Australian Government

Department of Health

PBS DATA DISTRIBUTION – SOFTWARE VENDOR WORKING GROUP

MEETING NOTES – 10 NOVEMBER 2020

DATE AND TIME	Monday, 10 November 2020 at 11:00AM – 1:00PM
VENUE	Microsoft Teams Call

KEY POINTS DISCUSSED

AGENDA NO.	KEY POINTS DISCUSSED
1	**Welcome & Background – see slide 3** Participants were welcomed, and provided a brief background of the PBS Data Distribution project. Additionally we thanked those vendors who made time for a one on one data model discussion.
2	**Recap of last meeting (28th September 2020) – see slides 4-5** Participants were provided with a brief re-iteration of the previous meeting and the goals of the PBS Data Distribution project, including the current status, progress so far, and planned outcomes.

3	**Summary of pain points – see slide 6**
	
	A brief retelling of the pain points experienced by the software community was echoed back to the group for validation. These pain points were a synthesis of the discussion from the last meeting and the discussion during one-on-one workshops with a number of the working group members. Reoccurring themes include:
	• Complexity of the data model, particularly in the XML V3
	• Need for timely updates and notification of addenda with releases
	• Need to easily identify what has changed in the data
	• Insufficient technical documentation
	• Desire to improve linkages to AMT and ARTG
	• Data elements that create issues:
	    o Restrictions
	    o Pricing
	    o Chemotherapy medicines
	    o Extemporaneously prepared items

4	**Activity – Data model review – see slides 7-9** The data model based on the alpha Legislative Instrument (LI) DataMart was presented. The LI DataMart is currently being developed for a related activity within the Department and will form the foundation of the data presented to the software vendor API. This data model comprises approximately 20 tables in a relational model. The key points presented included:

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	- Most tables have a foreign key relationship to Schedule_T. This is important, as the data mart will store a 13-month rolling window of schedules. One for future embargoed data and one for the currently effective schedule with snapshots back for 11 month. - The core item table, Item_T, captures one row per PBS item per TPP, MPP, MPPU, TPPU, MP and Schedule. A unique and persistent business key (LI_ITEM_ID) allows the developer to track the individual items over various schedules. - Additionally, there are new PBS persistent identifiers. These are surrogate keys that stay with the individual concepts (e.g. TPP) over their lifetime. Their intent is to be a more reliable identifier than AMT codes. AMT codes will still be available. - The AMT data has been normalised away from Items to cater for potential many-to-many relationships between PBS Concepts and AMT Concepts in the future. - A Summary of Changes table is dedicated to describing the Change-Data-Capture between Schedules at a row/table level. The updates, inserts and deletes required to transform last month's schedule into this month's schedule is captured here. This is stored in SQL format so that this delta could be applied to a like-modelled DataMart to effect the change without a full database backup/restore being necessary. - The individual pieces of Prescribing Text, the rules and the conjunctions have been applied for you to give you a fully qualified restriction text instead of requiring your developers to recreate the wheel. **Questions:** - A software vendor representative asked about the location of data for units of measure (for chemotherapy drugs on EFC) and infusibles. - The Department described the location in the current data model relevant to these items. - A software vendor representative asked if placeholder AMT codes are going to be generated moving forward. - The Department explained that where AMT codes are not available it proposes that the data will be 'null'. A placeholder AMT will no longer be required, thanks to the new proposed unique identifiers. - A software vendor representative asked after the "_T" suffix after each table name. - The Department explained that this is a part of its internal naming convention to help differentiate between Tables and Views. Additionally, they would not be presented externally via the proposed API. - It was raised by a software representative that extemporaneously prepared items are complex and it will be difficult to get right. - The department acknowledged this comment - A software vendor representative asked if flags for items that are exempt from certain rules would be included in the data. The example provided was in reference to LEMI (related to active ingredient prescribing) and the ability to list the brand name –rather than the active ingredient – on the prescription. - The Department acknowledged the issue and will investigate - Indicators for complex authorities we raised by a software representative. Specifically asking if there is a flag indicating the appropriate authority types (eAuthority, Written, Phone etc) - The Department acknowledged the issue and will investigate - A software vendor representative raised a question regarding items included as part of Section 19a approval process (where drugs are approved for sale as a substitute for a listed item but is not ARTG or PBS-listed). - The Department will investigate

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	• A software vendor representative asked about the format of restrictions. ○ The Department explained that it is proposed that restrictions are to be provided with HTML markup and that it was understood to be a strong preference from the software vendor community to have it in that format. There were no objections from the working group.
5	**Activity – API standards discussion – see slides 10-11** The question was asked of the group what preferences there were, if any, for API standards. FHIR and REST/JSON were both discussed. The software vendor community raised a number of key points: • It was their strong preference for a simpler starting point. • A number of software vendor representatives raised JSON/Rest as their preference. • FHIR was raised as an emerging standard and it was suggested that this might be a good for futureproofing the solution, although a vendor commented that standards come and go and can be replaced in six months. Some vendors also commented that FIHR is very wordy and contains a lot of extra metadata that isn't required. • It was raised that the software vendors are currently working with Services Australia using JSON/Rest interfaces for services such as PRODA. • There was a suggestion from one software vendor representative relating to OpenAPI, however no other working group members supported that suggestion. • The general consensus from the group was to use JSON/REST for the Alpha release.
6	**Next Steps – see slides 12-13** The planned next steps were explained to participants. Any feedback can be sent to PBSdataproject@health.gov.au.
7	**Other Business and Close** The meeting was closed.