

## The unique EMR needs of various specialties and subspecialties

In the May issue (*BCMJ* 2009; 51:154) we explored the broad electronic medical record (EMR) requirements of specialists, noting that it is typical that 95% of the functionality is the same between EMRs for all specialties. However, the primary benefits and emphasis of various aspects of the EMR shift depending on the specialties and subspecialties along continuums, as illustrated in the **Figure**.

### Continuum one

**Surgical specialties** The focus for surgeons is typically on efficient front-office workflow, efficient and effective review of referral and pre- and postsurgical data, and coordination of OR booking. The software requirements are therefore typically focused primarily on front-office functionality (e.g., billing and scheduling), receipt and review of referrals (e.g., e-faxing), dictation and transcription, interfaces with diagnostic facilities, and printing or faxing of OR booking forms that are prepopulated by the EMR. Most surgeons do not maintain comprehensive patient histories or use sophisticated templates for documentation.

**Longitudinal care subspecialties** At the other end of the continuum are a number of specialties that typically have more longitudinal relationships with their patients (e.g., pediatrics, rheumatology, and endocrinology). These specialties typically make more extensive use of EMR functionality, including templates and decision-support tools. They are more likely to maintain a complete chart including full problem and medication lists. The value of a full EMR for these special-

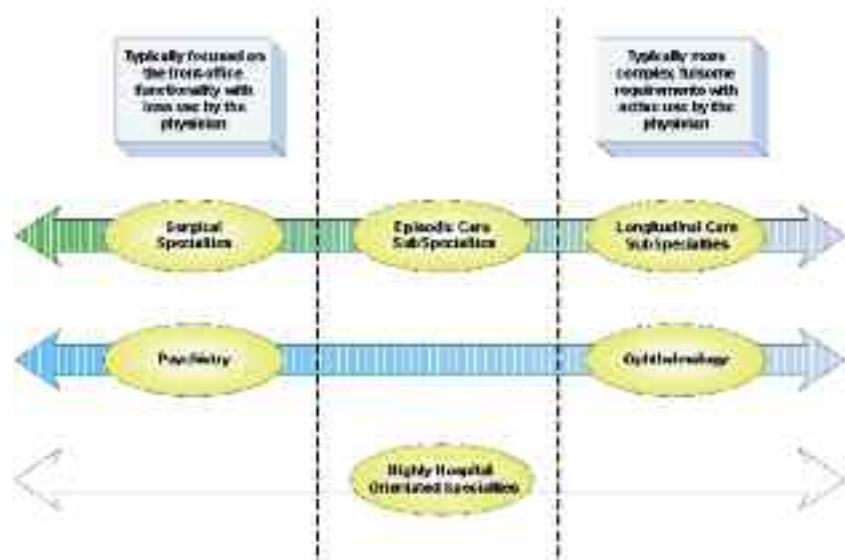


Figure. Three continuums of EMR needs among specialists and subspecialists.

ties is high, particularly because the EMR becomes an integral tool in the tracking and monitoring of patient history, goals, and outcomes over time, and the referral/consult workflow can be significantly enhanced.

**Episodic care subspecialties** A number of subspecialties of internal medicine fall between the two extremes on this continuum (e.g., neurology and urology), usually involving a consult visit and one or two follow-ups. There is heavy emphasis on efficient review of significant amounts of referral and diagnostic data, and usually less entry of data by the physician. These medical specialties typically share similar benefits and EMR needs with surgeons; however, some specialists in this category may wish to use more sophisticated tools to capture consult notes in a highly structured template form that can then be used to prepopulate a draft

consult letter, thus gaining efficiency in the consultation process and enhancing the resulting consult letters.

### Continuum two

**Psychiatry** Due to the nature of the practice (e.g., role of the local and provincial health authorities, nature of patient-provider communication), psychiatrists have traditionally not been as quick to take up EMRs. They typically have the same fundamental underlying need for billing and scheduling, receipt of referrals, and production of a consult letter as others, but that consult letter is typically dictated rather than created using a structured template, and they do not typically capture their notes in the EMR during the visit.

