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## **Business Requirements Definition**

### **Electronic Transfer of Prescription Release 1.1**

Version 1.0 — 6 September 2010

Draft for Consultation

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# Document information

## Change History

| Version | Date             | Comments               |
|---------|------------------|------------------------|
| 1.0     | 6 September 2010 | Draft for consultation |

## Document Authorisation

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# 1 Introduction

## 1.1 Purpose

This document defines the high-level business processes and business requirements for the second release of the Electronic Medications Management (eMM) program of work; namely, an Electronic Transfer of Prescriptions (ETP) framework largely independent of care setting.

The purpose of this draft document is to seek feedback and generate discussion within the health sector with regard to the operational processes and requirements required for the operation of a broader, more enabling ETP service. The feedback received on the content of this document will be analysed and incorporated into a final version.

Being a draft document, the information presented here is not intended for immediate implementation, but rather to solicit feedback as to the logic and accuracy of the requirements presented herein. These requirements in turn will support the following goals:

- To serve as a mechanism for feedback between project stakeholders and the project team
- To decompose the business needs/requirements into components parts
- To define the focus for the design of the detailed requirements
- To serve as a product validation check
- To define the wants and needs of the customers.

## 1.2 Intended audience

This document is intended for stakeholders associated with the development of the ETP program of work including:

- Clinicians interested in Health Informatics
- Owners and managers of healthcare services
- Relevant healthcare software developers
- Healthcare regulators and administrators.

## 1.3 Scope

The primary purpose of the package is to facilitate the transfer of prescriptions between organisations (i.e. it is not intended to be used for intra-organisation medication orders).

The scope of this document is to define the business processes and business requirements necessary to transfer and manage prescriptions in an electronic manner.

The business processes depict the activities required to achieve a specific goal in current clinical practices. The intent is not to re-engineer these processes, but rather to make them more efficient by introducing electronic channels of communication. The process diagrams are accompanied by activity descriptions that mention how the introduction of the electronic channel applies to certain activities.

In particular, the following processes were analysed and depicted in this document:

- Prescribe and Dispense – Subject of Care Managed

- This process depicts the end-to-end process of prescribing and dispensing in settings where the subject of care manages the supply process. This is typical in community, outpatient, and some discharge settings.
- Prescribe and Dispense – Facility Managed
  - This process depicts the end-to-end process of prescribing and dispensing in settings where the supply process is managed by a healthcare facility with the express consent of the Subject of Care. This typical in private hospital and residential care settings.

The business requirements describe the high level needs of business stakeholders in order to attain an effective ETP solution.

## 1.4 Interoperability Principles

The ETP business processes and requirements rely upon and require the usage of National E-Health Transition Authority (NEHTA) national infrastructure capabilities designed to enable functional and semantic interoperability.

By doing so, all participating ETP systems have the ongoing ability to exchange information securely, efficiently, and in a way that is consistently and unambiguously understood by all ETP participants.

ETP mandates the use of the following national infrastructure services:

1. Individual Healthcare Identifier (IHI) service, for identification of a prescription subject of care
2. Healthcare Provider Individual Identification (HPI-I) service, for identification of prescribers and dispensers
3. Healthcare Provider Organisation Identification (HPI-O) service, for identification of prescriber, dispenser, and subject of care or agent organisations (e.g. aged care facility)
4. National Clinical Terminology and Information Service (NCTIS), for describing clinical information consistently and unambiguously, using both the Australian Medicines Terminology (AMT) for expressing prescribed and dispensed medications
5. Secure Messaging Specifications, for safe and efficient exchange of information between Electronic Prescribing Systems (EPS), Electronic Dispensing Systems (EDS), and Prescription Exchanges Repositories
6. National Authentication Service for Health (NASH), providing an authentication mechanism based on digital certificates to assert the identities of ETP participants.

## 1.5 Assumptions and Constraints

The requirements contained in this document are based upon the following assumption:

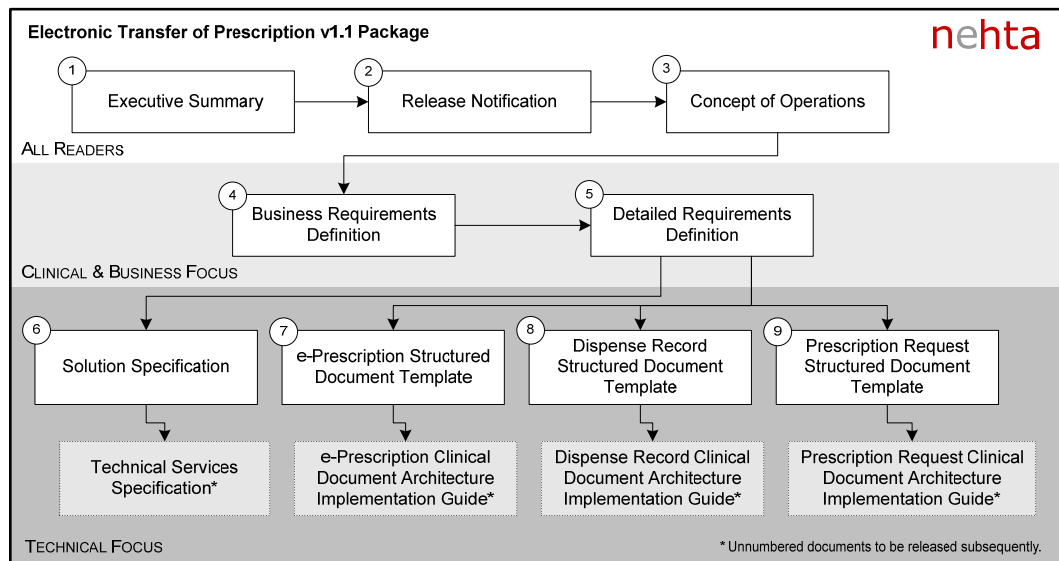
- Electronic prescriptions contains only one medication item.

## 1.6 Questions and feedback

This document is based on stakeholder input and aims to accurately communicate the processes and requirements of business stakeholders. As such, NEHTA values feedback about the suitability and completeness of these requirements. Please direct your questions or feedback to [medication.management@nehta.gov.au](mailto:medication.management@nehta.gov.au) for response.

## 1.7 Document map

The following diagram represents the relationship between this document and others within the Electronic Transfer of Prescription Release 1.1 package.



**Figure 1 ETP Draft Release 1.1 Package - Document Map**

Readers are advised that this Draft Release 1.1 does not include the full range of technical documents depicted. The detailed technical specifications previously published will be updated once consultation on this draft has concluded and final requirements are determined. Where additional technical detail is sought, readers may wish to review the previous release of ETP documentation for guidance.

## 2 Domain View

This section introduces the key information concepts and the participants that generate and consume this information within the ETP domain.

### 2.1 ETP Information Concepts

The following information concepts are used within the domain.

#### 2.1.1 Prescription

A formal order for a single medication to be dispensed and supplied to a Subject of Care/Agent.

#### 2.1.2 Medication

A general concept that embodies all therapeutic and medicinal items, which can be prescribed for the treatment of a subject of care.

This includes prescribable medical and surgical consumables such as dressings, bandages, etc.

#### 2.1.3 Dispense Record

Embodies all the attributes that describe successful dispense of a prescription. This provides a formal record of dispense which can be made available as part of a prescription dispense history.

### 2.2 ETP Participants

The following sections describe the participants and their roles within the domain.

#### 2.2.1 Subject of Care

A patient undergoing medication treatment under the supervision of an individual healthcare provider.

#### 2.2.2 Prescriber

Individual provider approved to prescribe medication for supply to a subject of care. The Prescriber uses the EPS to manage medication information.

#### 2.2.3 Dispenser

Individual provider associated with an organisation approved to dispense and supply prescribed medication to a subject of care. The Dispenser uses the EDS to manage medication information.

