Interim King Report on Pharmacy Review
Submission from the Australian Digital Health Agency

28 July 2017
Approved for external use

The Australian Digital Health Agency welcomes the opportunity to respond to the June 2017 *Review of Pharmacy Remuneration and Regulation Interim Report*, which presents the Panel's key findings and a series of options – or possible reform paths – for stakeholders to consider.

We have reviewed the Interim Report and our insights are outlined below.

Option 2-5: Pharmacy atlas

'There should be an easily accessible and searchable 'atlas' of all community pharmacies in Australia that provides key patient information, including the services and programs offered by that pharmacy, the opening hours of the pharmacy and any specific accessibility services of the pharmacy (e.g. multilingual staff).'

We acknowledge the issues with existing directories, specifically around maintaining currency of the information available on the National Health Services Directory and the Guild's 'Find a Pharmacy' service. Our view is that instead of creating another separate service directory, i.e. Pharmacy Atlas, and subsequently maintaining its currency and accuracy, the efforts could be channelled into rectifying issues identified with the existing services and directories.

The key for any directory is to ensure service providers are able to keep their own details up to date. A consumer should, ideally, be able to search for healthcare services in one place, rather than on many websites for each type of healthcare service.

Option 2-7: Electronic prescriptions

'The government should initiate an appropriate system for integrated electronic prescriptions and medicine records as a matter of urgency. Under this system the electronic record should become the legal record. Participation in the system should be required for any prescriber of a PBS-listed medicine, any pharmacist wishing to dispense a PBS-listed medicine and any patient who is seeking to fill a PBS prescription.'

We strongly support this option and recommend that a paperless prescribing conformance framework, national specifications and a standardised solution to underpin the requirements for an end to end transfer of electronic prescriptions must exist in parallel with removing the requirement for paper prescriptions in federal and state and territory regulations. Changes in regulatory mechanisms as a standalone measure will not enable consumer choice, improve effectiveness, and impose appropriate security controls.

Key principles of paperless prescription capabilities include but are not limited to:

1 Paperless prescriptions must be able to be dispensed at the pharmacy of the consumer's choice.

2 Paperless prescriptions do not require explicit consumer consent.

3 Paperless prescriptions must be encrypted to ensure that the consumer's private information cannot be accessed even if the security controls of a prescription exchange service are not effective in preventing access to the data that it stores.

4 Paperless prescriptions must be encrypted to ensure that any breach of the security controls of a dispensing system cannot enable access to any keys necessary to decrypt any prescriptions, other than those that are in the process of being dispensed by the users of that dispensing system.

5 Paperless prescriptions must support a multi-solution environment. This allows many different prescribing/dispensing solutions to interface with a prescription exchange and integrate with individual clinical information system workflows.

6 Printed prescriptions must be supported in the absence of electronically enabled systems or in the event of a failure anywhere in the electronic prescribing chain.

7 Paperless prescribing solutions and/or environment must be underpinned by a robust business continuity process that ensures high availability.

Furthermore, the following considerations for paperless prescription need to be addressed:

8 Consumer tokens must be managed. This includes token recovery, re-issue, cancellation, token security, mobile device support, token transfer to carer, token scanning, etc.

9 Consumers should be able to view all their current, past and expired electronic prescriptions.

10 Consumers/carers in confined settings such as aged care facilities should be allowed to nominate a pharmacy where their medicines are dispensed.

11 Consideration should be given to those areas with limited/no connectivity or access to internet services; avoid contributing to a "digital divide".

We do not believe that paperless prescriptions will completely eliminate all scenarios where paper prescriptions may be needed. A paper prescription may still be needed as a fall back in the event of prolonged unavailability of systems in the prescribing, prescription exchange, consumer token and dispensing chain.

Additionally, we acknowledge that there are a number of risks associated with paperless prescribing and dispensing; some technical, and others of a regulatory and commercial nature. A risk assessment matrix and appropriate mitigation strategies needs to be developed in collaboration with regulators, peak bodies, industry, and clinicians.

