

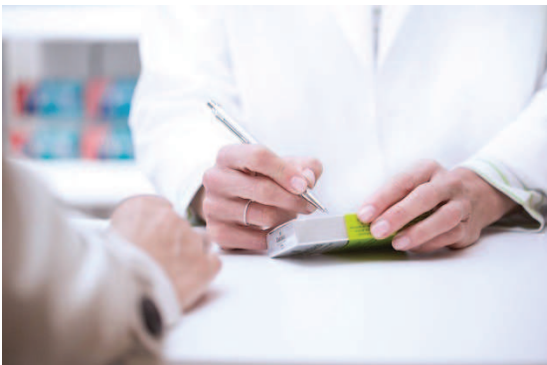
# Celesio Policy Position

## Pharmacists Need Read-Write Access to Patient Electronic Health Records

October 2016

### Background

With an average of one establishment for every 3,300 people, the EU's community pharmacies play a vital role in providing access to primary healthcare for millions of patients every day. **Celesio AG** owns more than 2,150 community pharmacies in six European countries<sup>1</sup> and as a pharmaceutical wholesaler we deliver products and services to more than 50,000 pharmacies and hospitals in Europe. We believe that effective data and information flows are fundamental to achieving more sustainable healthcare systems for better efficiency, lower costs and improved patient health. However, while hospital pharmacists commonly have full access to a patient's **Electronic Health Record (EHR)**, community pharmacies generally do not. We are therefore calling on policymakers to **introduce full read-write access to consolidated EHRs for community pharmacists** to enable better holistic patient care, more timely treatment and ultimately better patient outcomes.



### Contact

.....

**Celesio AG · Group**  
**External Affairs**  
 Ronan Brett  
 Neckartalstrasse 155  
 70376 Stuttgart  
 Germany  
 Phone +49 711 5001 615  
 Ronan.Brett@celesio.co.uk  
 www.celesio.com

### What is full read-write access?

Full read-write access means that community pharmacies would be able to view a patient's consolidated EHR, stored electronically, in the cloud or locally on a database, and add further data on what they advised, dispensed or sold or services they provided to a patient. The data would belong to the patient and records would remain confidential: the patient would remain the owner and their consent would be required for any read or write access.

Where read-write access by pharmacies is under discussion, we recommend due consideration is also given to the related topics of liability and remuneration.

### What are the advantages?

If community pharmacies had full read-write access, this would:

- **Improve medication adherence.** Access to a consolidated EHR would allow pharmacists to make better informed clinical decisions and interventions in partnership with patients and other health professionals. This

<sup>1</sup> Belgium, Ireland, Italy, Norway, Sweden, UK

could improve medicines adherence, improving the treatment of individual patients and maximise the value of costly treatments.

- **Allow clear communication and a joined-up service** between community pharmacies, doctors and other healthcare professionals, supporting a seamless patient care pathway.
- **Improve safety** by allowing community pharmacies to screen for possible interactions between new and existing medication and conditions, e.g. in cases of patients who are discharged from hospital back into the community,<sup>2</sup> or for patients with known allergies.
- **Help with emergency care.** Consolidated EHRs would ensure total visibility in emergency situations again facilitating best care.
- **Maximise self-care opportunities.** Treatments and medications available in the pharmacy are safe and effective if used properly. Access to EHRs, where they include records of previous high risk OTC medicines, would allow pharmacists to select the most appropriate treatment or advice.
- **Enable health data portability,** so that patients could visit pharmacies or any healthcare professional other than their regular physician and still get properly informed services and advice – potentially even in another European country.

