

CANADIAN Healthcare Technology

Physicians share their EMR experiences

Online forum gives doctors a sense of what the key issues are.

BY DR. ALAN BROOKSTONE

Your hospital is implementing a clinical management system. The strategy is to implement progressively and bring clinicians into the process sharing hospital based clinical information with all affiliated physicians in the community.

However, there is a catch. Do you have a clear understanding of the issues facing your community-based physicians who have implemented or are considering an EMR system? If you cannot effectively bring clinicians on board, is it possible to be successful with your clinical information strategy?

Where do you go to get a sense of key issues? You could run local focus groups to gather feedback from your physicians, but is this sufficient?

What happens when the few focus group sessions are over? How do you ensure continuing feedback as your EMR strategy progresses? Are your issues any different to those faced by literally hundreds of similar communities across Canada?

The same issues face physicians – although the perspective is slightly different. Busy taking care of patients, physicians do not have the luxury of an IT department or expertise in networks and security.

For the most part, physicians are just trying to get the job done safely and with optimum benefit for the patient. Col-

leagues have begun to implement EMR systems bringing advantages and challenges. EMR is a burning question. Should they implement, what system to choose, how would they cope with the conversion of the previous paper records?

Over the past five years, I have talked with hundreds of physicians across Canada about information technology and electronic medical records. The issues appear to be very similar irrespective of where they practice.

Certain groups are making progress through government grants and provincial incentives. However, progress is regional and slow and it is difficult to share the experience of the few with the many.

In December 2003, I created CanadianEMR as a means for physicians to share experiences about their use of EMR, the challenges they have faced and the choices they have made.

CanadianEMR has been created in the form of a Weblog (or Blog) to allow for easy publishing of information in a format that is also easily searchable by category, date, search engine and lists the most recent postings and comments for quick review.

In addition, to make the postings more representative of issues being faced across

Canada, I have invited guest authors from across Canada to contribute. Currently there are authors from Ontario, British Columbia, Alberta and Saskatchewan.

Over time, additional physicians from other provinces and territories will be invited to contribute to the site. Although CanadianEMR is limited to input by physicians, it resides in the public domain so that hospital executives, clinical program managers, regional health care planners and ministries of health can view the experiences and views of physicians. CanadianEMR is an open forum that is relevant for multiple healthcare stakeholders.

In the three months since launching, CanadianEMR has received over 5,000 page views, 108 postings and comments and has 26 active participants. While these numbers are still small, they are growing rapidly.

More important, the commentary is relevant to issues physicians are facing in clinical practice and will be of value to healthcare planners in all jurisdictions.

Not only does the Weblog format allow for easy posting of comments, it also allows for ease of maintenance. The site is closely monitored to ensure that the content posted is appropriate and relevant. Authors who have posted inappropriate material are blocked from future postings.

To visit CanadianEMR, go to: <http://emruser.typepad.com/canadianemr>

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