Integrating the Healthcare Enterprise

IHE Quality Research and Public Health Technical Framework Supplement

Prescription Repository Query (PRQ)

HL7® FHIR® STU 4

Using Resources at FMM Level 2-N

Revision 1.0 – Draft for Public Comment

Date: June 17, 2019

Author: QRPH Technical Committee

Email: qrph@ihe.net

Please verify you have the most recent version of this document. See here for Trial Implementation and Final Text versions and here for Public Comment versions.

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Foreword

This is a supplement to the IHE Quality Research and Public Health Technical Framework. Each supplement undergoes a process of public comment and trial implementation before being incorporated into the volumes of the Technical Frameworks.

This supplement is published on June 17, 2019 for Public Comment. Comments are invited and can be submitted at https://www.ihe.net/QRPH_Public_Comments. In order to be considered in development of the Trial Implementation version of the supplement, comments must be received by July 17, 2019.

This supplement describes changes to the existing technical framework documents.

"Boxed" instructions like the sample below indicate to the Volume Editor how to integrate the relevant section(s) into the relevant Technical Framework volume.

Amend Section X.X by the following:

Where the amendment adds text, make the added text **bold underline**. Where the amendment removes text, make the removed text ~~**bold strikethrough**~~. When entire new sections are added, introduce with editor's instructions to "add new text" or similar, which for readability are not bolded or underlined.

General information about IHE can be found at www.ihe.net.

Information about the IHE Quality Research and Public Health domain can be found at ihe.net/IHE_Domains.

Information about the organization of IHE Technical Frameworks and Supplements and the process used to create them can be found at http://ihe.net/IHE_Process and http://ihe.net/Profiles.

The current version of the IHE Quality Research and Public Health Technical Framework can be found at http://ihe.net/Technical_Frameworks.

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CONTENTS

Introduction to this Supplement 6
Open Issues and Questions 7
Closed Issues 7
General Introduction and Shared Appendices 9
Appendix A – Actor Summary Definitions 9
Appendix B – Transaction Summary Definitions 9
Appendix D – Glossary 9
Volume 1 – Profiles 10
Copyright Licenses 10
Domain-specific additions 10
X Prescription Repository Query (PRQ) Profile 11
X.1 PRQ Actors, Transactions, and Content Modules 11
X.1.1 Actor Descriptions and Actor Profile Requirements 12
X.1.1.1 Content Creator 12
X.1.1.2 Content Consumer 12
X.1.1.2 Data Consumer 13
X.1.1.2 Data Creator 13
X.2 PRQ Actor Options 13
X.2.1 CDA Option 13
X.2.2 FHIR Option 13
X.2.3 Discrete Data Import Option 13
X.3 PRQ Required Actor Groupings 14
X.4 PRQ Overview 14
X.4.1 Concepts 14
X.4.2 Use Cases 14
X.4.2.1 Use Case #1: Identifying Drug Seeking Behavior 14
X.4.2.1.1 Identifying Drug Seeking Behavior Use Case Description 14
X.4.2.1.2 Identifying Drug Seeking Behavior Process Flow 15
X.4.2.2 Use Case #2: Drug to Drug Interaction 16
X.4.2.2.1 Drug to Drug Interaction Use Case Description 16
X.4.2.2.2 Drug to Drug Interaction Process Flow 16
X.5 PRQ Security Considerations 17
X.6 PRQ Cross Profile Considerations 17
Appendices 18
Volume 2 – Transactions 19
3.Y Query for Patient Medications [QRPH57 19
3.Y.1 Scope 19
3.Y.2 Actor Roles 19
3.Y.3 Referenced Standards 19
3.Y.4 Messages 20

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3.Y.4.1 Query for Patient Medications 20
3.Y.4.1.1 Trigger Events 20
3.Y.4.1.2 Message Semantics 20
3.Y.4.1.3 Expected Actions 20
3.Y.5 Protocol Requirements 21
3.Y.6 Security Considerations 21
3.Y.6.1 Security Audit Considerations 21
3.Y.6.(z) Actor Specific Security Considerations 21
Appendices 22
Volume 2 Namespace Additions 23
Volume 3 – Content Modules 24
5 IHE Namespaces, Concept Domains and Vocabularies 24
5.1 IHE Namespaces 24
5.2 IHE Concept Domains 24
5.3 IHE Format Codes and Vocabularies 24
5.3.1 IHE Format Codes 24
5.3.2 IHEActCode Vocabulary 24
5.3.3 IHERoleCode Vocabulary 24
6 Content Modules 25
6.3.1 CDA Document Content Modules 25
6.3.1.D Prescription Repository Query (PRQ) Document Content Module 25
6.3.1.D.1 Format Code 25
6.3.1.D.2 Parent Template 25
6.3.1.D.3 Referenced Standards 25
6.3.1.D.4 Data Element Requirement Mappings to CDA 25
6.3.1.D.5 Prescription Repository Query (PRQ) Document Content Module Specification 27
6.3.2 CDA Header Content Modules 29
6.3.2.H1 Patient Information Header Content Module 29
6.3.2.H2 Healthcare Provider Information Header Content Module 30
6.3.2.H3 Healthcare Provider Information - Person Header Content Module 30
6.3.2.H3.1 Healthcare Provider Information - Person Header Jurisdiction Identifier Constraint 31
6.3.2.H4 Healthcare Provider Information – Organization Header Content Module 31
6.3.3 CDA Section Content Modules 32
6.3.3.10.S1 Medication List - Section Content Module 32
6.3.4 CDA Entry Content Modules 33
6.5 QRPH Value Sets and Concept Domains 35
6.5.x.1 FHIR Resource Bundle Content 35
6.6.X.1.2 FHIR Resource Data Specifications 35
Volume 4 – National Extensions 39
4 National Extensions 39

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4.I National Extensions for the United States 39
4.I.1 Comment Submission 39
4.I.2 Prescription Repository Query (PRQ) 39
4.I.2.1 PRQ US Volume 3 Constraints 39
4.1.2.1.1 US Volume 3 Attribute Constraints 39
4.I.2.1.2 PRQ US Volume 3 Section Constraints 39
Appendices 41
Appendix A – Content Module Data Element Definitions 41
A.1 NCPDP Request Transport Layer Document Definitions 41
A.2 NCPDP Request Body Document Definitions 41
A.3 NCPDP Response Transport Layer Document Definitions 42
A.4 NCPDP Response Body Document Definitions 43

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Introduction to this Supplement

Whenever possible, IHE profiles are based on established and stable underlying standards. However, if an IHE domain determines that an emerging standard has high likelihood of industry adoption, and the standard offers significant benefits for the use cases it is attempting to address, the domain may develop IHE profiles based on such a standard. During Trial Implementation, the IHE domain will update and republish the IHE profile as the underlying standard evolves.

Product implementations and site deployments may need to be updated in order for them to remain interoperable and conformant with an updated IHE profile.

This PRQ Profile is based on Release 4 of the emerging HL7®[1] FHIR®[2] specification. HL7 describes FHIR Change Management and Versioning at https://www.hl7.org/fhir/versions.html.

HL7 provides a rating of the maturity of FHIR content based on the FHIR Maturity Model (FMM): level 0 (draft) through N (Normative). See http://hl7.org/fhir/versions.html#maturity.

