McKesson Europe Policy Position

# *e-prescription – making it happen*

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## Introduction

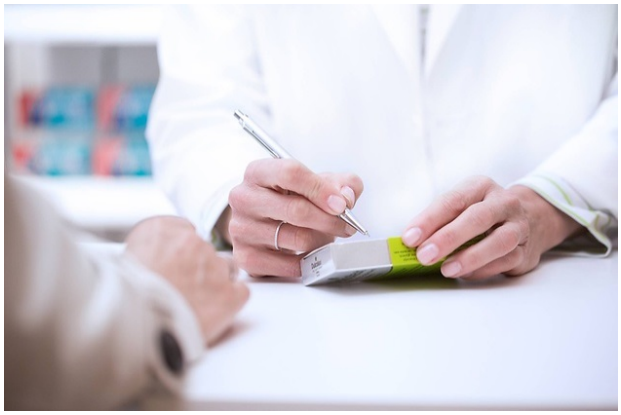
As the owner and manager of pharmacies in six European countries, McKesson Europe supports any innovation that can produce better results for patients and help to drive system efficiencies, thereby reducing overall healthcare costs. Electronic prescribing of medicines (e-prescription) has the potential to deliver distinct advantages for prescribers, pharmacists and patients alike, but many healthcare services in Europe have yet to make the most of this opportunity. This paper explores the advantages of e-prescription and the barriers that delay its full implementation. It then makes recommendations regarding policies that would facilitate its development in Europe.

## What is e-prescription?

PGEU, the representative body which represents the European pharmacy sector, defines e-prescription as 'the computer-based electronic generation, transmission and filing of a medical prescription. It allows prescribers to write prescriptions which can be retrieved by a pharmacy electronically without the need for a paper prescription.' [1] This is distinct from a scanned bar code on a paper prescription. It is also a separate issue from online medical consultation or Electronic Health Records (although McKesson Europe supports linking these to e-prescription).

Similarly, the EU's eHealth Network describes e-dispensing as 'the act of electronically retrieving a prescription and reporting on giving the medicine to the patient as indicated in the corresponding ePrescription'. [2]

The eHealth Network also recommends as mandatory dataset elements for an e-prescription which are taken from International Standard DIS 175233. [3]



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[1] https://www.pgeu.eu/en/component/policy/policy/110-policy/9-e-health.html?Itemid=101

[2] https://ec.europa.eu/health/sites/health/files/ehealth/docs/ev_20161121_co091_en.pdf

[3] https://www.iso.org/standard/59952.html - please see our Supporting Material for a list of these elements.

## What are the benefits of e-prescription?

E-prescription systems bring many benefits to patients, prescribers, pharmacists and healthcare systems compared with the traditional paper-based version:

- **Accessibility:** Patients have better accessibility to time-critical medicines, as the e-prescription can go immediately to the patient's nominated pharmacy or the nearest responsible pharmacy dealing with urgencies.
- **Accuracy:** Greater accuracy is possible in dispensing and dosage as the prescription is far less likely to be misread, nor can it be physically lost. The dosage can also be digitally transferred to a monitor to remind the patient to take their medication on time. With the increase of polypharmacy (the concurrent use of multiple medications), particularly among older patients, accuracy is becoming ever more important.
- **Effectiveness:** Prescribers and pharmacists gain time through greater effectiveness, especially from repeat prescriptions. In Sweden, both groups have estimated that they save 30 minutes per day. [4]
- **Dispensing transparency:** In some countries (e.g. Norway), prescribers can monitor if a patient collects their prescribed medicine.
- **Clinical transparency:** There is increased transparency of what doctors prescribe, allowing assessment of their adherence to clinical guidelines and reducing the risk of fraudulent actions by prescribers, dispensers or patients.
- **Financial transparency:** There is a clear audit trail, allowing increased transparency of costs. This ensures greater accuracy when it comes to reimbursement and helps to prevent fraud.

## How advanced is e-prescription in Europe?

Some countries have already switched almost entirely to e-prescription. In Sweden, which introduced its first pilot project in 1983 and a national system in 2000, the e-health authority estimates that 99% of prescriptions are now electronic. [5] Estonia and Denmark have also progressed to over 99%, [6] Slovenia to 92% [7] and Norway to over 90%. [8]

Other countries have started the transition and made considerable progress. In England, the NHS has reached around 63% with its Electronic Prescription System (EPS) since its introduction in 2003. [9] It hopes to push this figure higher in EPS Phase 4 by making it the default option for prescribing.

On the other hand some countries have been slower to adopt the new technology.

