Independent Evaluation of Canberra Script – Summary Report

ACT Health Directorate

14 May 2024



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This document provides a summary of the work carried out by Nous Group on the Independent Evaluation of the Canberra Script system. This evaluation was conducted for the ACT Health Directorate between November 2023 and March 2024.

This document presents the Executive Summary, key recommendations and introduction from the main report. It also includes an outline of the methodology and approach used in the evaluation.

1 Executive summary

In November 2023, Nous Group (Nous) was engaged by the ACT Health Directorate (ACT Health) to undertake an independent evaluation of Canberra Script. Introduced in February 2022, Canberra Script is the Australian Capital Territory's (ACT) Real Time Prescription Monitoring System (RTPM). This evaluation provides an independent assessment of the degree to which Canberra Script has achieved its aims, the extent to which any barriers impeded its introduction and provides suggestions for future improvements. In addition, the evaluation explicitly investigated whether the use of Canberra Script should become mandatory.

Nous adopted a mixed methods approach to the evaluation, conducting a literature review, quantitative analysis of data and wide-ranging consultations with a range of stakeholders within the ACT. National bodies and other jurisdictional government organisations were also consulted. In addition to conducting interviews, Nous developed an online survey for health practitioners, which was distributed by ACT Health.

RTPMs were introduced in Australia as a response to increasing levels of mortality associated with accidental prescription drug overdoses and more general misuse of monitored medicines. The systems allow both prescribers and pharmacists to have a comprehensive overview of the types and quantities of monitored medicines that an individual has received, acting as an input into the clinical decision-making process. In addition, they allow information on the use of such medicines to be collected at a population level to input into public health initiatives.

Canberra Script is used by several different groups within the ACT. Many of these groups have different expectations and experiences of the system. These groups include community-based and hospital-based staff as well as different practitioners such as palliative care specialists, General Practitioners (GPs) and pharmacists, among others.

Overall, the evaluation found that ACT Health has effectively introduced Canberra Script and that key timeframes have been achieved. The introduction has been accompanied by communications and training materials that explain the use and benefits of the system, and support practitioners to engage with Canberra Script. Registration amongst pharmacists has been particularly high. Seventy-four per cent of ACT Pharmacists with Australian Health Practitioner Regulation Agency (AHPRA) general registration are registered with Canberra Script.[1] However, registration amongst prescribers has been much lower at 47 per cent. Usage of the system by both pharmacists and prescribers has also been inconsistent. Because of this, the overall effectiveness of the system has been lower than if all prescribers were using the system.

Key respondents identified several reasons for the lower registration rates among prescribers. Of particular concern were interface issues between Canberra Script and GP practice management systems. This lack of interoperability has particularly affected usage rates and means that Canberra Script is often seen as an 'add on' and time consuming to use. Several users questioned the user friendliness of the system and highlighted 'alert fatigue' as an issue.

Canberra Script is an important tool used by ACT Health to perform its regulatory functions. Due to the restricted nature of controlled medicines, prescribers are required to obtain Chief Health Officer (CHO) approval prior to prescribing these medicines. At a practical level, the evaluation has found that there are several steps that can be taken to improve the CHO approval process. More effectively, using the capabilities of Canberra Script would enable the automation of certain aspects of the approval process.

[1]The registration statistics for both prescribers and pharmacists were constructed by dividing the total number of Canberra Script registrations by the total number of AHPRA general licenses. Both data sets were supplied by ACT Health.

Considering the real-time information provided by Canberra Script, there is an opportunity for ACT Health to reconsider its regulatory approach to monitored medicines. Specifically, ACT Health should consider how to rebalance risk between ACT Health and clinicians to ensure ACT Health retains an appropriate level of oversight, while allowing prescribers and pharmacists a degree of autonomy to make their own clinical decisions. This is a discussion around risk proportionate legislation that does not have a 'one size fits all' compliance-based approach. Our conclusion is that there is scope to adopt a more risk proportionate approach to regulating all monitored medicines by encouraging clinicians to make clinically appropriate risk-based decisions whilst maintaining the CHO approval system for more high-risk scenarios. Such a move would also have the effect of improving resource use in ACT Health, with the team responsible for CHO approvals able to devote more of their time to reviewing high-risk approvals and conducting both compliance monitoring and educational initiatives.