The FMM levels for FHIR content used in this profile are:

FHIR Content (Resources, ValueSets, etc.	FMM Level
Patient	N
Practitioner	3
Organization	3
Medication	3
MedicationDispense	2

This transaction profile will integrate a prescription drug repository into electronic medical records workflow to provide prescription drug information to physicians to they can make informed decisions on medication they should provide to their patients. This will help improve patient outcomes and prevent deadly drug to drug interactions.

This supplement references the following documents. The reader should review these documents as needed:

1. PHARM Common parts document

[1] HL7 is the registered trademark of Health Level Seven International.

[2] FHIR is the registered trademark of Health Level Seven International.

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2. PHARM Community Medication Prescription and Dispense Integration Profile (CMPD)
3. PCC Technical Framework, Volume 1
4. PCC Technical Framework, Volume 2
5. PCC Technical Framework Supplement: CDA®[3] Content Modules
6. IT Infrastructure Technical Framework Volume 1
7. IT Infrastructure Technical Framework Volume 2
8. IT Infrastructure Technical Framework Volume 3
9. Opioid Epidemic: Integrating Electronic Medical Records and Prescription Drug Monitoring Programs to limit abuse of controlled substances QRPH White Paper
10. HL7 FHIR US Meds Prescription Drug Monitoring Program (PDMP) FHIR Implementation Guide

Open Issues and Questions

1. There is no model for "days supplied," can this be computed with dosage quantity and frequency (5/1/2019)?
2. Healthcare provider information is listed as optional in volume 4 because this information is found through the DEA number. Would it make sense to make it optional or to keep it as RE (5/2/2019)?
3. Community Dispense Document data elements found in PML will not be used in this profile because the requirements of these elements will be fulfilled by the Dispenser and Performer elements already listed (5/2/2019).
4. The Repeat Number data element in DIS indicates that it SHALL NOT be present, but will be included in this profile as RE (5/2/2019).
5. Based on *ONC ISA* need to consider adding NCPDP 2017071 mapping to Appendix A as it is the next listed standard for implementation. It is going into effect January 1, 2020 (5/10/2019).

Closed Issues

1. PML will have to be constrained to fit the use case requirements of this profile (3/26/2019).
2. Submitting the prescription dispensing data to the repository is out of scope of this profile (3/26/2019).

[3] CDA is the registered trademark of Health Level Seven International.

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3. PML does not need to be expanded. Vol 4 will take care of the US centric Data elements (3/26/2019).
4. Healthcare provider organization information is missing form NCPDP and FHIR PDMP IG, because it is found with the DEA or NPI number (5/2/2019).
5. Dispenser information is missing form NCPDP and FHIR PDMP IG, because it is found with the DEA or NPI number (5/2/2019).

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General Introduction and Shared Appendices

The IHE Technical Framework General Introduction and Shared Appendices are components shared by all of the IHE domain technical frameworks. Each technical framework volume contains links to these documents where appropriate.

*Update the following appendices to the General Introduction as indicated below. Note that these are **not** appendices to Volume 1.*

Appendix A – Actor Summary Definitions

Add the following actors to the IHE Technical Frameworks General Introduction Appendix A:

No new actors are used in this profile

Appendix B – Transaction Summary Definitions

Add the following transactions to the IHE Technical Frameworks General Introduction Appendix B:

Transaction Name and Number	Definition
Dispensed Medication Query [QRPH-57]	A FHIR query for a patient's dispensed medication list from an HIE or a prescription drug repository.

Appendix D – Glossary

*Add the following **new** glossary terms to the IHE Technical Frameworks General Introduction Appendix D.*

None

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Volume 1 – Profiles

Copyright Licenses

N/A

Domain-specific additions

N/A

Add new Section X

X Prescription Repository Query (PRQ) Profile

In the past several years there has been a drastic increase of opioid abuse that has become a problem amongst many countries. In the United States and Canada opioid overdose deaths have become the number one cause of death (PHAC, 2018). Prescription drug repositories collect data on prescribing and dispensing of controlled substances. Providers, pharmacists, and others can use the data in those repositories to address overuse of opioids, drug diversion, physician shopping, and prevent accidental, life threatening, drug to drug interactions. This profile can help integrate this program into an Electronic Health Record (EHR) and help simplify the workflow and inform the physician when prescribing medications to a patient.

X.1 PRQ Actors, Transactions, and Content Modules

This section defines the actors, transactions, and/or content modules in this profile. General definitions of actors are given in the Technical Frameworks General Introduction Appendix A. IHE Transactions can be found in the Technical Frameworks General Introduction Appendix B. Both appendices are located at http://ihe.net/Technical_Frameworks/#GenIntro

Figure X.1-1 shows the actors directly involved in the PRQ Profile and the direction that the content is exchanged.

A product implementation using this profile may group actors from this profile with actors from a workflow or transport profile to be functional. The grouping of the content module described in this profile to specific actors is described in more detail in Required Actor Groupings QRPH TF-1: X.6 or in Cross Profile Considerations QRPH TF-1: X.6.

Figure X.1-1: PRQ Actor Diagram

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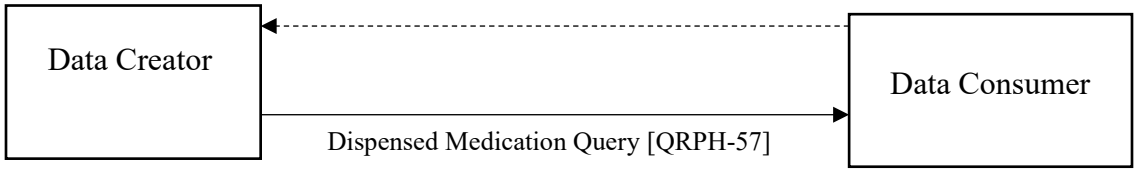

Figure X.1-2: PRQ Actor Diagram

Table X.1-1 lists the content module(s) defined in the PRQ Profile. To claim support with this profile, an actor shall support all required content modules (labeled "R") and may support optional content modules (labeled "O").

Table X.1-1: PRQ – Actors and Content Modules

Actors	Content Modules	Optionality	Reference
Content Creator	The Query Pharmacy Documents [PHARM 1]	R	PHARM TF-3: 6.3.1.D
Content Consumer	The Query Pharmacy Documents [PHARM 1]	R	PHARM TF-3: 6.3.1.D
Data Consumer	Dispensed Medication Query [QRPH-57]	R	QRPH TF-2: XXX
Data Creator	Dispensed Medication Query [QRPH-57]	R	QRPH TF-2: XXX

X.1.1 Actor Descriptions and Actor Profile Requirements

Transactional requirements are documented in QRPH TF-2 Transactions. This section documents any additional requirements on profile's actors.

Content module requirements are documented in QRPH TF-2 Content Modules. This section documents any additional requirements on profile's actors.

X.1.1.1 Content Creator

The Content Creator shall be responsible for the creation of content and sharing of the patient's dispensed medications containing the data elements defined in QRPH TF-3: 6.3.1.D.4.

X.1.1.2 Content Consumer

A Content Consumer is responsible for viewing, importing, or other processing options for PRQ document content created by a PRQ Content Creator. This is specified in [PCC-1] document sharing transaction in PCC TF-2: 3.1.

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X.1.1.2 Data Consumer

The Data Consumer is responsible for initiating a query to the Data Responder system for data elements meeting certain criteria and can retrieve selected data supplied by the Data Responder.

X.1.1.2 Data Creator

The Data Responder shall be responsible for the creation of content and the transmission of PRQ data elements to a Data Consumer.

X.2 PRQ Actor Options

Options that may be selected for each actor in this profile, if any, are listed in the Table X.2-1. Dependencies between options, when applicable, are specified in notes.

