

PBS Developers' Forum 13th October 2016

- Welcome/Introduction
- Action Items
- ePrescribing
- Automated Authorities
- AMT v3
- ▶ PBS XML Schema 3.0

- PBS XML Views
- Other Business
- Meeting close

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Action Items

- Health to look at possibility of re-working the system so that Pharmacists are not working backwards to find streamlined codes
 - PBS XML v3.0 will include restriction data for 12 month period

Action Items

- The PBS Online system will identify if a patient has been to another Pharmacy for the same script. Department of Health will advise further on this issue.
 - ERRCD

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- PBD is actively considering e-PBS prescribing
- Developing legal and policy requirements
- Engage with clinical software stakeholders
- e-PBS prescribing as another prescribing option
 - Seamless prescribing, dispensing and claiming
 - No need to transcribe from paper-based prescription

- Implementation to be consistent with Government requirement for digital health surety and security
- PBD in consultation with:
 - ADHA, DVA, DHS
 - all jurisdictions' Health CIO, Chief Pharmacist
- Part of AHMAC

- PBD focus: legislation and policy
- Agency focus: technical development, consultations and implementation
- Important digital health functionality
 - Benefit for consumers

- Electronic Prescribing Working Group
 - Within AHMAC
 - Develop processes and rules

- e-PBS Prescription:
 - Digital
 - Immutable
 - No change in PBS patient, provider or supplier eligibility
 - High level of trust and security

- Next steps
- High-level mapping of PBS prescription lifecycle
- Develop core e-PBS prescribing data components
- C'with legal arrangements
- Agency: National Requirements for Electronic Prescribing, National Compliance Framework

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- International Harmonisation of Ingredient Names
- a.k.a. Int'l Harmonisation of Medicine Names
- TGA initiative
- ADHA implementation in AMT

- International agreement on medicine naming convention
- TGA has implemented new medicine names
- Since 6 April 2016
 - amoxycillin ⇒ amoxicillin
- ARTG entries updated

- 4-7 year transition
- Ends April 2023
- ADHA updating AMT
 - starting October 2016
 - 3 months

IHIN

- PBS will load AMT releases
- New PBS brands and submissions will use AMT name
 - Current practice

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Automated Authorities

- Department of Human Services initiative
- Commenced May 2016 Schedule
- All PBS items include threshold values

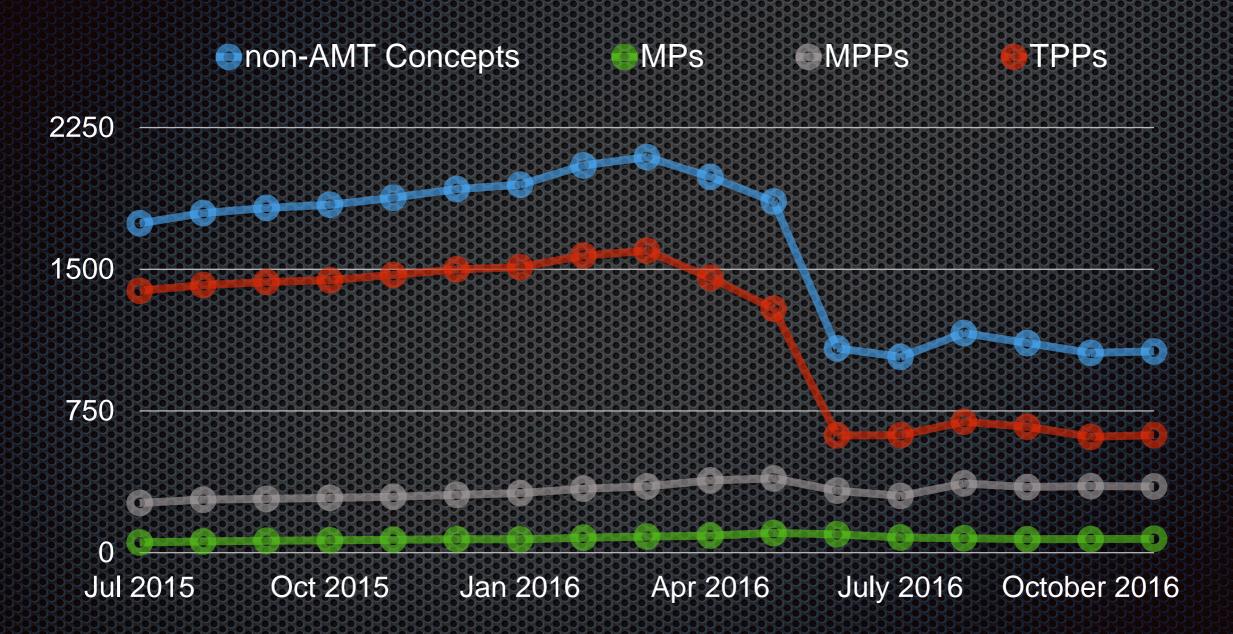
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AMT v3

