

F2F EXCHANGE WITH SWHOUSES – 22ND JAN 2020

Recip-e

AGENDA

0. Introduction
1. Validations of Software – Flow (Helpdesk/ Marc N.)
 - a) Generic flow of testing (explanation)
 - b) Generic flow of result (how it should look like)
2. Validations of Software – need & planning
 - a) Explain the need (Katrien)
 - b) Planning for executors and prescribers – hospitals (Helpdesk)
3. Optimisations to consider during development (Katrien/ Marc N.)
4. Documentations (Helpdesk/ Katrien)
5. FAQ (Helpdesk)

0. INTRODUCTION : FOCUS TODAY = PHASE 1

- **Phase 1: basic V4 functionalities, V4 header/ Kmehr 1.28**
 - Executors → development finished by 28/2/20; roll-out finished by 30/4/20
 - Prescribers → development finished by 31/3/20; roll-out finished by 1/6/20
 - Flexible expiration date possible (up to 1 y max)
 - **Validation phase 1**
- **Phase 2: Complete V4 functionalities by 1/10/20 by all executors and prescribers**
 - Bulk operations
 - Executors: Therapeutic relation to be implemented at time of complete V4 functionality implementation
 - Prescribers: 1 item definition mandatory (idealiter few printing requested by the patient)
 - Patient tool to set privacy by visi flag - reservation flag
 - **Validation phase 2**
- **Roll-out** always **first executors** and then prescribers, so that all is available to read the first prescription.

1. VALIDATIONS OF SOFTWARE – A) GENERIC FLOW OF TESTING

1. RID generator (Marc Nyssen) → see package in website
2. Document testing for phase 1 and phase 2 → see package in website
3. Generic flow of testing from a practical perspective

1. VALIDATIONS OF SOFTWARE – A) GENERIC FLOW OF TESTING

1. RID generator (Marc Nyssen) → see package in website

RID generator (Kmehr 1.28) at: <https://mon.recip-e.be/ridgenerator/patient-form.html>

Identify and send in a patient ID-number

Vendor Name

User Name

E-mail Address

Patient A

Comments

1. VALIDATIONS OF SOFTWARE – A) GENERIC FLOW OF TESTING

Recip-e prescription generator for a patient

Sat, 04 Jan 2020 11:26:17 +0100

Vendor name is: Vensoft
User name is: Marc Recipen
E-mail address is: Marc@R-e.be

Patient A is 68072101358



These are the comments: 4 jan 2020 11:26
Sat, 04 Jan 2020 11:26:17 +0100 Vensoft Marc@R-e.be 68072101358

Vendor OK
PatA valid

Generated RID 1 is: BEP04SDTHXSY
Generated RID 2 is: BEP0T5GY3M4D
Generated RID 3 is: BEP0C4LRXW0C
Generated RID 4 is: BEP0KF1SZFPV
Generated RID 5 is: BEP0VTM93X7Z
Generated RID 6 is: BEP04M6WBDVK
Generated RID 7 is: BEP0P8808T6Y
Generated RID 8 is: BEP0ZS6DKXB7
Generated RID 9 is: BEP0SEKVAG0Z
Generated RID 10 is: BEP0MPKBVSTC

1. VALIDATIONS OF SOFTWARE – A) GENERIC FLOW OF TESTING

2. Document testing for phase 1 and phase 2 → see package in website

 Recip-e_pharmacy-test-scenarios Phase 1_2020_20191219
 Recip-e_pharmacy-test-scenarios Phase 2_2020_20191127

- **Phase 1: basic V4 functionalities, V4 header/ Kmehr 1.28**
 - Executors → development finished by 28/2/20; roll-out finished by 30/4/20
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 - Flexible expiration date possible (up to 1 y max)
 - **Validation phase 1**
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1. VALIDATIONS OF SOFTWARE – A) GENERIC FLOW OF TESTING

3. Generic flow of testing from a practical perspective

- **Please inscribe through the link on the website of Recip-e or send a mail to the Helpdesk.**
 - No need to be physically present to get a validation.
 - Please follow the instructions as in the package on the testings for the SWH, first the executors, later also the prescribers are provided to have their software validated. So both SWH (executors and prescribers) have both 2 phases for validation.
- Phase 1:
 - You will receive **10 RIDS**.
- Phase 2:
 - You will receive **60 prescriptions**.
 - As a “Pharmacist”, you will have to be able to retrieve the prescriptions.

1. VALIDATIONS OF SOFTWARE – A) GENERIC FLOW OF TESTING

3. Generic flow of testing from a practical perspective

VRAGEN ROND technische problemen (Agoria)

- Four (of the test)prescriptions contain characters non-conform-UTF8

Answer:

- This concerns an encrypted prescription, we can not reproduce it.
- There seems to be a connector problem → SDK release to be updated
 - Was ok in the old connector
 - update on UTF8 conversion on GetPrescription and on ListOpenPrescription
 - SDK update release will be provided asap

-RevokePrescription gives always an error message

Answer: server → solved

1. VALIDATIONS OF SOFTWARE – A) GENERIC FLOW OF TESTING

3. Generic flow of testing from a practical perspective

Other discussion points during the meeting

- **Regimen and posology:** should contain finally the same information
 - See production guidelines Recip-e (in the package/ SWH section website Recip-e)
 - REGIMEN: recommended to use → will be the link towards VIDIS in the future (cfr 1-item setting)(medication scheme)
 - Posology: this is the info destined for the patient = OBLIGED by LAW
 - Show 1 setting, ie, posology and then the pharmacist can go back to all the information
- Discussion on ERRORS as indicated by the SWH (between brackets: where it needs a check in practice):
 - (PRESCR SWH) Wrong prescriptions still by the prescribers, Eg, Commercial pharmaceutical product is prescribed as a Magistral preparation
 - (PRESCR/ PHARM SWH) Request to have a mapping on the Kmehr versions required for different tools, as this might complex the developments → RIZIV
 - Please note that there is downwards compatibility always!
 - Note that Recip-e only changed now, but almost not in the past.
 - (PRESCR SWH) Request for unique code validator (if not ok, will not go to the pharmacist) → set on Recip-e wishlist for development

1. VALIDATIONS OF SOFTWARE – A) GENERIC FLOW OF TESTING

3. Generic flow of testing from a practical perspective

Other discussion points during the meeting

- Homologation: not obliged to use the SDK for the time being, it is the final result that is important

