TELUS Health

Imperative for national e-prescribing

Canada's moment to act



November 2025

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Executive summary

The case for a national e-prescribing mandate

Canada's healthcare system is at a critical juncture, facing a pressing need to modernize its digital infrastructure to improve patient safety, enhance efficiency, and strengthen national resilience. The continued reliance on outdated, paper- and fax-based prescribing systems introduces significant risks, contributing to medication errors, privacy breaches, and administrative burdens that compromise patient care and place undue strain on clinicians.

Paper overview

This paper presents a data-driven case for why a national mandate for e-prescribing is a strategic imperative for our country and its citizens. While many peer nations have already realized the benefits of such systems, Canada has the opportunity to build a robust model by leveraging existing infrastructure and a proven, phased approach.
The six principle sections are:

1. An overview of the current state of prescribing in Canada.
2. The urgent need for a national e-prescribing mandate in the context of the opioid crisis and the larger macroeconomic environment.
3. Global use cases for scalable adoption and implementation of e-prescribing.
4. Alignment of e-prescribing with key policy catalysts including the Connected Care for Canadians Act (formerly known as Bill C-72) and the One Canadian Economy Act (Bill C-5).
5. An actionable plan for how a national e-prescribing mandate can be phased in across Canada.
6. Key performance indicators to measure the success of national implementation.

e-Prescribing as a strategic imperative

e-Prescribing is a secure, digital system that allows prescribers to enter prescription data directly into an electronic medical record (EMR), which then transmits the information seamlessly to the pharmacy of the patient's choosing. The system also encompasses facilitating e-renewals (electronic refill requests and approvals) and secure clinical communication between prescribers, pharmacies, and other healthcare entities. This comprehensive digital process replaces traditional paper and fax-based methods, drastically reducing the potential for errors and providing a foundation for enhanced communication, data sharing, and more efficient patient care.

4 to 5%

of the 250 million billable prescription transactions in Canada are currently transmitted through the national e-prescribing system.

With a national mandate, the scale and impact of e-prescribing can go far beyond to directly address several federal priorities:

Combating the opioid crisis

By providing real-time visibility into prescribing patterns and helping to prevent prescription fraud, e-prescribing for controlled substances can significantly reduce misuse and support public health. This focused approach serves as a catalyst for broader system transformation and multi-protocol preparedness.

Enhancing patient safety and clinical efficiency

e-Prescribing eliminates illegible handwriting, reduces transcription errors, and ensures medication histories are accessible at the point of care, leading to fewer adverse drug events and better health outcomes for all Canadians.

Realizing system-wide cost savings

e-Prescribing can reduce costs by helping to prevent adverse drug events, unnecessary hospital readmissions, the substantial economic burdens associated with the abuse of opioids and other controlled substances, and lost productivity. It can prepare Canada to be better equipped in handling future healthcare crises, including epidemics or pandemics, and enhance cybersecurity and privacy with a national system.

Promoting digital sovereignty and domestic innovation

Investing in a made-in-Canada solution ensures that intellectual property, research and development (R&D), artificial intelligence (AI) innovation and data stewardship remain within the country, fostering domestic innovation and building a resilient digital health corridor that strengthens the national economy.

Supporting a connected care framework

e-Prescribing is a foundational component of the Pan-Canadian Interoperability Roadmap, enabling the secure and seamless flow of health data between care providers across all provinces and territories, as well as a networking effect across the entirety of the healthcare ecosystem.



A clear and achievable path forward

The wide adoption of e-prescribing also represents a clear and achievable "quick win" for a government committed to demonstrating measurable progress on key priorities such as healthcare access, affordability, and modernization.

Drawing on successful international models, this paper outlines a practical, four-part strategy for national implementation:

Mandated integration over time at national level

Start with a targeted mandate for Schedule I controlled substances by 2027, building on clinician readiness and addressing the opioid crisis. By 2029, expand this to a universal mandate for all prescriptions, creating a “digital-only” ecosystem.

Sustainable funding model

Implement a hybrid funding model with federal-provincial bilateral agreements. This will help eliminate transaction fees for end-users, support initial adoption, and ensure the long-term sustainability of this critical infrastructure.

Collaborative governance with trusted partnerships

Establish a lean, collaborative governance board with federal, provincial, and private-sector representation to ensure accountability and efficiency.

Broadened connected care infrastructure

Establish a robust connected care network that enables the seamless flow of health data between systems, providing a foundation for future digital health innovations and enhanced patient and population health insights.

By implementing the proposed model, Canada can move beyond its current fragmentation to establish itself as a leader in digital health infrastructure. e-Prescribing is widely adopted in advanced jurisdictions, and examples of success are ripe — this gives Canada an advantage, as keys to success are clear, helping to minimize risk and uncertainty. TELUS Health, as a trusted partner, is prepared to collaborate with the government to deliver a modernized, connected care system that benefits every Canadian, today and for generations to come.



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.

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.

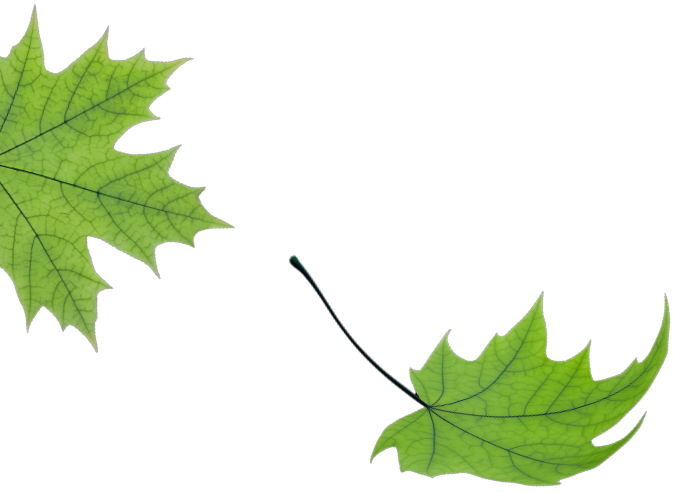
We've witnessed firsthand how countries around the world have unlocked remarkable improvements through comprehensive e-prescribing systems, and as we'll explore throughout this paper, these proven successes light the path forward for what's possible here in Canada. With a national e-prescribing infrastructure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

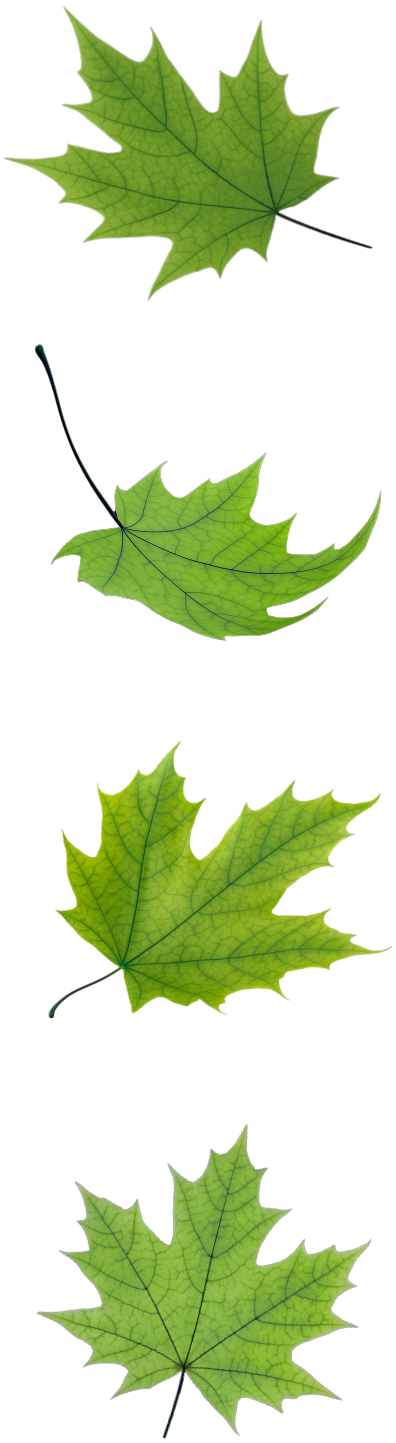
This is why we believe it's time to embrace widespread adoption of our existing e-prescribing infrastructure at a national scale. It's about laying the foundation for Canada's digital health infrastructure and delivering better outcomes for patients and providers alike. This transformation requires our 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.



