Digital health as a health promotion tool in primary care

Primary care is where prevention, chronic disease management, and patient relationships live, and where the cracks in the system show up first. Digital health can close some of the gaps and can be a powerful health promotion tool, but only if it is built on interoperable foundations and keeps patients at the centre.[1]

In family practice, a disconnected system is the reason clinicians chase labs and consult notes, duplicate tests, and ask patients to retell the same story at every touchpoint.[2] When medication changes, imaging results, and referral updates do not reliably follow a patient, delays and duplications occur, resulting in more administrative work and less time for relationship-based care.[1,3]

BC's eReferral system and the pan-Canadian Health Application Lightweight Protocol (HALO) framework show what a better approach can look like. OceanMD's eReferral platform is built so referrals can launch from within the electronic medical records (EMR) system rather than requiring re-entry into a separate portal.[4-6] HALO adds to this model by creating a standardized way for approved applications such as eReferrals or care dashboards to plug into EMR and other clinical systems.[7,8] For patients, this means clearer communication, improved referral visibility, and reduced uncertainty about what happens next.[2,4]

A more connected system can also change patients' roles in their own care. Digital tools can inform patients about their conditions, support self-monitoring and behavior changes, and improve communication with care teams.[9] Canadian survey data show that when patients have electronic access to their health information, most feel better equipped to manage their health, and some report avoiding unnecessary visits, including emergency department use, because they can act on the information they have.[10]

But digital health is not inherently equitable. Access to electronic health information and positive experiences using digital tools still vary by income, education, geography, disability, and digital literacy.[11,12] Equity has to be built in from the start through accessible design, multilingual options, non-digital pathways, and consideration for who is not being reached.[1,11]

Family medicine sits at the intersection of all of this. Digital health, built on interoperable standards and implemented with equity in mind, can extend the reach of primary care beyond the brief office visit. The role of primary care is not only to adopt these tools but also to help shape them so they reduce friction, support continuity, and make the system easier for patients to navigate.[1,9] ■

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