1. VALIDATIONS OF SOFTWARE – B) GENERIC FLOW OF RESULT

- Helpdesk info → orally during meeting

2. VALIDATIONS OF SOFTWARE – A) NEED

A) Need for validations + need also to optimise parts of software before full V4 (see 3. Optimisations)

- PURPOSE = Make sure we have a **qualitative software** on the field, ready for the END USERS (healthcare providers).
- EXECUTORS:
 - Validation by Recip-e before getting on the field is **strongly recommended!**
 - Publication of positive results of the SWH on the website of Recip-e.
 - Please inscribe so that the Helpdesk can make its planning.
- PRESCRIBERS:
 - Validation by Recip-e before getting on the field exists already
 - Homologation process → validation by Recip-e will bring you towards homologation
 - Publication of positive/ negative results of the SWH on the website of Ehealth
- HOSPITALS:
 - Validation by Recip-e before getting on the field is **strongly recommended!**
 - Publication of positive results of the SWH on the website of Recip-e.
 - Please inscribe so that the Helpdesk can make its planning.

2. VALIDATIONS OF SOFTWARE – B) PLANNING

B) Planning

→ Please inscribe asap for VALIDATION of your SOFTWARE through the following link:

→ Info today:

- Few executor SWH have inscribed - 1 has already finalised the tests. → migration document is published.
- About 5 prescriber SWH have inscribed, of which 2 hospital SWH
- **We strongly motivate SWH to inscribe for this validation.**

3 OPTIMISATIONS OF FLOW DURING DEVELOPMENT – A) EXECUTORS

On the way to “no paper” we need absolutely to **guide the END USERS** towards correct use of the system of Recip-e.

Study data of 1 full day (6 september 2019) by Marc Nyssen

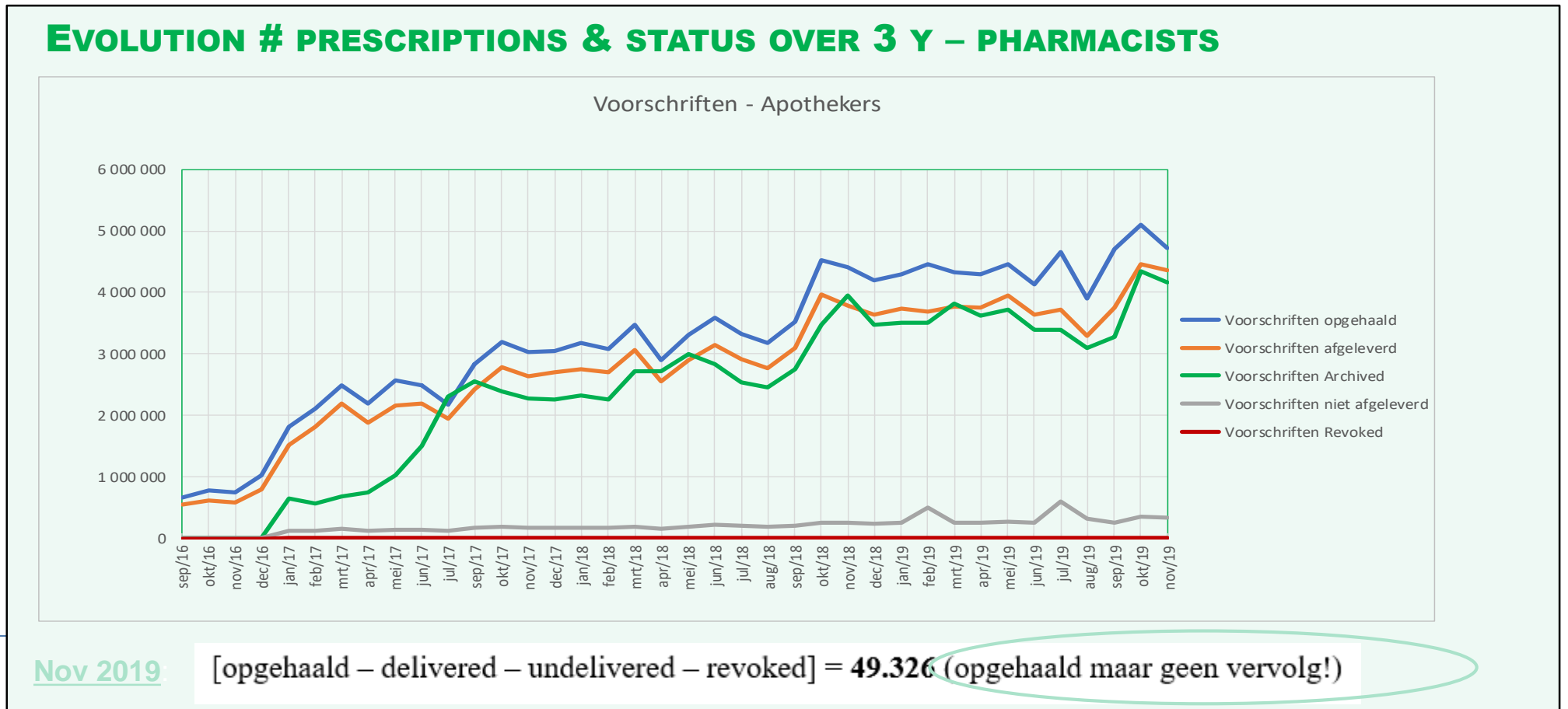
- Analysis of technical and operational errors
- Total number of errors 2553 → 1,2% of total # errorless calls
- Especially **MarkAsDelivered is not ok**
- **ArchiveNotification** needs to come back to Recip-e
- **Approved transitions in a normal pharmacy are the following:**

- not delivered → in process (via getPrescription)
- in process → not delivered (via markAsUnDelivered)
- in process → revoked (via markAsRevoked)
- in process → delivered (via markAsDeliverd)
- delivered → archived (via markAsArchived)

3 OPTIMISATIONS OF FLOW DURING DEVELOPMENT – A) EXECUTORS

QUESTION to explicitly force the pharmacist to set a status before closure of the prescription, eg MarkAsUndelivered

FYI: November 2019 > **30.000** prescriptions are "in process", probably delivered (we do not know).



