Navigating Electronically Generated Prescriptions

One of the most frequently asked questions by members at the College is what the responsibility of the pharmacist is when they are presented with an electronically generated prescription (i.e. a prescription generated from an Electronic Medical Record). Confusion among prescribers and pharmacists regarding what constitutes e-prescribing, and how prescription technology can be used responsibly has further compounded this issue. This article builds on the Position Statement, Authenticity of Prescriptions using Unique Identifiers for Prescribers, which was released by the College in 2013. Clarification of e-prescribing and electronic prescriptions generated by EMR is provided to support members' understanding of prescription technology and enable informed dialogue with prescribers. Within this article are some considerations to keep in mind when working with electronically generated prescriptions.

A prescription cannot be dispensed in a pharmacy unless it is authorized by a prescriber, verbally, or by signature. Health Canada has broadly defined "signing" as "whatever is determined to be necessary to authorize and validate the order" which no longer refers only to a pen-and-ink signature.

EVALUATING THE AUTHENTICITY OF A PRESCRIPTION GENERATED BY A COMPUTER-BASED SYSTEM

It is sometimes difficult to verify whether a signature is unique when a prescription generated by an EMR and printed with a digitized signature affixed to it is presented at a pharmacy. As outlined in the Standards of Practice, a pharmacist is required to verify a prescription with the physician when it seems inappropriate for the patient, by using their judgment to assess the entire circumstances around the prescription. An assessment of the authenticity of any prescription should not be determined based solely on the unique identifier used to authenticate the prescription. The pharmacist is not responsible for ensuring the prescriber has complied with relevant College of Physicians and Surgeons of Ontario (CPSO) policies and guidelines, or legislative requirements, nor is he or she responsible for assessing appropriateness of any unique identifier used in a prescription authorization process. The responsibility of the pharmacist when verifying a prescription is to ensure that the prescription is authentic and is appropriate for the patient.

ELECTRONIC PRESCRIBING (E-PRESCRIBING) VERSUS PRESCRIPTIONS GENERATED BY AN ELECTRONIC MEDICAL RECORD (EMR)

E-prescribing

E-prescribing is the secure electronic creation and transmission of a prescription between an authorized prescriber and a patient's pharmacy of choice, using clinical Electronic Medical Record (EMR) and pharmacy management software.[1] E-prescribing is completely paper-free without intermediary faxes or scanned images of paper prescriptions. [2] Paper-free e-prescribing is not currently deployed in Ontario. E-prescribing would permit health care professionals to rely upon a system's security features to support prescription authentication and the protection of patient privacy during prescription transmission. This would be accomplished through the implementation of a standardized process with controls for all prescriptions, regardless of the number of prescriber systems involved. Prescriptions would be transmitted as an electronic message to a jurisdictional prescription "hub" which electronically re-transmits the prescription to a pharmacy's computer. Regular e-mail (i.e. not a secure web mail portal) is not a secure medium for prescription transmission and therefore is not permitted. [3]

Prescriptions Generated by an EMR

EMR systems are generally stand-alone operating systems that do not link to a province-wide system, therefore "paperless" (i.e. no fax or digitized image of a prescription) transmission from an EMR can only occur within a closed network (e.g. within a family health team, or a hospital). EMR generated prescriptions can use multiple types of technological substitutes for a handwritten signature combined with one of the available prescriber authentication techniques (discussed in the College's position statement). These systems rely on computer-generated faxes or a digitized image of a prescription to transmit the final prescription to the pharmacy. Current practice in Ontario which uses facsimile transmission of EMR generated prescriptions, and the transmission of a digitized image of a prescription within a closed network, does not constitute true e-prescribing. ▪️

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1. Canadian Medical Association, Canadian Pharmacists Association. e-Prescribing Joint Statement. Retrieved at http://www.pharmacists.ca/cpha-ca/assets/File/ePrescribingStatementENG2013.pdf

2. eHealth Ontario. Canada's First ePrescribing Program Launches in Ontario (2009). Retrieved at http://www.ehealthontario.on.ca/en/news/view/canadas-first-eprescribing-program-launches-in-ontario

3. Information and Privacy Commissioner Ontario. Privacy Protection Principles for Electronic Mailing Systems (1994). Retrieved at http://www.ipc.on.ca/images/Resources/email-e.pdf