



A Prescription for Making Progress

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There has been much talk about the importance of a national, connected EHR. But only now are policymakers starting to acknowledge that until individual physicians have electronic medical records in their offices, there can be no effective national EHR system

Recently we heard from Dr. Brian Postl about the need for a \$2.4 billion investment in information technology – most of which (\$2 billion) would be focused on automating community-based physician offices. The Association of Canadian Academic Healthcare Organizations surveyed their Presidents and CEOs and asked them about the priorities for health system reform. Increased investments targeted to the development of an integrated electronic health record emerged as most important with 93% of respondents strongly agreeing on the significance of this structural reform. The Health Council of Canada also has called for accelerated integration of IT into the health care sector.

The question now is how we can accelerate the integration of IT into healthcare processes and where should these investments be focused. In a previous article I raised the issue that without automation of physician offices the full EHR agenda in Canada is not attainable. The current focus on the acute care sector and some broader solutions (i.e. DI and laboratories) – while necessary – will never be sufficient. Therefore a priority needs to be placed on community-based points of care and getting individual physician offices equipped with electronic medical records (EMRs).

Big-picture talk of systems, provincial databases and interconnected institutions means little to community-based physicians who primarily want to invest in IT to improve the care of their patients and make their practices more efficient. The mistaken notion that physicians are simply unwilling to consider innovative technologies ignores the reality under which most physicians must practice – investing in an EMR can be costly and disruptive to office routines and medical practice. And if the technology is not properly matched to the practice and the physician and the office staff does not have the necessary support to implement

a system successfully, the changeover can be both frustrating and unproductive.

A recent survey of physicians carried out by the CMA and Canada Health Infoway brought into sharp focus the barriers and incentives for physicians in the adoption of information technology and electronic medical records. The top reasons physicians identify for not automating their offices are:

- the time and effort required to implement an EMR system;
- the high cost to purchase and implement IT;
- concerns about data security and confidentiality (what CMA has termed data stewardship);
- and the lack of reliable information on EMR systems.

These issues will not be new to anyone who has responsibility to move forward with an IT strategy in the healthcare sector. The cost dimension is starting to be addressed in some jurisdictions and the CMA has issued data stewardship principles that reflect physicians' concerns about how the information they generate through patient encounters is protected and managed.

The issue of time and effort required to implement an EMR system is related to the last item about lack of reliable information on EMR products. A major part of the decision process for physicians is the need to assess and determine which EMR product best fits their practice needs.

Examining the results of the same survey, it is interesting to note that in response to a question about motivators for adopting EMRs, 5 of the first 6 reasons were all related to the EMR product or vendor, namely:

- acquiring the EMR system from a proven, credible software manufacturer;
- proof that all records within EMRs are secure;
- receiving training in the use of the EMR system when purchasing;
- receiving comprehensive installation support; and
- receiving service guarantees from the EMR system vendor.

“When a physician chooses an EMR system he/she is looking for a long term relationship with a company that is financially sound and has the capacity to continually improve their product to keep pace with the evolving IT environment.”

The conclusion I draw is that we can take steps in this country now and in the short term to help reduce these “transition” barriers and address physician concerns about EMR products and vendor relations.

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Here is my prescription to promote a healthier environment for physicians to make the decision to automate their clinics.

Vendor and Product Viability

A physician does not want to have to go through the transition process in three years with a new product, nor does he/she have the patience to deal with a vendor that cannot provide service guarantees when inevitable problems occur.

From a physician point of view we need to help mitigate risk in the choice of EMR product. My advice to physicians, aside from usability assessments that only a physician can carry out, is to look for a product from a company that is financially sound with a dedicated budget to constantly retool or upgrade the product, and a support network with people who can do field visits as well as provide a hot line for service. In addition you would want a company that can offer service guarantees for correcting problems.

I would like to see some type of consumer report that physicians could use to assess EMR companies on all these fronts. Perhaps this would be similar to the Consumer Report magazine assessment of products offered to consumers. Ensuring unbiased assessments may be a challenge but I think it is a concept worth investigating.

Setting National Standards for EMR Products

The current market place for EMR vendors is really only in its “teenage” years. We have a lot of small players and are starting to see some larger players enter the market. Without any interventions, it will probably take 5 to 10 years for the market to mature. The problem we face is that most investments in EMR products will occur in the next 5 years.

Now I am an advocate for letting market forces sort out the winners and losers, but to mitigate risk for

physicians and CIOs we need to ensure that the products on the market can integrate easily into the infostructure environments currently being built in every health authority or province and territory. Therefore I would like to see national standards for EMR products set and agreed to by all jurisdictions.

National standards would help minimize integration problems for CIOs and make life easier for physicians by enabling integration amongst colleagues in community and acute care settings and province-wide information systems. Perhaps we should be pushing now for data and messaging standards that are HL7 Version 3 compliant – and for EMR standards that leverage our pan-Canadian EHR standards. Considerable work on provincial EMR standards has been carried out already in Alberta (VCUR) and Ontario. Without too much more work we could issue a set of national standards for the Canadian market place.

