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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. [1]
- **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. [2]
- **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. [3]
- **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

[1] http://www.farmaflux.be/?page_id=1903&lang=fr
[2] https://www.service-public.fr/particuliers/vosdroits/F16033
[3] 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. [4]

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** [5] 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[6] 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%).

[4] http://systems.hscic.gov.uk/scr/pharmacy
[5] Pan-European survey of hospital pharmacies, October 2015
http://www.eahp.eu/press-room/access-patient-medical-record-among-top-challenges-european-hospital-pharmacy
[6] 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