



NZ ePrescription Service (NZePS)

Questions raised at 'live' demonstrations (part of NZePS community trial)

Question	NZePS response
<p>1. What are the benefits of the NZePS?</p>	<p>The anticipated benefits of the NZePS will be validated during the NZePS trial phase. However, the benefits that have been identified during the early stages of the current trial include:</p> <ul style="list-style-type: none"> the usage of the common list of medicines (the NZULM), in both GP and pharmacy systems, means the pharmacy can more quickly and accurately select the intended medicine for the patient. dispensing process efficiencies from improved prescription information quality. <p>Also of note is that use of the ePrescription service has not resulted in additional effort or time by the GP.</p> <p>Below are the potential benefits for each of the stakeholders using the ePrescription Service.</p> <p>Patients, people in care and the health and disability sector will benefit from the NZePS through:</p> <ul style="list-style-type: none"> safer because the NZePS reduces manual data entry and therefore transcription errors resulting in reduced risk of a prescribed medicine not being correctly dispensed safer because prescribed medicines descriptions are more accurate and there is improved legibility of prescription details fewer hospital admissions or unwanted effects because prescribers and dispensers can monitor patient adherence with prescribed medicines having prescriptions dispensed more quickly through more efficient processes. <p>Healthcare practitioners who prescribe medicines will benefit from the NZePS through:</p> <ul style="list-style-type: none"> the ability to receive notification when a patient collects prescribed medicines enables adherence monitoring and patient follow-up reduced interruption from pharmacies querying prescriptions fewer prescriptions having to be returned to the prescriber for correction because they do not comply with legal or subsidy requirements. <p>Pharmacists who dispense medicines will benefit from the NZePS through:</p> <ul style="list-style-type: none"> the usage of the common list of medicines (the NZULM), in both prescriber and pharmacy systems, means the pharmacy can more quickly and accurately select the intended medicine for the patient improved quality of prescription information and therefore a reduction in time spent contacting prescribers to clarify or correct prescriptions being able to download prescription details and not having to enter this manually can potentially make the process more efficient. <p>Organisations that fund the health and disability sector will benefit from the NZePS through:</p> <ul style="list-style-type: none"> the potential reductions in costs from improved patient adherence and reduced hospitalisation efficiency gains would enable pharmacists to provide other patient orientated services.

Question	NZePS response
	<p>Benefits that could be derived from effective use of the CDR</p> <p>Organisations responsible for the delivery of healthcare outcomes through population-based strategies will benefit from the NZePS (where information is being sent to a regional Clinical Data Repository) through:</p> <ul style="list-style-type: none"> • more complete data about prescribing and dispensing will be sent to the clinical data repository (CDR) • the provision of new services such as Medicines Use Review (MUR) could potentially be delivered at lower costs due to improvements in information and process efficiencies • improvements in medicines use information • once the ePrescription service has been subscribed to by the majority of GP's and pharmacists, the CDR will be an additional, trusted information source to aid medicines reconciliation. • there will be opportunities to establish new models of care • optimised prescribing will be supported, e.g. improving the management of long-term health conditions • being able to recall prescribing and dispensing history when seeing a different healthcare practitioner • it will enable the development of quality programmes, e.g.: reducing unnecessary poly-pharmacy; reducing wastage by prescribing appropriate quantities of medicines; addressing and reducing unexplained variability in prescribing patterns among providers; establishing evidence base for use of new and/or potentially expensive medicines.
2.	<p>Why do we still need to print the script?</p> <p>It is a requirement of current legislation that scripts must be printed and signed in indelible ink by the prescriber. Any changes to this need to be made at the legislative level. This will be reviewed over time as use of the NZePS becomes more widespread and as alternatives to the paper script have been assessed.</p> <p>The paper script still has a significant purpose, it:</p> <ul style="list-style-type: none"> • prompts the patient to present the script to a pharmacy. It also carries a unique number which is needed by the pharmacy to download the electronic copy of the script • provides a means for the pharmacy to determine that the person presenting it is authorised to receive the medicines • gives the doctor, the patient and the pharmacist a visual check to make sure the patient and medicines details are correct <p>An important note is that there is currently no suitable alternative to a paper prescription that can be readily used by patients, prescribers and pharmacists.</p>
3.	<p>What are the patients asking about the barcode on their script?</p> <p>No comments have been received to date. Prescribers and pharmacies will be provided with explanatory notes which can be given to patients who would like to know more about the NZePS and the barcoding on prescriptions.</p>
4.	<p>What information is contained in the barcode?</p> <p>The barcode does not contain any personal or clinical information. It simply represents a number (which is also printed beneath the barcode on the script).</p> <p>This number unlocks the prescription so the pharmacy can pull the electronic script onto the pharmacy computer.</p> <p>To download the script, the pharmacy scanning the barcode must have been registered with NZePS and will have the necessary pharmacy software and security mechanisms installed.</p>

