

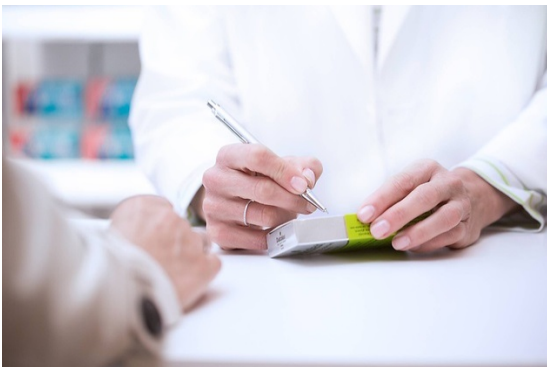
Celesio Policy Position

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 countries¹ 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

¹ 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,² 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.³ 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,⁴ 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.'*

² See Annex

³ 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

⁴ 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>