## Our key messages

*Community pharmacies should have full read-write access to patient Electronic Health Records to ensure joined-up medicinal monitoring and advice*

*Electronic Health Records should contain at least the basic dataset set out in EU eHealth Network Guidelines*

*The data should be gathered from all healthcare professionals dealing with a patient*

*The IT framework must be interoperable*

*Community pharmacy must be part of the development of Electronic Health Records*

## What should the Electronic Health Records contain?

We recommend that EHRs cover at least the basic clinical and administrative dataset set out in the Guidelines of the EU's eHealth Network.<sup>3</sup> These include, for example, information on allergies, medical alerts, recent surgical procedures, current problems/diagnoses, medical devices/implants, treatment recommendations and current medication. An extended list, also in the Guidelines,<sup>4</sup> would add elements such as vaccination history and blood group.

## How should data be gathered and stored?

The data should come from all healthcare professionals who deal with a patient's treatment – family physicians, specialists, hospital physicians, hospital pharmacists, community pharmacists and others. Each would have access to the same EHR, with patient consent, which should be stored electronically on a secure central database. The records would thereby be consolidated and reliable and always up-to-date.

## What are the considerations regarding interoperability?

- The IT framework must be interoperable and accessible between the systems of different healthcare professionals.
- We support the recommendation of the eHealth Network: *'Rules or guidelines at the national level should mainly aim at achieving essential requirements with regard to semantic, technical, organisational and legal interoperability. For each of these aspects national and/or regional rules should take into account standards and guidelines agreed on at the European level.'*

<sup>2</sup> See Annex

<sup>3</sup> eHealth Network - Guidelines on Minimum/Non-exhaustive Patient Summary Dataset for Electronic Exchange in Accordance with the Cross-Border Directive 2011/24/EU [http://ec.europa.eu/health/ehealth/docs/ev\\_20131119\\_co1\\_2\\_en.pdf](http://ec.europa.eu/health/ehealth/docs/ev_20131119_co1_2_en.pdf)

<sup>4</sup> See footnote 3

- We also support cross-border interoperability so that EHRs could be accessed by healthcare professionals across different European countries.

In order to maximise the potential gains for patients from read-write access we would like to add that:

- The community pharmacy sector must be a full partner in the development of EHRs.
- Development of the framework must also include use of healthcare apps or other user-friendly interfaces.

With this approach, delivery of medication would be more joined up, saving costs for Europe's healthcare services, and community pharmacies would be able to play a fuller role in serving the needs of their patients.

## About Celesio

---

With more than 37,000 employees, Celesio operates in twelve European countries. Every day, the group serves over 2 million customers – at more than 2,150 pharmacies of its own, at about 300 managed pharmacies and at over 4,500 participants in brand partnership schemes. With 107 wholesale branches, Celesio supplies more than 50,000 pharmacies and hospitals every day with up to 130,000 pharmaceutical products. The services benefit a patient pool of about 15 million per day.



Celesio Markets in Europe

## Facts and Figures

---

Please see our online Annex at <http://www.celesio.com/ag-en/company/external-affairs/position-papers/celesio-position-paper/20700>

# Celesio Policy Position

## Pharmacists Need Read-Write Access to Patient Electronic Health Records

### Annex – Facts and Figures

#### 1. Existing and forthcoming Electronic Health Records

Some countries have already taken or will soon take steps forward to introduce Electronic Health Records:

- **Austria:** The *Elektronische Gesundheitsakte* (ELGA – Electronic Health Record), is an information system covering each Austrian citizen that simplifies the process of accessing personal records for patients and doctors, as well as other healthcare professionals such as pharmacists. Health data such as a patient's test results are generated by a variety of healthcare institutions. ELGA networks all of them and makes them available digitally by means of a link. It enables a pharmacy to see the e-medication record for a period of two hours. The first projects have started with pharmacies to have full read access and also to write in OTC medicines.
- **Belgium:** In 2014, Belgium launched the *Dossier Pharmaceutique Partagé / Gedeeld Farmaceutisch Dossier*, a record of a patient's medication linked to their social security number. Community pharmacies may create, access and add to these records, which are stored in a central register and contain a medication history going back up to one year, as well as information about a patient's allergies. This can only be done with the patient's consent.<sup>1</sup>
- **Denmark:** Danish pharmacists currently have access to medicine prescriptions, and the dispensing pharmacy stores these records locally in its own data system. As from May 2017 all pharmacies and other healthcare personnel will have access to all medicines data through a new database, the *Fælles Medicin Kort* (common medicine card). This will show all medicines dispensed to patients but not general health records: if pharmacies need access to more specific health records they will have to get consent from the patient.
- **France:** The *dossier pharmaceutique* has been in existence since 2009 and allows a pharmacist, with the patient's consent, to create a record of medicines prescribed and dispensed over the previous four months.<sup>2</sup>
- **Germany:** From 2018, medical records for patients taking three or more prescribed medicines will be available on their *elektronische Gesundheitskarte* (eGK – electronic health card) if the patient gives their consent. Data can also include blood type, vaccinations and allergies. Pharmacists will be able to add data with patient consent, although they will not be remunerated.<sup>3</sup>
- **Norway:** The *Kjernejournal* (Summary Care Record) contains selected and important information about a patient's health. It gathers information from hospitals, medical centres, national registers, out-of-hours services and the patient themselves. This is now being rolled out across the country, and will be finalised by around 2019. Unlike other healthcare professionals, pharmacists do not currently have access, but the pharmacy association is trying to negotiate this.
- **UK:** NHS England is rolling out a project to allow community pharmacies to view a Summary Care Record (SCR), which includes a patient's medication regime and known allergies and adverse reactions. A pilot phase involving 140 pharmacies and 1900 patient records revealed significant benefits: in 92% of cases using SCR, a

<sup>1</sup> [http://www.farmaflux.be/?page\\_id=1903&lang=fr](http://www.farmaflux.be/?page_id=1903&lang=fr)

<sup>2</sup> <https://www.service-public.fr/particuliers/vosdroits/F16033>

<sup>3</sup> <http://www.bmg.bund.de/themen/krankenversicherung/e-health-gesetz/allgemeine-informationen-egk.html>

referral to the NHS was prevented; in 18%, a prescribing error was avoided. The roll-out should be completed by autumn 2017; however, community pharmacists will have read-access only. <sup>4</sup>

## 2. Medicine errors after hospital discharge

---

The picture regarding medicine errors after patients are discharged from hospital varies greatly across Europe. In a survey of over 1,000 pharmacists in 34 European countries conducted by the **European Association of Hospital Pharmacists** <sup>5</sup> in October 2015, there was a huge variety of responses to the statement: 'Hospital pharmacists should promote seamless care by contributing to transfer of information about medicines whenever patients move between and within healthcare settings.'

In some cases, respondents stated that there was no need for the pharmacist to do this process as a patient's record is transferred automatically electronically, e.g. Denmark and France. However, in other cases, respondents said that their IT systems were not robust enough to allow for this, e.g. Greece and Ireland.

A Spanish hospital project <sup>6</sup> addressed medication reconciliation at discharge for 57 elderly patients with polypharmacy using an electronic record filled in by doctors to promote continuity of care and adherence. The results showed the benefits of this approach:

- 696 medicines were reconciled by hospital pharmacists (12.2 drugs/patient)
- There were found 143 discrepancies (2.5 discrepancies/ patient): 135 of them were justified (94.4%) and the other 8, were medication errors (0.014%).

---

<sup>4</sup> <http://systems.hscic.gov.uk/scr/pharmacy>

<sup>5</sup> Pan-European survey of hospital pharmacies, October 2015

<http://www.eahp.eu/press-room/access-patient-medical-record-among-top-challenges-european-hospital-pharmacy>

<sup>6</sup> M .Moro Agud *et al.* *Reconciliation and drug information to geriatric polymedicated patients at discharge using information technologies*, Hospital Universitario La Paz, Pharmacy, Madrid, Spain, April 2011-March 2012  
[http://ejhp.bmj.com/content/20/Suppl\\_1/A55.2.full.pdf](http://ejhp.bmj.com/content/20/Suppl_1/A55.2.full.pdf)