

How are we doing?

Reported IT use in the National Physician Survey



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For physicians working in an electronic health environment, the experience can still seem like being alone on an island surrounded by a sea of paper. Although the findings from the 2004 National Physician Survey (NPS) demonstrate that the number of physicians using health information technology (IT) continues to grow, this growth is slow and is often tied to the age of the physician or the availability of government funding to help make the pur-

chases of hardware and software to enable the transition.

Listening to physician speakers at the e-health 2004 conference in Victoria last May revealed that the shift toward the use of electronic patient records and other innovative tools is not the mass movement governments and others hoped it would be. As was stated at the conference, there have been few incentives, financial or otherwise, for physicians to move to a new way of doing things. To date, physicians

at the conference remarked, doctors have not been involved in helping develop the electronic medical record (EMR) needed to convert to a paperless practice. As a result, the systems can often be cumbersome or difficult to learn and do not meet physician needs.

But for prominent converts who are working in an electronic health environment, the move is one they feel no physician should delay. Dr. Susan MacLean, senior medical advisor for Canada Health Infoway, is one of those who say they would never contemplate returning to a paper-based office practice.

“What I always say to physicians is that I hope that

IT addresses your best hopes and not your worst fears. There is something inherently much better for us (when using IT) in terms of how we practise and our lifestyle, and that’s the message we have to get to the physicians.”

Experiences of physicians using an EMR or other elements of IT continue to vary widely across the country. For example, two focus groups, sponsored by the Canadian Medical Association (CMA) earlier this year, to evaluate how doctors are using IT revealed almost diametrically opposed perspectives on the issue. Although not representative of all doctors, the group of physicians in western Canada demonstrated unanimous

Table 1: Percentage of physicians reporting access to the Internet in their main patient care setting

Type of Internet access	Physicians by group (no.); %											All physicians (no.); % (21 296)
	GP/FP or specialist		Sex			Age group, yr						
	GP/FP (11 041)	Specialist (10 255)	Male (13 454)	Female (6885)	NR (957)	< 35 (1829)	35–44 (5294)	45–54 (6622)	55–64 (4461)	≥ 65 (2066)	NR (1024)	
None	29	15	22	26	5	17	20	22	26	33	8	22
Dial-up	11	8	11	9	3	8	9	10	11	12	3	10
High-speed*	47	63	60	50	14	62	61	59	53	39	17	55
Don't know	6	7	5	11	2	9	8	6	6	10	3	7
NR	7	7	3	4	76	3	3	3	4	6	69	7
Total	100	100	100	100	100	100	100	100	100	100	100	100

Note: FP = family physician; GP = general practitioner; NR = no response (question not answered)
 *Cable, DSL.
 Source: National Physician Survey 2004.

Table 2: Percentage of physicians reporting the use of health information technology in their main patient care setting

Health information technology	Physicians by group (no.); %											All physicians (21 296), %
	GP/FP or specialist		Sex			Age group, yr						
	GP/FP (11 041)	Specialist (10 255)	Male (13 454)	Female (6885)	NR (957)	< 35 (1829)	35–44 (5294)	45–54 (6622)	55–64 (4461)	≥ 65 (2066)	NR (1024)	
Electronic												
Patient health records	16	25	23	19	6	26	23	21	20	16	7	21
Patient appointment/scheduling system	34	31	33	35	8	41	39	35	30	19	8	33
Reminder systems for recommended patient care	9	5	8	7	2	8	8	8	8	6	2	7
Interface to external pharmacy/pharmacist	3	4	4	3	1	3	3	3	4	4	1	3
Interface to external laboratory/diagnostic imaging	20	25	24	23	6	33	27	24	20	14	6	23
Interface to other external systems for accessing or sharing patient information	11	15	14	11	3	15	13	14	13	9	3	13
Warning systems for adverse drug reactions or interactions	14	6	11	10	2	18	12	10	9	6	2	10
Decision aids	14	6	11	9	3	18	12	10	9	5	3	10
Telemedicine/Web cast/video conferencing	9	18	14	12	3	13	14	15	13	9	4	13
Online												
Access to journals, clinical practice guidelines, medical databases	35	52	46	41	11	56	50	45	40	30	12	43
CME/CPD courses/programs	15	21	20	15	4	18	18	19	19	17	5	18
NR	26	19	20	20	80	10	14	19	24	38	76	23

Note: CME = continuing medical education; CPD = continuing professional development.
 Source: National Physician Survey 2004.

use of and support for working in an electronic environment. By contrast, most family physicians in the eastern Canada focus group still had paper-based offices and could see no advantage to investing in an EMR. The hospital-based specialists were using IT because of the support and networks provided by the institution and saw the advantages of such a system, but the family practitioners working in the community said they felt “left out in the cold” (Table 1).

The move to using IT in medical practice seems very much the domain of the younger physicians who have used computers from an early age and expect to be able to take advantage of electronic tools in their practices. The NPS shows that, while only 21% of physicians report using electronic patient health records, this percentage rises to 26% among those in the under-35 age bracket and falls to 16% in the group aged 65 years or more (Table 2). A similar gradation is seen in the use of electronic patient-scheduling systems, electronic interfaces to external laboratories or diagnostic testing, and online access to journals and medical databases.

Because their provincial governments provide incentives to encourage physicians to institute EMRs, it should be no surprise that many physicians in Alberta and Ontario report using them (26% and 24%, respectively). However, what may seem surprising is that doctors in Newfoundland, where a widespread provincial initiative to implement an EMR does not yet exist, are the most likely to report using electronic patient records (33%). This may be due to the large number of specialists using a hospital-based record system that is widely available in that province.

Perhaps because of their tendency to work within health care institutions where IT is more prevalent, specialists are more likely than family physicians to have high-speed access to the Internet in their main patient care setting (63% versus 47%) (Table 1). Overall, more than half of all physicians say that they now have this type of access in their main patient care setting, a significant increase from a few years ago when many physicians could only access the Internet from their home. However, 22% of physicians reporting in the NPS still say that they have no Internet access in their practice, and another 10% have only dial-up access.

Few physicians report having access to clinical tools

on a PDA according to responses in the NPS. The most common tool physicians reported having on a PDA was an electronic warning system for adverse drug reactions or interactions. Even then, fewer than 10% of physicians have such access, although the age bias is once again noticeable as this figure rises to 18% for the under-35 age group. This no doubt reflects the experiences of new physicians coming from a learning environment where PDAs are becoming quite commonplace.

“These findings are not surprising,” says Bill Pascal, chief technology officer for the CMA. “The use of health information technology is still maturing, and we still need to be able to clearly demonstrate to physicians that this technology is going to improve patient care and make it easier to manage their practice.”

Findings from the CMA focus groups showed that direct government funding played a large role in spurring physician adoption of IT in their offices. However, once the EMR was in place, physicians who were using it were quick to recognize and acknowledge its advantages over a paper-based system. Although it seems a cliché, physicians in the western Canada group said that once they were using IT in their offices they would never return to the old way of doing things.

But getting there is the challenge, and physicians in the eastern focus group suggest there is much to overcome to allow family physicians to make the transition to an electronic environment — even though many of these physicians said such a move was inevitable.

Those doctors who were not using an EMR often saw only the expense and hardships of implementing such a system, without having any positive experiences to counterbalance the disincentives. Their main message was that, in those regions where electronic networks and resources have not moved beyond the hospital setting, initiatives to improve communication between family practitioners and specialists and allow community physicians to have the same sort of quick access to laboratory results and diagnostic findings that exists in hospitals would go a long way to persuading them to make the switch. That, and sustained and substantive funding from government to purchase and maintain the necessary equipment.

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