

terms of capital outlay, training, maintenance, length of consultation or organisational change. There is also concern that the computer may interfere with the doctor-patient relationship or overload doctors with large amounts of information, such as rare and clinically unimportant drug interactions. Consisting of a range of independent practices, general practice does not have access to the support services available from the information technology departments of large organisations.

The main benefits anticipated from electronic prescribing include decision support with drug interaction and allergy warnings, greater legibility of prescriptions and an improved medication history. Other potential benefits include improved public health and greater efficiency in the health system. As computer systems allow the immediate transfer of data, the doctor will always have the very latest information available. The data available to health planners will also be up to date.

Many general practitioners remain unconvinced of the benefits of computerisation, with any benefits taking some time to achieve.³ In the longer term, however, electronic prescribing is likely to yield great benefits to the general practitioner, the patient and the health system as a whole. Only through greater levels of computerisation and improved information management are we likely to realise benefits such as:

- improved patient care through recall and reminder systems
- the timely provision of consumer medicines information

- greater evaluation and assessment at the practice or divisional level through age/sex/disease registers and other data analysis
- improved practice through greater implementation of evidence-based treatments and guidelines
- improved public health planning through enhanced data analysis
- better targeting of resources through notification and early warning systems.

Electronic prescribing offers many general practitioners an opportunity to commence the process of computerisation; one step towards improved information management. This will be the first step towards a complete electronic patient record. A great deal of effort is currently being spent developing the standards and infrastructure that will allow the computer-using general practitioner to realise all the potential benefits.⁴ Those who have now commenced this process will be well placed to reap the benefits.

REFERENCES

1. AC Nielsen. A study into levels of, and attitudes towards information technology in general practice. Sydney: AC Nielsen Research Pty Ltd; 1998.
2. Survey of information technology activities in the Australian divisions of general practice. Canberra: General Practice Computing Group; 1999.
3. Richards B, Bolton P, Veale B, Quinlan F. Information technology in general practice. Canberra: General Practice Branch, Commonwealth Department of Health and Aged Care; 1999.
4. Strategic Framework. General practice information management and technology. Canberra: General Practice Computing Group; 1999.

Electronic prescribing: a personal view

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Many doctors have been suspicious of computers and easily deterred from using them in their practices. I viewed with some trepidation what I thought would be a long and painful learning experience in moving to electronic prescribing.

Like most converts, I am now a zealot. The learning period was surprisingly short and now the painful part of the experience is limited to having occasionally to write a paper prescription. How did I ever manage before! The time and frustration saved is sizeable. The program inserts names, addresses and PBS quantities and a repeat prescription is but two keystrokes. For Authority scripts, all the patient information is automatically displayed and inserted, the Authority phone number is given, the words needed to be read appear on the screen and the cursor

is in the box ready for the phone approval number.

Perhaps above all, the impression of being in control is the most important. I now have a comprehensive list of all medications that the patient has had and when they have been prescribed, all without having to wade through reams of handwritten notes. As well as dosage information, I have instant answers to all those difficult patient questions, such as, 'Should I take it with or without food, doctor?'. The system knows more reliably than my memory what drugs the patient is taking, so it flags interactions and allergies that I might well miss. The invaluable electronic Therapeutic Guidelines are but a mouse click away.

So, if you haven't already done so, don't just sit there, jump in!