ePrescribing Frequently Asked Questions:

Getting started

Q: What do I need to get started?

A: The College has a complete guide to getting started here <insert link to User Guide Implementation Plan>

Q: What is an electronic prescription?

A: An electronic prescription changes the legal prescription document from the piece of paper signed by the doctor to a data record in the Prescription Exchange Service. It is a prescription that is electronically generated and sent by SMS to a patient's mobile phone or to their email address. It can be used by patients to get medicines from the pharmacy. The paper script is still available for patients unable or who do not want to access the prescription through email or SMS.

Q: Can a patient still get a paper prescription?

A: Yes, paper prescriptions are still available. A patient can choose to have either a paper or an electronic prescription but not both at the same time.

Q: What is the benefit of an electronic prescription?

A: Electronic prescriptions will give people convenient access to their medicines and will improve patient safety by reducing the risk of transcription errors and lost prescriptions. By delivering electronically patients may be less exposed to the risk of infections by avoiding the need to attend a clinic or pharmacy in person.

Q: Is the electronic prescription system secure?

A: Electronic prescriptions must meet a high level of privacy and security. A patient's prescription is protected and cannot be accessed by anyone until it is unlocked at the pharmacy when the token is presented.

Q: Are there any medicines that can't have an electronic prescription issued?

A: There are currently no restrictions as to which medicines can be prescribed using an electronic prescription but it may be worthwhile checking local state and territory laws.

Q: Who can collect a patient's medicines?

A: As is currently the case with paper prescriptions, a family member or agent may collect a patient's medicines. The patient will need to send them the token with the barcode, by SMS or email so they can give it to the pharmacy to unlock the electronic prescription.

What happens if?

Q: What happens if the patient loses their token?

A: The patient will need to ask their doctor to cancel the electronic prescription and issue a new one.

Q: If a patient's token was sent to the wrong number, can it be resent to the correct one?

A: The token cannot be resent. You should check that the patient has received the token before they leave the GP practice or finish their telehealth consultation to ensure it has been sent to the correct number. If it is sent to an incorrect phone number, the script should be delete and recreated with the correct phone number.

Q: What happens when a pharmacy sends the doctor an owing prescription request?

A: The token model enables pharmacies to receive prescriptions for patients without the need to physically obtain a paper prescription. This may reduce the burden of owing prescriptions and enable innovative models to be developed, such as enhanced delivery services, for the benefit of patients. Despite this likely decrease in owing prescription requests, where prescriptions are created to fulfill an owing request from a pharmacy (and these are created as paperless prescriptions), clinical systems will default to printing a paper token rather than conveying the token to the patient. This will enable the prescriber to forward this token directly to the requesting pharmacy in-line with jurisdictional regulations.

Q: What happens if the patients IHI is not recorded in the dispensing system?

A: A patients IHI is obtained by connecting a GP clinic software to the Health Identifiers (HI) Service. Software upgrades to accommodate electronic prescribing will make use of your organisation's HPI-O and authorised health professional's HPI-I. GP software needs to access the HI service to obtain and validate a patient's IHI. Relevant Health Identifiers are required to be included in an electronic prescription. To setup these identifiers for your organisation follow this link https://www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/set-healthcare-identifiers-in-your-clinical-information-system . For those people who may be from overseas or their IHI cannot be found in the short term, there is still a paper-based prescription.

Token Model

Q: What will the token look like?

A: It will be a SMS or email message (or in an app if the patient has one) with an URL which can be clicked on to reveal a QR code and some information about the patient's medicine. The email will look like this:

"Please find your ePrescription from Dr Howard Smith available below:

https://egw-etp-int-qrcode-web-au-se.azurewebsites.net/21KR32136DHV3MCXRE"

and the QR Code will look like this:

Electronic Prescription for AH

AMOXICILLIN CAP 500mg 20

Prescription Date 26 Feb 2020

1 Supply Remaining

21KR32136DHV3MCX

Copy Token

Delivered by eRx script exchange

Q: How does the token model work?

A: The token model for ePrescribing is based on the legal prescription ceasing to be the signed paper prescription and instead becoming the relevant data set residing in one of the Prescription Exchange Services (PES) systems. In the token model, rather than generating and signing a paper prescription, the doctor provides a token to the patient for each item prescribed. The token provides a link to a unique code used by the dispensing pharmacy to access the legal document for dispensing. In a similar way to the prescribing of an original prescription, following the dispensing of a prescription at a pharmacy, any tokens for repeats would be provided to the patient.

Q: Will the patient get a separate token for each medicine they are prescribed?

