



-Steven A. Huesing - Editor

Exploitation

That word evokes all sorts of negative connotations, doesn't it? It shouldn't, necessarily. I don't think that we exploit health information and the systems that support it to the extent we should.

For example...

A few weeks ago, I tried to order a prescription that had expired. My pharmacy, like most these days, maintains a database on my medications, the daily dosage, prescribing physician, refills, - the "usual" stuff along with contra-indications. According to the rules, they require the prescribing physician to re-authorize the medication. My physician's office doesn't do that over the phone, and the concept of electronic authorization is well beyond the horizon. I was to drive to the clinic to pick up the prescription - nothing more required.

What a \$0.47 stamp on an envelope could have just as effectively accomplished, wound up as a leisurely 20-minute drive through Edmonton's river valley, a couple of bucks for parking, and the exhilarating return journey. It also gave me an opportunity to bond with my pharmacist as I handed her the envelope. If I weren't self-employed, my employer would be absorbing the cost of my absence.

You're right - this is trivia. But it gave rise to few thoughts on how we have failed to exploit an existing information system.

My physician is not "connected" to my pharmacy's database - can't happen - not even with my explicit consent. He has to rely on me to tell him what medications other physicians have prescribed - medications that might influence his decisions in managing my care.

A major problem in managing a patient's care is patient compliance. Anyone who's ever been on antibiotics knows the regimen - take daily until the prescription is all gone. Typically, though, when the symptoms are no longer evident, one tends to, well, forget. Apply that aspect of human nature to long-term medications, for hypertension for example, which likewise has no obvious symptoms. That pharmacy database could be an effective tool in care management. When a prescription with refills isn't refilled by the patient (do the math), chances are pretty good that he's not taking the medications. It seems to me that the physician ought to know, or at least have the means to know. Technically it's a slam-dunk. Economically, it seems to be a worthwhile investment. From a health management perspective it's self-evident.

Let's take this from the micro to the macro level. Let's move the focus from exploiting existing information resources to the exploitation of existing systems resources.

Canada is investing hundreds of millions in the creation of a national health information infrastructure. Aside from the funding and the political capital that has been invested, I sense a REAL commitment on the part of government, both federal and provincial, in pursuit of this goal.

The core of this highly funded vision is the Electronic Patient Record. At risk of being sarcastic (which I am) - the EPR is not a new concept - within the context of the history of health information systems, it's ancient. The fundamental elements of the electronic record were "up and running" in 1969 or so in El Camino, California. It is strange that after more than 3 decades, the Electronic Health record - even at the health care facility level - is not a consistent reality.

Just as one example, it amazes me that the use of the fundamental element of order-entry/results-reporting for populating the data of an electronic record isn't "a fait de accompli" in every health care facility in Canada. It should be. I'd suggest that it should be an accreditation standard - but that would be self-serving.

The systems resources are plentiful - they have been available for exploitation for a long time. Are they perfect? - probably not. Will they ever be so? - probably not. But let's get on with it.

We are at a time where the real challenge of information management and technology is deploying genomics as the core of the health record, remote robotic surgery, the integration of bio-informatics and bio-technology with our health delivery system, smart homes for the disabled and elderly ...

Let's get this done.