



Community Pharmacy Roadmap Program Development Template

Program/Service Quadrant	Electronic Health Records for Prescribed Supply and Services A- Prescribed Medicines – Services and programs
1. Program/Service Description	
a) Background	<p>Community pharmacy has been proactive in e-health for many years, and was the first health profession to implement computerised recording systems for its core medicine dispensing function. More recently, The Pharmacy Guild of Australia has fostered the development of a national Electronic Transfer of Prescription (ETP) system, through the companies eRx (erx.com.au) and Fred Health (fred.com.au). (Refer to Electronic Prescriptions Program Development Roadmap Template).</p> <p>The value of individual electronic health records, in terms of accuracy, integration, accessibility and patient-centric team-based health care, has been recognised over recent years. Nations across the globe continue to implement e-health records systems that are integrated across the entire continuum of health care, and contribute to a more sustainable model in the face of fundamental challenges to health budgets, such as rising rates of chronic and preventable disease and ageing populations.¹</p> <p>In Australia, as part of the Commonwealth Government’s national e-health program², the Personally Controlled Electronic Health Record³ (PCEHR) aims to bring consumer-focussed electronic health capabilities to the health system. The main purpose of the PCEHR is to provide health care providers with up-to-date health information about an individual, to support higher quality and safer health care decision-making. The PCEHR will allow individuals to share health information, including prescriptions, pharmacy services, test results and hospital discharge information with the health care providers they choose.</p> <p>The progression towards a fully functioning electronic health record, via the PCEHR, is of significance to community pharmacy in light of the extensive use of medicines in the management of acute and chronic conditions. With the proposed July 2012 roll-out, it is anticipated that details of a person’s medicine history will be able to be uploaded onto the PCEHR for access, at the patient’s discretion, by other health care professionals. Initially, this is likely to be limited to prescribed medicines, but eventually over-the-counter (OTC) and complementary medicines may also be able to be uploaded (Refer to Electronic Records for OTC Supply). Although not yet determined, community pharmacists may be involved in uploading and/or confirming details of a patient’s medicine regimen on their PCEHR.</p>
b) Brief Description	<p>A PCEHR is a secure, electronic record of an individual’s medical history, stored and shared in a network of connected systems. The PCEHR will bring key health information from a number of different systems together, and present it in a single view.</p> <p>Community Pharmacy is uniquely placed to potentially integrate its IT enabled medication management systems to add value to the PCEHR. Medication management systems support or have the potential to support the delivery of a broad range of community pharmacy professional services including, but not limited to, medication use reviews, medication profiles, staged supply services, clinical interventions and medication adherence programs.</p>

¹ See www.accenture.com/us-en/Pages/insight-making-case-connected-health.aspx

² For more information, see www.health.gov.au/internet/main/publishing.nsf/Content/eHealth

³ <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/pcehr>

	<p>The Guild's GuildCare suite of medication management systems is based on software made available by its wholly-owned subsidiary company healthlinks.net⁴.</p> <p>This electronic platform integrated with dispensing software identifies individuals who may benefit from a professional service and enables such services to be recorded and monitored.</p> <p>Taking advantage of the rich source of health information provided through these systems would ensure that all aspects of an individual's medication history, including up-to-date medication histories, allergies and adverse drug reactions are included on the PCEHR. This information can then be taken into account when a prescriber is considering new treatment options.</p> <p>These medication management systems enable pharmacist delivery of personalised medication-related patient care. These services provide a cost-effective means of identifying and educating patients and monitoring their ongoing treatment success, with consequent ability to populate the PCEHR with this data and reporting.</p>
c) Alignment with Government Policy	Utilising community pharmacists in the delivery of e-Medication Management systems aligns with the Government's National E-Health Strategy (December 2008) ⁵ , as well as the recommendations of the National Health and Hospital Reform Commission and the National E-Health Transition Authority (NEHTA) Strategic Plan (2009–2012). ⁶
d) Expected Outcomes for Government and Community Pharmacy	<p>The availability of higher quality and more detailed data to governments will inform policy development, allowing for more efficient allocation of financial resources and more effective research and planning.</p> <p>From a pharmacy perspective, there will be greater recognition of the role of community pharmacists as members of the primary health-care team.</p>
e) Consumer Benefits	Individuals will benefit from the convenience of instantly accessible, integrated health records across the continuum of health care, as opposed to having to track down their own health records every time they change health professionals. For example, individuals will have access to details of the medications they are currently taking and all the medication they have been prescribed in the past, giving patients a sense of control and responsibility.
f) Who Performs the Service	Pharmacists, with support from dispensary pharmacy assistants.
g) Collaboration with Other Health Care Professionals	<i>Is the service likely to require any formal collaboration with other health care professionals?</i> No.
2. Implementation and Enablers	
a) Stakeholder Consultation	<p>Representative bodies from the following areas will need to be consulted in order to fully develop and implement the program:</p> <ul style="list-style-type: none"> • Consumer organisations • Pharmacy organisations • GP organisations • Trainers • Disease management organisations • Government bodies • Funders

⁴ http://www.guild.org.au/sites/The_Guild/tab-Pharmacy_Services_and_Programs/GuildCare/GuildCare.page

⁵ <http://www.health.gov.au/internet/main/publishing.nsf/content/national+Ehealth+strategy>

⁶ <http://www.nehta.gov.au/about-us/strategy>

	<ul style="list-style-type: none"> • Product sponsors • National Pharmacy Board • Pharmacy software vendors • Professional insurers • Other allied health professional bodies
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> Yes. Dispense-integrated pharmacy software exists for a range of services that could be utilised in electronic health recording systems.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes.</p> <p><i>Is an additional pharmacist likely to be needed?</i> No.</p>
d) Training	<p><i>What additional formal training is likely?</i> Similar to PBS Online, this will require training about the protocols, privacy aspects and requirements for handling the system and its inputs and outputs.</p> <p><i>Does any suitable training exist?</i> No</p> <p>It is important that community pharmacy is an early participant in the scope, suitability, development, and distribution of any training requirements.</p>
e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will an amendment to the QCPP requirements be necessary?</i> An update to existing QCPP requirements may be required to accommodate aspects of this program, with Element 18 of the QCPP standard the relevant area.</p> <p><i>Will professional guidelines and/or standards for pharmacists be required?</i> Yes</p> <p><i>Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> No</p>
f) Legislation / Regulation Implications	<p>There will/may need to be an amendment to:</p> <ul style="list-style-type: none"> • Commonwealth legislation • State legislation <p>Wide ranging legislative reform will be required throughout Australian governments and this procedure is being driven via the COAG process. There will be a wide ranging 'waterfall' of enabling legislation beginning with the Healthcare Identifiers Bill which is currently in the Senate. This begins the process of legislation reform and reconstitution to enable this program.</p>
3. Funding	
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> • Community Pharmacy Agreement • Alternative Commonwealth Program (e.g. NDSS) • State/Territory Government • User-pays (Review GST implications)

	<ul style="list-style-type: none"> • Private Health Insurers <p><i>Has any funding for this program been secured?</i></p> <p>Funding will be required for data transfer and other activities that will be required to be carried out by community pharmacy, such as e-Discharge summaries, e-Referrals and e-Medication Management.</p>
<p>4. Timelines</p>	
<p>Timelines</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Established community pharmacy practice <input checked="" type="checkbox"/> Immediate to short-term implementation (< 30 June 2015) <input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020) <input type="checkbox"/> Longer-term implementation (> 1 July 2020)