AMA Queensland Submission

Queensland Health Review of QScript Look-Up and *Monitored Medicines Standard* Compliance Requirements

Organisation: Australian Medical Association Queensland
Name: Dr Brett Dale
Position: CEO
Email: ████████████████

AMA Queensland thanks Queensland Health for its ongoing collaboration regarding the implementation of QScript and *Monitored Medicines Standard.* As the Department will be aware, we have raised many concerns among doctors about the requirements across a range of practice areas via direct correspondence with the Monitored Medicines Unit and in meetings with the Chief Medical Officer. Those issues continue to be raised by AMA Queensland members and we call on Queensland Health to address these as a priority.

In addition, doctors have reported further matters for attention in the current review which show aspects of the system which are not fit for purpose and are resulting in unintended consequences (set out below). AMA Queensland continues to support QScript's aim to minimise harm from dangerous medicines, however, issues reported by doctors must be addressed before any regulatory action is taken against practitioners who fail to comply with the legislation, including after the current educational period expires in September 2023.

In-patient and other clinical settings

AMA Queensland welcomes Queensland Health's intention to modify QScript policy requirements for in-patient hospital settings and to consult with AMA Queensland before drafting any associated legislative amendments. Hospital doctors report a favourable view of QScript in specific clinical settings, however, the checking requirements for in-patients, particularly in the care of Surgical Patients, Emergency Departments (EDs) and Residential Aged Care Facilities (RACFs), is seen as highly problematic, impractical and irrelevant.

Emergency departments

Whilst ED doctors advise they have changed their clinical practices for discharge prescriptions in line with QScript requirements, there are multiple scenarios where checking QScript is of no benefit or impossible, including:

- for unidentified patients in EDs;
- trauma patients requiring urgent intervention; and
- procedural sedation (where doctors advise checking QScript could paradoxically increase the amount of opioid administered).

ED doctors expressed concern that QScript has been imposed on practitioners without any requisite increase in resourcing. Senior ED clinicians particularly noted this has resulted in emergency doctors spending more time on administrative tasks and less time with patients and/or treating fewer patients each shift. Doctors reported flow-on effects included patient harm, longer ED wait times and increased ambulance ramping.

The burden in hospitals is particularly acute since doctors cannot set profiles or passwords and, therefore, must repeat the log-in process (including setting a new pin) for every patient. One ED clinician at a major Queensland hospital estimated that at least three (3) minutes are needed to check QScript for each patient requiring a clinically-indicated single tablet of oxycodone for immediate analgesia in the ED. This equated to approximately 10 hours of administration each day at that facility alone, representing a minimum of two (2) FTE Resident Medical Officers just to comply with QScript requirements for such patients. ED doctors reiterated calls for QScript checking to only apply to discharge prescriptions in EDs and for practitioners to be trusted to use their clinical judgment (with all its attendant responsibilities) in regard to other prescribing activities.

Residential aged-care facilities

Doctors treating RACF patients also reported significant difficulties with QScript requirements. It should be noted that practitioners often bulk-bill RACF patients at the practitioner's cost, so any increase in the administrative burden is likely to see fewer doctors willing to treat these patients.

One practitioner estimated that 30-45 minutes of each five (5)-hour RACF round was spent on QScript checking with most patients requiring multiple scrips for monitored medicines. Another who performed three (3)-hour rounds, four (4) days a week estimated QScript checking added an additional hour to each round, with regular system freezes contributing to time blow-outs.

Clinicians reported that exempting RACF patients from QScript checks was very low risk since few of these patients have permission to independently leave the facility and usually do not have a GP other than the visiting practitioner. In addition, any medication prescribed on a daily basis is Webster-packed by pharmacists and administered by registered nurses. AMA Queensland submits that RACF facilities be excluded from mandatory checking of QScript.

General practitioners

Our general practitioners (GPs) are also in short supply, with patient wait-times increasing and only set to worsen in the coming decade. Similar to hospital doctors, GPs reported feeling overburdened by QScript requirements, particularly the time wasted as a direct result of the platform's technical problems.

