
POSTER ABSTRACT**How to design and implement successful e-Health large-scale solutions: e-Prescription project in Poland**19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019Marcin Węgrzyniak¹, Piotr Głuchowski¹, Mateusz Kraska¹, Paweł Żuk¹, Artur Prusaczyk¹, Sylwia Szafranec-Buryło², Justyna Pancerow³, Agata Świątek⁴, Andrzej Sarnowski³

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This abstract presents outcomes of the pilot implementation of e-Prescription in Siedlce and key findings to be included in the roll-out plan for nationwide implementation of e-Prescription in Poland.

Introduction: National Centre for Healthcare Information Systems (CSIOZ) is a governmental agency supervised by Polish Ministry of Health (MoH) responsible for national e-Health systems and interoperability. Since 2009 project aiming at nationwide implementation of e-Prescription is run in CSIOZ. Since 2009 three prototypes were implemented and tested in various cities in Poland and finally in 2018 a pilot implementation was established in Siedlce and Skierniewice.

Description of policy context and objective: Poland is one of the last countries in EU that has no running national or regional e-Prescription system. This system is one of the pillars of coordinated and continuous care schemes. Therefore it was a priority for the government to establish a nationwide system before implementing a pilot coordinated care project. Lack of prescribed drug information from other healthcare providers available for healthcare professionals led to many inefficiencies in the treatment processes.

Targeted population: Approximately 6.000 patients in 2 Polish cities during pilot project. Approximately 38 million during the roll-out phase.

Highlights: Project implementation was divided into 3 phases: I. prototype; II. pilot; III. roll-out. Key success factors for such a large scale implementation is to spend enough time with end users to understand their requirements and put a lot effort into user experience. In the end it is user experience / satisfaction the key success factor. Stakeholders` management has to be at the state of the art level in this types of projects. All stakeholders have to be segmented and examined in a detailed manner. On managerial level openness for change has to be highly valued. Proper change management schemes have to be established as it is another key success factor in modern IT projects. Constant evaluation schemes have to be established. After pilot implementation some user experience gaps have been discovered and were addressed. However there are still some changes in the software that have to be implemented before the roll-out phase.

Transferability: Management scheme (PRINCE2 to AGILE) is transferable as well as stakeholder engagement schemes. Architecture principles based on IHE and HL7 can also be used in different countries.

Conclusions: Future reform targets the entire population of Poland with around 38 million people. By year 2060 the number of seniors in Poland is expected to double from 5,5 to 11 million.

Key stages of the project implementation for pilot and roll-out:

- 1-integration of software at healthcare providers site with the central e-Prescription system
- 2- testing the full process flow from prescription to dispensing and reimbursement in a friends&family environment
- 3- testing the full process flow from prescription to dispensing and reimbursement in a controlled cohort of patients (chronic)
- 4- opening the system for all patients in Siedlce and Skierniewice
- 5- Evaluation of the pilot implementation
- 6- roll-out to all pharmacies in Poland (to be done)
- 7- geographical roll-out to all healthcare providers in Poland (to be done)

Keywords: e-prescription. e-health. project management. implementation management
