

The e-prescribing opportunity

Transforming Canadian healthcare together



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Foreword from Martin Bélanger

Senior Vice-President, Payor & Provider Solutions, TELUS Health

As an executive at TELUS Health since 2021, I've met healthcare stakeholders from coast to coast — from rural physicians to urban specialists, community pharmacists and nurses to provincial health authorities. Despite their different roles, each shares the same unwavering commitment: delivering quality care to all Canadians. These conversations have deepened my conviction that technology can break down the silos between us and create a truly connected healthcare system that serves every Canadian better.

The challenges we face — staffing shortages, aging populations, and access barriers — aren't uniquely Canadian. Healthcare systems across the western world face similar pressures. But in today's landscape of heightened digital sovereignty and the growing imperative to strengthen our domestic technological capabilities, I see this as our moment to lead. It is this combination of urgent need and unprecedented opportunity that motivated my team and me to prepare this paper.

e-Prescribing is not simply about digitizing a process; it's about reimagining how care is delivered in a way that is safer, more efficient, less error-prone, more connected, and more supportive for both clinicians and patients.

Once e-prescribing is widely adopted, it can be used as a foundational building block to unlock a comprehensive suite of additional e-services, creating exponential value for our entire healthcare ecosystem.

We've witnessed firsthand how countries around the world have unlocked remarkable improvements through comprehensive e-prescribing systems, and as we'll explore throughout this paper, these proven successes light the path forward for what's possible here in Canada.



For me personally, the most compelling reason to tackle this challenge is simple: we want to make it easier for Canadians to get the care they need, when and where they need it, while empowering practitioners to deliver better healthcare and ultimately strengthening our entire ecosystem.

With a national e-prescribing infrastructure already in place, we can now focus on fostering the widespread adoption needed to make it standard practice.

While our healthcare system faces real pressures, we also see incredible opportunities. With the right digital tools, our pharmacies can expand their growing role in care delivery while physicians and nurse practitioners gain better capabilities for informed prescribing decisions and streamlined workflows.

This creates a collaborative ecosystem where pharmacists and prescribers work together more effectively to serve patients and ease system pressure.

e-Prescribing offers an entire toolkit for reimagining healthcare delivery in Canada. When prescriptions flow seamlessly through secure digital networks, it creates a connected care ecosystem where clinicians have the information they need to make life-saving decisions, patients gain unprecedented understanding and agency in managing their health, and adverse drug interactions are prevented before they happen. Beyond streamlining workflows and reducing errors and privacy incidents, digital prescribing increases the likelihood that patients will fulfill their prescriptions and enables better alignment between insurance coverage and personalized medication recommendations.

What excites me even more is how AI is poised to amplify these benefits exponentially for our entire healthcare system. When we combine e-prescribing with AI capabilities, we're not just digitizing prescriptions — we are also creating intelligent systems that can analyze anonymized, aggregate data to detect early signs of public health crises such as opioid hotspots or emerging flu and measles outbreaks. This convergence of e-prescribing and AI represents the next frontier in population health management, where prescribing patterns for chronic diseases can be studied in real-time to inform public health policy, guide resource allocation, and enable targeted interventions before crises escalate.



This vision became even clearer to me recently at the All In conference (Montreal, September 24-25, 2025), where we had the privilege of announcing TELUS' sovereign AI factory, a testament to our commitment to building Canada's AI infrastructure right here at home. When the Honourable Evan Solomon, Minister of Artificial Intelligence and Digital Innovation, spoke about the critical importance of digital infrastructure for Canada's future, his words resonated deeply with our e-prescribing mission. The digital backbone he described isn't just about connectivity; it's about creating the foundation upon which innovations like intelligent e-prescribing systems can thrive and transform how we deliver care to Canadians.



By supplying a core component of a modern, connected care ecosystem, it can help position Canada as a global leader in digital health innovation.

