

On the EMR adoption journey with GP physicians in solo and small practices

In the same way that the Internet has become ubiquitous, an integral part of our daily lives about which we rarely stop to think, EMRs are also coming closer to that state. Today, in large full-service family practice clinics across the province we see an adoption rate of over 90%, but the rate remains much lower among solo or small practices. For those in solo or small GP practice considering the change to EMR and wondering how it might benefit them, we introduce five physicians who have demonstrated the effect that EMR can have on their patient care, finances, professional satisfaction, and even retirement planning. As you will see, no single factor defines success for these individuals. However, each example demonstrates that the benefits of EMR can be achieved in any size of practice when the physicians and staff are strongly committed to the change.

Increased efficiency

Dr Geoff Edwards, who received his medical degree in 1981, has been using an EMR in his Vancouver solo GP practice since 2003. He was prompted to begin the EMR adoption journey to improve the efficiency of his office. Eight years later, having overcome the barrier of cost and completed the journey with much less support than is available today, his goals of increased efficiency and improved quality of patient care are being met.

“Overall office functionality is much better as the everyday tasks of dealing with incoming investigations and consult letters, writing prescrip-

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tions, and writing requisitions are much less onerous. In addition I can access my EMR from anywhere (home, office, away from home at CME). The quality of patient care is improved through the ability to access patient data in a format that is easily visible and can be simply cross-referenced,” says Dr Edwards.

Dr Edwards understands the crucial role of the MOA in both vendor selection and in maintaining a robust database of patient information. He adds, “The MOA has a different perspective and must be listened to carefully and have his or her concerns addressed fully if the adoption process is to succeed.”

When asked by fellow solo practitioners about adopting an EMR, his answer is a clear and unqualified, “Adopt an EMR. The sooner you do it, the longer you will have to enjoy the benefits. Now you can even access knowledge and financial support from PITO to make it even easier. I only wish that support was available back when I implemented 8 years ago.”

Better patient care and increased revenue

Better patient care, increased income through increased efficiency, and successful succession planning are some of the key benefits that Drs Walter Chow and Anthony Yue are seeing in their duo Victoria general practice office.

Dr Chow had been in practice for 25 years when he began to think about how, and with whom, his patients could be managed far into the future. This future thinking included recruiting a younger colleague, Dr Yue, several years ago, and the adoption of an EMR system in 2009.

Drs Chow and Yue are quick to point to the benefits of adopting an

EMR, and Dr Chow describes one specific aspect this way. “In the pre-EMR days, my referral to a lung specialist might say ‘Please see Ms X for uneven breathing,’ and that referral letter would be put in the mail to be opened by the office staff, let’s say 3 days later. Now with an EMR, after the patient leaves the office it takes me about 1 minute. Using dictation/transcription software compatible with our EMR, I provide a much more specific and complete description of the condition and easily include relevant information from the patient record and hit the send button. I hear quite often from specialists how much they value this more timely and complete starting point in assessing our shared patient,” says Dr Chow.

Dr Chow also makes the case that an EMR helps physicians to identify missed billing opportunities so that “adopting this technology, even though it can be tough at the beginning, definitely gives the physician opportunity to improve revenue.”

Both physicians agree that their unique “paper-to-EMR conversion in 1 day” approach is not for everyone, but for them the 3 months of long days to scan charts and develop templates was totally worth it. “We successfully saw 30 patients on our first day. With all of the other benefits (e-fax, recalls for complex patients, reduced duplicate testing) we got payback on our investment within 6 months and we’ve never looked back,” concludes Dr Chow.

EMR isn’t only for the “tech savvy”

Dr Lianne Lacroix, a seasoned solo GP in Kelowna who graduated from medical school in 1973, describes herself and her MOA as “not computer advanced people at all,” but despite

this they implemented an EMR in 2008.

She acknowledges that it was a scary prospect and she asked herself a lot of questions. “My greatest concern was venturing into unknown territory—are computers advanced, simple, and reliable enough? Will I keyboard fast enough? Do I have to scan all previous patients’ files?” she says.

