

ELECTRONIC TRANSFER OF PRESCRIPTIONS (eTP): FREQUENTLY ASKED QUESTIONS

General questions

Why would I bother with electronic transfer of prescriptions? What are the benefits for GPs?

Electronic transfer of prescriptions (eTP) is an important early step towards an ehealth-enabled healthcare system. Ensuring that medicines information can be accurately and securely shared is the foundation for a range of healthcare benefits for both prescribers and consumers.

eTP systems – eRx Script Exchange and MediSecure – currently offer some benefits. By using an eTP system, GPs can have greater confidence that the drug they have prescribed is the one dispensed. An eTP system can help reduce transcription errors, allow pharmacists to spend less time keying data, and allow more time for patient interactions to increase patient awareness of the medicines they are taking.

eTP is now accessible to the majority of Australian GPs, and does not change practice workflow. It is worthwhile for practices to investigate available systems and get actively involved in the ehealth medication management environment. Only with a critical mass of users will eTP systems continue to evolve and begin to deliver additional benefits that will add value for consumers and streamline practice workflows. For example, management of 'doctor shopping' is an eTP-related functionality that requires a mass of participating medical practices to maximise the benefits for all GPs.

What are the benefits for pharmacists?

The benefits for pharmacists centre on the reduced need for data entry. By pulling down an e-script from an eTP repository, there is very little data for pharmacists to enter. This improves accuracy and also provides the pharmacist with time savings.

Some pharmacies do not capture all demographic information when transcribing scripts (e.g. date of birth, postcode). eTP, in addition to time savings, may provide pharmacies with a greater pool of patient demographic and other data to assist in dispensing advice and quality care activities.

What happens to the patient's script information? Where is it sent?

When a GP prints a prescription, an electronic copy of the script is encrypted with their Public Key Infrastructure (PKI) certificate and other security, and is automatically sent to their eTP provider's prescription exchange service (PES). The PES is a secure database that holds the script information. Each PES has been approved by the Australian government and is required to meet specified standards of security and privacy. If the practice has both eRx and MediSecure installed in their system, an electronic copy of the script will be sent to both PES. When you print the script and sign it, you will also see one (or more) barcodes on the script.

When the patient takes their paper script to the pharmacy of their choice, the pharmacist (assuming they use eTP) will scan the barcode and their eTP system will download and decrypt the script information from the PES. This information automatically populates the dispensing software.

If the pharmacy does not use an eTP system, the script is dispensed as a paper prescription. That is, the script information is manually transcribed into the pharmacist's dispensing system and the medicine is dispensed. The process ensures that the patient continues to be in control of where they have their script dispensed.

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Is my patients' information private? Can it be used for anything else?

In terms of privacy, each PES adheres to relevant privacy legislation and national privacy principles. This means that the data can only be used for its intended purpose (dispensing the patient's medicine) and cannot be sold, or used for secondary purposes unless disclosed in the PES' terms and conditions. In selecting an eTP service, the prescriber should understand the terms and conditions of using the PES.

I am a GP and I have a barcode on my scripts now. Does that mean I am already using eTP?

If there is a single barcode on the bottom right or bottom left of the printed script, it means you are using an eTP system (eRx or MediSecure). If you have two barcodes, it means you are using both systems simultaneously.

Why would I use two systems?

eRx and MediSecure announced in January 2013 that their exchanges are now interoperable. This means there is no longer a need to have both products installed.

Can a pharmacist download a script even if they are using a different eTP system?

Yes, the eRx and MediSecure PES now interoperate (i.e. you can send a script with one system and retrieve it with the other).

I have heard that eTP doesn't work very well. Is this true?

eTP is currently being used successfully by many GPs and pharmacies.

Both eRx and MediSecure were launched in early 2009. As with any new system, both vendors have refined and strengthened their product over time. Many of the issues experienced in earlier versions of the products have been explored and resolved. The level of stability is also affected by what kind of prescribing system and other software being used in your practice.

NPS encourages practices to ask the eTP vendors for further advice in relation to stability.

Is eTP difficult to use?

Using eTP is not complicated. Both eTP vendors (eRx and MediSecure) have developed systems that work in the background, so you do not have to change your current processes or workflow. Once the eTP system is configured to your prescribing system, scripts are sent automatically and securely to the PES when you print the script for your patient.

Is there a way that I can tell when my patient's script has been dispensed?

No, due to concerns identified by the RACGP in March 2013, dispense notifications were disabled. To learn more about this, refer to:

www.pulseitmagazine.com.au/index.php?option=com_content&view=article&id=1348 and www.racgp.org.au/yourracgp/news/fridayfacts/08-03-2013/

How much does eTP cost?