Table 1 presents our key recommendations. Whilst we recognise that system improvements will likely increase the number of prescribers registered with, and actively using Canberra Script, Nous concludes it is doubtful that all prescribers will use it. At a high-level, Nous recommends making the use of Canberra Script mandatory, once ACT Health has implemented key system improvements and updated the underpinning regulatory framework. Nous estimates that ACT Health would require a period of up to three years to undertake this work in a phased approach and ensure the underlying ICT infrastructure is fit-for-purpose to handle the increased number of users. This evaluation recommends that Canberra Script be made mandatory by 2027. Consultation with key stakeholders will be essential over this period to ensure prescribers, dispensers, and other stakeholders support the reforms.

It is our view that there is a strong public policy case to be made for this change. The full public health gains that can be made from Canberra Script will not be achieved whilst several groups are not using the system and full population coverage is not being achieved. Such a move would also bring the ACT into line with other jurisdictions who have adopted this approach, and experienced higher—albeit not complete—registration rates among both pharmacists and prescribers. In recommending the ACT move to a mandatory model, Nous notes that New South Wales (NSW) is currently not moving to a mandatory system which presents some issues for practitioners treating patients in the neighbouring jurisdiction. Work being undertaken by the Australian Digital Health Agency (ADHA) to encourage consistency of approach in jurisdictional RTPMs will assist this issue but it will need to factor into ACT Health's future considerations.

Table 1 | Key Recommendations

Recommendations
1. ACT Health should move towards mandatory use of Canberra Script by health practitioners who prescribe or dispense monitored medicines. ACT Health is unlikely to achieve the registration and usage rates required to realise the full public health benefits from Canberra Script through voluntary usage alone, even once key system improvements have been implemented. Nous therefore recommends that ACT Health mandate the use of Canberra Script by all health practitioners who prescribe or dispense monitored medicines, where mandatory use is defined as checking a patient's Canberra Script profile prior to writing or dispensing a prescription for a monitored medicine for that patient. Transitioning to a mandatory model will require ACT Health to implement significant changes to both the Canberra Script system and its underpinning regulatory framework. This is required to ensure regulatory settings do not impose an undue compliance burden on health practitioners and to encourage system user buy-in. The evaluation recommends that ACT Health only mandate Canberra Script once these changes have been implemented. ACT Health should look to undertake this work over the next two to three years in a phased approach, with a view to making Canberra Script mandatory from 2027.

Recommendations

2. ACT Health should pursue system improvements to Canberra Script which address current barriers to usage by both prescribers and pharmacists.

Implementing system improvements to Canberra Script should be undertaken with a view to encouraging immediate uptake and use. ACT Health should explore opportunities to better integrate Canberra Script with GP practice management software, with a particular focus on enhancing the functionality of the CHO approval form. Specifically, ACT Health should seek to increase the amount of patient information that is auto populated within the form, to reduce the time commitment required by practitioners. This change is critical for encouraging practitioners to move away from paper-based applications and HealthLink forms, which take Pharmaceutical Services Section (PSS) staff longer to process.

Another area for early improvement is the alerts system. While prescribers and pharmacists value the current alert system, they reported the volume of alerts contributes to alert fatigue. ACT Health should reconsider the scenarios in which alerts are triggered, with a view to ensuring alerts are only triggered in the highest risk cases, to allow alerts to retain their value.

In making this recommendation, Nous notes that ACT Health will need to work closely with the Australian Digital Health Agency (ADHA) and within the context of the new national change request prioritisation process. In addition, there will be a need to monitor the system and continue to make updates aimed at enhancing usability within the ACT context which may require targeted work from the software vendor, FRED IT.

