



Drs. Bob Burns, Michael Golbey, Mark Dermer (left to right).

GETTING IT right

Pat Rich

It seems everybody wants physicians on the information technology (IT) bandwagon.

From the head of Canada Health Infoway to the Health Council of Canada, policy-makers, health care leaders and physicians themselves point to electronic medical records (EMRs) and electronic clinical support systems as ways to integrate the health care system, improve patient safety and outcomes.

Mark Holleran

But the reality is, although the groundwork may have been laid for an IT-based system, we have a long way to go before all Canadian physicians embrace the electronic revolution.

In fact, the key finding from the 2007 National Physician Survey (NPS) is that 1 in 10 Canadian physicians is now using electronic charts instead of paper to keep patient records.

Experts looking at Canadian physicians' uptake of EMRs view this figure with optimism. And other data show that a growing number of physicians are demonstrating familiarity with IT and are beginning to use it in various ways to deliver patient care.

For instance, 13% of physicians indicated that they use email to communicate with patients for clinical purposes. In addition, 63% of physi-

LES constatations du SNM 2007 au sujet de l'utilisation des technologies de l'information (TI) réjouissent les experts — même si les chiffres semblent parfois bas. Seulement un médecin sur dix utilise exclusivement le dossier médical électronique, mais 83 % ont adopté la TI au moins suffisamment pour utiliser le courrier électronique. Quelque 55 % utilisent Internet pour s'informer, tandis que 17 % ont un site web pour leur pratique. Comme le dit le Dr Mark Dermer, médecin de famille d'Ottawa, «Il y a quelques années, nous en étions encore à expliquer aux médecins pourquoi ils devraient utiliser le DME [dossier médical électronique] tandis que

maintenant, on parle des moyens à prendre pour le faire... Or, on ne commence pas à se demander comment faire une chose avant d'avoir accepté l'idée de la faire.» Quelque 26 % des répondants au sondage déclarent utiliser le DME, pourcentage en hausse par rapport à 21 % en 2004 et augmentation clairement favorisée par la disponibilité d'incitatifs à l'adoption de cette technologie. En Alberta, un programme provincial d'aide a incité 40 % des médecins à adopter la technologie. Les résultats du SNM indiquent que la TI constitue l'avenir des soins de santé — 75 % des résidents de deuxième année s'attendent à utiliser un DME lorsqu'ils commenceront à pratiquer.

ciens use email to communicate with colleagues for non-clinical purposes and 50% for clinical purposes.

The NPS asked various questions about physicians' use and knowledge of IT, the key one being, "Thinking about your main patient care setting, which describes your record-keeping system?"

Overall, 9.8% of physicians said they use electronic charts instead of paper charts, while another 26.1% use a combination of paper and electronic charts. Most physicians (57.9%) continue to use paper charts in their main patient setting.

Although these figures may seem low compared with those from other Canadian surveys, the experts feel that the NPS results accurately reflect reality because the question was clear.

Overall, 7000 physicians responded to a longer version of the NPS containing questions about IT EMR use.

"This is the most credible data I have ever seen in Canada and I'm very heartened by that," says Ottawa family physician, Dr. Mark Dermer, who is also a physician advisor to Canada Health Infoway.

"We've always thought and said that use of EMRs in the way they are intended to be used is probably in the 10% range. This confirms that," says Dr. Bob Burns, a Nanaimo-based physician who is also an Infoway advisor.

Use of electronic charts varies widely across the country. Not surprisingly, uptake is highest in Alberta where funding and other forms of support have been provided through the Physician Office Support Program in a concerted effort to encourage physicians to adopt EMRs. According to the survey, 21.7% of Alberta physicians are using electronic charts exclusively.

In other jurisdictions, such as Prince Edward Island, Quebec and New Brunswick, where programs supporting EMR implementation are not widespread, physician use of electronic charts is negligible.

"These numbers demonstrate the incremental and expected increase in the number of Canadian physicians embracing IT and the use of electronic medical records in their practices," says Bill Pascal, chief technology officer for the CMA.

"Some might see the adoption of EMRs by Canadian doctors as not proceeding very rapidly. But they forget that many barriers still exist, and only recently have organizations such as Canada Health Infoway publicly acknowledged the importance of EMR use by individual physicians in private practice as underpinning the move to develop a truly national and interoperative electronic health record in Canada."

To help speed the process, the CMA recently adopted a set of principles the association feels need to be put in place to encourage physicians in ambulatory care settings to adopt EMRs. The principles deal with fundamental issues, such as the right to choice, the need to ensure patient confidentiality and the need for proper support mechanisms (both fiscal and otherwise) to be put in place to help physicians make the change.

