

Electronic medical records offer compelling reasons for switching from paper-based charts, but what about the human impact?

The Physician Information Technology Office (PITO) is an outcome of the 2006 Agreement, Appendix C (www.bcma.org), where the provincial government and the BCMA agreed to work collaboratively to “co-ordinate, facilitate and support information technology planning and implementation for physicians... including the development and implementation in British Columbia of standardized systems of electronic medical records” (EMRs). Over the next few months, PITO will provide information pieces on the province-wide transition to EMRs, including the experiences of family physicians and specialists who are adopting or have already adopted EMRs.

Dr Leo K.H. Wong of St. Luke Family Practice in Langley recognized that the trend in medicine was already favoring EMRs when he started his family practice more than 4 years ago. To avoid the switch from paper to electronic records, Dr Wong decided to open his practice using EMRs.

His first step was to involve his staff in planning the practice. They considered workflow and workstations, and established responsibilities for everyone before patients were even scheduled. This integration of his staff in the decision-making process ensured a smooth start for Dr Wong’s practice.

“The buy-in from your staff is important if the transition is to succeed,” says Dr Wong. “They have to be happy and comfortable, and also be able to feel and appreciate how their jobs are going to improve. They also need to know what parts of their jobs will be more challenging as a result of the transition.”

Later Dr Wong was even able to support the blending of another physi-

cian into his office who brought along all of his paper charts. When the new doctor started on a Monday, Dr Wong and his EMR-equipped staff soon discovered the hassle of pulling paper charts. Consequently, and collectively, they “worked virtually around the clock the following weekend” to enter all demographic data from the old paper charts into the EMRs.

The human impact of an EMR reaches right to the patients, as Dr Ray Simkus of Langley’s Brookwood Family Practice readily acknowledges after his shift from paper to electronic records. “It’s important to involve both the staff and the physicians. Everybody starts from a different place and has different interests.”

“One surprise [of using an EMR] is the impact on patients when they see their lab results graphed out,” says Dr Simkus, who found that many patients preferred to see their results plotted on a graph rather than laid out in lists or tables. “With graphs, patients immediately grasp the efficacy of lifestyle changes or the use of medications.” Dr Simkus says that EMRs also help patients to take a greater interest in their medical condition. “More patients are asking for copies of their lab results and printouts of their current medications.”

In his practice, Dr Simkus also sees the positive effects on his staff. “They love the way the EMR keeps track of things and how anyone can help complete tasks or look up work that others have done. They also really like not having to pull charts and then file them away.”

EMRs affect doctors and patients outside the office as well. With his laptop and remote access to his EMRs, Dr Wong can have patient information available at any time and also better

plan his day. “The EMR has improved my practice satisfaction immensely. With real-time access to my schedule, I can effectively organize my days and expand or contract my day as demand requires. It also allows me to make better use of my time—I can access charts and new messages or lab results from the hospital if I’m delayed.”

For Dr Simkus, EMRs benefit everyone, especially with chronic disease management. “The basic tenet of

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chronic disease management is to look at groups of patients and try to make an impact on the trajectory of the chronic diseases. With paper charts, you have no real idea of how your patients are managing as a group. With an EMR, where all patient records are at your fingertips, you can easily find out what the average A1c is of all the diabetic patients in your practice, or what proportion of these patients have A1c less than 7.0. With a few keystrokes, you can generate a list of diabetes patients whose last A1c was too high and who have not had a recent test.”

Physicians who adopt EMRs to better serve their patients and improve the efficiency of their practices should recognize that the transition process isn’t without pain. Physicians adopting

Continued on page 577

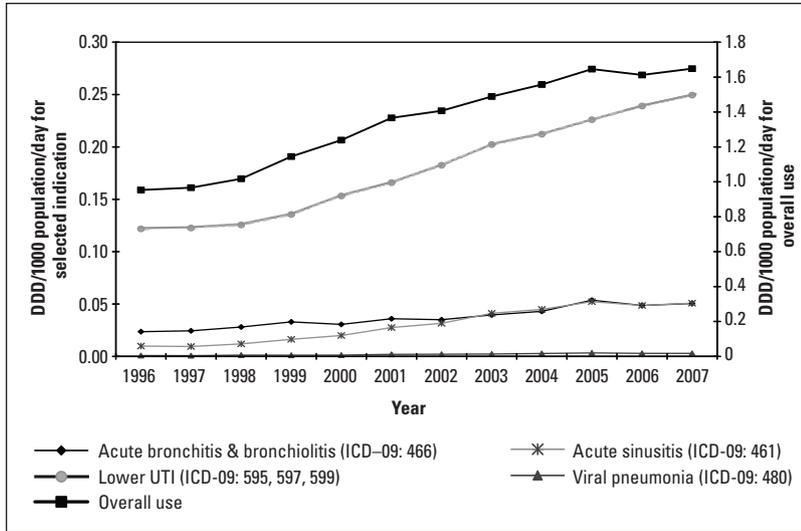


Figure 3. BC consumption of fluoroquinolones for selected indications, 1996–2007.

fluoroquinolones are used for urinary tract infections (**Figure 2** and **Figure 3**).

Although we have shown that overall antimicrobial use has decreased, it is apparent that there is a substantial increase in use of broad spectrum agents, particularly the macrolides and newer fluoroquinolones (levofloxacin and moxifloxacin). As such, we need to focus our efforts to reduce inappropriate use of these agents, in particular through:

- Public education about how certain infections do not require antibiotics.
- Reinforcement of basic infection control practices in the community, such as hand washing.
- Reinforcement among physicians and pharmacists that many classes of infection do not require antibiotics to resolve and that first line

(e.g., simple beta-lactam) antibiotics are an appropriate first step in managing many community-acquired infections.

References

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comment *Continued from page 551*

in-law are expecting their first baby in early December—this first Christmas as a grandparent is a long-awaited milestone. So I am both thankful and grateful for all that I have. And I hope all of you find the

opportunity to reflect and realize all that you have to be thankful for. From my family to yours, I wish you all a happy and safe holiday season.

—Bill Mackie, MD
BCMA President

Continued from page 553

an EMR through the PITO program receive assistance through the Implementation and Transition Support Program and one-on-one support from a local relationship manager and a local physician champion to capitalize on their experience to help make their EMR implementation successful.

Most of all, as Drs Wong and Simkus found, physicians can increase the probability for a successful EMR transition by including all of the stakeholders—MOAs, office managers, receptionists, even patients. Threats from change can be quickly turned into opportunities with a collaborative approach from the start.

—Jeremy Smith
PITO Program Director

cohp *Continued from page 571*

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worksafebc *Continued from page 572*

injured workers throughout British Columbia receive consistent service from WorkSafeBC.

If you have any questions or concerns regarding opioid/narcotic prescriptions for your injured worker patient, please call your local WorkSafeBC office and speak to a medical advisor.

—Peter Rothfels, BEd, MD, ASAM
WorkSafeBC Director of
Clinical Services
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