

POSITION STATEMENT

Real Time Prescription Monitoring - 2017



Preamble

AMA Queensland is deeply concerned regarding the ever increasing problem of doctor shopping. In the last two decades there has been a 15 percent increase in the prescription of opioids, and state coroners have expressed their concern at the abuse of prescription drugs and the devastating impact they can have on the community.

Although many Queenslanders and their families have been touched by this problem, we particularly note the case of Katie Lee Howman, a mother of two children and wife to Heath Howman in Toowoomba, where she worked as a nurse. Mere days before Christmas in 2013, Heath discovered her deceased in the ensuite bathroom of their home.

Final toxicology results established that Ms Howman had died due to an overdose of Fentanyl, which was not a medication that had been prescribed for her. An anti-depressant, (citalopram) and an anti-convulsant, (levetiracetam) were detected together with an over the counter anti-inflammatory medication (ibuprofen)¹.

The coroners investigation later determined that Ms Howman had visited twenty different doctors and fifteen pharmacies within a 13 month period during which time she amassed 71 prescriptions for pain medication. The Fentanyl which ultimately claimed her life was obtained from her place of work at the Toowoomba Hospital, where she had taken an amount of unused Fentanyl from a patients syringe driver.²

Coroner Christine Clements handed down her report in July 2015, in which she made a number of recommendations which she hoped would “lead to changes making it less likely that another young family experiences such grief.” For the purposes of this position statement, we will focus on the coroners second recommendation which strongly suggested “***that there be statutory change to enable real time access to relevant prescription and doctor attendance history.***”

AMA Queensland’s council supports this recommendation, and after examining the issue we have developed this position statement which outlines our view on how a real time prescription monitoring system (RTPM) should be implemented in Queensland.

Currently in Queensland, drug prescriptions are uploaded manually once at the end of each calendar month by 1,996 pharmacists to Queensland Health’s “Monitoring of Drugs of Dependence System” (MODDS). This system is maintained by a unit within Queensland Health called the Medicines, Regulation and Quality (MRQ) unit.

¹ Clements, C, *Inquest into the death of Katie Lee Howman*, Office of the State Coroner, Brisbane, 2015

² *ibid*

The current MODDS database includes;

- all dispensed S8 prescriptions (PBS & private) from community pharmacies
- the status of a persons opioid treatment program (OTP) registration
- details of OTP admissions & discharges, (eg, drug of dependence, route of administration)
- Details of approvals under the Regulation for treatment of dependence on S8 drugs
- Details of enquiries from prescribers and relevant treatment information
- Access to clinical advisers (RNs) to discuss management of complex patients and legal obligations
- Access to senior medical adviser to discuss management of complex patients

Prescribers can then access the information in the MODDS database via a 24/7 telephone enquiry service which would provide them with any significant clinical and medical information for many patients where there has been a long term history of use.

Although the MODDS database is quite comprehensive in the data it captures, clearly a monthly update is an insufficient time frame when trying to prevent people from doctor shopping and obtaining multiple prescriptions for opioids and other addictive drugs.

A national RTPM monitoring system is the best option to solve the problem, and we are aware that the Commonwealth Government is in discussions with all Australian jurisdictions regarding a national real time prescription monitoring model called the “Electronic Recording and Reporting of Controlled Drugs” (ERRCD) system.

However, advice we have received from State and Commonwealth sources is that the introduction of the ERRCD is still many years away.

AMA Queensland Position

AMA Queensland agrees that the problem of doctor shopping in Queensland is a serious issue that needs to be urgently addressed.

We believe that the ERRCD is the best approach for resolving this issue, however the projected long period of time (and potential for further delays) will mean that many more lives are put at risk before it becomes a reality.

Until a national system has been implemented, AMA Queensland believes a staged approach could be implemented to introduce real time prescription monitoring within Queensland, a system which could then be phased into the national system.

Stage One – Evidence and Evaluation: AMA Queensland is aware of the success of the RTPM model in Tasmania which resulted in an end to doctor shopping for Schedule 8 medicines after it was implemented³. The Tasmanian model could provide a useful initial evidence base for Queensland’s system. AMA Queensland believes that it would be beneficial

³ Reynolds, A, Boyles, P (2017), Clinical Care and regulation of opioid use: The Tasmanian Model, *Medicine Today* 2017; 18(3 Suppl): 17-21

for the Queensland Government to examine this model and its learnings as a basis for the development of our own system.

Stage Two – Develop a Memorandum of Understanding: AMA Queensland believes that with sufficient stakeholder consultation, and with a sufficient funding boost to the MRQ, a memorandum of understanding should be developed between pharmacists and the Government to provide an update to prescribed drugs once per week. Although this system would not be real time, it would be a much better outcome than a single update once per month and would be a temporary solution until the work outlined in Stage Three is completed.

The MoU should be developed as part of the work of an expert advisory group including representatives from AMA Queensland, the Pharmacy Guild and other stakeholders.

Stage Three – Fund and develop a Software solution to implement RTPM within Queensland: With the MoU in place, the Queensland Government would be free to implement a software-based solution which would begin the move to a state wide real time monitoring system. By working with medical software manufactures to implement an update to their software, pharmacists could scan prescriptions in real time into the MODDS system and doctors would be able to access this data directly from their desktop. The Queensland Government would need time to fund such a project and work with software manufacturers to implement such an update, so we would expect a reasonable time frame for such a project to be in place by 2020 at the latest.

Following the successful implementation of this program, Queensland Health should develop a Responsible Prescribing information campaign which would assist prescribers with knowledge of the new system and their medico-legal responsibilities.

Stage Four – Integrate into the National System: With a real time monitoring system in place within Queensland, our states patients and doctors would be largely protected until a national system is in place. Once the national system is ready to roll out, Queensland’s system could be phased and integrated into it.

Date for review: May 2020