TELUS Health

01.

The current state of prescribing in Canada



Millions of Canadians rely on prescriptions to manage their health. But for them, as well as the healthcare providers who provide their medications, this can be a laborious process.

Traditionally, prescriptions have been paper-based, with the completed form either entrusted to the patient or faxed to the pharmacy.

A 2022 survey conducted by Canada Health Infoway (Infoway) found that among Canadian pharmacies, **49 per cent of prescriptions are still received by fax, while 28 per cent are paper.**[1]

Newer research commissioned by TELUS Health in 2025 shows similar findings. Among general practitioners who responded, almost half of the prescriptions they write are transmitted via faxing or scanning.[2] There is a growing desire for digital prescription solutions, and an increasing number of faxes are sent electronically—but this alone will not solve the problems facing healthcare practitioners today.

The continued reliance on paper and fax-based prescribing systems introduces multiple risks to patient safety, privacy, and care continuity. 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.

All of this contributes to the risk of medication-related errors, which researchers estimate are responsible for 22 per cent of hospital readmissions globally, and may be a factor in as many as 41.3 per cent of initial hospital admissions.[3]

While there are many types of medication errors, the majority are related to drug interactions that the prescriber is not aware of—an issue that a centralized e-prescribing platform directly addresses.

> 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

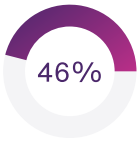
Primary Care and Executive Health Physician

Medical Director and Head Team Physician, Toronto Maple Leafs

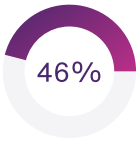
According to a 2022 study conducted by Canada Health Infoway, inefficient communication methods are also among the greatest frustrations for pharmacists:



cited the time lost to fax communications



pointed to the inefficiencies of phone calls



noted that prescribers frequently omitted critical details, such as treatment indications, from their prescriptions.[1]

Fax transmission failures remain a recurrent source of frustration for physicians and pharmacists. These failures may arise from technical issues, such as the receiving machine being offline or out of paper, minor errors in entering fax numbers or from inexplicable interruptions in transmission. Each failure not only compounds the administrative workload of pharmacists but also creates avoidable risks to patient safety through delayed or incomplete prescription fulfillment.[4] Misdirected faxes are also a consistent cause of serious health privacy breaches.

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 pharmacy management system (PMS), perpetuating opportunities for error and inefficiency.[5]



> 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

By contrast, true e-prescribing represents a more advanced and secure model. In this system, prescribers enter prescription data directly into an electronic medical record (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 enables bidirectional communication between prescribers and pharmacists, enhancing the role that pharmacists can play in our burdened healthcare system. More importantly, this secure, instantaneous transmission and sharing of vital patient data serves as a keystone in building interoperable healthcare infrastructure for Canada.

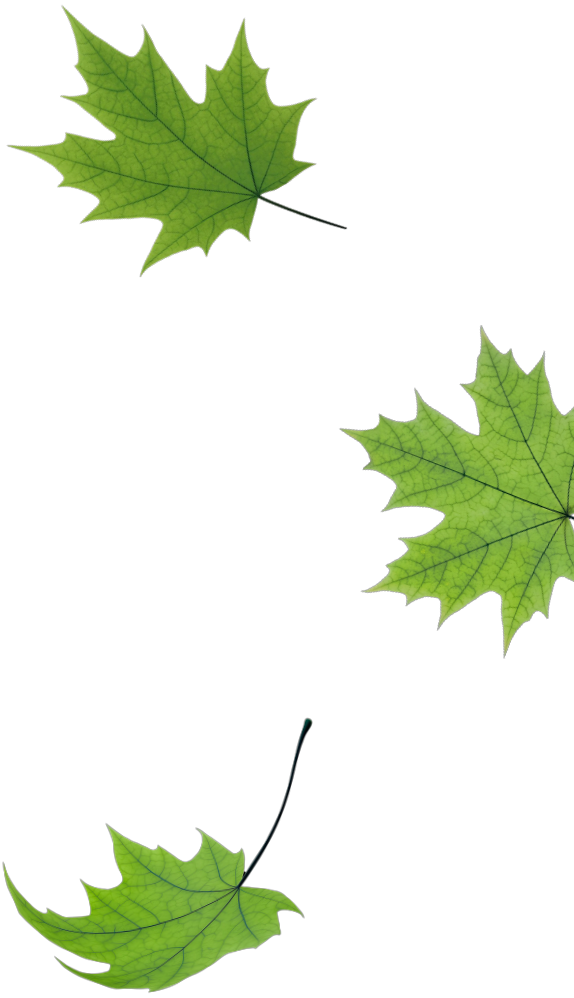
e-Prescribing reduces prescription abandonment

A significant challenge within Canada's medication management system is prescription abandonment — research published in the Canadian Medical Association Journal found that 17 per cent of prescriptions written by physicians are never filled at pharmacies.[6] There are several reasons why patients do not fill their prescriptions, including concerns about side effects, lack of understanding of the importance of the medication, changing clinical conditions, and other factors.

When patients disregard or deviate from the medication regimens they're prescribed, whether intentionally or unintentionally, the consequences extend to the healthcare system as a whole. Medication errors are responsible for a quarter of the nearly 70,000 preventable adverse events that occur in Canada every year, costing an estimated $2.6 billion — and approximately 700 lives — annually.[7] In fact, medication errors result in 7.5 per cent of all intensive care unit admissions nationwide, and the highest rates of preventable medication harm occur among the most vulnerable populations: children, seniors, and those who are medically vulnerable or critically ill.[8] On average, preventable adverse drug events extend hospital stays by 4.6 days and cost an extra $6,750 per patient.[7]

e-Prescribing systems provide unprecedented visibility into these adherence patterns, enabling physicians to identify when and why patients abandon prescribed therapies. Research from the CDC demonstrates that providers using e-prescribing increased first-fill medication adherence by 10 per cent compared to traditional paper-based systems.[9]

By providing real-time feedback on prescription fulfillment status and integrated clinical decision support, e-prescribing platforms empower physicians to address adherence barriers proactively — whether through patient education, alternative medication selection or dosage adjustments. This enhanced visibility and responsiveness directly addresses what many clinicians identify as the primary obstacle to improved patient outcomes: ensuring patients actually follow through on prescribed medication therapies.



e-Fax vs. e-prescribing comparison

As noted, physicians and pharmacists are eager to modernize how they deliver patient care, and many have embraced e-fax technology to streamline the transmission of prescriptions. Yet e-fax is not e-prescribing; it lacks the critical features and benefits that define the latter. A comparative analysis highlights these distinctions.

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

A closer look at e-prescribing adoption across Canada

Canada, like many countries, has established a national, not-for-profit e-prescribing service, PrescribeIT, operated by Canada Health Infoway and supported by TELUS Health's technology infrastructure. However, the absence of a unified directive for adoption has limited its reach.

Today, of the 250 million billable prescription transactions in Canada, only 4 to 5 per cent are currently transmitted through PrescribeIT.[10]

What started as a federally funded e-prescribing service has recently shifted some costs to pharmacies. This has led to many pharmacies rejecting the fee and disconnecting from the service. Though they understand the value that this service provides, they argue that passing direct costs onto the end users is unfair and unsustainable, and many community pharmacies have opted out of e-prescription programmes that force them to pay for the service.