Question	NZePS response
5. To participate, does the pharmacist need to have a barcode scanner?	<p>A barcode scanner is not essential. The number printed below the barcode on the script can be manually typed into the pharmacy software.</p> <p>Manual entry might be an option for a pharmacy that does not process a huge volume of scripts per day.</p> <p>For pharmacies that process a very large volume of scripts daily, the advantages of purchasing a barcode scanner will be in improved accuracy and time efficiency.</p>
6. How secure is the exchange of information between GP and pharmacy?	<p>The information is sent in an encrypted form from the GP to a secure server (the 'transaction broker' or exchange), where it is retained in its encrypted form. When the pharmacist scans the barcode, the information is retrieved from the server, de-encrypted and loaded into the pharmacy system.</p> <p>The NZePS uses the Connected Health secure network combined with what are known as 'health certificates' (think 'special keys') to ensure security is at the highest level.</p>
7. What is the role of the 'transaction broker' or exchange?	<p>The 'transaction broker' or exchange is an engine that:</p> <ul style="list-style-type: none"> • enables a prescription to be sent in a secure electronic format between prescribers and dispensers (GPs and pharmacies) who have registered to use the service • Stores electronic prescriptions in secure (encrypted) form until they time expire either for legal validity or for subsidy eligibility • has the functionality to be able to forward prescription and dispensing data to a Clinical Data Repository (CDR) if one is available, however it is not a CDR itself (i.e. you cannot search the NZePS for a patient's medication history or a list of a patient's current medicines).
8. What about privacy matters?	<p>All information that is sent between prescribers and dispensers is secure. All prescriptions sent to the NZePS broker are stored in a secure (encrypted) form. The information can only be accessed by authorised GPs and pharmacies with the necessary software component within their practice management system (PMS) / pharmacy software. The only information in the NZePS broker which can be accessed is the information related to a specific prescription which is to be downloaded i.e. you cannot search the NZePS for a patient's medication history or a list of a patient's current medicines.</p> <p>While the NZePS broker has the functionality to be able to forward prescription and dispensing data to a Clinical Data Repository (CDR), the provision of a patient medication record (a patient's medication history or a list of a patient's current medicines) is not a primary role of the NZePS broker. The privacy policies related accessing information that is in a CDR is set by the governing body for the CDR. The prescriber software has the facility to enable a prescription (all prescription items or only specific items) to have a confidentiality flag to be set. This will be passed to the NZePS broker and on to the CDR – Note: at this stage, TestSafe (a CDR in the Northern region) has not yet had the changes made to it so that it can receive prescription data from the NZePS broker.</p>
9. What new information is being created with the NZePS?	<p>New information includes</p> <ul style="list-style-type: none"> • GPs are able to add a note to the electronic script giving the reason for the prescription (e.g. clinical indication) or a particular dispensing request. This is not printed on the script (i.e. it only goes with the prescription message that is sent to the pharmacy) • A pharmacy can send a message back to a prescriber when they dispense a medication. This message might include the circumstances around the script being presented. The GP is able to decide how these messages are received. • The GP system will receive confirmation that the script has been presented and the medicine dispensed. This will assist in monitoring patient adherence. Note: If pharmacy point-of-sale and dispensing systems are integrated, then both a 'dispensed' and 'picked-up' message will be sent. Otherwise 'dispensed' is essentially a proxy for 'picked-up'. Further note: if the GP prescribed generically, the brand that is dispensed will be sent back along with the generic name that was prescribed. This will commonly be the brand that at that time was subsidised by PHARMAC. The GP system will not automatically default to the brand that was dispensed previously. <p>At this stage in the trial, if the script is presented to a non- participating pharmacy, it would be processed by the pharmacy as a normal paper prescription.</p>

