Empowering Patients and Easing System Burden

By Maria Hajigeorgiou

It wasn’t so long ago that medical knowledge and decision making rested almost exclusively with the healthcare practitioner (HCP). Today, aided by significant advancements in connected care technology, the role of the medical professional is experiencing a philosophical evolution – one that puts emphasis on prevention rather than treatment.

This shift couldn’t come at a more critical time. Globally, governments and healthcare systems are being confronted by increased pressures from an aging population and resulting rise in chronic disease rates. In the US and Canada, approximately 40 per cent of these populations will be over age 50 by 2020.1 The result of this aging population is a burden on budgets, caregivers and on aging patients themselves who have to navigate the healthcare system.

Dr. Elaine Chin, Chief Wellness Officer, TELUS, agrees that prevention is the solution. “Chronic disease is on an epidemic rise. There will not be enough hospital beds, physician support or funding if we continue to treat in the same way. But this challenge can be overcome. We must pursue a different strategy by preventing disease altogether,” says Dr. Chin.

According to Dr. Susan Lea-Makenny, a family physician in Alberta, “Having the ability to continue independent living is most often the primary goal in the senior patient population. Often we will recommend a senior’s home or hospitalize patients because the risk of their having an event in an unsupervised situation is too great. Patients will often agree to adopt technology, like home health monitoring tools, when they realize it will help them maintain their independence.”

According to the 2017 Future Health Index (FHI) report, both connected care technology and patient self-empowerment are key components of preventative care.2 Patient tools and devices not only help patients monitor their health, but also allow them to share that data with their health providers, view lab results, book appointments, discuss progress and be part of the care team. For senior patients, remote monitoring allows better self-management, medication tracking and, perhaps most importantly, continued independent living.

While the adoption of electronic medical records (EMRs) by HCPs in Canada has seen tremendous growth, with 85 per cent now using EMRs, compared with a national average of 77 per cent in 2014, patient access to digital health services remains very low.3

In 2016, TELUS Health conducted a study on the digital life of Canadians to better understand the attitudes of patients and physicians towards health technology.4 The study found that patients are recommended to use wearable devices and track health measures by a majority of healthcare providers, who use digital technology to communicate with other HCPS and patients. The survey also showed that Canadian patients are very much in favor of digital health technologies, with:

- 89 per cent indicating that digital health technology will lead to better care
- 81 per cent agreeing that health information should be shared digitally between doctors and pharmacists, and
- 75 per cent agreeing that electronic prescriptions would limit the number of medical errors.

However, despite these positive opinions, the survey showed that only 15 per cent of Canadians conduct any kind of health-related activity online.

So why is there such a disconnect between support and actual use of digital health technology? The digital life survey also shows that a large number of patients are simply unaware of the digital services available through electronic methods. This is particularly prevalent in the more senior patient population. For example, only 19 per cent of patients aged 52 to 70 and 23 per cent of patients over age 71 were familiar with personal health record technology that allows sharing data securely between patients and healthcare professionals.

According to Dr. Lea-Makenny, senior patients also want to know how their information will be used and by whom. “It’s important not only to make them aware of the technology, but who or what that technology is connecting them to. They want to know that the information they share is going to someone who knows about them: doctors, nurses, pharmacists. My role is to make it very clear to them who is on the receiving end of the information,” she states.

The need to know where their information is being used also speaks to another barrier to technology uptake by seniors: concern about the security of their data. Four out of five Canadians rank their medical history within the top five most private types of information, along with banking records, government documents, credit card information and tax returns.4 Awareness of the security of health technologies, and their adherence to privacy and security best practices, may increase patient comfort level in using these tools. For example, the MedDialog messaging service by TELUS Health supports efficient information exchanges between healthcare providers directly from their EMRs without any interruptions to their day-to-day workflows. It lets physicians exchange electronic communications, including referrals, eConsults or patient results (such as lab results, MRI reports, and treatment plans) without relying on paper, telephone or less secure channels such as email, texting and fax.5

Dr. Lea-Makenny, who uses both traditional and mobile EMR technology and is looking forward to the availability of e-prescribing in her province, believes that uptake of technology by both practitioners and patients will lead to a more empowered patient population, and potentially better outcomes. She says, “In the past, all knowledge and decision making rested with the healthcare practitioner. We’re seeing an evolution now where patients can also be a source of knowledge, information and decision-making. EMR is a resource that records a patient’s health journey; by allowing patient access to information housed in the EMR, patients can now be active participants in their own care and decision-making. That’s where the true potential lies.”

Sources