

ADOPTION AND USE OF ELECTRONIC MEDICAL RECORDS AND EPRESCRIBING

Health care that is safe, effective, timely, efficient and patient-centred relies on the right information reaching the right person (or organisation) at the right time. A digitalised information infrastructure that ensures timely and reliable sharing of clinical and other information can improve health outcomes and efficiency, and also create a repository of valuable data for researchers and system managers (OECD, 2017). Enabling people to access, and interact with, their electronic medical record (EMR) is an important feature that can help people become more involved in their health and their care.

The European Commission's Digital Single Market Strategy includes three pillars to improve the health and care sector across the EU: 1) to secure access to and sharing of personal health information across borders, with the intention of going beyond ePrescriptions and patient summaries and establish full interoperability of member states' EMRs and a European exchange format for electronic records; 2) to connect and share health data to enable research, better diagnosis and improved health; and 3) to strengthen citizen empowerment and individual care through eHealth solutions and new care models (European Commission, 2018).

Many countries are implementing EMRs across health care settings, including primary care. In 2016, the proportion of primary care practices using an EMR was about 80% on average across 15 EU countries, although there are wide variations (Figure 8.1). While an EMR was used in all or nearly all primary care practices in Denmark, Estonia, Finland, Greece, Spain, Sweden and the United Kingdom, its use was much more limited in Croatia and Poland. In Denmark and the United Kingdom, the proportion of primary care practices using an EMR doubled between 2012 and 2016.

In most of these 15 countries, patients are able to view information contained in their electronic record (with the only exceptions being Croatia, the Czech Republic and Ireland), and in half of these countries (Denmark, Estonia, France, Greece, Latvia, Luxembourg, Spain and Sweden), patients are also able to interact with their record, for example to add or amend information (Oderkirk, 2017).

ePrescribing, which allows prescribers to write prescriptions that can be retrieved by a pharmacy electronically, can improve the accuracy and efficiency of pharmaceutical drug dispensing. Most countries are transitioning from paper-based to ePrescribing, but the implementation of ePrescribing varies greatly across the EU (Figure 8.2). In 2018, over 90% of prescriptions were transmitted to community pharmacies electronically in Finland, Estonia, Sweden, Denmark, Portugal and Spain.

On the other hand, ePrescribing has not been implemented yet in several countries (such as Bulgaria, Cyprus, France, Germany, Ireland, Luxembourg, Malta and Poland), although all these countries have stated that they plan to start implementing ePrescribing at regional or national levels over the next few years.

Definition and comparability

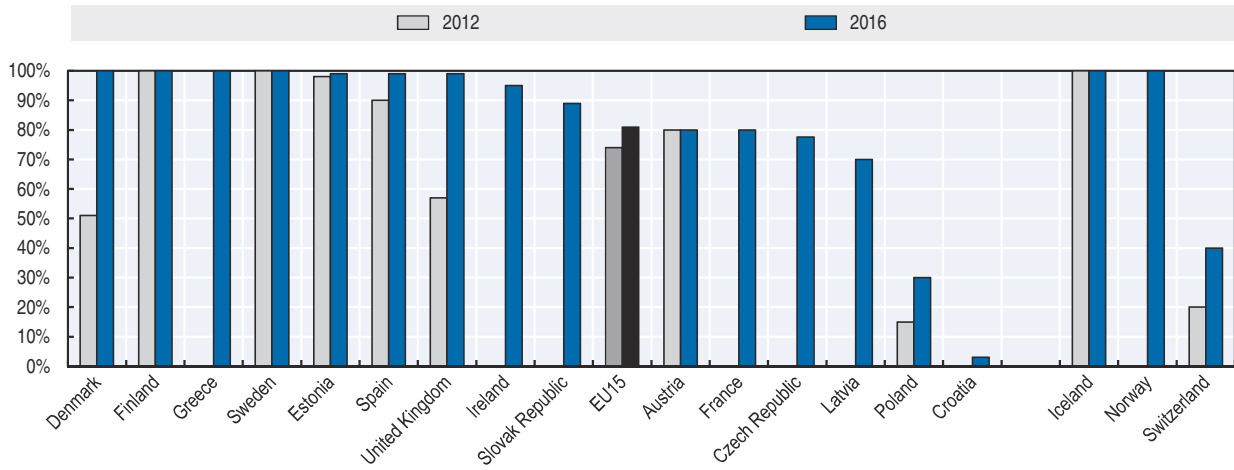
An Electronic Medical Record (EMR) is a computerised medical record created in an organisation that delivers care, such as a hospital or physician's office, for patients of that organisation. Ideally, EMRs should be shared between providers and settings to provide a detailed history of contact with the health care system for individual patients from multiple organisations (Oderkirk, 2017). The figures presented on EMR implementation come from a 2016 survey of OECD countries to which 15 EU countries responded. The same survey was carried out in 2012, with 8 responses from EU countries.