#### 2.2.4 Provider Organisation

Provider organisation associated with a prescriber or dispenser.

#### 2.2.5 Agent

A parent, guardian, or some other person acting on behalf of a patient upon their consent for obtaining supply of prescribed medication.

### **2.2.6 Agent Organisation**

The organisation that represents the Subject of Care in managing their medication needs in the domain. Examples include Aged Care Facilities and Public hospitals.

The Agent organisation uses their system (AOS) to manage medication information of the Subject of Care.

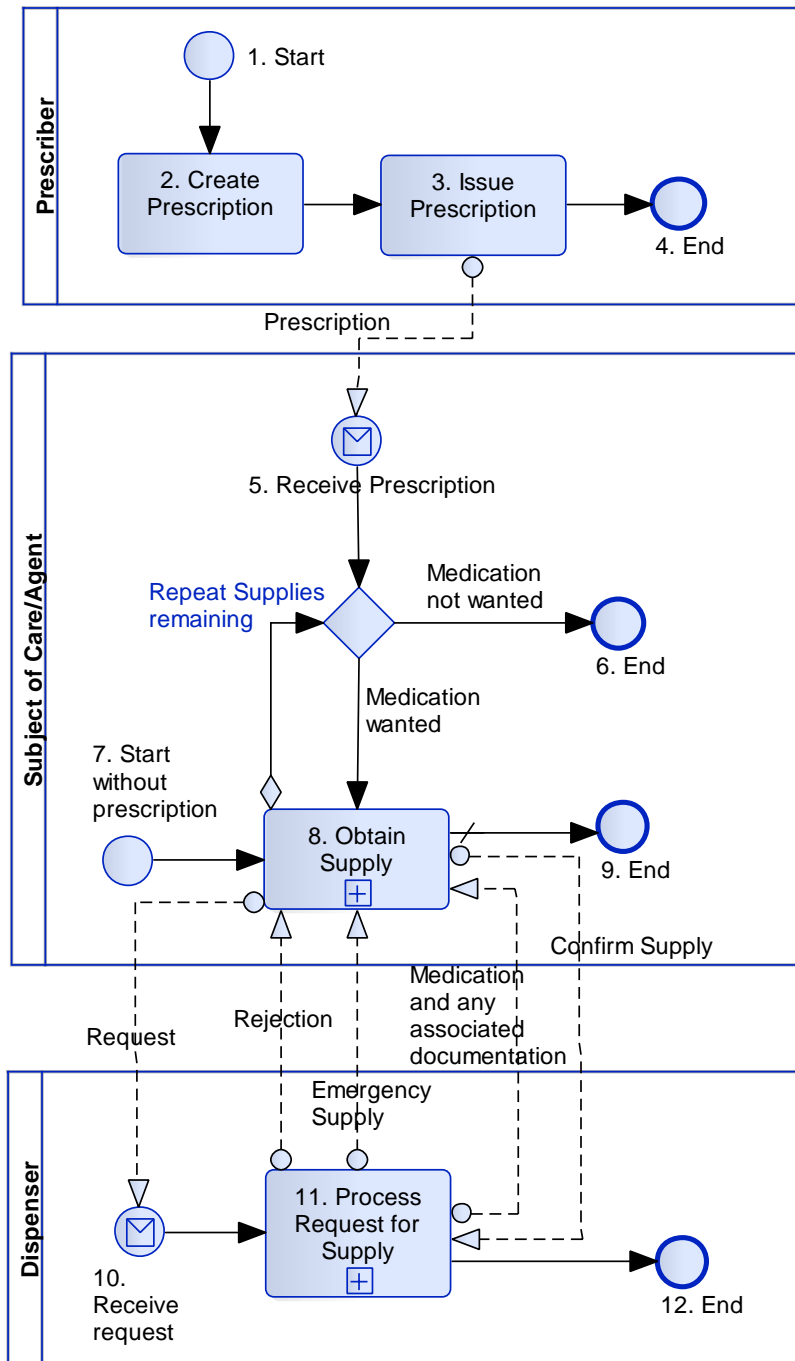
### **2.2.7 Medicare Australia**

Medicare Australia is an Australian government agency and plays an integral role in the Australian health sector. Its objective is to assist in improving health outcomes in Australia.

# 3 Business Processes- ETP

The following diagrams show the process flows required for the successful operation of the ETP framework in subject-of-care-managed and facility-managed care settings.

## 3.1 Prescribe and Dispense - Subject of Care Managed Supply



**Figure 2: Prescribe and Dispense - Subject of Care Managed Supply**

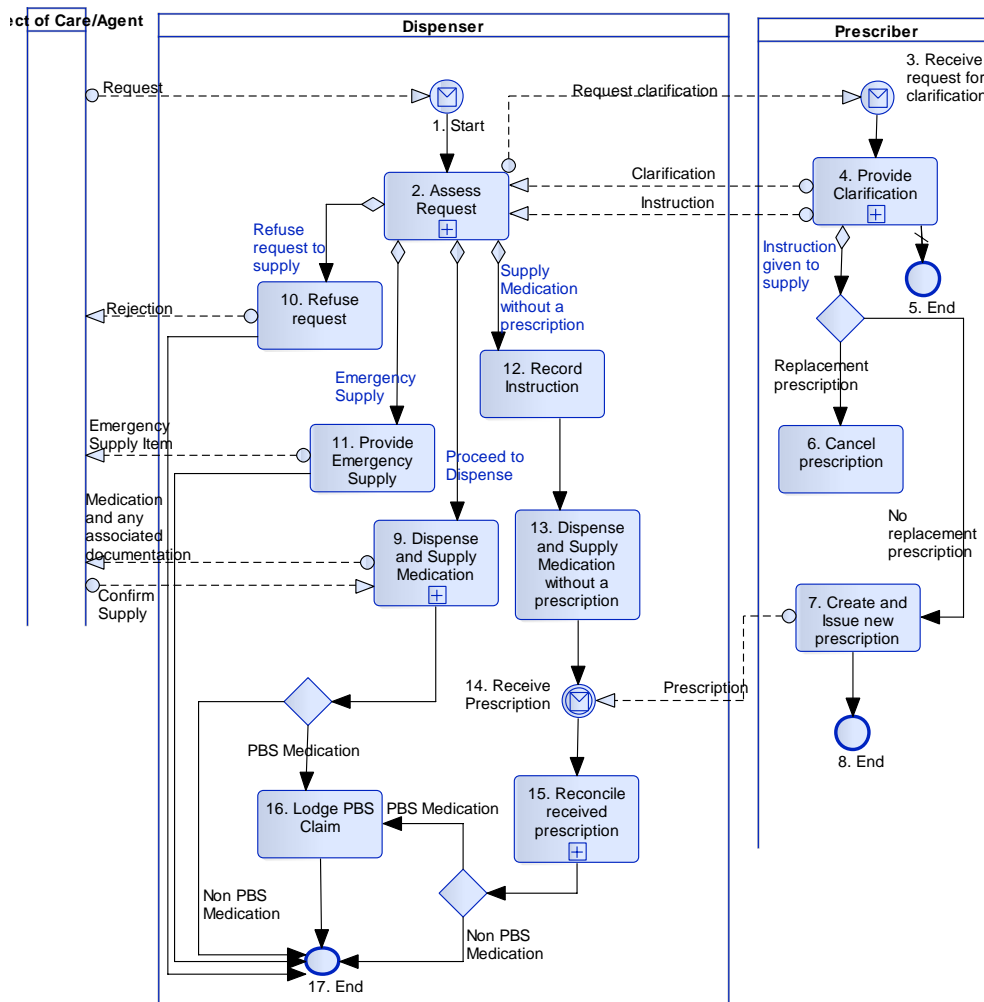
This diagram shows the high level activities and inter-relationships between the entities that comprise prescribing and dispensing.

