



eHälsomyndigheten

Healthcare and care through
distance-spanning technologies

Cross-border ePrescriptions in the Nordic countries

Interim report

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Foreword

This Interim report describes the current situation regarding cross-border ePrescriptions in the Nordic countries and on a European level.

The report is a result of the project *Cross-border ePrescriptions in the Nordic countries* which is part of the Nordic Council priority project *Healthcare and care through distance-spanning technologies*. The project was initiated as part of the Swedish Presidency Programme of Nordic Council of Ministers in 2018.

A final report will be presented at the end of 2020. In addition to an update of the current situation, it will include a plan for continued activities in the Nordic countries concerning cross-border ePrescriptions. It will also include information on the current situation and a future plan for exchange of Patient Summaries in the Nordic countries.

This report was prepared by International Project Coordinator Hans Andersson. Carl Jarnling, Head of Unit, is responsible for the assignment.

The report was approved by Head of Department Peter Alvinsson after presentation by Carl Jarnling, Head of Unit.

Peter Alvinsson

Head of Department eHealth Services

Stockholm, June 18, 2020

Executive summary

There is a vision that the Nordic countries could form an area within the European Union which would be at the forefront of e-health, including cross-border services to their citizens.

The separate Nordic countries are already at the forefront when it comes to the use of ePrescriptions nationally. This is a good start, but some Nordic countries need to further develop their national solutions for ePrescriptions in order to also manage cross-border ePrescriptions.

The Swedish Presidency of the Nordic Council of Ministers in 2018 implemented a special focus on e-health. The Swedish eHealth Agency was tasked to examine, pilot and suggest a plan for continued work on ePrescriptions across Nordic national borders. This assignment is a subproject to the priority project *Healthcare and care through distance-spanning technologies*, running 2018–2020, that was initiated as part of the Swedish Presidency Programme of Nordic Council of Ministers 2018.

This document is an Interim Report which describes the current situation regarding cross-border ePrescriptions in the Nordic countries and on a European level.

Current status of ePrescriptions (eP) in the Nordic countries:

Country	Current Status	Strategy ahead
Denmark	Not actively working on eP cross-border services.	Follows developments and will reassess participation in the future.
Finland (Åland¹)	Active - Since January 2019 Finnish ePrescriptions can be dispensed in other participating member states (currently Estonia and Croatia). In 2020 ePrescriptions from other participating member states will be dispensed in Finland.	Further develop their existing solution and connect more member states.
Iceland	Not actively working on eP cross-border services.	Awaiting political decisions.
Norway	Not actively working on eP cross-border services.	Assessing participation in infrastructure collaboration, e.g. eHMSEG and X-Health, but without connecting to these services.
Sweden	Active – The eP services will technically be ready to go live in 2020. The plan is to go live as soon as the necessary legislation has been updated and adopted.	Go live, and then further develop the existing solution and connect to more member states.

Figure 1 Cross-border ePrescriptions (eP) – current status in the Nordic countries

¹ In Åland the Finnish implementation of the eP cross-border service is used.

Conclusion

If its vision of forming an area within the European Union that is in the forefront of e-health, including cross-border services to its citizens, there must be a political will on both Nordic and national level. Decisions to prioritise cross-border ePrescription work need to be made in all Nordic countries.

The cross-border ePrescription project can function as a guiding example for cross-border health data exchange and will form the necessary infrastructure for further services such as exchange of patient Summaries and other health data.

In October 2019, at the 71st session of the Nordic Council, it was unanimously decided (62-0) that the Nordic Council would recommend to the Nordic Council of Ministers that Nordic citizens should be able to retrieve ePrescriptions throughout the Nordic region and that Nordic ePrescriptions should be able to be retrieved within the EU.

The answer from the Nordic Council of Ministers is that it views the Nordic Council's recommendation as strong support for the work that is already in progress, but that full implementation is only possible when the technical and legal preconditions are met.