Table X.2-1: Prescription Repository Query – Actors and Options

Actor	Option Name	Reference
Content Creator	CDA Option[Note1]	Section X.2.1
Content Consumer	View Option [Note2]	QRPH TF-2: 3.1.1
	Document Import Option [Note2]	QRPH TF-2: 3.1.2
	Section Import Option [Note2]	QRPH TF-2: 3.1.3
	Discrete Data Import Option [Note2]	QRPH TF-2: 3.1.4
Data Creator	FHIR Option	Section X.2.2

Note 1: The Content Creator must be able to support at least one of these options.

Note 2: The Content Consumer must implement at least one of these options.

Note 3: If the Content Consumer implements any of these options, it must also support the Discrete Data Import Option

X.2.1 CDA Option

This option defines the processing requirements placed on the Content Creators for producing a CDA structured document version of the PRQ documents. The CDA details are in Volume 3, Section 6.3.1.D.4.

X.2.2 FHIR Option

This option defines the processing requirements placed on the Data Creators for producing a FHIR document bundle version of the PRQ documents. The FHIR bundle details are in Volume 3, Section 6.5.x.1.

X.2.3 Discrete Data Import Option

Refer back to PCC-1. This profile extends the requirements for this option to include the importing of the discrete data elements contained in Volume 3, Section TF-3: 6.3.1.D.4.

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X.3 PRQ Required Actor Groupings

There are no required actor groupings for this profile.

X.4 PRQ Overview

PRQ defines services that allow physicians to retrieve their patients' current dispensed medications. This can be useful for identifying potentially deadly drug to drug interactions and over prescribing for opioids.

X.4.1 Concepts

Providers, pharmacists, and others can use current prescription drug repository data to address overuse of opioids, drug diversion, physician shopping, and accidental drug to drug interactions. Integrating this information into an Electronic Health Record (EHR) can help simplify the workflow and inform the physician when prescribing medications to a patient.

X.4.2 Use Cases

X.4.2.1 Use Case #1: Identifying Drug Seeking Behavior

This use case describes how utilizing an HIE and a prescription monitoring program can help prevent doctor shopping and help identify patients that could use therapy for opioid addiction.

X.4.2.1.1 Identifying Drug Seeking Behavior Use Case Description

A man goes into an emergency room complaining of severe back pain. He is unknown to the provider, so the provider requests the patient's record form the HIE. The patient's dispensed drug information is taken from a prescription drug repository as a part of the e-prescribing workflow. The provider can see that several opioid prescriptions have been given to the patient from different providers. Based on this information, the provider can make the decision to recommend an alternative pain medication to the patient or help start a discussion of therapy.

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X.4.2.1.2 Identifying Drug Seeking Behavior Process Flow

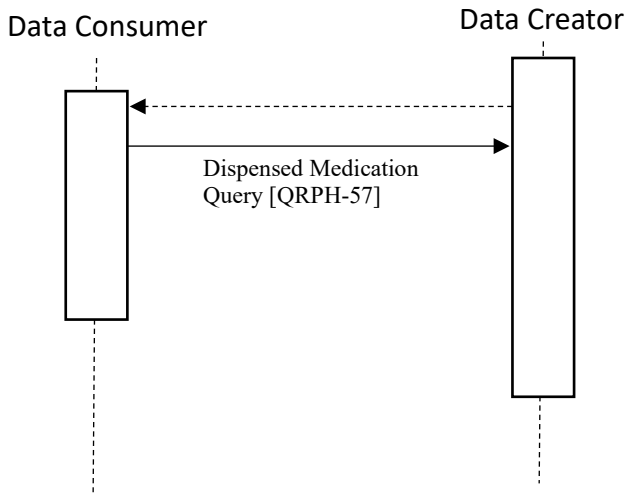

Figure X.4.2.1.2-1: Basic Process Flow in PRQ Profile

Pre-conditions:

The Provider must be participating in an HIE.

Dispensed prescriptions reports must be sent to a prescription drug repository.

Main Flow:

Patient arrives at the emergency room.

A new provider is sent to treat the patient.

Th physician looks at the patient's dispensed medication information.

The provider is informed that the patient has been prescribed opioids from outside providers.

The physician makes an informed decision on what to provide the patient for pain.

Post-conditions:

The patient is referred to a therapy program.

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X.4.2.2 Use Case #2: Drug to Drug Interaction

This use case describes how a prescription drug repository can help inform physicians on what medications the patient is currently taking so that deadly drug to drug interactions can be prevented.

X.4.2.2.1 Drug to Drug Interaction Use Case Description

An elderly patient presents with hypertension, high blood pressure, a history of myocardial infarction, and a history of blood clots. The provider wants to prescribe a medication to treat the hypertension. Before the appointment the provider retrieves the list of dispensed medications that the patient is taking using an integrated prescription drug repository. The provider is able to make sure that the medication they are prescribing is not going to cause an unwanted drug to drug interaction that will be harmful to the patient.

X.4.2.2.2 Drug to Drug Interaction Process Flow

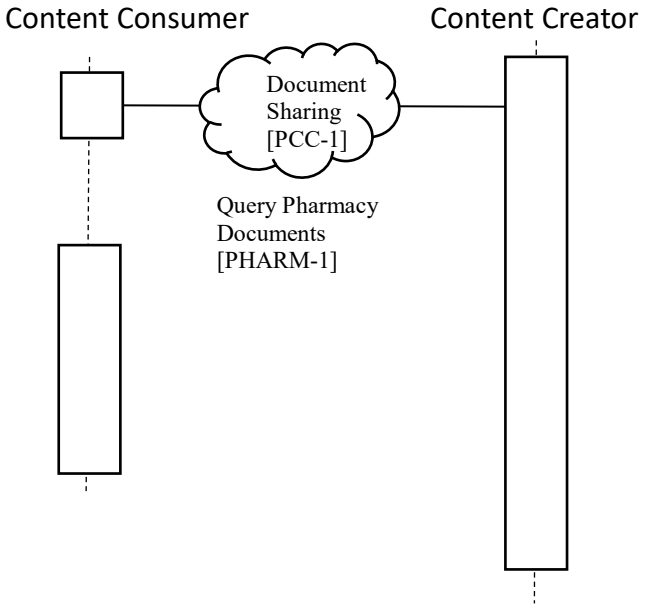

Figure X.4.2.2.2-1: Basic Process Flow in PRQ Profile

Pre-conditions:

Dispensed prescriptions reports must be sent to a prescription drug repository.

The Provider must be participating in an HIE that collects the prescription dispensing data.

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Main Flow:

The patient makes an appointment with the provider.

The EHR prefetches the prescription data for the patient from the HIE.

During the patient's visit the provider can see the medications that have been dispensed to the patient and is able to make an informed decision.

The physician prescribes the patient a medication that won't cause a harmful interaction with the patient's other medications.

Post-conditions:

The patient picks up their prescription at the pharmacist and their e-prescribing data is sent into a prescription drug repository.

X.5 PRQ Security Considerations

See ITI TF-2.x: Appendix Z.8 "Mobile Security Considerations"

Transport of PRQ data should be safeguarded according to jurisdictional guidelines and may need to adhere to the security mechanisms from the ITI Audit Trail and Node Authentication (ATNA) Profile. Access to this information may vary depending on jurisdictional laws.

