RACGP

RACGP Systems and Innovation Unit

Discussion paper

Electronic assistance with managing abuse of prescription drugs

The Royal Australian College of General Practitioners

About the RACGP

The Royal Australian College of General Practitioners (RACGP) is Australia's largest professional general practice organisation representing over 28,500 members working in or towards a career in general practice. The RACGP sets and maintains the standards for quality clinical practice, education and training, and research in Australian general practice.

The RACGP has a strong history of being at the forefront of innovations in the health sector and is ideally placed to guide and inform governments and other stakeholders of what is reasonable, workable and useful for GPs when implementing new e-health initiatives.

Background

Abuse of prescription drugs in Australia is a well-recognised problem, one which can have significant consequences with associated harm. GPs are often called upon to prescribe medications for patients, unaware that the patient may be abusing the medication, or that they are seeking drugs for other people (either directly, or for resale on the illicit street market). These patients are often referred to as "drug seekers", "prescription shoppers" or "doctor shoppers".

As GPs may have limited available clinical information regarding the patient's medication history to assist in their decision making, not all situations of drug misuse can be prevented. The presenting patient may be a regular patient who is surreptitiously attending other practitioners, or a transient "drop-in" patient. It has been suggested by the Coroners of Victoria and NSW that in certain circumstances tragic outcomes could have been prevented had the prescribing doctors been aware of the prescribing history of the patient. These Coroners have specifically recommended real time drug monitoring.[1, 2] Another Victorian coroner has recently reaffirmed the urgency of implementing such a system.[3] The RACGP supports this recommendation.

Several computerised systems are currently available that may assist GPs in this decision making process. This paper will discuss these systems and explain why the RACGP supports the immediate national implementation and subsequent enhancement of Electronic Reporting and Recording of Controlled Drugs (ERRCD). The RACGP believes that this system should be implemented with a high degree of urgency. Unfortunately harm continues to be done by the misuse and abuse of prescription medication, despite these systems being ready but not implemented.

Ideally, all prescribers and dispensers of drugs should be able to share prescribing information as all health practitioners are bound by professional confidentiality requirements. The RACGP is focused on patient safety, harm minimisation and respect. Even if initial systems are limited to Schedule 8 drugs, this would be of some assistance for all prescribers in managing the use of these medications.

Target audience

This document is intended for policy makers (at State and Federal levels), healthcare providers, pharmacists, IT providers, NPS Medicinewise, medical defence organisations, the state Coronial Courts, AMA, GP training bodies, RACGP state faculties, medical colleges and any other GP organisation of interest.

RACGP Consultation

- Internal consultation has been held within the RACGP through the following groups:
- National Standing Committee for Health Information Systems
- National Standing Committee for Quality Care
- National Standing Committee for Standards for General Practices
- National Faculty of Specific Interests, Addiction Medicine Network
- Systems and Innovation team
- Quality Care team

Medication recording and reporting - current state

General Practice

Based on current data, most general practices are connected to the internet (approximately 78%)[4, 5], with a significant number having e-health capability. The vast majority of GP prescriptions (95.7%)[4] are currently generated by doctors using computer software programs which are then printed as paper prescriptions. These computers are generally part of a local practice network and consequently this prescribing information may only be available within the practice.

Pharmacy

Community pharmacies notify state health departments of their Schedule 8 dispensing information (timing requirements vary between jurisdictions). They also electronically submit Pharmaceutical Benefits Scheme (PBS) dispense claims information to Medicare. Most pharmacies have the capability to receive prescription information electronically from GPs (and other prescribers) via Electronic Transfer of Prescription (ETP), but a large percentage of prescriptions are still manually transcribed into pharmacy systems.

Hospitals

Hospital medication systems are not connected to community pharmacies, GP systems, state health departments, or the national systems.

Other prescribers

There is a lower level of adoption of electronic medical records by other specialist medical practitioners. Specialists in the secondary sector generally do less prescribing than GPs by overall volume. Therefore, there is a lesser likelihood of prescription shoppers attending a specialist provider to obtain drugs of dependency as they require a referral from a GP. An ERRCD system that captures all prescriptions dispensed from community pharmacies would incorporate this group of prescribers. This system will also include prescribing by hospital doctors (outpatient prescriptions dispensed in community pharmacies) and other prescribers such as nurse practitioners.

National Medication Information Systems

1. Personally Controlled Electronic Health Record (PCEHR)

The PCEHR is an opt-in system and there are currently approximately 2 million Australians registered for a nationally available electronic health records. The uptake and real use by GPs has also been relatively low. The PCEHR is consumer controlled which means consumers can opt-out from having medications displayed entirely or can hide specific sections of medications information. The PCEHR is also not an exhaustive or complete list of medications prescribed and dispensed.

The PCEHR receives medications information from various sources including:

1.1 Conformant Prescription Exchange Service (PES)

Practices that are signed up to eHealth Practice Incentive Payment (ePIP) are capable of and are using ETP. If a doctor generates a prescription using ETP, and the pharmacist scans the barcode on that prescription, this information is then available in the PES and may be released to the PCEHR. The patient needs to have opted-in and have an active PCEHR record.
If implemented across all of medical practice, ETP could provide a partial solution for GPs as well as make the PCEHR more effective. ETP also minimises the likelihood of forged prescriptions. The limiting factors are the small number of registered patients, consumer controls which allow removal and masking of data and the low overall use of ETP by both GPs and pharmacists.

