ePrescribing FAQ's – Pharmacy

Community Setting

Introduction note

This document will refer to "ePrescribing" as the new form of electronic prescriptions which do not require paper.

General

What is a Prescription Exchange Service (PES)?

In Australian a Prescription Exchange Service (PES) securely moves and stores prescription information electronically. PES systems are sometimes also referred to as Prescription Delivery Services (PDS's).

Are the PES Systems in Australia interoperable?

Yes, as of 2019 there are two PES providers in Australia which are interoperable with each other. This means that prescribers doctors and pharmacies can connect with either PES and patients can choose which pharmacy they visit to have their prescription dispensed.

What is Electronic Transfer of Prescription (ETP)?

Electronic Transfer of Prescription (ETP) is the process by which the details of a legal prescription are transferred electronically from the doctor to the patient's pharmacy of choice.

What is the difference between current ETP and ePrescribing?

In the current ETP model the legal prescription is the signed piece of paper from the doctor and the electronic transfer of data is purely an adjunct process to reduce transcription errors at the pharmacy.

The new ePrescribing ETP also refers to the system of Electronic Transfer of Prescription information, however in this case the legal document is the data set residing in one of the PES systems.

Where can I find out which prescribing and dispensing systems enable their users to create and dispense ePrescriptions?

Only conformant systems may create or dispense ePrescriptions. The register of conformant systems is available on the ADHA website.

The Token Model

How does the token model work?

The token model for ePrescribing is based on the legal prescription ceasing to be the signed paper prescription and instead becoming the relevant data set residing in one of the PES systems. In the token model, rather than generating and signing a paper prescription, the doctor provides a token to the patient for each item prescribed. The token provides a link to a unique code used by the dispensing pharmacy to access the legal document for dispensing.

In a similar way to the prescribing of an original prescription, following the dispensing of a prescription at a pharmacy, any tokens for repeats would be provided to the patient.

How do patients receive their token?

Patients can receive an ePrescribing token via SMS, email or printed paper. Please note, token's must not be printed on PBS script paper.

Can a patient have both a token and legal paper scripts for the same item?

No, a prescription can only be one or the other for the duration of its life, including any repeats.

Could the token model lead to channeling of prescriptions from doctors to specific pharmacies?

No, as the token will be in the possession of the patient, they will have the choice, as they do now with their paper prescription, on where to get their ePrescription dispensed.

What are the benefits of the token model to the patient?

The token model means that the patient experiences less paper in processing a prescription and can more easily produce their token to a third party for dispensing. As an example, a sick person, having visited the doctor for treatment, could forward their SMS token to their spouse for them to fill at their pharmacy of choice. Equally, the patient may choose to forward their token to a pharmacy of their choice for dispensing and delivery – this could occur directly or via an intermediary app or service.

What are the benefits of the token model to the pharmacy?

The token model enables pharmacies to receive prescriptions from remote subjects of care without the need to physically obtain a paper prescription. This may reduce the burden of owing prescriptions and enable innovative models to be developed, such as enhanced delivery services, for the benefit of patients.

What are the limitations of the token model?

The token model has limited application for patients using multiple medicines and does not solve the issue of patients losing their prescriptions.

Because tokens are provided on a "per item" basis with limited information over and above the token id, multiple tokens may quickly become confusing and unmanageable. Patients with multiple tokens would need to click on the link for each token individually to bring up the token QR code and limited medicines information – a process that quickly becomes unwieldy with multiple prescriptions and repeats.

As a token must be presented at the time of dispensing and is not able to be "searched", patients are at risk of losing their tokens/prescriptions just as they are with a paper prescription. Whilst the legal document will remain in one of the PES systems, it is irretrievable without the unique token possessed by the patient.

What are some of the potential workflow impacts of the token model for pharmacies?