DISCUSSION

- **Use cases for “in process” at the pharmacy** → explanation by some SWH why it can take some days
 - Sometimes a magistral preparation is being prepared
 - Sometimes pharmaceutical products have to be ordered, and the patient does not come to search the product
 - ...

However, the pharmacist should continue to get the message, also after some days, that the prescriptions “in process” need to get a final status.

- **When a crash occurs at the pharmacy:**
 - “Get” can always be repeated by Pharmacist (eg in case of a crash)
 - The pharmacist will receive the prescription again
 - = DOUBLE Gets which Recip-e can trace (~2 % of GetPrescriptions) – cfr also DOUBLE Archivations that exist

3 OPTIMISATIONS OF FLOW DURING DEVELOPMENT – A) EXECUTORS

Pharmacy software should:

- Verify RID format before any Recip-e operation
 - No empty string (markAsDelivered, ...)
 - Valid characters (Begin with BEP[01], Upper-case, no letters I, O, J)
- Keep the status of the prescriptions it is processing
 - At the end of the day EVERY prescription that was obtained with « get » should be « delivered », « unDelivered » or « revoked »
 - Every prescription that was « delivered » should get « archived »
- No delivery attempt without a successful « get » operation
- No delivery attempt of already delivered / archived
- Make sure the user (pharmacist) gets correct understandable error-information
 - This prescription was already delivered/archived by [FRAUD ATTEMPT?]

3 OPTIMISATIONS OF FLOW DURING DEVELOPMENT – A) PRESCRIBERS

Study data of 1 full day (6 september 2019) by Marc Nyssen

- Frequency for the most important errors: 1/10 000
 - ie, 20 000 prescriptions should be checked
- Type of errors
 - **ID number** of the patient is the biggest error → (correct) format to be checked
 - **Timestamping** or **non-availability** of ehealth

3 OPTIMISATIONS OF FLOW DURING DEVELOPMENT – B) PRESCRIBERS

- **Prescriber author should be the same as the one who sets the signature** (sender of the prescription towards Recip-e)
 - Check if the **author is the same as the sender of the message**
 - **right property** must be set in the system (configuration)
 - Will be added in the Guidelines of Recip-e towards the SWH → responsibility SWH

- **Patient in the Kmehr and patient in the header** should be the same
 - ! Recip-e can not see this → only tarification offices can see this
 - Will be added in the Guidelines of Recip-e towards the SWH → responsibility SWH

3 OPTIMISATIONS OF FLOW DURING DEVELOPMENT – EXECUTORS + PRESCRIBERS

Study Sven Van Laere (VUB; Technical Steering Committee): E2E Semi-automatische validation tool

- Checked on both sides, errors executors and prescribers
- Tool could be used by softwarehouses
- Published article: "A cross-sectional study of the Belgian community pharmacist's satisfaction with the implementation of the electronic prescription":
<https://www.sciencedirect.com/science/article/abs/pii/S1386505618313078>

4 DOCUMENTATIONS – A SMALL REMINDER

- **Documentation** @ 2 places on our website Recip-e:
 - Package at the homepage of Recip-e = **NEW for V4** (and adapted V2 due to delay request of SWH)
 - <https://recip-e.be/nl>
 - Specifications, content guidelines, ...
 - Prescription validator tool Kmehr 1.28 (1.19)
 - Validation document prescribers/ executors → to be used for quality check
 - Section softwarehouses for **new SWH starters**: all info needed to develop
 - <https://recip-e.be/nl/profielen/ontwikkelaars/>
 - Information set per section

4 DOCUMENTATIONS – NEW

- See Homepage website Recip-e & Section softwarehouses for split up
 - These are the same documents
 - Except:
 - HOMEPAGE: [Overview of changes](#): Doc published to get a fast overview of changes/ additions/ deletions by Recip-e
 - SECTION SWH: you have a [link to the homepage](#), and thus also the “package”

4 DOCUMENTATIONS

RID generator (Kmehr 1.28) at: <https://mon.recip-e.be/ridgenerator/patient-form.html>

Identify and send in a patient ID-number

Vendor Name

User Name

E-mail Address

Patient A

Comments

4 DOCUMENTATIONS

Recip-e prescription generator for a patient

Sat, 04 Jan 2020 11:26:17 +0100

Vendor name is: Vensoft
User name is: Marc Recipen
E-mail address is: Marc@R-e.be

Patient A is 68072101358

These are the comments: 4 jan 2020 11:26
Sat, 04 Jan 2020 11:26:17 +0100 Vensoft Marc@R-e.be 68072101358

Vendor OK
PatA valid

Generated RID 1 is: BEP04SDTHXSY
Generated RID 2 is: BEP0T5GY3M4D
Generated RID 3 is: BEP0C4LRXW0C
Generated RID 4 is: BEP0KF1SZFPV
Generated RID 5 is: BEP0VTM93X7Z
Generated RID 6 is: BEP04M6WBDVK
Generated RID 7 is: BEP0P8808T6Y
Generated RID 8 is: BEP0ZS6DKXB7
Generated RID 9 is: BEP0SEKVAG0Z
Generated RID 10 is: BEP0MPKBVSTC

5. FAQ - FEEDBACK HELPDESK – GENERAL PHASE 1

- **Hospitals have problems with their certificates** to get the connector work
 - Answer: Contact with eHealth
- Expiration date
- Kmehr messages

5. FAQ - FEEDBACK HELPDESK – GENERAL PHASE 1

- **Certificate issue.**

- Blockage of the roll-out of the connector 1.8.1 and thus the transition towards Recip-e v4.

Answer: You need to carry out the script *setup.bat* from the folder *examples/gui* of the SDK, before you start the Gui.

This script is already present in the current release. No extra release is needed.

- **Transition towards Recip-e v4 in production:**

- If we succeeded for the validation tests, when can the first SWH executors transition towards Recip-e v4?
 - We willen hier ruim voor de deadline mee starten zodat we eventuele problemen met de nieuwe connectorversie of met Recip-e v4 tijdig kunnen detecteren bij onze testapotheken. Is de productieomgeving voor Recip-e v4 beschikbaar? Moeten we de overschakeling van Recip-e v2 naar v4 gespreid doen?

Answer:

Change towards V4 for executor SW is possible as from 1/3/20 until end 04/20 phase 1

Change towards V4 for prescriber SW is possible as from 1/5/20 until end 31/5/20 phase 1

5. GENERAL PHASE 1

- **When can we expect a further release of the Recip-e connector?** Which changes will be included herein?