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Glossary of Terms

Acronym	Description
CBeHIS	Cross-Border eHealth Information Services
CEF	Connecting Europe Facility
DSI	Digital Service Infrastructure
eHMSEG	eHealth Member State Expert Group
ERN	European Reference Networks - Health systems in the European Union aim to provide high-quality, cost-effective care.
eHDSI	eHealth Digital Service Infrastructure
eP	Electronic Prescription
eP A	Making ePrescriptions available in country of travel
eP B	Dispensation of foreign ePrescriptions
ePrescription	Electronic Prescription
epSOS	Smart Open Services for European Patients
EU	European Union
EUR	Euro
NCPeH	National Contact Point for eHealth
Open NCP	Open source components - Delivering the software components necessary to run an NCPeH
PS	Patient Summary
PS A	Making Patient Summary available in country of travel
PS B	Making Patient Summary available for citizens of other participating member states
Q1, Q2, Q3, Q4	First, second, third and fourth quarter of the year

Figure 2 Glossary of terms

1. Introductory remarks

1.1 The assignment

During the Swedish Presidency of the Nordic Council of Ministers in 2018, one of the focus areas was e-health. It was stated that it would be beneficial if the cross-border exchange of e-health data in the Nordic countries could be extended to include more countries than Finland and Sweden.

A decision was therefore taken to examine the preconditions and develop a plan for continued activities concerning ePrescriptions across Nordic national borders as a subproject to *Healthcare and care through distance-spanning technologies*, which is a priority project 2018–2020 forming part of the Swedish Presidency Programme of Nordic Council of Ministers 2018.

The main project is managed by the Centre for rural medicine – Region Västerbotten and the subproject *Cross-border ePrescriptions in the Nordic countries* is managed by the Swedish eHealth Agency.

1.2 Interim report

This document is an Interim report which describes the current situation regarding cross-border ePrescriptions in the Nordic countries and on a European level.

A final report will be presented in Q4 2020. In addition to the current situation, it will include a plan for continued work in the Nordic countries on cross-border ePrescriptions. It will also include information on the current situation and a future plan for Patient Summaries in the Nordic countries. A goal is to implement 2-3 pilot projects on ePrescriptions as soon as the necessary legislative updates have been adopted in Sweden.

1.3 Method and implementation of assignment

The assignment and information gathering concerning the different countries have been carried out via structured interviews with representatives of each country identified with the help of the Project Steering Committee. Information regarding the background and current status of the EU ePrescription project has been gathered through previous reports and the Agency's involvement in the European project.

1.3.1 Country representatives

Country representatives in the Nordic ePrescription project

Country	Name of representative	Organisation
Denmark	Kenneth Bøgelund Ahrensberg	The Danish Health Data Authority
Finland	Sari Palojoki	Ministry of Social Affairs and Health
	Viveca Bergman	National Institute for Health and Welfare – THL
Åland²	Ulla-Liisa Latvala	Government of Åland
Iceland	Ingi Steinar Ingason	National Centre for eHealth at Directorate of Health
Norway	Irene Olaussen Georg Ranhoff	The Norwegian Directorate of eHealth
Sweden	Carl Jarnling Hans Andersson	Swedish eHealth Agency
(Estonia)	Liisa Lvova	Estonian Health and Welfare Information Systems Centre

Figure 3 Country representatives in the Nordic ePrescription project

² In Åland the Finnish implementation of the eP cross-border service is used.

2. Background and current status of cross-border services in the EU

2.1 epSOS

epSOS, meaning "Smart Open Services for European Patients", was a European large-scale pilot testing the cross-border sharing of certain health data: a summary of a patient's most important health data in case of unplanned care (the Patient Summary) and the electronic prescription (ePrescription).

The epSOS project ran for six years (2008-2014) and developed, piloted and evaluated cross-border e-health services and formulated recommendations for future work. The focus was safe, secure and high-quality services for exchange of patient summary data and ePrescriptions between European countries.

The initiative broke new ground and generated a lot of interest in Europe. When the project was initiated in 2008 it involved a few stakeholders, but it gradually grew to encompass 25 countries and about 50 beneficiaries.

Mobility and free movement of people is a central goal of the EU and, in 2011, European countries adopted a new Directive (2011/24/EU) which ensures the continuity of care for European citizens across borders. This gives member states the opportunity to exchange health data in a secure, efficient and interoperable manner.

2.2 Cross-border ePrescriptions – Nordic Council of Ministers

Denmark, Finland, Norway and Sweden participated in the epSOS project.

E-prescriptions were exchanged, and it was agreed that cross-border exchange of health data would be beneficial for citizens in the Nordic countries.

When the epSOS project was concluded in 2014 there was no clear plan to continue the cross-border exchange of e-health data in Europe.

During the Swedish Presidency of the Nordic Council of Ministers in 2014, it was consequently decided that the Nordic countries would look into the opportunities to continue exchanging ePrescriptions across the Nordic borders, regardless what happened on the European level.