- PharmCIS implementation complete
- Phase 1
- Deployed February/March 2016
 - May 2016 Schedule
- Backlog of un-reconciled concepts

AMT v3

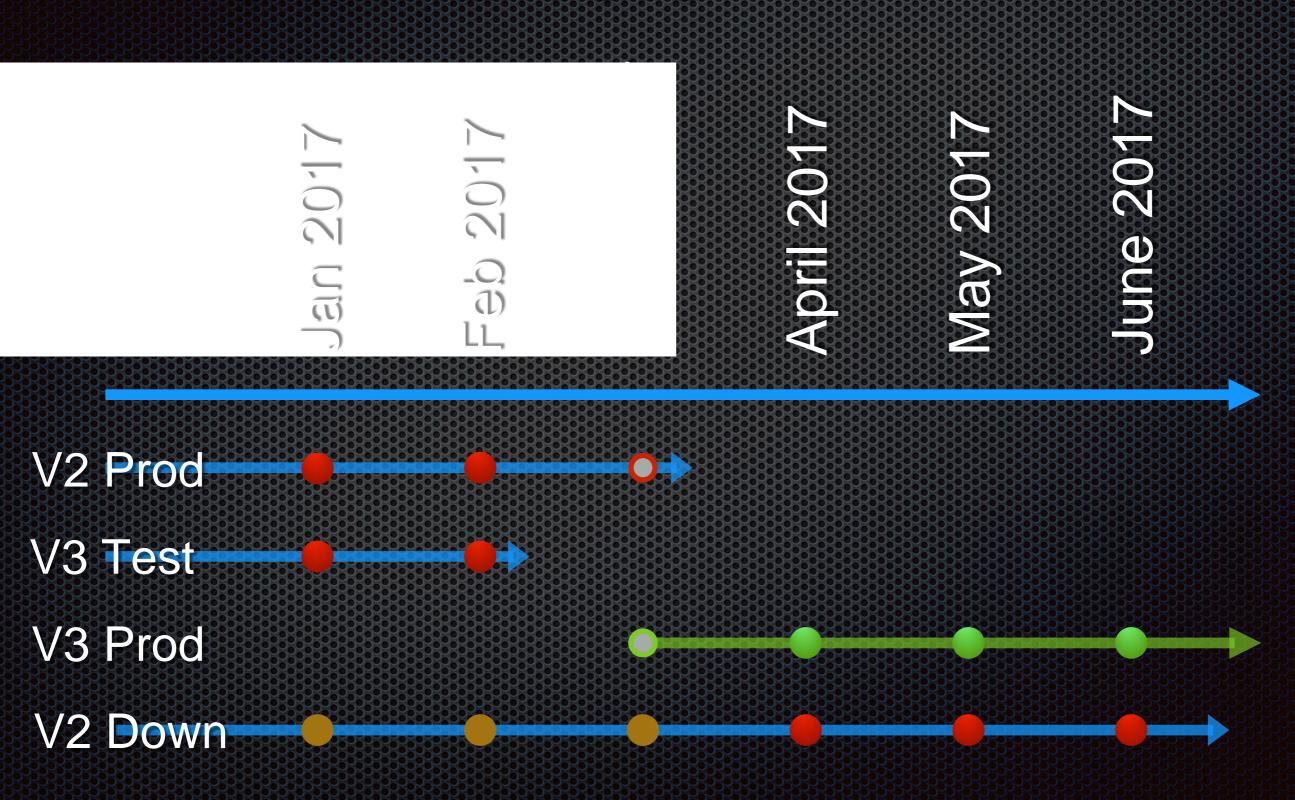


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- Schedule
- Transition Plan
- Progress

- Schedule
- Align with DHS
- No changes in March 2017
- V3 Go-Live: April 2017 Schedule



- Schedule
- Transition Plan
- Progress

- Transition Plan
- Support users to transition from v2 to v3
- Support users to adopt v3
- Support users to transition from text extracts to v3 or Views

- Transition Plan
- Provide sample data with embargo files
 - Started September 2016 Schedule
- Upconverted from V2 embargo PBS XML
- NOT production quality
 - For testing/evaluation only

