FREQUENTLY ASKED QUESTIONS

FOR SPECIALIST PRACTICES

Electronic Prescriptions

Australian Government

Australian Digital Health Agency

What is it and why use it?

WHAT ARE ELECTRONIC PRESCRIPTIONS?

Electronic prescriptions are an option for prescribers and their patients to have an electronic prescription as an alternative to a paper prescription. An authorised prescriber can generate an electronic prescription which is then securely transmitted through a practice's clinical information system (CIS) to a Prescription Delivery Service (PDS). The electronic prescription is then available for dispensing and supply via any dispensing software that has conformant electronic prescription capability. Paper prescriptions and electronic prescriptions meet the relevant Commonwealth and State and Territory legislation.

HOW DO ELECTRONIC PRESCRIPTIONS WORK?

The electronic prescription is transmitted from the practitioner's prescribing system to the PDS (e.g. eRx Script Exchange and MediSecure) in an encrypted format. Once the legal prescription is in the exchange the patient controls which pharmacy can access it in either of two ways. The first option is for the patient receive a 'token' for their prescription and the second option is for the patient to consent to an Active Script List (ASL).

Electronic prescriptions are not mandatory; patients will have a choice to receive either an electronic or a paper prescription.

WHAT IS A TOKEN?

The patient will receive an SMS or email containing information including their initials, a QR code and some information about the medicine. The patient can take this 'token' to their chosen pharmacy or send the token to their chosen pharmacy to dispense. The token is used by the pharmacy to unlock the legal electronic prescription and dispense the prescribed medicine. The token model is available now and is the focus of the specialist toolkit.

WHAT IS THE ASL?

The Active Script List (ASL) is a repository which shows a patient's active prescriptions available to be dispensed. A patient must provide consent for their health professional(s) to access and view their ASL. Upon the patient confirming their identity, the pharmacy can dispense a patient's electronic prescription from the ASL.

HOW DO ELECTRONIC PRESCRIPTIONS DIFFER FROM THE EXISTING ELECTRONIC TRANSFER OF PRESCRIPTIONS (ETP)?

Electronic Transfer of a Prescriptions (ETP) involves the creation of an electronic message alongside the legal paper prescription, which is transmitted to a Prescription Delivery Service (PDS). At the time of prescribing, a barcode is generated and printed on the paper prescription. A pharmacy can scan the barcode on the paper prescription that the patient provides to them which downloads some prescription information from the Prescription Delivery Service (PDS) to assist them to supply the medicine. The pharmacy must have the paper prescription to supply the prescribed medicines.

In comparison, an electronic prescription is an alternative to the paper prescription and contains **all** prescription information suitable to be legally recognised as a prescription without the need for any paper.

IN WHICH HEALTHCARE SETTINGS WILL ELECTRONIC PRESCRIPTIONS BE AVAILABLE?

Electronic prescriptions can be implemented in all settings where existing paper prescriptions can be used, including:

- Community pharmacies,
- Public and private hospitals,
- Medical practices,
- Residential aged care facilities,
- In-home nursing services,
- Mental health services,
- Aboriginal and Torres Strait Islander Health Services, and
- Day treatment/outpatient facilities.[1]

However, only clinical systems which are conformant with the electronic prescribing conformance profile can support electronic prescriptions.

WHAT ARE THE BENEFITS FOR PATIENTS, SPECIALISTS & PRACTICE MANAGERS? [2] [3] [4]

Patients

may benefit through:

- Improved safety by reducing the risk of transcription errors,
- Supports patient choice to have either a paper or electronic prescription,
- Reduced risk of losing prescriptions, particularly for those with multiple scripts,
- Reduced complexity in medication management for multiple scripts, and
- Greater convenience and flexibility through new options for medicines supply, such as increased capability for telemedicine or mobile consultations and making prescriptions more accessible for patients living in regional and remote communities.

Specialists

may benefit through:

- Improved patient outcomes by reduced risk of medication errors,
- Improved efficiencies in workflow through less paperwork,
- Reduced patient misuse of prescriptions,
- Reduced duplication in prescriptions,
- Improved patient medication compliance,
- A form of prescription that complements telehealth consultations, and
- More complete information available on the patient's My Health Record

Practice Managers

may benefit through:

- Simplified workflows due to reduced paperwork,
- Support moving towards a paperless practice, and
- Reduced administrative burden through more efficient management of prescription refill requests.

WHAT ARE THE OVERALL BENEFITS OF USING ELECTRONIC PRESCRIPTIONS?

Electronic prescriptions have been shown to:

- reduce medication errors by nearly sevenfold,[5]
- significantly reduce the risk of adverse drug events,[6]
- increase patient safety,
- support telehealth and efficient transmission of scripts immediately after a telehealth consultation, and
- improve physician, nurse and staff efficiencies and reduce running costs through less time spent on activities such as prescription refills.[7]

Setting up and using electronic prescriptions

WHAT IS A PRESCRIPTION DELIVERY SERVICE (PDS)?