A: The patient will get a separate token for each medicine they are prescribed. If they have repeats on their prescription, their pharmacy will send a new token for their next repeat.

Q: Can a patient have both a token and legal paper scripts for the same item?

A: No, a prescription can only be one or the other for the duration of its life, including any repeats.

Q: What are the benefits of the token model to the patient?

A: The token model means that the patient experiences less paper in processing a prescription and can more easily produce their token to a third party for dispensing. As an example, a sick person, having visited the doctor for treatment, could forward their SMS token to their spouse for them to fill at their pharmacy of choice. Equally, the patient may choose to forward their token to a pharmacy of their choice for dispensing and delivery – this could occur directly or via an intermediary app or service.

Q: What are the benefits of the token model to the doctor?

A: Aside from the benefit of no longer having to print and sign paper prescriptions, the token model may enable doctors to provide better care to patients at a distance. As an example, a doctor could forward a prescription token to their patient following a telehealth consultation without the need for a follow up paper prescription (legal document). Doctors may also feel comfortable to re-issue tokens to patients in the event a token is lost as there is no risk of duplicating the legal document (which remains unchanged in the PES).

Q: What are the limitations of the token model?

A: The token model has limited application for patients using multiple medicines and does not solve the issue of patients losing their prescriptions. Because tokens are provided on a "per item" basis with limited information over and above the token id, multiple tokens may quickly become confusing and unmanageable. Patients with multiple tokens would need to click on the link for each token individually to bring up the token QR code and limited medicines information – a process that quickly becomes unwieldy with multiple prescriptions and repeats. As a token must be presented at the time of dispensing and is not able to be "searched", patients are at risk of losing their tokens/prescriptions just as they are with a paper prescription. Whilst the legal document will remain in one of the PES systems, it is irretrievable without the unique token possessed by the patient.

Q: What are some of the potential workflow impacts of the token model for doctors?

A: The token model does not necessitate the provision of a paper prescription to the patient, a practice which has become synonymous with the end of a consultation. Doctors may need to explain the new process to patients and provide reassurance that the token will be able to be dispensed at the patient's pharmacy of choice. Doctors will also need to consult with their clinical software vendor to ensure their system is able to generate conformant ePrescribing prescriptions and has the functionality to provide tokens to their patients.

Active Script List

Q: What is the Active Script List (ASL)?

A: The ASL is a list of the current medicines that can be supplied to the patient. They can manage it themselves or give permission for their pharmacist to see it.

Q: What are the benefits of the ASL to the patient?

A: The ASL has several benefits that build on those provided by the ePrescribing Token Model. Patients managing their medicines with paper prescriptions today regularly visit multiple sites of care, leading to a fragmented picture of their prescriptions. Because the ASL provides approved healthcare professionals with a shared view of prescriptions available for dispense, clinical decision making should be more fact-based, leading to a reduction in prescribing and dispensing errors. Another key benefit of the ASL is that because no tokens are required patients can no longer lose their prescriptions. This should lead to a reduction in Government costs from superfluous MBS claims for replacement tokens or paper scripts and a reduced risk in prescribing duplication. Fundamentally the ASL further empowers the patient to choose where and how they have their prescriptions dispensed. A key example here is a patient on holidays being able to access a community pharmacy of their choice at their destination without having to get the paper document to that pharmacy.

Q: What are the benefits of the ASL to the doctor?

A: Once a patient grants a doctor access to their ASL, they will be able to view the prescriptions which have yet to be dispensed for that patient. This provides more visibility over what other health professionals involved in the care of that patient are prescribing and dispensing, allowing for more informed clinical decision making. It may also reduce the number of superfluous administrative tasks by reducing unnecessary prescribing (where existing scripts are present in the ASL) and avoiding the re-prescribing of lost scripts (as they can no longer be lost).

Q: How does the ASL work?

A: As with the token model, the ASL relies upon conformant ePrescribing messages instead of paper prescriptions. If a patient registers for the ASL, they no longer require a token to access their prescriptions. The ASL enables patients to provide relevant pharmacies, doctors and third-party intermediaries of their choice with access to their personal list of active scripts ready for dispensing. This access is revocable but may be otherwise ongoing or temporary depending on the access granted by the patient to each viewing party. It is important to note that this is only a list of their active scripts for future dispensing and not their full medication profile. Once access is granted, a pharmacy may dispense the items requested by the patient and doctors and third-party intermediaries can view the list.

Q: What is a third-party intermediary in the context of electronic prescriptions in Australia?

A: In the context of community based ePrescribing, a third-party intermediary is a service other than a doctor or dispensing pharmacy that works to improve medication management for patients. To this extent, these entities do not access the full legal ePrescription from a PES but are able to access a limited data set that enables their role in improving the patient experience. An example is a phone App that consolidates and views an ASL for a patient.