This is why we believe it's time to embrace widespread adoption of our existing e-prescribing infrastructure at a national scale. It's about laying the foundation for Canada's digital health infrastructure and delivering better outcomes for patients and providers alike. This transformation requires our entire healthcare ecosystem — from frontline practitioners and their associations and unions, insurance companies, provincial health authorities, and every other stakeholder — to move forward together with a shared purpose.

We're grateful to industry leaders like Nicolas Caprio from Rexall, Dr. Noah Forman, Stéphane Létourneau from Mila (Quebec Artificial Intelligence Agency), Justin Bates from the Ontario Pharmacists Association, and Francois Bouchard and Adam Zanatta from GS1 Canada, who have contributed their expertise to this initiative.

Through this paper, we hope to inspire renewed momentum and unite our industry around a common vision. It's time for our healthcare industry, policymakers, and innovators to write the future together.

This couldn't be more timely as in Calgary on October 17, 2025, Federal, Provincial, and Territorial Health Ministers unanimously reaffirmed their commitment to interoperable digital solutions and explicitly agreed that secure, digitally shareable prescriptions are fundamental to modern, connected health systems. Our vision for e-prescribing is now directly aligned with the highest levels of government policy.

We see an unprecedented opportunity to drive transformative change across our healthcare system. The question isn't whether Canada can become a global leader in digital health, it's whether we're ready to seize this moment. The time is now.



Defining e-prescribing

e-Prescribing works by allowing prescribers to enter prescription data directly into an electronic medical record (EMR), which then transmits it seamlessly to the pharmacy management system (PMS) at the patient's preferred pharmacy. It also streamlines renewals by facilitating electronic refill requests and approvals.

This process replaces traditional paper and fax-based methods, which Canadian healthcare is still overreliant on,¹ drastically reducing the potential for errors. Also, as seen in other countries that have adopted it, e-prescribing provides a foundation for enhanced communication and data sharing among health practitioners, as it provides secure clinical communication between prescribers, pharmacies, and other healthcare entities. This is a critical component of a connected healthcare system.

Canada already possesses the infrastructure for a national e-prescribing network, and as of 2023, **roughly 5.5 million Canadians had access to prescriptions through it.**² Yet adoption remains low: out of approximately 250 million billable prescriptions each year, only 4 to 5 per cent are transmitted electronically.³ In fact, a recent study commissioned by TELUS Health shows that physicians used e-prescribing for only 3 per cent of all prescriptions transmitted in non-hospital settings.⁴

This is a significant missed opportunity. Expanding e-prescribing adoption would not only modernize workflows but also strengthen patient safety, reduce costs, and support a more connected, data-driven health ecosystem. However, such transformation cannot be achieved by a single organization or sector. It requires collective leadership; across government, healthcare providers, technology partners, and pharmacies—to move forward together.

When this happens, everyone benefits: patients, providers, and health systems alike.

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As a physician, my primary objective is to always advocate for my patients to ensure they receive optimal care and treatment in the safest way, utilizing best medical practice. Every day in practice, I see how our current prescribing system creates unnecessary risks for the patients I serve — from medication errors due to illegible handwriting to dangerous drug interactions that could be prevented with real-time access to complete medication histories.

What excites me most about national e-prescribing is its potential to fundamentally improve patient care. When physicians can instantly see what medications a patient is already taking, when pharmacists can immediately identify potential interactions, and when prescriptions are automatically checked against pharmacy inventory to ensure medications are actually available — we're not just modernizing a process, we're creating a safety net that protects every patient, every time.

From my perspective working across both private practice and public healthcare settings, I've seen how fragmented our current system can be. e-Prescribing offers us the opportunity to put patient safety first while making care more efficient for everyone involved. This isn't just about technology — it's about our responsibility as physicians to provide the safest, most effective care possible for every Canadian.



Dr. Noah Forman

Primary Care and Executive Health Physician

Medical Director and Head Team Physician, Toronto Maple Leafs

The problem: outdated prescribing methods

Despite decades of investment in digital health, most prescriptions in Canada are still issued through paper or fax. These outdated methods expose both patients and providers to unnecessary risks and inefficiencies.