**Ophthalmology** Ophthalmologists generally see very high value in EMRs due to the nature of the data they col-

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lect and how those data are created and used, but have had spotted history in this pursuit due primarily to the complexity of integrating the EMR with the diagnostic devices in the office, the role of documentation templates, the need for sophisticated drawing tools, and the related costs of this extensive functionality. Some ophthalmologists use heavily customized generic EMR products with added templates and drawing tools, but with limited or no interfaces. Others have pursued ophthalmology-specific products that have prebuilt interfaces, templates, and drawing tools, but they have traditionally not had all required BC-specific functionality such as MSP billing. PITO is working closely with the BC Society of Eye Physicians and Surgeons and a very interested group of ophthalmologists in this regard.

### Continuum three

#### Highly hospital-oriented specialties

A subset of specialists from a variety of specialties (e.g., gastroenterology and cardiology) have exceptionally close involvement with the hospital, including regular on-call coverage, a broad hospital-based care delivery team, and performing diagnostic services. Many use the hospital's patient care information system for a majority of their care and consider it sensible to use the same system for the remaining aspects of their care. PITO is working with a number of these specialists, the regional health authorities, and the PITO Steering Committee to investigate these opportunities.

Please check the PITO web site at [pito.bc.ca/specialists](http://pito.bc.ca/specialists) for full details.

—**Jeremy Smith**  
Program Director, PITO

### Dr William C. Gibson 1913–2009

British Columbia has lost one of its most remarkable and distinguished scholars, Dr William Carleton Gibson, who died in Victoria, BC, on 4 July 2009, just 3 months short of his 96th birthday. Born in Ottawa to scholarly parents, he and his family soon moved to BC, which, interspersed with multiple studies, travels, and teaching assignments in Canada and overseas, remained his base till the end. He earned his bachelor of arts degree at UBC in 1933, a master of science and MD degree from McGill, and a DPhil from Oxford University. Many other academic advancements and honors followed.

In British Columbia Dr Gibson had two bases: Victoria and Vancouver, and two universities, UVic and UBC, all the while maintaining close ties with multiple other institutions, such as the Montreal Neurological Institute, where he worked under Penfield; the World Health Organization, where he was member of the Neurological Science Panel and later honorary member of the Medical Society of WHO; the Wellcome Foundation in London where he was a councillor; Oxford University, where he helped develop Green College and was made a life fellow; and numerous professional and personal relations across Canada and abroad, which contributed intellectually, morally, or financially to his many worthy medical, academic, educational, social, civic, environmental, and humanistic causes.

Foreign recognitions and achievements in no way deterred Bill Gibson from reserving his unbounded energy and loyalty to British Columbia, its educational, medical, and civic institutions, and to the very physical environment of the province that he loved. Over almost three decades at UBC, Dr Gibson was professor of neurological research, professor of the history of

medicine and science, and president of the University Development, creating the Kinsmen Laboratory of Neurological Research and the Woodward Biomedical Library, with its world-renowned collection of rare medical books and memorabilia. In 1993 he was awarded the honorary degree of doctor of science in recognition of his remarkable services to the university, whose Faculty of Medicine he had also helped to build, as described in his book *Wesbrook and His University*. Earlier, UBC Press published his autobiography, entitled *No Time to Slow Down*. Among his multifaceted activities he fought for the preservation of environmental green spaces, as in Vancouver's Van Dusen Botanical Gardens and the Bowen Island Parkland. He had a knack for raising funds for university activities and worthy causes, which he always did with dignity and remarkable success.

In 1985 he became chancellor of the University of Victoria, seeing some 12 000 graduates coming out of a rapidly growing institution. With his extensive network of international contacts he transformed Canada's educational landscape and greatly helped the development of UVic, which made him chancellor emeritus upon retirement. He was chair of the Universities' Council of British Columbia, chairman of the Scientific Advisory Committee of the US Muscular Dystrophy Association, board member of the International Brain Research Organization, fellow of the Royal Society of Medicine in London, a distinguished member of the Osler Society and, more recently, regent of the International Association for Humanitarian Medicine. In 2002 he was awarded the Order of Canada, the only occasion of brothers holding this distinction at the same time (James A. Gibson had been secretary to Prime Minister Mackenzie King and helped start Carleton University in Ottawa).

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