A PDS securely moves and stores prescription information electronically. In Australia, we currently have two interoperable PDS providers - eRx Script Exchange and MediSecure.[8] See the Electronic Prescriptions Implementation Guide for more information on selecting a PDS provider. There is no limit on the number of PDS providers that can participate in the market, but they have to interoperate with each other to ensure consumers can go to any pharmacy to have their medicines supplied.

WHAT SOFTWARE WILL I REQUIRE TO SET UP ELECTRONIC PRESCRIPTIONS?

A core requirement for electronic prescribing is that electronic prescriptions are generated through a conformant CIS. Software providers can confirm if they are progressing electronic prescription capability. All software involved must have a conformance ID registered on the Australian Digital Health Agency's Electronic Prescriptions Register of Conformance.

HOW DO I SET UP ELECTRONIC PRESCRIPTIONS?

To prepare for electronic prescriptions, you will need to ensure the practice:

1. has registered for a Healthcare Provider Identifier-Organisation (HPI-O) and is connected to the Healthcare Identifier Service,
2. is connected to a Prescription Delivery Service,
3. has installed the latest version of conformant clinical software,
4. has updated your patients' and their carers' contact details on file (mobile phone number / email),
5. subscribes to your software provider newsletters and correspondence,
6. is aware of electronic prescribing regulations that are specific to your state or territory (such as the management of controlled medicines), and
7. keeps staff informed about electronic prescribing and how they may respond to patient's questions about electronic prescriptions.

See the Electronic Prescriptions Implementation Guide for further guidance on setting up electronic prescriptions.

WHAT EQUIPMENT DO I NEED FOR ELECTRONIC PRESCRIBING?

The prescriber will be able to generate an electronic prescription through updates to their CIS, with no additional hardware required. For the dispenser, it will help the pharmacy to have a QR scanner that can scan the token presented on the patient's phone or printed copy.[9,10]

WILL ELECTRONIC PRESCRIBING CAUSE A DISRUPTION TO MY WORKFLOW?

Electronic prescribing has minimal impact to the current ways of operating. While use of each CIS may vary, the main change is that when specialists decide to issue a prescription a prompt appears in the CIS asking whether the patient prefers an electronic (or paper) prescription. The specialist then completes the required information through the CIS, before the token is automatically sent to the patient (the specialist should confirm that the patient has received the token during the consultation).

WILL ALL PRESCRIPTIONS BE AVAILABLE THROUGH ELECTRONIC PRESCRIPTIONS?

All types of medicines can be prescribed using an electronic prescription. Adherence to the *National Health Act 1953* and relevant State or Territory regulations is still required when prescribing medicines using an electronic prescription.

ARE ELECTRONIC PRESCRIPTIONS LEGAL IN ALL STATES OR TERRITORIES IN AUSTRALIA?

Changes have been made at the Commonwealth, state and territory level to recognise electronic prescriptions. For more information, see the legislation for the following jurisdictions:

- Queensland,
- New South Wales,
- Australian Capital Territory,
- Victoria,
- Tasmania,
- South Australia,
- Northern Territory, and
- Western Australia.

DO I NEED TO CONTACT THE PHARMACY BEFORE ISSUING AN ELECTRONIC PRESCRIPTION?

Prescribers should confirm with local pharmacies that they have electronic prescription dispensing capability before issuing an electronic prescription to patients. See the Electronic Prescriptions Implementation Guide for more information on communicating with others regarding electronic prescription capabilities.

Patient considerations[11]

WHERE DO I SEND THE TOKEN?

The token can be sent to the patient (or their agent) by SMS or email via conformant software. Patient medication management Apps can assist patients manage their tokens. The prescriber should confirm the patient has received their token at the time of generating the prescription. Patient contact details must be correctly entered into the CIS to ensure the token is being delivered to the intended recipient.

WILL ELECTRONIC PRESCRIPTIONS COST PATIENTS ANYTHING?

Opting to receive an electronic prescription, rather than a paper prescription, does not incur any cost to patients.

CAN A PRESCRIBER GENERATE A PAPER PRESCRIPTION AND AN ELECTRONIC PRESCRIPTION FOR THE ONE SUPPLY OF MEDICINE?

No. A patient can only hold one prescription for an item, either an electronic or a paper script – not both.[12]

WHAT IF A PATIENT NEEDS MULTIPLE MEDICINES OR PRESCRIPTIONS?

An electronic prescription is issued for each medicine so a patient with multiple medicines will need a token for each prescription. At the time of prescribing, patients will receive multiple messages with each token. Patient medication management Apps and the ASL offer token management solutions for patients.

CAN THE TOKEN BE SENT TO TWO MOBILE NUMBERS (PATIENT AND CARER/FAMILY MEMBER)?

The token can only be sent to one mobile number or email address. The patient can forward the text message or email to their carer so their carer can pick up their medicine if required.

WHAT ABOUT THE EXPIRY OF ELECTRONIC PRESCRIPTIONS?

The token will expire at the same time as the electronic prescription's expiry date.

DOES THE TOKEN NEED TO BE KEPT FOR ANY REPEATS?