This diagram serves as the basis for more detailed processes as illustrated in the following diagrams.

| #  | Description  |
|----|--|
| 1. | <p><b>Start</b></p> <p>The process begins with the prescriber deciding to prescribe medication for the subject of care. The consultation with the Subject of Care occurs prior to the start of this process.</p>   |
| 2. | <p><b>Create Prescription</b></p> <p>The prescriber creates and signs the prescription.</p> <p>With ETP, the prescriber will be able to create and sign an electronic prescription and lodge it in a prescription exchange.</p>  |
| 3. | <p><b>Issue Prescription</b></p> <p>The prescriber issues the prescription to the subject of care.</p> <p>With ETP, the prescriber will be able to lodge the electronic prescription in a prescription exchange and provide a paper or electronic notification of the prescription to the subject of care.</p> <p>The paper or electronic notification includes an document access key to enable dispensers to download the signed electronic prescription from the prescription exchange.</p>   |
| 4. | <p><b>End</b></p> <p>The Prescriber's involvement ends after issuing the prescription. Note, however, that the prescriber may become involved again within the subprocess 'Process Request for Supply' if the dispenser should need to seek clarification.</p>   |
| 5. | <p><b>Receive Prescription</b></p> <p>The Subject of Care's involvement in this process commences when he or she receives the prescription from the Prescriber.</p> <p>With ETP, the subject of care may receive a paper or electronic notification of an electronic prescription from the prescriber.</p>   |
| 6. | <p><b>End</b></p> <p>If the subject of care does not want the medication and decides not to request supply, the process ends</p>   |
| 7. | <p><b>Start without prescription</b></p> <p>The Subject of Care may start the process without receipt of a prescription.</p>   |
| 8. | <p><b>Obtain Supply</b></p> <p>If the subject of care wants the medication, they request supply of the medication from a dispenser. They may or may not present a valid prescription when making this request. The dispenser may supply the medication along with any documentation related to repeat supplies, may reject the request, or may provide an emergency supply. If there are dispenses remaining for the prescription, the process continues. These outcomes are explained in more detail in activities 9 to 12 in the 'Process Request for Supply' business process.</p> <p>With ETP, the subject of care may present a paper or electronic notification of an electronic prescription.</p> |
| 9. | <p><b>End</b></p> <p>If there are no dispenses remaining for the prescription, the process ends.</p>   |

- # **Description**
- 10. **Receive Request**  
The dispenser's involvement in this process commences when he or she receives the request for supply from the subject of care.
- 11. **Process Request for Supply**  
The dispenser considers the request for supply and decides on the appropriate course of action. This is detailed in the sub-process 'Process Request for Supply'. Depending upon the outcome, the dispenser may supply the medication along with any documentation related to repeats, may refuse the request, or may provide an emergency supply.
- 12. **End**  
After processing the request for supply, the dispenser's involvement ends

### 3.1.1 Process Request for Supply



**Figure 3: Process Request for Supply**

This subprocess expands upon the 'Process Request for Supply' activity performed by the dispenser in response to a subject of care's request to supply medication

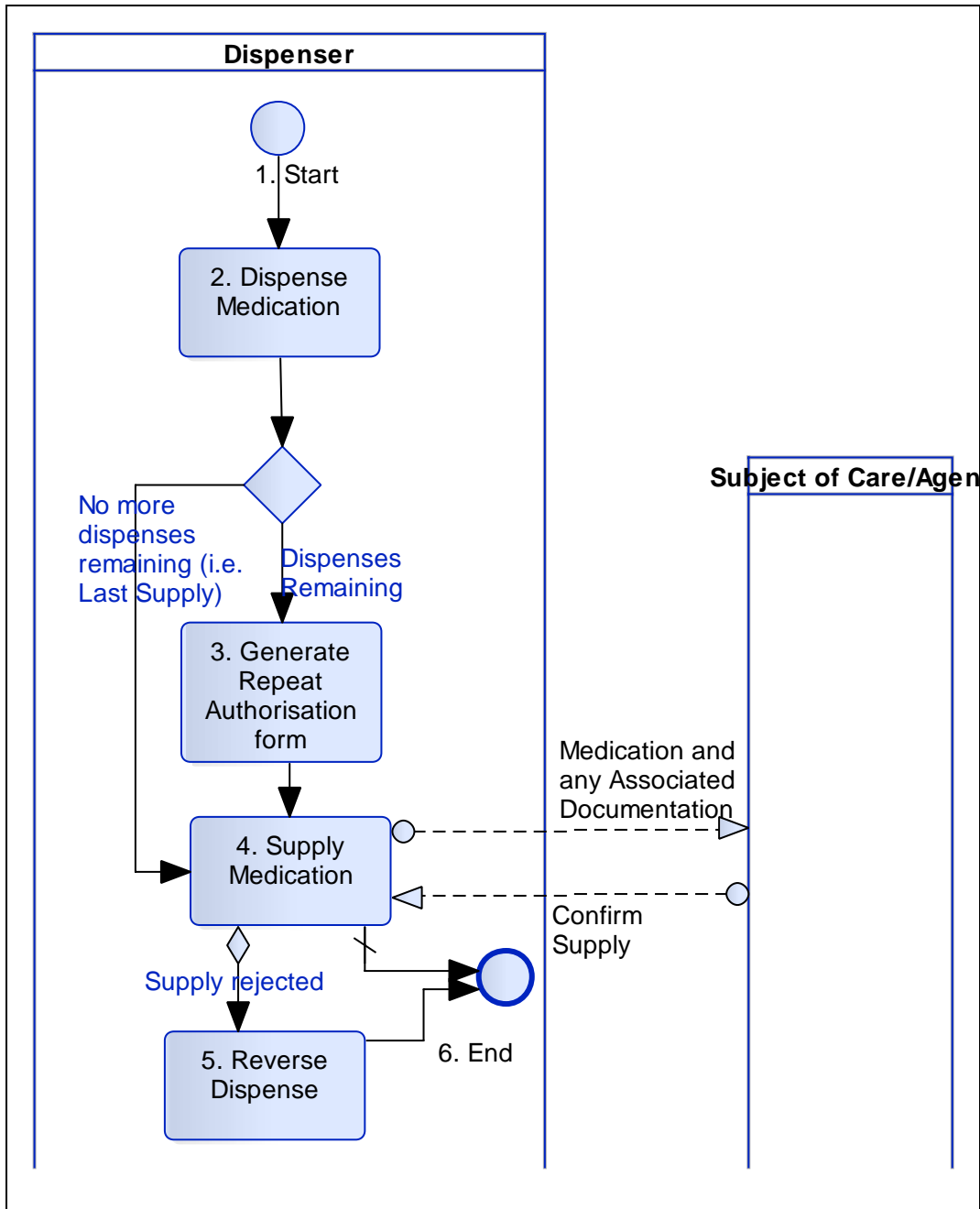
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| #  | Description   |
|----|---|
| 1. | <p><b>Start</b></p> <p>The dispenser starts this subprocess in response to a subject of care's request to supply medication. The request may be with or without the surrender of the prescription to the dispenser.</p>   |
| 2. | <p><b>Assess Request</b></p> <p>The dispenser assesses the request (for medication, made by the Subject of Care) and determines the appropriate course of action as follows.</p> <ul style="list-style-type: none"><li>• If a prescription is presented and the dispenser does not require any clarification, the dispenser may decide to proceed to dispense.</li><li>• If clarification is required, the dispenser seeks clarification from the prescriber. Depending upon the clarification received, the dispenser may decide to proceed to dispense, the prescriber may instruct the dispenser to supply different medication without a prescription, or the dispenser may decide to refuse the request to supply.</li><li>• If the prescription is not presented by the subject of care, the dispenser may decide to refuse the request to supply, or may judge it appropriate to provide an emergency supply.</li><li>• If the subject of care does not have a valid prescription, the dispenser may decide to seek clarification from the prescriber. If the prescriber is uncontactable, the dispenser may judge it appropriate to provide an emergency supply or decide to refuse the request to supply.</li><li>• If contact is successfully made, the dispenser informs the prescriber about the request, and the prescriber may instruct the dispenser to supply medication without a prescription. Otherwise, the dispenser may decide to refuse the request to supply.</li></ul> |
| 3. | <p><b>Receive Request for Clarification</b></p> <p>The prescriber's involvement in this subprocess commences when he or she receives a request for clarification from the dispenser.</p>  |
| 4. | <p><b>Provide Clarification</b></p> <p>The prescriber provides clarification to the dispenser regarding the request to supply and the associated prescription (if any). If the subject of care is not in possession of a valid prescription, or the prescriber decides to change medication, the prescriber may instruct the dispenser to supply medication without a prescription. If so, the prescriber is legally obliged to subsequently create and issue a new prescription.</p>   |
| 5. | <p><b>End</b></p> <p>Unless they instructed the dispenser to supply medication without a prescription, the prescriber's involvement in this subprocess ends.</p>  |
| 6. | <p><b>Cancel Prescription</b></p> <p>If the prescriber instructed the dispenser to supply medication without a prescription, and this medication is intended to replace a previously-prescribed medication, the prescriber cancels the previous prescription. Currently this can only be done by asking the dispenser to destroy the paper prescription.</p>  |

