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Neighbourhood Pharmacies' Response to Canada Health Infoway RFEOI Regarding PrescribelT® Funding

On May 30, 2024, Canada Health Infoway (CHI) released a *Request For Expression of Interest for The Future of PrescribelT®* stating their desire to “explore alternative models that will further drive the growth, evolution, and adoption of the solution.” In addition, the RFEOI suggests that CHI could begin billing pharmacies as a foundation for future revenue streams.

PrescribelT® is a national not-for-profit e-prescribing service managed by CHI that enables prescribers and pharmacists to transmit prescriptions electronically and to communicate in a patient-centered, collaborative, and seamless manner. Health Canada has been the primary funder of the PrescribelT® tool since its launch in 2016. Since that time, we have worked with CHI to prevent or delay the imposition of any usage fee on pharmacies, including successfully advocating to Health Canada in 2022 to continue its financial support.

We fully support the broad use of solutions like e-prescribing to improve operational efficiency at pharmacies, reduce administrative burden on pharmacy teams and increase capacity for pharmacy teams to provide direct patient care. We are also confident that the widespread adoption of e-prescribing tools will enable many pharmacies to achieve significant labor efficiencies in the future.

E-prescribing tools have system-wide benefits, including improved prescribing accuracy, ultimately leading to fewer medication errors, adverse drug events (ADEs), and improved patient safety.^{1,2} Additionally, e-prescribing tools have been proven to enhance efforts to prevent drug diversion and improve the management of opioid prescriptions.^{3,4} The increased efficiencies offered by such tools support more timely access to patient care and service, accelerated identification of medication therapy issues, and in many cases, cost savings.^{5,6,7}

¹ Kaushal et. al. Electronic Prescribing Improves Medication Safety in Community-Based Office Practices. J Gen Intern Med. 2010 Jun; 25(6): 530–536.

² Hufstader et al. E-Prescribing and Adverse Drug Events: An Observational Study of the Medicare Part D Population With Diabetes Medical Care: (May 2017).

³ Pylypchuk Y, Parasrampur S, Smiley C, Searcy T. Impact of Electronic Prescribing of Controlled Substances on Opioid Prescribing : Evidence from I-Stop Program. Medical Care Research and Review. 2022.

⁴ Everson et al. Association of Electronic Prescribing of Controlled Substances With Opioid Prescribing Rates JAMA Netw Open. 2020;3(12):e2027951

⁵ Cornford T et al. The evaluation of the electronic prescription service in primary care. (2014).

⁶ Zadeh, P. E., & Tremblay, M. C. (2015). A review of the literature and proposed classification on e-prescribing: Functions, assimilation stages, benefits, concerns, and risks. Research in Social and Administrative Pharmacy 12 (2016) 1–19

⁷ NHS Digital (2017) NHS saves £130M using electronic prescriptions

However, the cost of doing business is far outpacing available funding for pharmacies. If CHI begins charging pharmacies a transactional fee, this could have an impact of up to \$48 million annually to the pharmacy sector, equal to a loss of almost 1 million hours of pharmacist care each year.

The benefits of e-prescribing and the improved quality of healthcare services it supports extend systemically to multiple stakeholders across the healthcare landscape, not just pharmacies and their patients, but also prescribers, other healthcare providers, provincial governments, and healthcare systems. Pharmacies should not bear the sole responsibility for the costs associated with the use of this tool.

To support the longevity of this critical resource, we encourage CHI to develop an equitable funding model based on cost recovery contributions from all stakeholders who benefit from the use of the e-prescribing tool. Such investment will foster the connection and collaboration necessary for the healthcare system, which is particularly vital during this period of exceptional system pressures.

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