Answer: SDK update (see previous questions)

- **When can the migration guide for the new connector be expected?**

Answer: it is published on the website

FYI:

- In the past there was already a migration to SDK 1.7.0 from 1.6, with a different session management. The SWH who have then done the update should normally no longer need to do this update.
- The migration guide is only needed for those who are today still on 1.6 and did not migrate in the past.
- There is no adaptation of session management from 1.7 towards 1.8.

5. GENERAL PHASE 1

ROLE RECIP-e validity as from 1/2/20 – What does it mean?

- Not-valid prescription = not possible to open by a pharmacist
- QUID if the product has already been delivered, which message does the pharmacist receive? See error list for SWH
- QUID if the prescription is no longer valid, which message does the pharmacist receive? See error list for SWH
- QUID if a pharmacist does not find back a prescription? See error list for SWH
- Communication towards the SWH executors

```
error.request.prescription.status=[ERR100028] Voorschrift {0} is {1}
error.request.prescription.status=[ERR100028] L'ordonnance {0} est {1}
error.request.prescription.status=[ERR100028] Prescription {0} is {1}
```

{1} = {delivered, in process, revoked, archived}

{expired} will be added to this errorlist

Error.prescription.expired=[ERR100050] Voorschrift {0} vervallen op: {1}

An example from practice:

[ERR100028] Prescription BEP1ZZBMES27 is Delivered by 62642303-PHARMACY.NIHII

All error messages can be tested in ACC.

Error list is for the SWH with a proposed tekst – feel free to change it for your endusers.

5. FAQ - FEEDBACK HELPDESK – GENERAL

- Issues regarding the tekst of the ERROR messages (translations should be rechecked (in Dutch not all available; some errors are shown twice)).

Answer: Adapted list of errors will be available – feel free to adapt the list for your endusers.

5. GENERAL - BANDAGISTERY

- One of the Recip-e certification test cases require using medications that are flagged as “deliverable by a bandagist”.
- Do you know if the new SAM data will have this field added?
If not, how are we supposed to perform the test ?

Answer:

- The SAM database does not contain products of bandagistry, so the prescriber will have to prescribe this in a different way.
 - It means that SAM database is no longer the only reference.
 - **SAM Proof is empty for every product that is not in SAM – the SAM proof should be present!**
- There should be a paper prescription in this case and not an electronic prescription. **Electronic prescription is NOT ALLOWED.**
- **Proposal:** check in the APB-database (only reimbursed small bandagisterie containing) /other

5. GENERAL - SAM

- **Products with a known CNK but not included in SAM** (eg new medications of a non-medicinal drug) **do not have a SAMPROOF element or intended name.**

Can prescriptions for those be sent via Recip-e?

If so, what should be used as the SAMPROOF element?

Answer:

- Prescription: via free text
 - In case of free text, there is no SAM PROOF
 - Apparently, it is possible to also without CNK, fill in 7x0 (zero), after you have filled in the Intended Name. Also here there is no SAM PROOF then.
 - You could also use another database for those products where it is not found in SAM.
- Delivery: SAM database (2 updates per day) – APB database (1 update per day)

5. GENERAL - SAM

- **The presence of a SAMPROOF element on a prescription** is currently not actively enforced.
Are there plans / timelines to enforce a prescription having a valid SAMPROOF element.

Answer:

- YES - SAMPROOF (= content) must be readable by the pharmacist – SAM ID (= version)
 - it will be tested by our Helpdesk in the phase 1 validation of **your prescriber software**

5. GENERAL – SAM/ KMEHR

- The use of SAM will be required to use Recip-e but there are also separate Recip-e standards which have to be imported at this time.
Some of these table seem to refer to the same object. The reference table CD-ADMINISTRATIONUNIT for example contains the same information as the standardunits in de SAM REF file.
Will these references tables for recip-e also be adapted into SAM?

Answer:

- Standard units (regimen) can be proposed by the softwarehouse → structured info
- It is up to the prescriber to use them, or not to use them (free text is still possible).

5. FAQ - FEEDBACK HELPDESK – HOSPITALS

- **Hospitals have problems with their certificates** to get the connector work
 - Answer: Contact e-Health

5. INSTITUTIONS

Question regarding access as an institute/ organization

Answer:

- Hospital:
 - Only organisation using COT until now
- Other organisations (eg, elderly care; wachtposten)
 - **USE ALWAYS individual certificates by individual prescribers**

5. GENERAL PHASE 2

- **Reservations:** Need explanation regarding the business rules + need to be able to make reservations on the acceptance environment

Business rules: [see separate slide](#)

ACC environment : must go through mijngezondheid.be → expected deploy End jan/ Begin Feb20

→ PHV has to make the userinterface

- **ListOpenPrescriptions !!**

Answer: Everybody can make this call.

- Only prescriptions that are still **Open and not delivered** will be considered, because your purpose is to see what else you can still get from the server of Recip-e.
- Use another call “**GetPrescriptionStatus**” to see the prescriptions “in process” at a certain the pharmacy can only be opened by the pharmacy who put is in process.
- Use another call “**ListRidsinProcess**” to see the prescriptions in process: you can see the list and where they are.

- **Mandates:**

- Need explanation regarding the business rules + need to be able to make mandates on the acceptance environment.
- Documentation needs to be clarified (sometimes contradictory)

Answer:

Business rules: cfr patient journey

ACC environment : must go through mijngezondheid.be → will be deployed later, and will be delayed (after 1/10/20 probably)

DISCUSSION

- **Therapeutic relation**

- There is a separate webservice call as a separate service.
 - Concretely, you can take up the libraries at the place of ehealth.
 - Ehealth business connector checks TR
 - At the Recip-e server the TR is checked between the pharmacist and the patient.
- Normally with your eID as a pharmacist, you should be able to set a therapeutic relation.
- Can the therapeutic relation be tested in ACC? YES.

DISCUSSION

- **1 item discussion**

- A working group has been set up to discuss this issue.
- A list of products who have to be prescribed together is being set up.
 - A feedback will be given as soon as this list with (new) CNKs has been set up.

- Especially questions regarding 2 products need to be prescribed together (eg, stomachprotectors) and it could be possible that the patient sets visi flags by which a pharmacist can not see all the logics.
 - Will be taken with us back in this working group.