X.6 PRQ Cross Profile Considerations

The use of the IHE XD* family of transactions is encouraged to support standards-based interoperability between systems acting as the PRQ Content Creator and PRQ Content Consumer. However, this profile does not require any groupings with ITI XD* actors to facilitate transport of the content document it defines.

IHE transport transactions that MAY be utilized by systems playing the roles of PRQ Content Creator or Content Consumer to support the standard use case defined in this profile:

A Document Source in XDS.b, a Portable Media Creator in XDM, or a Document Source in XDR might be grouped with the PRQ Content Creator. A Document Consumer in XDS.b, a Portable Media Importer in XDM, or a Document Recipient in XDR might be grouped with the PCS Content Consumer. A registry/repository-based infrastructure is defined by the IHE Cross Enterprise Document Sharing (XDS.b) Profile that includes profile support that can be leveraged to facilitate retrieval of public health related information from a document sharing infrastructure: Multi-Patient Query (MPQ), and Document Metadata Subscription (DSUB). A reliable messaging-based infrastructure is defined by the IHE Cross Enterprise Document Reliable Interchange (XDR) Profile. A Document Source in XDR might be grouped with the PRQ Content Creator. A Document Recipient in XDR might be grouped with the PRQ Content Consumer. Detailed descriptions of these transactions can be found in the IHE IT Infrastructure Technical Framework.

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Appendices

N/A

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Volume 2 – Transactions

Add Section 3.Y

3.Y Query for Patient Medications [QRPH57

The Data Consumer retrieves a patient's dispensed medications form the Data Creator.

3.Y.1 Scope

This transaction is used to query a prescription drug repository for a patient's dispensed medications.

3.Y.2 Actor Roles

Table 3.Y.2-1: Actor Roles

Actor:	Data Creator
Role:	Provides the requested dispensed medication information requested in the query.
Actor:	Data Consumer
Role:	Sends a query request for the dispensed medication

Transaction text specifies behavior for each role. The behavior of specific actors may also be specified when it goes beyond that of the general role.

3.Y.3 Referenced Standards

- HL7 FHIR standard STU4 http://hl7.org/fhir/

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3.Y.4 Messages

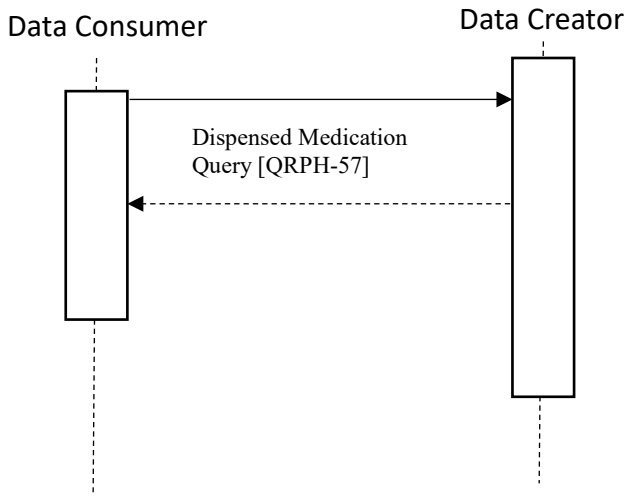

Figure 3.Y.4-1: Interaction Diagram

3.Y.4.1 Query for Patient Medications

The Data Consumer initiates a query to the Data Creator. The Data Creator returns the patient's dispensed medication data to the Data Consumer that will use this data for informing a provider on the medications the patient has been dispensed from other providers.

3.Y.4.1.1 Trigger Events

When a provider needs a patient's dispensed medication history to help make an informed decision for prescribing.

3.Y.4.1.2 Message Semantics

The message is a FHIR transaction using a request action by sending an HTTP GET request method specified in QRPH TF-3: 6.6.X.1 Dispensed Medication Query. The FHIR Bundle response is defined by the resource with content as constrained in QRPH TF-3: 6.6.X.1.2 Dispensed Medication Query Response content.

3.Y.4.1.3 Expected Actions

The Data Consumer initiates a Dispensed Medication Query [QRPH-57 to retrieve the dispensed medication data resources specified in QRPH TF-3: 6.6.x.1 FHIR Resource Bundle Content using the message semantics specified in Section 3.Y.4.1.2. The Data Creator receives the query and responds with the resources specified in QRPH TF-3: 6.6. 6.6.X.1.2. FHIR Resource Bundle

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Content according to FHIR Search specification with the query response information or an error message. See: http://hl7.org/fhir/

3.Y.5 Protocol Requirements

N/A

3.Y.6 Security Considerations

See ITI TF-2.x: Appendix Z.8 “Mobile Security Considerations”

Note: This assumes the approval of the current ITI- 1036 regarding Appendix Z.8 “Mobile Security Considerations”.

3.Y.6.1 Security Audit Considerations

There must be a trusted connection between the Data Creator and Data Consumer. This will be carried out in implementation and can either be a business relationship or a secured connection done through ATNA. The Data Creator has control of what information will be sent. This transaction may include identifiable health information, see the ITI De-Identification White Paper for guidance. Depending upon the implementation and application, may constitute a disclosure of health information that requires audit, encryption, and authentication of the Data Consumer and Data Creator.

3.Y.6.(z) Actor Specific Security Considerations

N/A

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Appendices

None

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Volume 2 Namespace Additions

The QRPH registry of OIDs is located at http://wiki.ihe.net/index.php/QRPH_Registry

460

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Volume 3 – Content Modules

5 IHE Namespaces, Concept Domains and Vocabularies

Add to Section 5 IHE Namespaces, Concept Domains and Vocabularies

5.1 IHE Namespaces

5.2 IHE Concept Domains

5.3 IHE Format Codes and Vocabularies

5.3.1 IHE Format Codes

The following new Format Codes are introduced with the PCS Profile. A complete listing of IHE Format Codes can be found at http://wiki.ihe.net/index.php/IHE_Format_Codes.

Profile	Format Code	Media Type	Template ID
Prescription Repository Query (PRQ)	urn:ihe:qrph:prq:2019	text/xml	1.3.6.1.4.1.19376.1.7.3.1.1.30

5.3.2 IHEActCode Vocabulary

N/A

5.3.3 IHERoleCode Vocabulary

N/A

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6 Content Modules

6.3.1 CDA Document Content Modules

6.3.1.D Prescription Repository Query (PRQ) Document Content Module

6.3.1.D.1 Format Code

The XDSDocumentEntry format code for this content is **urn:ihe:qrph:prq:2019**

6.3.1.D.2 Parent Template

This document is a specialization of the IHE PHARM Community Medication List (PML) Document template (OID = 1.3.6.1.4.1.19376.1.9.1.1.5).

Note: The Community Medication List includes requirements for various header elements; name, addr and telecom elements for identified persons and organizations; and basic participations record target, author, and legal authenticator.

6.3.1.D.3 Referenced Standards

All standards which reference in this document are listed below with their common abbreviation, full title, and link to the standard.

Table 6.3.1.D.3-1: Prescription Repository Query (PRQ) Document - Referenced Standards

Abbreviation	Title	URL
HL7V3 NE2009	HL7 V3 2009 Normative Edition	HL7 V3 2009 Normative Edition
CDAR2	HL7 CDA Release 2.0	HL7 CDA Release 2.0
IHE Pharmacy	IHE PHARM Community Medication List (PML)	Community Medication List Specification (1.3.6.1.4.1.19376.1.9.1.1.5)
XMLXSL	Associating Style Sheets with XML documents	Associating Style Sheets with XML documents

6.3.1.D.4 Data Element Requirement Mappings to CDA

This section identifies the mapping of data between referenced standards into the CDA implementation guide.

