

# E-prescriptions are coming. But what are they? And is this the end of paper ones?

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Electronic prescriptions (or e-prescriptions) [are being rolled out](#) in stages across Australia after being used in Victoria during the pandemic.

E-[prescriptions](#) have been common in countries such as the [United States](#) and [Sweden](#) for more than ten years. In Australia, a fully electronic paperless system has been planned for some time.

Since the arrival of COVID-19, and a surge in the uptake of telehealth, the advantages of e-prescriptions have become compelling.

So what are they? How does it all work? And is this the end of paper prescriptions?

### **How do e-prescriptions work?**

Now, most doctors use a function in a patient's electronic medical records to print out their prescription in the surgery. Patients then take it to the pharmacy for dispensing. The pharmacy needs to store this paper prescription [for two years](#).

However, with e-prescribing, doctors can use [their medical software package](#) to write and transmit that prescription as a "token" to the patient's phone. This can be as an SMS or email, containing a QR code.

Patients are then free to choose which pharmacy to take the token to for dispensing. They can present their phone to be scanned, or forward the SMS or email to the pharmacy.

The pharmacy imports the code into its dispensing program, unlocks the prescription, checks it, and dispenses the [medication](#).

If patients accidentally delete the email or SMS, they will have to contact their doctor to have their token canceled and reissued. This is not that different to someone losing a paper prescription.

Although e-prescribing has been used during telehealth consultations in Victoria, for instance, it can also be used during a normal face-to-face consultation, once it rolls out in your area.

### **What are the benefits of going paperless?**

Telehealth initially involved a lot of extra paperwork. Doctors would fax or email a prescription to a particular pharmacy for the script to be dispensed, then medication was delivered to patients at home.

The pharmacy needed to wait for the doctor's surgery to mail the paper prescription, or had to collect it from the doctor's surgery. It also had to store the prescription for two years after dispensing.

However, regulations have now [changed](#) to legalize e-prescriptions with no need for paper.

This allows an efficient, contactless system for distributing medication, improving pharmacy workflows, and removing storage requirements.

For patients, it means not having to worry about paper copies, and offers the convenience of being able to send a code to the [pharmacy](#) of their choice.

### **Is it accurate? Does it save time?**

When researchers evaluated other benefits of e-prescriptions, they had mixed results.

A [review of 19 studies](#) showed e-prescriptions may be clearer or more complete than paper handwritten prescriptions, reducing the need for pharmacists to contact doctors to clarify their instructions.

Another advantage is that e-prescriptions for addictive drugs, such as opioids, do not need doctors to write any details by hand (as is [currently required for paper scripts](#) for drugs of addiction).

However, e-prescriptions may [not reduce the time](#) it takes to process the prescription, as [new errors](#) may be introduced.

For instance, a [Swedish study](#) compared the number of times pharmacists had to contact the doctor to clarify information from new e-prescriptions, compared with computer-generated or faxed prescriptions.

The study found e-prescriptions were nearly eight times more likely to have issues about the dosage or how to take the medication. The authors believed this may be due to some electronic systems misinterpreting common shorthand doctors use (for example, lt3d for "one tablet three times daily").

### **Is this the end of paper scripts?**

About [10% of Australians](#) do not have a smart phone. So paper prescriptions are still available and you can choose a paper one if you prefer or you don't feel comfortable using the technology.

Some patients might find it a bit fiddly handling multiple e-prescriptions for multiple medications. At present, individual prescriptions are sent as separate emails or SMS messages and patients need some familiarity with searching their device to retrieve the right one.

However, in the near future, you will be able to store all of your current prescriptions electronically in an "[Active Script list](#)." This will allow a patient to have all their medications in one file and choose to give a doctor or pharmacist access to either add more prescriptions or dispense medication. Once this is in place, using an app to aggregate all this information may make this more usable.

Until then, some patients with multiple medications might prefer to stick with keeping their [paper](#) prescriptions together in a folder as it helps them keep their current medication list up to date.

## How about privacy and security?

When it comes to their health data, people are often understandably concerned about privacy and security.

The Australian Digital Health Agency, the federal agency that oversees e-prescriptions, requires providers to conform to rigorous standards when managing sensitive data.

E-prescriptions must meet the [legal privacy requirements](#) in Australia's [Privacy Act 1988](#) and [eAuthentication framework](#).

Countries that have had e-prescriptions for some time, such as Greece, have explored the issues around [privacy](#). Australia, being much later to adopt e-prescriptions, has had the opportunity to address these concerns as part of the implementation process.

And a review [comparing digital security of e-prescription systems](#) in eight countries showed Australia (with the US) had the highest level of digital security.

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