- 
- | <b>#</b>   | <b>Description</b>  |
|------------|---|
|            | With ETP, the prescriber will be able to directly cancel the electronic prescription thus preventing any further dispensing.  |
| <b>7.</b>  | <p><b>Create and Issue new prescription</b></p> <p>If the prescriber instructed the dispenser to supply medication without a prescription, the prescriber creates and issues a new prescription and sends it to the dispenser.</p> <p>With ETP, the dispenser will be able to electronically request a prescription in response to the prescriber's instruction, and the prescriber will be able to respond to this request with the document access key for the new prescription.</p>  |
| <b>8.</b>  | <p><b>End</b></p> <p>Upon issue of the new prescription, the prescriber's involvement in this subprocess ends.</p>  |
| <b>9.</b>  | <p><b>Dispense and Supply Medication</b></p> <p>If, at activity 2, the dispenser decided to proceed to dispense, the dispenser dispenses and supplies the medication as described in the subprocess 'Dispense and Supply Medication'.</p>   |
| <b>10.</b> | <p><b>Refuse request</b></p> <p>If at activity 2, the dispenser decided to refuse the request to supply medication, the dispenser informs the subject of care.</p>  |
| <b>11.</b> | <p><b>Provide Emergency Supply</b></p> <p>If at activity 2, the dispenser judged it appropriate to provide an emergency supply, the dispenser does so. Emergency supplies are limited to 3 days supply, there is no PBS benefit payable, and no prescription is created.</p> <p>ETP does not deal with Emergency Supply.</p>  |
| <b>12.</b> | <p><b>Record Instruction</b></p> <p>If at activity 2, the dispenser received an instruction to supply medication without a prescription, the dispenser records this instruction.</p> <p>Note that recording the prescriber's instruction does not constitute a prescription. The Prescriber has given instruction to dispense without the surrender of a prescription. The prescriber is required to submit a prescription for that dispense.</p> <p>With ETP, the dispenser may record this instruction in their electronic dispensing system in order to generate an electronic request for prescription.</p> |
| <b>13.</b> | <p><b>Dispense and Supply Medication without a prescription</b></p> <p>The dispenser dispenses and supplies the medication in accordance with the prescriber's instruction. The process then waits until the dispenser receives the prescription from the prescriber.</p> <p>With ETP, the dispenser can send an electronic request for prescription to the prescriber. The request contains details of the prescriber instruction and is formed such that the prescriber can quickly and easily turn it into a signed electronic prescription and send the document access key back to the dispenser.</p>      |
| <b>14.</b> | <p><b>Receive Prescription</b></p> <p>The dispenser receives the prescription from the prescriber that</p>  |

- 
- | #   | Description  |
|-----|--|
|     | <p>relates to the previous instruction to supply medication without a prescription. The dispenser then continues to complete the process.</p> <p>With ETP, the dispenser can receive the document access key for the electronic prescription from the prescriber in response to the previous electronic request for prescription.</p>  |
| 15. | <p><b>Reconcile received prescription</b></p> <p>The dispenser reconciles the received prescription with the previous record of dispense without prescription. If the prescription does not match the dispense, the dispenser takes the appropriate action to obtain the correct prescription and complete the reconciliation.</p> <p>With ETP, if the dispenser receives the document access key for the electronic prescription in response to the previous electronic request, the dispensing system can automatically match the prescription and the dispense record. The dispenser must still manually verify that (a) the clinical content of the prescription and (b) the dispense record match before completing the reconciliation.</p> <p>Once the reconciliation is complete, the dispensing system electronically lodges the dispense record with the prescription exchange.</p> |
| 16. | <p><b>Lodge PBS Claim</b></p> <p>Subsequent to completing supply of PBS medication (and reconciling the prescription issued after a prescriber instruction to supply without prescription) the dispenser lodges the PBS claim.</p> <p>With ETP the opportunity exists to make this claim process paperless. This opportunity is the subject of ongoing consultation with government agencies</p>   |
| 17. | <p><b>End</b></p> <p>Upon completion of the processing of the request to supply medication, this subprocess ends.</p>  |

### 3.1.2 Dispense and Supply Medication



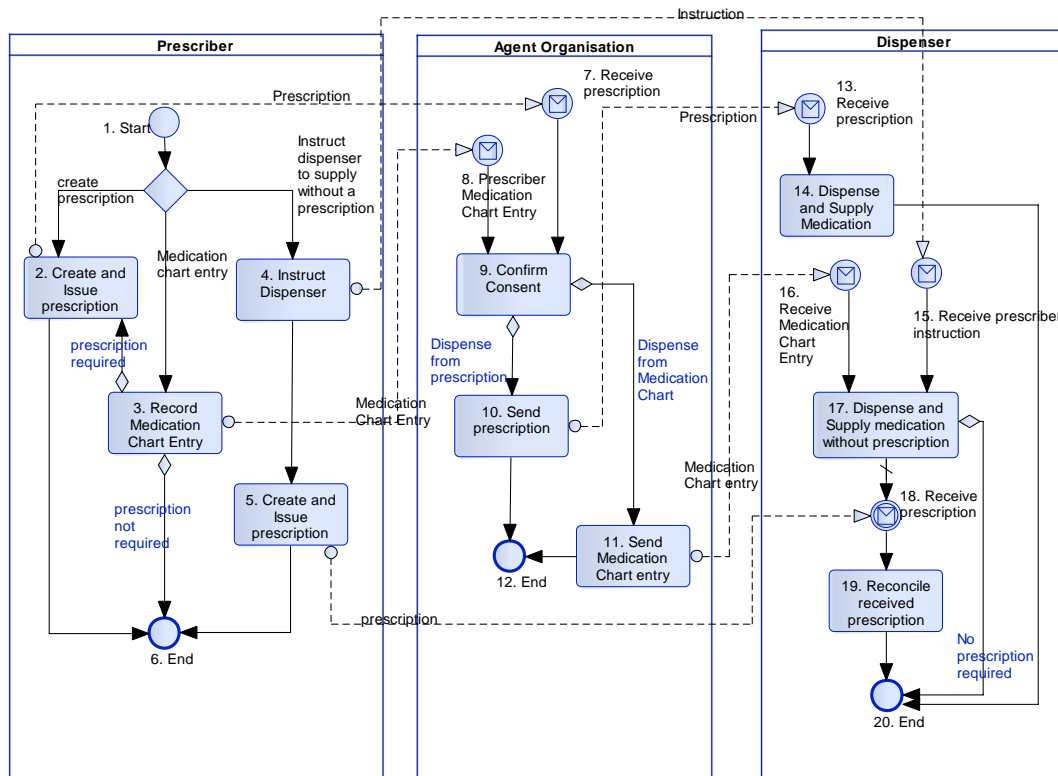
**Figure 4: Dispense and Supply Medication**