### *Our key messages*

- *e-prescription can offer enormous benefits to patients and healthcare professional, saving time and resources.*
- *While some countries have made great progress, others have been slower to adopt this new technology.*
- *Real commitment by both governments and other stakeholders is required to ensure uptake in slower countries.*
- *A successful system should include elements such as: repeat dispensing, default e-prescription, pull-based prescription direction, a link to Electronic Health Records and agreed standards for flagging urgency.*

[4] https://www.hiqa.ie/sites/default/files/2018-05/ePrescribing-An-Intl-Review.pdf

[5] https://www.ehalsomyndigheten.se/

[6] https://www.politics.ox.ac.uk/materials/publications/15224/workingpaperno5ulrikedeetjen.pdf

[7] https://www.sta.si/2565878/nijz-cilj-uporabe-erecepta-celo-presezen

[8] https://ehelse.no/e-helsekunnskap/statistikk/nasjonal-e-helsemonitor

[9] https://www.gov.uk/government/news/expansion-of-electronic-prescribing-at-gps-and-pharmacies

In Ireland, although the Health Service Executive has great ambitions, there has so far only been one small-scale pilot project involving nine pharmacies. [10]

## What are the fundamental requirements for transition?

For the successful national adoption of e-prescription, a number of factors are essential:

- **Full commitment by all healthcare stakeholders:** The representative bodies of payers, physicians, hospitals and pharmacists must all be committed to transition to the new system, even if there are some individuals who are reluctant to change. Reluctant professionals may mean ineffective or slow uptake.
- **Long-term political commitment:** Professional commitment is unlikely to happen without long-term political commitment. This change must therefore be driven from the top, i.e. by government. With this, it must ensure that sufficient resources are made available, including a financial commitment.
- **A suitable legal framework:** The law must be adapted to the digital age so that it gives legal certainty to all parties involved. In Ireland, for example, the legislation has not been updated, and this is one reason why certain stakeholders are reluctant to go beyond the pilot study phase.
- **A robust, secure IT infrastructure:** Without confidence that e-prescription data can be sent and stored efficiently and securely, prescribers, pharmacists and patients may be reluctant to switch from paper-based systems.

## Our recommendations

In order to support the development of e-prescription in those European countries where uptake has been slow, McKesson Europe recommends the following approach to expedite its development:

- This requires **political commitment and leadership** from Health Ministries and national health services with a clear **national plan** of phased introduction. This can take some years and needs considerable effort, but only in this way can the transition be made.
- The health service in each country should appoint a **dedicated agency/department** to take the lead in supporting the transition from a paper-based system.
- There should be **communication about the benefits of the new system**, in particular time saving and the increase in quality and safety.
- There must be **commitment by all key actors** – doctors, hospitals, pharmacists and payers – to ensure that the system works and that their members/staff are properly trained. This will require the responsible health service agency to lead discussions with representatives of these stakeholders. Stakeholder involvement is also essential to ensure that the necessary legal changes have been made and, during the pilot phase, to develop a standards-based approach.
- **Investment in IT infrastructure** is essential. This requires agreement on technical standards for hardware and software, including data security encryption, interoperability and above all financing. McKesson Europe also recommends that this is built on existing IT systems rather than from scratch, and in such a way that they can talk with each other.

[10] http://www.mclernons.ie/pharmacysoftware/news/a-shining-example-mclernons-e-prescribing-pilot-in-mallow-gets-a-visit-from-the-chief-information-officer/1021

McKesson Europe recommends that the following operational aspects are included in the establishment phase:

- Prescribers should be able to issue **repeat prescriptions** for the same maximum permitted period as paper prescriptions so that patients with chronic conditions can better manage their conditions.
- Once the system is sufficiently developed, there should be a switch to **e-prescription by default** in order to encourage swifter transition from paper prescribing.
- **Prescription direction should be based on a pull system** rather than a push system, meaning either that:
    - The patient or their nominated representative, e.g. their pharmacist, can download the e-prescription from a secure cloud storage system;
    - OR if there is already a pharmacy nominated by the patient (this happens for example in England and Norway): the pharmacy downloads the e-prescription when it is ready to process it, and assumes responsibility at that point.
- To enable patients to collect prescriptions from a community pharmacy in another EEA Member State, **cross-border interoperability** should be based on the eHealth Network guidelines. [11]
- e-prescriptions should be **fully linked to Electronic Health Records** so that both prescribers and pharmacists can access and update all relevant patient information as required. This must be based on full consent of the patient and fully respect the EU's General Data Protection Regulation.
- e-prescription systems should allow **pharmacists to communicate directly with prescribers:** this is not currently possible in Sweden, for example.
- If there is a mechanism to flag **urgent prescriptions**, this must be based on criteria commonly agreed between the health stakeholders.
- **The role of the pharmacist must not be negated or diminished.** Community or online pharmacy must remain the dispensing route so that they can provide quality assurance, including services to monitor a patient's progress, and also act as a point of contact if the patient needs advice on their prescription.
- Lastly, it is critical that there is a solution in place for emergency dispensing in case of any **system failure or disturbances**, e.g. having access to existing prescriptions to allow manual handling.

If these recommendations are taken up, the considerable benefits of e-prescription can be made more widely available throughout Europe.

## About McKesson Europe

McKesson Europe is a leading international wholesale and retail company and provider of logistics and services to the pharmaceutical and healthcare sector. With about 38,000 employees, the group is active in 13 European countries. Every day, the company serves over 2 million customers – at more than 2,300 pharmacies of its own, at about 300 managed pharmacies and at over 7,000 participants in the brand partnership schemes. With 118 own and seven managed wholesale branches in Europe, McKesson Europe supplies more than 50,000 pharmacies and hospitals every day with more than 100,000 pharmaceutical products.

## Facts and Figures

Please see our online Annex at: https://www.mckesson.eu/mck-en/company/public-affairs/position-papers/eprescription/26778

[11] https://ec.europa.eu/health/sites/health/files/ehealth/docs/ev_20161121_co091_en.pdf