Table 6.3.1.D.4-1: PRQ - Data Element Requirement Mappings to CDA

Clinical Data Element	PRQ
Patient Information	**recordTarget/patientRole**
Patient First Name	recordTarget/patientRole/patient/name
Patient Last Name	recordTarget/patientRole/patient/name
Patient Date of Birth	recordTarget/patientRole/patient/birthTime
Patient Gender	recordTarget/patientRole/patient/administrativeGenderCode

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Clinical Data Element	PRQ
Patient Street Address	recordTarget/patientRole/addr
Patient City Address	recordTarget/patientRole/addr
Patient State Code	recordTarget/patientRole/addr
Patient Zip Code	recordTarget/patientRole/addr
Patient Telecom	recordTarget/patientRole/telecom
Patient Identifier	recordTarget/patientRole/id
HCP Person Information	**author**
Prescriber First Name	author/assignedAuthor/assignedPerson/name
Prescriber Last Name	author/assignedAuthor/assignedPerson/name
Prescriber Street Address	author/assignedAuthor/assignedPerson/Addr
Prescriber City Address	author/assignedAuthor/assignedPerson/Addr
Prescriber State Code	author/assignedAuthor/assignedPerson/Addr
Prescriber Zip Code	author/assignedAuthor/assignedPerson/Addr
Prescriber Specialty	author/assignedAuthor/code
Prescriber Profession	author/functionCode
Prescriber ID Number (e.g., DEA for the practitioner)	author/functionCode
Jurisdiction Provider ID Number (e.g., NPI for the practitioner)	author/functionCode
Jurisdiction License Identifier	author/assignedAuthor/id
Jurisdiction of License	author/assignedAuthor/id
Prescriber Telecom	author/assignedAuthor/telecom
HCP Organization	**author/assignedAuthor/representedOrganization**
HCP Organization Name	author/assignedAuthor/representedOrganization/name
HCP Organization Address	author/assignedAuthor/representedOrganization/addr
HCP Organization Telecom	author/assignedAuthor/representedOrganization/telecom
Service Event	**documentationOf/serviceEvent**
Prescription Filled Date	author/time
Prescription Written Date	author/time
Dispenser ID	author/assignedAuthor/id
Dispenser Specialty	author/assignedAuthor/code
Dispenser Name	author/assignedAuthor/assignedPerson/name
Date of Service Event	documentationOf/serviceEvent/effectiveTime
Service Event Code	documentationOf/serviceEvent/code
Prescription Number	Prescription Item Entry/ID
Authorization	authorization/consent
Patient contacts	guardian
Medicine Entry	Medication Section
Medication Code	Medicine Entry/code

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Clinical Data Element	PRQ
Medication Name	Medicine Entry/name
Medication Strength	Medicine Entry/Strength
Medication Dosage form	Medicine Entry/dosageForm
Medication Lot number	Medicine Entry/lotNumber
Medication Expiration date	Medicine Entry/ExpirationDate
Medication Generic equivalent	Medicine Entry/genericEquivalent
Medication Packaging	Medicine Entry/packaging
Active Ingredient	Medicine Entry/activeIngredient
Prescription Item Entry	Prescription Item Entry
substance Administration class Code	Prescription Item Entry/AdministrationClass/code
Product ID	Prescription Item Entry/product/ID
Product ID Qualifier	Prescription Item Entry/product/ID/qualifier
Dosage Instructions	Prescription Item Entry/dosage/instruction
Medication Quantity	Dispense Item Entry/Quantity Value
Days of supply	Prescription Item Entry/days supply
Refill number	Prescription Item Entry/Number of repeats/refills
Refills Authorized	Prescription Item Entry/Number of repeats/authorized
Partial Refill Indicator	Dispense Item Entry/partial refill/indicator
Method of Payment	PAYMENT SOURCES
Reason For Prescription	Prescription Item Entry/Reason
Dispensing Organization	author/assignedAuthor/representedOrganization
Dispenser Organization Name (Facility)	author/assignedAuthor/representedOrganization/name
Dispenser Organization Street Address	author/assignedAuthor/representedOrganization/addr
Dispenser Organization City Address	author/assignedAuthor/representedOrganization/addr
Dispenser Organization State Code	author/assignedAuthor/representedOrganization/addr
Dispenser Organization Zip Code	author/assignedAuthor/representedOrganization/addr
Dispenser Organization Phone Number	author/assignedAuthor/representedOrganization/telecom
Organization Prescriber ID Number (e.g., DEA)	author/assignedAuthor/representedOrganization/id
NCPDP Number	author/assignedAuthor/representedOrganization/id
Organization Jurisdiction Provider ID Number (e.g., NPI for the organization)	author/assignedAuthor/representedOrganization/id

6.3.1.D.5 Prescription Repository Query (PRQ) Document Content Module Specification

This section specifies the header, section, and entry content modules which comprise the Prescription Repository Query (PRQ) Document Content Module, using the Template ID as the key identifier.

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Sections that are used according to the definitions in other specifications are identified with the relevant specification document. Additional constraints on vocabulary value sets, not specifically constrained within the section template, are also identified.

Table 6.3.1.D.5-1: Prescription Repository Query (PRQ) Document Content Module Specification

Template Name		Prescription Repository Query (PRQ)			
Template ID		1.3.6.1.4.1.19376.1.7.3.1.1.30			
Parent Template		Community Medication List (PML) (1.3.6.1.4.1.19376.1.9.1.1.5) [PHARM]			
General Description		Dispensed medication list will contain the prescription information for the patient's dispensed medication that can be used to inform prescribing decisions.			
Document Code		TBD			
Opt and Card	**Condition**	**Header Element or Section Name**	**Template ID**	**Specification Document**	**Vocabulary Constraint**
Header Elements					
R [1..1]		Patient Information	1.3.6.1.4.1.19376.1.9.1.4.1	PHARM TF-3: 6.3.2.H	
R [1..1]		Healthcare Provider Information	1.3.6.1.4.1.19376.1.9.1.4.2	PHARM TF-3: 6.3.2.H	
Sections					
R [1..1]		Prescription Repository Query Medication List	1.3.6.1.4.1.19376.1.9.1.2.5	PHARM TF-3: 6.3.3.10.S	Constrain

Add to Section 6.3.2 Header Content Modules

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6.3.2 CDA Header Content Modules

6.3.2.H1 Patient Information Header Content Module

510 **Table 6.3.2.H1-1: Prescription Repository Query (PRQ) Header**

Template Name	Prescription Repository Patient Information
Template ID	OID
Parent Template	PML 1.3.6.1.4.1.19376.1.9.1.2.5
Header Element	recordTarget
General Description	This header content module contains required and optional patient information.