The work began, however in 2015 activities on the European level were formalised and it was decided that the Nordic project would continue as part of the European initiative.

Finland and Sweden were granted funding and joined the European initiative. Estonia and Lithuania joined from the Baltic states.

Estonia and Finland were the first countries to implement the cross-border ePrescription service. Since January 2019 Finnish citizens can go to a pharmacy in Estonia and retrieve medication prescribed electronically in Finland. In June 2019 Croatia also joined the cross-border ePrescription service, which made it possible to retrieve Finnish ePrescriptions in Croatia.

2.3 Swedish Presidency 2018 – focus on e-health

During the Swedish Presidency of the Nordic Council of Ministers in 2018, one of the focus areas was e-health. It was identified that it would be beneficial if the cross-border exchange of e-health data in the Nordic countries could be extended to include more countries than Finland and Sweden.

It was therefore decided to examine the preconditions and develop a plan for continued development activities concerning ePrescriptions across Nordic national borders as a subproject of *Healthcare and care through distance-spanning technologies*.

2.3.1 Decision in the Nordic Council

In October 2019, at the 71st session of the Nordic Council, a unanimous decision (62-0) was taken that the Nordic Council would recommend the Nordic Council of Ministers to prioritise cross border ePrescriptions in all Nordic countries. The vision was that all Nordic citizens would be able to retrieve ePrescriptions at pharmacies throughout the Nordic region and that Nordic ePrescriptions would be able to be retrieved within the EU.

The answer from the Nordic Council of Ministers is that it views the Nordic Council's recommendation as strong support for the work that is already in progress, but that full implementation is only possible when technical and legal conditions are met.

2.4 eHealth cross-border services in Europe

2.4.1 CEF eHealth Digital Service Infrastructure

The eHealth Digital Service Infrastructure (eHDSI or eHealth DSI) is the initial EU deployment and operation of services for cross-border health data exchange under the Connecting Europe Facility (CEF)³.

eHDSI sets up and starts deploying the services, as defined in the CEF, for Patient Summary and ePrescription, which are currently under progressive introduction in all participating European countries:

- **ePrescription (and eDispensation)** allows citizens in Europe to retrieve their medication in a pharmacy located in another European country, thanks to the online transfer of their electronic prescription from their country of residence where they are affiliated, to their country of travel.
- **Patient Summary** provides information on important health-related aspects such as allergies, current medication, previous illness, surgeries, etc. It will form part of a larger collection of health data called the European Health Record, whose implementation across Europe is planned at a later stage. The digital Patient Summary is meant to provide doctors with essential information in their own language concerning the patient when the patient comes from another EU country and there may be a linguistic barrier. On a longer-term, not only the basic medical information of the Patient Summary, but the full Health Record should become digitally available across the EU with patient permission.

ePrescriptions and Patient Summaries can be exchanged between EU countries thanks to the eHealth Digital Service Infrastructure (eHDSI), which securely connects the eHealth national services in order to exchange health data.

By 2022, both services will gradually be implemented in 22 participating EU countries: Austria, Belgium, Croatia, Cyprus, Czechia, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Slovenia, Spain and Sweden.

More countries are expected to announce that they will implement the services as a result of the 2019 CEF call, see Chapter 2.4.3.

³ The Connecting Europe Facility (CEF) is a key EU funding instrument to promote growth, jobs and competitiveness through targeted infrastructure investment at European level.

2.4.2 Financing – Connecting Europe Facility (CEF)

The eHDSI is financed by the member states and the European Union through the CEF programme.

The core services are set-up and deployed by the European Commission using its own resources and through calls for tender financed by CEF. Generic services are funded from national sources and supported by grants from the CEF through a call for proposals.

Each member state is responsible for the provision of generic services in each country under the eHDSI. This is defined as the preparation, setting-up, deployment and operation of the National Contact Point for eHealth (NCPeH) that each country needs for provision of cross border e-health information services. A national or regional network connecting a wide range of the country's healthcare providers is a prerequisite for connecting them to a European network through the NCPeH.

CEF financing for Generic Services will provide a maximum co-financing of EUR 1 000 000 per member state.