3. ACT Health should revise its regulatory approach to monitored medicines, in the context of mandatory use of Canberra Script.

Canberra Script is a tool within the wider regulatory framework of ACT Health and should be used to support the move towards more risk proportionate regulation. This will require a thorough examination of the levels of risk associated with different levels of prescribing to more accurately determine which prescribing and dispensing events are low risk—and therefore require minimal review or automatic approval—and those which are higher risk. ACT Health should:

- Define its approach to risk, considering how risk should be shared between prescribers, pharmacists and ACT Health.
- Review the Controlled Medicine Prescribing Standards and assess whether the current requirements to apply for CHO approval for all Schedule 8 medicines are fit-for-purpose in the context of mandatory Canberra Script usage. Specifically, ACT Health should consider whether there are certain lower-risk circumstances in which approvals can be automatically generated or are no longer required, provided practitioners check Canberra Script prior to prescribing and dispensing.
- Regularly review the list of monitored Schedule 4 medicines, to confirm whether CHO approval should be required for any of these medicines in certain circumstances, or whether additional medicines should be monitored through Canberra Script.
- Define appropriate enforcement actions to respond to instances of practitioner non-compliance.
- Revise the Canberra Script Interim Regulatory Framework to reflect mandatory use of Canberra Script and ensure it aligns with the ACT Government's overarching regulatory direction.

In reviewing these settings, ACT Health should give regard to current best-practice clinical guidance, as well as the regulatory settings operating in other jurisdictions—particularly NSW, given the ACT's geographic position.

Recommendations

4. ACT Health should work closely with prescribers, pharmacists and consumer groups to develop an agreed vision and transition plan for a mandatory model of Canberra Script.

Attaining user buy-in is integral to successfully implementing a mandatory Canberra Script system. ACT Health should continue to work closely with the Stakeholder Engagement Group (SEG) to deliver Recommendations One to Three. ACT Health should also work closely with SEG members to develop:

- An agreed vision for a mandatory Canberra Script model. This is important for building a shared understanding across the sector of the intent behind mandating Canberra Script and communicating this intent to prescribers and pharmacists.
- An implementation plan that outlines timeframes and expectations for transitioning to mandatory use. This plan should consider the order in which prescriber/pharmacist cohorts should transition to mandatory use, and whether usage should be made mandatory for some patient categories before others. Initial work should concentrate upon general awareness raising and educational activities followed by targeted consultation with specific groups to consider appropriate risk settings for areas such as palliative care and paediatrics.

5. ACT Health should continue to invest in promotional activities to encourage greater registration and usage of Canberra Script, while usage remains voluntary.

Awareness of Canberra Script is generally high across the ACT; however, registration and usage rates remain relatively modest. In the short term, close engagement with ACT health system stakeholders is critical to encourage greater uptake of the voluntary Canberra Script system by both prescribers and pharmacists. To encourage greater uptake ACT Health should continue to invest in promotional activities that communicate:

- The intent and benefits of Canberra Script.
- System upgrades that have recently been implemented to address key issues users experienced when Canberra Script launched, such as those related to the notifications function.
- Future system upgrades.

In addition to communicating changes through the Canberra Script platform, ACT Health should work closely with both the SEG and Capital Health Network (CHN), to ensure communications reach practitioners who are not yet registered, or who do not regularly use Canberra Script.

6. ACT Health should ensure funding is appropriate to ensure the effective roll out of a mandatory Canberra Script system.

In making the recommendations, we are aware that there will be financial implications of the roll out and changes to regulatory posture. These will be associated with system upgrades and linkages with other systems, staffing costs to support the work as well as consumables such as educational materials. There is an opportunity to utilise the resources of the existing Canberra Script project team to support this work as well as potential resources freed up by utilising the capabilities of the system. These areas will be investigated in the development of a Regulatory Impact Statement.

7. ACT Health should develop an evaluation framework and data collection strategy for Canberra Script to ensure it is well-placed to measure outcomes.