This is an important problem to resolve, as e-prescribing holds great promise to improve patient outcomes and healthcare workflows when the mandate is favourable and clear to all parties.

The fragmented regulatory context, in which each province and territory has jurisdiction over its healthcare sector, has been a barrier. This fragmented context also results in fragmented funding models, with asymmetrical incentives and subsidies between regions.

Quebec established the Quebec Health Record, or Dossier Santé Québec (DSQ), in 2012. This centralized system connects data from providers across the province, and community pharmacists have been required to contribute information about dispensed medication since 2015.[11]

Ontario has now set firm objectives around modernizing healthcare and replacing obsolete technologies with digital alternatives over the next five years. In fact, the province has targeted fax specifically as a practice that must be phased out, and has therefore identified e-prescribing, e-referral, and e-ordering as three top priorities.[12]

In contrast, British Columbia has maintained BC PharmaNet, a province-wide network connecting pharmacies to a centralized data system, since 1995.[13] This early investment has contributed to provincial reluctance to adopt e-prescribing, which remains unavailable in the jurisdiction.

Canada's national e-prescribing platform has established formal agreements with some provinces and territories and active implementation remains uneven, with uptake currently limited to pharmacies in Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Prince Edward Island, and Newfoundland and Labrador.[14]

As of 2023, **~5.5 million Canadians** are able to access prescriptions through this system — a significant milestone, yet one that highlights the considerable gap between existing agreements and nationwide adoption.[15]

Despite its demonstrated benefits, adoption has been described as "very slow," and currently accounts for only a modest proportion of prescriptions filled nationwide.[16]



In a recent study commissioned by TELUS Health, physicians reported using e-prescribing for **only 3 per cent of all prescriptions** transmitted innon-hospital settings.[2]

The barriers to e-prescribing are multi-faceted contributing to low adoption. When surveyed, physicians cited multiple barriers to adopting e-prescribing, including feature disparities, lack of familiarity and training, and cost considerations.[2] Additionally, many prescribers perceive that it is faster for pharmacists to renew prescriptions outside of e-prescribing systems, owing to limited system connectivity in community pharmacies.[2]

While the challenges of adopting e-prescribing in Canada are well-documented and understandable, the lack of progress is perplexing, considering that the technologies that undergird these digital advancements are both well-established and widespread. Imagine the losses in efficiency and economic opportunity if Canada's retailers couldn't transact through e-commerce; like e-prescribing, this is a technology that has been in use for two decades, delivers proven benefits, and is broadly adopted across global markets. The inability for Canada to meaningfully deploy a solution as functional and foundational as e-prescribing puts the entire healthcare sector at a disadvantage.

A demand and desire for change

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] These findings underscore both the inefficiencies inherent in the current system and the substantial professional support for accelerating e-prescribing adoption across Canada.

Research commissioned by TELUS Health overwhelmingly supports this, and suggests that Canadian clinicians are ready for a new paradigm. When asked if they would make use of a national e-prescribing program, 79 per cent of respondents said they definitely or probably would.[2]

78%

of respondents believe e-prescribing reduces errors from manual data entry.[2]

78%

are convinced it would reduce prescription errors.[2]

78%

concur that it would improve workflow efficiencies for e-renewals.[2]

82%

are assured that e-prescribing will enhance the digitization of healthcare.[2]

75%

claim it will be highly beneficial for pharmacies across Canada.[2]

71%

are certain it will prove highly beneficial for Canadians themselves.[2]







> 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

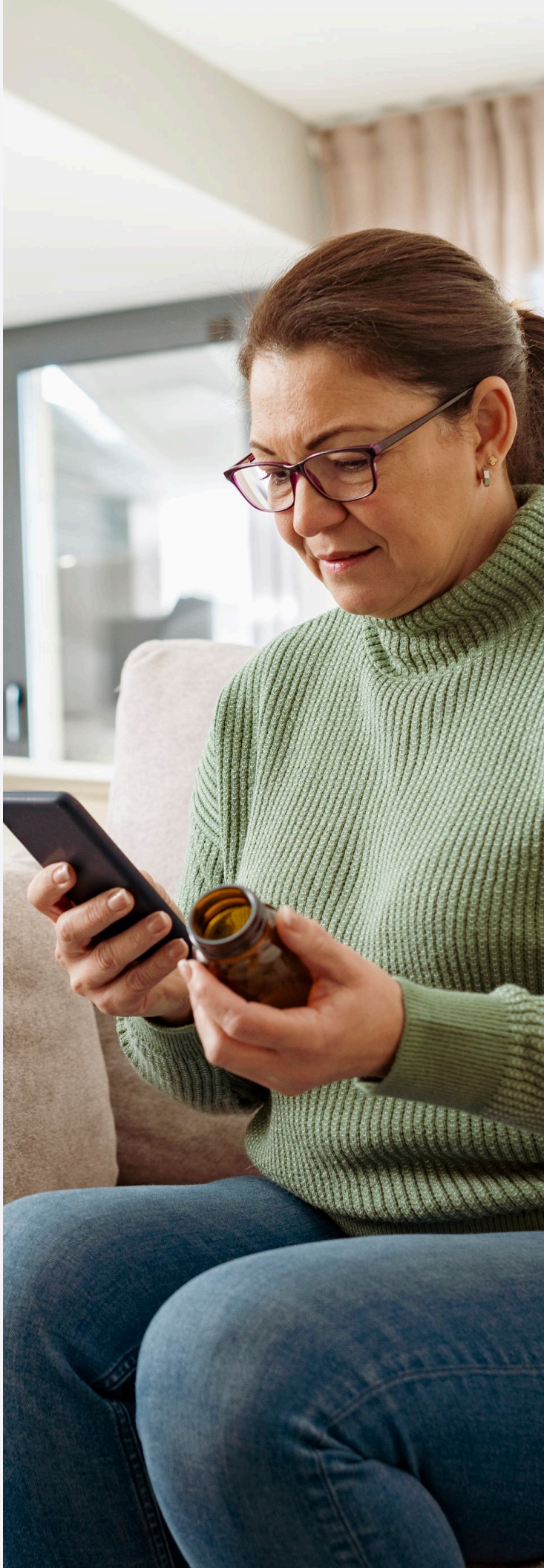
President
Rexall Pharmacy Group Ltd.

With the right model, governance, and execution, mandatory scaling of an e-prescribing programme is possible and practical at the provincial and territorial level. For example, it has already been noted that healthcare modernization is a priority for the government of Ontario, with concrete strategies for phasing out fax within five years. Such initiatives are supported by key stakeholders, including the Ontario Pharmacists Association (OPA), and this collaboration, dialogue, and buy-in brings policymakers and practitioners together, enabling effective leadership and tangible progress on digital healthcare transformation.

TELUS Health

02.

The time for national e-prescribing is now



e-Prescribing is widely recognized as the gold standard for safe and efficient medication management; and Canada already has much of the necessary technology. Beyond immediate safety and efficiency benefits, e-prescribing establishes the digital infrastructure foundation for advanced healthcare services, enabling AI-powered clinical decision support during prescribing and generating the data streams necessary for population health analytics and predictive modeling.

Thus, at this moment, there is a unique opportunity to level up the healthcare system, catch up to global peers, and live up to the promise of digital transformation for healthcare professionals and patients across the country.

While Canada has fallen behind other countries in developing a national e-prescribing program, an enormous amount of progress has already been made. The existing investments in technology infrastructure, combined with mounting political, economic, and social pressures, make this a singularly opportune moment to move e-prescribing adoption to its next phase.

Among these mounting pressures is Canada's aging demographic, which presents an ongoing challenge for the healthcare system.

With projections that **1 in 4 Canadians** will be over 65 by 2035,[17] and **more than 50 per cent of seniors** already living with multiple chronic conditions,[18] 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,[19] 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.

While the aging demographic represents a persistent healthcare challenge, the ongoing opioid crisis and emerging global economic and political uncertainties create urgency for more immediate action.