This subprocess expands upon the ‘Dispense and Supply Medication’ activity performed by the dispenser having assessed the request to supply and decided to proceed to dispense.

| #  | Description  |
|----|--|
| 1. | <p><b>Start</b></p> <p>The dispenser starts this subprocess having decided to proceed to dispense.</p>   |
| 2. | <p><b>Dispense Medication</b></p> <p>The dispenser dispenses the medication in accordance with the prescription presented by the subject of care.</p> <p>With ETP, the subject of care presents the paper or electronic notification of the electronic prescription containing the document access key. The dispenser can use the document access key to</p> |

- 
- | #  | Description  |
|----|--|
|    | <p>download the electronic prescription and automatically populate the dispensing form(s) in the dispensing system. The previous dispensing history for the prescription is also downloaded for the dispenser to review.</p> <p>Upon completion of the dispense, the dispensing system electronically lodges the dispense record in the prescription exchange</p>  |
| 3. | <p><b>Generate Repeat Authorisation form</b></p> <p>If there are dispenses remaining, the dispenser generates a repeat authorisation form for the remaining dispenses.</p> <p>With ETP, the prescription exchange tracks the number of remaining dispenses based upon the lodged electronic dispense records. This removes the need for a formal repeat authorisation form. However, dispensers can still provide a paper or electronic record of the remaining dispenses for the subject of care's convenience.</p>   |
| 4. | <p><b>Supply Medication</b></p> <p>The dispenser supplies the medication to the subject of care along with any documentation relating to remaining dispenses (the duplicate prescription and repeat authorisation). The subject of care confirms supply.</p> <p>With ETP no formal documentation is provided in relation to remaining dispenses. However, the dispenser may provide a paper record for the subject of care's convenience.</p> <p>NEHTA continues to consult with industry and governments to determine practical options for the electronic confirmation of supply by the Subject of Care.</p> |
| 5. | <p><b>Reverse Dispense</b></p> <p>If the subject of care rejects the medication, the dispenser reverses the dispense.</p>  |
| 6. | <p><b>End</b></p> <p>Upon confirmation of supply or reversal of dispense, this subprocess ends.</p>  |

### 3.2 Prescribe and Dispense - Facility Managed Supply



**Figure 5: Prescribe and Dispense - Facility Managed Supply**

In scenarios where the subject-of-care has consented to receiving healthcare from a provider organisation such as a private hospital or aged care facility, the prescriber may issue the prescription to that facility rather than directly to the subject of care. Further, the subject of care may have also consented for the facility to act as their agent in managing the supply of their medication.

For simplicity, the following cases are not shown, as these are essentially the same as in the subject-of-care managed process when they are applicable:

- emergency supply,
- clarification,
- repeat authorisation,
- confirmation of supply,
- reversal of dispense, and
- PBS claim.

| #  | Description   |
|----|---|
| 1. | <p><b>Start</b></p> <p>The process begins with the prescriber’s intent to prescribe medication for the subject of care. The consultation with the Subject of Care occurs prior to the start of this process.</p> <p>Having made the decision to prescribe medication, depending upon the circumstances, the prescriber may create and issue a prescription, record an entry in the medication chart, or instruct the dispenser to supply medication without a prescription.</p> |
| 2. | <p><b>Create and Issue Prescription</b></p> <p>The prescriber creates and signs the prescription and sends it to</p>  |

- 
- | #  | Description  |
|----|--|
|    | <p>the agent organisation (in the case of a private hospital, this simply involves giving it to the appropriate person).</p> <p>With ETP, the prescriber will be able to create and sign an electronic prescription, lodge it in a prescription exchange, and send an electronic notification of prescription, including the document access key to the agent organisation.</p>  |
| 3. | <p><b>Record Medication Chart Entry</b></p> <p>The prescriber records the medication on the agent organisation's medication chart for the subject of care. In many circumstances, the prescriber is legally obliged to subsequently create and issue a new prescription.</p> <p>ETP does not deal directly with medication chart entries. When the prescriber is not required to follow up the medication chart entry with a prescription, there will be no ETP involvement. Note, however, that as policy reforms (particularly with respect to aged care) increase the opportunities for the use of the medication chart entry as the authorised prescription, the ETP framework can be employed to generate electronic prescriptions directly from an electronic medication chart. NEHTA will continue to work with governments and industry to identify the options for supporting these proposed reforms.</p> |
| 4. | <p><b>Instruct Dispenser</b></p> <p>The prescriber contacts the dispenser directly and instructs them to supply the medication without a prescription. The prescriber is legally obliged to subsequently create and issue a new prescription.</p>  |
| 5. | <p><b>Create and Issue Prescription</b></p> <p>If the prescriber instructed the dispenser to supply medication without a prescription, the prescriber creates and issues a new prescription and sends it to the dispenser.</p> <p>With ETP the dispenser will be able to electronically request this new prescription, and the prescriber will be able to respond to this request with the document access key for the new prescription.</p>   |
| 6. | <p><b>End</b></p> <p>The Prescriber's involvement ends after issuing the prescription.</p>   |
| 7. | <p><b>Receive Prescription</b></p> <p>The agent organisation's involvement commences upon receipt of the prescription from the prescriber.</p> <p>With ETP the agent organisation receives an electronic notification of prescription including the document access key directly from the prescriber organisation.</p>   |
| 8. | <p><b>Prescriber Medication Chart Entry</b></p> <p>The agent organisation's involvement commences upon the medication chart entry being made by the prescriber.</p>  |
| 9. | <p><b>Confirm Consent</b></p> <p>The agent organisation checks that this particular subject of care has provided explicit consent for the agent organisation to obtain supply on the subject of care's behalf. This check is usually not required in a private hospital.</p>   |

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| #   | Description   |
|-----|---|
| 10. | <p><b>Send Prescription</b></p> <p>The agent organisation sends the prescription to the dispenser. If the subject of care has not provided consent, the agent organisation provides the prescription to the subject of care or their nominated agent.</p> <p>With ETP, the agent organisation can simply on-forward the electronic notification of prescription received from the prescriber. If the subject of care has not provided consent, the agent organisation can provide a paper or electronic copy of the notification of prescription to the subject of care or their nominated agent.</p>         |
| 11. | <p><b>Send Medication Chart Entry</b></p> <p>The agent organisation sends a copy of the medication chart entry to the dispenser.</p>  |
| 12. | <p><b>End</b></p> <p>The agent organisation's involvement in the process ends. Subsequent medication administration is not shown in this process.</p>   |
| 13. | <p><b>Receive Prescription</b></p> <p>The dispenser's involvement commences upon receipt of the prescription from the agent organisation.</p> <p>With ETP, the dispenser receives an notification of prescription including the document access key from the agent organisation.</p>  |
| 14. | <p><b>Dispense and Supply Medication</b></p> <p>The dispenser dispenses and supplies the medication in accordance with the prescription.</p> <p>With ETP the dispenser can use the document access key to download the electronic prescription and automatically populate the dispensing form(s) in the dispensing system. The previous dispensing history for the prescription is also downloaded for the dispenser to review.</p>   |
| 15. | <p><b>Receive Prescriber Instruction</b></p> <p>The dispenser's involvement commences upon receiving an instruction from the prescriber to supply medication without a prescription.</p>  |
| 16. | <p><b>Receive Medication Chart Entry</b></p> <p>The dispenser's involvement commences upon receiving a copy of the medication chart entry from the agent organisation. The dispenser treats this as an instruction from the prescriber to supply medication without a prescription.</p>   |
| 17. | <p><b>Dispense and Supply Medication without Prescription</b></p> <p>The dispenser dispenses and supplies the medication in accordance with the prescriber's instruction. The dispenser then suspends the process until they receive the prescription from the prescriber.</p> <p>If the prescriber is not required to follow up the medication chart entry with a prescription, no reconciliation is required and the dispenser's involvement in the process ends.</p> <p>With ETP, the dispenser can send an electronic request for prescription to the prescriber. The request contains details of the</p> |

