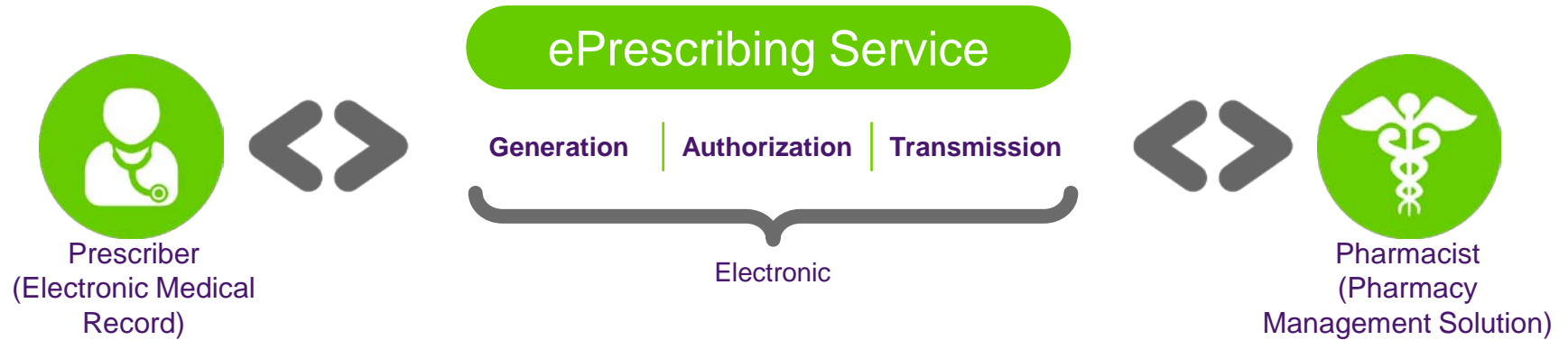




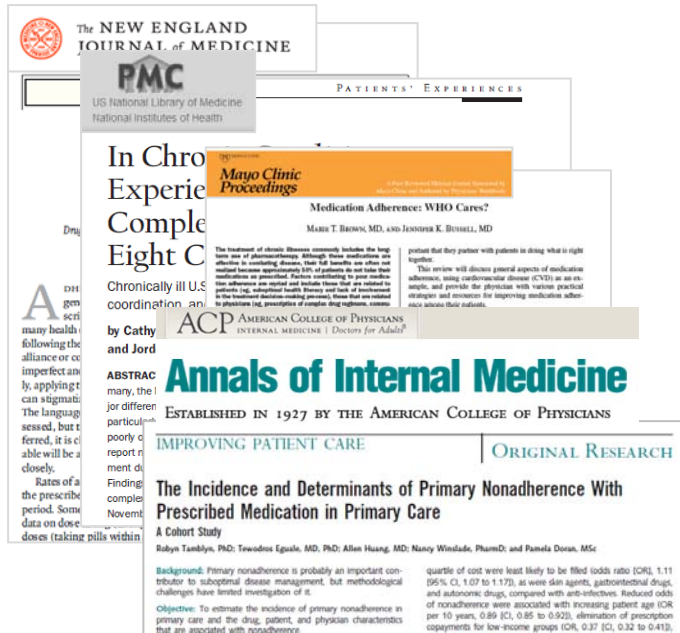
# Beyond aspiration: Why ePrescribing in Canada needs a kick-start

# What is ePrescribing?



- ePrescribing is the, **electronic generation, authorization, and transmission** of dispensing directions for a drug from a prescriber to a patient's preferred pharmacy at the time of prescribing.
- ePrescribing does not include prescriptions that are digitally generated, but then printed by physicians to be manually delivered to pharmacists by patients.

