

**Audible Prescription Reading Device  
Frequently Asked Questions (FAQs)  
March 2005**

**Q1: *Is it mandatory that every veteran who is determined to benefit from an APRD program have access to one?***

A1: Yes, without exception.

**Q2: *Is it mandatory that every facility purchase APRD equipment and make those services available?***

A2: No, it is not mandatory that every facility purchase APRD equipment, but it IS mandatory that each facility provide APRD services to any veteran who needs them (reader, vials, education, etc.). If the APRD system is not located on the VAMC premises, a local policy should be developed to establish a process that ensures these patients can receive the training, readers and medications in a safe, timely and convenient manner from another VA facility.

**Q3: *Is the APRD program mandatory for all facilities which host a Visual Impairment Services Team (VIST) Program, Blind Rehabilitation Outpatient Specialist (BROS) Program or other program to serve blinded veterans?***

A3: Yes, VHA Directive 2004-006 mandates that veterans who would benefit from the issuance of an APRD have access to a device. It is expected that these sites will have veterans who can benefit, therefore they were identified as Phase I implementation sites.

**Q4: *If a facility serves a small number of patients requiring an APRD and has a different APRD system in place than VA's standardized system (ScripTalk), can it continue to use the system?***

A4: Yes, if those systems are already in place. The goal of APRD standardization is to promote uniformity and portability across the entire VA system, and to select a device which offers the best overall value to VA and veteran patients. Use of alternate systems will not have national support and local policy must be developed to define a process which ensures patient safety measures are in place and timely and convenient access to medications filled with the alternative APRD system is provided.

**Q5: *Who should have access to an APRD?***

A5: Any veteran who is determined by his or her Primary Care team to likely benefit from the use of an APRD should have access to a device. Patients who have visual, physical or cognitive impairments may be eligible for this device.

**Q6: *What if a patient does not want to change from the system he or she is currently using?***

A6: Patients should be educated about the advantages and disadvantages of both their current system and the standardized APRD system. If after receiving comparative information, the patient prefers using the former system, they should be permitted to do so.

**Q7: Who is responsible for identifying patients for the device?**

A7: All health care providers have the responsibility of identifying individuals who may be APRD candidates and referring them to their Primary Care providers. VIST Coordinators are uniquely positioned to identify visually impaired APRD candidates.

**Q8: Who is responsible for evaluating and assessing patients for the APRD program?**

A8: The veteran's Primary Care team is responsible for determining the veteran's overall ability to self-medicate using an APRD and for documenting the assessment in the patient's medical record.

**Q9: Who is responsible for APRD training and the medication management?**

A9: The Primary Care Team is responsible for APRD training, relying on a variety of health care providers to perform various functions. These functions will be coordinated by the Nurse Educator and/or designee who will assure that each veteran is trained on the APRD device, educated on medication management by appropriately licensed staff, and that the training is documented in the patient's medical record.

**Q10: What is the responsibility of the VIST Coordinator in the APRD program?**

A10: The VIST Coordinator is responsible for identifying visually impaired patients who may be appropriate candidates for an APRD device and referring them to their Primary Care team for evaluation. VIST Coordinators also serve as a resource to the Nurse Educator regarding visual loss.

**Q11: What is Prosthetics Policy for stocking APRD devices?**

A11: Initially some APRDs will be purchased to provide hands-on access to the devices. The Primary Care Team will notify Prosthetics service when a patient needs a reader, so that Prosthetics can maintain an adequate reader inventory.

**Q12: Who should a veteran to call if they experience problems with a device?**

A12: If a veteran can't resolve the problem using the reference information provided to them, they should call the Prosthetics Service which issued their device, to coordinate repair or replacement.

**Q13: How do APRD devices relate to the Self-Medication Program (SMP)?**

A13: APRD devices and policy are separate and distinct from the SMP policy, although it is possible that an SMP patient may be a candidate for a device and it would be incorporated into their individualized SMP program.

**Q14: Who should a veteran using an APRD call if there are questions regarding his or her medication(s)?**

A14: The patient should contact his or her VA physician, pharmacist or another appropriately qualified and designated member of the Primary Care team.

**Q15: Who should I contact to purchase APRD equipment for use at my facility?**

A15: VA personnel should contact their local Prosthetics and/or Pharmacy offices for assistance.