1.2 PBS Data

PBS data captures approximately 80% of community dispensed medicines but do not capture data from private prescriptions or medicines dispensed in a public hospital to in-patients, and as such, is also incomplete and not a real time database. PBS claims will only appear in the PCEHR when the pharmacy's claim for a PBS benefit is successful. This will therefore depend on the particular pharmacy's claiming cycles, and may take several weeks for the medication information to be uploaded. In addition, a prescription for an un-dispensed medicine will not show in the PBS data in the PCEHR.[6]

The restricting factors for this system being useful are the low registration numbers of patients in the PCEHR, the aforementioned consumer controls, the limited use by GPs, and uploading timelines of PBS information, resulting in a delay with information being available.

2. ETP information direct from ETP providers

There are currently two private providers of ETP that can exchange information via their Prescription Exchange Service (PES). One of the systems has recently created the capability for a medical practitioner to directly query its entire ETP database to identify if a patient has been either prescribed or dispensed drugs of addiction. This functionality is limited because it will not provide a GP with the complete set of data from the other ETP provider. Additionally, as ETP is not used by all GPs and pharmacists, the data set remains incomplete even if both ETP providers' data was available to the medical practitioner.

3. Medicare's Prescription Shopping Program (PSP)

The Prescription Shopping Program (PSP) was established to protect the integrity of the PBS. Doctors are able to telephone the Medicare Prescription Shopping Information Service (PSIS) which operates 24 hours per day, or access it online via HPOS. Patient consent is not required. The doctor is provided with a statement as to whether the person meets the criteria of a 'prescription shopper'. Patient Summary Reports

are provided if the patient meets the PSP criteria. The PSIS criteria (as determined by the Department of Human Services) defines prescription shoppers as “anyone, within any three month period, that has been supplied with PBS items prescribed by six or more different prescribers (including nurse practitioners and midwives but excluding specialists and consultant physicians), and/or a total of 25 or more target PBS items, and/or a total of 50 or more items”.
The PSP includes all medications dispensed via the PBS. The information, therefore, does not include privately prescribed items. This data is not real time, but is updated on a daily basis. Pharmacists are excluded from accessing this system.

Although many GPs access the PSP, most find the information limited in its usefulness as many patients who are abusing medications do not meet the above inclusion criteria. A further constraint is that providers need to register to access this service. The PSP also has a mail out program to alert a doctor if they have prescribed to a patient of concern who may have been supplied PBS medication in excess of medical need. Unfortunately, this information is sent out after the prescribing event.

4. Electronic Recording and Reporting of Controlled Drugs (ERRCD)

This real time system has been trialled and rolled out in Tasmania. This system allows doctors and pharmacists to view real time Schedule 8 dispensing information for all patients (not an opt-in). Pharmacy dispensing information on Schedule 8 drugs is uploaded via specific software at the time of dispensing and is then available immediately on a national database. The ERRCD is not as yet integrated with GP computer prescribing systems, but relies on a web based interface accessed via a browser.

In February 2012, the Commonwealth purchased the licence for the existing controlled drugs monitoring system software developed by the Department of Health and Human Services in Tasmania. The RACGP understands that state governments have partially implemented the state based software, but the appropriate legislation in each state has not yet been enacted. As a result, the system is not yet available to GPs other than in Tasmania.

If rolled out across Australia, the ERRCD is the current preferred solution as it has the potential to provide real time data access for all prescribers and pharmacists nationally. This could potentially reduce over prescribing of drugs of dependency and could minimise many of the consequences resulting from drug misuse. The ERRCD, however, is also limited as it currently does not provide information about drugs other than those classified as Schedule 8. This should be expanded to include other problematic drugs.

Within a finding into the death of Glen Kingsun, the Victorian Coroner states that while the ERRCD was only ever intended to target those pharmaceutical drugs most vulnerable to misuse, it is extremely disappointing that in 2014 there remains no immediate prospect of the introduction of a real time prescription monitoring system to assist practitioners.[7]

Further detail on the ERRCD is attached in Appendix A.

Other considerations

While the implementation of computerised systems may be beneficial, the practicalities and consequences of identifying prescription drug-related abuse have to be carefully considered. Patients who are using such medications should not be unnecessarily made to feel stigmatised and their medical issues and requirements should be acknowledged and managed according to their needs. GPs should be provided with ongoing support and education to address such issues.[8]

Recommendations

It is recommended that:

1. The RACGP advocate for the ERRCD implementation as soon as possible across all jurisdictions.
2. The RACGP advocate for the expansion of the ERRCD to include other drugs of dependency
3. The RACGP assist in providing education to health professionals on addiction and doctor shopping.
4. The RACGP should be involved in assisting all jurisdictions with clinically appropriate guidance on how to implement this successfully from a clinician perspective. (It is well known that high level clinician input is essential for all technological solutions to succeed in clinical use. This lesson was demonstrated yet again with the current poor uptake of the PCEHR).
5. The ERRCD view should be accessible directly from the local clinical information system in addition to the online portal.

References

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Appendix A

Background information on ERCCD

Currently, the prescription for S8 drugs must be registered on dangerous drug registers, or DD books (a software based electronic controlled drug register) in each state or territory. However, uploads are often analysed up to six to eight weeks after a dispensing event, meaning doctor shoppers and fraudsters can escape notice.

In February 2012, licences for the existing controlled drugs monitoring system software developed by the Department of Health and Human Services in Tasmania were purchased by the Commonwealth to eventually lead to the rollout Australia-wide of ERRCD database for use by the states and territories. The ERRCD system aims to provide a nationally consistent real-time surveillance and reporting of S8 drugs.

The ERRCD is currently installed on a secure host server and operational awaiting each state and territory to commence use. The ERRCD will provide health practitioners and pharmacists the ability to access previous dispensing information in real time. However, changes in legislation for each jurisdiction will be required to replace manual paper based records with an electronic solution and access to records by medical practitioners and pharmacists. In addition, interfaces to pharmacy and GP software systems will need to be implemented.