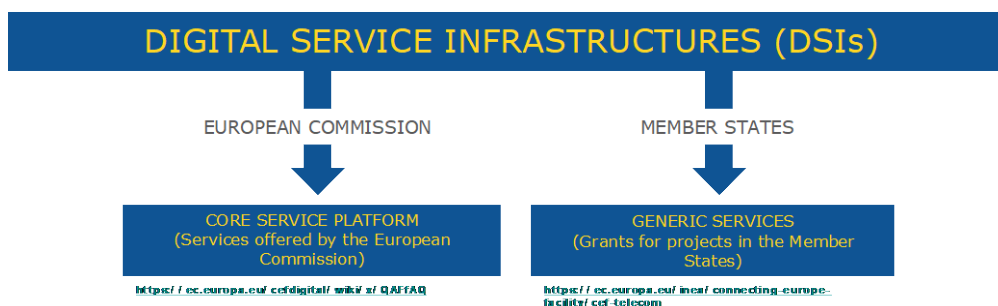


Figure 4 DSI – Core and generic services

2.4.3 CEF Calls

The objective of the 2015 CEF Telecom eHealth call was the set-up and operation of National Contact Points for eHealth (NCPeH) for the exchange of health data and the provision of cross-border ePrescription/e-Dispensation and Patient Summary services. 17 member states were granted funding, and the first member states began exchanging health data in January 2019.

In the 2017 CEF Telecom eHealth call, 8 member states were granted funding, of which 2 were for an additional service.

The following member states received CEF funding in the 2015 and 2017 CEF calls.

Acronyms

- PS A – Making Patient Summary available in the country of travel
- PS B – Making Patient Summary available for citizens of other participating member states
- eP A – Making ePrescriptions available in country of the travel
- eP B – Dispensation of foreign ePrescriptions

Country	ePrescription	Patient Summary
Austria	A & B	A & B
Belgium		A & B
Czech Republic	A & B	A & B
Croatia	A & B	A & B
Cyprus	A & B	A & B
Estonia	A & B	A & B
Finland	A & B	
France		A & B
Germany		A & B
Greece	A & B	A & B
Hungary	A & B	A & B
Ireland	A	A
Italy	A & B	A & B
Lithuania	A & B	
Luxemburg	A	A & B
Malta		A & B
Netherlands		B
Poland	A & B	
Portugal	A & B	A & B
Slovenia	A & B	A & B
Spain	A & B	A & B
Sweden	A & B	

Figure 5 Member states who received CEF funding in the 2015 and 2017 CEF calls

The CEF Work Programme 2019 was adopted by the European Commission in February 2019. The indicative total budget for 2019 for eHealth Generic Services (eP/PS) is EUR 5 million and for eHealth Core Services (eP/PS, ERN) EUR 4 million. The call was open from 4 July to 14 November 2019. The call aims to finance new member states joining the exchange of ePrescriptions and Patient Summaries, and support deployment of additional services for countries which are already participating in the eHDSI.

The indicative duration of the call will again be 4 years, but the member states are requested to implement the services as soon as possible. 10 applications were received, and the result of the call will be announced in June 2020.

2.4.4 eHDSI deployment plan

As soon as a member state demonstrates its readiness to begin routine operations, the member state should apply for this and an authorisation to go live will be provided as soon as possible by the responsible governance body (eHealth Network).

The following table describes the aimed go-live dates (April 2020) for each participating member state per service in 2019-2022⁴.

Acronyms

- PS A – Making Patient Summary available in the country of travel
- PS B – Making Patient Summary available for citizens of other participating member states
- eP A – Making ePrescriptions available in country of the travel
- eP B – Dispensation of foreign ePrescriptions

	Waves	2019 - Wave 1				2020 - Wave 2				2021 - Wave 3				2022 - Wave 4				
		Services	PS A	PS B	eP A	eP B	PS A	PS B	eP A	eP B	PS A	PS B	eP A	eP B	PS A	PS B	eP A	eP B
1	Finland			X 2019-jan-21					X									
2	Estonia				X 2019-jan-21			X		X	X							
3	Czech Republic	X 2019-jun-21	X									X	X					
4	Luxembourg		X 2019-jun-21			X						X						
5	Portugal	X	X	X	X													
6	Croatia		X 2019-sep-24	X	X 2019-jun-17	X												
7	Malta	X	X															
8	Cyprus					X	X	X	X									
9	Greece						X	X	X	X								
10	Belgium						X			X								
11	Sweden											X	X					
12	Austria									X	X	X	X					
13	Italy									X	X	X	X					
14	Hungary									X	X	X	X					
15	Ireland									X		X						
26	Poland											X	X					
17	Germany									X	X							
18	France									X	X							
19	Spain									X	X						X	X
20	Slovenia													X	X	X	X	X
21	Lithuania															X	X	X
22	Netherlands														X			

Figure 6 Go-live dates for each participating member state per service in 2019-2022

⁴ Source: <https://ec.europa.eu/cefdigital/wiki/display/EHOPERATIONS/eHDSI+RELEASES+and+Overall+Deployment+Plans>

Consequently, the following countries plan to implement the ePrescription cross-border services in 2019-2022 according to the current plan.