Pharmacists may encounter challenges in accurately interpreting handwritten prescriptions, increasing the potential for transcription and medication errors. Furthermore, without a digital mechanism to track fulfillment, prescribers remain unaware if patients fail to obtain or initiate their prescribed treatments.

In a 2022 study by Canada Health Infoway, 50 per cent of pharmacists cited fax communication as one of their top frustrations, while 46 per cent pointed to inefficiencies in phone calls; 46 per cent also noted that important information is often missing from prescriptions.¹ Fax errors, caused by misdialled numbers, machines being offline, or incomplete transmissions — are a recurring source of administrative burden and delay.⁵ Worse, misdirected faxes represent ongoing privacy and security risks.

The consequences of maintaining paper-based workflows extend far beyond inconvenience. Globally, medication-related errors are responsible for 22 per cent of hospital readmissions and contribute to up to 41.3 per cent of initial hospital admissions.⁶ **In Canada, 17 per cent of prescriptions are never filled,⁷ and preventable adverse events from medication errors cost the system \$2.6 billion annually — and an estimated 700 lives.⁸**

Most of these errors stem from incomplete data or miscommunication between providers and pharmacists. Centralized e-prescribing systems address this by allowing clinicians to view drug histories, check for interactions, and receive confirmation when prescriptions are filled.

Evidence from the U.S. Centers for Disease Control and Prevention shows that e-prescribing improves first-fill medication adherence by 10 per cent,⁹ as providers gain visibility into patient behavior and can proactively intervene through education or medication adjustments.



e-Fax vs. e-prescription

While many clinicians have adopted electronic fax (e-fax) systems, this technology offers little improvement over traditional faxing. e-Fax merely substitutes internet-based “fax over IP” (FOIP) technology for telephone lines, yet prescriptions continue to arrive at pharmacies as static images. Pharmacists must still manually transcribe the information into their PMS, perpetuating opportunities for error and inefficiency.¹⁰

By contrast, true e-prescribing represents a more advanced and secure model. In this system, prescribers enter prescription data directly into an EMR, which then transmits the information seamlessly to the PMS of the patient’s chosen pharmacy. Along with drastically reducing the risk of transcription errors, e-prescribing can provide essential information in-platform, including dosage instructions and alerts for potential drug interactions. It also enables bidirectional communication between prescribers and pharmacists, enhancing the role that pharmacists can play in patient care.

Focus area	e-Fax (today)	e-Prescribing (modern standard)
Transmission & data	Sends a static image of a script; pharmacy staff must re-key	Sends end-to-end structured, machine-readable data
Legibility & transcription risk	Handwriting and image quality may lead to transcription errors and callbacks	Eliminates illegibility and reduces the need to transcribe, lowering error risk
Clinical messaging & order tracking	No structured responses means clarifications and status updates must be done by phone or fax	Built-in workflows for accepting and fulfilling prescriptions, as well as renewals, clinical communications, changes, and cancellations
Security & privacy	Faxes may be misdirected or sent to a shared machine; there is no way to mitigate such risks	Encrypted, authenticated access within the e-prescribing platform
Administration & efficiency	Printing, scanning, manual data entry, requesting and verifying signatures, and other workflow bottlenecks; frequent callbacks are required	Instant, frictionless transmission between the prescriber and the pharmacy; fewer error-prone manual processes translates to time savings and better patient care

In short, compared to e-fax, e-prescribing saves time, prevents harm, and strengthens trust.



Global momentum: lessons from other nations

While e-prescribing may seem aspirational in Canada, many countries have already made it a standard practice. Their experiences demonstrate that adoption is achievable, and that national leadership, phased rollout, and public-private collaboration are key.