5. GENERAL PHASE 2

- Visi and Reservations:

<u>If the vision is first set, before the reservation.</u> <u>It is set to</u>	<u>Reservation</u>	<u>Result</u>
OPEN	OPEN	<u>Allowed</u>
OPEN	NIHII	<u>Allowed</u>
NIHII	OPEN	<u>Allowed</u>
NIHII1	NIHII1	<u>Allowed</u>
NIHII1	NIHII2	ERROR: <u>Not allowed combination. See below: Solution system and Message1</u>
<u>Locked</u>	OPEN	<u>Allowed</u>
<u>Locked</u>	NIHII	Allowed but message needed from PHV to patient to inform him.

5. GENERAL PHASE 2

- Visi and Reservations:

<u>If the reservation is first set before the vision.</u> <u>It is set to</u>	<u>Vision</u>	<u>Result</u>
OPEN	OPEN	<u>Allowed</u>
NIHII	OPEN	<u>Allowed</u>
OPEN	NIHII	<u>Allowed</u>
NIHII1	NIHII1	<u>Allowed</u>
NIHII2	NIHII1	<u>ERROR: Not allowed combination. See below: Message 3</u>
OPEN	<u>Locked</u>	<u>Allowed</u>
NIHII1	<u>Locked</u>	<u>Allowed (but message from PHV to be given <u>to</u> <u>he patient</u>) b</u>

5. FAQ - FEEDBACK HELPDESK – GENERAL PHASE 2

- Visi and Decisions – in case of no reservation

See separate document & slide

Decision tree= basis

And see previous slides,
Eg if VISI is locked and Reservation set at 1-pharmacy,
then:

- ListOpenPrescription is not visible (patient set visi locked)
- GetReservation is visible for that 1-pharmacy (he will get a message from mijngezondheid.belgie.be)

Impact patient:

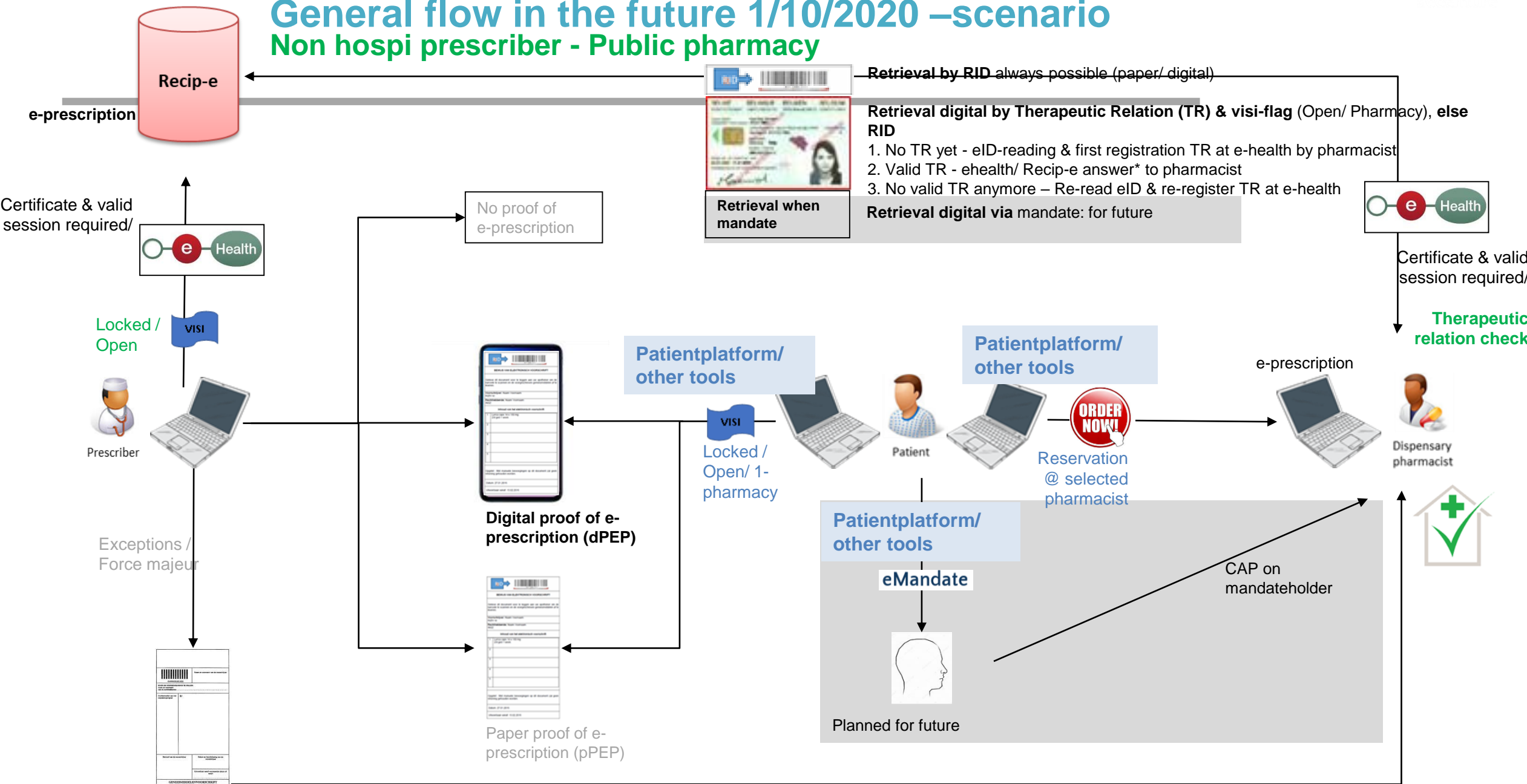
- He has to go to pharmacy with paper prescription
- Patient can change the VISI flag
- Ehealth box is an option to contact the patient, not via Recip-e.