- 
- | #   | Description   |
|-----|---|
|     | prescriber instruction and is formed such that the prescriber can quickly and easily turn it into a signed electronic prescription and send the document access key back to the dispenser.  |
| 18. | <b>Receive Prescription</b><br><br>The dispenser receives the prescription from the prescriber that relates to the previous instruction to supply medication without a prescription. The dispenser then resumes the process.<br><br>With ETP, the dispenser can receive the document access key for the electronic prescription from the prescriber in response to the previous electronic request for prescription.  |
| 19. | <b>Reconcile Received Prescription</b><br><br>The dispenser reconciles the received prescription with the previous record of dispense without prescription.<br><br>With ETP, if the dispenser receives the document access key for the electronic prescription in response to the previous electronic request, the dispensing system can automatically match the prescription and the dispense record. The dispenser must still manually verify that the clinical content of the prescription and the dispense record match before completing the reconciliation.<br><br>Once the reconciliation is complete, the dispensing system electronically lodges the dispense record with the prescription exchange. |
| 20. | <b>End</b><br><br>After either supplying medication in accordance with the prescription or reconciling the prescription with the precious record of dispense, the dispenser's involvement in the process ends.  |

## 4 Business Requirements

The business requirements expressed in this document reflect the needs of the business users, constrained by policy/legislation, which are described by the sections of business needs and business rules respectively.

### 4.1 Business Needs

The following section describes the business needs for the ETP framework.

The business needs describe the capabilities required by the users of the ETP framework.

#### 4.1.1 Create Prescription

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004261 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Create Prescription

The prescriber shall have the ability to create a complete prescription that complies with relevant legislative and policy requirements.

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004379 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Sign Prescription

The Prescriber shall have the ability to sign a Prescription in a manner that complies with relevant legislative and policy requirements.

**Related Items** Child of: 004261. Create Prescription (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004650 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### View Prescription

The Prescriber shall have the ability to review a prescription they have issued previously.

#### 4.1.2 Cancel Prescription

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004380 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Cancel Prescription

The Prescriber shall have the ability to cancel a Prescription.

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005230 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Cancellation Warning

A prescriber shall be warned when the prescription they have cancelled has already been dispensed.

**Related Items** Child of: 004380. Cancel Prescription (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005230 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Cancellation Warning**

#### 4.1.3 Obtain Prescribed Medication

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004263 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Obtain Prescribed Medication

The Subject of Care/Agent shall have the ability to get their prescribed medication supplied.

#### 4.1.4 Supply Medication

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004381 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Supply Medication

The Dispenser shall have the ability to supply the prescribed medication item to the Subject of Care/Agent.

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004264 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Dispense prescription

The Dispenser shall have the ability to dispense an item on a prescription.

**Related Items** Child of: 004381. Supply Medication (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004265 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Record details of the dispense

The Dispenser shall have the ability to record details of the dispensed medication.

**Related Items** Child of: 004264. Dispense prescription (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004412 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Sign Dispense

The Dispenser shall have the ability to sign the record of dispense.

**Related Items** Child of: 004265. Record Details of Dispense (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004329 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

##### Review Prescription

The Dispenser shall have the ability to review a prescription and its

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004329 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Review Prescription**

dispense history (prior to dispense).

**Related Items** Child of: 004264. Dispense prescription (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004267 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**No Dispense**

The Dispenser shall have the ability to not dispense a prescription based on their judgment.

**Related Items** Child of: 004264. Dispense prescription (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004410 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Reverse Dispense**

The Dispenser shall have the ability to reverse a successful dispense.

**Related Items** Child of: 004264. Dispense prescription (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004411 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Record Supply**

The Dispenser shall have the ability to record supply of a medication.

**Related Items** Child of: 004381. Supply Medication (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004651 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**View Prescription and Previous dispenses**

The Dispenser shall have the ability to review a prescription and the record of his or her previous dispenses from that prescription.

#### 4.1.5 Dispense according to Prescriber Instruction

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004273 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Dispense according to Prescriber instruction**

The Dispenser shall have the ability to dispense in response to a Prescriber's instruction (excluding written prescriptions).

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004384 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Record Prescriber Instruction**

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004384 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Record Prescriber Instruction**

The Dispenser shall have the ability to record the Prescriber's instruction.

**Related Items** Child of: 004273. Dispense according to Prescriber instruction (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004274 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Record dispense after Prescriber instruction**

The Dispenser shall have the ability to record dispense action after Prescriber's instruction.

**Related Items** Child of: 004273. Dispense according to Prescriber instruction (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004275 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Reconcile prescription**

The Dispenser shall have the ability to reconcile the new prescription with the dispense and the prescriber instruction.

**Related Items** Child of: 004273. Dispense according to Prescriber instruction (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004271 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Request a prescription**

The Dispenser shall have the ability to request a new prescription from a Prescriber after dispensing in accordance with a prescriber's instruction.

**Related Items** Child of: 004273. Dispense according to Prescriber instruction (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004276 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Respond to request**

The Prescriber shall have the ability to respond to the Dispenser's request. The Prescriber may accept, deny, or defer the response.

**Related Items** Child of: 004271. Request a prescription (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005024 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Specify reason for denying the request**

The Prescriber shall have the ability to specify a reason for denying a request made by the Dispenser.

**Related Items** Child of: 004276. Respond to request (Business Requirement)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 004278 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### **Send replacement prescriptions**

The Prescriber shall have the ability to send replaced/new prescriptions to the Dispenser in response to a request resulting from a previous instruction to dispense.

**Related Items** Child of: 004271. Request a prescription (Business Requirement)

### **4.1.6 Facility Managed Supply**

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005233 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### **Notify Agent Organisation**

The Prescriber shall have the ability to notify the Agent Organisation upon the creation of a prescription.

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005234 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### **Notify Dispenser**

The Agent Organisation shall have the ability to notify the dispenser that a prescription is available for dispense.

### **4.1.7 Notification of Last Supply**

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005235 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### **Notify Prescriber of Last Supply**

The dispenser shall have the ability to notify the prescriber that the last repeat on a prescription has been dispensed and supplied.

### **4.1.8 Audit Prescribing and Dispensing**

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005359 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### **Audit Prescribing and Dispensing activity**

Medicare Australia shall have the ability to audit prescribing and dispensing activity within relevant legislative and policy constraints

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005362 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### **Validate Claims**

Medicare Australia shall have the ability to validate claims for PBS Payment

### 4.1.9 Prescription Fee

|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005360 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### Prescription fee validation

Medicare Australia shall have the ability to validate claims for the Electronic Prescription Fee

|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005361 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### Claim prescription fee

The dispenser shall have the ability to claim the Electronic Prescription Fee for a dispensed prescription

### 4.1.10 File Claim for Payment

|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005363 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### Claim for payment (PBS)

The dispenser shall have the ability to claim for PBS Payment for a prescribed and supplied medication

## 4.2 Business Rules

Business Rules associated with the Business Requirements

|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005342 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### Choice of Provider

Individual shall have the ability to choose each healthcare provider in their treatment.

|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005355 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### Choice of Dispenser

Individual shall have the ability to choose their dispenser.

