MUET: Medication Use Evaluation Tracker

Medication Use Evaluation Tracker (MUET) is VA's very own state-of-the-art, data-driven, web application developed by the VA Center for Medication Safety (VA MedSAFE) for assessment of potentially at-risk patients. This program allows providers to follow patients that require additional monitoring or change in therapy due to an identified safety risk for action and intervention (where clinically appropriate) in an effort to ensure optimal care and prevent adverse outcomes.

MEDICATION USE EVALUATION TRACKER (MUET)

MUET GOALS
- To provide VA medical centers with secured lists of target patients that meet pre-set criteria for intervention.
- To enable these interventions to be recorded into a centralized database for real-time tracking and reporting.
- To optimize patient outcomes while maintaining evidence-based standards of care.

MUET PROCESS
- At-risk patients are identified centrally and loaded into secure MUET web application at pre-determined time intervals as Pending Interventions.
- Locally designated clinicians access MUET to address the issue at hand. Responses are stored as Completed Interventions and can be used for tracking, reporting, or further analysis at the national, VISN, and facility levels.

DEFINITIONS
- At-risk: Prescribing inconsistent with approved criteria; deficiencies in monitoring; identification of adverse events which prompt re-evaluation of drug therapy.
- Pending Intervention: Record for a patient identified to meet pre-set criteria for intervention that has not been completed.
- Completed Intervention: Record for a patient identified to meet pre-set criteria for intervention that has documented follow-up and actions.

Medication safety solutions for your patient-care needs

MUET facilitates national-level assessments of patients with a potential risk for developing an adverse outcome based on factors such as non-adherence to evidence-based standards/criteria and/or monitoring requirements. For all initiatives over all time, the target drug was documented as discontinued in 4813 interventions (Figure 1 and Table 1). While this is not an exact quantification of adverse events prevented by the MUET tool, it does demonstrate substantial impact where an at-risk population is documented to no longer be receiving the target drug.

TABLE 1. Targeted interventions for at-risk patients per initiative facilitated by MUET application.

<table>
<thead>
<tr>
<th>IMPACT POTENTIAL</th>
<th>2012</th>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESA INITIATIVE</td>
<td>Pending Interventions</td>
<td>904</td>
<td>996</td>
<td>977</td>
<td>1025</td>
<td>1108</td>
<td>1047</td>
</tr>
<tr>
<td></td>
<td>Completed Interventions</td>
<td>273</td>
<td>234</td>
<td>303</td>
<td>270</td>
<td>239</td>
<td>234</td>
</tr>
<tr>
<td></td>
<td>Total Unique Patients Screened</td>
<td>4707</td>
<td>4512</td>
<td>4745</td>
<td>4634</td>
<td>4766</td>
<td>4603</td>
</tr>
<tr>
<td>GLYBURIDE INITIATIVE</td>
<td>Pending Interventions</td>
<td>178</td>
<td>170</td>
<td>163</td>
<td>176</td>
<td>198</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>Completed Interventions</td>
<td>101</td>
<td>80</td>
<td>89</td>
<td>56</td>
<td>53</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Total Unique Patients Screened</td>
<td>35,941</td>
<td>33,655</td>
<td>34,673</td>
<td>32,368</td>
<td>33,968</td>
<td>31,399</td>
</tr>
<tr>
<td>DABIGATRAN INITIATIVE</td>
<td>Pending Interventions</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>299</td>
<td>328</td>
</tr>
<tr>
<td></td>
<td>Completed Interventions</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>137</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Total Unique Patients Screened</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>2,638</td>
<td>2,621</td>
</tr>
</tbody>
</table>

For more information about MUET, contact Von.Moore@va.gov and/or Muriel.Burk@va.gov.

WHERE AND HOW TO ACCESS MUET

https://medora.va.gov/MedSafe_portal/
- Click MUET Launch
- Select VISN/Station - Use VISTA sign-in access/verify codes
- Click on desired initiative from drop-down window
- Click on patient list from most recent month

From the VA National Pharmacy Benefits Management Services (PBM) and Center for Medication Safety (VA MedSAFE)

COMPLETED INITIATIVES
- Pseudoephedrine and excessive quantities
- Sevelamer and excessive quantities
- Erythropoiesis-stimulating agents (ESA) and Hemoglobin
- Amiodarone monitoring
- Great safety net to help manage patients that fall through the cracks.
- Useful QA/QI tool.
- Excellent educational opportunity for providers.

ACTIVE INITIATIVES
- High dose citalopram prescribing
- DALIBITRAN use in presence of renal insufficiency
- Glyburide use in elderly with renal insufficiency
- New drug started to replace target drug (N=998 or ~ 21%)
- Continued prior to review (N=1272 or ~ 26%)
- Target drug discontinued (N=11 or <1%)
- Documented to no longer be receiving target drug (N=797 or ~ 17%)
- Indicated (N=1735 or ~ 36%)
- Decision (N=2,638 or 54%)
- Pending intervention (N=1,713 or 34%)
- Completed intervention (N=1,073 or 21%)

INITIATIVES IN DEVELOPMENT
- Amiodarone monitoring
- Amiodarone monitoring
- Amiodarone monitoring
- Amiodarone monitoring
- Amiodarone monitoring

TARGET DRUG DISCONTINUED

FIGURE 1. Drug discontinuations represent one form of intervention that may result from evaluating pharmacotherapy of at-risk patients identified by MUET. Reasons for discontinuation are indicated by shaded areas.

- Adverse drug event (N=115 or 17%)
- No longer indicated (N=1735 or 36%)
- New drug started to replace target drug (N=998 or 21%)
- Other reason (N=797 or 17%)
- Drug discontinued prior to review (N=1272 or 26%)

FOR MEDICATION SAFETY (VA MEDSAFE)

VA Medical Center

VA Center for Medication Safety

VAmedSafe Portal

WEB APPLICATION

CMSS

VA Medical Center

VA MedSAFE Portal

VA Center for Medication Safety

VAmedSafe Portal