Re: Response to Pharmacy Remuneration and Regulation review questionnaire.

Dear Review Panel Members,

Minfos would like to provide feedback on two questions raised in the Discussion Paper.

Q13. Is this requirement a significant impediment to online ordering and remote dispensing? If so, should this impediment be removed? In this scenario, what compensating arrangements would need to be implemented to ensure that there is appropriate oversight and control over dispensing and patient choice of pharmacy?

Minfos, a software vendor that supplies PBS/Department of Health (DOH) compliant dispensing solutions to approximately 900 community pharmacies across Australia. The software suite integrates with both electronic script exchanges: eRX and Medisecure and is used heavily by Minfos pharmacy customers every day. Minfos is compensated a small percentage of the eScript fee provided to pharmacy for making the service available in Minfos.

Minfos fully supports the adoption of electronic scripts (eScript) as the legal record over the continued endorsement of paper scripts. The requirements for the use of paper scripts and manual script processing is a significant impediment to realising the many benefits and applications that a fully adopted eScript model could provide. As observed through the successful adoption by many other countries that have migrated to the use of eScripts, there are significant benefits for doing so such as:

- The potential to improve the accuracy and quality of medication information. Handwritten scripts are prone to error and are easily lost.
- The potential to reduce fraud and increase accountability. eScripts are electronically signed for non-repudiation.
- Efficiency improvements in handling scripts, prescribing and dispense processes. This includes reducing the need to maintain and store paper scripts securely.
- The ability to control and audit the process. Auditing from paper scripts is time consuming and labour intensive.
- The potential to improve medication tracking including compliance and use of controlled drugs.
- More flexibility for patients to move freely between pharmacies, when on holiday or after discharge from hospital.
- Patients often leave scripts at a pharmacy to prevent losing them. This enables the patient to ‘pre-order’ scripts before entering the pharmacy over the phone. This can be an issue though if the patient is away from their ‘home’ pharmacy and don’t have access to their scripts. Using an eScript, they could nominate what pharmacy they place the order with, regardless of location.
- Should potentially reduce the number of ‘emergency supplies’ and ‘owing scripts’ as dispensing a script will not rely on remembering to bring the paper script. It would also be easier for a customer to have an owing script supplied electronically, rather than having to bring the script in to the pharmacy.
- Electronic communication to the pharmacy about a prescription via any consumer controlled software or app is currently not efficient as it could be. For example, when placing a script refill order via an app:
  - If scripts are kept on file then the pharmacy needs to find the script and then dispense (rather than just dispensing straight from the order).
  - If scripts are not kept on file then customers often don’t realise they need to bring the script in as well. Confusion exists around the fact that a script is still required for legal supply.
• Currently with eCommerce workflows (and could be applied to remote dispense) even though the script is ordered online the pharmacy waits to receive the physical script before they supply. This means that the turnaround time for ordering online is not ideal and brings into question the benefit of it.

• Where it is difficult for a customer to get access to a pharmacy such as very remote locations, it could be useful for such customers to be able to place an order with a remote dispense location and then have it delivered straight to their home or remote location.

There are also significant follow-on benefits that are made possible once prescribing and dispense information are made available electronically as the authoritative record. By far the largest potential gains pertain to the benefit of sharing data between allied health professionals and the ability to extend the reach of the pharmacist through services that can leverage an electronic health record (EHR).

While removing the requirements for paper proof does create the potential for collusion between GP and pharmacist thereby limiting competition and choice of pharmacy by the patient, this could be negated through appropriate legislation. The counter-argument contests that the use of eScripts as authoritative would increase customer choice as repeat (paper) scripts that are normally held on file in a pharmacy could now be freely available to download from any pharmacy thereby increasing access and competition. In consideration of the trusted relationship many people have with their pharmacist, Minfos believes the greatest argument supporting removing the need for paper proof is the argument for continuity of care. Any technological intervention that is able to improve the relationship between a patient’s primary health practitioners that leads to improved patient health outcomes, is a goal worth seeking.

Minfos would also like to raise awareness on the difficulty in providing government compliant dispensing software where there is considerable variation between state and federal health legislation. Areas affected include:

• S8 reporting requirements between different states;
• Different requirements for what information needs to be recorded on an S8 prescriptions (https://www.mja.com.au/journal/2015/203/2/state-based-legal-requirements-schedule-8-prescriptions-why-so-complicated);
• NSW has a schedule 4d where drugs have different supply rules (http://www.health.nsw.gov.au/pharmaceutical/Documents/prescribed-restrict-subst.pdf);
• Some federal government initiatives have to be passed through each state, for example - continued dispensing, which means the initiative was not available in all states at the same time.
• Each jurisdiction had to test and accept electronic ‘dangerous drug register’ providers separately.

It is very costly for the software vendor to cater for all the differences in state/federal requirements. Even before the technology can be made compliant, it is difficult to reach agreement and consensus between the state authorities. With respect to the proposed Electronic Real-time Register of Controlled Drugs (ERRCD), the states continue to talk-up the considerable public benefit that having such a reporting capability for the supply of dangerous drugs would provide, however, they have been unable to reach consensus. The Medical Software Industry Association are encouraging states to share the same requirements but have faced difficulties with this. Differences have arisen in data requirements to technologies used. The result of having the states ‘set their own standards’ means that Minfos (and all other dispense vendors) would need to implement a different ERRCD integration for each state, making it expensive to implement and difficult to maintain. As a point of comparison, the DHS already have all dispensing data supplied by PBS approved pharmacies, why couldn’t this be used as the base of the ERRCD instead of requiring all the dispense vendors to adopt a range of different state based standards to achieve the same outcome?
Q20. Is the Electronic Prescription Fee achieving its intended purpose of increasing the uptake of electronic prescribing and dispensing?

As Minfos is strongly in support of continuing to promote the uptake of eScripts towards the eventual goal of completely replacing the paper based script in use now, Minfos supports the continuation of the eScript fee as an effective method to compensate for the costs of providing the service by the Prescription Exchange Service (PES) vendors. As with any new process proposed for use within a pharmacy, there has been inertia in moving to dispensing via eScripts. Although, early challenges with process and technology issues have been largely overcome, and the government funded Pharmacy Practise Incentive programs (PPI) to incentivise pharmacy to increase eScript use has now ceased, many pharmacies do activity adopt the scanning of eScripts as part of their dispense process. While the use of eScripts remains optional however, there remain pharmacies that have not fully adopted the process and there is currently no financial incentive (or disincentive) to do so. Compare this to GP prescribers that continue to receive government incentives (ePIP) for generating eScripts over paper scripts. As the solution relies on both prescriber and dispensary to make use of the system for the greatest public benefit, it makes most sense that both are incentivised accordingly. Consequently scan-rates continue to vary across pharmacies and it remains up to the Prescription Exchange Service and pharmacy software vendors to continue to try and influence the uptake fully across the pharmacy sector. It is the recommendation of Minfos that given the benefits eScripts provide, government should consider reinstating PPI funding for pharmacy under the CPA agreement for the use of eScripts with the ultimate goal to make eScripts mandatory within a certain period of time. Any pharmacy incentives need to remain separate to the requirement to fund the service and should not be necessarily dependent on each other. Should the government decide to cease funding the service, this cost would need to be passed on to the Pharmacy and it is highly likely the pharmacy would revert to the use of paper scripts being the more cost effective solution at the present.