

EMR use in BC: The future is now (part 1)

EMR adoption in British Columbia is now at 80% of target full-service family practice and specialist physicians, one of the highest rates in Canada along with Ontario and Alberta. We expect that this number will reach 85% to 90% within the next 6 months. As EMR adoption reaches ubiquity, the focus of everyone involved is shifting toward optimal use of EMRs and their interconnectivity to one another, as well as to PharmaNet and the Provincial Laboratory Information Solution (PLIS). In addition, the Lower Mainland health authorities and the Provincial Health Services Authority have recently developed integrated health information technology platforms to enable the electronic distribution of lab and diagnostic imaging results. These agencies are winding down delivery of fax and mailed reports to physician offices, intending to be paperless in 2014.

All of these factors point to the new reality: EMR use is the new normal in the world of patient records and patient care. EMR innovation is improving practice for many physicians by enabling proactive care, facilitating more flexible work environments, and improving interdisciplinary care and patient empowerment.

Dr David Whiting, a GP in Kelowna who has adopted EMR technology in his practice, says that having an EMR makes him a better doctor. Dr Whiting's practice has many elderly patients with multiple conditions, and EMR technology allows him to provide proactive care to his patient population. The system provides re-

mindings when things need to be done, informing him of when a patient was last given a particular test, whether test results were within the desired range, and when patients were last immunized. Dr Whiting finds these preprogrammed reminders very helpful, and says that his practice has now shifted from an intermittent to a chronic disease-focused approach.

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Dr Kirsten Miller, a pediatrician in Prince George, identifies the ease of EMR use as a key benefit. Legible, accessible patient charts allow her to maximize her time in the office with patients, and the ability to review charts at home in the evenings works well with her part-time work schedule. Another feature that Dr Miller finds useful is the capturing of data, which makes long-term management of a child's chronic disease much easier.

Further innovations in health care delivery are being built on the foundation of EMR use. For example, when it comes to interdisciplinary care, Langley physician Dr Leo Wong is working on an innovative project to coordinate care and patient charts with a nurse practitioner.

In the area of patient empowerment, several clinics in communities across the province, including White Rock, West Vancouver, Chilliwack, and Nanaimo, have patient portals that encourage proactive personal health care as a component of prevention and healthy living, and provide access to the clinic through electronic scheduling.

EMRs have become a major support in improving physicians' ability to practise a higher standard of care and to stay abreast of new developments. The ability to use EMR data to help make clinical decisions is invaluable—there are now too many guidelines, medications, information sources, and obligations (both moral and legal) to consider practising medicine without the help of technology. Patients increasingly expect a certain level of technology in their physician's office—they can see a graph of their lab values, know that their doctor is on top of their care, expect that their information flows smoothly with them, and ultimately become more engaged in their own care.

The next PITO column will look at how several physicians are taking EMR to the next level of use. For further information and to read EMR user case studies visit www.pito.bc.ca.

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