Both eRx and MediSecure are free of charge to general practices. There are no registration, licensing or transaction fees. General practices can use one or both eTP systems simultaneously.

At this stage, eTP is cost neutral to pharmacies. Pharmacies do not pay a licensing fee, however they do pay 15 cents per eligible transaction to use the system. This is offset by the Fifth Community Pharmacy Agreement, which pays pharmacies 15 cents per eligible script that is pulled down.

For more information go to **www.5cpa.com.au**

Is it possible that eTP might cost pharmacies money in the future?

The Fifth Community Pharmacy Agreement runs until 30 June 2015. Beyond this date, the business models for these systems are unclear. However, eTP does display the potential to positively affect pharmacy workflow.

How does eTP save me time?

For pharmacists, eTP reduces the need for keying in data and contacting prescribers to clarify prescriptions.

For GPs, some time-saving functionality has already started to be released, e.g. services for owing script reminders and scripts due.

A brief overview of some of the upcoming time-saving functionality changes:

- ▷ Electronic signatures – currently a script requires a physical signature. This will change to allow approved individual encryption methods (e.g. individual PKI certificates) to serve as a legal signature also. This will require special processes for certain medicines, such as S8s. Once this policy change occurs, GPs will not have to physically sign scripts.
- ▷ Script requests – this includes the ability for pharmacists to send GPs a script request (i.e. an 'owing script'). This will allow GPs to review and complete a script, if appropriate. Upon receipt of the paper script from a GP, pharmacists can then draw this down from the PES (or without the paper script once electronic signatures are possible). The GP still has to review the script for appropriateness, but it removes the need for re-keying information from a fax as per the current process.
- ▷ Last repeats – with patient consent, eTP can alert GPs when a last repeat is dispensed. This allows practices to anticipate patient requirements.

Can I see all the medicines prescribed and/or dispensed for a particular patient?

Not currently. The script information contained within eRx and MediSecure is not linked with a consolidated prescribed and dispensed medicines list or history for individual patients.

However, the process of securely sending individual scripts is an important step to allow for the sharing and consolidation of data where patient consent is provided.

For example, as part of the Commonwealth Government eHealth pilot sites, FRED IT Group has developed a product called MedView. MedView provides a platform for registered users at hospitals, general practices and pharmacies to access (with consent) a patient's list of prescribed and dispensed medicines.

For more information on the MedView project, go to www.medview.com.au

The MediSecure Medicines Record (MMR) provides a consolidated record of a patient's prescribed and dispensed medicines for opt-in patients who have been signed up by a doctor or pharmacy. The MMR focuses on the primary care sector and consolidates the patient's medicines activity.

What if I don't want to use eTP?

Use of eTP is a decision for each individual practice or pharmacy. Practices should consider which eTP system(s) they wish to use, how they want to configure and install them, and how they review their use.

Incentives

Is there a financial incentive to use it? I hear pharmacists get money...

Currently, there is no direct payment to use eTP in general practice.

Whilst pharmacies receive 15 cents per eligible script under the Fifth Community Pharmacy Agreement, they are also charged 15 cents per eligible transaction to use the system. As such, eTP systems are cost neutral to pharmacies. For more information visit www.5cpa.com.au

In terms of efficiencies, the benefits to pharmacies are the workflow savings from automatic population of script data, and the richness of information that is pulled down from the prescription exchange service. This provides a quality use of medicines benefit for the patient by saving time for pharmacies and enabling them to focus on patient care, information and other programs.

Whilst there are no current workflow savings for general practice, there are no impediments either. The process of securely sending individual scripts is also an important step towards improved medicines management. Now that this is available, software vendors can build additional functionality that will provide workflow savings, which may lead to further efficiencies and quality use of medicines benefits.

Access

Is my practice's clinical prescribing software compatible with one of the eTP systems?

Currently, eRx is compatible with Best Practice, Communicare, Genie, GPCComplete, Intrahealth, Medical Director (MD3), Medtech32, Practix – iSoft/CSC, Stat, and Zedmed.

For more information about eRX go to www.ern.com.au/fordoctors/medical-software-partners/

MediSecure is currently compatible with Best Practice, Genie, HTR, Medical Director 3, Medtech32, MMEx, Monet/Clarity, Practice 2000, Profile, The Practice, and Zedmed.

For more information about MediSecure go to www.medisecure.com.au

Is my pharmacy's dispensing software compatible with one of the eTP systems?

Currently, eRx is compatible with Corum – Amfac Windows Dispense, Corum – LOTS, DispenseIT, FRED Dispense, minfos, PharmacyPro, and Simple Retail – Aquarius.

For more information about eRX go to www.ern.com.au/for-pharmacists/pharmacy-software-partners/

MediSecure is currently compatible with CDC Forte, LOTS, PharmacyPro, Dispense IT and Minfos.