(moet reeds geactiveerd zijn op moment van VS-waak - FRINT/niel FRINT kanet hier van of) GEEN RESERVATIE DOOR VOORSCHRIFTER mogelijk.			
Privacy van patiënt	Voorkomen misbruik Apr	Voorkomen misbruik Apr/ Privacy patiënt	Keuze van patiënt
Zichtbaarheid VS Apr 3 statussen: 1) Open : zichtbaar voor alle Aprs (= START) 2) Apotheek : 1 apothek kan Vs zien 3) Locked : geen enkele Apr ziet iets	Extra toegang VS via Therapeutische relatie: TR ZONDER TR heb je geen digitale toegang (geen by INSZ-operaties) tot het e-voorschrift	Toegang VS Recip-e Digitale toegang : Apr bepaalt technisch obv INSZ; kan ook vertrouwen zijn. RID toegang	Schrappen van VS
VISI flag (beheer patiënt) (beheer voorschrijver alleen Open/ Locked)		(ophalen VS op Recip-e server)	altijd mogelijk (zolang geldig, is het beschikbaar op Recip-e)
Zichtbaar alle Aprs	nee	RID (papier/ digi)	
Zichtbaar alle Aprs	x	Digitale toegang in <u>alle</u> apothek (die TR al heeft/ aanmaakt/ herkvaldeert)	
1 Apotheek	nee	RID (papier/ digi)	
1 Apotheek	x bij 1-Apotheek	Digitale toegang enkel bij <u>1 Apotheek</u> (die TR al heeft/ aanmaakt/ herkvaldeert)	
1 Apotheek	x bij 1-Apotheek	Anders RID (papier/ digi)	
Geen enkele Apr ziet Vs (privacy Vs)	nee	RID (papier/ digi)	
Geen enkele Apr ziet Vs (nri vanu Vs)	v	RID (papier/ digi)	

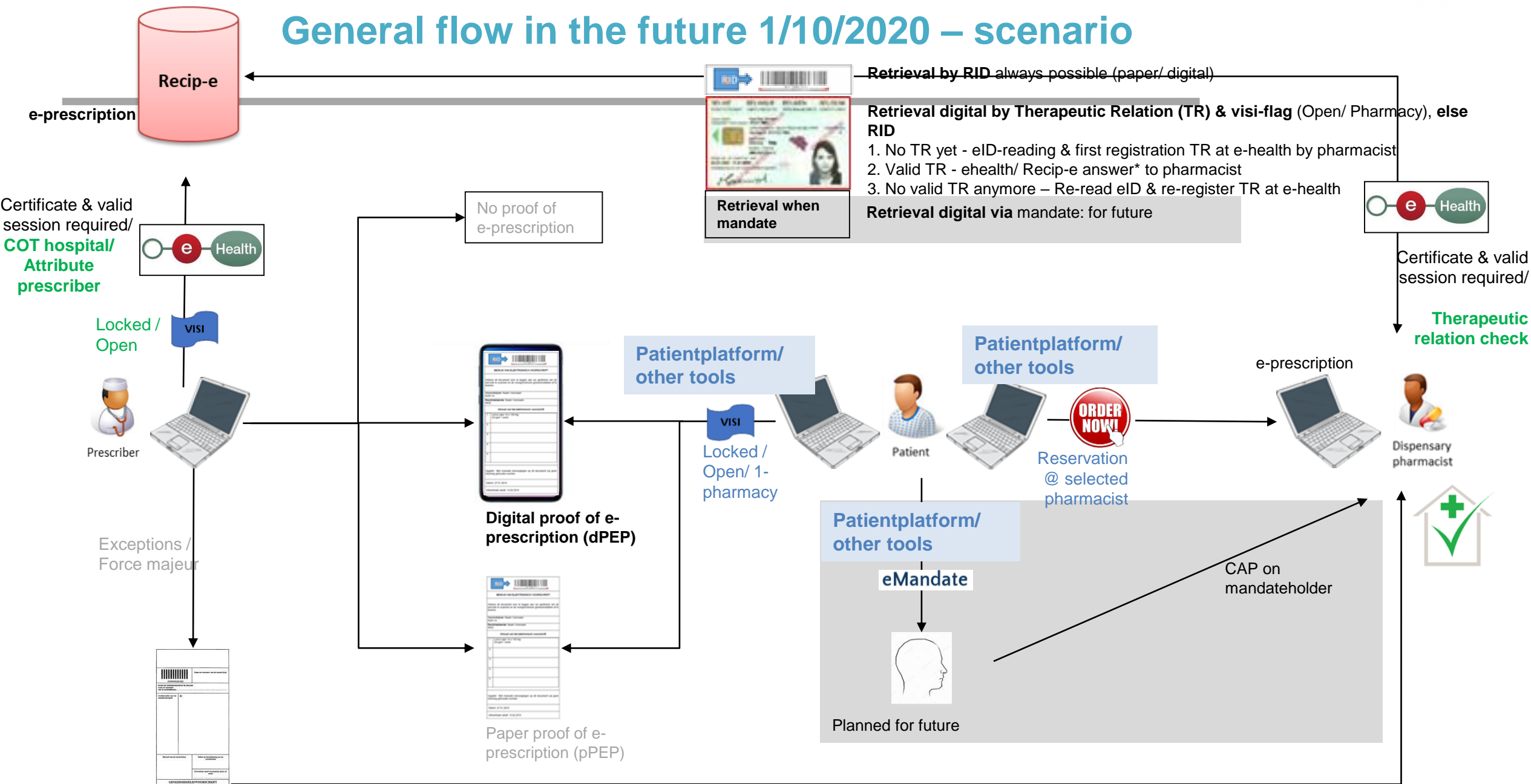
VISI flag (open= default OF 1-Apotheek) en therapeutische relatie (aanwezig) beslissen over de digitale toegang tot e-voorschriften.