# Medication management remains a major health challenge



31% of prescriptions are never filled

51% of medication-related hospital admissions are due to non-adherence

50% of seniors fail to receive beneficial medications

## Sources:

- Tamblyn R, Egale T, Huang A, Winslade N, Doran P. The Incidence and Determinants of Primary Nonadherence With Prescribed Medication in Primary Care: A Cohort Study. *Ann Intern Med.* 2014;160:441-450. doi:10.7326/M13-1705
- Brown MT, Bussell JK. Medication Adherence: WHO Cares? *Mayo Clinic Proceedings.* 2011;86(4):304-314. doi:10.4065/mcp.2010.0575.
- Mulhem E, Lick D, Varughese J, Barton E, Ripley T, Haveman J. Adherence to Medications after Hospital Discharge in the Elderly. *International Journal of Family Medicine.* 2013;2013:901845. doi:10.1155/2013/901845.
- Higashi, T., Shekelle, P. G., Solomon, D. H., Knight, E. L., Roth, C., Chang, J. T., ... & Reuben, D. B. (2004). The quality of pharmacologic care for vulnerable older patients. *Annals of Internal Medicine,* 140(9), 714-720.

# ePrescribing offers significant clinical, productivity and cost savings benefits



## Patient

- Improve medication adherence
- Reduce wait times at the pharmacy
- Eliminate unnecessary back and forth with the physician



## Prescriber

- Improve quality of care
- Reduce follow up visits
- Reduce resource-intensive phone / FAX communication



## Pharmacist

- Increase first-fill
- Reduce errors and time spent keypunching prescriptions
- Improve quality of Prescriber/ Pharmacist interactions
- Smooth workload

# ePrescribing is reaching critical mass around the world



**United States**

**67%**



**England**

**43%**



**Denmark**

**88%**



**Australia**

**80%**

**Adoption**

**Workflow**

- |  |   |   |  |
|--|---|---|--|
| <ul style="list-style-type: none"><li>▪ Push model</li><li>▪ MD sends prescription from EMR to patient's preferred pharmacy where prescription is received directly in pharmacy software</li></ul> | <ul style="list-style-type: none"><li>▪ Push/pull model</li><li>▪ MD sends prescription to national repository and pharmacy pulls prescription down at pre-defined intervals during the day</li></ul> | <ul style="list-style-type: none"><li>▪ Pull model</li><li>▪ MD sends prescription to national repository and pharmacy pulls prescription down upon patient arrival</li></ul> | <ul style="list-style-type: none"><li>▪ Pull model</li><li>▪ MD prints paper prescription with barcode and sends electronic copy to national repository</li><li>▪ Pharmacy scans barcode when patient arrives and pulls prescription down from national repository</li></ul> |
|--|---|---|--|

# The value of ePrescribing is clear but Canada has been slow to adopt

**2007**

“Health Canada has decided that legislative and regulatory amendments are not necessary... **A major impediment to e-prescribing has been removed**”

Federal law no longer a roadblock to e-prescribing. Canadian Pharmacists Journal. July/August 2007.

**2009**

ePrescribing is expected to “**improve patient safety and quality of care by reducing prescription errors**”

eHealth Ontario Press Release: Canada’s First ePrescribing Program Launches in Ontario. May 12, 2009.

**2011**

“**Efforts to ensure doctors can transfer prescriptions to pharmacists electronically are long overdue**”

Value of e-prescribing questioned. Canadian Medical Association Journal October 4, 2011

**2012**

“The CMA and the CPhA have identified **e-prescribing as a key tool to deliver better value to patients... By 2015, e-prescribing will be the means by which prescriptions are generated for Canadians**”

Canadian Medical Association and Canada Pharmacists Association: e-Prescribing Joint Statement December 2012.

# Crossing the ePrescribing Chasm

## Kick-starting adoption across Canada

1. Address the perspectives of major stakeholders
2. Add ePrescribing into existing Point-of-Service systems
3. Pursue ePrescribing and DIS concurrently
4. Tackle regionally



# Think big; start small

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## 1. Achieve critical mass regionally

Make ePrescribing relevant

## 2. Leverage competitive pressures

Ignite an ePrescribing “Arms Race”

## 3. Test full workflows

Go “Narrow but Deep” instead of “Wide and Shallow”

## 4. Link communities

Expand ePrescribing and DIS region by region

## 5. Involve insurers

Provide value and reduce barriers to participants



# Ready, set, go!

## There's nothing holding us back

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- ePrescribing can bring significant patient safety, adherence improvements, and productivity benefits
- The technology exists today and can meet regulatory requirements
- Practitioners want the capability to ePrescribe.

Conditions are ripe and by taking a regional approach,  
Canada can truly begin to kick-start progress.

# Questions