Clearly defining Canberra Script's desired outcomes is essential for monitoring the impact of Canberra Script. ACT Health should refresh the Canberra Script program logic, considering desired outputs and outcomes in the context of mandatory usage. Where appropriate, ACT Health should consider including registration and usage targets, to help track progress. ACT Health should also develop an evaluation plan and corresponding data collection strategy that are aligned with the ACT Government Evaluation Policy and Guidelines (December 2010).

2 Background and context

In November 2023, ACT Health engaged Nous to conduct an independent evaluation of Canberra Script. Canberra Script is the ACT's real time prescription monitoring system (RTPM) and part of the national development of RTPM. Canberra Script provides information to prescribers (including doctors, nurse practitioners, dentists and podiatrists), pharmacists and ACT Health, about a patient's history and use of monitored medicines by recording prescribing and dispensing events and making this information available to system users in real time. Usage in the ACT is not currently mandatory.

Publicly launched in February 2022, Canberra Script replaced the ACT's previous prescription monitoring system—DAPIS Online Remote Access (DORA)—which had been in place since 2019. The main objective of Canberra Script is to "reduce harm and preventable deaths in the ACT community by supporting the safe and effective use of monitored medicines".[2] In the ACT, monitored medicines are defined as all controlled medicines (those listed under Schedule 8 of the Poisons Standard) and medicines declared by the Minister to be a monitored medicine (currently a select number of Schedule 4 medicines).[3]

Canberra Script is part of a national effort to minimise the harms associated with monitored medicines and shares core features and functionality with the RTPM used in other Australian jurisdictions. Under the national program, the Australian Government, state and territory agencies are working together to implement the RTPM. Each state and territory is responsible for the implementation within its own jurisdiction.[4]

Nous adopted a mixed-methods approach to conduct the evaluation and used key lines of enquiry (KLEs) to guide research and analysis. KLEs are a standard evaluation tool used to structure analysis by focusing research efforts on the elements of performance being assessed. The KLEs were used to consider:

- How effectively Canberra Script was implemented.
- The extent to which it is achieving its intended outcomes with respect to public health.
- Key barriers and enablers to its uptake.
- Lessons learned from the implementation of RTPM in other jurisdictions.
- Possible improvements.

The evaluation also considered the appropriateness of mandating Canberra Script.

[2] ACT Health Directorate, Canberra Script Factsheet, July 2021 (accessed 14 February). https://www.health.act.gov.au/sites/default/files/2021-07/Canberra%20Script%20Factsheet.pdf.

[3] ACT Health Directorate, Evaluation of Canberra Script - Statement of Requirements, 2023 (accessed 2 January).

[4] Department of Health and Aged Care, National Real Time Prescription Monitoring, June 2023 (accessed 10 January). https://www.health.gov.au/our-work/national-real-time-prescription-monitoring-rtpm#:~:text=About%20the%20RTPM%20system,-The%20RTPM%20provides&text=The%20Commonwealth%2C%20state%20and%20territory,controlled%20medicines%20in%20its%20jurisdiction.

