

# FREQUENTLY ASKED QUESTIONS

## *PBS MEDICATION CHART FOR PUBLIC AND PRIVATE HOSPITALS*

July 2016

### **What is the Pharmaceutical Benefit Scheme (PBS) Medication Chart for Public and Private Hospitals?**

The *PBS Medication Chart for Public and Private Hospitals* enables the prescribing, dispensing, and claiming of eligible PBS and Repatriation PBS (RPBS) medicines directly from a patient's PBS Hospital Medication Chart (PBS HMC) in public and private hospitals. Use of the PBS HMC eliminates the need for a separate (additional) PBS stationery form, and provides an alternative option for prescribers in the PBS hospital setting.

### **Why are these changes being made?**

The aim of the PBS HMC is to reduce unnecessary PBS paperwork for prescribers, pharmacists, and nursing staff; freeing up more time for health practitioners to spend on patient care.

It also aims to improve patient safety by reducing the risk of dispensing errors associated with transcribing medicine orders from a medication chart.

### **How was the chart developed?**

The Australian Commission on Safety and Quality in Health Care (the Commission) developed the PBS HMC and managed the trial of the chart in a number of private and public hospitals. The PBS HMC development and subsequent trial was undertaken in consultation with a wide range of stakeholders including prescribers, pharmacists, hospitals, consumers, software vendors, and state and territory governments.

### **When will I be able to use the PBS Hospital Medication Chart?**

The paper-based PBS HMC is now available for use in all private and public hospitals.

### **What is the enabling legislation relevant to the PBS HMC?**

Supply and claiming of PBS items is subject to Commonwealth legislation. Amendments that have been made to the *National Health (Pharmaceutical Benefits) Regulations 1960* and *National Health (Claims and under co-payment data)*

*Rules 2012* enable supply of medicines directly from medication charts in public and private hospitals.

### **Tell me more about the trial of the PBS Hospital Medication Chart.**

The trial was undertaken by the Commission in consultation with stakeholders.

The results of the trial indicated that the PBS HMC met all objectives and concluded that it:

- meets safety and quality requirements for patients in the hospital setting;
- is PBS compliant and consistent with current PBS arrangements;
- is appropriate for use as another PBS option in public and private hospitals;
- provides streamlined processes for prescriptions and significantly reduces the number of 'owing prescriptions';
- reduces administrative burden for clinicians; and
- centralises communication of medicines information during a patient's episode of care.

For further information, including the PBS HMC trial evaluation report, guidance documentation and PBS HMC specifications, please visit the [Commission's website](#).

### **Tell me more about Phase Two (electronic-based PBS Hospital Medication Chart).**

Phase Two will involve the development of an electronic PBS HMC to allow for electronic prescribing, dispensing and claiming of PBS medicines in the hospital setting from March 2017.

### **What are the safety benefits of the PBS HMC?**

The PBS HMC aims to improve the safety and quality of medication management by:

- reducing the risk of medication errors;
- enhancing medication management; and
- improving continuity of patient care and patient-care transitions.

### **What are the benefits for patients?**

- more time for health practitioners to spend on a patient's clinical care;
- improved medication safety;
- improved quality use of medicines leading to improved health outcomes; and

- improved, more efficient and convenient prescribing and dispensing services.

### **What are the benefits for health providers?**

The PBS HMC aims to reduce the administrative burden for health providers by:

- improving the timely supply and claiming of PBS medicines;
- minimising PBS duplication of documentation for prescribing, dispensing and claiming for PBS medicines;
- allowing hospital staff more time to spend on patient care; and
- supporting electronic medication management and clinical decision support tools.

### **What are some other key features?**

#### *A central point for information*

A key feature of the PBS HMC is that both the PBS prescription and the record of medicine administration are documented on the PBS HMC. The patient's details, including their known adverse drug reactions, are visible on the PBS HMC to enable correct identification when prescribing, supplying, and administering medicines. Faxed, photocopied, and emailed scanned images of the PBS HMC will also contain this information to assist pharmacists in identifying the correct patient and their medication orders.