**Rationale** National Strategy for Achieving the Quality Use of Medicines:

Principle 1 – Primacy of the consumer The National Strategy recognises both the central role consumers play in attaining QUM and the wisdom of their experience.

|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005356 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

#### Choice of Prescriber

Individual shall have the ability to choose their prescriber.

**Rationale** National Strategy for Achieving the Quality Use of Medicines:

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005356 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Choice of Prescriber**

Principle 1 – Primacy of the consumer The National Strategy recognises both the central role consumers play in attaining QUM and the wisdom of their experience.

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005343 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Date a prescription**

The prescriber shall date the prescription

**Rationale** National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) 5B

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005344 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Generation of prescription using approved technology**

Prescriber shall generate the prescription using approved technology.

**Rationale** National Health (Pharmaceutical Benefits) Regulations 1960 (Cth)-Regulation 5A Preparing electronic prescriptions

National Health (Pharmaceutical Benefits) Regulations 1960 (Cth)

The form of the electronic prescription including generation, transmission, endorsement and content must be approved according to the following:

electronic prescription means a prescription that is prepared and submitted:

(a) in accordance with approved information technology requirements (if any), by means of an approved electronic communication; and

(b) in accordance with a form approved by the Secretary under sub-subparagraph 19 (1) (a) (ia) (B).

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005357 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Review and/or Cancel a Prescription**

Prescriber shall have the ability to review and/or cancel a Prescription.

**Rationale** Quality Use of Medicines (QUM) means: Selecting management options wisely; Choosing suitable medicines if a medicine is considered necessary; and Using medicines safely and effectively.

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005345 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**List details on a prescription**

Prescriber shall list their details and patient details on the prescription

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005345 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**List details on a prescription**

|                  |  |
|------------------|--|
| <b>Rationale</b> | National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 19 (1)(a)(ii)(B) |
|------------------|--|

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005346 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Patient Privacy (Private Sector Prescribers and Dispensers)**

Private sector Prescribers and Dispensers shall comply with the National Privacy Principles.

**Rationale**

National Privacy Principles as found in Schedule 3 of Privacy Act 1988 (Cth).

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005347 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Patient Privacy (Public Sector Prescribers and Dispensers)**

Public sector Prescribers and Dispensers shall comply with the Information Privacy Principles.

**Rationale**

Information Privacy Principles as found in Part III Division 2 of the Privacy Act 1988 (Cth).

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005348 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Prescribe Medication**

The Prescriber shall have the right to prescribe Medication.

|                  |   |
|------------------|---|
| <b>Rationale</b> | National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 19 (1)(f) |
|------------------|---|

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|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005349 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

**Receipt of Electronic Prescription**

The Subject of Care shall present a prescription to the Dispenser in a form that complies with the National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 5D, Regulation 19.

**Rationale**

National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 5D.

If, under these Regulations, a prescription is required to be given or presented to an approved pharmacist or an approved medical practitioner for the purpose of supplying a pharmaceutical benefit to the person for whom the prescription was written, that requirement is taken to have been met in relation to an electronic prescription if:

(a) the person who will receive the pharmaceutical benefit (whether or not for the person's own use) requests the pharmacist or practitioner to supply the pharmaceutical benefit; and

| Req No | 005349 | Priority | Unspecified |
|--------|--------|----------|-------------|
|--------|--------|----------|-------------|

### Receipt of Electronic Prescription

(b) the pharmacist or practitioner consents, within the meaning of subsection 5 (1) of the Electronic Transactions Act 1999, to the prescription being given or presented, in accordance with approved information technology requirements (if any), by means of an approved electronic

communication; and

(c) the prescription is accessible by the pharmacist or practitioner.

National Health (Pharmaceutical Benefits) Regulations 1960 (Cth), Regulation 19.

National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) electronic communication has the meaning given by subsection 5 (1) of the Electronic Transactions Act 1999.

| Req No | 005350 | Priority | Unspecified |
|--------|--------|----------|-------------|
|--------|--------|----------|-------------|

### Record Details of dispense

The Dispenser shall have the ability to record details of the dispensed event on the prescription

#### Rationale

[National Health (Pharmaceutical Benefits) Regulations 1960 (Cth)-Regulation 5E Approval of kinds of electronic communications]

The Secretary may, in writing, approve a kind of electronic communication for 1 or more of the following purposes:

(b) giving information, for the purposes of these Regulations, in relation to an electronic prescription, an authorization that relates to an electronic prescription or an electronic order form;

[National Health (Pharmaceutical Benefits) Regulations 1960 (Cth)-Regulation 5A(b) Repeat authorisation approved under regulation 26(1A)(a)(i)]

a) The pharmacist or practitioner writes on the prescription (including, for a paper-based prescription, both the original and the duplicate):

(i) the pharmacist's or practitioner's name and approval number under regulation 8A; and

(ii) a number that identifies the prescription.

[National Health (Pharmaceutical Benefits) Regulations 1960 (Cth)-Regulation 21 (1)(b) Supply of pharmaceutical benefit on first presentation of prescription]

| Req No | 005351 | Priority | Unspecified |
|--------|--------|----------|-------------|
|--------|--------|----------|-------------|

### Regulation 24 Supply

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005351 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Regulation 24 Supply**

The Subject of Care shall have the ability to receive all of the supply at one time.

**Rationale** National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 24.

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005352 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Right to Medication Supplied**

The Subject of Care shall have the ability to get their prescribed medication supplied.

**Rationale** National Medicines Policy – a central objective is consumer has timely access to the medicines that Australians need, at a cost individuals and the community can afford;

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005353 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Sign Prescription**

The prescriber shall have the ability to sign the prescription.

**Rationale** National Health (Pharmaceutical Benefits) Regulations 1960 (Cth) Regulation 19 (1)(aa)

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|               |        |                 |             |
|---------------|--------|-----------------|-------------|
| <b>Req No</b> | 005354 | <b>Priority</b> | Unspecified |
|---------------|--------|-----------------|-------------|

### **Supply Medication before Surrender of Prescription**

The Dispenser shall have the ability to supply medication before the surrender of the written prescription

**Rationale**

[National Health (Pharmaceutical Benefits) Regulations 1960 (Cth)-Regulation 22 Supply of pharmaceutical benefits before surrender of written prescription]

The dispenser must have the ability to supply the benefit (medication item) before the surrender of the written prescription.

# References

At the time of publication, the document versions indicated are valid. However, as documents listed below may be subject to revision, readers are encouraged to use the most recent versions of these documents.