Pharmacies traditionally manage their workflow through a system of baskets containing paper prescriptions and notes. In some cases, this basket system is run in conjunction with electronic orders for the dispensing of paper prescriptions held at the pharmacy on file, but these systems ultimately result in a manual integration of work pieces into baskets for completion. The integration of electronic tokens displayed on mobile phones and emails etc. alongside paper prescriptions will require a fundamental rethink of how pharmacies manage this workflow.

Pharmacies will also need to consult with their dispensing software vendor to ensure their system is able to ingest, dispense and generate conformant ePrescribing repeats. The pharmacy systems will also need the functionality to provide tokens to their patients.

Will all types of community prescriptions be able to be ePrescriptions?

Yes, whilst requirements differ slightly across various jurisdictions, all types of prescriptions can be created as ePrescriptions.

Will residential care facilities be able to direct chart prescriptions to their contracted pharmacy?

Yes, direct point to point transmission of charted prescription items for residents of care facilities is allowed for, but with some important caveats. Firstly, any point to point transmission of prescriptions for these patients must be done under equivalent safety, privacy and security standards to the PES providers. Secondly, facilities must provide patients with choice of pharmacy and must therefore be able to transmit prescriptions to the patient's pharmacy of choice. Electronic chart solution vendors will also be able to submit ePrescriptions to a pharmacy via the eRx infrastructure.

Is there an expiry on the token?

The token will not be useable after the prescription's expiry date.

My Script List (MySL) – an optional extension for the patient

How does MySL work?

As with the token model, MySL relies upon conformant ePrescribing messages instead of paper prescriptions. Building on the token model however, if a patient registers for MySL they no longer require a token to access their prescriptions. MySL enables patients to provide relevant pharmacies, doctors and third-party intermediaries of their choice with access to their personal list of active scripts ready for dispensing. This access is revocable but may be otherwise ongoing or temporary depending on the access granted by the patient to each viewing party. It is important to note that this is only a list of their active scripts for future dispensing and not their full medication profile. Once access is granted, a pharmacy may dispense the items requested by the patient and doctors and third-party intermediaries can view the list.

How do patients register for MySL at the pharmacy?

Patients will be able to go through an assisted registration process for MySL at their pharmacy of choice. This process will involve an SMS (initiated through the dispensing software) from the pharmacy to the patient who must then consent to establish their MySL. Once a MySL has been established for a patient, subsequent doctors or pharmacies may seek permission from the patient to access their MySL in a similar fashion via an SMS.

Will the MySL display prescriptions created prior to the patient's registration for the MySL?

Once the patient has consented to the MySL service by replying to the first consent SMS they will recieve a second SMS to consent to historic bulk upload. If a patient agrees to this process then the MySL will display all current active scripts. Should a patient not wish to do a historic bulk upload the MySL will simply display scripts or repeats created after the MySL consent has been actioned.

Can a patient register for MySL at the doctor?

Yes, patients will be able to go through an assisted registration process for MySL at their doctor of choice. This process will involve an SMS (initiated through the prescribing software) from the doctor to the patient who must then consent to establish their MySL.

How do patients allow a doctor or pharmacist to have access to their MySL?

Once a MySL has been established for a patient, subsequent pharmacies or doctors may seek permission from the patient to access their MySL by sending an SMS initiated by their dispensing or prescribing software to the patient. The patient will reply with Yes, No or One day only to allow access.

How do patients register for the MySL through their third-party intermediary app?

The MySL API will allow mobile vendors to facilitate patient registration to their MySL within their patient app as well as view, manage access and review access to their list. Part of the process of connection to the MySL API will be assurance about how each third-party intermediary identifies its users – it will be a requirement that this involves some face to face validation of identity either at the doctor or pharmacy.

Who will be able to access a patient's MySL?

Patients are in control of who accesses their MySL and they may grant access to Australian doctors, pharmacies and third-party apps. Importantly, MySL does not provide access to the actual legal document (prescription) as this can only be accessed by doctors or pharmacies for the purpose of prescribing or dispensing.

Once a patient registers for MySL, will all their electronic scripts be visible to permitted viewers?

