

INFORMING DIGITAL HEALTH STRATEGY IN BC

PHASE 3: WHAT WE HEARD

What was the goal of this member engagement?

Enabling interoperability and improved information sharing among EMR systems is a key focus in provincial EMR strategy development. The Ministry of Health is interested in enabling interoperability through EMR consolidation and is looking at potential ways of shifting to fewer EMRs in BC. Any steps toward this outcome must align with doctors' needs and perspectives. To help inform our strategic approach and advocacy on this, we sought your input on:

- Potential approaches to shifting to fewer EMRs in BC.
- How to ensure steps toward EMR consolidation align with your needs and perspectives.

How did we seek member input?

Phase 1

Online engagement revisiting pre-pandemic perspectives on optimizing use of EMRs, EHRs, and other digital health technologies; related Ministry of Health priorities.

Phase 2

Online engagement informed by Phase 1 findings; sought more focused input to guide advocacy on the Ministry's development of a provincial EMR Strategy.

Phase 3

Online engagement informed by Phase 1 and 2 findings; sought to better understand possible paths forward, and the essential elements that would support you to move toward EMR consolidation.

Who participated?

1,890 members

Type of practice

Family physician: 52%
Specialist: 44%
Other: 4%

Practice setting

Community-based: 53%
Facility-based: 18%
Both: 29%

Geographic setting

Urban: 65%
Semi-urban: 17%
Rural: 18%

What did we ask?

We asked for member input on three possible ways to work toward EMR consolidation:



Option 1: Use a collaborative structure to procure and manage EMR contracts



Option 2: Use an independent third-party entity to procure and manage EMR contracts

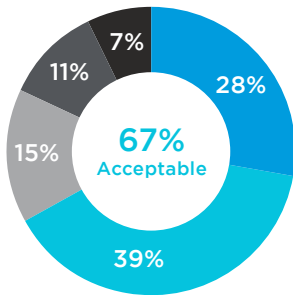


Option 3: Subsidize physician use of prequalified EMR vendors, while physicians manage their own contract

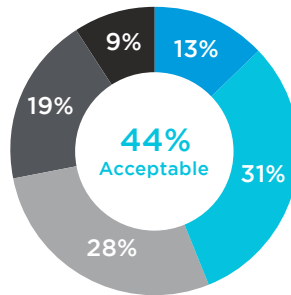
WHAT DID WE LEARN?

Of the three proposed options, physicians indicated that using a collaborative structure to procure and manage EMR contracts is the most acceptable.

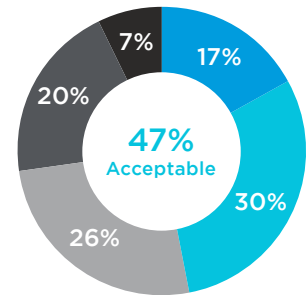
Using a collaborative structure



Using an independent third-party entity



Subsidizing use of prequalified EMR vendors, physicians manage their own contract



■ Perfectly acceptable ■ Acceptable ■ Neutral ■ Unacceptable ■ Totally unacceptable

Additional comments

Responses reflect a strong desire to improve patient care and reduce administrative burdens, and a recognition that this requires a responsive and affordable service that provides full access to records with quality data.

Responses indicated the top three pros of having fewer EMRs are:

- Improved interoperability.
- No cost to physicians for user licenses.
- Ongoing development, maintenance, and enforcement of data standards and quality.

Responses indicated the top three cons of having fewer EMRs are:

- Change management challenges for those who move to a new system.
- Limited physician choice of EMRs.
- No central power to negotiate on behalf of physicians.

Potential barriers to change include concerns regarding:

- Time and resources required to transition/move to a new EMR. Many doctors have already gone through this process and are wary of doing it again.
- Loss of personal choice and prioritizing of physician needs, with an understanding of practice differences between family doctors and specialists.
- Limited trust re: the motivations or competency of the body that might ultimately govern EMRs provincially (e.g., government, an agency, or third party).
- The need to ensure ongoing innovation to meet evolving needs (through marketplace competition).
- Ensuring responsive service and/or lower costs.

WHAT'S NEXT

Doctors of BC will use these findings, and continued member engagement, to guide our advocacy on your behalf and to advance the goals of doctors in provincial digital health planning.