AMA Queensland notes that many of these issues are exacerbated by the lack of integration in software and, as the system matures, some of these issues are likely to be mitigated further. As such, we urge Queensland Health to expedite system improvement projects as a priority.

Unintended consequences

Finally, AMA Queensland notes the feedback provided by members that the administrative burden of QScript is highly likely to contribute to a 'chilling effect' in that doctors will reduce or avoid providing monitored medicines and patients may unnecessarily suffer as a result. An ED clinician noted that for medicines such as Endone, it was highly likely that clinicians would limit prescriptions due to time constraints and patients would suffer by receiving less effective pain relief.

Given these concerns, AMA Queensland submits that, like the Victorian and South Australian regimes, doctors prescribing monitored medicines in various in-patient settings, including in EDs and RACF, must be exempt from the QScript requirements.

QScript educational materials and advice issues

As stated, AMA Queensland welcomed the commitment by Queensland Health to delay regulatory action for non-compliance with QScript requirements and continue with an educational approach until September 2023. Most practitioners recognise the importance of the QScript regime to reduce patient harms and have been diligently and professionally altering their workflows to incorporate the requirements.

That said, doctors have reported significant problems with the educational materials and advice being provided by the Department. AMA Queensland submits that Queensland Health must address these issues immediately.

QScript Practitioner 'Reminder' Emails

A recent example, raised by AMA Queensland with Queensland Health in early-February, is the mass-emailing of practitioners who are alleged to have breached QScript requirements. Many of the doctors who received these 'reminder' emails are diligent supporters of QScript but could not identify any omission in their practice other than during a system error.

The email lacked essential details, including the date/s on and patient/s for whom the practitioner allegedly breached the regulations. This caused considerable alarm amongst practitioners and some

reported feeling intimidated and insulted by the Department as a result. Many also questioned the accuracy of the allegations and whether Queensland Health had undertaken any quality-control processes to verify the incidences as practitioner breaches and not QScript system errors before distribution.

AMA Queensland is concerned the lack of specific detail also indicates Queensland Health has not established adequate feedback mechanisms to ensure the system is functioning correctly and problems can be rectified. It also clearly undermines the purported 'educational purposes only' aim of the emails if practitioners cannot identify when and for whom the breach occurred and, therefore, correct their practices. AMA Queensland urges Queensland Health to review the email distribution to ensure the issues are addressed.

Non-practitioner education

Doctors also made suggestions regarding the broader scope of Queensland Health's educational efforts, including that targeting practitioner behaviour was only part of the solution to reducing harms caused by monitored medicines.

One GP reported pressure by patients to prescribe monitored medicines and that inadequate education of patients and the community about the associated harms had been undertaken by Queensland Health. They noted this unfairly left the burden of monitored medicines education to individual practitioners and should have been shared with the Department.

The lack of community education was noted as a particular issue for legacy patients who were already taking monitored medicines when they began receiving care from the practitioner. Rural communities, where outdated views that treatment equates with medicine prevail, were noted as another area needing greater medicine education by the Department.

Ongoing technical issues

As previously raised, members continue to report significant technical problems with the QScript platform. Issues include the performance, responsiveness, speed and useability of QScript as well as its interoperability with other clinical systems used by varying practitioners across a range of health settings.

Practitioners report these issues are causing excessive delays and disruption of clinical workflows, meaning less time is being spent treating patients. Patients themselves have also complained about the time being wasted during consultations, particularly in psychiatry (where patient access is already extremely limited and gap fees are significant) and general practice (which is also suffering from patient access and cost issues).

For example, a GP reported that when a prescription is entered into their practice's prescribing software, a QScript prompt is issued, however, the check is not then registered as 'viewed' and practitioners are required to 're-click' to ensure the check is registered as 'viewed'. Practitioners

advised this process wastes considerable time when they were required to log into other systems such as QScript, Proda, The Viewer, Health Pathways and MBS online. Many suggested QScript be adapted so it is directly accessible through clinical software similar to the functionality of AIR and MyHealth Record.

AMA Queensland submits that regulatory action must be delayed until all technical issues associated with QScript and the associated problems are resolved. As such, it is recommended that the current educational approach continue beyond the September 2023 deadline.