Addressing the opioid crisis is a public health imperative

The opioid crisis continues to pose a profound public health and economic challenge in Canada, eliciting a strong public demand for action.

Despite a 17 per cent decrease in apparent opioid toxicity deaths in 2024, the numbers remain tragically high, with **~ 20 lives lost each day**.[20]

As the crisis has unfolded, it has been fuelled by a highly toxic, unregulated illicit drug supply,[21] yet managing the responsible prescription of opioids is also a key factor, and a key challenge.

Along with costing the lives of thousands of Canadians each year, the crisis comes with staggering economic costs. The total burden of opioid use was estimated at $7.1 billion in 2020, of which $519 million was attributed directly to healthcare costs, representing a significant and growing burden on Canada's medical systems.[22]

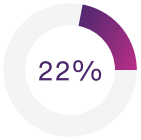
However, the largest portion of the total burden is related to lost productivity due to premature deaths among working-age individuals, which rebounded to its highest level ever during the first year of the COVID-19 pandemic. Per-person lost productivity costs associated with opioids increased more than 30 per cent from $105 to $139 between 2019 and 2020 alone, underscoring that the crisis extends far beyond the healthcare system.[23]

Prescription management plays a crucial role in mitigating the harms associated with controlled substances. The initial phase of the crisis was directly linked to the over-prescription of opioids, with Canada becoming the world's second-largest per capita consumer of prescription opioids after the United States.[24] As a result, policies were enacted to tighten prescribing practices, but in 2024, 16 per cent of opioid toxicity deaths still resulted from the use of pharmaceutical opioids.[25]

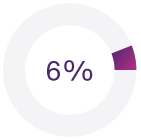
e-Prescribing for controlled substances (EPCS) has emerged as a compelling and effective solution to take action in this crisis.

e-Prescribing helps to detect and decrease opioid fraud and abuse by allowing prescribers and pharmacists to see patients' medication histories at the point of care,[26] improve physician accountability and prevent "doctor shopping" and other behaviours and indicators associated with abuse.

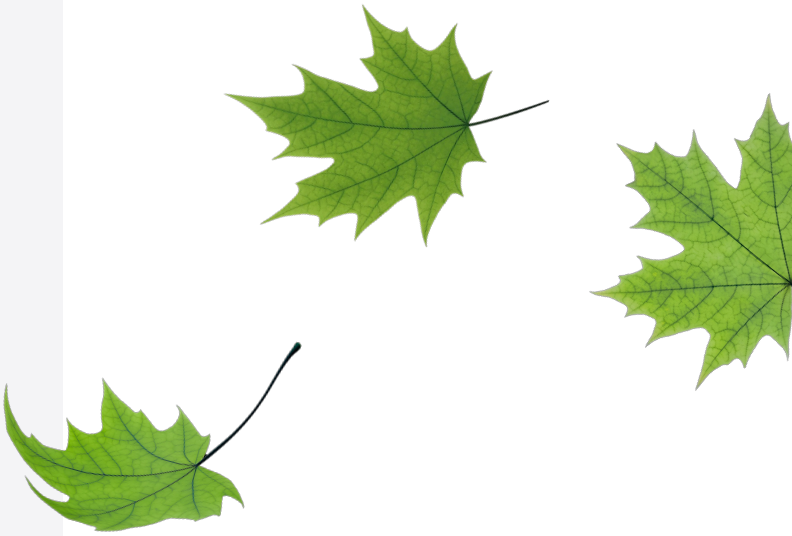
A landmark study on New York's 2016 e-prescribing mandate, the first to be enforced in the U.S., provides a clear case study.



The mandate was associated with a 22 per cent reduction in overdoses involving natural and semi-synthetic opioids.



Furthermore, the mandate directly reduced opioid supply in the state by 6 per cent.[27]



A recent study commissioned by TELUS Health

82%

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.[2]

83%

of physicians acknowledged handwritten prescriptions increase the potential for fraud and misuse of controlled and monitored substances.[2]

While the opioid crisis provides a compelling and urgent need for e-prescribing adoption on a national scale, the benefits extend far beyond this single class of medications. The same digital infrastructure and monitoring capabilities that enable the safe prescribing of opioids can be applied to other controlled substances and pain medications. The broader application of this infrastructure investment becomes a comprehensive platform for managing all high-risk medications, such as fentanyl.

In Canada, adverse drug events account for **approximately 11 per cent of emergency room visits** and remain a leading cause of unplanned admissions and deaths.[28] In March 2025 alone, Canadian hospitals reported 379 serious adverse drug reaction events.[29] A U.S.-based study also shows that **nearly 50 per cent of all medication errors** occur when a medication is prescribed or ordered.[3] Therefore, key features of e-prescribing — such as checking medication history and habits, dosage management, and potential drug interactions — can help address these challenges.

A study conducted at the Yale New Haven health system showed that a simple reduction in the default number of pills for post-operation opioid prescriptions from 30 pills to 12 pills decreased the amount of opioids prescribed by more than 15 per cent across an entire health system, comprising five hospitals across Connecticut.[30] A well-established benefit of e-prescribing is that prescribers and pharmacists can order smaller quantities of medications, knowing that it is easy to renew and refill prescriptions as needed.



According to a recent TELUS Health study, 88 per cent of physicians either strongly or somewhat agreed 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.[2] 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]

Using the opioid crisis as a catalyst for e-prescribing implementation creates an opportunity to establish a robust and scalable system — one that can evolve to address emerging prescription drug challenges while continuing to deliver safety, efficiency, and cost-saving benefits across the entire spectrum of controlled substances prescribing.

Public health outcomes and workforce productivity

From a public health perspective, e-prescribing delivers measurable impact through significant reductions in prescription fraud and abuse, fewer deaths from opioid overdoses and adverse drug reactions, and enhanced prescribing accuracy powered by AI-driven, evidence-based decision support tools that optimize patient outcomes and clinical efficiency.

These health improvements translate directly into tangible economic benefits for Canadian employers:

- reduced employee absenteeism
- lower disability claims
- decreased insurance premiums
- 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.

Digital resilience is crucial in a time of global uncertainty

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

Expanding digital capabilities addresses multiple federal priorities at once. At a time of geopolitical and economic turbulence, digital health investments deliver dual value: bending the health system cost curve while fostering made-in-Canada solutions that strengthen domestic innovation.

A particularly urgent and achievable opportunity lies in e-prescribing. Until now, Canada's unique, fragmented regulatory environment, in which health services are chiefly provincial and territorial responsibilities, prevented its widespread implementation, even as many peer nations adopted it more than a decade ago. e-Prescribing directly aligns with new federal policy priorities — from enabling the pan-Canadian flow of services and information to ensuring data interoperability in healthcare.

> A future with national e-prescribing represents a practical, high-impact modernization initiative; one that addresses Canada's escalating healthcare cost curve and its broader economic challenges, while delivering a measurable improvement in the quality of care for patients.

As a Canadian company, TELUS Health is uniquely positioned to help realize this opportunity by leveraging our national infrastructure and deep experience in collaborating with federal, provincial, and territorial governments to build a more resilient and connected health system for the future.

The conditions are aligned, the infrastructure is in place, and the benefits are clear. **The moment to act is now.**



A perspective from Mila: Quebec Artificial Intelligence Institute

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 models 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 to combat shortages, reduce waste and enable proactive ordering and distribution. **Population health data** can be studied to detect early signs of public health crises (opioid hotspots, outbreaks) and study prescribing patterns for chronic diseases. This real time feedback loop would inform public health policy, resource allocation and targeted interventions.

> 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

TELUS Health

03.

Building a successful national e-prescribing model



It is instructive to take a closer look at the factors that have led to successful, large-scale adoption and implementation of e-prescribing in other developed nations. The U.S.,[32, 33, 34] United Kingdom,[35, 36] Germany,[37, 38, 39, 40] Denmark,[41] Finland,[42, 43, 44] and New Zealand[45] all implemented e-prescribing according to their unique contexts, yet share sufficient commonalities with Canada for their experiences to be illustrative of what could be possible here.

