections. *J Antimicrob Chemother* 2003; 51(4):963-970. ([Abstract](#))<sup>1</sup>

Metlay JP, Hardy C, Strom BL. Agreement between patient self-report and a Veterans Affairs national pharmacy database for identifying recent exposures to antibiotics. *Pharmacoepidemiol Drug Saf* 2003; 12(1):9-15. ([Abstract](#))<sup>1</sup>

Render ML, Nowak J, Hammond EK, Roselle G. Methods for estimating and comparing VA outpatient drug benefits with the private sector. *Med Care* 2003; 41(6 Suppl):II61-II69. ([Abstract](#))<sup>1</sup>

Sernyak MJ, Leslie D, Rosenheck R. Use of system-wide outcomes monitoring data to compare the effectiveness of atypical neuroleptic medications. *Am J Psychiatry* 2003; 160(2):310-315. ([Abstract](#))<sup>1</sup>

Sloan KL, Sales AE, Liu CF, Fishman P, Nichol P, Suzuki NT, et al. Construction and Characteristics of the RxRisk-V: A VA-Adapted Pharmacy-Based Case-mix Instrument. *Med Care* 2003; 41(6):761-774. ([Abstract](#))

### **Year 2002**

Au DH, Curtis JR, Every NR, McDonnell MB, Fihn SD. Association between inhaled beta-agonists and the risk of unstable angina and myocardial infarction. *Chest* 2002; 121(3):846-851. ([Abstract](#))<sup>2</sup>

Dolder CR, Lacro JP, Dunn LB, Jeste DV. Antipsychotic medication adherence: is there a difference between typical and atypical agents? *Am J Psychiatry* 2002; 159(1):103-108. ([Abstract](#))<sup>3</sup>

Krein SL, Hofer TP, Kerr EA, Hayward RA. Whom should we profile? Examining diabetes care practice variation among primary care providers, provider groups, and health care facilities. *Health Serv Res* 2002; 37(5):1159-1180. ([Abstract](#))<sup>2</sup>

Nelson SJ, Brown SH, Erlbaum MS, Olson N, Powell T, Carlsen B, et al. A semantic normal form for clinical drugs in the UMLS: early experiences with the VANDF. *Proc AMIA Symp* 2002;557-561. ([Abstract](#))<sup>1,2</sup>

Ren XS, Kazis LE, Lee A, Zhang H, Miller DR. Identifying patient and physician characteristics that affect compliance with antihypertensive medications. *J Clin Pharm Ther* 2002; 27(1):47-56. ([Abstract](#))

Sernyak MJ, Leslie DL, Alarcon RD, Losonczy MF, Rosenheck R. Association of diabetes mellitus with use of atypical neuroleptics in the treatment of schizophrenia. *Am J Psychiatry* 2002; 159(4):561-566. ([Abstract](#))<sup>1</sup>

Wannemacher AJ, Schepers GP, Townsend KA. Antihypertensive medication compliance in a Veterans Affairs Healthcare System. *Ann Pharmacother* 2002; 36(6):986-991. ([Abstract](#))<sup>2</sup>

### **Year 2001**

Carter BL, Malone DC, Billups SJ, Valuck RJ, Barnette DJ, Sintek CD, et al. Interpreting the findings of the IMPROVE study. *Am J Health Syst Pharm* 2001; 58(14):1330-1337. ([Abstract](#))

Chen RS, Rosenheck R. Using a computerized patient database to evaluate guideline adherence and measure patterns of care for major depression. *J Behav Health Serv Res* 2001; 28(4):466-474. ([Abstract](#))<sup>2</sup>

Piette JD, Weinberger M, Kraemer FB, McPhee SJ. Impact of automated calls with nurse follow-up on diabetes treatment outcomes in a Department of Veterans Affairs Health Care System: a randomized controlled trial. *Diabetes Care* 2001; 24(2):202-208. ([Abstract](#))