General flow in the future 1/10/2020 –scenario

Non hospi prescriber - Public pharmacy

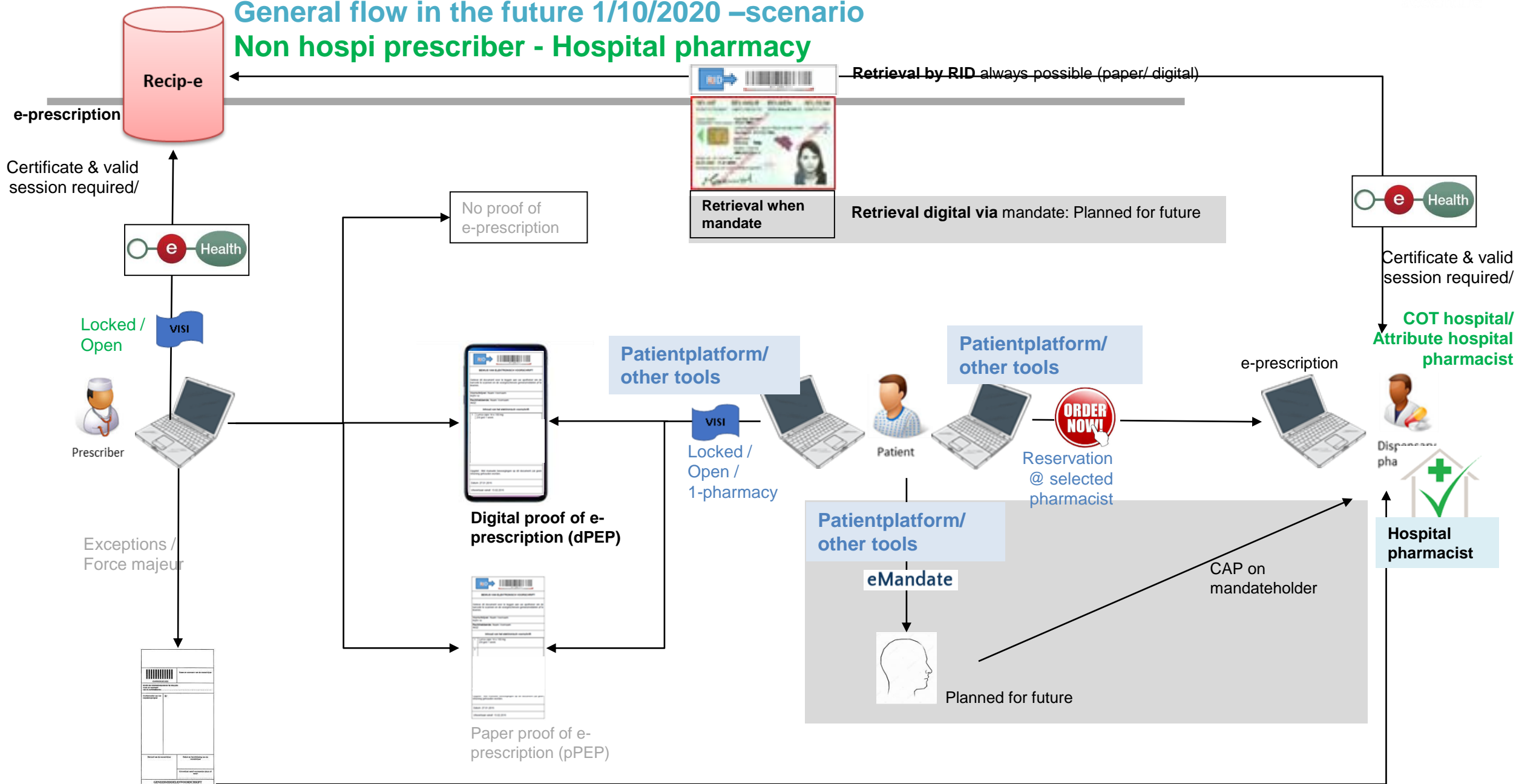


General flow in the future 1/10/2020 – scenario



General flow in the future 1/10/2020 –scenario

Non hospi prescriber - Hospital pharmacy

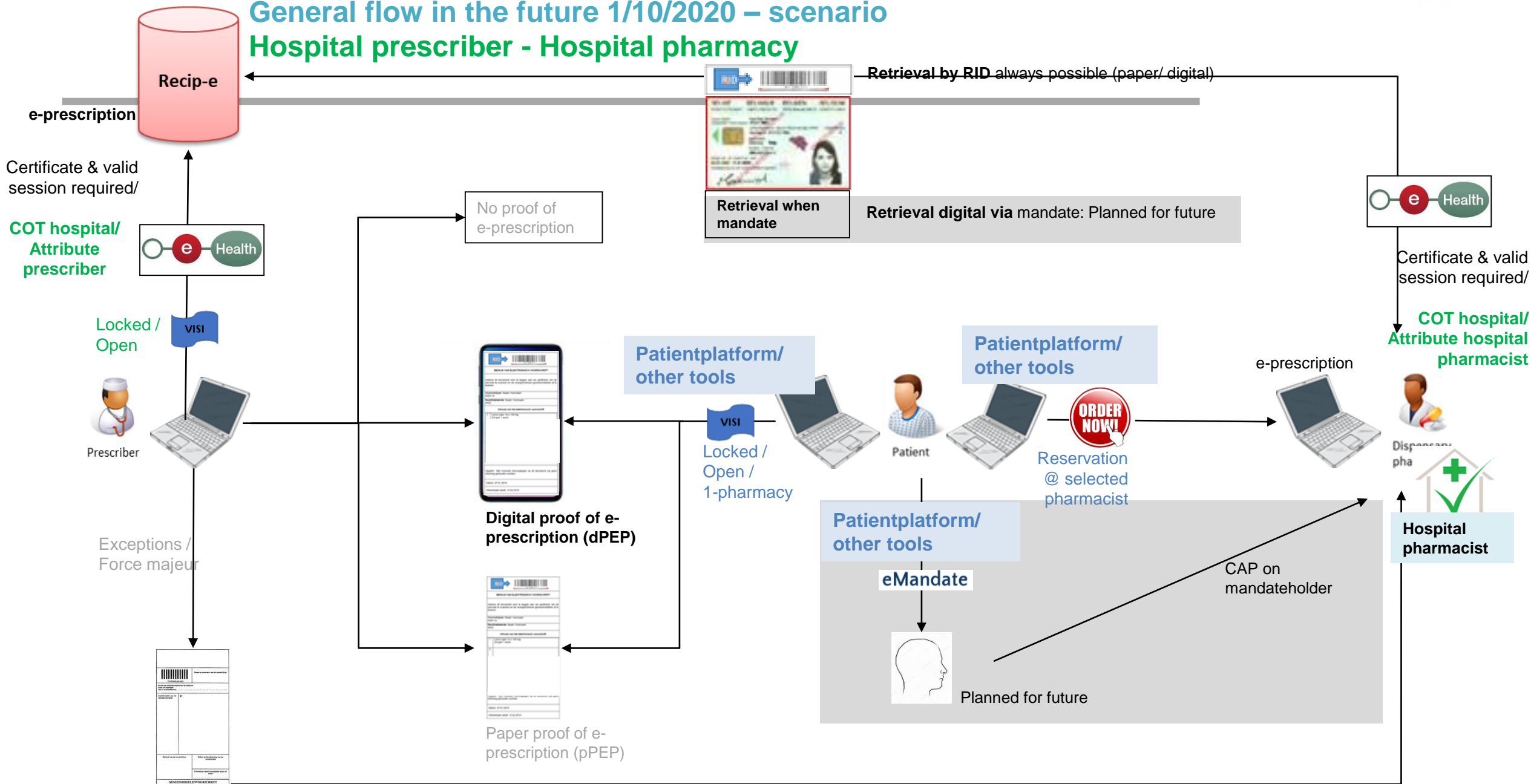


Paper prescription

Physical handover of prescription to dispensary pharmacist by patient himself / herself or by mandated person