- Transition Plan
- No upconversion in production
- | publication of V2 and V3 PBS XML
- 12 months: final v2 PBS XML March 2018

- Transition Plan
- Downconversion of V3 to V2
- Freeze v2 schema

- Down convert specification
 - Supply-only ⇒ delist then remove
 - PR Notes ⇒ copy to restrictions
 - Assessment ⇒ authority method
 - Images ⇒ remove

- Down convert specification
 - Increases ⇒ e-authority value
 - CAR ⇒ ext:complex-authority-required
 - Benefit Type ⇒ move all prescriber types, restrictions to prescribing rule

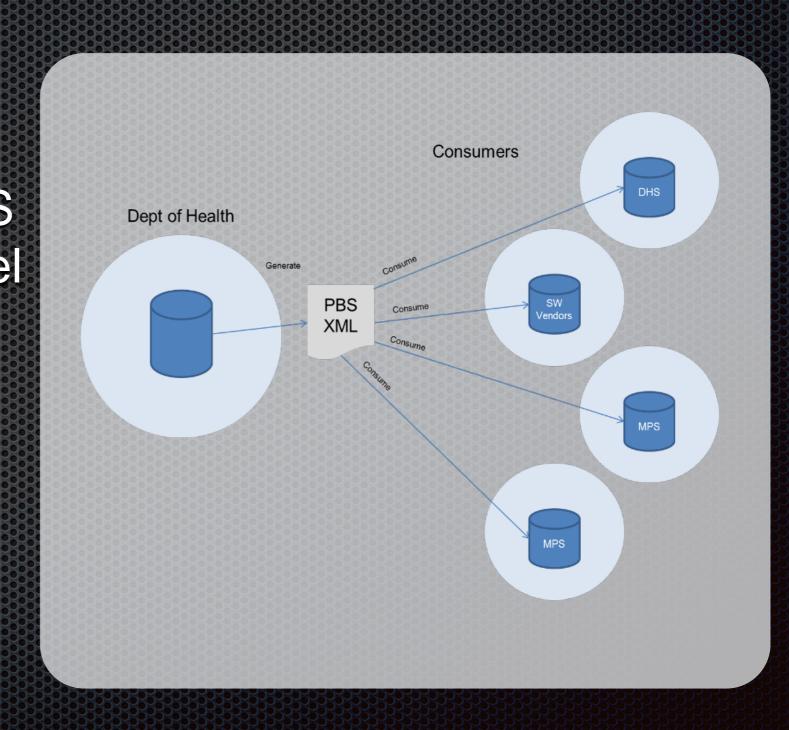
- Down convert specification
 - Logical operators ⇒ simulate logical constraints

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PBS XML Views

- Background
- The intent of the PBS XML exchange model is to enable the interchange of data from Health to consumers including DHS and software vendors



- Projects Assured previously undertook an independent highlevel review of the generation of PBS XML and the consumption of the PBS XML by stakeholders. A particular focus was placed on the following consumer characteristics:
 - Usability;
 - Interoperability;
 - Best practice;
 - Recommendations for improvement of the transfer of PBS information to sub groups of stakeholders.

The Review made a number of key findings and recommendations to improve the usability and operability of the transfer of PBS information to stakeholders.

- Review Key Findings
- Technology Platform
- The PBS XML provides a common, interoperable format for the PBS data to be shared from the Department of Health to other consumers.
- The size and complexity of the XML export poses problems for consumers to process the data. This has resulted in many consumers utilising legacy text file subsets of the data to varying extents, either supplementing the XML data or completely replacing it.

- XML V3 Transition
- PBS XML V3 offers a number of improvements, and should continue design and development.
- Stakeholder feedback revealed uncertainty about the time frames required to adopt the new V3 Schema, particularly given the possibility of no alternative to the text files currently offered.

- Project Objectives
- The key objective of the project is to implement some of the recommendations of the XML Review.

- The project will be undertaken in the following stages:
 - Stage 1 formalise governance and support;
 - Stage 2 XML V3 Views stakeholder engagement and analysis;
 - Stage 3 XML V3 Views development;
 - Stage 4 XML V2 to V3 transition capability.
- This presentation will largely cover Stage 2

- Definition
- An XML V3 View is a consumable sub-set of the PBS XML data based on how that data is commonly used/viewed:
- 1. Legislative Instruments
- 2. Prescribers (all data less pricing)
- 3. Dispensers (all data less restrictions)

- 4. Listings (includes Items, Brands)
- Pricing (could be incorporated into Listings)
- 6. Restrictions
- 7. Fees

- Our Task
- Our task for the PBS XML V3 Views Project was to:
 - Engage, analyse and define PBS XML consumers' data requirements.
 - Analyse and define technical prerequisites and requirements for integration with XML V3.

