

Why bother with eScripts?

While the immediate benefits of eScripts can already be seen in some quarters, the true value of ETP (Electronic Transfer of Prescriptions) is not well understood by many. ETP is a key enabler for Australia's eHealth plans, and one from which we can expect to reap far-reaching benefits relatively soon.

The business case for our National eHealth Program is dependent on medication management, and to do this properly we need to include data from all relevant sources, including doctors, pharmacies, hospitals, and aged care settings. A Wave 2 project called MedView — which is built upon technology from eRx Script Exchange — does exactly this in a way that is efficient and effective.

Roger Boot
B.Agr.Ec. (Hons), Grad. Dip. IT,
Masters Sci. Tech. Commercialisation
eRx Script Exchange
Vendor Manager
roger.boot@erx.com.au

It is now two and a half years since the first Australia-wide platform for eScripts, eRx Script Exchange (eRx), was launched. Since May 2009, over 220 million scripts have been successfully downloaded and dispensed. 12,200 doctors and 3,200 pharmacies have transmitted script information to and from the exchange.

At the coal-face, Electronic Transfer of Prescriptions (ETP) has captured the attention and praise of the majority of pharmacists, but we need to continue our efforts to demonstrate the benefits to doctors.

The immediate benefits of eScripts

There are many benefits that flow from the introduction of eScripts. First, eScripts improve patient safety by reducing the risk of transcribing errors during dispensing. Second, eScripts improve the workflow in the pharmacy, delivering efficiency benefits. Third, patients have a better health care experience overall, as a result of improved coordination and management of care between doctors and pharmacists. Fourth, when an eScript service is integrated fully with the medical software platform, the doctor receives dispense history data delivered seamlessly into the patient's clinical record. Doctors using Best Practice,

Medical Director, Stat Health or Zedmed in conjunction with eRx can now see whether their patients have collected their medicine, as well as the trade name of the drug dispensed. This is an optional feature which the majority of doctors we speak to are keen to utilise.

At an industry level, the value of eScripts is widely recognised. The RACGP "supports e-prescribing, which delivers considerable benefits to GPs and other medical practitioners". The Pharmacy Guild sees it as "a vital piece of health infrastructure, creating immediate safety benefits for patients, as well as a better standard of shared care between GPs and pharmacists". And the AMA "supports the development of an ePrescribing system as a fundamental building block for a national electronic health system in Australia".

So how do we ensure that this fundamental "building block", as the AMA put it, is laid properly? Where do eScripts, or more accurately, a Prescription Exchange Service (PES), fit within Australia's eHealth plans?

The PCEHR Business Case relies on Medication Management

The Deloitte National eHealth Strategy of 2008 emphasised the difficulty in accurately quantifying benefits from eHealth investments. However they did report hard numbers for medication management in some sectors, including that 10% of hospital admissions are due to adverse drug events, and that preventable medication prescribing errors cost Australian taxpayers at least \$380 million per year. While we are at it, let's remember reports that indicate 25% of a clinician's time is wasted seeking information about patients.

Author Info

Roger Boot is an eHealth consultant who has been involved with eRx Script Exchange since its predecessor ScriptX was announced in 2008. Roger started his working life as a jackaroo on the Hay plain, and he holds three tertiary level degrees. He has led significant IT and change management projects in the primary industries, non-profit, and health sectors.

It is fair to say the business case for the Personally Controlled Electronic Health Record (PCEHR) relies heavily on medication management. So how do we make sure we get it right? There are many factors that we could talk about here, but let's focus on just two for now.

Firstly, we must include data from all relevant sources and secondly, efficient and effective workflow is critical.

Good Medication Management includes data from all relevant sectors

Delivering medicines information to a patient's clinician(s) should include as complete a picture as possible. Compiling all the scripts written by a patient's various GPs is an important step, but it is only one piece of the puzzle we need to construct. We must include data from all of the clinicians involved, and that means doctors, pharmacists, and nurses in each of the community, hospital, and aged care settings.

MedView is a Wave 2 PCEHR Lead Site which is building exactly this capability. The Commonwealth Government has provided funding for the development and implementation of MedView as part of the National eHealth Program.

MedView will enable authorised clinicians to view data about their patients in an efficient and seamless process. As with eRx — the technology platform MedView is built upon — MedView will be tightly integrated into existing clinical packages, and no new hardware or software will be required at the doctor's practice.

MedView Medicines Repository

The MedView project is building a national medicines repository which:

- Provides a combined list of both prescribed and dispensed medications collected from community, hospital, and aged care settings.
- Is accessible by clinicians from their existing desktop software.
- Is a key part of Australia's national eHealth program.

For the first time, Australian clinicians will be able to see a combined list of prescribed and dispensed medications, regardless of how many different doctors and pharmacies the patient has attended.

MedView is a standards-based, consent-driven, conformant repository which provides comprehensive records of both prescribed and dispensed medications. MedView is a secure, highly available repository that can

grow to enjoy a national coverage.

Lead by the Fred IT Group, the MedView project brings together a team of industry leading partners and software vendors in the community, hospital, and aged care sectors. Vendors include Best Practice Software, Zedmed, Fred Health, Simple Retail, eRx Script Exchange, BossNet, Pharmhos, and iCare. Industry partners include Barwon Health, Barwon Medicare Local, and Monash University.

The MedView project is focussing on targeted regions, with a primary focus on the region covered by the Barwon Medicare Local and Barwon Health. Additional focus regions are being identified. The national reach of the partners in MedView will enable rapid scaling of the solution for all Australians, if there are subsequent program phases.

Once a patient has given consent to participate in MedView, each time their MedView registered healthcare team member prescribes or dispenses medications an electronic record is automatically sent to the MedView repository and securely stored.

MedView uses eRx Script Exchange and hospital clinical systems to transfer prescribed and dispensed data between healthcare providers, as well as to deliver this clinically valuable information to the MedView repository.

MedView will be the first substantial implementation of HL7 CDA (Clinical Document Architecture) in Australia. All data is encrypted using Medicare PKI technologies, with patients' identified electronically using Individual Health Identifier (IHI) via the Medicare Health Identifier Service.

So why bother with eScripts?

I like to think of eScripts as some essential "plumbing" connecting doctors and pharmacists. Like all good plumbing, the important point is that it just works effectively and efficiently. Most of us shouldn't have to think about it, and indeed we won't, unless it breaks.

And while this "plumbing" (with an already extensive reach) is useful and something that some of us can get very excited over, it's the services that can be built on top of that plumbing which are the really sexy bits with much wider appeal.

eScripts is the key enabler for medication management in Australia, and medication management is a key business driver for PCEHR. The link between these is MedView.