Opt and Card	Participation/ Act Relationship	Description	Template	Specification Document	Vocabulary Con-straint
R [1..1]		First Name		PHARM TF-3: 6.3.2.H	
R [1..1]		Family Name		PHARM TF-3: 6.3.2.H	
R [1..1]		Date of Birth		PHARM TF-3: 6.3.2.H	
R [1..1]		Gender		PHARM TF-3: 6.3.2.H	
RE [0..1]		Street Address		PHARM TF-3: 6.3.2.H	
RE [0..1]		City Address		PHARM TF-3: 6.3.2.H	
RE [0..1]		State Code		PHARM TF-3: 6.3.2.H	
RE [0..1]		Postal Code		PHARM TF-3: 6.3.2.H	
RE [0..1]		Telecom		PHARM TF-3: 6.3.2.H	
R [1..1]		Identifier		PHARM TF-3: 6.3.2.H	

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6.3.2.H2 Healthcare Provider Information Header Content Module

Table 6.3.2.H2-1: Prescription Repository Query (PRQ) Header

Template Name		Prescription Repository Healthcare Provider Information			
Template ID		OID			
Parent Template		PML 1.3.6.1.4.1.19376.1.9.1.2.5			
Header Element		author			
General Description		This header content module contains required and optional healthcare provider information (person, device and organization).			
Opt and Card	**Participation/ Act Relationship**	**Description**	**Template**	**Specification Document**	**Vocabulary Con-straint**
R [1..1]		Healthcare Provider Information - Person	1.3.6.1.4.1.19376.1.9.1.4.2.1	PHARM TF-3: 6.3.2.H	
R [1..1]		Healthcare Provider Information - Organization	1.3.6.1.4.1.19376.1.9.1.4.2.3	PHARM TF-3: 6.3.2.H	

6.3.2.H3 Healthcare Provider Information - Person Header Content Module

Table 6.3.2.H3-1: Prescription Repository Query (PRQ) Header

Template Name		Prescription Repository Healthcare Provider Information - Person			
Template ID		OID			
Parent Template		PML 1.3.6.1.4.1.19376.1.9.1.2.5			
Header Element		author			
General Description		This header content module contains required and optional healthcare provider person information.			
Opt and Card	**Participation/ Act Relationship**	**Description**	**Template**	**Specification Document**	**Vocabulary Con-straint**
R [1..1]		Prescriber First Name		PHARM TF-3: 6.3.2.H	
R [1..1]		Prescriber Last Name		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber Street Address		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber City Address		PHARM TF-3: 6.3.2.H	

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R [1..1]		Prescriber State Code		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber Postal Code		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber Specialty		PHARM TF-3: 6.3.2.H	
RE [0..1]		Prescriber Profession		PHARM TF-3: 6.3.2.H	
R [1..1]		Jurisdiction Identifier		PHARM TF-3: 6.3.2.H	6.3.2.H3.1
R [1..1]		Jurisdiction of License		PHARM TF-3: 6.3.2.H	
O [0..1]		Prescriber Telecom		PHARM TF-3: 6.3.2.H	

6.3.2.H3.1 Healthcare Provider Information - Person Header Jurisdiction Identifier Constraint

520 The ID in this element SHALL identify the prescriber using the provider identifier issued by the jurisdiction under which the provider is authorized to issue the prescription.

6.3.2.H4 Healthcare Provider Information – Organization Header Content Module

Table 6.3.2.H4-1: Prescription Repository Query (PRQ) Header

Template Name	Prescription Repository Healthcare Provider Information - Organization				
Template ID	OID				
Parent Template	PML 1.3.6.1.4.1.19376.1.9.1.2.5				
Header Element	author				
General Description	This header content module contains required and optional healthcare provider organization information				
Opt and Card	**Participation/ Act Relationship**	**Description**	**Template**	**Specification Document**	**Vocabulary Constraint**
RE [0..1]		HCP Organization Name		PHARM TF-3: 6.3.2.H	4.I.2.1.2
RE [0..1]		HCP Organization Identifier		PHARM TF-3: 6.3.2.H	4.I.2.1.2
RE [0..1]		HCP Organization Address		PHARM TF-3: 6.3.2.H	4.I.2.1.2

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RE [0..1]		HCP Organization Telecom		PHARM TF-3: 6.3.2.H	4.I.2.1.2

6.3.3 CDA Section Content Modules

525 *Add to Section 6.3.3.10 Section Content Modules*

6.3.3.10.S1 Medication List - Section Content Module

Table 6.3.3.10.S1-1: Medication List Section

Template Name		Prescription Repository Medication List			
Template ID		OID			
Parent Template		PML 1.3.6.1.4.1.19376.1.9.1.2.5			
General Description		The Medication List section shall contain a description of the Medication Treatment Plan-, Prescription-, Dispense- and Medication Administration Items assembled to a medication list. It shall include zero to many Medication Treatment Plan items and/or Prescription items and/or Dispense items and/or Medication Administration Items altogether with related Pharmaceutical Advice Items. For specification of the Medication Treatment Plan-, Prescription-, Dispense-, Medication Administration- and Pharmaceutical Advice Item Entry Content Modules see Community Medication Treatment Plan (MTP), Community Prescription (PRE), Community Dispense (DIS), Community Medication Administration (CMA) and Community Pharmaceutical Advice (PADV) Profiles.			
Section Code		10160-0, LOINC, History of medication use			
Author		N/A			
Informant		N/A			
Subject		N/A			
Opt and Card	**Condition**	**Data Element or Section Name**	**Template ID**	**Specification Document**	**Constraint**
Entries					
O [0..*]		Medication Treatment Plan Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.7	PHARM MTP supplement	
RE [0..*]		Prescription Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.2	PHARM PRE supplement	
R [1..*]		Dispense Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.4	PHARM DIS supplement	
O [0..*]		Medication Administration Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.16	PHARM CMA supplement	
O [0..*]		Pharmaceutical Advice Item Entry Content Module	1.3.6.1.4.1.19376.1.9.1.3.3	PHARM PADV supplement	

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6.3.4 CDA Entry Content Modules

530 *Add to Section 6.3.4.E Entry Content Modules*

Template Name	Prescription Repository Query Prescription Item Entry
Template ID	OID
Parent Template	PML 1.3.6.1.4.1.19376.1.9.1.2.5
General Description	

Opt and Card	entryRelationship	Description	Template ID	Specification Document	Vocabulary Constraint
R		Prescription Item ID		PHARM PRE 6.3.4.2.3.4	
R		Code		PHARM PRE 6.3.4.2.3.5	
R		Narrative Text		PHARM PRE 6.3.4.2.3.6	
RE		Status Code		PHARM PRE 6.3.4.2.3.7	
R		Dosage Instructions		PHARM PRE 6.3.4.2.3.8	
R		Number of repeats/refills		PHARM PRE 6.3.4.2.3.9	
R		Consumable		PHARM PRE 6.3.4.2.3.10	
RE		Prescriber		PHARM PRE 6.3.4.2.3.11	
RE		Reason		PHARM PRE 6.3.4.2.3.13	
RE		Reference to Medication Treatment Plan Item		PHARM PRE 6.3.4.2.3.14	
O		Reference to a related prescription activity (supply)		PHARM PRE 6.3.4.2.3.15	
O		Patient Medication Instructions		PHARM PRE 6.3.4.2.3.16	
O		Fulfillment Instructions		PHARM PRE 6.3.4.2.3.17	
O		Amount of units of the consumable to dispense		PHARM PRE 6.3.4.2.3.18	

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O		Renewal Period		PHARM PRE 6.3.4.2.3.19	
O		ID of parent container		PHARM PRE 6.3.4.2.3.20	
O		Precondition Criterion		PHARM PRE 6.3.4.2.3.21	

Template Name	Prescription Repository Query Dispense Item Entry
Template ID	OID
Parent Template	PML 1.3.6.1.4.1.19376.1.9.1.2.5
General Description	A Dispense Item belongs to one Dispensation and represents one dispensed medication. It contains the dispensed medicinal product including information such as product code, brand name and packaging information.