Rabeneck L, Menke T, Simberkoff MS, Hartigan PM, Dickinson GM, Jensen PC, et al. Using the national registry of HIV-infected veterans in research: lessons for the development of disease registries. *J Clin Epidemiol* 2001; 54(12):1195-1203. ([Abstract](#))<sup>2</sup>

Raisch DW, Klaurens LM, Hayden C, Malagon I, Pulliam G, Fass R. Impact of a formulary change in proton pump inhibitors on health care costs and patients' symptoms. *Dig Dis Sci* 2001; 46(7):1533-1539. ([Abstract](#))<sup>2</sup>

Sernyak MJ, Rosenheck R, Desai R, Stolar M, Ripper G. Impact of clozapine prescription on inpatient resource utilization. *J Nerv Ment Dis* 2001; 189(11):766-773. ([Abstract](#))<sup>1</sup>

### **Year 2000**

Brown S, Black K, Mrochek S, Wood A, Bess T, Cobb J, et al. RADARx: Recognizing, Assessing, and Documenting Adverse Rx events. *Proc AMIA Symp* 2000;101-105. ([Abstract](#))<sup>2</sup>

Carter BL, Malone DC, Ellis SL, Dombrowski RC. Antihypertensive Drug Utilization in Hypertensive Veterans With Complex Medication Profiles. *J Clin Hypertens (Greenwich)* 2000; 2(3):172-180. ([Abstract](#))

Chen RS, Nadkarni PM, Levin FL, Miller PL, Erdos J, Rosenheck RA. Using a computer database to monitor compliance with pharmacotherapeutic guidelines for schizophrenia. *Psychiatr Serv* 2000; 51(6):791-794. ([Abstract](#))<sup>2</sup>

Elliott ME, Farrah RM, Binkley NC, Carnes ML, Gudmundsson A. Management of glucocorticoid-induced osteoporosis in male veterans. *Ann Pharmacother* 2000; 34(12):1380-1384. ([Abstract](#))<sup>2</sup>

Every NR, Fihn SD, Sales AE, Keane A, Ritchie JR. Quality Enhancement Research Initiative in ischemic heart disease: a quality initiative from the Department of Veterans Affairs. QUERI IHD Executive Committee. *Med Care* 2000; 38(6 Suppl 1):I49-I59. ([Abstract](#))<sup>4</sup>

Gerson LB, Hatton BN, Ryono R, Jones W, Pulliam G, Sampliner RE, et al. Clinical and fiscal impact of lansoprazole intolerance in veterans with gastro-oesophageal reflux disease. *Aliment Pharmacol Ther* 2000; 14(4):397-406. ([Abstract](#))<sup>2,4</sup>

Parra D, Beckey NP, Korman L. Retrospective evaluation of the conversion of amlodipine to alternative calcium channel blockers. *Pharmacotherapy* 2000; 20(9):1072-1078. ([Abstract](#))

Zaman A, Goldberg RJ, Pettit KG, Kaniecki DJ, Benner K, Zacker C, et al. Cost of treating an episode of variceal bleeding in a VA setting. *Am J Gastroenterol* 2000; 95(5):1323-1330. ([Abstract](#))

### **Year 1999**

Malone DC, Billups SJ, Valuck RJ, Carter BL. Development of a chronic disease indicator score using a Veterans Affairs Medical Center medication database. IMPROVE Investigators. *J Clin Epidemiol* 1999; 52(6):551-557. ([Abstract](#))<sup>2</sup>

Malone DC, Okano GJ. Treatment of urge incontinence in Veterans Affairs medical centers. *Clin Ther* 1999; 21(5):867-877. ([Abstract](#))<sup>2</sup>

Mole L, Ockrim K, Holodniy M. Decreased medical expenditures for care of HIV-seropositive patients. The impact of highly active antiretroviral therapy at a US Veterans Affairs Medical Center. *Pharmacoeconomics* 1999; 16(3):307-315. ([Abstract](#))<sup>2,5</sup>

Osato MS, Reddy R, Graham DY. Metronidazole and clarithromycin resistance amongst *Helicobacter pylori* isolates from a large metropolitan hospital in the United States. *Int J Antimicrob Agents* 1999; 12(4):341-347. ([Abstract](#))