Country	Approach	Adoption / Outcomes
Denmark, Finland	Centralized medication lists integrated with electronic health records; phased rollout, then mandatory	≥99 per cent significant adoption within a condensed period of time; improved efficiency and prescribing safety ^{11,12,13,14}
Germany	Voluntary launch of “E-Rezept” in 2022, followed by a national mandate in 2024	Over 500 million e-prescriptions redeemed in 2024, demonstrating rapid scalability once legislation aligned ^{15,16,17,18}
U.S.	Federal mandate for controlled substances (EPCS) with incentives through CMS and Medicare reforms	74 per cent of prescribers enabled by 2021; 2.6 billion e-prescriptions filled in 2024; projected annual savings of US \$27 billion ^{19,20,21}
United Kingdom (England)	NHS Electronic Prescription Service integrated across GP and pharmacy systems; patient-facing NHS app	By 2023, more than 95 per cent of primary care prescriptions were issued electronically ^{22,23}
New Zealand	Legislative reform in 2022 removing handwritten signature requirement for controlled substances	Rapid adoption of e-prescribing for controlled drugs; proof that regulatory clarity can unlock modernization ²⁴

These examples confirm that with policy alignment and infrastructure, widespread adoption within a three to five-year horizon is realistic and repeatable. In all these examples, a national mandate for e-prescribing was imperative for motivating and mobilizing implementation. Additionally, a funding model supported by a national funding infrastructure or a hybrid model involving national and regional governments provided the right incentives for adoption. Many also introduced a phased approach so stakeholders had time to not only adopt, but to adapt.

Despite the challenge of its fragmented regulatory landscape, in which each province and territory has jurisdiction over its healthcare sector, Canada can adapt and apply these learnings. Nova Scotia offers a relevant example where, in 2024, the provincial government mandated that all healthcare providers implement secure digital systems to share data with the Ministry of Health, making health records accessible to citizens.

In implementing the first large-scale interoperability project for primary care in Canada, Nova Scotia Health partnered with TELUS Health, demonstrating that effective mandates, public support, and trusted private sector collaboration can successfully deliver connected care.²⁵

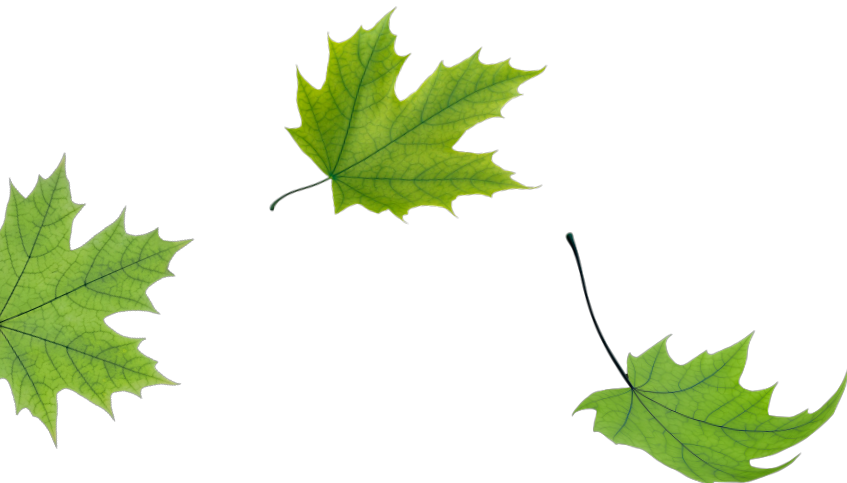
Provinces and territories are capable of taking initiative and driving innovation; with a centralized directive from the federal government and funding for healthcare providers, this could extend to e-prescribing and enable Canada to not only catch up with its global peers, but surpass them.

The Canadian opportunity: patient safety, innovation, and impact

In Canada, adverse drug events (ADEs) account for 11 per cent of emergency room visits and remain a leading cause of unplanned hospital admissions and deaths.²⁶ A U.S.-based study found that nearly half of all medication errors occur during the prescribing or ordering stage,⁶ precisely where e-prescribing delivers the most value through checks for drug interactions, allergies, and dosage accuracy.

By preventing harmful events before they occur, e-prescribing reduces hospitalizations, lowers healthcare costs, and saves lives. It also improves efficiency for pharmacists, who spend less time resolving transcription errors and more time providing patient care.

