

Using IT

to make primary
care reform
work for you

Dr. Brian Gamble



The need to automate medical practice was brought home to me in 2 conversations recently. The first was a corridor discussion, when the CEO of my local hospital commented that electronic management of information was no longer a strategic initiative but the standard of practice in the hospital. To me, this meant paper methods of dealing with clinical information would soon be obsolete — a scenario that would not be easily handled by the hospital staff.

The second occurred when a colleague told me that working with the local breast-screening clinic — which helped him obtain a \$2200 screening bonus — would have been much easier if he could have given the clinic a list of patients who had not received screening notices. The capability to generate such information is easy with the electronic medical

record (EMR) system that our group in the Chatham-Kent Pilot Project has had for the past 4 years. Thanks to an EMR, patients who need breast cancer screening receive 2 telephone call reminders and, with a couple of

“Without electronic health records, national goals to create an integrated primary health care system with 24/7 access for patients cannot be met.”

— Health Care Renewal in Canada: Clearing the Road to Quality, Health Council of Canada, 2006 report

keystrokes, physicians can collect the bonus allocated for this work. Had I not participated in an EMR system with my group, I would not have been able to do this without putting undue stress on my administrative staff and incurring the burdensome expense of searching for information in paper charts.

Electronic management of clinical information is neither simple nor cheap. However, there are huge rewards for those who take on the challenge. My patients now are much more likely to receive the reminders they need in their busy lives to check or monitor various medical conditions. I thought the cost of maintaining an EMR system would be too expensive, but

now in Ontario there are bonuses available that more than cover the expense of maintaining and “evergreening” the hardware and software. The Ministry of Health and Long-Term Care has made available bonuses totaling more than \$8000 per physician to those who provide simple screening alerts and reminders to their patients.

Why would I not do this? Maybe if I thought that it was not cost advantageous to me or beneficial to my patients — but neither is true. I can provide a much safer service to my patients because I can more easily identify those who need screening. I can also improve the overall function of my office at the same time.

My medical practice is a part of the Chatham-Kent Pilot Project on the EMR that was undertaken with Smart Systems for Health, an arm’s-length agency that addresses IT infrastructure for Ontario’s health care system. The project was established in mid-2001 to test an electronic system that could improve physician performance. At the same time, it encouraged participants to continue their computerization initiatives by increasing funding to physicians as the system matured.

This involved creating a pilot application service

provider (ASP) to deliver an EMR system in community-based primary care offices. The ASP project went into effect on 1 Nov. 2001, and has continued uninterrupted since then. Many significant lessons have been learned

from the work done by both the physician group and Smart Systems for Health. For example, the physicians initially did not realize that the template-driven medical record would take considerable time to master, and that until they achieved this mastery, the benefits of the EMR could not be realized.

Today, one of the main benefits from the use of the system is the ability to generate the primary care reform premiums negotiated for physicians who achieve certain targets in the prevention of illness and disease. The primary care reform pilot sites have now matured into either family health networks or family

health teams. The lessons learned from the Primary Care Network sites are valuable to the physicians who have yet to fully integrate computers into their medical practices.

To take full advantage of the premiums offered, the physicians in Ontario’s pilot groups required computerized records that could be searched for the data that would substantiate the information in the record. The groups needed to document the number of patients at risk for major illnesses, such as breast cancer or cervical cancer, those requiring immunization against childhood illnesses and those needing annual flu shots.

The premiums were substantial and, by themselves, would more than pay the cost of the IT systems in use over 3 years. These bonuses reinforced the need to have accurate data that were formatted and searchable electronically. Physicians who were diligent about recording and searching were very successful, realizing benefits in their medical performance and savings in their overall spending on computer systems. The bottom line was that what physicians spent on equipment and training paid off at the end of each year of operation, and their patients, who had full the advantages of the available screening, were the greatest beneficiaries of the project.

The pilot project continues and the physicians involved are addressing issues that present barriers to full adoption of the EMR. The next iteration will flow from the work of a new organization, OntarioMD.

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Dr. Brian Gamble is a family physician in Chatham, Ont.

“... accelerate the introduction of information technology: accurate patient information electronically transmitted in a timely fashion is a cornerstone of the future integrated system. Efforts to ‘wire’ the country need to be aggressively supported so that primary care providers can do their jobs.”

— *Healthcare renewal in Canada: accelerating change*, Health Council of Canada, inaugural report 2005

Why primary care reform needs IT

- To effectively deliver comprehensive care to patients, physicians and other providers must work with an integrated communications system that can be only be provided through an electronic health record.
- To provide more preventive care and health promotion services, physicians must screen and monitor all the right patients at the right time and this can only be done effectively if the physician has an electronic medical record.

Synthesis of primary care documents