In general, yes, once a patient has registered for a MySL, all the electronic prescriptions created, and all their subsequent repeats will show up in their MySL. If the patient, in collaboration with their doctor or pharmacist, does not wish to display a particular script in their MySL then the practitioner should add the "no" flag to the relevant item to prevent it from being displayed.

If a doctor creates an ePrescription for a patient but does not have MySL-enabled software, will the prescription still show in the patient's MySL?

Yes, the ePrescription will still flow through. In this case the token provided to the patient only remains relevant if the patient chooses to use it or could be discarded if the patient gives a MySL-enabled pharmacy access to their MySL.

If the doctor creates a traditional computer-generated prescription with a prescription exchange barcode on it, will this show in a patient's MySL?

Yes, where a prescription is sent to a PES, even if it is paper prescription, it will be displayed in a patient's MySL. It is however important to remember that patients would be required to present the signed prescription (the legal document) or one of its subsequent repeats (plus original duplicate) to the pharmacist in order to have it dispensed.

What if a handwritten or non-computer generated prescription with repeats is dispensed at a pharmacy with a PES connection – will the repeats show in a patient's MySL?

No, a manually dispensed prescription that has subsequent repeat supplies will not be included in a patient's MySL. This allows a patient to decide if paper prescriptions for sensitive items will appear in their MySL.

What happens when active scripts in MySL expire?

Scripts which expire (e.g. at twelve months from the date of original prescription) will no longer be available for dispensing. They will however show for a period of 7 days post expiry as read-only within the patient's MySL, before no longer appearing.

What happens when the last repeat of an active script in a MySL is dispensed – do they still show in a MySL?

Once the last repeat of a prescription in a MySL has been dispensed it will no longer appear in MySL.

How can patients manage who has access to their MySL?

Patients can manage who has access to their MySL with third-party intermediary apps.

Could MySL lead to channeling of prescriptions from doctors to specific pharmacies?

No, the patient can still choose where to have their prescription dispensed. MySL also enables the patient to control who has access to their MySL.

What does a customer do if they want to submit a MySL script for a family member?

People acting as agents for the patient can still have scripts dispensed for patients using the MySL. In the scenario where the pharmacy has existing access to the patient's MySL, the pharmacy would take reasonable steps to establish that the agent had authority to have the item(s) dispensed. In the scenario where the pharmacy did not yet have access to the MySL, they would need to request access and therefore send the confirmation text message to the "owner" of that MySL i.e. the patient themselves or their care giver (e.g. parent).

What are the benefits of MySL to the patient?

MySL has several benefits that build on those provided by the ePrescribing Token Model.

Patients managing their medicines with paper prescriptions today regularly visit multiple sites of care, leading to a fragmented picture of their prescriptions. Because MySL provides approved healthcare professionals with a shared view of prescriptions available for dispense, clinical decision making should be more fact-based, leading to a reduction in prescribing and dispensing errors.

Another key benefit of MySL is that because no tokens are required patients can no longer lose their prescriptions. This should lead to a reduction in Government costs from superfluous MBS claims for replacement tokens or paper scripts and a reduced risk in prescribing duplication.

Fundamentally MySL further empowers the patient to choose where and how they have their prescriptions dispensed. A key example here is a patient on holidays being able to access a community pharmacy of their choice at their destination without having to get the paper document to that pharmacy.

What are the benefits of MySL to the pharmacy?

MySL provides the pharmacy with a much better view of the patient's current active scripts than the traditional paper model and is far more user friendly than the token-based approach to ePrescribing. The model, as it does not require a token to be scanned at the pharmacy, should require less change to a pharmacy's current workflow.

Third-Party Intermediaries

What is a third-party intermediary in the context of electronic prescriptions in Australia?

In the context of community based ePrescribing, a third-party intermediary is a service other than a doctor or dispensing pharmacy that works to improve medication management for patients. To this extent, these entities do not access the full legal ePrescription from a PES but are able to access a limited data set that enables their role in improving the patient experience. An example is a phone APP that consolidates and views a MySL for a patient.

