

Specialists and EMR adoption

Until recently adoption of electronic medical records (EMRs) by specialist physicians has been highly variable — avid interest in a few cases, but certainly not uptake on a broad scale. Why has EMR adoption not been higher?

Over the last year PITO has been undertaking an in-depth analysis of specialist adoption of EMRs. We have observed a consistent “value equation.” If all of the following four variables are in place, the environment becomes favorable for specialists to adopt EMRs:

- Simplicity of remote access to the EMR, particularly from within hospital networks.
- An economic model that enables creation of specialty-specific templates.
- Smooth and effective functionality to support generation of the consult letter.
- Availability of electronic diagnostic results (lab and imaging), electronic hospital transcribed reports, and, ideally, electronic referrals (e-referrals).

In recent years specialists in private practice have tended to be more mobile than family physicians, often spending time in the hospital, specialized clinics, and sessions in other practices. In consultation with specialists in both BC and Alberta, Dr Alan Brookstone has found that “specialists who have adopted EMRs have often run into challenges accessing their EMRs remotely when in hospitals due to network firewalls and locked workstations.” With remote access from home and hospital being a key driver for EMR adoption, this challenge deterred specialists. This obstacle is now being overcome through modifications to hospital networks and a network connecting

the hospitals and the Private Physician Network.

Some specialists have looked at EMRs as they come, “out of the box,” and found them to be too generic. In the past, this gap has caused some to

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see a need to create specialty-specific EMRs, but more recently many EMR products have become more configurable. A generic product can often be tailored without heavy customization by creating specialty-specific templates, built on a robust common platform. Dr Robert Schertzer, an ophthalmologist, has used three different EMRs and has found that 95% of the functionality is the same between EMRs for all specialties. “The 5% is the differentiator, and most important in that 5% is the functionality to enhance creation of consultation letters,” says Dr Schertzer. “I have spent the last year creating the templates in my EMR to capture the right data for my most common types of visits, and from that to automatically translate those recordings into a well-formatted consult note. This capability both enhances and accelerates the consultation process.”

The creation of such specialty-specific templates has traditionally been prohibitively expensive because only small numbers of any given specialty have chosen a particular EMR,

making it too expensive for the physician or his or her vendor to develop customized templates for one or two physicians, particularly among smaller specialties such as nephrology or rheumatology, each with only around 35 actively practising physicians across the province. However, with greater collaboration and funding support, that barrier is falling. Dr Michael Ramsden, a rheumatologist in New Westminster, notes that “25 rheumatologists from across the province have decided to select the same EMR product and develop the templates together. Together we have the ability to do this really well and cost effectively through a community-of-practice approach.”

Availability of electronic results interfaces is the last variable in the equation. “As specialists, we rely heavily on access to information, but we don’t tend to enter as much information ourselves into the chart,” says Dr Stephen Holland, a gastroenterologist. “In the early days of EMRs, sorting through pages of scanned test results was not much better than having paper. Now with electronic lab and imaging results and hospital transcribed reports, adopting an EMR makes so much sense.”

Dr Jeff Harries, leader of the South Okanagan EMR Community of Practice, has found that “the specialists in our community just didn’t find the value in EMRs until the health authority was able to provide the diagnostic and hospital reports electronically, and now that they’ve seen the e-referral functionality our COP is testing, they’re seeing the value of what is available.”

More on this in subsequent articles.

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