Once an electronic prescription is dispensed, the initial token can no longer be used, and a new token is issued by the dispensing pharmacy via SMS or email for the repeat. The new token is automatically supplied by the dispensing pharmacy and can be used to obtain the next supply of medicine.

WHAT IF THE PATIENT DOES NOT HAVE A MEDICARE CARD?

If a patient has never been issued a Medicare or DVA card, they may still be eligible for an electronic prescription provided a practitioner's clinical information system can locate their Individual Healthcare Identifier (IHI).

IS WRITTEN CONSENT REQUIRED FROM THE PATIENT FOR ELECTRONIC PRESCRIPTIONS?

Written consent is not required for the token model. However, a patient must register for an ASL which will require them to provide their consent for healthcare professionals to access their ASL.

WHAT IF I CHANGE MY MIND?

A patient must choose either a paper or electronic prescription at the time of prescribing, including for any repeats of the script. The patient can make this choice for every individual prescription and can choose a different method of prescribing for their next prescription and associated repeats.

HOW IS THE INFORMATION IN THE TOKEN SECURE IF IT IS SENT VIA A 'NORMAL' EMAIL?

The QR code holds an identifier which is a key used by the PDS to pull the prescription details from the database. The full prescription details are encrypted and stored securely in the PDS. The identifier is meaningless unless scanned in a PDS with the required connectivity and authorising processes in place to check for a legitimate and legal request to the information.

CAN SPECIALISTS SEND TOKENS DIRECTLY TO A PATIENT'S PREFERRED PHARMACY IF THE PATIENT DOESN'T HAVE A SMART PHONE/ACCESS TO EMAIL?

It is the patient who has responsibility for their prescriptions. They should be provided with the electronic prescription notification (token) at the time the electronic prescription is written There are options available for patients who are not able to access electronic prescriptions, including the patient asking their prescriber to send the token directly to their carer/agent or receiving a paper prescription.

There are certain use cases (e.g. reconciling 'owing' prescriptions) where the prescriber may be required to send the token direct to the specified pharmacy.

CAN CARERS WITH SMART PHONES RECEIVE THE PRESCRIPTION TOKEN ON BEHALF OF THE PERSON THEY CARE FOR WHO DOES NOT HAVE A SMART PHONE?

The patient can ask their prescriber to send the token directly to their carer/agent during the consultation.

CAN PATIENTS TELL WHAT THE PRESCRIPTION IS FROM THE TOKEN?

The token will contain information such as the patient's initials, a QR code and information about the medicine. This allows patients to know which prescription can be dispensed from each token.

WHAT HAPPENS IF THE TOKEN IS SENT TO THE INCORRECT PATIENT?

The prescriber should confirm the patient details with the patient and that they have received the token via email or SMS before ending the consultation. If a token was incorrectly sent, the prescriber should cancel the prescription and generate a new token with the correct details.

[1] ADHA, 'Electronic Prescriptions Fact Sheet', n.d., accessed 10 September 2020.

[2] Kaushal, R., Kern, L. M., Barrón, Y., Quaresimo, J., & Abramson, E. L., (2010), 'Electronic prescribing improves medication safety in community-based office practices', *Journal of general internal medicine*, *25*(6), 530-536.

[3] Ammenwerth, E., Schnell-Inderst, P., Machan, C., & Siebert, U., 2008, 'The effect of electronic prescribing on medication errors and adverse drug events: a systematic review', *Journal of the American Medical Informatics Association*, *15*(5), 585-600.

[4] Corley, S. T., (2003), 'Electronic Prescribing', *Topics in Health Information Management*.

[5] Kaushal, R., Kern, L. M., Barrón, Y., Quaresimo, J., & Abramson, E. L., (2010), Electronic prescribing improves medication safety in community-based office practices, *Journal of General Internal Medicine*, 25(6), 530-536.Kaushal, R., Kern, L. M., Barrón, Y., Quaresimo, J., & Abramson, E. L. (2010). Electronic prescribing improves medication safety in community-based office practices. Journal of general internal medicine, 25(6), 530-536

[6] Ammenwerth, E., Schnell-Inderst, P., Machan, C., & Siebert, U., (2008), The effect of electronic prescribing on medication errors and adverse drug events: a systematic review, *Journal of the American Medical Informatics Association*, 15(5), 585-600.Ammenwerth, E., Schnell-Inderst, P., Machan, C., & Siebert, U. (2008). The effect of electronic prescribing on medication errors and adverse drug events: a systematic review. Journal of the American Medical Informatics Association, 15(5), 585-600.

[7] Corley, S. T., (2003), 'Electronic Prescribing', *Topics in Health Information Management*.

[8] eRx Script Exchange, 'For Patients', n.d., accessed 10 September 2020.

[9] Corum Health, 'ePrescribing Readiness Checklist', n.d., accessed 10 September 2020.

[10] Alternatively, the pharmacy can type the alphanumeric code printed below the QR code to retrieve the prescription details from the PDS.

[11] ADHA, 'Electronic Prescriptions – For Prescribers', n.d., accessed 10 September 2020.

[12] ADHA, 'Electronic Prescriptions – For Prescribers', n.d., accessed 10 September 2020.