Dermer says, "If you look at any standard adoption theory, the first 10% are the pioneers. A few years ago, we still felt physicians needed to understand why they should use EMRs, but now the conversations are all about how. 'How do I use them and how do I adopt them?' People don't start talking 'how' until they have been sold on 'why.' I think that Canadian physicians have been sold on 'why' and know it's inevitable.


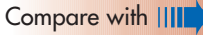

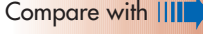

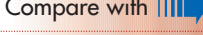




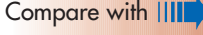
"The thing about a tipping point is that you'll never see it while you're in it. It's always retrospective. I feel we're already in the tipping point. It would be very, very hard to stop the momentum at this point."

Pascal agrees: "We are now entering a phase of adoption where it is not an issue of whether the Canadian medical profession will adopt EMRs, but when. The benefits of using IT in practice to improve patient care and increase office efficiency are now starting to be backed by solid evidence."

"The message and learning from Alberta and from outside the country is that you need to have incentives to help people go through what is a traumatic stage," says Burns.

Pascal adds that a number of provinces now acknowledge that helping physicians bring EMRs into their clinics "is an important and necessary step in achieving benefits for improved patient care and patient safety."

How physicians use IT in clinical care (2007 and 2004)

42% use electronic patient appointment/scheduling systems	Compare with  33% in 2004
26% use electronic records to enter and retrieve clinical patient notes	Compare with  21% in 2004
10% use electronic reminder systems for recommended patient care	Compare with  8% in 2004
10% use electronic decision aids (i.e., to evaluate treatment options)	Compare with  10% in 2004
4% use electronic interface to external pharmacy/pharmacist	Compare with  3% in 2004
30% use electronic interface to external laboratory/diagnostic imaging	Compare with  23% in 2004
19% use electronic interface to other external systems (e.g., hospitals, other clinics) for accessing or sharing patient information	Compare with  13% in 2004
19% use telemedicine/web casting/video conferencing	Compare with  13% in 2004
55% use online access to journals, clinical practice guidelines, medical databases (e.g., MEDLINE)	Compare with  43% in 2004
10% use electronic warning systems for adverse prescribing and/or drug interactions	Compare with  10% in 2004
2% use electronic interface to external chronic care patient registries	Compare with  2004 n/a

Both Burns and Pascal note the age-related gradient in EMR uptake, with physicians under age 35 most likely to use electronic charting.

“I think the figures showing increased use of electronic tools and resources by medical students and residents are particularly telling,” says Pascal. “These future physicians are learning medicine in an electronic environment and will expect to continue this when they enter practice.” The NPS shows that 75% of second-year residents expect to use EMRs rather than paper when they go into practice.

According to Dermer, the high percentage of specialists using a combination of paper and electronic charts should be seen as a marker of hospital-based practices. Family physicians are more likely to use one or the other, but not a combination.

“If you look around a community in Canada, it’s very uncommon to see a physician’s office that partially charts electronically. It’s really an all-or-nothing thing, for a few reasons. One is that the products available to use in your office, such as an EMR, are fully integrated, so using them fractionally is kind of difficult. And second, using 2 parallel systems is just dangerous and hard to do. I don’t think anybody adopting an EMR right now is doing it so they can just have part of it.”

However, he says, many hospitals have hybrid record-keeping systems involving paper and electronic elements.

Dermer predicts that the number of physicians using EMRs will at least double by the next NPS in 3 years. Burns agrees: “I think there will be a fairly rapid uptake. The challenge is going to be having the technical resources to meet demand.”

Pascal says, “For individual physicians, moving to an EMR can involve significant expense and disruption unless the move is properly planned and supported. But we hear repeatedly from

physicians working in an electronic environment that they would never return to a paper-based system.”

Findings from the NPS show that a significant number of physicians use other elements of IT in their practices as well, debunking the myth that physicians as a group are reluctant to embrace technology.

Almost three-quarters of physicians rate their skill level with computers as either intermediate (52%) or advanced (17%). In addition, 71% say they have high-speed access to the Internet in their main patient setting, while 86% say they have high-speed access in other settings (e.g., at home).

Writing about his own experiences with EMRs that dates back to 1976, The College of Family Physicians of Canada past president Dr. Tom Bailey wrote in an editorial in *Canadian Family Physician* last fall:

“As members of society receive medical care in a greater variety of settings, it is imperative to ensure that up-to-date information, such as the results of investigations, complete medication lists, and allergies, is available and updated in real time. Without the use of electronic record-keeping and the appropriate exchange of accurate information, there is a substantial risk of harm to patients through errors of both commission and omission.

“The cost of quickly developing a comprehensive EMR in primary care and emergency settings will be considerable, but it is affordable. The cost of not doing so will be much greater, as we continue to duplicate investigations and compromise patient safety.

“The light was in the room more than 30 years ago. It is time to turn it on!”

Pat Rich is editor of MD Pulse.

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