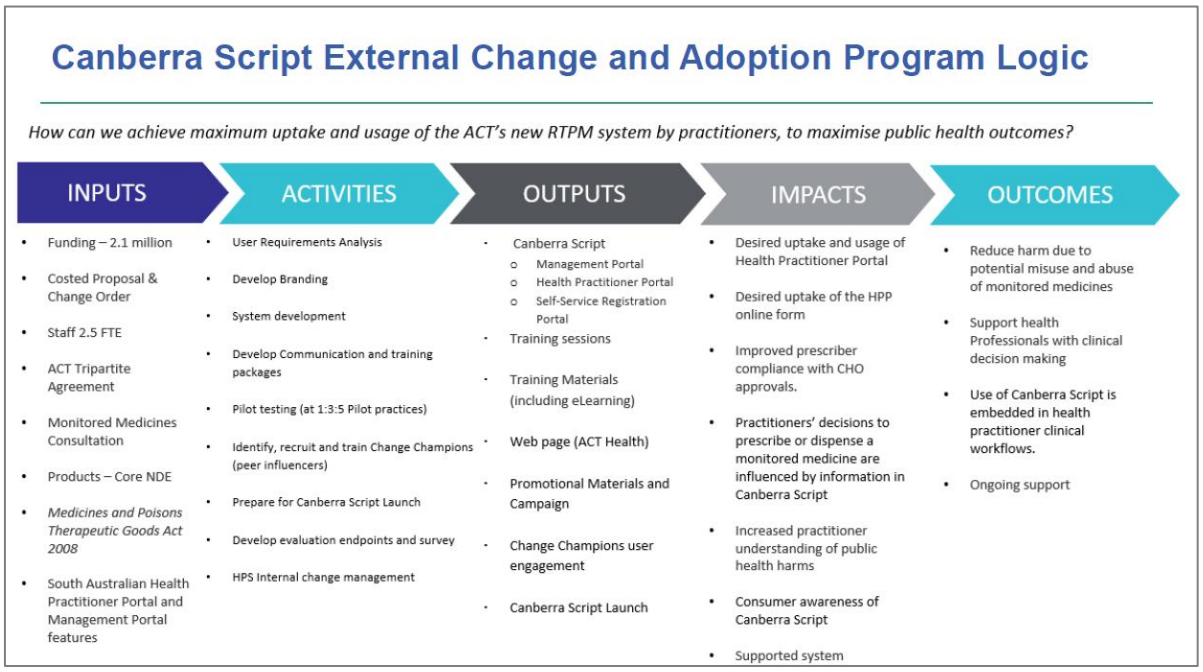
3 Evaluation methodology and considerations

This section provides an overview of the evaluation's methodology. It includes our KLEs, the mixed methods approach we took to conduct this evaluation and issues that need to be considered relating to data collection.

KLEs guided our approach to the evaluation

Nous developed KLEs and high-level research questions to evaluate the extent to which ACT Health has delivered the activities and outputs outlined in the program logic. According to the Canberra Script program logic, Canberra Script was designed to reduce harm due to potential misuse and abuse of monitored medicines and support health professionals with clinical decision-making. **Figure 1** presents the Canberra Script program logic.

Figure 1 | Program logic



The KLEs also assess progress made towards achieving Canberra Script's desired impacts and outcomes. Table 2 lists the evaluation's KLEs and associated research questions, developed in conjunction with ACT Health.

Table 2 | KLEs and high-level research questions that guided the evaluation

KLEs	High level research questions
KLE 1. What were the aims and objectives of Canberra Script?	What are Canberra Script's intended short- and medium-term outcomes?
	What were the Minister's intent and stated aims for establishing Canberra Script?

KLEs	High level research questions
	What are the legislative and regulatory requirements that Canberra Script is designed to support ACT Health to meet?
	What was the level of stakeholder buy-in for Canberra Script?
	What alternatives to Canberra Script, if any, were considered prior to implementation?
KLE 2. To what extent has Canberra Script achieved its intended outcomes?	To what extent has Canberra Script reduced harm due to potential abuse and misuse of monitored medicines?
	To what extent has Canberra Script supported health professionals with clinical decision-making?
	To what degree has Canberra Script integrated with health practitioners' clinical workflows?
	To what extent has Canberra Script increased practitioner and consumer understanding of public health harms associated with monitored medicines?
	What is the current level of awareness among practitioners about Canberra Script? To what extent do practitioners understand its role and intended aims?
	What has uptake of Canberra Script among both prescribers and pharmacists been like?
	To what extent has Canberra Script influenced regulatory compliance and consumer access to monitored medicines?
	What unintended consequences or spill-over effects, if any, has the implementation of Canberra Script resulted in?
KLE 3. What are the key barriers and enablers that have influenced Canberra Script's achievement of its stated outcomes?	To what extent does the level of funding allocated to Canberra Script enable it to achieve its stated outcomes?
	What legislative change is, or was, required to support the implementation of Canberra Script?
	What level of support from key stakeholders both within ACT Health, and within the broader ACT practitioner community, has Canberra Script received?
	What challenges, if any, were experienced during the implementation of Canberra Script?
	What barriers, if any, are there to greater usage of Canberra Script by prescribers and pharmacists?
KLE 4. What would be the impact of mandating the use of Canberra Script?	To what extent would a mandatory model improve patient safety?
	To what extent should ACT regulators review and regulate practitioner compliance? (Data on how bad practitioner compliance is?)
	What changes would be required to the current CHO approval system under a mandatory Canberra Script model?