2019	2020	2021	2022
Estonia (B)	Cyprus (A,B)	Austria (A,B)	Lithuania (A,B)
Finland (A)	Estonia (A)	Czech Republic (A,B)	Slovenia (A,B)
Croatia (A,B)	Finland (B)	Hungary (A,B)	Spain (A,B)
Portugal (A,B)	Greece (A,B)	Ireland (A)	
		Italy (A,B)	
		Luxemburg (A)	
		Poland (A,B)	
		Sweden (A,B)	

Figure 7 ePrescription – member state planned go-live year

2.4.5 Nordic and Baltic participation in the eHDSI initiative

From the Nordic countries, Finland and Sweden are currently participating in the European project on cross-border ePrescription services along with Estonia and Lithuania from the Baltic states.

3. ePrescriptions in the Nordic countries – current status

3.1 Denmark

3.1.1 Current status

Not actively working on ePrescription cross-border services.

3.1.2 ePrescriptions

In Denmark, the Danish Health Data Authority is responsible for storing and transmitting ePrescriptions.

In Denmark, prescriptions are issued with the product name of the pharmaceutical and today 100 per cent of Danish prescriptions are ePrescriptions.

The Shared Medication Record (Fælles Medicinkort) is a central database holding data on all Danish citizens' electronic prescriptions and medication purchases over the preceding two years and an updated list of citizens' current prescribed medications. It also holds data on vaccinations.

The Shared Medication Record aims at preventing incorrect medication and provides an overview of citizens' current medication. Furthermore, the Shared Medication Record gives all patients and the healthcare professionals treating a patient, access to updated information about medication for the healthcare professionals integrated into the system supporting the treatment of the patient.

The Shared Medication Record is an electronic tool that can be used by health professionals to view information about a citizen. Health professionals can also register, update, and change information regarding medications directly in their own system, which integrates the Shared Medication Record directly into the local system. Furthermore, citizens can see information about their current prescriptions as well as the last two years of prescriptions and can access the record via an app, which also provides the possibility of renewing prescriptions.

Parents have access to see information about their children's medications and vaccinations. However, since custody only became an integral part of the registry in May 2007, parents cannot see information for those of their children born before 28 May 2004.

3.1.3 Background – cross-border ePrescriptions

Denmark was active in eSOS and participated with ePrescriptions.

A very limited number of ePrescriptions were exchanged with Sweden.

3.1.4 Current prerequisites

eHDSI participation

There is no appointed National Contact Point for eHealth in Denmark, but a logical alternative would be the Danish Health Data Authority.

Denmark applied for CEF funding in the 2015 call but was not granted funding for their ePrescription services.

In 2019 Denmark assessed whether to apply for CEF funding in the 2019 CEF call.

It is considered that, at present, some central preconditions for Danish participation in activities regarding the exchange of cross-border health information are not met.

This is primarily due to:

- the experience gained from the epSOS project, including in particular the failure to use it to establish a solution for the exchange of prescriptions. Since the resources involved in participating in epSOS far exceeded the gains, the Danish approach has since been that a real and positive business case must be presented as a prerequisite to participate in projects of this nature.
- uncertainty regarding the establishment and operating costs of the Danish connection to eHDSI and their financing. The operating costs must be financed by each member state.
- lack of Danish demand for the solution.

Milestones and future plans

Denmark is not actively working on ePrescription cross-border services.

Denmark will follow developments and will reassess participation in the future.

3.2 Finland

3.2.1 Current status

Finland has ePrescription cross-border services in operation and is an active member in the collaboration. Since January 2019, Finnish ePrescriptions can be dispensed in other participating member states (currently Estonia and Croatia). In spring 2020 ePrescriptions from other participating member states will be dispensed in Finland.