**Q16: What type of training is available for VA's standardized APRD?**

A16: Staff training for VA's standardized APRD (ScripTalk) can be obtained in two ways: either through the manufacturer (for a fee), or through the VA's website (<http://vawww.vistau.med.va.gov/vistau/scriptalk/default.htm>). Additionally, questions or training issues can be referred to the following VA staff: Scott Wachter, Education Project Manager via phone at 440-526-3030 x6107 or email at [Scott.Wachter@Med.VA.Gov](mailto:Scott.Wachter@Med.VA.Gov), and Laura Meade, Education Technician via phone at 440-526-3030 x7795 or email at [laura.meade2@med.va.gov](mailto:laura.meade2@med.va.gov). Facilities that wish to receive training from the manufacturer, should contact them directly to schedule training. The manufacturer's contact information may be obtained from the local Prosthetics or Pharmacy offices.

**Q17: How do I obtain software for VA's standardized APRD?**

A17: Software has been available since 2003 and is available through your local IT group. If you have questions regarding the software, you may contact Shannon Templeton at 205.554.3521 or via email at [terri.templeton@e2k.med.va.gov](mailto:terri.templeton@e2k.med.va.gov).

**Q18: How was VA's standardized APRD chosen?**

A18: A multidisciplinary work group conducted the market research and product evaluations which ultimately led to VA's APRD national standardization contract. The multidisciplinary group included Pharmacists, Blind Rehabilitation Service representatives, VA Prosthetics Service representatives, VA National Acquisition Center (NAC) representatives and Information Technology representatives.

The group reviewed four commercially available devices and judged each of them on their existing ability to deliver a high-quality and cost-effective APRD device to VA patients, using relevant selection criteria.

**Q19: Are APRD devices available through VA's Consolidated Mail Outpatient Pharmacies (CMOPs)?**

A19: APRDs are not currently supported through the CMOP program due to both technical barriers as well as the uncertainty of the need for off-site dispensing. VA will continue to evaluate the need for support APRDs through the CMOP, and if necessary will request resolution of the existing technical barriers.

**Q20: How long does it take to perform patient training on VA's APRD?**

A20: Approximately 30 minutes, but this time will vary from patient to patient and instructor to instructor.

**Q21: In what languages is VA's APRD available?**

A21: Both English and Spanish.

**Q22: Is there a limit to the number of characters permissible in the APRD prescription instructions?**

A22: The instructions field (SIG) is limited to 196 total characters. This 196 character limit does not affect the vast majority of medication instructions. An early estimate (during the evaluation pilot) was that less than 1% of prescriptions would require greater than 196 characters. It was further estimated that most, if not all, of the 1% could be restated to be under the limit.

In the event that more than 196 characters is unavoidable, the patient receives the following message: *"The instructions for this prescription are too long for the ScripTalk label. Please get the assistance of a caregiver to read the printed label for this prescription."*

**Q23: Can the APRD label get wet or dirty? Will the label "wear out"?**

A23: ScripTalk labels are very robust, with a life expectancy of 10+ years and 10k reads. The labels can also be read after getting wet. Additionally, airport and mail scanning do not affect the labels. They will read through dirt, grime, grease, etc.

**Q24: What happens if the APRD fails?**

A24: Patients having any difficulty with the APRD should be instructed to have a sighted caregiver visually read the label information. The printed label is always available and should be considered as a fail-safe in case of problems. In the absence of a caregiver, the patient should contact their Primary Care team for assistance.

**Q25: How often should a patient be re-evaluated for APRD use?**

A25: A patient's ability to use an APRD should be re-evaluated as part of their routine Primary Care treatment. The Primary Care team will determine the recommended frequency for re-evaluation, but it should be performed once yearly at a minimum.

**Q26: May VIST Coordinators demonstrate APRDs to potential referral candidates?**

A26: Yes, VIST Coordinators may demonstrate APRD equipment to potential candidates for the purpose of gauging their desire to be evaluated for use of the device. VIST Coordinators should obtain demonstration prescriptions from pharmacy with fictitious patient names, vial contents and directions (e.g. PATIENT: VA patient. DRUG: Chocolate Candy. DIRECTIONS: Use as needed)

**Q27: May VIST Coordinators help patients practice with their APRD after having been evaluated, approved for participation and trained by the Primary Care team?**

A27: Yes, VIST Coordinators may help patients practice with their APRD, after the patient has been trained by the Primary Care team. With the patient's permission, VIST coordinators may use the patient's VA issued prescriptions for device training, or they may use the fictitious prescriptions used for initial demonstration. VIST Coordinators may not provide instruction on specific medications, but should instead refer the patient back to the Primary Care team for drug-specific or disease-specific issues.