



Toronto hospital closures bring warning from OMA

A decision to slash the number of hospitals in Metropolitan Toronto has led to a warning from the Ontario Medical Association's (OMA) Toronto District that patient care will suffer without detailed plans to guarantee an orderly transfer of resources

and programs. By the time the restructuring is completed in December 1999, Toronto will have 24 hospitals at 35 sites, down from the current total of 39 hospitals at 46 sites. Some hospitals have already announced plans to fight the closures in court. Dr. Blake Woodside, chair of the OMA's Toronto District, agreed that the system needed to be restructured.

"However, it would be disastrous if in the interim hospitals and community providers are left without the necessary staff and resources to treat patients safely." The decision to proceed with the closures was made by the province's Health Services Restructuring Commission. It is chaired by Dr. Duncan Sinclair, former dean of medicine at Queen's University.

Prescriptions may soon cruise information highway

In Canada, regulations have dictated that only requests for drugs received as verbal or written prescription orders can be filled. Although this ruling once made sense, pharmacists and other health care professionals have concluded that modern technology means that patient-specific prescription information can now be transmitted by electronic means.

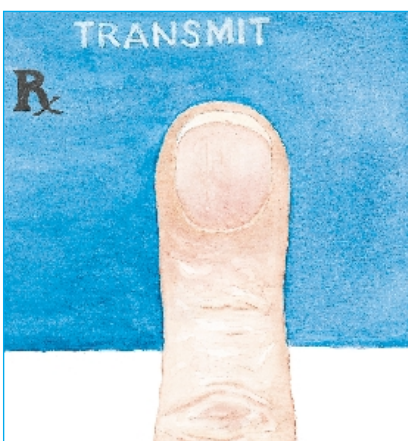
Late in April, the National Association of Pharmacy Regulatory Authorities (NAPRA), which represents provincial pharmaceutical associations, released a report on the issue. It was prepared by a task force that had been asked to examine regulations contained in the federal Food and Drugs Act.

The task force was asked to develop recommendations that would capitalize on modern technology and ensure that 5 essential principles are protected:

- Patient confidentiality must be maintained.
- The process must be able to verify the authenticity of the prescription (the prescriber initiating the document must be identifiable).
- It must be possible to verify the accuracy of the prescription and

there must be a mechanism to prevent forgeries.

- The process must incorporate a mechanism to prevent diversion: it must be impossible to transmit a prescription to more than 1 pharmacy.



- Patient choice must be protected — the patient must determine which practitioner will receive prescribing authority.

After conducting research that included a review of documentation from state pharmacy boards and associations of retail druggists in the US, the task force made a number of recommendations. One of the most important was to advise NAPRA to develop model legislation that would

recognize MEDPRE (medical prescription) standards as the minimal requirement for accommodating the electronic transfer of patient and prescription information between prescribers and pharmacists.

The MEDPRE standard is written in a UN/EDIFACT (United Nations Electronic Data Interchange for Administration, Commerce and Transport) format. Although the standard was initially developed in Western Europe, it is now receiving input from other regions. It has been carefully reviewed by both the National Association of Retail Druggists and the National Association of Boards of Pharmacy in the US, and has been found to meet necessary security standards. The task force has recommended that Health Canada examine current federal legislation affecting the electronic transmission of prescription authority as well as the computer-to-computer transmission of prescriptions.

NAPRA representatives think it will only be a matter of months before Canadian physicians will be able to use their fax machines or computers to transmit prescriptions electronically to pharmacists. — © *Dorothy Grant*