3.2.2 ePrescriptions

In Finland, ePrescriptions are issued, i.e. there are no paper prescriptions. Paper and telephone prescriptions can be used in exceptional situations when there are technical problems. In these cases, the pharmacy converts the prescriptions into electronic form and records them in their Prescription Centre.

ePrescriptions are stored in the Prescription Centre, which is part of the Kanta Services. The Prescription Centre contains all ePrescriptions and the pharmacy's notes on their dispensing.

In Finland, a prescription can be issued using either the product name of a pharmaceutical or the name of the active substance in the medication.

In Finland, a prescription is valid for two years from the date of issue or renewal. However, prescriptions for medications that affect the central nervous system and medications classified as narcotics are only valid for one year.

All Finnish pharmacies are connected to the Prescription Centre.

All pharmacies in Finland use the Kanta Services to obtain the information they need to dispense a prescription.

3.2.3 Background – cross-border ePrescriptions

Finland was very active in epSOS and participated with ePrescriptions.

ePrescriptions were exchanged with Sweden during the project.

3.2.4 Current prerequisites

eHDSI participation

Finland applied for CEF funding in the 2015 call and was granted EUR 655 230 for their ePrescription services.

In Finland, the national contact point for eHealth is placed with Kansaneläkelaitos Kela (in Swedish “Folkpensionsanstalten FPA”)⁵. The contact point is part of Kela activities.

Finland chairs eHMSEG and actively participates in the working groups under eHMSEG, i.e. the Semantic Task Force, Legal Work Group, ePrescription Cluster and the Technical Work Group (Open NCP).

⁵ Kansaneläkelaitos Kela (in Swedish “Folkpensionsanstalten FPA”), the Social Insurance Institution of Finland, is a government agency that provides basic financial security for everyone living in Finland.

Legal

In order to secure the legality of the exchange of data necessary within eHDSI Finland amended their Act on Electronic Prescription in 2013/2014.

Paragraph 23 a § in the law:

<https://www.finlex.fi/sv/laki/ajantasa/2007/20070061#L5P23a>

Milestones and future plans

In January 2019, Finland and Estonia were the first countries to implement cross-border ePrescription services. Finnish ePrescriptions can now be dispensed in Estonia and Croatia.

Finland is now working on a service to dispense ePrescriptions from other participating member states in Finland. The plan is to launch this service in 2020.

When the ePrescription cross-border services have been implemented, the main task is considered to be to further develop the existing solution and to connect more member states, both with regard to making Finnish ePrescriptions available for dispensing abroad and dispensing ePrescriptions from participating member states in Finland.

In the 2019 CEF call, Finland applied for CEF funding regarding Patient Summary as country A and B.

3.3 Iceland

3.3.1 Current status

Not actively working on ePrescription cross-border services.

3.3.2 ePrescriptions

In Iceland, prescriptions are issued with the product name of the pharmaceutical and today 98-99 per cent of all prescriptions in Iceland are ePrescriptions.

The Directorate of Health is the National Contact Point for eHealth in Iceland.

3.3.3 Background – cross-border ePrescriptions

Iceland did not participate in epSOS.

3.3.4 Current prerequisites

Iceland did not apply for CEF funding in the 2019 CEF call.

3.4 Norway

3.4.1 Current status

Not actively working on eP cross-border services.

3.4.2 ePrescriptions

There is no appointed National Contact Point for eHealth in Norway, and the organisation to be responsible for NCPeH in Norway has not yet been decided.

In Norway, prescriptions are issued with the product name of the pharmaceutical and today 99 per cent of all prescriptions in Norway are ePrescriptions.

In Norway, the Norwegian Directorate of eHealth (Direktoratet for e-helse) is responsible for the development, introduction and administration of national e-health services such as ePrescription, summary care record and electronic patient's records.

The Prescription Intermediary (Reseptformidleren) is a national database for electronic prescriptions and includes information on prescription drugs patients have received. The purpose of the Prescription Intermediary is to provide secure and efficient electronic dissemination of prescriptions and prescription information.

The Prescription Intermediary handles all prescription information and ensures that the correct prescription information is shared between a patient's healthcare professionals.

Prescription information in the Prescription Intermediary is passed on to the Summary Care Record (Nasjonale kjernejournalen⁶).

After a prescription has been dispensed from a pharmacy, the Prescription Intermediary displays the prescription for 30 days before the information is deleted and is no longer visible in the Prescription Intermediary. If the prescription is not dispensed at a pharmacy, it is deleted when the prescription period has expired. Prescriptions are also provided and stored in the Summary Care Record, with three years of history.

