

Physician leadership during a time of exciting innovation in technology

We live in a time of exciting innovation in technology—innovation that has the potential to allow us to provide higher-quality care, and to provide it more easily. I say *potential* because we have all experienced a new way of doing business, or using a new gizmo, that has actually made things worse. Part of the problem is that, often, technology is developed and then a use for it needs to be found. I passionately believe that clinical needs must shape the use of technology and not the other way around. In these days of increasing health care pressures, technology must make it easier for us to function as clinicians—not more complicated. And the needs of clinical care must remain paramount. This is why it is imperative that we be leaders in innovation, to have an effective voice with government, health authorities, and all our partners to express those clinical needs, and to be a profession of influence in helping set the priorities and the processes for the adoption of IT tools. Driving technology is an area where we as

doctors can demonstrate leadership and be partners in progress. Yes, it can be a daunting challenge, and yes, it may feel as though we are playing catch-up with our youth, but it is the way of the future and we need to keep up speed!

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Nowadays technology has the ability to turn our iPhones into stethoscopes, electrocardiograms, quasi-Holter monitors, and ophthalmic refractometers. These are all great examples of how new technology is changing the landscape of how we as physicians deliver care. I am proud to say that almost 95% of doctors in BC have adopted an electronic medical record system (EMR). It puts BC on the world stage as a leader in EMR adoption—and we accomplished that in

just the last 6 years. This is a wonderful example of physician leadership and engagement with our partners.

At the same time, however, we have issues. Many physicians remain in the early stages of adoption and are not harnessing the full potential of these powerful tools. Our EMRs lack interconnectivity—a huge problem impacting patient care and exposing physicians to the vulnerability of being held hostage by an EMR vendor due to lack of any easy way to change. We still need strong support and continued training in our full adoption of EMRs.

For me, I see a dynamic future—a future in which patients routinely have access to their own medical records and can input data to assist with their care; a future in which doctors can finally access an e-referral system, allowing them to share clinical information; and a future in which we use an electronic prescribing system, helping reduce many medication and prescription issues.

I will continue to support EMR use, and I will strongly advocate for continued support to learn how to use EMRs fluently—to unlock their capacity to not only improve patient care but also make it easier to provide that quality care.

Technology is changing how we function in almost all areas of our lives, both personally and professionally, and we need to keep up! We must also insist that clinical needs drive both the priorities and the products of clinical information technology. This is an exciting time of innovation technology, and the geek in me can't wait to see what positive impacts this will have on how we care for our patients in the future.

—Bill Cavers, MD
Doctors of BC President



PHYSICIANS:

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November 3 - 28, 2014**

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This November doctors across BC will be coordinating with their local schools to challenge kids to Be Active Every Day.



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