KLEs	High level research questions
	How successful have mandated RTPM and equivalent CHO approval systems been in other jurisdictions?
	What lessons can ACT Health learn from other jurisdictions' experiences with both mandatory and non-mandatory RTPM, to inform ACT Health's future use of Canberra Script?
	What engagements, education and/or disciplinary measures have other jurisdictions taken to overcome user resistance among health practitioners?
KLE 5. What changes, if any, could be made to support more effective, efficient and appropriate delivery of Canberra Script?	What are the key lessons learned from Canberra Script's implementation?
	How have policy directions in other jurisdictions affected the development and implementation of Canberra Script?
	What new or emerging trends in practitioner prescribing and pharmacist supply of monitored medicines will influence future approaches to Canberra Script?
	To what extent has prescribing and dispensing of Schedule 4 and Schedule 8 medicines been impacted uniquely in the ACT, compared to other jurisdictions?
	To what extent are Canberra Script's design, features, training and support programs fit-for-purpose for future health practitioner use?
	To what extent have consumer behaviours been influenced by Canberra Script?
	What consumer experiences need to be addressed to support future appropriate delivery?
	What actions, if any, are required to raise awareness of Canberra Script among prescribers and pharmacists?

Nous used a mixed methods approach to conduct the evaluation and generate nuanced insights

The evaluation drew on multiple streams of data and applied a mixed methods analytical approach to generate findings against each KLE. We triangulated information from the following sources:

Literature and document review

A high-level review of relevant literature and key policy and program documentation provided the foundation for the evaluation. As part of the scan of relevant policy and program documentation, we considered 67 different sources including but not limited to:

- monitored medicine legislation and regulatory frameworks
- ACT Health consultation and discussion papers related to controlled medicines
- SEG minutes
- Senate reports into monitored medicines
- ACT Health and other jurisdictional websites and media releases
- studies into prescriber and pharmacist use and perception of prescription monitoring tools

- latest thinking on best practice approaches to regulation.