What their experience demonstrates is that e-prescribing adoption is both achievable and transformative. Denmark, Finland, and the U.S. all reached widespread electronic prescribing penetration rapidly after rollout. Each jurisdiction took a slightly different path, but the outcomes were consistent: higher quality care, improved efficiency, and reduced costs.

Crucially, governments treated e-prescribing as core healthcare infrastructure, ensuring that costs were not shifted onto physicians or pharmacists but absorbed as a national investment in safety and system efficiency.

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[46]
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
United States	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
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
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

These examples confirm that with policy alignment and infrastructure, widespread adoption within a three to five-year horizon is realistic and repeatable. Canada has an immense opportunity to leverage the keys to success as seen in these above countries and use it to streamline and accelerate our path to national e-prescribing.



Key strategic factors

While every country has its unique circumstances, there are defining characteristics shared by all or most of these examples that were crucial to their e-prescribing success. As Canada builds its own national e-prescribing model, these three key factors will likely need to be accounted for.

1. National mandates drive adoption and scale



Adopting e-prescribing at scale across Canada likely has to start with a federal mandate, much like it did in other countries that effectively implemented it.

U.S.

The U.S. is perhaps the closest analogue: although healthcare regulation is fragmented across 50 autonomous states, federal requirements for controlled substances created the momentum necessary for broad adoption of e-prescribing and EMR technologies laying essential groundwork for e-prescribing on a larger scale. The U.S. positioned e-prescribing as an immediate necessity for public health, safety, and harm reduction in the context of the ongoing opioid crisis. This demonstrated that leveraging public health emergencies as a catalyst for e-prescribing national mandates can effectively drive rapid adoption and system-wide transformation.[32, 33, 34]



Germany

Germany demonstrates the effectiveness of comprehensive national mandates through its “E-Rezept” system. As of January 1, 2024, e-prescriptions became mandatory for all prescription medications nationwide, requiring doctors to issue prescriptions digitally across the entire healthcare system. This decisive government mandate illustrates how clear regulatory requirements can drive immediate system-wide adoption at scale.[37, 38, 39]

Government mandates are thus the common denominator across all of these global case studies, driving adoption at scale, which in turn drives return on investment.

2. Government funding generates momentum

With the announcement of a national mandate comes the need to financially support it. For ensuring long-term continuity of e-prescribing programs, there are several financing models to take note of. Nordic countries, such as Denmark and Finland use fully public-funded systems, while England, Germany, and the U.S. employ hybrid models.



U.S.

The U.S. addressed this possibility several years ago when it drove e-prescribing implementation through financial incentives with the Medicare Improvements for Patients and Providers Act (MIPPA) in 2008, and subsidized EMR implementation with the Health Information Technology for Economic and Clinical Health (HITECH) Act in 2009.[32, 33, 34]

United Kingdom

Funding for e-prescribing in England comes from the government budget allocated to the National Health Service (NHS), which is collected through both general taxation and capped co-payments for certain services. This government income supports the development of innovative new care offerings, such as the NHS mobile app, where patients can access all their prescription information and which now counts 75 per cent of the country's adult population among its users.[35, 36]



Germany

Germany's e-prescribing system, known as eRezept, is supported through a combination of statutory health insurance (SHI) funds and contributions from regional associations of SHI-accredited physicians. Similar to England, these are invested in the development and implementation of innovative solutions to drive modern, connected healthcare.[40]

3. A phased approach helps stakeholders adapt

Many of the international examples demonstrate that adoption necessitates adaptation, and that governments need to give their public and private sector stakeholders sufficient time to acclimate to the new requirements. While each country tailored their implementation to their specific context, they all underscore the importance of starting small and building over time through a phased approach.

Finland

Finland commenced a gradual rollout across municipalities over four years. By mid-2013, all municipalities were participating, enabling the government to mandate e-prescribing for the public sector in 2014 and across all providers, including private practices, by 2017. Handwritten prescriptions are no longer permitted except in highly specific circumstances.[42, 43, 44]



Denmark

Denmark started a phased implementation with primary care providers, including GPs, dentists, and specialists, as well as pharmacies. They were connected to the national Shared Medication Record (SMR) and e-prescription service through standardized electronic messaging. By 2015, complete integration into the existing digital healthcare infrastructure was achieved.[41]

Germany

Germany used a “soft launch” approach, launching voluntary e-prescribing in 2022 before making it mandatory in 2024. This gave care providers time to acclimate and ensure they had proper infrastructure before the requirement took effect.[37]

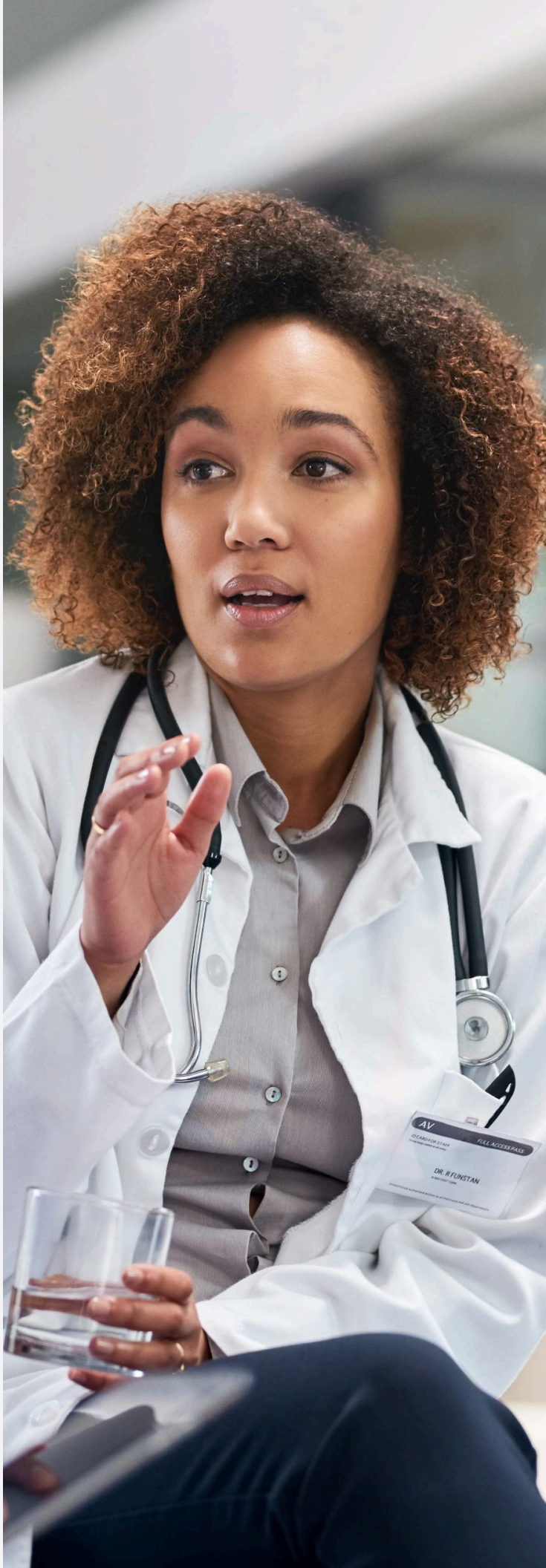
U.S.

The U.S. phased the mandate by drug class, starting with controlled substances due to the opioid crisis before extending to all medications. This approach allows prescribers and pharmacies to gain familiarity with the technology and experience simplified workflows before full implementation.[32, 33, 34]

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04.

Key policy catalysts and priorities for e-prescribing



At a glance, e-prescribing may not seem like a significant lever for modernizing Canada's public sector, but it actually is an important and impactful part of a much grander national vision. This is because in addition to helping address the opioid crisis, a national e-prescribing model is also directly aligned with key federal priorities.

