Shared Electronic Patient Record Access for Community Pharmacists:

Is there a need and what are important considerations for the design, use and implementation?

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Dissertation Abstract

Introduction

There is a compelling need to improve the effectiveness and efficiency of healthcare and in particular, the quality and accessibility of information being shared among care providers. Shared electronic patient records (shared EPRs) are perpetually updated online summaries of care which can be used to support timely sharing of accurate patient information across care settings. A shared EPR is one of the proposed core components of the Electronic Health Record for Ireland. In England, a shared EPR called the Summary Care Record is already available, with access now extended to community pharmacists.

As a pivotal member of the primary care team, community pharmacists have previously expressed a desire to have access to more information about patients. Due to their accessibility and expertise there have been calls for greater involvement of community pharmacists in out-of-hours care, transitions of care and medication reconciliation, with clear benefits to care outcomes demonstrated when this happens. The Pharmaceutical Society of Ireland's *Future Pharmacy Practice in Ireland* document recommends that pharmacy should be incorporated in the development of national health IT systems. However, the development and implementation of such systems are complex undertakings that are prone to failure. Therefore, a structured approach should be taken in the development of a shared EPR for Ireland, identifying the need that exists, considering how it should be designed, its potential use and how to successfully implement it in practice.

Aims

This research reviews existing evidence from which a conceptual framework is developed to support the development of shared EPRs. It describes the Summary Care Record in England and current progress on community pharmacist access. It also surveys community pharmacists in England and Ireland about their views on shared EPRs. In doing so, it aims to learn from community pharmacists in England about their experience of Summary Care Record and provide recommendations for the design, use and implementation of a shared EPR for Ireland, particularly as it applies to community pharmacy.

Methods

A literature review was conducted and a conceptual framework was developed. Two online questionnaires were created. One was for community pharmacists in Ireland to assess their readiness and willingness for shared EPR access, the other for community pharmacists in England to learn about

their experience of Summary Care Record access and their views on implementation of the system. The questionnaires were completed by 201 community pharmacists in Ireland and 57 community pharmacists in England. Data were analysed using frequencies, mean and standard deviation. Chi-square tests and Mann Whitney U tests were used to test for independence and difference.

Results

The conceptual framework outlines the important considerations to be addressed in shared EPR development under the headings of need, design, use and implementation. Results from the questionnaires showed that community pharmacists in Ireland would like access to more information about patients, particularly in relation to medication history, allergies, diagnoses and rationale for therapy changes. Community pharmacists in England report that access to additional information through Summary Care Records is improving a number of areas of practice, with a greater effect reported among those using the system frequently. They rate information relating to medication history as most useful. However, Summary Care Record was perceived to be limited in its current form. Community pharmacists in Ireland and England indicate a strong willingness to share information from their systems with other pharmacists and doctors. In general, community pharmacists in England appear to be more conservative about the prospect of sharing such information than their counterparts in Ireland.

Discussion & Conclusion

This research has shown that a clear need exists for shared EPR access for community pharmacists. The design of shared EPRs must consider the user interface and experience, content of the record and access security. There are a variety of ways in which shared EPRs could be used within community pharmacy to benefit patients and practice, with initial improvements likely to be in efficiency of care and access to information out-of-hours. Implementation of shared EPRs is a large-scale project requiring sociotechnical change and should ensure careful planning, with appropriate consideration given to training, evaluation and impact on role.