Opt and Card	entryRelationship	Description	Template ID	Specification Document	Vocabulary Constraint
R		Dispense Item ID		PHARM DIS 6.3.4.5.3.3	
RE		Code		PHARM DIS 6.3.4.5.3.4	
R		Narrative Text		PHARM DIS 6.3.4.5.3.5	
RE		Repeat Number		PHARM DIS 6.3.4.5.3.6	
R		Quantity Value		PHARM DIS 6.3.4.5.3.7	
R		Product		PHARM DIS 6.3.4.5.3.8	
RE		Performer		PHARM DIS 6.3.4.5.3.9	
RE		Dispenser		PHARM DIS 6.3.4.5.3.10	
RE		Reference to Medication Treatment Plan Item		PHARM DIS 6.3.4.5.3.12	
RE		Reference to Prescription Item		PHARM DIS 6.3.4.5.3.13	
RE		Reference to Pharmaceutical Advice Item		PHARM DIS 6.3.4.5.3.14	
O		Patient Medication Instructions		PHARM DIS 6.3.4.5.3.15	

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O		Fulfillment Notes		PHARM DIS 6.3.4.5.3.16	
O		Dosage Instructions		PHARM DIS 6.3.4.5.3.17	
O		ID of parent container		PHARM DIS 6.3.4.5.3.18	
O		Substitution act		PHARM DIS 6.3.4.5.3.19	

6.5 QRPH Value Sets and Concept Domains

No new value sets or concept domains.

6.5.x.1 FHIR Resource Bundle Content

These are the FHIR resource locations and structure definitions of the resources where the data elements are located.

FHIR Resource location	Optionality	Cardinality	Structured Definition
Patient	R	1..1	http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Patient
Practitioner	RE	0..*	http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Practitioner
Organization	RE	0..*	http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Organization
Medication	R	0..*	http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.Medication
MedicationDispense	R	0..*	http://ihe.net/fhir/StructureDefinition/IHE.QRPH.PRQ.MedicationDispense

6.6.X.1.2 FHIR Resource Data Specifications

The following table shows the mapping of the FHIR Resources supporting the content for Prescription Repository data Elements/Attributes. The Data Creator SHALL support the Resources identified by this table. The Data Consumer SHALL receive paramedicine content from the specified resource for each attribute.

Prescription Repository Data Elements	FHIR Resource Location	Cardinality	Constraint
Patient First Name	Patient.name.given	0..*	

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Prescription Repository Data Elements	FHIR Resource Location	Cardinality	Constraint
Patient Last Name	Patient.name.family	0..*	
Patient Date of Birth	Patient.birthdate	0..1	
Patient Gender	Patient.gender	0..1	
Patient Street Address	Patient.address.line	0..*	
Patient City Address	Patient.address.city	0..*	
Patient State Code	Patient.address.state	0..*	
Patient Zip Code	Patient.address.postalCode	0..*	
Patient Telecom	Patient.telecom	0..*	
Patient Identifier	Patient.identifier	0..*	
Prescriber First Name	Practitioner.name.given	0..*	
Prescriber Last Name	Practitioner.name.family	0..*	
Prescriber Street Address	Practitioner.address.line	0..*	
Prescriber City Address	Practitioner.address.city	0..*	
Prescriber State Code	Practitioner.address.state	0..*	
Prescriber Zip Code	Practitioner.address.postalCode	0..*	
Prescriber Specialty	Practitioner.qualification	0..*	
Prescriber Profession	Practitioner.qualification	0..*	
Prescriber ID Number (e.g., DEA for the practitioner)	Practitioner.identifier	0..*	
Jurisdiction Provider ID Number (e.g., NPI for the practitioner)	Practitioner.identifier	0..*	
Jurisdiction License Identifier	Practitioner.identifier	0..*	
Jurisdiction of License	Practitioner.identifier	0..*	
Prescriber Telecom	Practitioner.telecom	0..*	
HCP Organization Name	Organization.name	0..*	
HCP Organization Address	Organization.address	0..*	
HCP Organization Telecom	Organization.telecom	0..*	
Prescription Filled Date	MedicationDispense.whenPrepared	0..*	
Prescription Written Date	MedicationDispense.authorizingPrescription.authoredOn	0..*	
Dispenser ID	MedicationDispenser.performer.actor	0..1	
Dispenser Specialty	MedicationDispense.performer.function	0..1	
Dispenser Name	MedicationDispense.performer	0..*	
Date of Service Event	MedicationDispense.whenHandedOver	0..1	

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Prescription Repository Data Elements	FHIR Resource Location	Cardinality	Constraint
Service Event Code	MedicationDispense.type	0..1	
Prescription Number	MedicationDispense.Identifier	0..1	
Authorization	MedicationDispense.authorizingPrescription	0..*	
Patient contacts	Patient.contact	0..*	
Medication ID	Medication.identifier	0..*	
Medication Code	Medication.code	0..1	
Medication Name	MedicationDispense.medication[x]	0..*	
Medication Strength	Medication.ingredient.strength	0..1	
Medication Dosage form	Medication.form	0..*	
Medication Lot number	Medication.batch.lotNumber	0..1	
Medication Expiration date	Medication.batch.expirationDate	0..1	
Medication Generic equivalent	MedicationDispense.substution	0..*	
Medication Packaging	Medication.batch	0..1	
Active Ingredient	Medication.ingredient.isActive	0..1	
substance Administration class Code	Unknowns	N/A	
Product ID	MedicationDispense.medicationCodeableConcept .code.value	0..*	
Product Item code	MedicationDipense.medicationCodeableConcept. code.system	0..1	
Dosage Instructions	MedicationDispense.dosageInstruction	0..*	
Medication Quantity	MedicationDispense.quantity	0..1	
Days of supply	MedicationDispense.daysSupply	0..1	
Refill number	Medication.request - extension	0..1	
Refills Authorized	MedicationDispense.authorizingPrescription.dispe nseRequest.numberOfRepeatsAllowed	0..1	
Partial Refill Indicator	MedicationDispense.type	0..1	
Method of Payment	MedicationDispense.note	0..1	
Reason For Prescription	MedicationRequest.reasonCode	0..*	
Dispenser Organization Name (Facility)	Organization.name	0..1	
Dispenser Organization Street Address	Organization.address.line	0..1	
Dispenser Organization City Address	Organization.address.city	0..1	
Dispenser Organization State Code	Organization.address.state	0..1	

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Prescription Repository Data Elements	FHIR Resource Location	Cardinality	Constraint
Dispenser Organization Zip Code	Organization.address.postalCode	0..1	
Dispenser Organization Phone Number	Organization.telecom	0..*	
Organization Prescriber ID Number (e.g., DEA)	Organization.identifier	0..*	
NCPDP Number	Organization.identifier	0..*	
Organization Jurisdiction Provider ID Number (e.g., NPI for the organization)	Organization.identifier	0..*	

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Volume 4 – National Extensions

Add appropriate Country section

4 National Extensions

4.I National Extensions for the United States

4.I.1 Comment Submission

This national extension document was authored under the sponsorship and supervision of Quality, Research and Public Health, who welcome comments on this document and the IHE USA initiative. Comments should be directed to:

http://www.ihe.net/QRPH_Public_Comments

4.I.2 Prescription Repository Query (PRQ)

This US extension references the NCPDP standard and the Prescription Drug Monitoring Program (PDMP) FHIR Implementation guide.

ONC ISA:https://www.healthit.gov/isa/allows-a-prescriber-request-a-patients-medication-history-a-state-prescription-drug-monitoring

The PDMP Responder SHALL Support the US Core Patient, US Core Practitioner, and US Core Organization resource profiles.

