

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-04-28

**DATE:** May 13, 2004

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Pilot Program for the Pharmaceutical and Herbal Products Database—Part 2

**Letter Summary**

- The Centers for Medicare & Medicaid Services (CMS) has acquired a new resource for surveyors -- a pharmaceutical and herbal products database for use as a reference during the review of medications as part of the survey process.
- CMS requests your feedback within 20 days on the benefit of using this software in the survey and certification program.

Thank you for your cooperation so far as we investigate the use of a pharmaceutical and herbal products database as part of the survey process for medication review. For this stage of the pilot, CMS will provide each state information technology representative one copy of a CD-ROM to determine if the CD-ROM is compatible with the configuration of the state survey agency (SA) lap top computers. Additionally, if the CD-ROM is compatible with SA infrastructure, we ask that the CD-ROM be forwarded to an expert surveyor or a survey team for use during the survey process. **We ask that feedback from the information technology representative and the surveyor/survey team be provided within 20 days of the date of this memo to help us decide if this database would be beneficial for the survey and certification program.** Please use the forms provided in this memorandum to document that feedback.

The manufacturer of the CD-ROM (vendor) will directly ship copies of the database to the designated states points of contact for installation in the lap top computers used during the survey process. Additionally, the vendor will provide installation instructions for the CD-ROM, a video help guide embedded on the CD-ROM, and a toll free 800 number to answer potential questions and to provide assistance. The toll free number for customer support is 800.223.0554. Each CD-ROM shipped will be pre-programmed with a seven-month timer to cause the pharmaceutical and herbal products database to deactivate. This will ensure that surveyors have access only to the most current medication information during the survey process.

If the reviews from this pilot indicate that this software is helpful and easy to use for surveyors, then we will send additional copies of the pharmaceutical and herbal products database to all states for full implementation. We anticipate that there will not be enough copies of the database for all surveyors. The SAs will need to allocate this resource to their best advantage.

There is no CMS requirement to use this database. States that cannot use the CD version can potentially use the equivalent number of Internet licenses of the product or a blend of Internet and CD licenses.

I wish to thank you for your interest in this stage of the pilot program for the pharmaceutical and herbal products database, and to encourage you to participate in this effort.

Please contact Ralph King at 410.786.2018 or Rosalind Abankwah at 410.786.2012 for additional information. Thank you for your help.

**Effective Date:** Immediately.

**Training:** The information contained in this announcement should be shared with all surveyors, survey and certification staff, their managers, and the state/RO training coordinators.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)

**Pharmaceutical and Herbal Product Database  
Pilot Study Evaluation Form**

Please let us know your level of satisfaction with the Pharmaceutical & Herbal Products Interactions Database. If you are a technical installer, please complete the following "Technical Evaluation" questionnaire. If you are a surveyor, please complete the "Surveyor Evaluation" questionnaire on the next page. If you will both install the CD-ROM and use the database, please complete both questionnaires.

**TECHNICAL EVALUATION**

**Name, please print:** \_\_\_\_\_

**State or Region:** \_\_\_\_\_

*Please return your evaluation within 20 days of receipt*

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>No Opinion</b>	<b>Agree</b>	<b>Strongly Agree</b>
The CD-ROM was easy to install					
The CD-ROM installation instructions were adequate					
The CD-ROM presents no Java or network issues					
The CD-ROM presents no security/firewall issues					

**ADDITIONAL COMMENTS:**

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When completed please mail this form to:

Centers for Medicare and Medicaid Services  
 CMS/CMSO/SCG/TS  
 Attn: Ralph King  
 Mail Stop S3-13-15  
 7500 Security Boulevard  
 Baltimore, MD 21244-1850

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**SURVEYOR EVALUATION**

**Name, please print:** \_\_\_\_\_

**State or Region:** \_\_\_\_\_

*Please return your evaluation within 20 days of receipt*

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>No Opinion</b>	<b>Agree</b>	<b>Strongly Agree</b>
The database was easy to use					
The content was easy to understand					
The database answered the question/concern					
I would continue to use this application as a resource for my job					

**ADDITIONAL COMMENTS:**

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