



MedAdvisor International
Level 4/969 Burke Rd
Camberwell Vic 3124
Ph: 1300 893 566
www.medadvisor.com.au

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MedAdvisor Response to the Review of Pharmacy Remuneration and Regulation - Interim Report

MedAdvisor would like to thank the Review Panel for the opportunity to provide feedback on the ***Review of Pharmacy Remuneration and Regulation - Interim Report***.

Founded with a desire to simplify medication management, MedAdvisor is a world class medication management platform that connects consumers with their local pharmacy, providing them with real time access to their personal medication records, script reminders and the convenience of online script ordering. Recent integration with GP software has further enhanced the consumer experience with online GP service such as remote script renewals.

Since launching in 2013, MedAdvisor has over 800,000 registered consumers connected with ~50% of pharmacies across Australia, with an average of 200,000 prescriptions ordered via the platform each month.

The strong uptake and usage of MedAdvisor confirms there is a growing demand for technology solutions that can make the current health system more convenient and accessible for consumers, and drive efficiencies for healthcare providers such as pharmacists.

MedAdvisor believes an important improvement in the healthcare system is the introduction of electronic prescriptions, and strongly supports Options presented in the Interim Report relating to **Electronic prescriptions (Option 2.7)**, **Consumer choice of e-prescriptions (Option 2.9)**, and **Managing medicine risks for patients upon discharge (Option 2.10)**.

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 prescribe 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

MedAdvisor fully supports the Panel's recommendation that the implementation of a fully ('paperless') Electronic Prescription System in Australia should be a high priority, and that under this system the electronic record would become the legal record.

MedAdvisor believes an effective Electronic Prescription System (EPS) would enable secure and seamless transmission of information between prescriber, consumer and pharmacy. We encourage the Panel to consider implementation of an EPS in its final recommendations via a process similar to that described below:

- Original prescriptions are sent directly from the prescriber's clinical software to a secure consumer controlled online system that is available through a mobile app/website, via an authorised gateway provider or Prescription Exchange Service (PES).
- Through the mobile app/website, consumers can view and access their prescriptions and choose a pharmacy they want their prescription(s) to be electronically transmitted to for dispensing. All PBS dispensing pharmacies would be listed.
- The pharmacy receives the request (through the integrated pharmacy software system) and dispenses the electronic prescription. The dispense process is more efficient because the prescription information is "pulled down" from the PES, decrypted and passed automatically through the dispense system.
- When the consumer arrives at the pharmacy they can pick up their medication without the need to present a paper script, once the pharmacist has validated their identity.
- Paper scripts would no longer be required to be stored or relied on as the official record where a suitable electronic prescription exists.
- If the prescription includes any repeats, they will also become available in the mobile app/website for consumers to view, manage and order.
- As a result, this electronic prescription system will also become the consumer's medication record system.

MedAdvisor recommends that the current paper based prescription model continues to be supported as an optional method of receiving prescriptions for those consumers who do not have access to a web enabled mobile device/computer.

MedAdvisor believes that the GP's prescribing software should not be able to select a nominated pharmacy on behalf of a patient. This would remove the risk of GPs 'channelling' scripts to particular pharmacies based on existing relationships or inappropriate incentives, which was a concern raised in the Interim Report. If patients are not web/mobile enabled then they would simply take a paper script to their pharmacy of choice as is currently the system.

MedAdvisor recommends that the consumer controlled online system should include other features that can support improved medication management including script reminders, dose reminders, and electronic access to up-to-date CMI's. Improving access to CMI's supports Option 2.6 of the Report.

While there could potentially be multiple software providers that support the EPS consumer controlled online system or app, a consistent regulatory framework should apply to all providers e.g. any system must be validated by the Australian Digital Health Agency, must be integrated with prescribing and dispensing systems, and have the appropriate patient controls and security measures.

MedAdvisor supports the Panel's recommendation that participation in the EPS should be a requirement for any prescriber and dispenser of PBS medications. Mandatory participation will minimise the risk of low uptake, as seen with the MyHealth Record where only 24% of community pharmacies are currently participating.

To enable swift implementation of the EPS, MedAdvisor recommends the existing Electronic Transfer of Prescriptions (ETP) and eHealth funding model be extended to support the development, implementation and maintenance of consumer controlled online systems.

There are workforce considerations relating to the implementation of the EPS, especially training for prescribers and pharmacies. MedAdvisor suggests that any new software that supports the EPS should be seamlessly integrated with prescribing and dispensing systems so there would be minimal change to current processes and therefore minimal training required by healthcare professionals. All training requirements should be delivered by the professional bodies, ADHA or software providers.

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.

MedAdvisor strongly supports the Panel's recommendation that the choice of where an electronic prescription is dispensed must remain the decision for that consumer.

To avoid the need for extensive oversight, monitoring and enforcement by professional bodies, which can be resource intensive, MedAdvisor suggests all prescriptions from the prescriber must be sent to the consumer controlled online system (accessed via mobile app/website as described above) or printed if the consumer cannot access the online system. Therefore only the consumer can choose which pharmacy they wish to have their prescription dispensed, thereby virtually removing the risk of "script channelling" by the GP, a stated concern of various parties.

Option 2.10 – Managing Medicines Risk For Patients Upon Discharge

Hospitals should work closely with community pharmacies to ensure patients have access to the medicines they require upon discharge. Consistent policies and procedures are required to ensure each patient has access to the medicines they require as well as appropriate education and information relating to their medications. This may involve the hospital providing a 'discharge pack' with an appropriate level of patient medication to allow the patient to safely access a community pharmacy and their community health practitioner without running short of medication.

The Panel noted that patients are often prescribed new medications upon discharge, but some patients are not receiving education and information about their new medications, and in some cases, new medicines are not being reconciled against existing medications.

MedAdvisor believes the Electronic Prescription System, which could also be the backbone for a medication record system (described above), would be an effective way to assist patients during their transition from hospital to the home.

For example, upon discharge, the patient's hospital discharge summary would be sent to the consumer controlled online system (accessed via mobile app/website), and as a result, their current medicines list would be updated accordingly through an automatic reconciliation process. The consumer would be able to share this electronically with their prescriber or pharmacy, or it can be accessed by the prescriber or pharmacy directly if prior consent had been given via a patient's app or in-person. If a prescription was given to the patient for ongoing supply of their discharge medications,

this could be made available through the EPS so the patient can request for them to be dispensed without the need for a paper prescription.

In addition, the EPS could also be used during the hospital admission process to enable a more accurate medication profile to be generated for the patient.

MedAdvisor believes the benefits of paperless prescriptions greatly outweigh the costs. Paperless prescriptions can significantly reduce healthcare costs associated with medication errors, doctor shopping, poor adherence and lost productivity for prescribers and pharmacists as a result of time wasted in managing paper scripts.

MedAdvisor strongly supports the Options provided in the Interim Report relating to the implementation of a fully paperless Electronic Prescription System, and that they constitute recommendations in the Final Report.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'R. Read', written in a cursive style.

Robert Read
CEO MedAdvisor