

This submission pertains to the specifics in the report regarding electronic prescriptions.

SUMMARY

This submission recommends, that whatever new PES system or digital prescribing system is implemented in Australia, is done in such a way to ensure a competitive environment exists for companies to create unique, consumer and customer centred software. The system should be constructed in a way that does not support monopolies or duopolies and opens up choice for all members of the system in terms of which software or digital products to use – rather than tying all members to one system or approach.

We believe, that ensuring open systems (that may look quite different from the current PES approach – which many suggest is an older outdated approach), would ensure better interoperability, allow for multiple software vendors to compete, and ensure that Australia will have a prescription management approach that can allow innovation to flourish in the area of medicine management. This will also encourage ensure better engaged consumers, improved health outcomes, potential cost savings, and a more equitable and accessible system.

1. DECENTRALISED VS PROPRIETARY

The future of health data promises to be a decentralised one – as opposed to a centralised one. Increasingly, data is being generated by consumers – importantly as it applies to medicines. Patients are regularly consuming medicines that they have purchased online and in grocery (that may have important and relevant interactions), are parallel importing medicines from overseas, and are increasingly, with the evolution of the patient's role in managing their health, becoming more central to their own care. In addition, patients can choose to have private prescriptions written and redeemed, consult overseas with the opening up of telemedicine – so much information can go missing from central records. If clinicians were then to rely solely on central records, this could be a huge issue. The risk with current systems is, that if too enterprise and provider centric, not only is there a risk of monopoly, poor and outdated systems, and a lack of competition, much of this relevant and vital patient information will likely be omitted.

The solution to all this is to allow consumers to be in charge of their records. Like paper, which regardless of where it is written passes through the patient, the same should be for electronic medical prescriptions – ie there is a potential to make the patient the central database – and every time any information –prescription or vaccination record is created, then a record of this transaction is created for the patient which could subsequently be shared with providers as appropriate. Advocating for a central system which is owned by the enterprise part of the system – doctors and pharmacists alone, risks alienating the patient. The only common person who is there at the hospital, specialist, GP and pharmacist – is the patient.

With blockchain and other such de-centralising technologies, the old approach of centralised databases, is being challenged, and the new approach is one that is seen to incorporate more decentralised systems. The Scandinavian countries represented in the report are also now grappling with outdated centralised systems that no longer reflect where medication information, and other medical data in being generated from – namely the patient. With the move to technologies that can support this shifting paradigm, advocating for another central database is not necessarily a future proof way to manage healthcare.

This submission strongly suggests that the report ensures that the government consider that new ways to manage the recording of medications and managing digital prescriptions be considered, that are not more central databases, before falling back onto current known approaches from Australia, that have some major architectural flaws and omissions.

The interim report doesn't delve into these issues, however, proposes a central centralised e-prescription service, with language suggesting the system is based on the current approach which closes the door to many other more innovative approaches to management of these prescriptions.

2. COMPETITION

The current state in Australia is a duopoly (or monopoly) when it comes to the PES system that is used.

Part of the challenge here, is that GPs are the major prescribers of medicines, and the two major GP systems currently used in 80% of GP practices for patient electronic records in Australia, are commercial entities who make decisions regarding which system to incorporate into their prescribing software. This is a barrier for other providers to gain access to the PES system to add value for prescribers, consumers and pharmacies.

Ensuring whatever systems are suggested in the report include the issue of ensuring legislation that opens up current software through open APIs and allows for competition will be critical in ensuring a competitive and robust system where all will benefit.

Another approach could be to allow for patients to be in the driving seat when it comes to decisions around digital prescriptions, and in essence legislating to allow patients request that they would like their prescriptions in digital format, and therefore compelling HCPs to utilise such systems. Ensuring these systems give power to patients to decide to request e-prescriptions - doctors could be mandated to use these based on patients desires.

3. CONSUMER CHOICE

Consumer choice is key in healthcare. It is the key to better health outcomes through more engaged consumers. However, giving consumers a choice in the format of how their digital prescriptions are managed is also key.

The report should recommend that digital systems are included that, like paper, which consumers can carry around with them and can use at will at a pharmacy of their choice, give consumers the choice in what systems, what information they share, and how they spend their prescriptions.

Thank you for the consideration.