In the wake of recent trade tensions, the federal, provincial, and territorial governments have held frequent talks about enabling a more secure, self-sufficient, and connected Canada. In some ways, these conversations sound a great deal like the discussions that have been taking place across the public and private healthcare sectors over the last few years.

In 2022, government stakeholders from across the country came together to devise and endorse a digital health action plan involving Statistics Canada, Canadian Institute for Health Information (CIHI) and Canada Health Infoway. The goal was to set standards to enable the secure exchange of health data across systems nationwide while also ensuring privacy and confidentiality for citizens.[47]

This culminated in the Shared Pan-Canadian Interoperability Roadmap in 2023, the Pan-Canadian Health Data Charter later that year, and the Pan-Canadian Health Data Content Framework — and its supporting Canadian Core Data for Interoperability (CACDI) initiative — in 2024.[48, 49, 50, 51, 52]

These projects address a common purpose: ensuring that as citizens access healthcare services, they can create and share a single record of personal health information. This is the crux of Bill C-72, the **Connected Care for Canadians Act**.[53]

The vision of "Connected Care" means patients and care teams can access and share accurate information across settings, so people are not forced to repeat their history or prescriptions at every visit.

The Connected Care agenda focuses on interoperability and seamless communication among providers. Within that agenda, e-prescribing is a core capability because it securely transmits prescriptions from the EMR to PMS systems and supports clinical communication, which improves safety and continuity.

As noted by Health Canada, unnecessary or duplicative tests, extended wait times and hospital stays, potential misdiagnoses, or medication errors can result in compromised patient safety, increased healthcare costs, and poorer health outcomes. However, when complete health information is accessible to care providers, it results in more accurate diagnoses, improved care, lower readmission rates, and fewer fatalities.[54]

CIHI reports that 4 in 5 Canadians want their personal health information shared electronically with care providers so that informed decisions can be made about their health. And when they have the opportunity to look at their own electronic medical records, 4 in 5 Canadians feel more confident managing their health.[55]

Interoperability sounds simple in theory,
but it is incredibly complex in practice because it requires:

- Sophisticated vendor agnostic solutions that integrate with EMR and PMS systems across Canada to build consistent, reliable patient profiles
- Security standards that enable systems to "talk" to each other without ever putting the patient's personal health information or privacy at risk

By compiling a complete digital record of a patient's medications that can be accessed by all care providers, national e-prescribing is a necessary destination on the Pan-Canadian Interoperability Roadmap. In addition to its long-standing commitment to fostering trust through responsible data governance, as well as exceptional privacy and security standards, TELUS Health offers the benefit of strong market presence and ongoing collaboration with Infoway on developing this initiative.

In its ethos and principles, e-prescribing also aligns with the spirit of Bill C-5, the **One Canadian Economy: An Act to enact the Free Trade and Labour and Mobility in Canada Act and the Building Canada Act.**[56]

As the federal government works with provinces and territories to dismantle cumbersome regulatory barriers that prevent the flow of goods, services, and labour across the country, it also creates an opportunity to build a true digital health corridor — one that connects the flow of healthcare data securely and seamlessly across jurisdictions.

"Building Canada"— advancing projects of national interest — should also include "building *in* Canada": investing in domestic solutions that strengthen the country and serve the citizenry in tangible ways.

While healthcare technology may not expressly factor into Bill C-5, it does support the government's goal of a more resilient, shock-proof, modern, efficient, and connected national infrastructure.

Building *in* Canada sets our nation up for success when benchmarked against our G7 peers, who are making strides in many areas, namely healthcare.

It is worth noting as well that 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.

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

TELUS Health

05.

A practical strategy for expanding e-prescribing



Canada stands at a pivotal moment to transform healthcare delivery through a comprehensive, phased approach to e-prescribing that respects provincial and territorial jurisdiction while achieving national coordination. This practical strategy outlines a clear pathway from targeted implementation beginning with controlled substances to full national adoption, supported by collaborative governance, strategic funding, and a vision that positions Canada as a global leader in digital health innovation and population health insights.

This plan was developed by analyzing successful international implementations alongside Canada's regulatory framework and current e-prescribing infrastructure to establish a realistic and achievable timeline.

1. Mandated integration over time at a national level

Canada's path to comprehensive e-prescribing adoption requires a strategic, phased approach that builds momentum while addressing the most critical healthcare challenges first. This mandated integration strategy establishes clear timelines and creates the infrastructure foundation necessary for nationwide digital transformation.

Phase 1: Schedule I controlled substances (January 1, 2027)

The initial mandate will require all Schedule I controlled substance prescriptions to be transmitted electronically, targeting the medications at the heart of Canada's ongoing opioid crisis. This focused approach addresses a critical public health priority while establishing the technical infrastructure and clinical workflows that will support broader adoption.

Research demonstrates strong physician readiness for this transition. A 2024 national survey and a 2025 study conducted by TELUS Health indicate:



of Canadian primary care physicians already use EMRs, providing the foundational technology needed for e-prescribing integration.[55]



of physicians express willingness to adopt e-prescribing within 12 months if it was widely available and connected to all EMR and PMS systems.[2]

Phase 2: Universal e-prescribing (January 1, 2029)

Building on the success and infrastructure established through controlled substance e-prescribing, the mandate expands to encompass all prescription medications. By this point, the system will have achieved full connectivity between EMR and PMS systems, making e-prescribing a seamless part of routine clinical practice.

By 2029, pharmacies will no longer accept handwritten or faxed prescriptions, eliminating the dual-system inefficiencies that currently undermine e-prescribing adoption. This creates a "digital-only" environment that ensures universal participation.

Transformational benefits

Systemic infrastructure integration

The phased approach ensures that all EMR and PMS platforms achieve interoperability, creating a unified digital prescription ecosystem across all provinces and territories. This connectivity eliminates the fragmented systems that currently limit adoption and effectiveness.

Combating the opioid crisis

Focusing initially on Schedule I substances directly addresses Canada's most pressing prescription drug challenge. Electronic tracking and monitoring capabilities will provide unprecedented visibility into controlled substance prescribing patterns, enabling early intervention and abuse prevention.

Behavioural change through habit formation

Starting with controlled substances ensures that prescribers develop e-prescribing habits for their most carefully considered prescriptions. This behavioural foundation naturally extends to routine prescribing, accelerating adoption rates for all medication types.

Improved outcomes for vulnerable and marginalised populations

When there are systemic flaws in the healthcare system, the most at-risk Canadians are often the first to fall through the cracks. Better medication monitoring and management will deliver immediate benefits in areas such as women's health, care for the elderly and immigrants, services for Indigenous communities, and support for mental health.

This mandated approach transforms e-prescribing from an optional enhancement to an essential component of Canadian healthcare delivery, ensuring that all stakeholders — physicians, pharmacists, and patients — benefit from improved safety, efficiency, and coordination.



2. A funding model that supports adoption

While a national mandate provides the regulatory framework for e-prescribing transformation, sustainable funding mechanisms ensure that all stakeholders can participate effectively without financial barriers. Canada's funding model must eliminate cost as an adoption obstacle while creating the infrastructure foundation for long-term digital health innovation.

Provincial funding through federal-provincial bilateral agreements

The cornerstone of successful e-prescribing implementation lies in provincial funding models supported by targeted federal-provincial bilateral agreements. These agreements will enable free and open access for all EMR and PMS vendors, ensuring that no healthcare provider or pharmacy faces prohibitive costs for compliance with the national mandate. To maximize effectiveness, these bilateral agreements should mandate provincial adoption while linking federal funding to measurable KPIs, including adoption rates, promotion efforts, and legislative milestones.

