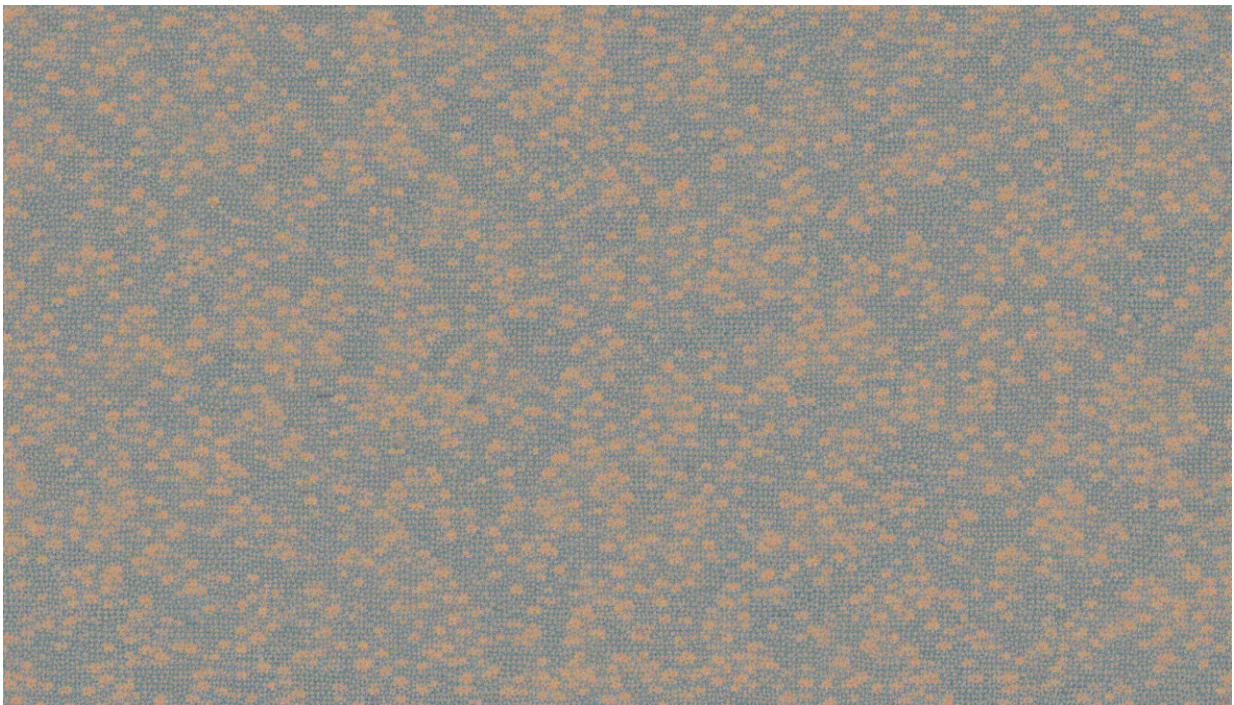


Instant prescriptions: We need to manage the risks before we jump in

February 12 2020, by Jonathan Penm, Andrew McLachlan, Carl Schneider and Tim Usherwood



Credit: AI-generated image ([disclaimer](#))

Digital technology is making access to health care easier than ever before. Multiple websites and apps allow consumers to consult general practitioners (GPs) and pharmacists from any location, at any time.

Recently, we've seen the [emergence of apps](#) which generate prescriptions almost instantly, removing the need for a person to visit their GP when they need a new prescription.

While this is clearly convenient, there are some possible drawbacks we need to consider.

People want convenience

Taking medicines as prescribed, without breaks, results in [better health outcomes](#) for the individual. It also produces substantial [health system savings](#) by reducing emergency department visits and hospitalisations.

The World Health Organisation estimates [around 50%](#) of people who take [prescription medicines](#) fail to take them correctly, such as missing doses.

Although we don't know how many of these people miss doses because they aren't able to see their doctor in time to get a new prescription, it's likely to be a contributing factor. In 2018-2019, [19% of Australians](#) reported having to wait longer than they considered acceptable to get an appointment with a GP.

Australians, like many people [around the world](#), now have an appetite for more digital solutions to access [health services](#).

How the apps work

Although many online service providers require a video or phone consultation with a [health-care](#) professional before issuing a prescription, some newer services only ask consumers to enter their information into an online form.

These services, often mobile apps, require users to select what [health](#) condition they need medicine for, which medicine they need, and then answer some questions about previous use, pregnancy status, other medicines and [medical conditions](#). They are charged for a GP to review their responses and approve a script if appropriate. The script is then sent to a pharmacy.

Although some apps offer the option to speak to the GP directly for an additional fee, in most of these cases, people don't speak to a health-care professional.

These services are being marketed as helpful for people who have run out of a regular medicine but have been unable to see a GP to get a new prescription.

But some [online services](#) also offer prescriptions for new health problems. Missing out on a face-to-face consultation in these cases creates the potential for misdiagnosis. And a person is more likely to be prescribed a medicine that may not be the most appropriate for their condition.

Many health-care decisions mean weighing up the pros and cons of medical treatment with the guidance of a health-care professional. These online services may not allow people to make fully informed decisions about their health care.

Continuity of care

Although digital solutions may be convenient, the Royal Australian College of General Practitioners has raised concerns about [quality and safety](#).

We've long accepted continuity of care as an essential feature of health

care, especially in general practice. Having a regular doctor who knows your medical history, spends sufficient time with you and explains things well [improves the quality of care](#) you receive and is associated with fewer visits to hospital.

A review of 22 studies found most (82%) showed [a significant reduction in deaths](#) with increased continuity of care with the same GP.

Digital consultations, however, have the potential to cause fragmented care. A person may "see" a variety of different providers online, increasing the risk that doctors—including one's regular GP—will have incomplete health and medication histories to guide future conversations about best care. These gaps can increase the [risk of mistakes and possible harms](#).

When things can go wrong

These services rely on the consumer choosing the correct medicine (often from a list of medicines). Although this may seem reasonable, there are thousands of medicines available on prescription in Australia, and many of them [sound and look similar](#), despite being very different.

If the online [service](#) prompts users to choose from a list of medicines used for the same reason, people may be confronted with multiple options that seem similar. For instance, a person wanting blood pressure medications may be asked to choose between Coveram 5/10 or Coveram 10/5. Coveram 5/10 includes 5mg of perindopril and 10mg of amlodipine, while Coveram 10/5 includes 10mg of perindopril and 5mg of amlodipine. Inadvertently taking double or half the needed dose can be dangerous.

Even health-care professionals with years of professional training and experience can select the wrong [medicine](#). So they commonly use digital

aids, such as [bar code scanners](#), to [reduce the risk](#) of errors. Without an interaction between the consumer and the health-care professional, there's no opportunity for health-care providers to manage the risk of these sorts of mistakes.

See the benefits, manage the harms

There's little doubt a growing proportion of medical encounters will in future [be virtual](#), using video or other technologies.

But we need more research to evaluate the benefits or possible harms of online services that provide prescriptions based on a questionnaire.

The best way forward may be digital solutions integrated into the services offered by existing providers as a flexible option for regular clients. For example, providing online [prescriptions](#) may be appropriate if they're reviewed by your regular GP and sent to your regular pharmacist—people who know your health needs and know your medicines.

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