Medication Prescription Fhir Resource Proposal
## Contents

- 1 medicationPrescription
  - 1.1 Owning committee name
  - 1.2 Interested Work Groups
  - 1.3 FHIR Resource Development Project Insight ID
  - 1.4 Scope of coverage
  - 1.5 RIM scope
  - 1.6 Resource appropriateness
  - 1.7 Expected implementations
  - 1.8 Content sources
  - 1.9 Example Scenarios
  - 1.10 Resource Relationships
  - 1.11 Timelines
  - 1.12 gForge Users
  - 1.13 Issues
medicationPrescription

Owning committee name
Pharmacy

Interested Work Groups
- PHER (Immunizations)
- Patient Care

FHIR Resource Development Project Insight ID
855

Scope of coverage
Prescription (or Ordering) of Medicines Supply and Administration to Humans and Animals across All Healthcare Disciplines in All Care Settings and All Regions.

The scope of "Medicines" is as defined by the medicines resource and at it's simplest can be taken to be an identified product. This allows very broad interpretation and can cover non-prescribed medication, herbal products, diet supplements, illicit drugs, and even some products that may be classified as devices. The key distinguishing characteristic is that the product is consumed during the process of MedicationAdministration and cannot be reused.

A MedicationPrescription may be a single event or may be a series of events over a period of time. As such it is the start point of a process of:
- prescription or ordering
- dispensing or supply
- administration or consumption

Separate resources have been created for MedicationDispense and MedicationAdministration

The MedicationPrescription resource indicates what was authorized but is not, in itself, a request for action. To request fulfillment of a prescription (e.g. by a particular pharmacy, nursing ward, etc.), use the Order resource to initiate the request.

RIM scope
SubstanceAdministration (classCode=SBADM, moodCode=RQO)

Resource appropriateness
Prescription is one of the three core steps of use of medicines, the other two being Dispensing (or Supply) and Administration. In many settings the three steps are performed by separate people, and are frequently recorded by separate software systems. Prescription records are a core part of knowing what medication a patient is supposed to receive - having a standard format for this is essential. There is a well established set of attributes that are always required. The pharmacy group spent some time discussing the extent to which the attributes for Prescription, Dispensing and Administration overlapped and came to the conclusion that there is a need to express these attributes as part of distinct resources, not as part of some more abstract "Medicines Processing" resource.

Expected implementations
This is a key resource required by almost all Healthcare systems. As such it is key for any system scoped by CCDA.

Content sources
- Existing normative V3 Pharmacy RMIMs
- HL7 v2 specifications
- Existing specifications in Canada, The Netherlands and UK
- NCPDP specifications
- Developing specifications in Australia
- Some commercial systems

Example Scenarios

Resource Relationships
MedicationPrescription is one of a set of three (along with MedicationDispense and MedicationAdministration) that describe the normal business life-cycle for point of care systems dealing with Medication. The business life-cycle will frequently be managed by the Order resource. MedicationPrescription will frequently be referred to by a CarePlan resource. Requests to fulfill MedicationPrescriptions are handled using the Order resource.

Timelines

Ready for second ballot September 2013

gForge Users

hugh_glover, Jean-Henri Duteau

Issues

• Need to identify relevant RIM constraints here. Can't point to an RMIM because it's not clear what constraints are definitional vs. incidental.
• Added animals as in-scope.
• Question: Are orders for groups in-scope? E.g. An order for flu vaccine or "stock" medications for a nursing home? An order for treatment/vaccination of a herd or flock?
• Question: Is radiation treatment, light therapy, etc. in-scope? If not, need to specifically exclude that and (ideally) indicate where it should happen instead. Also, might want to reconsider the name if the resource is that broad.
• Need to indicate difference between this resource and Procedure.
• Should provide clarification that the "order" provides an authorization but may exist even when authorization is not specifically required. Also need to indicate whether this encompasses "recommendations" that aren't authorizations and, if so, how order vs. recommendation/suggestion is differentiated.
• Should also indicate how this relates to CarePlan.
• Ensure that RIM definition fully reflects any constraints on scope. Not sure SubstanceAdministration will work given allowance for devices.
• "A MedicationPrescription may be a single event or may be a series of events over a period of time" - don't understand what this means. Do you mean it's "authorizing" a single event? If so, reword accordingly.
• Need to fill in example scenarios. Suggest handling something simple as well as some more complex (birth control pills, tapering dose, chemo protocol, prescription for flock of chickens, etc. Probably 5-6 total.