There are several consequences to taking this step. First, a vendor has to demonstrate only once that he/she can meet the standards and then they can offer their product on a pan-Canadian basis. Second, for physicians this would mitigate the risk of deciding on a product, since an EMR product that meets the standards should integrate easily into the provincial or health authority environment. Third, this type of market intervention would accelerate the maturing of the EMR market place. Products that cannot meet the standards, while still available on the market, would probably not meet the criteria for government funding/assistance programs. This scenario is similar to the current situation in Alberta and Ontario, but with a higher standard (e.g., VCUR ++).

It would mean also that only those vendors with sound financial underpinnings would have the necessary R&D funds to upgrade their products. This may sound harsh, but I would estimate that 50% of physician early adopters of EMR solutions will have to change products over the next three years due to financial insolvency of the vendor, consolidation in the market place or inability to get the service levels they will require. We need to minimize the risks for both physicians and payors (provinces but also physicians) since in my view we have to save harmless these early pioneers who have been our vanguards and guides in this interesting adventure.

Certification Clearing House

Coupled with setting national standards is the need in this country to have a certification process that can give a pass/fail to products so the purchaser has the assurance that what they are buying actually meets requirements. It has been my experience in health and other sectors that jurisdictions have a propensity to go it alone following the argument that only they can design, build, authorize, create, regulate, etc., a particular service, product or policy. This makes no sense to me in the information technology arena – particularly for standards.

The United States already has launched their own certification clearing house process and they have far more challenges than we do given how their health sector is structured. There is no reason why we cannot create the same service. Our goal is to build a capability to share the right information, at the right time, with the right provider, at the right point of care, to enable the best possible patient care. Health care does not recognize boundaries today in many cases and will be less jurisdiction bound in the future. Therefore we should all agree to a common process of certification and give the job to an organization to carry it out.

And we've already made a start. A lot of work has gone into the eHealth Collaboratory project (with funding from Canada Health Infoway) and facilities exist already to carry out this function. We just need a willingness to examine the economies of scale and the advantages to our health care system, most particularly for patients and providers.

Data Transfer Standards

Over time a significant number of physicians will become “orphaned” as a result of the need to change EMR systems or create joint practices and migrate to a common EMR solution (one should note that in next five years the majority of physicians will probably be in multi-physician or multi-provider practices as a result of primary care initiatives).

Currently most electronic records management systems are proprietary and this creates a situation where a physician can not transfer his/her EMR records easily to another solution. This creates a secondary problem for physicians since they are required by the regulatory colleges to maintain records for a specific – and quite extended (10+ years) – period of time. If a vendor goes out of business it is sometimes extremely difficult or even impossible to recover data and migrate it to another records management solution.

I would like to see a data transfer standard developed that would address this problem. Vendors can differentiate on the user friendliness of their product and on their support services. This step certainly has its challenges but in my estimation is worth investigating.

The Need for Choice

Healthcare delivery is not just a science; it is an art – the art and science of caring for patients. Not all solutions are equal in the eyes of different physicians. Trying to find the right fit between these two dimensions of care delivery takes time and introduces risk into a clinical practice in terms of patient care, safety and cost.

By establishing a common standard for EMRs and a central certification clearing house, many of the problems for CIOs start to be minimized – albeit I admit not eliminated. We must remember an IT solution is there to support an end user first and foremost and not necessarily to make the life easier for the CIO. I find it disturbing that some jurisdictions feel that only one EMR solution is appropriate. While they may argue that they are not denying choice, in reality the financial incentives on offer limits choice and/or can be viewed as coercive.

I do not want a free-for-all in the marketplace since this does not help physicians mitigate risk. I want dependable products and sound companies that will be around for the long haul and who can mature their products to meet physicians' clinical needs. And I want to see processes where physicians are engaged in choosing the products that best meet their clinical needs. This may mean limiting choice to a smaller number of solutions, but if they meet the characteristics I have outlined above and address the clinical needs of physicians, then I believe we will be creating a healthier environment to transition into a more automated world.

Last Remarks

We must always remember that we entered into the IT agenda on a leap of faith that it would lead to improved patient care. The secondary benefit of a more efficient system will materialize only if we can meet the first and main objective. Let me leave you with a quote from John Naspitt: “the most exciting breakthroughs of the 21st century will not occur because of technology but because of an expanding concept of what it means to be human.” Health care is all about human relationships. Let's not get seduced by the technological solution and lose sight of what really matters.

The ideas that I have presented in this article are doable now – we need only the willingness to cooperate. I would like to invite people to discuss these ideas, challenge them, disagree, and provide other options. Therefore I am giving you my e-mail address bill.pascal@cma.ca. Perhaps a future article can consolidate your views and share your ideas with others! ●