Strauss WE, Alexis G, Tapley RD. Use of a tiered review for evaluation of appropriate use of hydroxymethylglutaryl coenzyme A reductase-inhibitor therapy. *Clin Ther* 1999; 21(2):422-429. ([Abstract](#))<sup>5</sup>

Swislocki AL, Khuu Q, Liao E, Wu E, Beza F, Lopez J, et al. Safety and efficacy of metformin in a restricted formulary. *Am J Manag Care* 1999; 5(1):62-68. ([Abstract](#))<sup>5</sup>

#### ***Year 1998***

Pogach LM, Hawley G, Weinstock R, Sawin C, Schiebe H, Cutler F, et al. Diabetes prevalence and hospital and pharmacy use in the Veterans Health Administration (1994). Use of an ambulatory care pharmacy-derived database. *Diabetes Care* 1998; 21(3):368-373. ([Abstract](#))

#### ***Year 1996***

Fenn HH, Robinson D, Luby V, Dangel C, Buxton E, Beattie M, et al. Trends in pharmacotherapy of Schizoaffective and bipolar affective disorders: a 5-year naturalistic study. *Am J Psychiatry* 1996; 153(5):711-713. ([Abstract](#))<sup>5</sup>

Graber SE, Seneker JA, Stahl AA, Franklin KO, Neel TE, Miller RA. Development of a replicated database of DHCP data for evaluation of drug use. *J Am Med Inform Assoc* 1996; 3(2):149-156. ([Abstract](#))<sup>5</sup>

#### ***Year 1995***

Stitt FW. A standards-based clinical information system for HIV/AIDS. *Medinfo* 1995; 8 Pt 1:402. ([Abstract](#))<sup>5</sup>

#### ***Year 1994***

Nielson C, Smith CS, Lee D, Wang M. Implementation of a relational patient record with integration of educational and reference information. *Proc Annu Symp Comput Appl Med Care* 1994;125-129. ([Abstract](#))<sup>2,3,5</sup>

Parkes AJ, Killer G. Antibiotic trends in the veteran community. *Aust Fam Physician* 1994; 23(10):1943-1944. ([Abstract](#))

#### ***Year 1993***

Chapko M, Rothman ML, Ehreth J, Hedrick SC, Sullivan J, Erdly W, et al. Data collection in the Adult Day Health Care Evaluation Study. *Med Care* 1993; 31(9 Suppl):SS15-SS25. ([Abstract](#))

### ***Year 1992***

Fish CA, Kirking DM, Martin JB. Information systems for evaluating the quality of prescribing. *Ann Pharmacother* 1992; 26(3):392-398. ([Abstract](#))

Zieve FJ, Ciesco E. Computer-focused modification of physician prescribing behavior. *Proc Annu Symp Comput Appl Med Care* 1992;617-620. ([Abstract](#))

### ***Year 1991***

Kolb KW, Israel MK. Use of computerized databases for drug therapy quality management. *Top Hosp Pharm Manage* 1991; 11(2):44-50. ([Abstract](#))<sup>5</sup>

### ***Year 1989***

Andrews RD, Beauchamp C. A clinical database management system for improved integration of the Veterans Affairs Hospital Information System. *J Med Syst* 1989; 13(6):309-320. ([Abstract](#))<sup>2,5</sup>

## **Appendix A: Values for Selected Variables**

(Values and their descriptions begin on the following page.)

ENRLPRTY can assume the following values:

<b>Value</b>	<b>Description</b>
(Blank)	Priority group not assigned.
1	Veterans with service-connected disabilities rated 50% or more disabling.
2	Veterans with service-connected disabilities rated 30% or 40% disabling.
3	Veterans who are former POWs; veterans awarded the Purple Heart; veterans whose discharge was for a disability that was incurred or aggravated in the line of duty; veterans with service-connected disabilities rated 10% or 20% disabling; and veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation".
4	Veterans who are receiving aid and attendance or housebound benefits, and veterans who have been determined by the VA to be catastrophically disabled.
5	Nonservice-connected veterans and nocompensable service-connected veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds; veterans receiving VA pension benefits; and veterans eligible for Medicaid benefits.
6	Compensable 0% service-connected veterans, World War I veterans, and Mexican Border War veterans. Also, veterans solely seeking care for disorders associated with: exposure to herbicides while serving in Vietnam; or exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; or for disorder associated with service in the Gulf War; or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998.
7	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index.
8	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index.