Will patients have to use a third-party intermediary to manage their ePrescribing Tokens?

No, the use of a third-party intermediary is optional for patients who are prescribed a medicine using an ePrescription. Whilst innovations from third parties may improve the usability of the token model, patients are able to have their prescription dispensed by presenting their token at a pharmacy just as they would have a paper prescription.

Will patients be able to opt into MySL via their third-party intermediary app without receiving text messages?

Yes, with the required information provided and validated, a patient can use a third-party intermediary app to register for MySL.

Will patients be able to provide access to their MySL to new doctors or pharmacies wholly within their app or will the relevant site need to request access via their prescribing or dispensing system?

No, access will need to be requested from a pharmacy or doctor through their dispensing or prescribing software and accepted by the patient via SMS.

Will patients have to use a third-party intermediary to manage MySL?

No, patients can opt into the MySL system without using a third-party intermediary and receive the benefits of this functionality from their pharmacy(s) and doctor(s). If, however a patient wishes to view their MySL access history or manage access permissions, they will need to do this via a third-party intermediary app.

Will patients be able to use more than one third party intermediary?

Yes, patients can control who has access to their MySL including giving access to multiple third-party apps, pharmacies and doctors.

Will patients be able to generate individual tokens for items within MySL?

Yes, patient apps which integrate with the third-party API will be able to pull back tokens for individual items in that list if their app offers that functionality.

Will patients be able to direct scripts for dispensing to pharmacies they have not visited previously using their MySL-enabled third-party app?

Yes, but the prospective dispensing site will have to initiate a request for access to the relevant patient's MySL. Once the patient grants that access, the pharmacy can dispense to the patient and discharge their associated professional responsibilities remotely. An alternative for patients in this case would be for the patient to use their app to generate a token for an individual item on their MySL and then provide this to their pharmacy of choice.

Medication Charts

Is current ETP or current eRx functionality available for medication charts?

Medication charts require different business logic to that applied to community prescriptions. eRx is building suitable logic to enable charting software providers with prescribing functionality to integrate with current eRx systems.

How does current eRx functionality streamline the medication supply aspects for patients whose' medications are managed on a medication chart?

The current eRx functionality when applied to medication charts helps to reduce transcription errors at the point of dispensing. It will however still require the timely transfer of the paper chart or paper prescriptions (legal document(s)) to the dispensing pharmacy.

How will ePrescribing functionality streamline the medication supply aspects for patients whose' medications are managed on a medication chart?

The application of ePrescribing functionality to medication charts will retain the benefits of the current eRx process with the added workflow benefits of no longer having to transfer paper documents.

What are the benefits to the patient that flow from the use of ePrescribing medication chart functionality?

Aside from the reduction in transcription errors at the point of dispensing the patient would no longer need to be involved in the administrative aspects of following up paper prescriptions.

What are the benefits to the pharmacy that flow from the use of ePrescribing medication chart functionality?

The pharmacy would no longer need to seek separate prescriptions to legally dispense from the medication chart.

What are the benefits to the residential care facility that flow from the use of ePrescribing medication chart functionality?

The facilities would no longer need to be involved in the administrative look of separate prescriptions and paper movement required under the existing system.

What are the benefits of ePrescribing functionality to vendors of charting software?

Leveraging the PES infrastructure to transfer ePrescriptions from facilities to pharmacies alleviates the need for these vendors to build separate conforming means of transferring these prescriptions to a range of pharmacy vendors.

Hospital Settings

Will hospital systems used for inpatients, utilise the token or MySL for ePrescribing?

No, most systems for the management of hospital inpatients will use a point to point transmission design (or within one IT platform) as dispensing from inpatient charts is done exclusively by the relevant hospital pharmacy department.

Can hospitals utilise the ePrescribing community models for discharge and outpatient purposed?

Yes, if hospital prescribing vendors choose to integrate to a PES then either current eRx messages or new ePrescribing messages could be created for the purposes of prescribing in these scenarios just as it is in the community setting.

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