This approach aligns with established healthcare funding precedents while respecting provincial jurisdiction over healthcare delivery. Federal support through bilateral agreements provides the financial backbone for provinces and territories to upgrade existing systems, train healthcare providers, and maintain ongoing technical infrastructure without imposing unsustainable costs on individual practices or pharmacies.



At the same time, having visible targets that jurisdictions must meet to be eligible for federal funding can help motivate provinces and territories to move on this important initiative. By measuring progress and reporting results, they will not only witness their digital healthcare transformation in detail and in real-time, but they will also note the improved outcomes they are delivering for their citizens. Comparing results may even inspire a sense of healthy competition between jurisdictions, helping drive continuous regional and national innovation.

Recognizing provincial autonomy over healthcare delivery, each province and territory will ensure e-prescribing solutions meet national interoperability and security standards. This ensures that provinces maintain the technical compatibility necessary for seamless cross-provincial prescription management and data sharing.

Regulatory alignment and legislative foundation

The e-prescribing funding model supports federal objectives to modernize digital health while protecting privacy and security. In particular, it aligns with the aims of **the Connected Care for Canadians Act**, which was introduced in the previous Parliament, to require interoperability of health information technology and prohibit data blocking by vendors in order to enable connected, secure, person-centred care.[53] Although the Connected Care for Canadians Act does not itself mandate or fund e-prescribing, its interoperability and anti-data-blocking framework would help underpin e-prescribing at scale across jurisdictions.

A national e-prescribing mandate would therefore be complementary to the Act's objectives by promoting standardized, computable exchange of prescription data. Over time, regulations and standards adopted under such a framework could support an integrated medication management layer that surfaces clinically relevant information and, where appropriate, links to formularies, claims, coverage, and benefits. This vision is consistent with the bill's purpose, even though these specific data elements are not detailed in the bill text.

Note that while the Connected Care for Canadians Act was not passed by the previous government, The Honourable Marjorie Michel, Minister of Health has made it clear that reintroducing and passing the Act is a priority.

Adoption trajectory and realistic targets

The funding model supports an aggressive but achievable adoption timeline, with 95 per cent of all prescriptions transmitted electronically by January 1, 2029. While 100 per cent adherence is theoretically ideal, practical considerations acknowledge that certain prescriber types — including dentists, psychiatrists, optometrists, and others — may require additional time and support for full integration.

The initial comprehensive funding model is designed to prevent financial constraints from hindering the crucial transformation of Canada's prescription system. After nationwide adoption, alternative funding models can be explored to optimize the program's long-term costs. Furthermore, the health system cost savings and infrastructure benefits realized may alleviate some of the financial burden on the government.

3. Collaborative governance with trusted partnerships

Effective oversight requires collaborative governance between federal, provincial, and territorial authorities, in partnership with an experienced private sector operator.

This collaborative governance model builds on successful precedents already demonstrated in Canada. Nova Scotia offers a relevant example where, in 2024, the provincial government mandated that healthcare providers implement secure digital systems to share data with the Ministry of Health, making health records accessible to citizens.[57]

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.[57] The result demonstrated that measurable outcomes may take precedence over organizational boundaries, and that public-private partnerships can make digital health transformation an operational reality rather than remaining a theoretical ideal.



Communicating the value to all Canadians

A comprehensive public education campaign will be essential to build Canadian support and understanding for the e-prescribing transformation. Many Canadians may not immediately understand why changing from paper prescriptions to digital systems matters to their daily healthcare experience.

> The campaign must clearly articulate the “why” behind this initiative: safer medication management, reduced prescription errors, faster pharmacy processing, and better coordination between their healthcare providers.

For patients, the message centres on safety and convenience — no more lost prescriptions, automatic checking for dangerous drug interactions, and seamless refills. For healthcare providers, the focus is on clinical efficiency and better patient care — more time with patients instead of managing paperwork, real-time access to medication histories, and enhanced ability to monitor patient outcomes. For the broader health system, the emphasis is on population health insights that help identify emerging health trends and improve care delivery across all provinces and territories, along with cost savings and fraud reduction.

Critically, the campaign must highlight how e-prescribing directly combats Canada’s opioid crisis by creating unprecedented visibility into controlled substance prescribing patterns, preventing prescription fraud and “doctor shopping,” and enabling early intervention when concerning patterns emerge.

This campaign must also address privacy concerns head-on, explaining how e-prescribing actually enhances security compared to paper prescriptions that can be easily lost, forged, or stolen. By helping all Canadians understand that e-prescribing makes their medications safer, their healthcare more efficient, and their personal health information more secure, the campaign builds the public support necessary for successful nationwide implementation.



4. Build Canada's position as global leader in digital health infrastructure and population health insights

Canada's e-prescribing transformation extends far beyond safer prescriptions — it positions the nation as a global pioneer in leveraging healthcare data to improve population health outcomes and drive evidence-based innovation. By 2030, this foundation will evolve into the world's most comprehensive connected care ecosystem.

Connected care infrastructure and population health intelligence

The e-prescribing infrastructure creates a comprehensive "Connected Care" network spanning all provinces and territories, establishing the interoperable backbone for future digital health innovations. This network enables seamless data flow between EMRs, pharmacy systems, laboratory networks, and other healthcare information systems. The e-prescribing infrastructure will lay the foundation for additional e-services to be added later on, creating an expandable platform for comprehensive digital health solutions.

Combined with advanced AI and analytics, Canada's prescription data will provide real-time insights into population health trends, emerging disease patterns, and treatment effectiveness. Additionally, when more e-services are integrated with e-prescribing data, the insights into population health trends will become exceptionally comprehensive, offering unprecedented depth and breadth of understanding across the entire healthcare continuum. Through better research and analysis of this crucial data, healthcare leaders will identify challenges before they become crises and optimize resource allocation based on evidence rather than assumptions.

Population health scorecard (January 1, 2030)

Canada will launch the world's most comprehensive population health monitoring system, featuring:

Prescriber and pharmacy data

Real-time prescribing patterns, medication adherence, and dispensing trends

Integrated health data

Prescriptions linked with lab results, hospital admissions, and chronic disease registries

Provincial dashboards

Customized scorecards highlighting unique health challenges and intervention opportunities

National intelligence

Comparative analysis identifying best practices and guiding policy development

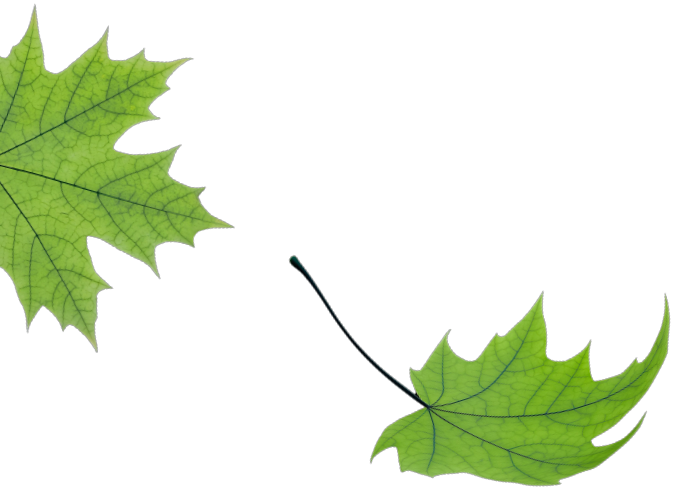


Global leadership and innovation

Despite having healthcare that is, in many respects, the envy of the world, Canada routinely receives some of the lowest scores in the annual Commonwealth Fund International Health Policy Surveys, which compares healthcare systems across ten developed nations: Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom, and the United States.[58, 59] The most recent surveys have consistently ranked it ninth out of the ten countries, and its scores have been dragged down time and time again by metrics such as administrative efficiency, access to care, and timeliness.[59]

The lack of digital interoperability directly contributes to this. The 2023 Commonwealth Fund survey shows that only 24 per cent of physical practices offer online prescription renewal, compared to an average of 58 per cent across the other nations;[60] and according to the 2022 survey results, only 38 per cent of Canadian physicians could exchange patient clinical summaries with other care providers, in stark contrast to 67 per cent among the international peers.[61]

> The solution recommended by CIHI: integrated health data systems that improve care coordination between primary care teams and other providers.[61]





The infrastructure established by a national e-prescribing mandate will position Canada to join the ranks of global leaders in healthcare data integration. It can also create new opportunities to export Canadian health technology solutions internationally. The comprehensive dataset will attract researchers and innovators, generating economic benefits while enabling breakthrough research in pharmacoepidemiology and precision medicine.