- Stakeholder Engagement
- We have:
 - Engaged with Prescribers, Dispensers, Publishers and DHS to gather their requirements for sub-sets of the data;
 - Captured the high level requirements for Prescribers and Dispensers;

- Stakeholder Engagement
- We have:
 - Listed the V3 elements that must be included in the prescriber and dispenser XML sub-sets.

- This has been done through:
 - Stakeholder survey;
 - Workshops.

- PBS XML Survey
- The survey contained questions designed to gather information regarding consumption of the PBS data.
- There were a total of 21 responses to the survey from the following groups:

. PBS XML Survey

Dispensing	Prescribing	Dispensing & Prescribing
Corum Health Services	Best Practice Software	Cerner Corporation
csc	Best Practice Software Pty Ltd	Emerging Systems
Fred IT	EPAS Clinical Analyst	HTSV
HealthSoft Australia Ltd	MedicalDirector	Pharmhos Software Pty Ltd
Minfos	Medication Services Queensland, Queensland Health	
Mountaintop Systems	Specialist Information Services	
NPD		
Phillips & Phillips Pharmacy Computers		
POS Works		
Symbion		
Victoria University		

- . Workshops
- In addition to the survey, requirements were also elicited via a number of workshops with the following organisations:
 - Medical Software Industry Association;
 - Monthly Index Medical Specialities;
 - MedicalDirector.

- . Next Steps
- The following activities within PBS XML V3 upgrade programme are key dependencies for the, design and implementation of the data sub-sets:

- Next Steps
- PBS XML documentation to be complete and endorsed by key internal and external stakeholders including:
 - PBS XML V3 Schema
 - Documentation on V3 elements and patterns to extract data
 - Any residual post-processing activities that may occur after V3 XML export from PharmCIS.

- Next Steps
- 2. V2 data to be migrated and validated to V3 model in PharmCIS, (including restrictions)
- 3. Development work on the V3 Schema related to the V3 upgrade programme has ceased.
- 4. Validation of the final version of the extracted data from PharmCIS be compliant to the V3 Schema.

- Next Steps
- Conduct workshops with 4/5 key vendors and researchers to further specify the sub-sets and their requirements.
- Determine technologies distribution method for the development of the data sub-sets.
- Continue to work with the user community on improvements and changes to the PBS XML content and delivery.

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PBS XML v3

- Pre-Production stage
- Finalise schema, complete ackage, test data available
- Pre-Production Release 1: February 2016
- Pre-Production Release 2: July 2016
- Pre-Production Release 3: September 2016
- Pre-Production Release 4: October 2016

- Production release
- March 2017
- Minor releases
 - Use extension mechanism

- Progress
- Proposed changes (June 2016)
- #1: Identifier for system software
- 🖈 #2: equal data facet 🇸
- #3: benefit-type ⇒ restriction-level
- #4: Informational text on benefit-type

- Progress
- Proposed changes (June 2016)
- #5: Identify (legal) CAR items
- #6: brand-name
- #7: normalise restriction components

- Legal CAR
- Group
 - http://pbs.gov.au/complex-authority-required
- Two instances
 - http://pbs.gov.au/complex-authority-required/is-complex
 - http://pbs.gov.au/complex-authority-required/not-complex

All prescribing rules member of one group

```
<member-of-list>
  <member-of rdf:resource="http://pbs.gov.au/complex-authority-required/not-complex">
        <code
        rdf:resource="http://pbs.gov.au/code/complex-authority-required">not-complex</code>
        <effective>
        <date>2013-12-01</date>
        </effective>
        </member-of>
        </member-of-list</pre>
```

- Brand name
- TPUU, TPP, CTPP

```
<tpp>
...
<br/>
<b
```

- Normalise restriction components
- Only references
- No inline elements
- No mixed content

