



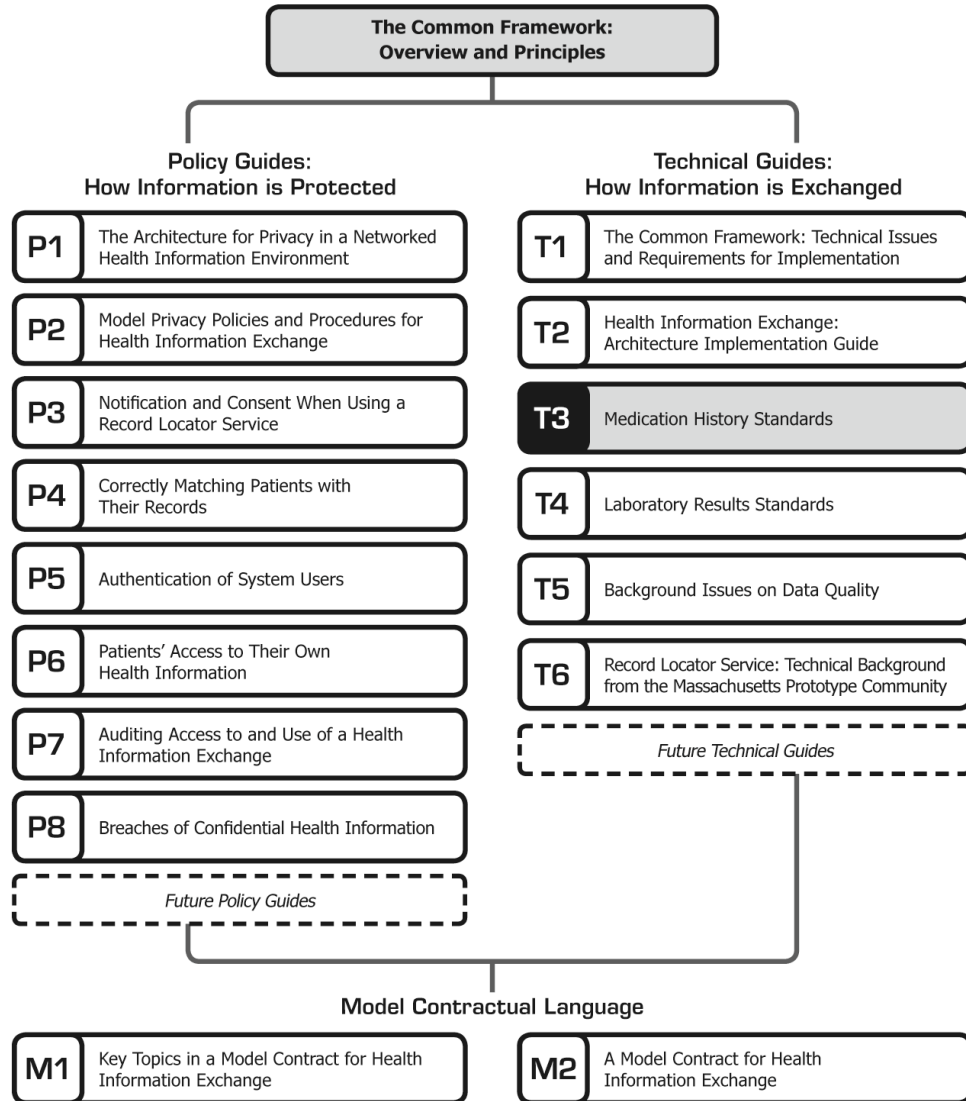
P1 P2 P3 P4 P5 P6 P7 P8

T1 T2 T3 T4 T5 T6 M1 M2

Medication History Standards

Medication History Standards

The document you are reading is part of *The **Connecting for Health** Common Framework*, which is available in full and in its most current version at: <http://www.connectingforhealth.org/>. The Common Framework will be revised and expanded over time. As of April 2006, the Common Framework included the following published components:



Medication History Standards*

One of two use cases we tested in the **Connecting for Health** Common Framework prototype was the exchange of medication history. In order to do so, we adopted a format for representation in the network that had the best fit with broad adoption and potential standardization. The Medication History schema we used was derived from the National Council for Prescription Drug Programs (NCPDP¹) SCRIPT specification, version 8.1, as described by RxHub.²

We generated a schema for use in the prototype using the ZixCorp³ XML implementation. These Medication History schemae, as developed by CSC, are published in two parts:

RxHREQ: medication history request -
<https://rls.consult.csc.com/IRB/RxHREQ.xsd>
RxHRES: medication history response -
<https://rls.consult.csc.com/IRB/RxHRES.xsd>

There is considerable work on medication history standards, and we anticipate that there will be future changes to this standard in the near term. Because the Common Framework maintains a separation between data description and transport, updates to the medication history standard will not require re-engineering the network to accommodate the new standard.

* **Connecting for Health** thanks the Massachusetts prototype team, John Halamka, MD, Vinod Muralidhar, John Calladine, and Gail Fournier for their implementation efforts on this standard.

¹ www.ncdp.org.

² www.rxhub.net.

³ www.zixcorp.com/.

©2006, Markle Foundation

This work was originally published as part of *The **Connecting for Health** Common Framework: Resources for Implementing Private and Secure Health Information Exchange* and is made available subject to the terms of a license (License) which may be viewed in its entirety at: <http://www.connectingforhealth.org/license.html>. You may make copies of this work; however, by copying or exercising any other rights to the work, you accept and agree to be bound by the terms of the License. All copies of this work must reproduce this copyright information and notice.