Finally, we support a move to paperless prescriptions, recognising that there are one or more transitions the sector must be prepared to navigate, including investment in intermediate enabling technologies. Advances in this area would support the Panel's principle of greater scrutiny and would reduce the concern about 'script channelling' referred to in later sections.

Option 2-8: Electronic medications record

'The electronic personal medications record should cover all Australians and ensure appropriate access by, and links between community pharmacy, hospitals and all doctors. This record should also include a vaccine register.'

The Australian Government's announcement in the 2017 Budget to move to a national opt-out My Health Record model will enable the transition of the system to opt-out participation arrangements, establishing the basis for realising the benefits of the system. It is anticipated that every Australian will have a My Health Record, unless they choose not to have one, by the end of 2018. All healthcare providers will be able to contribute to and use health information in the My Health Record on behalf of their patients, providing potentially lifesaving access to reports on their medicines, allergies, laboratory test and chronic conditions, thus supporting significant improvements in the safety, quality and efficiency of healthcare for the benefits of individuals, the healthcare system and the economy. All Australians will be empowered to take control of their health and wellbeing, and will be able to access information related to their health at any time online and, in the near future, through mobile applications. We note that the privacy controls allows a consumer to selectively hide their My Health Record documents and only provide access to designated healthcare providers.

We recognise that the digital health ecosystem is a long way from having a single medicines record that can be updated dynamically by a consumer's multiple healthcare providers, and that will be comprehensive, accurate and up to date. Medicines, by definition, include over-the-counter and complementary medicines, and at present there are no mechanisms to effectively capture and upload these electronically. However, we emphasise the importance of using medicines information presently available in the My Health Record system. For example, prescription and dispense records are already uploaded to the My Health Record system from 'script exchanges' and large healthcare organisations. Other consumer medicines information is primarily contained in uploaded shared health summaries and discharge summaries. Although the volume of uploaded dispense records is presently low compared to the number of total dispenses nationally, implemented and planned strategies will enrich the clinical contents of the My Health Record system.

We support a move to a 'universal, comprehensive electronic medicines record' model and note that electronic records of medicines enable other initiatives, such as real-time prescription monitoring, allergy alerting, and intelligent computer-assisted decision making, to address challenges in other domains of medicine management.

The Agency and the Department of Human Services have developed, and pro-actively review and enhance, a national electronic vaccines register. The My Health Record system increased its scope in September 2016 from receiving child vaccination information from the Australian Immunisation Register to also receiving adult vaccination records.

Option 2-9: Electronic prescriptions - consumer choice

'The choice of where a consumer has an electronic prescription dispensed should remain a decision for that consumer. The consumer may request that the electronic prescription be directed to a particular community pharmacy for dispensing (including an online pharmacy if that is the consumer's choice). For avoidance of doubt, a prescriber may not direct an electronic prescription to a particular community pharmacy for dispensing. This will require appropriate oversight and enforcement by professional bodies.'

We support the concept of consumer choice in the dispensing of prescriptions and believe that, in some scenarios, the consumer or carer should be able to make that choice at the point of prescribing.

We interpret this as the prescriber recording the consumer's choice, when the consumer nominates where the prescription should be dispensed. This doesn't remove the need for a prescription exchange, in case the prescription needs to be dispensed by another pharmacy.

We make the following comments:

- We recommend that the reporting of dispensed scheduled medications leverages existing Australian Standards for communicating e-health information, uses national health identifiers and Australian Medicines Terminology. This will help support the reduction in variations and the cross-state sharing of information.
- The review makes no reference to real-time prescription monitoring and reporting of controlled drugs by pharmacists. Real-time prescription management needs to be integrated into the prescribers' and dispensers' workflows (and clinical information systems). This has previously been stated by the Pharmaceutical Society of Australia (PSA).

Publication date: 28 July 2017

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Acknowledgement