eHealth for a Healthier Europe!
– opportunities for a better use of healthcare resources

OBJECTIVE 3: SUPPORTING DYNAMIC HEALTH SYSTEMS AND NEW TECHNOLOGIES

Information and Communication Technologies (ICTs) in healthcare are known as eHealth

The European Commission's point of view is that in a union where citizens increasingly travel across borders, individuals should be able to find the highest standards of healthcare wherever they go.

The Commission's role is to help national organizations in all member states to learn from each other, thereby facilitating faster development of eHealth across the EU.

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In 2004, the European Commission adopted the eHealth action plan, setting out a series of targets to be met in the years up to 2010.

1) how to address common challenges and create the right framework to support eHealth;

2) pilot actions to jump start the delivery of eHealth; and

3) sharing the best practices and measuring progress.

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The member states are recommended to: Prioritise eHealth initiatives based on political goals and documented Benefits

- Prioritise eHealth initiatives based on political goals.

- Prioritise technologies with documented benefits.
Technologies with the most documented benefits include EMR, CPOE and CDS. Investment in these technologies is more likely to deliver benefits and should be emphasized for member states that are followers rather than early adopters of eHealth.

Trigger tools (TT) in the dispensing process is a CDS within the pharmacy area

Aims:

Make an overview of

- to which extent automated "trigger tools"/ automated Medication Review/ DUR are used in community pharmacies in the European countries;

- which types of alerts are produced;

- how many alerts are produced in routine use;

- if the tools have been evaluated/validated.

The questionnaire was distributed to 34 countries

Response rate:

53 national organizations   26 responded

82 pharmacy chains/co-operations   5 responded

14 countries stated "trigger tools" are used in pharmacy operation

12 countries stated no "trigger tools" are used
– 3 stated "trigger tools" are implemented "soon"

TT in operation	TT not in operation
Belgium	Austria
Czech Republic	Bulgaria
Finland	Croatia
France	Denmark
Germany	Estonia
Ireland	Italy
Netherlands	Latvia
Norway	Lithuania
Portugal	Malta
Slovakia	Romania
Spain	Serbia
Sweden	Turkey
Switzerland	
UK	

Kind of alerts generated by the system – countries (n=14)

Drug-drug interaction	14
(risk-graded drug-drug-interactions 12/14)	
Duplication of drug treatment	10
Contraindications	7
With care when used to children	6
With care when used to elderly	6
Unusual dosages (patient related)	4
Drug normally prescribed for opposite gender	4
Other (pregnancy; lactation; decreased renal function; adverse reactions;	4
Too early refills (adherence problems)	2
Too late refills (adherence problems)	2

Alert fatigue

7 countries stated they have dealt with the problem of alert fatigue.

5 of them by adjusting the default levels of the system and 2 of them by trying to adjust the alerts to clinical relevance

Pharmacy record/Medication history

- 11 countries stated that pharmacy record / Medication history is available at dispensing
  - 3 of them that data for medications dispensed at any pharmacy are available

Lab.data/clinical data

- 5 countries stated that lab.data/clinical data are available "sometimes"

Q & D

The complete picture?

Validity?

Necessity for completion and to validate data