MEANS can assume the following values:

Value	Description
A	Category A. Veteran is below the Means Test Threshold and is exempt from co-payments.
AN	Category A Veteran, Non-Service Connected (NSC). The veteran is exempt from co-payments. This means test category includes NSC veterans who are required to complete a means test and those NSC veterans in receipt of VA pension, aid and attendance or housebound allowance or entitled to State Medicaid. This category may also include 0% non-compensable service-connected veterans when they are not treated for a service connected condition and are placed in this category based on completion of a means test.
AS	Category A Veteran, Service Connected. The veteran is exempt from co-payments. This means test category includes all compensable service-connected (0-101%) veterans and Special Category veterans. This category also includes 0% non-compensable service connected veterans when they are treated for a service-connected condition and those veterans treated for any condition during their first year after their discharge from active duty
C	Category C. Veteran is above the Means Test Threshold, and co-payments are required.
I	The veteran is below the Means Test Threshold, but the pharmacy co-pay test is incomplete.
N	This value for outpatients indicates that the means test is not required and for inpatients indicates that the person receiving care is a non-veteran.
P	Results of means test are pending adjudication.
R	A means test is required, but the veteran has not submitted a financial worksheet.
X	This Means Test category includes treatment of patients who are not required to complete the Means Test for the care being provided. If the veteran was admitted prior to July 1, 1986 with no change in the level of care being received, (i.e., if the patient was in the Nursing Home Care Unit (NHCU) on June 30, 1986 and has remained in the NHCU since that date with no transfer to the hospital for treatment), the "X" Means Test indicator will be accepted. This category also includes patients admitted to the domiciliary, patients seen for completion of a compensation and pension examination and Class II dental treatment.

STA3N can assume the following values:

<b>Value</b>	<b>Description</b>
402	Togus
405	White River Junction
436	Fort Harrison, Montana Health Care System (HCS)
437	Fargo
438	Sioux Falls
442	Cheyenne
452	VAMC Wichita, KS
459	Honolulu
460	Wilmington
501	New Mexico Health Care System (HCS)
502	Alexandria
503	James E. Van Zandt VAMC (Altoona)
504	Amarillo Health Care System (HCS)
506	Ann Arbor Health Care System (HCS)
508	Decatur, Atlanta
509	Augusta
512	Baltimore
515	Battle Creek
516	Bay Pines
517	Beckley
518	Bedford
519	West Texas Health Care System (HCS)
520	Gulf Coast Health Care System (HCS)
521	Birmingham
523	VA Boston Health Care System (HCS) – Boston Division
526	Bronx
528	Upstate New York Health Care System (HCS)
529	Butler
531	Boise
534	Charleston
537	Chicago Health Care System (HCS)
538	Chillicothe
539	Cincinnati
540	Clarksburg
541	Cleveland – Wade Park
542	Coatesville
544	Columbia SC
546	Miami
548	West Palm Beach

STA3N can assume the following values (continued):