## Package Documents

The documents listed below are part of the suite delivered in the Discharge Summary Package.

| Electronic Transfer of Prescription Package Documents |  |               |   |
|---|--|---------------|---|
| [REF]   | Document Name  | Publisher     | Link  |
| [ETP-ES2010]  | Electronic Transfer of Prescription Release 1.1 – Executive Summary  | NEHTA<br>2010 | <a href="http://www.nehta.gov.au/e-communications-in-practice/emedication-management">http://www.nehta.gov.au/e-communications-in-practice/emedication-management</a> |
| [ETP-RN2010]  | Electronic Transfer of Prescription Release 1.1 – Release Note   |               |   |
| [ETP-CO2010]  | Electronic Transfer of Prescription Release 1.1 – Concept of Operations  |               |   |
| [ETP-BR2010]  | Electronic Transfer of Prescription Release 1.1 – Business Requirements Definition   |               |   |
| [ETP-DR2010]  | Electronic Transfer of Prescription Release 1.1 – Detailed Requirements Definition   |               |   |
| [ETP-SS2010]  | Electronic Transfer of Prescription Release 1.1 – Solution Specification   |               |   |
| [ETP-EP_SDT2010]                                      | Electronic Transfer of Prescription Release 1.1 – e-Prescription Structured Document Template (SDT)                        |               |   |
| [ETP-ED_SDT2010]                                      | Electronic Transfer of Prescription Release 1.1 – Dispense Record Structured Document Template (SDT)                       |               |   |
| [ETP-PR_SDT2010]                                      | Electronic Transfer of Prescription Release 1.1 – Prescription Request Structured Document Template (SDT)                  |               |   |
| [ETP-TSS2010]   | Electronic Transfer of Prescription Release 1.1 – Technical Services Specification   |               |   |
| [ETP-EP_CDAIG2010]                                    | Electronic Transfer of Prescription Release 1.1 – e-Prescription Clinical Document Architecture Implementation Guide       |               |   |
| [ETP-DR_CDAIG2010]                                    | Electronic Transfer of Prescription Release 1.1 – Dispense Record Clinical Document Architecture Implementation Guide      |               |   |
| [ETP-PR_CDAIG2010]                                    | Electronic Transfer of Prescription Release 1.1 – Prescription Request Clinical Document Architecture Implementation Guide |               |   |

# Appendix A: Definitions

This section explains the specialised terminology used in this document.

## Shortened Terms

This table lists abbreviations and acronyms.

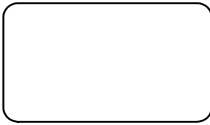
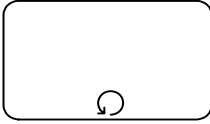

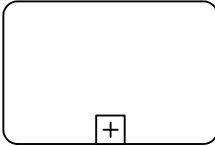


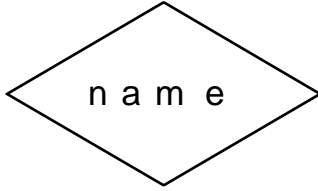

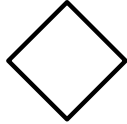
|           |  |
|-----------|--|
| AMT       | Australian Medicines Terminology - NEHTA specifications that standardise the identification, naming, and describing of medicine information. |
| EDS       | Electronic Dispensing System   |
| eMM       | Electronic Medications Management  |
| EPS       | Electronic Prescribing System  |
| ETP       | Electronic Transfer of Prescription  |
| HPI-I     | Healthcare Provider Identifier - Individual  |
| HPI-O     | Healthcare Provider Identifier - Organisation  |
| IHI       | The Individual Health Identifier   |
| NEHTA     | National E-Health Transition Authority   |
| NASH      | National Authentication Service for Health   |
| NCTIS     | National Clinical Terminology and Information Service  |
| PES       | Prescription Exchange Service  |
| SNOMED-CT | Systematized Nomenclature of Medicine - Clinical Terms   |

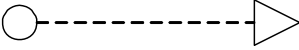

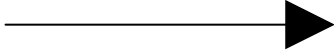

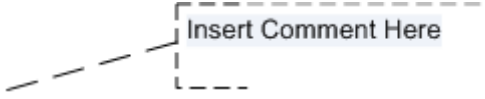
## Glossary

This table lists specialised terminology.

| Term  | Description   |
|---|---|
| Australian Medicines Terminology              | NEHTA specifications that standardise the identification, naming, and describing of medicine information.   |
| Electronic Dispensing System                  | A component of a CIS used to dispense medications.  |
| Electronic Medications Management             | Defined as: "the utilisation of electronic systems to facilitate and enhance the communication of a prescription or medicine order, aiding the choice, administration and supply of a medicine through knowledge and decision support and providing a robust audit trail for the entire medicines use process" .  |
| Electronic Prescribing System                 | A component of a clinical information system used to prescribe medications.   |
| Electronic Prescription (OR e-Prescription)   | Electronic prescribing is the process by which a prescription is electronically generated by a prescriber, authenticated with an electronic signature, securely transmitted to a Prescription Exchange Service for dispensing and supply, downloaded by a supplier, seamlessly integrated into the dispensing software and, in the case of Australian government subsidised prescriptions, is available to be electronically sent to Medicare Australia for claiming purposes. This definition does not preclude the use of paper-based processes to support electronic prescribing activity. Repeat and deferred supply authorisations which are uploaded to a Prescription Exchange Service by a supplier are not electronic authorisations, unless the original prescription was generated by a prescriber as an electronic prescription.                |
| Healthcare Provider Identifier - Individual   | A 16 digit unique number used to identify providers who deliver healthcare in the Australian Healthcare setting.  |
| Healthcare Provider Identifier - Organisation | A 16 digit unique number used to identify organisations who deliver care in the Australian healthcare setting.  |
| Individual Health Identifier                  | A 16 digit unique number used to identify individuals who receive care in the Australian Healthcare system.   |
| Prescription                                  | A request from a prescriber to dispense a therapeutic product. Describes the medication that the prescriber (in most cases a doctor) wants to be taken by the <b>Subject of Care</b> . It is input to the dispense process. Prescriptions are also used as input for the Subject of Care or the nurse on how to use the medication. Prescriptions may be eligible for co-payment by Medicare Australia if compliant with the Schedule of the Pharmaceutical Benefits Scheme. Prescriptions that are not eligible for co-payment must have payment met by the individual; these are commonly called non-PBS or Private Prescriptions. A prescription is a general term for either: an electronic prescription, an electronic prescription printout, or a paper prescription all of which must comply with relevant National, State or Territory legislation. |
| Prescription Exchange Service                 | An e-Health Service that defines the interfaces that are supported by the PES and the prescribing and dispensing services that participate in the national solution for electronic medication prescribing and dispensing.   |

# Appendix B: BPMN Symbols

|   |   |  |
|---|---|--|
| <p>The following symbology is defined in the Object Management Group's BPMN v1.1 specifications (<a href="http://www.omg.org">www.omg.org</a>) or (<a href="http://www.bpmn.org/spec/bpmn/1.1">www.bpmn.org/spec/bpmn/1.1</a>).</p> |   |  |
| Activity  |    | An activity can be atomic or non-atomic (compound). The types of activities that are a part of a Process Model are: Process, Sub-Process, and Task.  |
| Activity Looping  |    | The attributes of Tasks and Sub-Processes will determine if they are repeated or performed once  |
| Association   |   | An Association is used to associate information with Flow Objects.   |
| Collapsed Sub-Process   |    | The details of the Sub-Process are not visible in the Diagram. A "plus" sign in the lower centre of the shape indicates that the activity is a Sub-Process and has a lower level of detail.  |
| Conditional Flow  |  | Sequence Flow can have condition expressions that are evaluated at runtime to determine whether or not the flow will be used   |
| Data Object   |  | Data Objects are considered Artefacts because they do not have any direct effect on the Sequence Flow or Message Flow of the Process, but they do provide information about what activities require to be performed and/or what they produce |
| Decision Gate   |  | A decision is made at this gate for a particular direction to take.  |
| End event   |  | End of an event.   |
| Gateway   |  | A Gateway is used to control the divergence and convergence of Sequence Flow   |

|   |  |  |
|---|--|--|
| <p>Message Flow</p>                                       |   | <p>A Message Flow is used to show the flow of messages between two participants that are prepared to send and receive them</p> |
| <p>Pool</p>   |   | <p>A Pool represents a Participant in a Process.</p>   |
| <p>Sequence Flow</p>                                      |   | <p>A Sequence Flow is used to show the order that activities will be performed in a Process</p>                                |
| <p>Start</p>  |   | <p>Start an event.</p>   |
| <p>Text Annotation<br/>(attached with an Association)</p> |  | <p>Text Annotations are a mechanism for a modeller to provide additional information for the reader of a BPMN Diagram</p>      |