For more information about MediSecure go to www.medisecure.com.au

I don't know which eTP system to choose, is one better than the other?

In terms of workflow, both eTP systems essentially work in the same way. Currently, both systems are also available free of charge to practices and on a cost-neutral basis to pharmacies. However, like all electronic solutions, there are differences as each vendor continues to develop its product to ensure it meets the needs of practices and pharmacies.

Okay. I would like to use eTP, how do I find out more information and/or access it?

If you have decided to use eTP, and your prescribing software is compatible with one (or both) of the eTP systems available, you may need to register for and install your system(s). The process will be slightly different depending on which eTP system you choose and which clinical or dispensing software you use. Refer to our *Installation checklist* at www.nps.org.au/etp for more information.

Upcoming changes

I have heard a lot about ehealth and NEHTA. How does eTP relate to this work?

The National E-Health Transition Authority (NEHTA) is an organisation tasked by the Council of Australian Governments (COAG) with developing specifications for various ehealth systems and processes, and having these specifications endorsed by Standards Australia.

A specification is simply a ‘framework’ or ‘map’ for how software should behave. This framework then allows software companies to build systems that talk to each other, or complement each other. Each software company is free to interpret the specifications how they want, but it means there are some fundamental consistencies that enable interoperability including consistent use of identifiers and terminologies.

Within health, where communication is so essential, specifications are a must if software is to really assist clinicians in providing high quality care.

Therefore, NEHTA does not develop software; its task is to facilitate defining how these systems will behave technically.

NEHTA submitted draft eTP specifications to Standards Australia as the basis for development of Australian standards in ehealth technology. Once these new standards are published (this is expected in 2013), eRx and MediSecure have agreed to comply with these specifications. Therefore, the systems available now — which have already evolved since their launch — will continue to improve and offer additional benefits over time.

Does eTP help with script requests from pharmacists?

The script request (i.e. owing script) process can be time-consuming, even when there is an ongoing relationship with the practice or pharmacy in your area, particularly for residential aged care facilities.

NEHTA, the Australian Government Department of Health and Ageing and the jurisdictions are working toward electronic signatures becoming another method by which scripts can be signed. This means that GPs will be able to sign prescriptions using approved individual encryption (e.g. individual PKI certificates). This change, in combination with eTP, will allow the owing scripts process to be streamlined.

The draft NEHTA specifications outline the process for pharmacists to send an owing prescription reminder to the GP. Once the GP has reviewed this information, the script can be electronically signed and sent back to the pharmacist via the PES. This system does not, of course, remove the need for clinical review, but it will lower or remove the need for re-keying data, receiving phone calls and faxing scripts.

Does eTP assist with lost scripts?

Currently if a patient loses their script another one must be generated. This will not change with the implementation of Australian Standards for eTP. If a script is lost, another must be generated.

However, there is the potential for a streamlined process when electronic signatures are implemented. This is because a number of opportunities will arise over time, including the ability to email prescription notifications. This may assist patients in always having their script virtually available.

Consolidated medicines list

What I really want is a full list of my patient’s medicines. When will this be possible?

The process of securely sending individual scripts is an important step toward more sophisticated medication management tools. Now that we are able to send this information, software vendors can build additional functionality — such as consolidated medicines lists using script information, assuming the doctor and patient consent.

The National Prescription and Dispense Repository (NPDR) went live in May 2013. It will be able to store electronic prescriptions and dispense records sent by eTP products. The NPDR is viewable via the Personally controlled electronic health record (PCEHR).

Once available, will a consolidated medicines list include over-the-counter (OTC) and other medicines?

At this point, a consolidated view will only include prescribed medication (both PBS and non-PBS drugs).

Will a consolidated medicines list include warnings and alerts for interactions?

A consolidated list will simply be a complete view of a patient's prescribed and dispensed medication; it will not be a clinical system with alerts and warnings.

Will I be able to pull information from a consolidated medicines list into my system?

At this point, consolidated lists will be separate from your clinical or dispensing system and cannot be drawn down. However a patient's records in the National Prescription and Dispense Repository will be viewable within their PCEHR.

I thought pharmacists could already see a consolidated medicines list?

Pharmacists do not currently have access to a consolidated list. Like practices, pharmacies currently only have a record of what they have dispensed for a patient.

What about specialists? Can they participate?

Yes, specialists who use computer systems that are compatible with eTP are able to use one or both vendor systems as normal.

Further information

NPS eTP activity — www.nps.org.au/etp or email etp@nps.org.au

MediSecure — www.medisecure.com.au or call the MediSecure help desk on **1800 47 27 47**

eRx Script Exchange — www.erp.com.au or call the eRx help line on **1300 700 921**