<b>Value</b>	<b>Description</b>
549	Dallas VAMC
550	Illiana Health Care System (HCS) (Danville)
552	Dayton
553	Detroit (John D. Dingell)
554	Denver, Eastern Colorado Health Care System (HCS)
556	North Chicago IL
557	Dublin
558	Durham
561	East Orange, New Jersey Health Care System (HCS)
562	Erie
564	Fayetteville AR
565	Fayetteville NC
568	Fort Meade
570	Fresno, Central California Health Care System (HCS)
573	North Florida/South Georgia Health Care System (HCS) – Gainesville
575	Grand Junction
578	Hines
580	Houston
581	Huntington
583	Indianapolis
585	Iron Mountain MI
586	Jackson, G. V. (Sonny) Montgomery VAMC
589	VAMC Heartland, Kansas City
590	Hampton
593	Las Vegas, Southern Nevada Health Care System (HCS)
595	Lebanon
596	Lexington – Leestown
598	Little Rock, Central AR Veterans Health Care System (HCS)
600	Long Beach Health Care System (HCS)
603	Louisville
605	Loma Linda VAMC
607	Madison WI
608	Manchester
610	N. Indiana Health Care System (HCS) – Marion
612	NCHC Martinez
613	Martinsburg
614	Memphis
618	Minneapolis
619	Montgomery

STA3N can assume the following values (continued):

<b>Value</b>	<b>Description</b>
620	Montrose, Hudson Valley Health Care System (HCS)
621	Mountain Home
623	Muskogee
626	Middle Tennessee Health Care System (HCS)
629	New Orleans
630	New York Harbor Health Care System (HCS) – NY Division
631	Northampton
632	Northport
635	Oklahoma City
636	Omaha Division – Central Plains Health Network
637	Asheville – Oteen
640	Palo Alto – Palo Alto
642	Philadelphia
644	Phoenix
646	Pittsburgh Health Care System (HCS) – University Dr
648	Portland
649	Northern Arizona Health Care System (HCS)
650	Providence
652	Richmond
653	Roseburg Health Care System (HCS)
654	Sierra Nevada Health Care System (HCS)
655	Saginaw
656	St Cloud
657	St Louis – John Cochran
658	Salem
659	W.G. (Bill) Hefner Salisbury VAMC
660	Salt Lake City Health Care System (HCS)
662	San Francisco
663	Seattle, Puget Sound Health Care System (HCS)
664	San Diego Health Care System (HCS)
666	Sheridan
667	Shreveport, Overton Brooks VAMC
668	Spokane
671	San Antonio VAMC
672	San Juan
673	Tampa
674	Temple VAMC
676	Tomah
678	S. Arizona Health Care System (HCS)
679	Tuscaloosa

STA3N can assume the following values (continued):

<b>Value</b>	<b>Description</b>
687	Walla Walla
688	Washington
689	West Haven
691	Greater Los Angeles Health Care System (HCS)
693	Wilkes Barre
695	Milwaukee WI

TRTSP can assume the following values:

<b>Value</b>	<b>Description</b>
1	Allergy
2	Cardiology
3	Pulmonary Tuberculosis (TB)
4	Pulmonary Non-TB
5	Gerontology
6	Dermatology
7	Endocrinology
8	Gastroenterology
9	Hematology/Oncology
10	Neurology
11	Epilepsy Center
12	Medical Intensive Care Unit
14	Metabolic
15	General (Acute) Medicine
16	Cardiac Step Down
17	Telemetry
19	Neurology Off Board Server (OBS)
20	Rehabilitation Medicine
21	Blind Rehabilitation
22	Spinal Cord Injury
25	Psychiatric Residence Rehabilitation Treatment
27	Substance Abuse Residence Rehabilitation
29	Substance Abuse Compensated Work Therapy (CWT)/Trans
31	Geriatric Evaluation and Management (GEM) Acute Medicine
32	GEM Intermediate
33	GEM Psychiatry
34	GEM Neurology
35	GEM Rehabilitation
36	Blind Rehabilitation OBS
37	Domiciliary Care for Homeless Veterans (DCHV)
38	Post Traumatic Stress Disorder (PTSD)/CWT/TR
39	General CWT/TR
40	Intermediate Medicine
41	Rehabilitation Medicine OBS
50	Surgery (General)
51	Gynecology
52	Neurosurgery
53	Ophthalmology
54	Orthopedic
55	Ear, Nose, & Throat

TRTSP can assume the following values (continued):

