

A summary of the survey results: a cross-border ePrescribing and eDispensing – the first results from Estonia and Finland

Background

The European cross-border ePrescription (CBeP) system was first implemented in January 2019 when it became possible to purchase medications from community pharmacies in Estonia using a Finnish ePrescription. In June 2020, Estonian ePrescriptions became available to be dispensed in Finnish pharmacies. The CBeP is an important milestone in increasing access to medicines across EU, and had been unstudied to date.

Objective

The main aim of this study was to evaluate and gain understanding of the impact of CBePs to access and safe use of medications.

Methods

An online survey was conducted among Finnish and Estonian pharmacists in the spring of 2021. The survey was distributed to all community pharmacies in Finland (n=375) and Estonia (n=289) where CBePs had been dispensed in 2020. Descriptive statistics and content analysis were used to analyse the data. Differences between groups were examined using χ^2 -test ($p < .05$).

Results

In total, 67% (84/126) of the responses from Estonia and 77% (154/201) of the responses from Finland were included in the study. A majority of the respondents dispensed CBePs less than once a month in 2020. Most of the respondents had never had any problems with identifying the patient with CBeP (62% (52/84) of Estonian and 73% (113/154) of Finnish respondents). Those respondents who had encountered problems with patient identification (altogether 73 respondents), most often reported difficulties with interpreting the identity card (33%, 24/73). Nearly all pharmacists agreed that CBeP system is safe from the standpoint of personal data protection. Of the Estonian respondents, 44% (37/84) and of the Finnish respondents, 63% (97/154) always informed the patient about personal data processing in the country of dispensing.

Problems with the availability of medications when dispensing CBePs were reported by 76% (64/84) of the Estonian respondents and 35% (54/154) of the Finnish respondents. However, the problems were encountered rarely. In Estonia, the most commonly reported availability problem concerned the same active ingredient (58%, 49/84) of the medication not being available in the market, whereas in Finland, the most common issue was the unavailability of equivalent package size in the market (20%, 30/154). Encountering ambiguities or errors in the CBePs was reported by 61% (51/84) of the Estonian respondents and 43% (66/154) of the Finnish respondents. Mostly, the availability issues and ambiguities or errors were encountered rarely. The most commonly encountered ambiguities or errors were incorrect pharmaceutical form (27%, 23/84) in Estonia and incorrect total amount of medication (14%, 21/154) in Finland.

Technical problems with using the CBeP system that hindered or slowed dispensing of CBeP were reported by 57% (48/84) of the Estonian respondents and 40% (62/154) of the Finnish respondents. The problems were mostly caused by maintenance or connection problems within the CBeP system. More than half of the Finnish and Estonian respondents (62%, 52/84 of Estonian and 95/154 of Finnish respondents) felt they had received sufficient training for dispensing the CBePs. Most of the Finnish

(86%, 133/154) and Estonian (63%, 53/84) respondents had access to the guidelines for dispensing CBePs.

Majority of the respondents considered the use of medications with CBeP to be either 'somewhat safe' or 'safe' (80% (67/84) of Estonian and 66% (101/154) of Finnish respondents). Approximately 70% of the respondents in both countries (59/84 of Estonian and 108/154 of Finnish respondents) agreed that it is difficult to counsel the patient with CBeP due to language barrier. In addition, majority of respondents (74% (62/84) of Estonian and 83% (128/154) of Finnish respondents) agreed that the dosage instructions in the patient's own language complicate medication counselling. Monitoring the drug interactions when dispensing CBeP was considered difficult by 56% (47/84) of Estonian respondents and 62% (95/154) of Finnish respondents.

The most often mentioned benefit of CBeP was an improved medication availability, both by Finnish respondents (46% (71/154)) and by Estonian respondents (68% (57/84)). The main problem reported by respondents was the pharmacy CBeP dispensing system rigidity (21% (18/84) of Estonian respondents and 43.5% (67/154) of Finnish respondents).

Conclusions

Pharmacists in both Estonia and Finland agreed that CBeP improves access to medications. However, interfering factors, such as ambiguities or errors in CBePs and technical problems in the CBeP system, can reduce access to medications. The respondents had received sufficient training and were informed of the guidelines; however, they felt that the content of the guidelines could be improved. Although the pharmacists considered the use of medications with CBeP to be mostly safe, they also reported disruptive factors, which may not always support the safe use of medications.