Stakeholder consultations

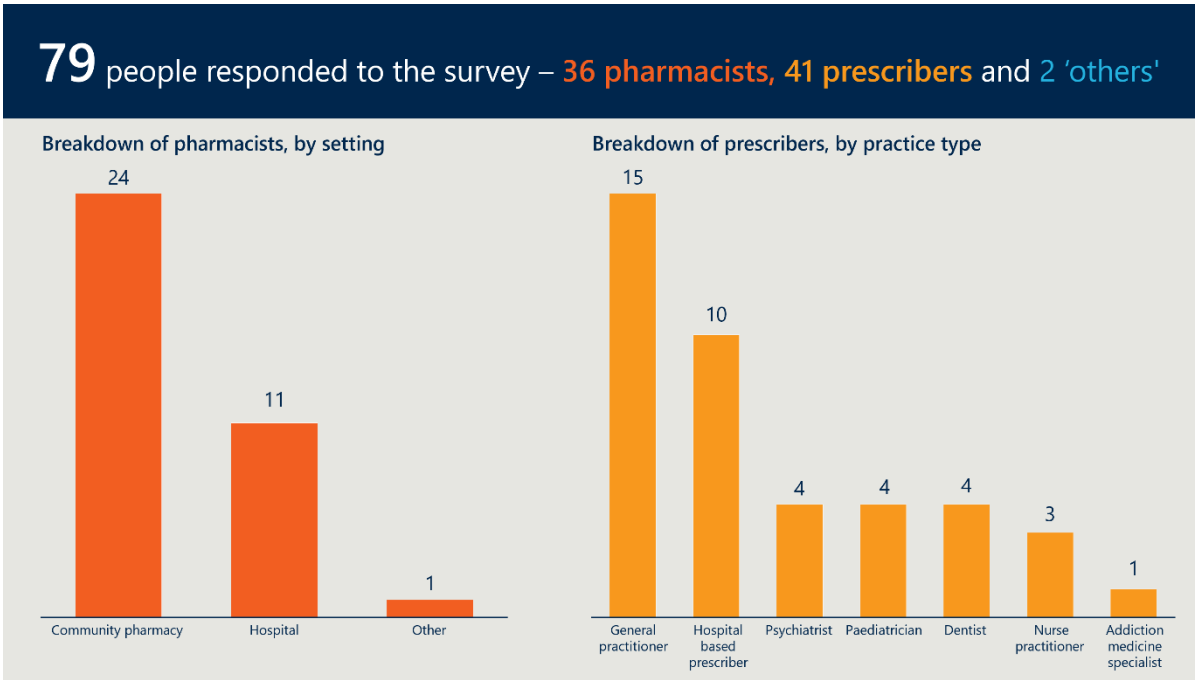
The evaluation team conducted interviews with 42 stakeholders including prescribers, pharmacists, ACT Health staff and consumer groups. We also consulted representatives from NSW, Victoria, Queensland and South Australia to identify similarities and differences between their respective RTPM and approaches to regulating monitored medicines. Speaking with the ACT's NSW counterparts was particularly important as the ACT shares a border with NSW and residents access services in both jurisdictions which often requires prescribers to use two systems.

In addition to conducting formal consultations with stakeholders, the Nous project team drew on the independent, specialist advice of an external adviser who is a leading expert on the implementation and use of RTPM in Australia.

Survey

Nous developed a short survey for prescribers and pharmacists which ACT Health distributed. This enabled additional stakeholders to provide input to the evaluation if they had not been engaged in the consultations. ACT Health distributed the survey to ACT pharmacists and prescribers in both community and hospital-based settings, with recipients encouraged to share it with their networks. The survey link was embedded within Canberra Script by FRED IT and open for five weeks from 20th December 2023 until 25th January 2024. **Figure 2** presents the total number of survey respondents.

Figure 2 | Survey respondent demographics



The data collection process had several limitations that should be considered when interpreting the results of the evaluation

Table 3 provides a summary of limitations in the data collection process. These limitations should be considered when interpreting the data, insights and recommendations presented in this report.

Table 3 | Summary of data limitations

Limitation	Description
The survey had a relatively small response rate.	The survey received 79 responses, which represents a relatively small proportion of ACT prescribers and pharmacists. Accordingly, the results must be interpreted with care. While they provide valuable insights into issues, they should not be considered representative of the broader ACT prescriber/pharmacist population.
There may be bias in terms of the individuals that responded to the survey.	Responses were more likely to be obtained from more proactive, responsive, or engaged users of Canberra Script, so distribution bias should be considered when interpreting the responses.
Whilst a significant number of people were interviewed not all were available within the evaluation's timeframe.	The richness of consultations was limited to the people who were available to be interviewed during the evaluation period, which fell over the 2023-2024 Christmas/New Year period. Most individuals consulted were Canberra Script SEG members, who had a high degree of awareness of Canberra Script's intent and implementation.
People interviewed may not necessarily reflect the views of others in their profession.	Consultations with stakeholders who sit on a Board, Association, Network or Committee expressed personal views which have been captured in the evaluation, but these may not reflect the views of the broader group.
Lack of access to documents in other jurisdictions.	Nous relied on publicly available data and consultations with government representatives to distil lessons learned from RTPM implementation in other jurisdictions. Caution should be used when comparing registration and usage data across jurisdictions as the methodology underpinning their calculation may not be the same for each jurisdiction.

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