These translate directly into tangible economic benefits for Canadian employers: reduced employee absenteeism, lower disability claims, decreased insurance premiums, and enhanced workforce productivity. Across small, medium, and large businesses, the cumulative economic impact will be substantial — creating healthier workforces, reducing healthcare-related costs, and driving measurable improvements in organizational performance that will help Canadian business succeed in an ever-intensifying global market.



Another major concern is Canada's aging demographics. With projections that 1 in 4 Canadians will be over the age of 65 by 2035,²⁷ and more than 50 per cent of seniors already living with multiple chronic conditions,²⁸ the complexity of prescribing multiple medications significantly intensifies. Seniors use more drugs than any other age group in Canada, with **1 in 4 Canadian seniors being prescribed 10 or more drug classes** in 2021,²⁹ creating heightened risks for drug interactions and adverse drug events. e-Prescribing systems with integrated clinical decision support become essential infrastructure for managing this complexity safely and effectively.



The Ontario Pharmacists Association supports the national e-prescribing initiative as a critical step toward safer, more efficient healthcare delivery. e-Prescribing delivers significant improvements in workflow efficiency and medication safety, enabling pharmacists to reallocate time to higher-value patient care activities. For successful implementation, it's essential that funding models ensure costs are not downloaded to providers. A well-funded national e-prescribing system will enable pharmacists to focus on what matters most: providing exceptional patient care.



Justin Bates

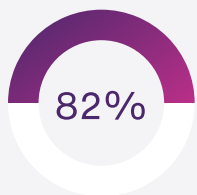
Chief Executive Officer
The Ontario Pharmacists
Association

Addressing the opioid crisis

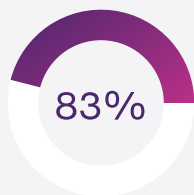
e-Prescribing — especially EPCS (Electronic Prescribing for Controlled Substances) — has emerged as a key tool in addressing the opioid epidemic. It enables prescribers and pharmacists to view a patient’s complete medication history in real time, improving accountability and preventing “doctor shopping.”

Despite a 22 per cent decrease in apparent opioid toxicity deaths in 2025, the numbers remain tragically high, with **~ 17 lives lost each day**.³⁰

A recent study commissioned by TELUS Health



of physicians agree that digital transmissions of prescriptions can reduce misuse and fraud of controlled and monitored substances, including opioids, and facilitates better health outcomes for patients.



of physicians acknowledged handwritten prescriptions increase the potential for fraud and misuse of controlled and monitored substances.

Meanwhile, 88 per cent of physicians strongly or somewhat agree that digital transmission of prescriptions can be integrated with provincial drug monitoring programs to easily access a patient’s medication history and identify potential misuse or overprescription of controlled substances.⁴ And recent consultations by Canada Health Infoway also found that 76 per cent of prescribers and 77 per cent of patients support e-prescribing as the preferred or only option for opioids.³¹



Meeting the needs of healthcare providers

The endorsements from medical professionals extend far beyond e-prescribing for controlled substances. In the research commissioned by TELUS Health, 79 per cent of care providers said they definitely or probably would make use of a national e-prescribing program.⁴



of respondents believe e-prescribing reduces errors from manual data entry.



are convinced it would reduce prescription errors.⁴



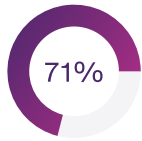
concur that it would improve workflow efficiencies for e-renewals.



are assured that e-prescribing will enhance the digitization of healthcare.



claim it will be highly beneficial for pharmacies across Canada.



are certain it will prove highly beneficial for Canadians.