4.I.2.1 PRQ US Volume 3 Constraints

4.1.2.1.1 US Volume 3 Attribute Constraints

N/A

4.I.2.1.2 PRQ US Volume 3 Section Constraints

The following additional cardinality constraints apply to the Prescription Repository Query document specification and entries in Table 6.3.2.H4-1 Prescription Repository Query (PRQ) Document Content Module Specification.

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Table 4.I.2.1.2-1: PCS US Section Constraints

Cardinality	Section Element	Value Set OID	Specification Document	Vocabulary Constraint
O [0..1]	HCP Organization Name		PHARM TF-3: 6.3.2.H	
O [0..1]	HCP Organization Identifier		PHARM TF-3: 6.3.2.H	
O [0..1]	HCP Organization Address		PHARM TF-3: 6.3.2.H	
O [0..1]	HCP Organization Telecom		PHARM TF-3: 6.3.2.H	

Note: these attributes are available by reference using the DEA number

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Appendices

Appendix A – Content Module Data Element Definitions

A.1 NCPDP Request Transport Layer Document Definitions

Data Element	Definition
XML declaration	Standard XML declaration.
Message	Wrapper for the entire message. Includes XML namespace declarations.
Header	Wrapper for the header.
To	Indicates the intended message recipient.
From	Indicates the sender of the message. Could be assigned by the PMP or an intermediary.
Message ID	A unique reference identifier for the transmission, generated from the sender of the request and the sender of the response. Echoed back in the response
Sent time	The time and date of the transmission. In the format CCYY-MM-DDThh:mm:ssZ.
Security	Wrapper for security information.
Username Token	Wrapper for User Name
Username	User name.
Sender	Wrapper for authorized sender
Tertiary identification	Used to identify the requesting facility or provider.
Receiver	Wrapper for receiver of response message
Tertiary identification	Used to identify where to send the response transaction
Test Message	Element typically included in NCPDP 10.6 standard required for header.
Tertiary Identifier	Used to classify the transaction as a “fill” or “medication history” request, as opposed to a “dispense” or “e-prescription”. PDMP queries are medication history requests and data in the tag should always be FIL

A.2 NCPDP Request Body Document Definitions

Data Element	Definition
Body	Wrapper for the body.
Rx History Request	Wrapper for the Rx History Request
Patient section	Wraps patient information
Patient identification	Wraps patient identification
Social security number	Patient social security number NOTE: If SSN is not known, remove Patient Identification and SSN xml tags from request xml file.
Patient name	Wraps patient name
Last name	Patient last name
First name	Patient first name
Gender	Patient gender

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Data Element	Definition
Date of birth	Wraps patient date of birth
Date [numeric date]	Patient date of birth, without time. Format=CCYY-MMDD (CC=Century YY=Year MM=Month DD=Day)
Address	Wraps patient address
Address line 1	First line of patient's address
Address line 2	Second line of patient's address. Use only if address line 1 exists.
City	City of patient address
State	State of patient address
Zip code	Zip code of patient address. 5 or 9 digits
Benefits coordination	Wraps consent information
Effective Date	Wraps effective date
Date [numeric date]	Effective date, without time. Format=CCYY-MM-DD (CC=Century YY=Year MM=Month DD=Day)
Expiration Date	Wraps expiration date
Date [numeric date]	Expiration date, without time. Format=CCYY-MM-DD (CC=Century YY=Year MM=Month DD=Day)
Consent	Y - Patient gave consent for prescriber to receive the medication history from any prescriber. N - Patient consent not given. P - Patient gave consent for prescriber to only receive the medication history this prescriber prescribed. X - Parental/Guardian consent on behalf of a minor for prescriber to receive the medication history from any prescriber. Z - Parental/Guardian consent on behalf of a minor for prescriber to only receive the medication history this prescriber prescribed.

580

A.3 NCPDP Response Transport Layer Document Definitions

Data Element	Definitions
XML declaration	Standard XML declaration.
Message	Wrapper for the entire message. Includes XML namespace declarations.
Header	Wrapper for the transport header.
To	Indicates the intended message recipient.
From	Indicates the sender of the message.
Message ID	A unique reference identifier for the transmission, generated from the sender of the request and the sender of the response. Echoed back in the response.
Relates To Message ID	A unique reference identifier for the transmission, generated from the sender of the request and the sender of the response. Echoed back in the response
Sent time	The time and date of the transmission. In the format CCYY-MM-DDThh:mm:ss.

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A.4 NCPDP Response Body Document Definitions

Data Element	Definitions
Script Rx History Response	Wraps body of Response Approval/Denied
Response	Wraps SCRIPT request status
Approved	Indicates approval and wraps reference number. Only occurs if RxHistoryRequest was approved.
Denied	Indicates denial and wraps reference number. Only occurs if RxHistoryRequest was denied.
Reference number	Request reference number. Echoed back from the RxHistoryRequest.
Patient section	Wraps patient information
Patient name	Wraps patient name
Last name	Patient last name
First name	Patient first name
Gender	Patient gender
Date of birth	Wraps patient date of birth
Date	Patient date of birth, without time. Format=CCYY-MMDD (CC=Century YY=Year MM=Month DD=Day)
Address	Wraps patient address
Address line 1	First line of patient's address
Address line 2	Second line of patient's address. Use only if address line 1 exists.
City	City of patient address
State	State of patient address
Zip code	Zip code of patient address. 5 or 9 digits
Benefits coordination	Wraps consent information
Medication dispensed1	Wraps the information for one medication dispensed. May occur up to 300 times.
Drug description	Description of the drug
Drug coding	Wraps drug coding information
Product code	Wraps drug coding information
Drug code	Drug code; type of code is qualified by the drug code qualifier. Typically an NDC code.
Drug quantity	Wraps drug quantity information
Quantity value	The numeric quantity of drug prescribed.
Quantity qualifier	38 - Original Quantity 40 - Remaining Quantity 87 - Quantity Received -QS - Quantity sufficient as determined by the dispensing pharmacy. Quantity to be based on established dispensing protocols between the prescriber and pharmacy/pharmacist. CF - Compound Final Quantity
Unit Source Code	Unit of measure code for the given quantity value.
Unit Potency Code	Unit Potency Code
Days supply	Days supply
Substitutions	Substitutions
Written date	This wraps the date written
Date	Written date of prescription without the time. Format=YYYY MM DD

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Data Element	Definitions
Last fill date	This wraps the last fill date
Date	Last fill date of the prescription without the time. Format= YYYY MM DD
Pharmacy 2	This wraps pharmacy information
Identification	This wraps pharmacy identifying information
Identification data	Pharmacy identifying information including NCPDP ID, DEA number
Pharmacy Name	Pharmacy name
Pharmacy Address	Address information
Communication Numbers	This wraps Communication Numbers
Communication	This wraps communication data
Number	Number
Qualifier	Qualifier
Prescriber information3	This wraps Prescriber information
Identification	This wraps prescriber identification information
Identifiers	Prescriber identifiers
Prescriber Name	This wraps Prescriber name information
Prescriber Name fields	Last and first names
Prescriber Address	This wraps prescriber address information
Address fields	Address information
History Source	History Source Wrapper
Source4	Source wrapper
Source qualifier	Source qualifier
Source Reference	Script reference wrapper
Reference Information	Reference information fields
Source Reference	Source Reference data
Fill number	Fill number information

585

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