# Test Criteria: 170.315.a.7 – Medication List

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| --- | --- |
| **Testing Result** |  |
| Participant and Product-with-version |  |
| Setting (Ambulatory or Inpatient) |  |
| Test Proctor |  |
| Test Date |  |
| Test Result | Pass:  Fail:  No Attempt: |
| Error Description (if applicable) |  |
| Modifications to Product Under Test |  |
| Additional Software Used |  |
| Additional Proctor Notes |  |

### Overview

In this document you will find:

* [Test Data and Test Tools](#_Test_Data_and)
* [Standards Support](#_Demonstrate_Standards_Support)
* [Drummond Test Report (Instructions, Expected Results, Points to Remember)](#_170.315(a)(7)-1_Record_Active)
* [Test Procedures](#_Test_Procedures)
* [Appendix A: Testing Guide](#_Appendix_A:_Testing)
* [Appendix B: ONC Criteria](#_Appendix_B:_ONC)

### Version of ONC Test Method

1.0

### Scope of Proctoring Sheet

The ONC test method associated with this criterion is the only approved test method for EHR Meaningful Use certification. This Proctoring Sheet is not a replacement test method but a test procedure document for performing the ONC test method and recording the results. Proctoring Sheet describe test data, test criteria and expected results. It is assumed the Vendor or Participant under Test is familiar with the associated ONC test method.

# Robustness and Reliability Requirement

To satisfy the module criteria, it is expected that the Product-Under-Test is able to complete the testing requirements reliably, including repeat testing with the same result without error, and with a satisfactory level of robustness. This includes unexpected error messages produced through normal operation, multiple unintended restarts of the application or any other “buggy” facets of the product displayed while testing. These errors are record in the Additional Proctor Notes of the proctor sheet. Lack of reliability and robustness of design will result in failure of the module.

# Test Data and Tools

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| **Test Data Source:** | ONC-Supplied  DG-Supplied:  Developer-Supplied: |
| **Pre-Test Data Setup** *(select ambulatory or inpatient setting):*  **Ambulatory**: Health IT developer selects a patient and pre-loads the following medication test data for:   * + **Encounter #1** (2 months before test date):   Ceftriaxone 250 MG/ML   * + **Encounter #2** (1 month before test date):   Tylenol 500 MG  **Inpatient**: Health IT developer selects a patient and pre-loads the following medication test data for:   * + **Hospital Day #1** (2 days before test date):   Ceftriaxone 250 MG/ML   * + **Hospital Day #2** (1 day before test date):   Tylenol 500 MG | |
| **Test Data:**  DG-supplied medications specified in test procedure below. | |
| **Test Tools:**  Not applicable. | |

# Demonstrate Standards Support

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| **Test Result:** | PASS:  FAIL:  No Attempt: |
| **Instructions:** There are no standards required for this criterion. | |

# 170.315(a)(7) - Active Medication List

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| --- | --- |
| **Test Result:** | PASS:  FAIL:  No Attempt: |
| **Instructions:**   * Record, change, and access a patient’s medication list. | |
| **Expected Test Result:**   * Enable a user to electronically record, change, and access a patient’s active medication list as well as medication history:  1. Ambulatory setting only. Over multiple encounters. 2. Inpatient setting only. For the duration of an entire hospitalization.  * User can record, change, and access active medications and medication history data correctly and without omission into the patient’s record. | |
| **Points to Remember:**   * This module is eligible for gap certification. * RxNorm codes are not required but provided for reference. * Sample NDC product code given as illustration of product but is not required. * The term DISCONTINUED is used in the test data to represent medication that is no longer active. Health IT module may use different statuses to represent medications no longer taken by the patient. * Active Medication List and Medication History list may be combined into one list as long as there is a status indicating which are active and which are discontinued. | |

### Test Procedures

* 1. **Record Medication List – AMBULATORY**

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|  | User selects records containing pre-loaded medications for first two encounters or records medications as follows:  Encounter #1 - 2 Months Before Test Date:   * Ceftriaxone 250 MG/ML twice daily; RxNorm code: 563973; sample NDC product code: 55154-6962-5   Encounter #2 - 1 Month Before Test Date:   * Tylenol 500 MG one tablet by mouth as needed for 10 days; RxNorm code: 209459; sample NDC product code: 50580-451-03   Encounter #3 - To Be Entered on Test Date:   * Darbepoetin Alfa 0.5 MG/ML once a week; injection; RxNorm: 576586; sample NDC product code: 55513-025-04 * Amoxicillin 500 MG one capsule by mouth every 12 hours; RxNorm code: 308191; sample NDC product code: 35356-985-21 * Lisinopril 20 MG; three tablets once daily for 30 days; 100 count; 1 refill; RxNorm code: 316153; sample NDC code: 0378-2075-1 |