3.4.3 Background – cross-border ePrescriptions

Norway participated in epSOS as observer.

⁶ Kjernejournal (Summary Care Record) contains selected and important information about individuals' health. Kjernejournal gives health care professionals immediate access to selected and important information about a patient's health, regardless of where the treatment was received.

This means that healthcare professionals spend less time looking for information about each patient before treatment can start. When a case is urgent, this could have serious consequences.

Kjernejournal complements the medical records kept by general practitioners, out-of-hours services and hospitals.

3.4.4 Current prerequisites

eHDSI participation

Norway assessed whether to apply for CEF funding in the CEF call 2017 and took a decision not to apply.

Norway also assessed whether to apply for CEF funding in the 2019 CEF call, but the professional recommendation from the Norwegian Directorate of eHealth not to recommend applying for CEF funding to the Ministry of Health and Care Services was adopted.

The main reasons for not participating at this time were that a thorough study would be required to understand the consequences (technical, semantic, organizational, legal) of participation and that the cost of participation would be so high that it would be at the expense of already-prioritised national measures.

Milestones and future plans

CEF funding is not a prerequisite to participate and work for adaption to the infrastructure, e.g. eHMSEG and X-Health. Norway will assess which groups to attend.

If a strong momentum for the exchange of ePrescriptions in the Nordics should arise it could trigger a new process and reassessment of participation.

3.5 Sweden

3.5.1 Current status

Actively working on ePrescription cross-border services. The ePrescription services will technically be ready to go live in 2020. The plan is to go live as soon as the necessary legislation updates have been adopted.

3.5.2 ePrescriptions

In Sweden the Swedish eHealth Agency is responsible for storing and transmitting ePrescriptions.

In Sweden, prescriptions are issued with the product name of the pharmaceutical and today 99 per cent of all prescriptions are ePrescriptions.

When a prescriber sends an ePrescription, it comes to the Prescription Repository, a national repository for which the Swedish eHealth Agency is responsible.

The ePrescriptions are stored in the Prescription Repository while waiting for the patient to retrieve his/her medication at a pharmacy. The information is saved for a maximum of 15 months after the last registration.

All pharmacies in Sweden use the eHealth Agency databases to obtain the information they need to dispense a prescription.

3.5.3 Background – cross-border ePrescriptions

Sweden was very active in epSOS and led the project 2008-2014.

The original plan was that Sweden would participate with both ePrescriptions and Patient Summary however, due to legal restraints, only the service for ePrescription was implemented.

ePrescriptions were exchanged with Denmark, Finland, and Croatia during the project.

3.5.4 Current prerequisites

eHDSI participation

Sweden applied for CEF funding in the 2015 call and was granted EUR 791 092 for their ePrescription services.

The Swedish eHealth Agency is Sweden's National Contact Point for eHealth in the European eHealth initiative.

The Swedish eHealth Agency actively participates in the working groups under eHMSEG and leads the Semantic Task Force, which means further development of the semantic regulations and associated services. The Agency also participates in the eHMSEG eP Cluster and Legal Work Group.

The Swedish eHealth Agency also contributes developer and architectural expertise to the technical work group, which further develops software intended to be used by the national contact points (Open NCP).

Legal

In order to secure the legality of the exchange of data necessary within eHDSI necessary amendments to applicable legislation must be made.

Amendments have been proposed to *lagen om nationell läkemedelslista* (the National Medication List Act), *offentlighets- och sekretesslagen* (the Public Access to Information and Secrecy Act) and *förordningen med instruktion för E-hälsomyndigheten* (the eHealth Agency Instruction), which will allow disclosure of the data in the National Medication List to dispensing pharmacists in other European countries that participate in the exchange for the purpose of dispensing medication. The Agency has also proposed a new regulation for data processing that will take place when Sweden is Country B.

In addition to the above requirements, the eHealth Agency has entered into agreements with all pharmacies in Sweden.

Milestones and future plans

The ePrescription services will technically be ready to go live in 2020. The plan is to go live as soon as the necessary legislation updates have been adopted.

When the ePrescription cross-border services have been implemented, the main focus will be to further develop the existing solution and to connect more member states, both with regard to making Swedish ePrescriptions available for dispensing abroad and dispensing ePrescriptions from participating member states in Sweden.

