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MEDIA RELEASE

Monitoring crucial to real-time success

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The Federal Government has committed \$5 million to the establishment of a national real-time reporting (RTR) system for the prescription of Schedule 8 drugs, but experts advise that the scheme needs to be monitored for unintended consequences.

Schedule 8 drugs are drugs of potential abuse and addiction such as opioids.

In an article published in the latest edition of the *Medical Journal of Australia*, Dr Fiona Shand and her coauthors said that although the jury is still out on the efficacy of RTR, if the scheme is well-implemented, it represents an opportunity to reduce opioid-related harms in Australia.

“The number of opioid prescriptions in Australia increased by around 300 per cent between 1992 and 2007”, Dr Shand said.

“This was accompanied by ... professional concern about the appropriateness of prescribing these drugs for people with chronic non-cancer pain.”

There is very little research on the impact of RTR systems, which have only just been introduced, the report said.

In one Ohio study clinicians changed their opioid prescription in 41 per cent of cases after reviewing the patient’s prescription history in real time, but in 39 per cent of these cases, higher doses of opioids were prescribed than initially planned.

“Thus, in more than a third of cases, real-time access to prescription history may have increased the prescriber’s confidence in prescribing opioid analgesics”, Dr Shand said.

“Although these are quite different systems, the \$1.1 billion for the national e-health system suggests that a far more substantial investment than \$5 million will be required to establish a national RTR system”, Dr Shand said.

“This is a significant investment and therefore it is worth evaluating its impact.”

The authors called for a series of linked studies to assess the ongoing effectiveness of a national RTR scheme.

Potential benefits of the scheme include reduction of inappropriate prescribing; reduction in prescription shopping and unsanctioned use; a more patient-centred approach to opioid use; reduction in adverse events (such as incident dependence); and an increase in multimodal pain management.

Potential unintended consequences of the RTR system may include overly cautious prescription of Schedule 8 drugs when they are clinically indicated; a shift to Schedule 4 drugs to avoid scrutiny;

a shift to illicit drugs or other prescription drugs; increase in prescription or warehouse theft and internet purchasing; a potential for increased stigmatisation of an already marginalised population; and not all doctors will respond confidently to real-time information.

Dr Shand and her coauthors concluded that the establishment of a national RTR system is a worthwhile endeavour if implemented correctly.

“Australia is introducing one of the world’s first national RTR systems; an evaluation of the experience will provide important lessons for other countries ... A well designed RTR system has the potential to make a significant contribution to the quality use of medicines in Australia”, they said.

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