



Why we need ePrescribing

In 2013, ePrescribing was identified in the Department of Health's National eHealth Strategy as a key priority for Ireland. In 2020, there has been barely any progress in meeting that priority. Alan Reilly, Head of Information and Technology with the IPU, assesses how the co-ordinated and collegial response to deal with the COVID-19 pandemic demonstrated that efficient developments are possible when they are needed.

Under the COVID-19 Emergency Provisions, Healthmail was recognised as the National Electronic Prescription Transfer Service. The legislation deems prescriptions sent to pharmacies using Healthmail to be originals for the purposes of the regulations. To this end, Healthmail is effective for the electronic transfer of prescriptions (ETP); however, it is not an electronic prescribing (ePrescribing) system. It has many short

comings, the most obvious is that the prescription information is not coded and cannot be pulled into a pharmacy patient medical record (PMR) system. Similarly, the prescription information is not hosted centrally and cannot be interrogated. That said, Healthmail continues to be an invaluable asset and quietly addressed a national problem in recent months – how to get prescriptions from the prescriber into pharmacies when GP surgeries are closed and patients' movements are restricted.

Reflection, lessons learned and feedback on the use of Healthmail for ETP will be hugely important in the development of a true ePrescribing system for primary care.

What is the difference between ETP and ePrescribing?

Electronic Transfer of Prescriptions (ETP) refers to the electronic transfer of information from the prescriber to the pharmacist where the prescription can be attached as scanned copy; attached in a typed-out format; or typed in the body of the email. While the prescription is delivered electronically, in every other aspect it is the same as a paper prescription. ePrescribing or electronic prescribing, i.e. the computer-based electronic generation and transmission of a script, also extends to fulfilling a medical prescription, i.e. the prescription information can be pulled directly into a PMR system.

ETP typically works by sending a message directly from a prescriber to a pharmacy and the patient will attend the chosen pharmacy. This is in contrast to a national ePrescribing system, which will use a hub-based messaging approach; in other words, the prescription information will be hosted in a central hub, e.g. a State-provided Secure Clinical Data Repository (SCDR). This really benefits the patient by centralising prescription and dispensing information – of course all the right authorisation and information governance needs to be in place. This also facilitates in terms of freedom of prescription movement and choice.

In the context of prescribing in Ireland, the prescription must contain certain information about the prescriber, patient and medicines. For paper prescriptions and those sent

via ETP, this information will be words or figures. For ePrescribing, all this information can be coded with unique identifiers e.g. Health Service Provider Identifier (HSPI) for prescribers, Individual Health Identifier (IHI) for patients and IPU Product Code for medicines.

At a national level, centralised and coded prescription and dispensing information is the cornerstone for a national Summary Care Record (SCR) and in turn a national Electronic Health Record. At a pharmacy level, ePrescribing means real accuracy and timeliness of information and, to quote Sláintecare, will help “deliver a service that offers the right care, in the right place, at the right time”. Other benefits include increased time to spend with a patient with a corresponding improvement in patient safety.

The rate of change

ePrescribing was identified in the *National eHealth Strategy for Ireland*ⁱ (Department of Health, 2013) as a key priority. A key element of the Strategy was the establishment of an independent entity called eHealth Ireland, which was formally set up within the HSE in 2014. eHealth Ireland aims to bring improved population wellbeing, health service efficiencies and economic opportunity through the use of technology-enabled solutions. eHealth Ireland has numerous strategic projects underway, including an ePharmacy Programme. This ePharmacy Programme includes ePrescribing in primary care and the development of a national medicinal product catalogue as part of its work programme.

Based on an international review in 2018ⁱⁱ, the Health Information and Quality Authority (HIQA) believes that a national collaborative initiative should be undertaken to progress ePrescribing. The following sets out what needs to happen to achieve this:

- A national ePrescribing programme with appropriate governance structures to oversee and implement the various components of the programme;
- A standards-based approach to ePrescribing is required, including data standards and datasets specific to prescribing and dispensing processes and mechanisms for transmitting and sharing of this information;
- An electronic National Medicinal Products Catalogue uniquely identifying all medicinal products which may be prescribed or dispensed;
- Rollout of the Individual Health Identifier is required to safely identify patients, their prescriptions and their dispensing records;
- Legislative changes including the support for digital signatures;
- Consideration of EU Regulations which need to be supported, including the implementation of the EU Directives on cross border sharing of patient summaries and prescribing information;
- A messaging infrastructure is required to support the transmission of electronic prescriptions and dispensing records between prescribers and dispensers; and
- Functional requirements for prescribing and dispensing to be developed and subsequently implemented in clinical information systems.

The IPU has been advocating for a national ePrescribing system for a number of years, and in 2018 the *IPU ePrescribing Specification for Primary Care* was published

to align all efforts with the guidance, recommendations and standards produced by HIQA and to support, and progress, the work of the HSE and eHealth Ireland.

The *eHealth Strategy for Ireland* was first drafted in 2011 before its publication two years later. While we have become accustomed to change happening at a glacial rate in this country, it should not take a decade to deliver any of the items in that Strategy.

In the national response to the COVID-19 pandemic, we saw the PCRS change business rules overnight and pharmacy legislation changed in a two-week period. We have all the required components for a national ePrescribing system in primary care:

- GP software;
- Pharmacy software;
- A National Message Broker System — Healthlink;
- A Common Medicinal Product Identifier across GP and pharmacy systems;
- Patient Identifiers;
- Healthcare Provider Identifiers;
- HIQA guidance, recommendations, and standards; and
- Technical guidance from other EU countries.

We just need the State to provide the infrastructure, a central hub and, most importantly, commitment in the form of resources.

References are available on request.

For any of your technology needs or questions around information, please avail of our services and contact Alan Reilly at alan.reilly@ipu.ie or on 01 493 6401 or visit our website www.ipu.ie. We're here to help, support and advise.