



UPDATE: INCORRECT PBS DATA ADDED TO PCEHR

WRITTEN BY KATE MCDONALD ON 13 MAY 2013.

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UPDATE: *The two errant prescriptions were removed at 6.00am on Thursday, May 16.*

The incorrect prescription data added to a *Pulse+IT* journalist's PCEHR was due to an error at a local pharmacy.

As reported on Monday, I discovered two incorrect prescriptions had been added to my PCEHR on February 4, one for a diuretic and one for an antacid.

Despite not being able to solve the problem by calling the PCEHR helpdesk, the Department of Human Services (DHS) launched an investigation following my report, and subsequently informed me that the scripts were dispensed from my local pharmacy.

The pharmacist was happy to check the record, and discovered that he had two patient notes under my Medicare number, but with different names and addresses. One was under my full name and my current address, and one was under my preferred name at an old address.

The pharmacist said he believes the person who picked up the prescription in January had the same name as me, but that their address was probably not checked. The prescribing doctor was not from the local area.

As the prescriptions were for inexpensive drugs that fall under the patient co-pay, the pharmacist is not required to retain a copy of the paper script or send it to Medicare.

The pharmacist has cancelled the prescriptions, which he understands will send an automatic notification to Medicare.

He has since merged my two files and said the experience was a good exercise in data quality.

A DHS spokesperson said where the pharmacist has made an error, "the pharmacist needs to correct the error and submit the correct information to the Department of Human Services."

"Once the Department of Human Services has received the correct information, this information is automatically passed to the Personally Controlled eHealth Record system and displayed in the individual's eHealth record."

McDONALD, K

4 Jan 2013 00:00+1100 Pharmaceutical Benefits Report

START OF DOCUMENT

Pharmaceutical Benefit Name	
Generic Name	ESOMEPRAZOLE
Brand	NEXIUM
Prescribed	Mon Mar 12 00:00:00 EST 2012
Supplied	Fri Jan 04 00:00:00 EST 2013
Form and Strength	ESOMEPRAZOLE 20MG TABLET ENTERIC, 30 TABLETS
Quantity	30
Repeat Number	5

Administrative Observations

From our original report: incorrect information about two prescription drugs has been added to a *Pulse+IT* journalist's eHealth record, a situation which the Department of Human Services (DHS) is currently investigating.

This reporter has discovered that records for two prescriptions have been added to the Pharmaceutical Benefits Report section of my PCEHR, despite the fact that the medications were never prescribed for me.

The audit log shows that on February 4 this year, DHS Medicare added two documents to my PCEHR, one for a prescription for spironolactone (Aldactone), a drug that treats fluid retention in patients with congestive heart failure or cirrhosis of the liver, and one for esomeprazole (Nexium), which treats gastric reflux. I have none of those conditions.

The records show that both drugs were prescribed on March 12, 2012, with a fifth repeat dispensed on January 4, 2013. There is no corresponding record in the Medicare Benefits Report section of my PCEHR showing a visit to a doctor.

The other PBS data in my record – two prescriptions for the smoking cessation therapy Champix from 2010 – is correct, as are the records in the Medicare Benefits Report of my two visits to a GP for those prescriptions.

In trying to correct the error, I phoned the PCEHR helpline on 1800 723 471. However, despite providing my full name, date of birth, address, Individual Healthcare Identifier (IHI), Medicare card number and expiry date, and the dates of my 2010 visits to the GP and that GP's name – all except the Medicare number helpfully displayed on my PCEHR – the PCEHR helpline operator said she did not have enough information to identify me.

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The operator said those details only made up 85 of the 100 points in her identity check, and that I would have to go to a Medicare office with photo ID to prove my identity.

I was viewing my PCEHR while I was talking to the operator, but DHS has since informed me that because I haven't visited a GP since 2010 or had many dealings with Medicare, they haven't enough historical information concerning me to fully verify my identity.

Pulse+IT also contacted the DHS media team. The investigation has been "escalated" to DHS's tier three eHealth team in Canberra, which advised me that I could hide or restrict healthcare provider access to those records until the issue is resolved.

A DHS spokesperson said the department "is investigating how this error may have occurred as a matter of urgency".

"We apologise for any confusion or inconvenience this may have caused," the spokesperson said. "We are working with our staff on the helpdesk to ensure correct processes are followed when a person calls for assistance.

"While we are investigating what occurred, the consumer can remove the record from view, which will also exclude it from view for all medical practitioners."

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COMMENTS

#1 **Henry** 2013-05-13 16:58
Interesting observation. How many members of public will make this observation? I would be concerned if another Practitioner acted on this information.

Quote

#2 **Arran Schlosberg** 2013-05-13 19:56
Regarding identification, the implementation of one-time codes provided by the PCEHR interface can then be verified by phone operators. This is Pavval's method. If access to the PCEHR via the browser is only granted with sufficient authentication then this logically extends to the phone.

That being said, there will be little need for authentication protocols if errors like this tarnish consumer trust.

Quote

#3 **Juanita Fernando** 2013-05-14 09:11
No technical audit will manage human error adequately. More errors of this nature are occurring as I type. This makes it very difficult for clinicians and their patients to trust the data stored in the PCEHR system for diagnosis.

Quote

#4 **AJ Jack** 2013-05-14 15:18
@Juanita, the chance for human error exists in any system and is just as likely to occur in the clinical software within a practice. The other day the doctor ordered a CT scan for a patient but printed out a request for an xray because they had ticked the wrong box. Having the PCEHR does not mean that you don't have to ask questions of your patients or give the data a sanity check.

Quote

#5 **Shane L** 2013-05-15 09:00
An error within the PCEHR/PBS link or an incorrect dispensing by a pharmacist? If the latter then the eTP system will hopefully reduce the possibility of this occurring in future.

Quote

#6 **Shane L** 2013-05-15 09:01

Quoting Henry:

“
Interesting observation. How many members of public will make this observation? I would be concerned if another Practitioner acted on this information.
”

I would be concerned if a practitioner acted on it without discussing with the patient first. That should weed out these issues.

Quote

#7 **Kate McDonald** 2013-05-15 10:06

Quoting Shane L: