Policy Statement:

1. Intro of what eHealth is in relation to pharmaceutical care / pharmacy practice and the means which are used
2. Documentation of medication use of patients to improve use (safe, rational effective – check for DRPs) and use of best practice
3. Interprofessional collaboration / integrated care for the benefit of the patient (access point via pharmacy)
4. Involve end users and their needs (recognition that pharmacists should be consulted) and consider continuous education / training to advance eHealth literacy skills
5. Involve pharmacists in all national eHealth Action Plans

Policy Statement:

6. Facilitate pharmacists' own eHealth solutions (to improve practice/optimise workflow/communication with patients and other HCPs)

7. Evaluate & recommend the implementation of eHealth solutions for supporting the role of the pharmacist in facilitated self-medication

8. With the aim of protecting the patient, all activities should be in accordance with the relevant EU legislation (e.g. privacy, safety)

9. Recommendations for communication of the implementation of eHealth supported intervention strategies in pharmacies to improve the use of medications

10. PCNE makes reference to the recommendations of the PGEU 2016 Statement on eHealth and supports their implementation in Member States' policies

eHealth Solutions and Pharmacy:
PCNE Policy Recommendations for Implementation

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INTRODUCTION
to eHealth and Pharmaceutical Care

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Action

1. Intro of what eHealth is in relation to pharmaceutical care / pharmacy practice and the means which are used

INTRODUCTION

eHealth

eHealth has been defined in several ways and several EU and global Institutions have also provided definitions.

The WHO defines eHealth as "*eHealth is the use of information and communication technologies (ICT) for health. Examples include treating patients, conducting research, educating the health workforce, tracking diseases and monitoring public health*".

The European Commission defines eHealth as "*eHealth is the use of ICT in health products, services and processes combined with organizational change in healthcare systems and new skills, in order to improve health of citizens, efficiency and productivity in healthcare delivery, and the economic and social value of health. eHealth covers the interaction between patients and health-service providers, institution-to-institution transmission of data, or peer-to-peer communication between patients and/or health professionals*"

Oh H., Rizo C., Enkin M. and Jadad A. What Is eHealth (3):A Systematic Review of Published Definitions. *Med Internet Res* 2005;7(1):e1) doi:10.2196/jmir.7.1.e1
WHO 2012 http://www.who.int/topics/ehealth/en/
European Commission 2012 https://ec.europa.eu/digital-single-market/en/news/ehealth-action-plan-2012-2020-innovative-healthcare-21st-century

BACKGROUND
on Policy, Practice and Research

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Action

2. PCNE makes reference to the recommendations of the PGEU 2016 Statement on eHealth and supports their implementation in Member States' policies

**BACKGROUND on Policy, Practice and Research**

PGEU's recommendations on eHealth:

1. Policy makers, ICT developers and other healthcare professionals should engage with pharmacists as experienced users to develop eHealth policies and services at local, regional or national levels as appropriate;

1. eHealth should be integrated into health systems complementing and supporting existing practice, with pharmacy potentially as a link between several services, organisations and infrastructures;

1. Electronic health records should be linked with ePrescribing systems, thus allowing healthcare professionals involved in patient care to access necessary patient information from the electronic health record. There also should be a facility to update the electronic health record with relevant information when necessary, in order to increase the capacity to identify and address potential medication and patient safety-related issues;

1. Communication and collaboration between patients, healthcare professionals and ICT developers is crucial to obtain the full potential of eHealth technologies and to build confidence and trust. When developing guidelines for eHealth, policy makers are called upon to meaningfully involve their end users;

1. The community pharmacy profession should be recognised, supported and adequately reimbursed for their continuous investment in eHealth, ICT infrastructure, eSkills of the workforce and contribution to improved health outcomes and reduced healthcare costs.
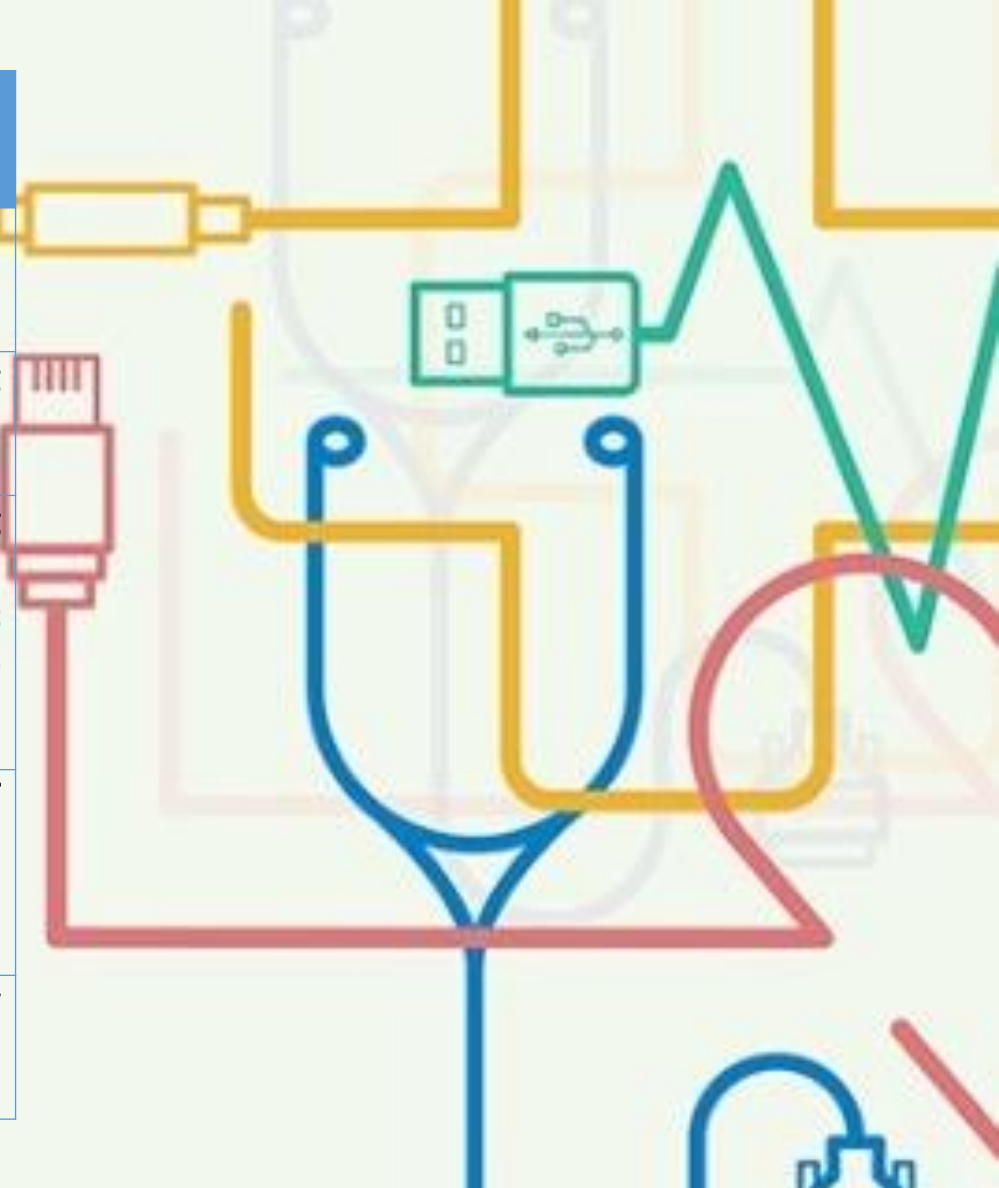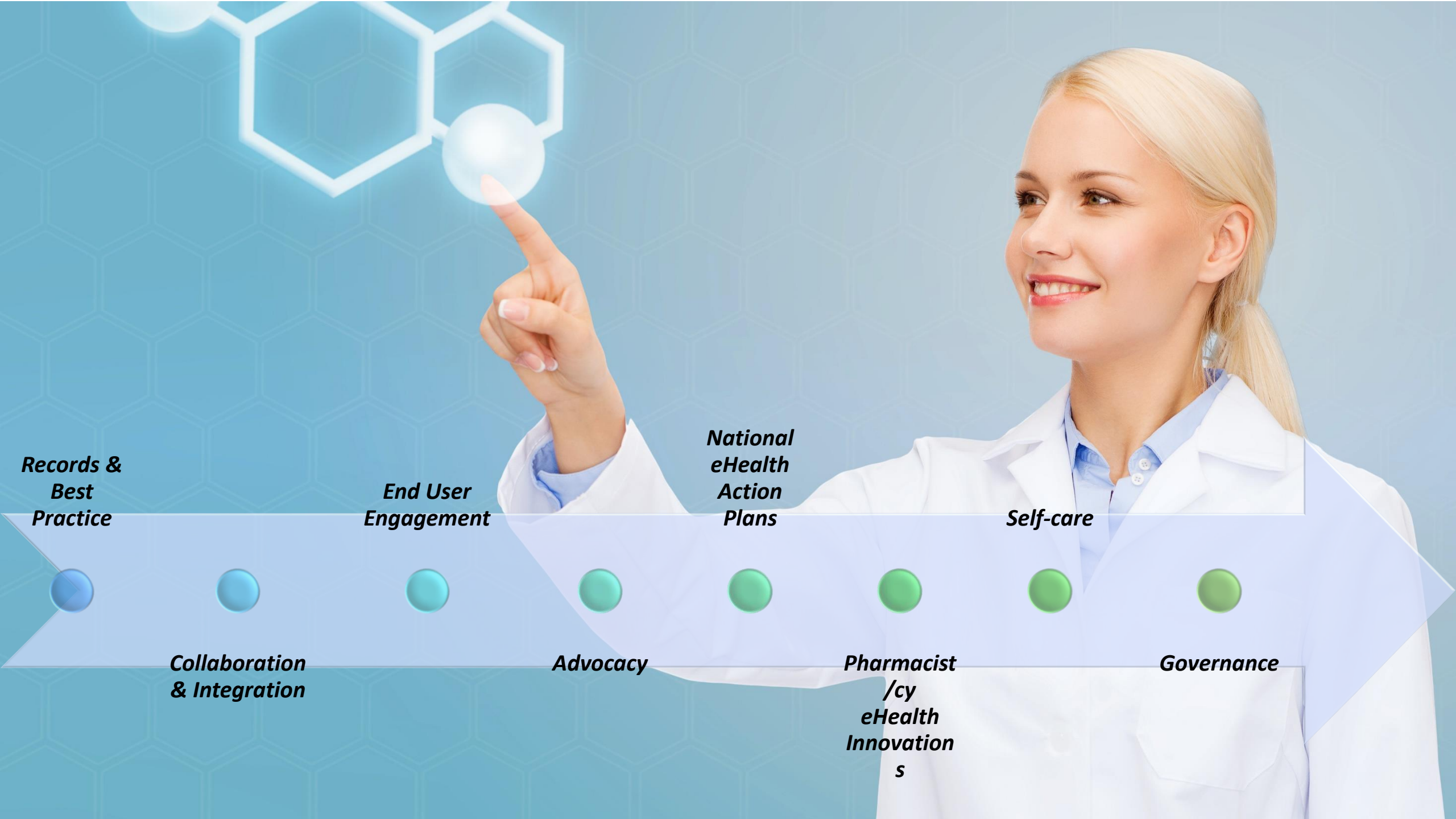
Records &
Best
Practice

Collaboration
& Integration

End User
Engagement

Advocacy

National
eHealth
Action
Plans

Pharmacist
/cy
eHealth
Innovation
s

Self-care

Governance

RECORDS and
BEST PRACTICE

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RECOMMENDATION

Implementation of suitable algorithms and methods of data extraction
Collaboration between software developers, pharmacies and patients
Access to exhaustive data and seamless communication between HCPs
Standards to detect and evaluate inappropriate medication
Willingness of patients to share data in accordance to privacy legislation
Digitised data will feed easily into research projects

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Action	Barriers	Facilitators
3. Documentation of medication use of patients to improve use (safe, rational effective – check for DRPs) and use of best practice **RECORDS & BEST PRACTICE**	• Lack of time • Lack of standards / information / suitable algorithms to indicate inappropriate medication • Stakeholder uptake • Lack of motivation • Access to exhaustive data (fragmentation & interoperability of data) • Obligation to react on data by pharmacist • Unwillingness to patient to share data / privacy • Health literacy • Complexity of medication / regimem • Lack of remuneration • Acceptance by physicians	• Collaboration with software developers & pharmacies play a role in quality assurance • Implement suitable algorithms and data extraction to evaluate • Accreditation for implementation • Remuneration for documentation and informing other HCPs / not dispensing a medicine • Documentation of best practices (dissemination) • Follow-up, feedback & support from patients (patient reported outcomes & satisfaction) • Access to documentation by patients • Branding as a personalised service • Articulate data documentation

COLLABORATION and
INTEGRATION

RECOMMENDATION

Joint HCP educational programs
CPD, further training and education
Collaborative projects & public health activities
Joint remuneration
Institutional support
New legislation and enforcement and accountability
Clearly defined roles and agreement of roles
Sharing best practices on interprofessional collaboration

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Action	Barriers	Facilitators
4. Interprofessional collaboration / integrated care for the benefit of the patient (access point via pharmacy) **COLLABORATION & INTEGRATION**	• Lack of trust, communication • Differing professional strategies • Lack of understanding of others' roles • Competition & commercial opposition • Financial (dis)incentives, overlapping roles, dis-jointed remuneration • Education and training • Communication skills & unsupportive systems to commuinicate • Lack of institutional support / prof bodies • Interoperability information systems (between professions) • Wrong professional self-esteem • Dis-joint between care sectors • Protectionism by GPs / pharmacy	• Joint educational programs (e.g; during the study) • CPD, further study (intra-prof training) • Collaborative projects & public health activities • Joint remuneration (HCPs, payers) • Institutional support (incl stimulation) • New legislation and enforcement / accountability • Clearly defined roles & agreement of roles • Sharing best practices on interprofessional collaboration • E-Health coach for pharmacists

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END USER ENGAGEMENT

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RECOMMENDATION

Consistent use of agreed terminology / nomenclature
Education on improving digital health literacy
Participation in eHealth projects
Collaboration with patients / patients' organisations / patient movements using eHealth
Pharmacies could consider resource allocation and workflow to incorporate eHealth solutions in providing patient care and maximising efficiencies

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Action	Barriers	Facilitators
5. Involve end users (patients, pharmacists, other HCPs) and their needs and consider continuous education / training to advance eHealth literacy skills **END USER ENGAGEMENT**	• Lack of interest from end users • Language & low (digital)health literacy / lack of knowledge of end users, developers • Lack of follow-up and monitoring • Perceived lack of time and/or due to high complexity of solution (implementation & adherence to use) • Lack of remuneration / incentives • Lack of privacy • Inadequate digital infrastructure & interoperability • Insufficient understanding of future potential of eHealth • Patient perceptions of pharmacy environment • Sustainability of eHealth solutions • Quality of the eHealth solution • Perception of marketing activities by end users • Investment costs too high	• Education on the potential of eHealth solutions to improve knowledge of benefits • Education on improving digital health literacy / participation in eHealth projects • Consistent use of agreed terminology/nomenclature • Collaborating with patients / patients' organisations / patient movements using eHealth • Adjusting pharmacy resources and workflow to incorporate eHealth solutions in providing patient care and maximising efficiencies • Marketing, dissemination & use of digital media by pharmacies / prof organisations, in addition to traditional communication channels • Positive feedback (stories) from early adopters

ADVOCACY

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RECOMMENDATION

Collect, audit, review and publish real-world evidence to support pharmacists' contributions in the provision of care to patients
Active participation and lobbying of pharmacists and professional bodies at relevant fora
Collaborate with patient representatives, physicians and other healthcare providers to promote the use of eHealth solutions during the medication review process and other services provided in the pharmacy

Action	Barriers	Facilitators
6. Advocate for the recognition that pharmacists should be consulted in the development of eHealth **ADVOCACY**	• Lack of awareness from pharmacists, Insitutions and health stakeholders • Lack of visibility and participation by pharmacists at relevant fora • Lack of percieved value / lack of convincing evidence of pharmacists' eHealth interventions • Lack of effective lobbying • Patient perceptions of pharmacy environment • Uninclusive (to pharmacists) eMarketing activities and issues surrounding conflicts of interest	• Collaborating with patients / patients' organisations / patient movements using eHealth • Collaboration with physicians and other HCPs • Promoting use of eHealth solutions during medication review process and other pharmacy services / practrices • Collection of evidence (real world), audit and evaluation • Publish evidence / HTA, EBM, clinical guidelines and best practices • Active participation / visibility / engagement of pharmacists / prof associations at relevant fora • Advocate for inclusion of pharmacists as a potential end user • Creation / development of an Observatory / a certification body to evaluate & approve eHealth solutions • Increase organised participation of pharmacists in health politics, policies

NATIONAL eHEALTH ACTION PLANS

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RECOMMENDATION

The national organisations that represent community pharmacy should actively promote community pharmacy as a relevant provider of eHealth and stakeholder in national eHealth Action Plans
The national organisations that represent community pharmacy should have an eHealth strategy for community pharmacy
Initiatives to generate scientific evidence to support the implementation of eHealth initiatives should be conducted by pharmacy practice research groups
Instating an eHealth observatory in order to document current and future eHealth initiatives and to support the common interests of HCPs in eHealth care. The observatory should include relevant stakeholders (community pharmacy, GP, policy makers, other HCPs)
Implementation projects demonstrating the role of the community pharmacist in the provision of eHealth should be conducted and supported

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Action	Barriers	Facilitators
7. Involve pharmacists in all national eHealth Action Plans **NATIONAL eHEALTH ACTION PLANS**	• Poor recognition of role of pharmacists by policy makers other prof bodies • Competing interests / lack of strategy within fragmented profession • Lack of action / advocacy / activity by professional bodies & pharmacists • Lack of technical competence • Ineffective lobbying • Lack of interest and conservativism (pharmacists) • Perceived bad image of pharmacists with politicians	• Demontrate evidence of contribution by pharmacist • Creation of an Observatory with annual reporting • Changing the perception of the role of pharmacists • Creation of a national ePharmacy strategy (for pharmacists, by national prof bodies of pharmacists) to root it into the general national eHealth strategy • Implementation capacity • Adequete lobbying by prof bodies / support from health authorities • Legislation recognising role of eHealth in healthcare, by sharing best practices

RECOMMENDATION

Education on digital literacy
Use of business models
Innovation and service development

Action	Barriers	Facilitators
8. Facilitate pharmacists' own eHealth solutions (to improve practice /optimise workflow/communication with patients and other HCPs) **PHARMACIST/CY eHEALTH INNOVATIONS**	• Lack of knowledge & digital literacy, skills, time, energy, resources • Lack of business model • Indistinct roles within pharmacy • Lack of human resources / team to develop • Competition within profession • Lack of communication with other HCPs	• Education on digital literacy, business models, innovation and service development • Making the first small step • Keep uptodate with trends in market • Understand local health need / demands • Financing and funding • Raising competition • Building on existing systems, interoperable, user-friendly, afordable • Open co-operation with other partners • Integrate patient internet & digital tools for health / wellbeing and healthcare with pharmacists/cies

SELF-CARE

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RECOMMENDATION

Need for confronting and tackle the challenges such as uaccredited, biased, unreliable or inaccurate sources of online information, inaccurate claims and false advertising, including the trivialising of self-care/medication and absence of communication with pharmacist.
There is a great necessity to improve collaborating with patients, patients' organisations and patient movements using eHealth solutions.
There should be proactive engagement towards co-operation with other partners (including industry, developers and other healthcare professionals)
Pharmacist should be a part of actions and projects supporting their role as digital healthcare coach.

Action	Barriers	Facilitators
9. Evaluate & recommend the implementation of eHealth solutions for supporting the role of the pharmacist in facilitated self-medication and self-care **SELF-CARE**	• Unaccredited, biased, unrelaible or innacurrate sources of online information • Inaccurate claims / false advertising • Trivialising of self-care/medication	• Collaborating with patients / patients' organisations / patient movements using eHealth • Open co-operation with other partners • Actions supporting pharmacist as digital healthcare coach / projects • Empower pharmacists in advising using online channels

GOVERNANCE

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RECOMMENDATION

Create a European Observatory of eHealth solutions which in collaboration with respective national representatives would be responsible for ongoing monitoring of eHealth initiatives
Explore possibility of certification of compliance (perhaps by observatory) on eHealth solutions
Active public discussion as well as engagement of HCPs and patients in creating new legislation regarding eHealth

Action	Barriers	Facilitators
10. With the aim of protecting the patient, all activities should be in accordance with the relevant EU legislation (e.g. privacy, safety) **GOVERNANCE**	• Potential gaps in legislation in covering new eHealth solutions (which can cause a delay in new initiatives) • Lack of informing pharmacist privacy & safety	• Creation of an Observatory of eHealth solutions • More public discussion / engagement of professionals and patients in creating new legislation

SUPPORT Tools for Evidence-informed Policymaking in health 6: Using research evidence to address how an option will be implemented

Atle Fretheim*[1], Susan Munabi-Babigumira[2], Andrew D Oxman[2], John N Lavis[3] and Simon Lewin[4]

Questions to consider

1. What are the potential barriers to the successful implementation of a new policy? √

2. What strategies should be considered in planning the implementation of a new policy in order to facilitate the necessary behavioural changes among healthcare recipients and citizens? √

3. What strategies should be considered in planning the implementation of a new policy in order to facilitate the necessary behavioural changes in healthcare professionals?

4. What strategies should be considered in planning the implementation of a new policy in order to facilitate the necessary organisational changes?

5. What strategies should be considered in planning the implementation of a new policy in order to facilitate the necessary systems changes?

√
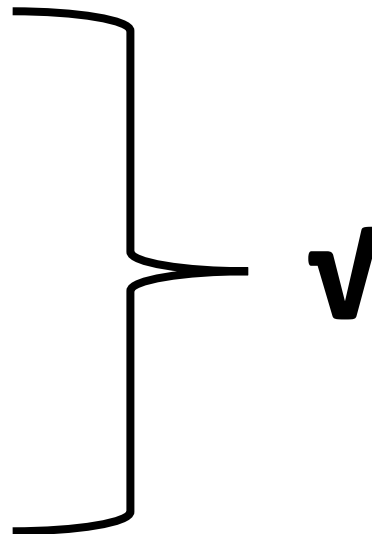
We did this in one exercise rather than separately in:

- HCP/patient
- Organisational
- System

Recommendations on the implementation of eHealth supported intervention strategies in pharmacies to improve medication use

Barriers

- ~~Lack of suitable algorithms to indicate inappropriate medication~~
- ~~Lack of evidence~~

Facilitators

- ~~Implement suitable algorithms~~
- ~~Collection of evidence (real world), audit and evaluation~~
- ~~Publish evidence / HTA, EBM, clinical guidelines and best practices~~

Next Steps

- We have identified 10 important areas of attention

- What are the next steps for this working group?

  - What do you think would be a useful outcome of this workshop?

    - A report with intro, policy background, recommendations and focus group barriers/facilitators as annex?

Report Structure

- Introduction to eHealth and Pharmaceutical Care
- Background
  - Policy, Practice and Research (*REF: PGEU Statement/Annex*)
- Recommendations
  - Records & Best Practice
  - Collaboration & Integration
  - End User Engagement
  - Advocacy
  - National eHealth Action Plans
  - Pharmacist/cy eHealth Innovations
  - Self-care
  - Governance
- Annex: Barriers/facilitators from focus group