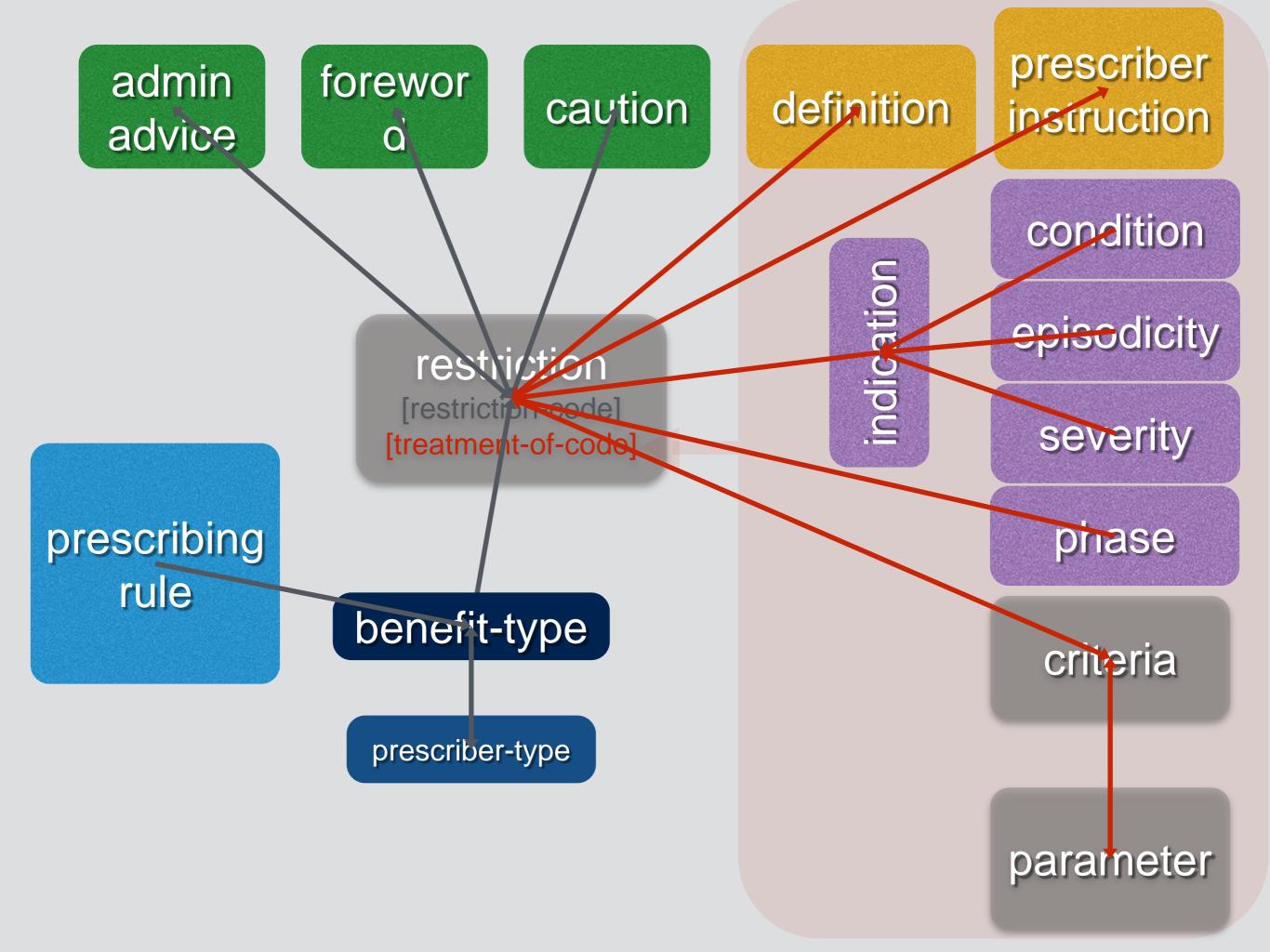
- Progress
- Other changes
 - Supply-only now points to substitute PR
 - Remove product-listing code (October 2016)
 - treatment-of code

- Supply-only
- Don't maintain pricing data
- Give substitute prescribing rule for claiming

```
<supply-only>
  <date>2016-04-01</date>
  cprescribing-rule-reference xlink:href="#a247919353">
        <code rdf:resource="http://pbs.gov.au/code/item">10389T</code>
        <effective>
            <date>2016-04-01</date>
        </effective>
        </prescribing-rule-reference>
        <non-effective>
            <date>2017-04-01</date>
        </non-effective>
        </supply-only>
```



- Restriction code management
- Restriction code
 - Configuration of entire restriction, including informational text
- treatment-of code
 - Configuration of legal components



- Restriction code is unique
- treatment-of code may be duplicated
- Same treatment-of code ⇒ same legal components

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Meeting Close

Next meeting February 2017