

Paper records belong to the past

Canada's health system would benefit from modern technology, says Neil Seeman

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First, do no harm. Second, don't use paper. Pledging the use of information technology should be part of the modern physician's rite of passage into medicine. There's nothing wrong with paper but the future of health care is digital.

Three major health studies in the last three months tell the story. According to one recent study, Canada lags behind other countries in physicians' use of IT for patient care — such as managing patient prescriptions or accessing lab results online. It compared the Canadian system with 10 countries: England, Scotland, Denmark, Sweden, Norway, the Netherlands, Austria, Germany, New Zealand and Australia.

The study, prepared for Canada Health Infoway by Denis Protti of the University of Victoria, found that 90 per cent or more of GPs in the 10 countries have office computers that are used for clinical purposes. These numbers are far higher than in Canada, where the proportion of physicians who report having office access to electronic medical records or technology for clinical care is about 20 per cent.

Ottawa has contributed funds to support physicians to use IT systems, and Ontario and British Columbia have implemented disease management and primary care programs that pay bonuses to physicians who meet certain targets. Realistically, Protti notes, such targets can only be met if patient records are automated. Which brings us to a second report, published in late April by the Ontario Health Quality Council.

The single most important thing Ontario can do to improve its health system, the Health Quality Council advised, is to invest in an electronic health record. The concept is relatively simple: an electronic health record is a shared record of an individual's past and present health status and plan of care.

Now, the good news. A just-released third study shows that Ontario hospitals are making more use of information technology. *Hospital Report 2006: Acute Care*, a collaborative effort of researchers affiliated with the University of Toronto and the Canadian Institute for Health Information, found that the proportion of Ontario hospitals reporting that most physicians were able to access medical images online more than doubled between 2005 and 2006, from 26 to 56 per cent. Fifty-six per cent of hospitals used electronic medical imaging such as CT scans or X-rays in 2004-05 as the primary source of information where remote access was possible, a jump from 37 per cent recorded in 2003.

As information technology winds its way into clinical practice and changes the face of medicine, patient care is improving. We now know that paper records lead to lots of fatal mistakes during "hand-offs" between physicians — such as when the groggy resident who's nearing the end of shift jots down the patient's history for the next doctor. By contrast, a hand-held device can rapidly accelerate the accurate exchange of information across the continuum of care — for example, by enabling the lab technologist to buzz the doctor about a patient's sudden drop in potassium levels.

The evidence is clear: things like hand-held electronic devices, computerized physician-order entry systems, patient information portals, and electronic medical records are

immensely powerful tools to reduce medical error, slash wait times, empower consumers, and improve the overall quality of patient care. Only through the promise of technology can hospital waiting lists be centralized and intelligently managed. Currently, many of the lists are in chicken scratch in loose files stashed in physicians' desks.

According to the University of Toronto/CIHI study, our hospitals have a long way to go. Forty-four per cent of Ontario hospitals still do not have a centralized scheduling system to co-ordinate patient clinic visits. That's a big problem if you care about reducing waits, especially now that outpatient clinic care, in the form of specialized centres for things like diabetes and breast cancer, is quickly growing in popularity at hospitals across Canada. So why are Canadian hospitals — as the business school professors might say — such "late adopters"? One part of the problem is culture: CEOs often think information technology is best left in the hands of the techies; senior management and clinicians rarely get involved in strategy or implementation.

A bigger part of the problem lies in a niggling nuisance to innovation: the law. In legal-speak, a major roadblock to making IT work is the same problem that ruined Enron and Global Crossing: bad governance. Every hospital board in Canada has an audit or finance committee. Information technology committees are, well, less common.

To be sure, new mega-IT systems also come with risk, and with significant costs that could otherwise go to direct patient care, notably to new nurses and doctors. And with powerful, plaintiff-friendly privacy-protection legislation now in place throughout Canada, hospitals should be worried about the risk of divulging patient data. But failing to embrace IT in hospitals and doctors' offices carries much, much more substantial risks than letting the opportunity wither.

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