ePrescribing is the computer-based electronic generation, transmission and filing of a medicine prescription. It allows prescribers to write prescriptions that can be retrieved by a pharmacy electronically without the need for a paper prescription. ePrescribing systems may also be linked or integrated to the reimbursement and claiming system. The figures presented on ePrescribing are derived from a 2018 survey of the Pharmaceutical Group of the European Union (PGEU).

References

- European Commission (2018), Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM:2018:233:FIN>.
- Oderkirk, J. (2017), "Readiness of electronic health record systems to contribute to national health information and research", *OECD Health Working Papers*, No. 99, OECD Publishing, Paris, <https://doi.org/10.1787/9e296bf3-en>.
- OECD (2017), *New Health Technologies: Managing Access, Value and Sustainability*, OECD Publishing, Paris, <https://doi.org/10.1787/9789264266438-en>.

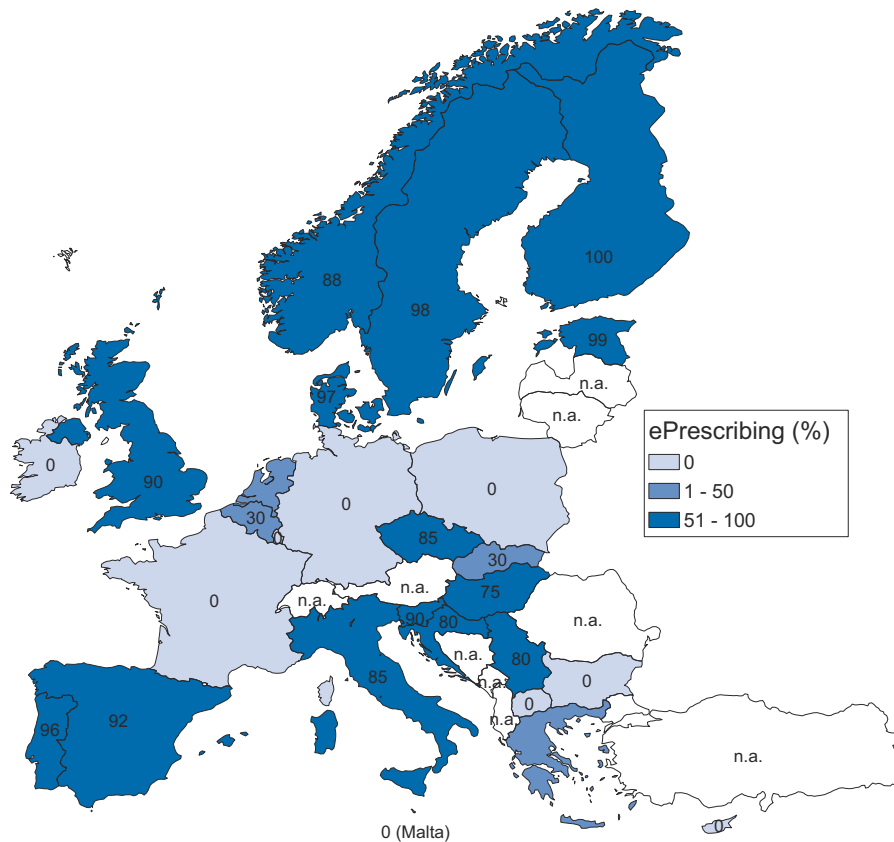
8.1. Percentage of primary care physician offices using electronic medical records, 2012 and 2016



Source: OECD Survey of Electronic Health Record System Development and Use, 2012 and 2016.

StatLink <http://dx.doi.org/10.1787/888933836732>

8.2. Percentage of ePrescriptions in community pharmacies, 2018



Note: Greece and the Netherlands are implementing ePrescribing but the percentage was not reported.

Source: Pharmaceutical Group of the European Union (PGEU).

StatLink <http://dx.doi.org/10.1787/888933836751>



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