4. Lessons learned – areas which should be considered at an early stage

In this chapter issues that have taken a long time or have been difficult to manage within the European project will be presented.

The lesson learned is that these areas should be considered at an early stage.

4.1 National legislation

Most member states have amended, or will need to make amendments to, applicable legislation in order to secure the legality of the exchange of data necessary within eHDSI.

Lessons learned from most of these member states are that it is very time-consuming, in calendar time, to amend a law. It takes time to study what needs to be changed, assess the changes and then take the decision to update the legislation and then introduce it.

For examples of amendments in Finland and Sweden see Chapters 3.2.4 and 3.5.4.

4.2 Data security and TESTA

Exchange of information between member states is carried out in a separate, secure network called TESTA.

For most member states getting access to TESTA does not present a problem for example, Finland.

However for other member states, for example Sweden and Germany, this process has been very time-consuming.

The recommendation is, therefore, to begin implementing TESTA as soon as possible.

4.3 Paper prescriptions vs. ePrescriptions

When changing from paper prescriptions to ePrescriptions, everything becomes much more "right or wrong". With paper prescriptions, it is up to the pharmacist to decide, but with ePrescriptions, much is determined by the system.

There are many benefits from ePrescriptions, but it is difficult to maintain the benefits provided by paper prescriptions as well.

In discussions with other member states, it is very easy to demand exact answers, but when asked the same question by others it is tempting to ask for freedom to decide outside the framework saying that the pharmacist, not the system, should decide. However, in this early stage of the services, the answer must be that it should be "right/wrong".

Later, with experience from the implemented services, regulations may possibly be eased where reasonable.

4.4 Prescribing – Generic/Product

In Europe there are differences in how a medication is prescribed. In Sweden, for example, medication is prescribed by product, in Estonia it is prescribed by substance which is called a generic prescription. In Finland a prescription may be generic or product.

In general, this does not present a problem, however when it comes to substitution this may generate different views between member states.

Most member states only allow generic substitution. One reason for substitution is to reduce medication costs (change to the cheapest product). Substitution is optional when the prescription includes the product name. In most countries, the prescriber can indicate that substitution is not possible.

4.5 National product catalogues

The fact that pharmaceuticals have different product names in different member states means that it is not possible to have a common product catalogue.

Different countries also have different rules. Overall, this means that the management of exchange and substitution is complicated.

Units are expressed in different ways in different member states. The result is exactly the same, but it is difficult for the systems to understand it. This is an example of problems that may arise when prescribing a product or generic.

5. Conclusion and recommendations forward

5.1 Prerequisites

The separate Nordic countries are already at the forefront when it comes to the use of ePrescriptions nationally. This is a good start, however most Nordic countries need to make necessary national decisions and further develop their national solutions for ePrescriptions to also be able to manage cross-border ePrescriptions.

Since 2019 Finnish ePrescriptions can be dispensed in Estonia and Croatia, and in 2020 Estonian ePrescriptions will be dispensed in Finland. In Sweden the ePrescription services will technically be ready to go live in 2020. The plan is to go live as soon as the necessary legislation updates have been adopted.

The achievements in some of the Nordic countries now form a guiding example for cross-border health data exchange, which later can be further built up to include Patient Summary and other e-health data.

5.2 CEF Call 2019

No Nordic countries applied for CEF funding for their ePrescription services.

Finland applied for CEF funding regarding Patient Summary as country A and B.

CEF funding is not a prerequisite for participation in the eHDSI cross-border services. A member state can decide to join without CEF funding.

5.3 Pilot projects

According to the project directive, the Nordic ePrescription project is to implement 2-3 pilot projects with ePrescriptions.

The plan is to go live with the Nordic pilot projects of cross-border ePrescription services as soon as the necessary legislation updates have been adopted in Sweden.

At first, the services will be launched at a limited number of pharmacies in border areas and other important cross-border sites for example airports and harbours.

Examples of areas could include:

- Helsinki (city and airport)
- Stockholm (city and airport)
- Uppsala
- Mariehamn (city and harbour)
- Haparanda
- Övertorneå – Finland and Sweden
- (Tallinn)

6. Next steps

A final report will be presented in Q4 2020. In addition to the current situation, this report will include a plan for continued activities in the Nordic countries concerning cross-border ePrescriptions. It will also include information on the current situation and a future plan for Patient Summaries in the Nordic countries.