<b>Value</b>	<b>Description</b>
56	Plastic Surgery
57	Proctology
58	Thoracic Surgery
59	Urology
60	Oral Surgery
61	Podiatry
62	Peripheral Vascular
63	Surgical Intensive Care Unit
65	Surgical OBS
70	Acute Psychiatry
71	Long-Term Psychiatry
72	Alcohol Dependency – High Intensity
73	Drug Dependency – High Intensity
74	Substance Abuse – High Intensity
75	Halfway House
76	Psychiatric Medically Infirm
77	Psychiatric Residence Rehabilitation
79	Special Inpatient PTSD Unit
80	Nursing Home Care
81	GEM Nursing Home Care Unit (NHCU)
83	Respite Care
84	Psychiatric Substance Abuse (Intermediate Care)
85	Domiciliary
86	Domiciliary Substance Abuse
87	GEM Domiciliary
88	Domiciliary PTSD
89	Sustained Treatment and Rehabilitation (STAR) I, II, & III Programs
90	Substance Abuse Star I, II, & III
91	Evaluation/Brief Treatment PTSD
92	Psychiatry – General Intervention
93	High Intensity General Psychiatry - Inpatient
94	Psychiatric OBS
95	NHCU – Intermediate Long-Term Care LTC
96	NHCU – Hospice Long-Term Care
98	Non-Department of Defense (DOD) Beds
99	DOD Beds

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## Appendix B: VistA Mapping of Prescription Patient Status Field from One Site

<b>VistA values</b>	<b>PBM Values*</b>
SC (Service Connected)	SC
HB/A&A/WWI (House Bound/Aid and Attendance/World War I)	AA
SC LESS THAN 50% (Service Connected less than 50%)	SC
PENSION NSC (Pension Non Service Connected)	OT
OPT NSC (Out-Patient Treatment Non Service Connected)	OT
OTHER FEDERAL	OT
AUTH ABS -96 (Authorized Absence for less than 96 hours)	AA
AUTH ABS +96 (Authorized Absence for more than 96 hours)	AA
INPATIENT	IP
EMPLOYEE	OT
REG DISCH (Regular Discharge)	OT
NBC (Non-Bed Care)	OT
PBC (Pre-Bed Care)	OT
CNH (Community Nursing Home)	OT
OPC (Outpatient Care)	OT
OTHER	OT
BLIND CENTER	IP
DOM (Domiciliary)	IP
FEE A&A	AA
FEE-SC	SC

\*SC= Service Connected, AA=Aid and Attendance, OT=Other, IP=Inpatient.

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## Appendix C: VistA Mapping of the Provider Service/Section Field

SERVICE/SECTION FIELD VALUE	PBM ABBREVIATION
AMBU	AMB
PRIMARY	AMB
CBOC	AMB
ANESTH	ANES
CARDIO	CV
PHARM	CPHAR
DENT	DDS
INTERMED	IM
MEDIC	MED
NEUROL	NEUR
NUCLEAR	NUM
NURSING	RN
OPHTH	OPH
ORTHOPED	ORTHO
PSYCHIA	PSY
MENTAL	PSY
PULM	PUL
RADIOL	RAD
SURG	SUR
UROLOG	U

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## Appendix D: Standard Provider Specialties

