



## National Prescribing Service Limited

**MEDIA RELEASE**

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### **Be aware of limitations in clinical software systems**

Research conducted by the National Prescribing Service Limited (NPS) has found that while most clinical software systems pick up important drug interactions, improvements need to be made to ensure doctors and pharmacists do not become desensitised to prompts and alerts.

The study, published in the latest edition of the Medical Journal of Australia, looked at six prescribing software systems commonly used by GPs, three dispensing software systems commonly used by pharmacists and a range of drug interactions reference sources.

While most systems picked up the 20 clinically important drug interactions and all gave alerts for 2 potentially life-threatening interactions, they provided little or no information on clinical effects of the interaction and advice on management.

“GPs and pharmacists need to be aware of the limitations of the decision support features in software systems, including the quality and source of the underlying evidence,” Dr Lynn Weekes, NPS CEO, said.

“Deficiencies in drug interaction decision support can impede the quality use of medicines, both in terms of individual patient management and more broadly by causing “alert fatigue”, desensitising users to prompts and alerts.”

Previous NPS research showed that some GPs and pharmacists were dissatisfied with the drug interaction alerts in their systems, citing too many alerts, and concerns about comprehensiveness and accuracy.

“We believe what users need is more information about the clinical effects of an interaction and advice on patient management, fewer alerts about minor interactions, and clearer presentation. We know that some software vendors have already taken steps to improve their systems and we congratulate them on this,” Dr Weekes said.

The lack of national guidelines or standards for pharmaceutical decision support tools has been identified as one reason why there are inconsistencies and limitations in Australian systems.

“The Government has identified the need for national standards for decision support in clinical software in its National e-Health Strategy. We agree that this would make it easier for software vendors to improve the quality of their systems, and enable greater consistency between systems,” Dr Weekes said.

“We have been and will continue to work with drug information publishers, software vendors, pharmacists and GPs, and the Medical Software Industry Association. The outcomes of this and future research will enable us to make recommendations for features that should be in software to support quality and safety.”

**ENDS**

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