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30th January 2016

Response to Your Health. Your say. Discussion Paper

About Pharmaceutical Defence Limited (PDL)

As a mutual representing over 25,000 pharmacy members, PDL is Australia's first national pharmacy body, established in 1912 by pharmacists, for pharmacists.

We are dedicated to our members in the pharmacy profession and attend to a wide network of pharmacist members nationally, comprised of hospital, clinical, research and community pharmacists, students and interns.

PDL's role in improving health outcomes

PDL provides member support which includes advice and procedures for risk minimisation. We aim to advance the professionalism of members through leadership, advocacy and through building awareness of risk minimisation strategies. Member support is given via our professional officers who are themselves experienced pharmacists.

Beyond member advocacy and risk advice to the profession, PDL supports pharmacy organisations, events, research and projects designed to enhance the profession, its standards, risk management and professional service to the Australian public.

It is in this context that we are pleased to be able to contribute to the Australian Government's consultation in co-producing the Strategy. PDL fully supports the Australian Digital Health Agency's efforts to reduce risk.

Given our specific areas of expertise and experience, this submission will focus on providing PDL's views in relation to the ability for electronic prescriptions to reduce errors.

Background

Historically, the Australian health system relied entirely on paper prescriptions for the supply of medications, which is an inherently high risk process. Despite the best intentions of highly trained and well-meaning health professionals, errors are inescapable.

Many errors are the result of the need to transcribe information from paper records into clinical information systems and in some cases the manual recording of information such as paper based Dangerous Drugs registers.

The highly successful introduction of the Electronic Transmission of Prescriptions (ETP) across Australia since 2009 by Prescription Exchange Services (PES), via eRx Script Exchange and MediSecure, has created a strong foundation for the effective use of medications data to:

- drive health system efficiencies;
- improve patient health outcomes;
- reduce costs to the health system; and
- create new and innovative ways of managing the medications supply chain in the future.

Systems such as the PES providers significantly reduce the need for transcription of data between systems, leading to the reduction of errors during this process.

Opportunities to further improve health outcomes through digital innovation

1) Effective Australian Medicines Terminology (AMT) utilisation

Significant improvements in the process of authenticating patient and health practitioner identity have been clearly demonstrated over recent years. This has been enabled by the introduction of Individual Health Identifiers (IHI) for patients, and Health Provider Identifiers for organisations and individuals (HPI-O and HPI-I).

However the difficulties experienced by clinical information system vendors with the implementation of the Australian Medicines Terminology (AMT) continues to compromise the ability to further de-risk the medications supply process. The ability to accurately and consistently identify medications could further reduce errors.

Whilst the PES providers have provided the ability to transmit AMT codes in clinical messages when provided by the integrated clinical information systems, these risks will continue until the clinical information system vendors are able to utilise the AMT effectively.

Case Study - Sifrol ER

A recent spate of dispensing errors reported to PDL involve Sifrol (Pramipexol) in the strengths of 3.75 mg and 0.375 mg. If a poorly defined, hand-written prescription is presented for this drug, the chance of misinterpretation becomes high.

The likelihood of an error is further compounded with this drug because it comes in both an immediate release form and a controlled release presentation, which uses either milligrams (mg) or micrograms (mcg) to express the strength.

If an error is made in dispensing the 375 form of Sifrol, an error of ten times occurs. This could mean that a Parkinsonian patient is grossly under dosed and outcomes could include loss of symptom control. Or a person with Restless Leg Syndrome could be given a dose that is way too high.

To further exacerbate an error of this kind, additional problems may be encountered in attempting to rectify the situation. For example where a consumer has been given the correct strength after taking the incorrect dose, the result is they have a sudden change of dose again.

Pramipexole is a drug that highlights this dilemma as it should be slowly titrated up or down in dose. A sudden change of ten times dosage has resulted in hospital admissions reported to PDL. When an error with this drug is reported to PDL, we always advise that the prescriber be notified and advice sought by the pharmacist on the correct switching procedure.

The AMT lists:

- Sifrol ER (pramipexole hydrochloride monohydrate 3.75 mg) modified release tablet (trade product unit of use); and
- Sifrol ER (pramipexole hydrochloride monohydrate 375 microgram) modified release tablet (trade product unit of use).

Transitioning to align packaging, dispensing systems, TGA and PBS data with the AMT will take some time, and would have to be managed extremely carefully. Pharmacists and their patients could potentially be left exposed to a raft of mistakes.

We would suggest the 'grandfathering' of products (such as Sifrol ER) already in existence, rather than expecting pharmacists to comply retroactively with a change in legislation, guidelines, etc. Alternatively, the ADHA could pay to have all old packs of affected drugs repacked and replaced simultaneously with the change in requirements.

2) Electronic supply of medication data

ETP can further reduce medications supply risk through the supply of medications data (i.e. prescription and dispense records) to electronic health records (e.g. My Health Record) and decision support tools (e.g. Real time prescription monitoring systems).

Given eRx, for example, is used by over twenty thousand General Practitioners and 4,700 pharmacies and transacts over 260 million prescription records per year, the potential clinical value that could be provided by ETP is unprecedented and could lead to significantly reduced risk in the medications supply process.

For example, if this data was available to practitioners at the point of prescribing and dispensing controlled drugs, better informed and effective clinical decisions could be made with the potential to reduce the risk of harm to patients and to enable more effective counselling regarding the use of controlled drugs.

3) Other recommended roles for ETP

Over time, ETP should also be seen as the mechanism for concepts such as fraud detection, medications management services, paperless prescriptions and even supply chain optimisation, as a myriad of vendor integrations, medications data, technology platforms and infrastructure are already in place. Not only do such services make for a more efficient and effective medications process, but the potential for reducing the risk to practitioners and patients alike is most significant.

Summary

PDL thanks the Australian Digital Health Authority (ADHA) for this opportunity to provide input into the production of the National Digital Health Strategy.

We believe there are enormous systemic gains to be made in both improving the efficiency of the health system itself and enabling optimal health consumer outcomes by adopting the recommended improvements to medication management through the broader utilisation of ETP functionality.

Please do not hesitate to contact the undersigned, should you wish to further explore our views in relation to any of these initiatives. PDL supports the ADHA's efforts to reduce risk, and look forward to ongoing engagement as the strategy is developed.

Yours sincerely,

David Brown

Chief Executive Officer