Q: How do patients register for the ASL?

A: Patients will be able to go through an assisted registration process for the ASL which will involve an SMS (initiated through the prescribing software) to the patient who must then consent to establish their ASL. Once an ASL has been established for a patient, subsequent doctors or pharmacies may seek permission to access the ASL from the patient in a similar fashion via an SMS initiated by their prescribing or dispensing software.

Q: Can a patient register for the ASL at the pharmacy?

A: Yes, patients will be able to go through an assisted registration process for the ASL at their pharmacy which involves an SMS (initiated through the dispensing software) to the patient who must then consent to establish their ASL.

Q: How do patients allow a doctor or pharmacist to have access to their ASL?

A: Once an ASL has been established for a patient, subsequent pharmacies or doctors may seek permission to access the ASL from the patient by sending an SMS initiated by their dispensing or prescribing software to the patient. The patient will reply with Yes, No or One day only to allow access.

Q: What happens when active scripts in an ASL expire?

A: Scripts which expire (e.g. at twelve months from the date of original prescription) will no longer be available for dispensing. They will however show for a period of 7 days post expiry as read-only within the patient's ASL, before no longer appearing.

Q: What happens when the last repeat of an active script in an ASL is dispensed – do they still show in the ASL?

A: Once the last repeat of a prescription in an ASL has been dispensed it will no longer appear in the ASL.

Q: Can patients manage who has access to their ASL?

A: Yes, patients can manage who has access to their ASL with third-party intermediary apps.

Non-General Practice based medication environments

Q: Will hospital systems used for inpatients, utilise the token or ASL for ePrescribing?

A: No, most systems for the management of hospital inpatients will use a point to point transmission design (or within one IT platform) as dispensing from inpatient charts is done exclusively by the relevant hospital pharmacy department.

Q: Can hospitals utilise the ePrescribing community models for discharge and outpatient purposed?

A: Yes, if hospital prescribing vendors choose to integrate to a PES then either current eRx messages or new ePrescribing messages could be created for the purposes of prescribing in these scenarios just as it is in the community setting.

Q: What is the difference between current Electronic Transfer of Prescription and ePrescribing?

A: In the current Electronic Transfer of Prescription model, the legal prescription is the signed piece of paper from the doctor and the electronic transfer of data is purely an adjunct process to reduce transcription errors at the pharmacy. The new ePrescribing ETP also refers to the system of Electronic Transfer of Prescription information, however in this case the legal document is the data set residing in one of the PES systems.

Q: Is current ETP or current eRx functionality available for medication charts?

A: Medication charts require different business logic to that applied to community prescriptions. eRx is building suitable logic to enable charting software providers with prescribing functionality to integrate with current eRx systems.

Q: How does current eRx functionality streamline the medication supply aspects for patients whose' medications are managed on a medication chart?

A: The current eRx functionality when applied to medication charts helps to reduce transcription errors at the point of dispensing. It will however still require the timely transfer of the paper chart or paper prescriptions (legal document(s)) to the dispensing pharmacy.

Q: How will ePrescribing functionality streamline the medication supply aspects for patients whose' medications are managed on a medication chart?

A: The application of ePrescribing functionality to medication charts will retain the benefits of the current eRx process with the added workflow benefits of no longer having to transfer paper documents.

Q: What are the benefits to the patient that flow from the use of ePrescribing medication chart functionality?

A: Aside from the reduction in transcription errors at the point of dispensing the patient would no longer need to be involved in the administrative aspects of following up paper prescriptions.

Q: What are the benefits to the doctor that flow from the use of ePrescribing medication chart functionality?

A: With suitably enabled software the doctor would no longer be required to write separate prescriptions to support their chart prescribing.

Q: What are the benefits to the residential care facility that flow from the use of ePrescribing medication chart functionality?

A: The facilities would no longer need to be involved in the administrative look of separate prescriptions and paper movement required under the existing system. Hospital Settings

References

These resources have been compiled and sourced from the following ePrescribing references:

https://bpsoftware.net/eprescribing-resources-available-in-one-spot/

https://www.digitalhealth.gov.au/get-started-with-digital-health/electronic-prescriptions

https://developer.digitalhealth.gov.au/resources/articles/electronic-prescribing

https://www.fred.com.au/what-we-do/eprescriptions/

https://www.medicaldirector.com/news/healthcare-in-the-cloud/2020/07/eprescribing-your-questions-answered

https://corumhealth.com.au/eprescribing-webinar/

https://www.erx.com.au/eprescribing/