

.Lay summary for **The evolution of the market for commercial computerized physician order entry and computerized decision support systems for prescribing.**

Mozaffar H, Williams R, Cresswell K, Morrison Z, Bates DW, Sheikh, A. (2015). The evolution of the market for commercial computerized physician order entry and computerized decision support systems for prescribing. *Journal of the American Medical Informatics Association*, DOI: <http://dx.doi.org/10.1093/jamia/ocv095> ocv095.

Electronic prescribing (ePrescribing) systems could improve the quality, efficiency and costs of healthcare. Standardised ePrescribing systems are popular because they can communicate more easily with other computer systems in hospitals. They are also more affordable than a system which is especially designed for one healthcare setting. Although many ePrescribing systems are available to buy now, and setting up these systems is a top priority for the National Health Service (NHS), so far their uptake in English hospitals has been very slow.

This paper looks at why the uptake of ePrescribing systems has been so slow. In order to do this, we carried out interviews with companies that sell these systems - the vendors - and with people who are using ePrescribing systems. We wanted to understand the viewpoints of these two different groups. We also observed meetings between vendors and users of ePrescribing systems to help us understand the relationship between these two groups. In addition, we hoped to understand how the market for ePrescribing systems had developed over time.

We found that there were big differences in the range of capabilities offered by standardised ePrescribing systems and in the particular requests made to vendors by hospitals which had taken standardised systems. Most ePrescribing systems had been designed in other countries, usually in the USA. This caused some difficulties because English hospitals differ greatly from American hospitals. Vendors and buyers went through many phases of re-developing a system after it had been installed to try to make it fit the hospital better. That process was time consuming. Also, if the hospital requested changes that were too specific to that hospital, the vendor could not make the changes that the hospital wanted.

We conclude that the development of standardised ePrescribing systems for English hospitals is still at an early stage. We recommend that vendors take more time to decide on how to respond to change requests from hospitals before trying to set up ePrescribing systems throughout the UK. We also recommend that these systems are evaluated continually. The issues brought up in this paper will be important for other countries, too, as they begin to adopt ePrescribing systems.