“To advance medicine we must overcome our fears and press forward. The files are so big and things are getting more complicated—more tests, more specialists, more medications. We ran out of physical room, and without an EMR we could not visualize the complexity of our chronic complicated patients with endless piles of paper. We knew we needed the EMR to help us—there was, and is, no other option.”

Less filing is one of the greatest benefits. “Lab tests, X-ray reports, and hospital info come automatically into the patient file through an electronic interface,” she says. “I also like the

professional referral letters that I write to specialists with the automatic past history and list of meds. This was a real burden before—not anymore!”

She firmly believes that EMRs and e-health are the future. “I have been waiting a long time for this day to come. I wish I had more time in front of me than behind,” she said. “The sooner we are all electronic the sooner all these pieces of paper will stop coming at us—the greater the benefits for us all.”

Using new knowledge for improved patient care

Dr Bruce Hobson is a family physician in Powell River in practice since 1983. He and his colleagues implemented an EMR in 2008, and find that it gives them more control over all aspects of the practice.


In particular, Dr Hobson and his colleagues find that it’s easier to manage patients with chronic conditions, such as abnormal glucose metabolism

disorders and cardiovascular diseases. They develop population goals for their practice and individual goals for each patient, record them in the EMR, and monitor when to reassess them. This enables them to apply evidence-based guidelines with patient-specific goals to improve health outcomes.

“Using EMRs to help in clinical decisions will be invaluable in the future; there’s just too much information and too many expectations (moral and legal) to be able to practise medicine without the help of a computer,” says Dr Hobson.

Another benefit to both the physician and the patient is that the EMR generates reminders within the visit for items such as CDM billing, physical exams, and specialist follow-ups. It can also generate care plans: all-inclusive “packages” of care items such as prescriptions, investigative tests, problem list items, follow-up tasks, etc. Medications can be grouped


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Vancouver, 3 Dec (Sat)

The BC Cancer Agency's Family Practice Oncology Network invites family physicians to take part in its annual CME Day. This session will be held at the Westin Bayshore Hotel and is part of the BC Cancer Agency's Annual Cancer Conference, 1–3 Dec. This program will provide an opportunity to strengthen oncology skills and knowledge, and help in enhanc-

ing cancer care for patients and families. It will also provide an effective means to learn about new oncology resources and support in BC; benefit from specific oncology updates, including practical and current information; gain insight into relevant initiatives at the BC Cancer Agency; and build useful contacts. Register for this event at www.bccanceragencyconference.com. Learn more about the Network at www.fpon.ca.

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according to recommended guidelines, first to last choice. Adds Dr Hobson, "Not only do these EMR features help me to improve my standard of patient care, they also remind me or my MOA to make sure that I bill for the services rendered. As a result, our revenue improves as a byproduct of doing the right things for our patients, and without me working extra hours."

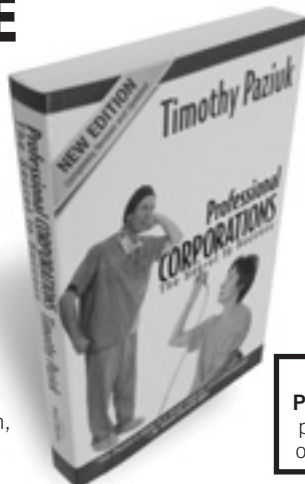
"My EMR is a major support to me in practising a higher standard of care and staying abreast of new developments," says Dr Hobson. "I can incorporate guidelines, decision-making aids, medication choices, links to patient education, and other resources into my visit templates, and be able to use them while seeing the patient; everything is at my fingertips and as up-to-date as it can be."

The biggest barriers to EMR adoption consistently identified by solo and small practices are cost, time, and technical knowledge. As a result, PITO has recently enhanced its funding model and introduced expanded in-clinic support to ease the way. For more information, please look up your local contact on the PITO website (www.pito.bc.ca), e-mail info@pito.bc.ca, or call 604 638-2946.

—**Jeremy Smith**
Program Director, PITO

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