

ipants also had older patients (33% age 70 and older), with significant numbers of patients having chronic illnesses (49%) and being co-managed by specialists (39%). It is possible that the volume and difficulty of their daily practice precluded change even with better communication. We wonder if the results would have been different with a more representative physician population and if these results are applicable outside of settings with limited computer usage and high practice volumes.

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[Three of the authors respond:]

We welcome the comments of Dr. Muldoon and could not agree more with her perspective. As an ED-led research initiative, the primary study outcome that was emphasized related to factors that impacted the most on ED functioning and resource utilization.¹ Al-

though these results were disappointing, we also measured the impact of the electronic link on measures of continuity of care such as family physician confidence and management plans as enhanced by the information received and general measures of physician satisfaction. These results are very favourable.

We also are thankful for Dr. Greiver and Dr. Eysenbach's astute observations. We have extensive data on the utilization of the electronic communication tool by the 23 family physicians recruited in the study. Our information is derived from electronic log-in records and informs us about the number of times that each patient report was accessed by the intended family physician recipient. Overall, physicians accessed these reports 2.1 times per patient visit. Subsequent log-ins were frequently needed as email updates would be sent out if a pending result became available (e.g., a bacterial culture). In our view, this represents a moderate to high level of utilization of the application. We agree that the sheer volume of patients that community family physicians in our busy urban setting have to manage may preclude an effective change in practice resulting from electronic linkage information. Unfortunately, reduced access to primary care physicians has created a new normal in practice size for many physicians, and it is our view that if this intervention's impact on resource use cannot be ap-

preciated when family physicians are receiving several reports a month on their most needy patients we are doubtful that an impact would be measurable if the reports were issued only a few times a year.

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Correction

In the obituary notice for Dr. Hubert John Warrick,¹ his place of graduation was mistakenly listed as University of London. He graduated from the medical school at St. Mary's Hospital in London, England.

REFERENCE

1. Deaths. *CMAJ* 2006 175(1):119.

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