Canada Health Infoway also found that among pharmacists not currently using e-prescribing services, 91 per cent expressed a desire for their pharmacies to adopt electronic prescribing within five years, with more than one third eager to see implementation within a single year.¹



A national e-prescribing mandate is a critical enabler for the future of pharmacy in Canada. By eliminating the administrative burden of faxes, phone calls, and manual data entry, we can empower our pharmacists to do what they do best: focus on patient care. The secure, two-way communication enabled by e-prescribing allows us to easily clarify prescriptions, request renewals, and collaborate with prescribers, which frees up valuable time for clinical services and patient consultations. The mandate is the catalyst needed to move beyond a fragmented system and create a unified, efficient, and interconnected digital health corridor. Rexall fully supports this strategic imperative and is ready to partner with the government to bring this vision to life.



Nicolas Caprio

President
Rexall Pharmacy
Group Ltd.

Creating connected infrastructure

At a time of trade volatility and productivity challenges, Canada cannot afford to lag on critical digital infrastructure. A national e-prescribing framework would keep intellectual property, data stewardship, and high-value jobs in Canada. It is both a healthcare modernization initiative and an investment in Canadian digital sovereignty.

The recent trade tensions sparked a series of conversations between federal, provincial, and territorial governments about enabling a more self-sufficient and connected Canada — but in fact, these are extensions of discussions that have already been taking place across the public and private healthcare sectors.

Recently, Canada has taken important steps toward a unified digital health framework. The Pan-Canadian Interoperability Roadmap, the Health Data Charter, and the Canadian Core Data for Interoperability (CACDI) initiative collectively aim to standardize and enable the secure exchange of health information across systems.^{32,33,34,35,36,37}

Within this vision, e-prescribing plays a foundational role. It allows prescription data to move seamlessly from EMR to PMS systems, ensuring that every care provider — from primary care physicians to specialists and pharmacists — has access to accurate, up-to-date medication information.

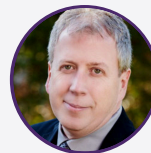
This connectivity supports Bill C-72, the **Connected Care for Canadians Act**, which seeks to eliminate data silos and enable secure, patient-centered information flow across care settings.³⁸ The goal is that Canadians never have to repeat their health history or prescriptions at every appointment.

When complete health information is available to providers, outcomes improve across the board: fewer diagnostic errors, shorter hospital stays, lower readmission rates, and reduced mortality.

According to the Canadian Institute for Health Information (CIHI), 4 in 5 Canadians want their personal health information shared electronically among care providers, and the same proportion feel more confident managing their own health when they can access their digital records.³⁹

e-Prescribing also aligns with Bill C-5, the **One Canadian Economy Act**, which supports the free flow of goods, services, and labour across provinces.⁴⁰ Extending that principle to health data lays the foundation for a truly national digital health corridor, connecting care across jurisdictions securely and efficiently.

GS1 Canada lauds initiatives that enable connected care powered by a clinically integrated supply chain and global standards to strengthen Canada's healthcare system. e-Prescribing plays an important key role in enabling this connected care and its full potential is realized when built on GS1 global standards. By using GS1 standards to uniquely identify and describe every product and location, healthcare organizations can achieve true transparency and traceability — across every province/territory, every organization, and right down to the individual patient record.



Francois Bouchard

Co-President,
GS1 Canada



Adam Zanatta

Co-President,
GS1 Canada

Made-in-Canada solutions for AI and population health

The idea of “building Canada” and advancing projects of national interest should also include “building *in* Canada” — investing in domestic solutions that strengthen the country, serve Canadians in tangible ways, and enable a more resilient, shock-proof, modern, efficient, and connected national infrastructure.

The benefits of investing in Canada’s digital health infrastructure accrue in synergistic ways. More interconnected EMR and PMS systems means higher-quality repositories of data, and this in turn means that as clinicians adopt increasingly sophisticated digital solutions — such as AI and machine learning analytics — there is a virtuous cycle. These technologies perform better, create opportunities for analysis and application of data, and therefore Canadians get greater value from health services.

One of the most exciting opportunities is how AI can combine with digital interoperability and e-prescribing to tangibly improve outcomes for Canadians. **Mila: Quebec Artificial Intelligence Institute** shared their perspective on this future vision below.