General flow in the future 1/10/2020 – scenario

Hospital prescriber - Hospital pharmacy



Paper prescription

Physical handover of prescription to dispensary pharmacist by patient himself / herself or by mandated person

5. 1 ITEM

Post meeting communication (RIZIV)

Proposal to delay 1 item obligation towards 6/2021

5. FYI - PRESCRIBERS SW

Solution for a question of the field : it would be good if the pharmacist could have the telephone number (or mailadress) of the prescriber

Answer

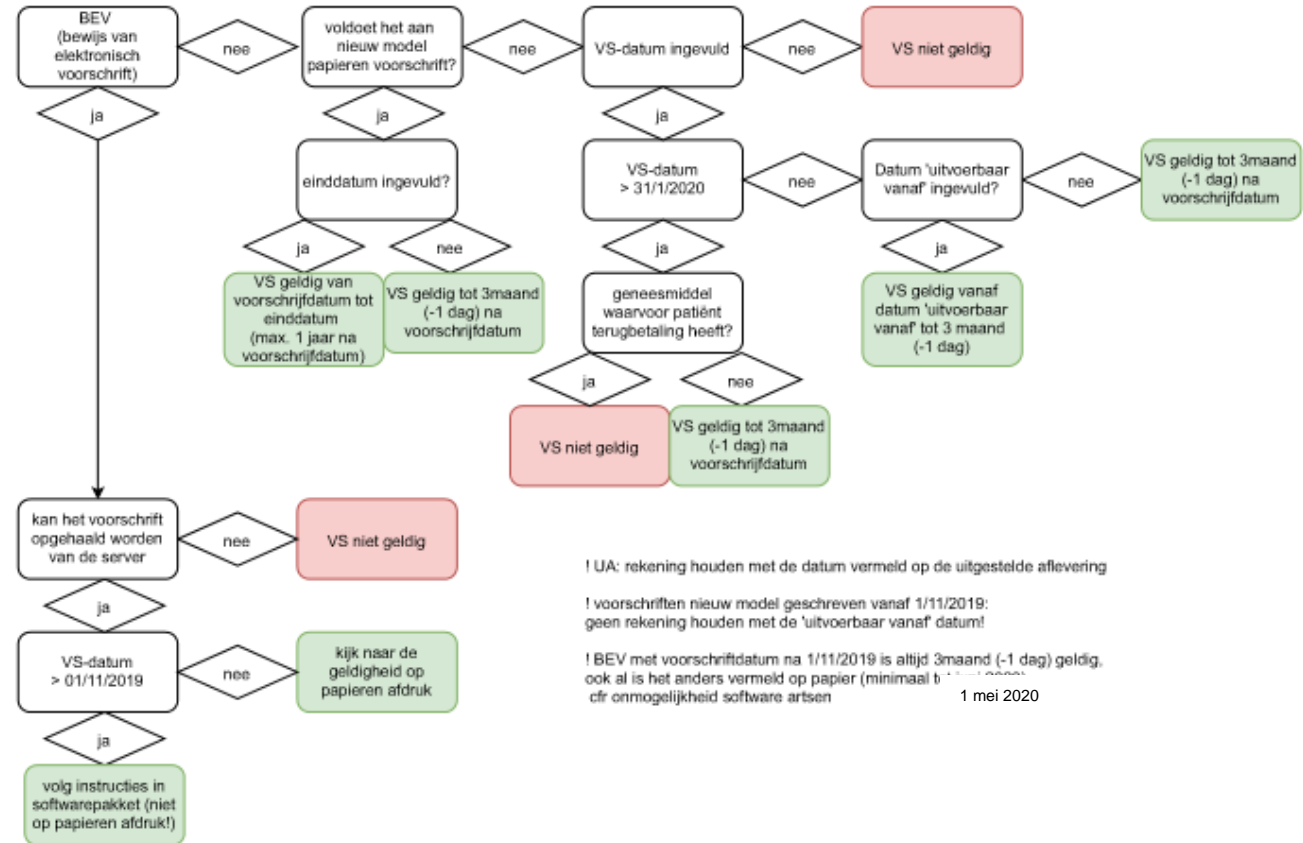
- to be added to the SOFTWARE of the PRESCRIBER (adaptation of content with Tel/ mail, this seems to be passing the Kmehr validation tool of Recip-e = OK)
- onderstaande werd getest met de validatie tool <https://preprod.recip-e.be/kmehr-validation/> en het wordt aanvaard.
- op deze manier kan dus het emailadres of telefoonnummer worden meegeven.

```
<hcparty>
<id S="ID-HCPARTY" SV="1.0">14466460004</id>
<cd S="CD-HCPARTY" SV="1.15">persphysician</cd>
<firstname>Boris</firstname>
<familyname>Ideler</familyname>
<telecom>
  <cd S="CD-ADDRESS" SV="1.1">work</cd>
  <cd S="CD-TELECOM" SV="1.0">email</cd>
  <telecomnumber>boris.ideler@apb.be</telecomnumber>
</telecom>
</hcparty>
```


5. FYI – FROM YOUR COLLEAGUES

Info from SWH colleagues

Situatieschets geldigheidsduur van voorschriften vanaf 01/02/2020



! UA: rekening houden met de datum vermeld op de uitgestelde aflevering

! voorschriften nieuw model geschreven vanaf 1/11/2019: geen rekening houden met de 'uitvoerbaar vanaf' datum!

! BEV met voorschrifdatum na 1/11/2019 is altijd 3 maand (-1 dag) geldig, ook al is het anders vermeld op papier (minimaal b... 1 mei 2020)

THANK YOU FOR YOUR PRESENCE AND VALUABLE INPUT!

HAVE A NICE DAY.