> By 2030, Canada's e-prescribing transformation will deliver safer healthcare to Canadians while positioning the nation as the undisputed global leader in digital health infrastructure and population health intelligence.

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06.

Measuring the impact and success of national e-prescribing



To build a sustainable model for a national e-prescribing platform in Canada, success must be measured by key performance indicators (KPIs) aligned with the practical implementation strategy outlined in the previous section.

The phased implementation of the program will follow three key milestones:

January 1, 2027

all provinces and territories to use e-prescribing for 100 per cent of Schedule I drugs

January 1, 2029

all provinces and territories using e-prescribing for 95 per cent of all prescriptions

January 1, 2030

launch a comprehensive population health scorecard, which will use prescription data to provide insights for each province and territory

The scorecard will be composed of KPIs that track progress across **three main areas**:

Improved public health outcomes

Tracking the reduction in prescription fraud, abuse, and deaths from opioids and adverse drug reactions. It also involves monitoring gains in workforce productivity and improved health outcomes from the adoption of evidence-based, best-practice decision support.

Health system cost savings

Measuring reductions in hospitalizations from avoiding adverse drug reactions, drug-error litigations and other risks. Success will also be measured by efficiency gains, such as hours saved by pharmacists by alleviating administrative and fax burdens and increased system capacity.

“Building Canada Strong” proof points

Demonstrating a commitment to investing in Canadian digital health infrastructure and innovation. This includes the potential for new health tech exports, creating a more resilient supply chain, and positioning Canada as a global leader in digital health infrastructure and population health intelligence driven by AI.



TELUS Health

In summary

e-Prescribing as a catalyst for modern, connected care



In most cases, reforming and transforming the delivery of a core healthcare service is a substantial undertaking. But with the progress that has already been made in building a national e-prescribing platform for Canada, this represents both a significant opportunity and one that could be realized relatively quickly.

As demonstrated in this discussion paper, e-prescribing supports a coordinated care model, helping consolidate the information clinicians, pharmacists, and insurers need to deliver the best services for Canadians. The benefits for practitioners and patients are well-established.

So too are the benefits for the government. When the nation's health systems operate in a more efficient manner, and when Canadians can be prevented from needing to go to hospitals in the first place, it reduces costs and relieves pressure on the public sector.

This is especially true in the context of the opioid crisis. When prescriptions can be misused or abused, it contributes to a public health emergency that has already taken a steep toll. Lost productivity, lost potential, and lost lives impose an immense cost on the country, and if there is a solution that can make a difference — while also supporting a range of other healthcare and innovation priorities — then the government has an obligation to implement it.

e-Prescribing is this solution, and it is not just an obligation — it is an opportunity we should seize.

This discussion paper has demonstrated not only why this is the moment to create a national mandate for e-prescribing, but it has detailed how this could be achieved so Canada can realize a system that represents the gold standard in digital healthcare delivery.

The next step is to put these practical, tactical measures in place to make e-prescribing a reality nationwide, and make meaningful progress toward a connected Canada that delivers connected care.



This is a pivotal moment for Canada, and TELUS Health is prepared to serve as a trusted partner in building this critical national health infrastructure. By mobilizing its technology, capital, and talent, this public-private partnership will build a powerful support structure for connected, trustworthy care.

Canada has much to gain by acting on this monumental imperative — should our current prescribing methods continue, Canadians will continue to fall victim to an outdated, inefficient system that permits dangerous medication errors, administrative burdens and inefficient use of our healthcare dollars.

We invite fellow industry leaders and forward-thinking partners across Canada to join us in this transformative mission.

The modernization of our healthcare system 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.





About TELUS Health

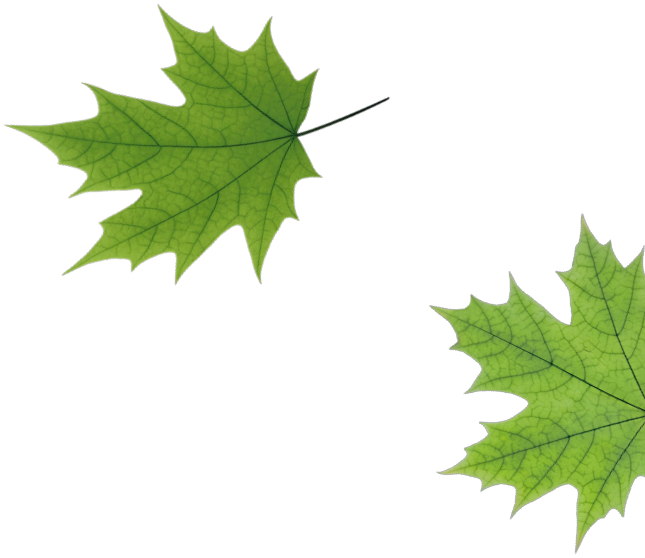
Since 1988, TELUS Health has been at the forefront of delivering innovative healthcare solutions in Canada.

Today, TELUS Health already provides electronic medical record (EMR) (PS Suite, MedAccess, Collaborative Health Record) and pharmacy management system (PMS) solutions (Kroll, Ubik), to more than 40,000 healthcare professionals and 6,400 pharmacies across Canada. Our Health Benefits Management solutions cover 15 million individuals and transport more than 350 million claims annually.[62]

Having made significant investments into homegrown healthcare innovations, TELUS Health continues to help build and strengthen Canada through our social purpose programs. TELUS Health for Good supports marginalized individuals with improved access to primary and mental health services, and provides solutions to help low-income older adults age in place with safety and confidence.[62] In 2024, our mobile health clinics supported 60,000 patient visits, increasing our cumulative TELUS Health for Good program total to 260,000 visits across 27 communities nationwide since its inception in 2014.[62]

As Canada's largest company in the Health IT space, TELUS has invested over $4 billion into domestic, homegrown healthcare solutions and innovations,[63] while also investing in local communities and global sustainability. In 2024, the organization awarded $350,000 in grants to Indigenous-led programmes, provided health coverage to 76 million people, and reduced year-over-year greenhouse gas emissions by 10 per cent.[62]

As part of the broader TELUS organization, it has been recognized internationally for its sustainable commitments. In its inaugural evaluation of the World's Most Sustainable Companies, Time Magazine ranked TELUS 21 out of 500 global organizations.[62]



TELUS is also breaking new ground with emerging technologies, and has emerged as a trusted global leader in responsible and ethical AI. **It was the first telecom to sign Canada's voluntary code of conduct, the first in the world to achieve the ISO 31700-1 Privacy by Design certification, and the first Canadian company to embrace the newly-launched Hiroshima AI Process (HAIP) Reporting Framework**, having been one of 20 companies worldwide that participated in the OECD Pilot of the Reporting Framework.[64] In recognition of its commitment to data and AI literacy, TELUS was invited to join the International Telecommunication Union (ITU)-led AI Skills Coalition — a United Nations initiative to close the AI skills gap.[65]

TELUS is always building Canada

By 2029, the company will have invested more than $346 billion since 2000 to help build the country's digital infrastructure. These investments are fueling innovation, propelling productivity, and ensuring every Canadian has access to the connectivity they need to improve their lives. Now, with the introduction of TELUS' Sovereign AI Factory, TELUS Health is well-positioned to drive even greater connection across Canada's healthcare ecosystem.[66]

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TELUS Health



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