Relevant pathology (such as results to support warfarin dosing), PBS prescriber instructions, and special considerations applying to the administration of medicines to a patient (including discharge medications) are all included on the PBS HMC. The layout supports informed prescribing, accurate medicines dispensing and administration, and improved clinical monitoring of patients.

#### *Duration/length of the PBS HMC and supply of medicines*

The PBS HMC 'charting cycle' (as decided by the PBS prescriber for their patient) is a maximum of one month, four months, or 12 months. An approved pharmacist is required to meet the health practitioner's order until the stop date or chart expiry date, whichever is earlier. If the medicines are not re-charted prior to the chart expiry date, all PBS medicine orders on the PBS HMC cease to be valid for supply and claiming after the chart expiry date.

Unlike the existing process for supplying medicines from prescriptions, the amount of each medicine supplied by the pharmacy will not be determined by a maximum quantity and 'repeats'. For each PBS medicine order, the health practitioner must specify a period of time that a medicine is to be

administered and supplied. This removes the requirement for PBS repeat authorisation forms.

### **What is changing for prescribers?**

All PBS prescribers will be able to use the PBS HMC for their patients in the PBS hospital setting.

There will be no changes as to who can prescribe PBS medicines. PBS prescribers retain the option to use PBS stationery forms where applicable.

PBS prescribers are required to comply with Commonwealth and state and territory law, as in force, in the use of the PBS HMC.

### **What is changing for pharmacists?**

Pharmacists will be able to dispense and claim (using PBS Online) eligible PBS medicines directly from a patient's medication chart, without the need for a separate (additional) PBS stationery form.

### **Can prescribers still prescribe brand-specific medicines?**

Yes. Prescribers will continue to be able to prescribe brand-specific medicines when prescribing on the PBS HMC.

### **What PBS medicines can be prescribed on the PBS Hospital Medication Chart?**

The PBS HMC enables the prescribing, dispensing and claiming of the following PBS and RPBS medicines:

- General Schedule PBS medicines
- Authority Required (STREAMLINED) PBS medicines
- Authority Required (telephone/electronically approved) PBS medicines
- PBS discharge medicines under PBS Reform arrangements
- Section 100 programs whereby a PBS prescription is required, such as:
  - Highly Specialised Drugs
  - Efficient Funding of Chemotherapy
  - Botulinum Toxin Program items
  - Growth Hormone Program items
  - IVF Program items
  - Complex Authority Required/Authority Required (written) items (CARs)
- Controlled medicines, e.g. 'Schedule 8' medicines (these medicines must only be prescribed and supplied from a PBS HMC in accordance with State and Territory legislation).

Clarification about Complex Authority Required and Authority Required (written only) processes can be sought from the Department of Human Services (Medicare) or the Department of Veterans' Affairs (details below):

- For Department of Human Services (Medicare) authority prescription approvals, please contact **1800 888 333**
- For Department of Veterans' Affairs authority prescription approvals, please contact **1800 552 580**

### **What PBS medicines cannot be prescribed on the PBS Hospital Medication Chart?**

- Emergency Drug (Prescriber/Dr Bag) Supply items
- Non-PBS trastuzumab HerceptinR
- Section 100 Opiate Dependence Program items (ODTP).
- Life Saving Drugs (LSD Program)
- Aids and Appliances (Stoma, Appliance Scheme and Paraquad)

### **Are there any changes to the PBS eligibility?**

No. Patients continue to pay the PBS patient co-payment contribution. Where a patient pays a PBS patient co-payment for their PBS medicines, the PBS co-payment amount continues to contribute to the patient's PBS Safety Net Record.

### **Is it mandatory to use the PBS Hospital Medication Chart in hospitals?**

No. The introduction of the PBS HMC provides an additional PBS option for health practitioners to prescribe PBS medicines, and for pharmacy suppliers to dispense and claim for PBS medicines in the PBS hospital care setting.

The *National Health Act 1953*, which governs the operation of the PBS, does not require public hospitals, private hospitals, or pharmacies to use the PBS HMC in their services.

### **Where do I obtain more information about the PBS HMC?**

Further information about the PBS HMC can be obtained from the following websites:

- [The Commission's website](#)
- [The Department of Health website](#)
- [The DHS Medicare website](#)