An e-prescribing mandate is ripe for AI-enriched innovation. This type of thought leadership offers significant opportunities for system-wide optimization and efficiencies, while advancing Canada’s use cases for home-grown AI.

For instance, the ability of an AI solution to **identify and correct medication errors** within an e-prescribing solution can both enhance patient safety and support clinical decision-making. AI would analyze a patient’s full medication history, flagging potential errors in context dependent scenarios.

AI models can also be trained to **detect prescription fraud and anomalies**, analyzing complex relationships between prescribers, pharmacies and patients to combat sophisticated fraudulent behaviour and the opioid crisis.

Beyond individual prescriptions, AI also has the ability to analyze system wide health data to enhance **predictive inventory management**. National supply chain analysis can predict demand surges for specific medications, helping combat shortages, reduce waste and enable proactive ordering and distribution.

Population health data can be studied to detect early signs of public health crises, from opioid hotspots to emerging flu or measles outbreaks, and study prescribing patterns for chronic diseases.

Through advanced AI analysis of anonymized prescription data, Canada can achieve unprecedented early detection of public health crises — from opioid hotspots to disease outbreaks — while simultaneously preventing medication errors through context-aware clinical decision support. Mila’s responsible AI framework ensures these powerful capabilities are deployed with transparency and accountability, establishing Canada as a global leader in ethical healthcare AI innovation.



Stéphane Létourneau

Executive Vice-President, Mila: Quebec Artificial Intelligence Institute

It’s also a well-known fact that intelligent automation streamlines workflows, especially those rote and routine tasks that take so much time away from actual patient conversations and care. At a time when administrative burdens can be crushing for care teams, AI integrations can provide relief while also delivering smarter, faster, more efficient tools for patient engagement.

Key takeaways for healthcare professionals and leaders

For leaders, the next step is to put practical, tactical measures in place to make e-prescribing a reality nationwide, and make meaningful progress toward connected care in Canada. This is a pivotal moment and Canada has much to lose if it doesn't seize this opportunity - Canadians will continue to fall behind with an outdated system that permits dangerous medication errors, administrative burdens, and inefficient use of healthcare resources.

It starts with decisive action from the federal government, with a mandate to implement e-prescribing nationwide by a defined date. From there, bilateral agreements with provincial and territorial governments need to enable the phasing in of this mandate across regions.

However, there needs to be existing infrastructure to support this phased approach, and that's where funding and incentives come in. As the federal, provincial, and territorial governments establish bilateral agreements and action plans, they also need to make resources available so clinicians, physicians, and pharmacists have the technology necessary to deploy e-prescribing — such as EMR and PMS platforms with consistent, compatible features — without having to bear the cost burden themselves. At present, this is a massive barrier to effective adoption, and one that can be dismantled with thoughtful, responsive policy.

It doesn't end there. Technology providers and enablers have a vital contribution to make by developing the sovereign infrastructure that will power e-prescribing, AI innovation, and better insight into population health. By delivering solutions that meet Canada's data interoperability objectives, and allowing secure communication between platforms regardless of vendor, the implementation of e-prescribing in Canada will be driven by productive partnerships between the public and private sector. These are worth investing in.

When the mandates, funding, and infrastructure are in place, the research has shown that healthcare practitioners are ready and willing to do their part to implement e-prescribing for Canadians. The care teams who operate the country's clinics, hospitals, and pharmacies are perhaps the most crucial collaborators in this endeavour.

TELUS Health invites fellow industry leaders and forward-thinking partners across the country to join this transformative mission. Healthcare modernization requires collective expertise, shared resources, and unified commitment.

No single organization can address the complex challenges facing Canadian healthcare alone — but together, we can create unprecedented opportunities for innovation and impact. Together, we can transform healthcare delivery across Canada, making it more accessible, efficient, and patient-centered for generations to come.

This discussion paper is a condensed version of the strategy paper: **"Imperative for national e-prescribing: Canada's moment to act"** which offers a more in-depth analysis of the state of e-prescribing in Canada. You can access the full version [here](#).

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