Acupuncturist	Homeopath
Art Therapist	Intern, Allopathic
Assistant, Podiatric	Intern, Osteopathic
Audiologist	Kinesiotherapist
Audiologist-Hearing Aid Fitter	Legal Medicine
Chiropractor	Licensed Practical Nurse
Christian Science Practitioner/Nurse	Licensed Vocational Nurse
Clinical Nurse Specialist	Marriage & Family Therapist
Clinical Pathology	Massage Therapist
Clinical Services	Medical Genetics: Ph.D. Medical Genetics
Clinical Specialist	Medical Record Administrator
Contractor	Medical Record Technician
Contractor	Midwife, Certified
Counselor	Midwife, Certified Nurse
Dance Therapist	Midwife, Lay (Non-nurse)
Dental Assistant	Music Therapist
Dental Hygienist	Naturopath
Dental Laboratory Technician	Neuropsychologist
Dental Resident	Nurse Anesthetist (CRNA)
Dentist	Nurse Anesthetist, Certified Registered
Dentist - (D.D.S. or D.M.D.)	Nurse Massage Therapist (NMT)
Denturist	Nurse Midwife (CNM)
Dietary Manager	Nurse Practitioner
Dietetic Technician	Nurse's Aide
Dietician, Registered	Nursing Administrator
Driver	Nursing Administrator, Long-Term Care
Electrologist	Nursing Home Administrator
Emergency Medical Technician, Basic	Nutrition
Emergency Medical Technician, Intermediate	Nutritionist
Emergency Medical Technician, Paramedic	Occupational Therapist
Emergency Medicine	Occupational Therapy Assistant
First Responder (lower skill level)	Ophthal-ot-laryngo-rhinology
Funeral Director	Optometric Assistant/Technician
Hearing Instrument Specialist	Optometrist
Home Health Aide	Orthotics/Prosthetics Fitter
Homemaker	Orthotist

## Appendix D: Standard Provider Specialties (continued)

Other	Research
Other (as specified)	Resident, Allopathic
Other Nursing Services (Non-R.N.s)	Resident, Osteopathic
Perfusionist	Respiratory Care Practitioner
Personal Care Attendant	Respiratory Therapist
Pharmacist	Social Worker
Phlebotomist (non-nurse)	Specialist
Physical Therapist	Specialist/Technologist
Physical Therapy Assistant	Specialist/Technologist, Cardiology
Physician Assistant	Specialist/Technologist, Health Information
Physician/Osteopath	Specialist/Technologist, Other
Physician/Osteopath (Other Roles)	Specialist/Technologist, Pathology
Podiatrist	Speech and Hearing Therapist
Prosthetist	Speech-Language Pathologist
Psychiatry and Neurology	Surgery
Psychoanalysis	Surgery, Maxillofacial
Psychoanalyst	Surgery, Neurological
Psychologist	Surgery, Orthopaedic, Sports Medicine
Pulmonary Function Technologist	Surgery, Plastic Facial, Otolaryngology
Radiologic Sciences	Technician
Radiologic Technologist	Technician, Cardiology
Radiology	Technician, Health Information
Recreation Therapist	Technician, Other
Registered Nurse	Technician, Pathology
Rehabilitation Counselor	Technician/Technologist
Rehabilitation Practitioner	Veterinarian

## Appendix E: List of Selected Specialties and Subspecialties

Specialty	Subspecialty
Audiologist	Assistive Technology Practitioner
Chiropractor	Orthopedic
Clinical Nurse Specialist	Critical Care Medicine
Clinical Pathology	Technologist in Chemistry
Clinical Services	IV Therapist
Clinical Specialist	Gerontological Nursing
Dentist	Endodontics
Dietician, Registered	Nutrition, Renal
Nurse Practitioner	Critical Care Medicine
Nutritionist	Nutrition, Education
Occupational Therapist	Hand
Optometrist	Low Vision
Pharmacist	Pharmacotherapy
Physical Therapist	Geriatrics
Physician/Osteopath	Cardiology
Physician/Osteopath	Dermatopathology
Physician/Osteopath	Geriatric Medicine: Internal Medicine
Physician/Osteopath	Hematology & Oncology
Physician/Osteopath	Internal Medicine: Peripheral Vascular Disease
Physician/Osteopath	Nephrology
Physician/Osteopath	Oncology
Physician/Osteopath	Otology
Physician/Osteopath	Pain Management - Anesthesiology
Physician/Osteopath	Psychiatry, Geriatric
Physician/Osteopath	Radiology
Physician/Osteopath	Surgery, Thoracic
Radiologic Technologist	Cardiovascular-Interventional Technology: Radiography
Registered Nurse	Dialysis, Peritoneal
Rehabilitation Practitioner	Rehabilitation Coordinator
Respiratory Care Practitioner	Registered Respiratory Therapist
Specialist/Technologist, Cardiology	Cardiopulmonary-Cardiovascular
Technician, Pathology	Medical Laboratory