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* 1. **Record Medication List – INPATIENT**

|  |  |
| --- | --- |
|  | User selects records containing pre-loaded medications for first two hospital days or records medications as follows:  Hospital Day #1 – 2 Days Before Test Date:   * Ceftriaxone 250 MG/ML twice daily; RxNorm code: 563973; sample NDC product code: 55154-6962-5   Hospital Day #2 – 1 Day Before Test Date:   * Tylenol 500 MG oral as needed; RxNorm code: 209459; sample NDC product code: 50580-451-03   Hospital Day #3 – To Be Entered on Test Date:   * Darbepoetin Alfa 0.5 MG/ML once a week; injection; RxNorm: 576586; sample NDC product code: 55513-025-04 * Amoxicillin 500 MG one capsule by mouth every 12 hours; RxNorm code: 308191; sample NDC product code: 35356-985-21 * Lisinopril 20 MG; three tablets once daily for 30 days; 100 count; 1 refill; RxNorm code: 316153; sample NDC code: 0378-2075-1 |

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### 2.1 Change Medication List - Ambulatory and Inpatient

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|  | User changes medications as indicated in **bold** highlight:   * **DISCONTINUED** Lisinopril 20 MG; RxNorm code: 316153; sample NDC code: 0378-2075-1Sample NDC product code: 52959-989 * Ceftriaxone **500 MG/ML** twice daily; RxNorm code: 1665004; sample NDC product code: 25021-105-10 * Tylenol 500mg **one tablet twice daily for 3 days**; RxNorm code: 209459; sample NDC product code: 50580-451-03 |

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### 3.1 Access Active Medication List – Ambulatory and Inpatient

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|  | User accesses active medication list:   * Ceftriaxone 500 MG/ML twice daily; RxNorm code: 563973; sample NDC product code: 52125-546-08 * Darbepoetin Alfa 0.5 MG/ML once a week; injection; RxNorm: 576586; sample NDC product code: 55513-025-04 * Tylenol 500mg one tablet twice daily for 3 days; RxNorm code: 209459; sample NDC product code: 50580-451-03 * Amoxicillin 500 MG one capsule by mouth every 12 hours; RxNorm code: 308191; sample NDC product code: 35356-985-21 |

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### 3.2 Access Medication List History – Ambulatory and Inpatient

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| --- | --- |
|  | User accesses medication list history:   * DISCONTINUEDLisinopri1 20 MG;RxNorm Code: 316153   Sample NDC product code: 52959-989   * Ceftriaxone 500 MG/ML twice daily; RxNorm code: 563973; sample NDC product code: 52125-546-08 * Darbepoetin Alfa 0.5 MG/ML once a week; injection; RxNorm: 576586; sample NDC product code: 55513-025-04 * Tylenol 500mg one tablet twice daily for 3 days; RxNorm code: 209459; sample NDC product code: 50580-451-03 * Amoxicillin 500 MG one capsule by mouth every 12 hours; RxNorm code: 308191; sample NDC product code: 35356-985-21 |

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# Appendix A: Testing Guide

*This appendix contains more details and background on the testing requirements, including explanation on underlying standards, notable issues and best practice suggestions.*

Rev 01-Mar-2016 Additions

* The test procedure is not prescriptive about the method used to modify the medication list. For example, modifying a medication list does not require modifying an existing instance of a medication. Modification can be accomplished through discontinuing/inactivating an existing medication on the list and entering a new instance of the medication.
* The syntax and categories of a medication status is generally left to each implementation. It is acceptable for implementations to use different syntax and methods to identify current medications as well as inactive medications. However, previously active medications which are no longer active must be persisted with the patient’s record as medication history.
* The active medications and non-active medications can be contained within the same list as long as the active medications and non-active medications are clearly identified. It is also permitted that the lists be distinct.
* For EHRs designed for an ambulatory setting, access to the medication information gathered during multiple patient visits to a single Eligible Provider shall be available to the provider. There is no requirement that medication information gathered by other providers or hospitals be accessible.
* For EHRs designed for an inpatient care setting, access to medication information gathered during the current hospitalization episode of care shall be available to users in the inpatient care setting. There is no requirement that medication information gathered during prior hospitalizations or by Eligible Providers in the ambulatory settings be accessible.

# Appendix B: ONC Criteria and Standards

*This appendix contains copy of the relevant ONC criteria and standards for this proctor sheet as a reference. In the event of a discrepancy with the ONC Final Rule, the ONC Final Rule takes precedence.*

**§170.315(a)(7) Medication list.**

Enable a user to electronically record, change, and access a patient’s active medication list as well as medication history:

1. Ambulatory setting only. Over multiple encounters.
2. Inpatient setting only. For the duration of an entire hospitalization.

# Change Log

|  |  |
| --- | --- |
| Revision | Change Description |
| 01-Mar-2016 | Initial Release |
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**About Drummond Group LLC**

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