

## CMA takes on electronic medical records

The Canadian Medical Association (CMA) has pledged to help rationalize and expedite efforts to promote the organization, centralization and management of cradle-to-grave patient health records at the urging of delegates to CMA's General Council Aug. 26.

Despite a \$2.1-billion federal investment in Canada Health Infoway since 2001 to create nationally interoperable patient records, Canada ranked second-last among 11 nations in a 2014 [Commonwealth Fund survey](#) of primary care physicians' use of electronic medical records (EMRs). The survey estimated that less than 60% of Canadian physicians use EMRs.

Dr. Peter Barnsdale, the family doctor from Mission, British Columbia, who put forward the motion, told the CMA meeting "the current situation for maintaining, storing and showing medical records is inconsistent across the provinces and territories. Records are often dispersed in various places, may be discontinuous and incomplete and are sometimes not passed on from one health care provider to another as the patient moves through life."

In an interview with *CMAJ*, Barnsdale explained that he was compelled to table the motions because of concern for many of his patients who present for care without their records and are then required to pay to have their records retrieved and printed. "This is a routine source of frustration. I just think it's crazy." In calling for CMA leadership on the issue, Barnsdale suggests that the federal government should do more to encourage uptake of a nationally interoperable record. "It would be great if we had a federal government that actively cared about the public health system."

Optimally, says Barnsdale, every patient's lifetime electronic record



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would travel with him or her so it would be available wherever and whenever required. Ideally, Barnsdale adds, the record would be compatible with EMR software throughout health care systems nationwide — which has been Infoway's primary objective since 2001.

CMA President Dr. Cindy Forbes agrees the need for better patient records is urgent. "We need electronic medical record systems that speak to each other," she emphasized after explaining that patients presenting at her family practice clinic in Fall River, Nova Scotia, often trigger the same laborious, expensive and potentially treatment-delaying record search described by Barnstable. "There is a lack of interconnectivity not just province to province but often just from one community to the next." The CMA, she says, can play an important role in encouraging the federal and provincial governments to resolve the barriers.

Canada Health Infoway declined an interview request regarding the CMA resolution.

In a statement to the CMA, Infoway spokesperson Dan Strasbourg said "we appreciate the CMA's efforts to advance digital health in Canada, and we look forward to continued collaboration with them and to learn more

about the resolution. Before then, it wouldn't be appropriate for us to comment on those items that have just been passed at the recent General Council."

Strasbourg said 91% of Canadians' core EHR data is now available digitally. "At the same time EMR use continues to grow, which means value is increasing as health information systems are connected and information needed for care is able to be more easily accessed and shared by authorized clinicians."

Not everyone is so sanguine about Infoway's strategies and results.

"We are squandering hundreds of millions of dollars in almost every province," says Dr. Alex Jadad, director of the Centre for Global eHealth Innovation at the University of Toronto. "So far what we have mostly built is a fragmented collection of computer repair shops. In large part, this is a reflection of the fragmentation of the health care system itself. But how many chief information officers do we really need?"

Dr. Karim Keshavjee, CEO of Toronto-based InfoClin, a medical records consultancy for health care providers, also describes Canada's performance in realizing the potential for ehealth solutions to improve the management and utility of patient records as "abysmal."

In seeking to galvanize change, Keshavjee advises the CMA to focus on patient-physician transactions. "If we reward (or punish) physicians for increasing the efficiency of transactions with patients, they will naturally gravitate to medical records systems because that's what will allow them to make sure they do things safely," Keshavjee argues. — Paul Christopher Webster, Toronto, Ont.

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