Question	NZePS response
10. Does the NZePS compel GPs to write full and accurate scripts?	<p>We do expect that what is delivered during this project will improve some aspects of prescription quality. However, this initial release of the NZePS does not enforce a mandatory set of fields to be completed by the prescriber, though it develops the capability for this in the future.</p> <p>The NZePS project will work with the appropriate agencies to determine prescription quality improvement opportunities and what can be addressed through future enhancements to the NZePS. Ensuring that subsidy and legal requirements are met is an immediate priority. Other considerations will include safety and efficiency measures. Electronic signatures will also be investigated.</p>
11. How are medicines selected?	<p>The pharmacy and GP systems currently participating in the trial use the NZ Universal List of Medicines (NZULM) as their master list from which medicines are selected. By using universal descriptions and codes for medications, matching at both ends is accurate. We are already seeing increased accuracy and time efficiency / streamlining of process with the use of NZULM codes.</p>
12. Does the NZePS system remove/reduce dispensing errors?	<p>The NZePS does go some way to reducing errors. This is achieved by (for example):</p> <ul style="list-style-type: none"> • PHARMAC sends out a monthly schedule to the healthcare practitioner's patient management system (PMS) and pharmacy dispensing software vendors. Together with the NZULM codes, this means both systems have the same code information from source. • Consistent with current practice, the pharmacy software enforces levels of checking to ensure the prescription is correctly processed. The pharmacist is compelled to step through each field to validate the information presented before any medicines can be dispensed. Although this does not specifically reduce errors, it ensures we do not introduce additional errors due to reliance on technology doing the checks on the pharmacist behalf.
13. What happens if the patient tries to present the script more than once?	<p>Once a script is downloaded and all or some of the items dispensed, the process cannot be repeated for any items on that script that have been dispensed. Any attempt to do so will be disallowed. Once a pharmacy has dispensed a prescription item, it cannot be dispensed by any other pharmacy using the NZePS.</p> <p>Individual items can be dispensed and any items remaining will be returned for dispense at a later time or through a different pharmacy.</p> <p>Paper-based systems will remain with all current controls in place.</p>
14. Can a GP encourage patients to go to a participating pharmacy?	<p>No. Prescribers must not influence the patient's choice of pharmacy for any gain whatsoever.</p> <p>A patient is able to insist that the script be filled at a particular pharmacy. If required (for urgency), the script can be sent ahead of time (including via fax, as the barcode is readable when faxed).</p> <p>The exception to this is if the prescription is for a restricted person, where only certain pharmacies are permitted to dispense that medicine to that person.</p>
15. Does the NZePS fix existing claiming issues that pharmacies face? (Pharmacists are having to manually adjust their information in order to satisfy/correct rejected claims)	<p>The claims issues being experienced by the pharmacists are out of scope of this project. However we do expect that what is delivered during this project will improve some aspects of prescription quality that affect claiming.</p> <p>The NZePS project will work with the appropriate agencies to determine prescription quality improvement opportunities (where these affect claiming) and what can be addressed through future enhancements to the NZePS.</p>
16. Are we looking at best practice for prescribing?	<p>This is out of scope of this project.</p> <p>The project recognises, but does not enforce, best practice.</p>
17. Does the NZePS inform the GP when the medicines have been picked up?	<p>See Q9. If point of sale and dispensing systems are integrated, 'dispense' and 'picked up' messages can be expected. At a minimum, a 'dispensed' message is received.</p>

Question		NZePS response
18.	How are dispensed messages received back with the GP?	<p>The 'dispensed' message is received by the GP's system and imported directly into the patient notes, where it can be referenced in future.</p> <p>The GP has the option of being alerted when this 'dispense' message is received if they wish to track their patients' medicines closely.</p>
19.	How will set-up and support costs be covered?	<p>One purpose of the trial is to establish what the actual costs are of running the NZePS and the associated funding and commercial models.</p> <p>During the course of the trial we will solicit feedback from vendors and support organisations to establish just what the issues and costs are for set-up and support for inclusion in funding allocations.</p>
20.	Are pharmacy-generated and hospital discharge prescriptions covered?	Pharmacy-generated prescriptions are included in the trial.
21.	What is the role of (regional) clinical data repositories (CDRs)?	<p>TestSafe is the existing CDR. It has rules for data security / privacy.</p> <p>Regional clinical data repositories are required under the <i>National Health IT Plan</i>. Some existing CDRs (i.e. TestSafe and Orion) will be designated as regional repositories for the purposes of the NZePS.</p> <p>Transfer of information to regional repositories is not part of this trial.</p>