

The President's Letter

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Dear Member:

In a recent *President's Letter* I cautioned that the success of the province's electronic health record (EHR) could be jeopardized this fall when close to one-half (about 1,000) of the physicians who were leaders in computerizing their offices will have had their funding from the Physician Office System Program (POSP) end. I want to explain that statement in some detail.

Premier Klein has stated that every Albertan will have an electronic health record by 2008. Precisely how close we are to that goal is unclear, but right now some variation of the provincial electronic health record is available in every regional health authority. It may include a collection of patient data, gathered from different places, consisting of lab test results, drug history, drug allergies and other information.

The provincial electronic health record is still evolving and expected to encompass more information over time. Tens of millions of dollars have been invested to date and more will be required to reach the premier's 2008 goal.

The electronic health record is not the same as an electronic medical record (EMR) which is a more comprehensive patient record like the traditional paper chart. It resides in the physician's office and may contain information obtained through the electronic health record.

Because the electronic health record delivers information used to care for patients, it must also be available where physicians care for our patients. For most of us, that means in our community-based (i.e., non-hospital) offices and clinics.

POSP has been the means for many of us to obtain computer technology, including ability to use the electronic health record, and improve the care we deliver. We have contributed 30% of our computerization costs and POSP has paid 70% - a funding formula that reflects that 70% of the benefits of this technology accrue to the health care system.

Under this arrangement, 3,300 physicians - or 60% of practising physicians, both family physicians and specialists - were participating in the program as of March.

With this kind of success, Alberta was well on its way to seeing the full value of POSP. Now, however, program funding is at an end for hundreds of physicians, whose overhead will climb significantly as a direct result. Long-term maintenance of their computer systems and further use of the electronic health record may be in jeopardy.

If this occurs, the value hoped for – through POSP, the electronic health record and the electronic medical record – may not be realized.

Therefore, as government and regional health authorities continue to invest in the electronic health record in hospitals and public facilities, physician office computerization also requires – and deserves – continuing investment.

Note that I say “continuing investment” because – like every other part of the electronic health record – physician office computerization, and particularly electronic medical records, require continual maintenance and upgrading in order to function effectively.

I want also to give some attention to the electronic medical record and emphasize the huge role it has to play in improving quality care and coordination. Another major achievement of POSP is that over 2,700 physicians have implemented electronic medical records and are using them with great success. I particularly like a real-life story provided by a POSP physician:

“With POSP, our patients have a superior medical service as one result. Our database is extensive and has helped us with homecare liaison, better records for other doctors or the hospital or for the patient to receive when moving away and in our ability and willingness to participate with programs (in the regional health authorities). We are able to find all patients on a given drug so we can make contact for after-market advice (e.g., We found all patients in a 20,000 name database who were on a certain medication in 15 minutes!) and in general keep a better, more legible and readily available medical record.”

These are the kind of tangible results that clearly demonstrate why electronic medical records are worthy of investment. Add to these results the benefit of using an electronic medical record to receive a patient’s lab, diagnostic imaging and drug information through the electronic health record, and the value is even further increased.

In forthcoming letters, I will have some more thoughts about POSP and how important it is that government fund its share of the overhead costs for physicians to computerize our offices. I’ll look at POSP as an incentive to recruit and retain physicians in Alberta. I’ll also revisit a topic that’s always important: safeguarding the privacy of the doctor-patient relationship as we practise more and more in the e-health world.

Yours truly,

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President