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# The President's Letter

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Dear Member:

Uncertainty and transition costs in changing vendors are top-of-mind with Alberta physicians and clinic managers after yesterday's announcement that only three vendors remain after phase one of the RFP (request for proposal) by the Physician Office System Program (POSP).

Alberta Medical Association (AMA) members began emailing and telephoning the association immediately after the AMA had emailed the POSP release. Among their concerns:

- Reimbursement for **all** transition costs in moving from one vendor to another including technical support, financial support, staff retraining, data conversion and lost productivity, as well as reasonable timeframes.
- Clarity on who will be eligible for POSP funding in the future, and the level of that funding. Some physicians may choose regional products, but a major concern by other physicians is that Alberta Health and Wellness (AHW) wants to force physicians to use the electronic medical records (EMRs) developed by the Calgary Health Region and Capital Health.

Confusion over EMR funding, deployment and support is not new. The recent past saw the regional health authorities offering multiple, independent health information strategies without a cohesive and unifying provincial framework.

The creation of a single board – Alberta Health Services (AHS) – offers a major opportunity to refresh Alberta's health information strategy and to deliver significant value to the province's health care system. This needs to be done on a priority basis in collaboration with the Alberta Medical Association and the medical profession.

Practice Solutions, Med Access and Wolf Medical Systems were the only ones to meet the capacity and capability criteria of the new system requirements. The second phase will deal with usability and conformance testing. POSP expects the new EMR products to be available late 2008 or early 2009.

The Alberta Medical Association views on this process have always emphasized the value of EMRs for patient care and the importance of transparency as Alberta moves forward with its e-health agenda.

The July 25 *Focus on Negotiations* stressed that if a physician is currently using an EMR that is not one of the final three, the physician must "have a reasonable period of time to switch to one of the news products" in order to maintain POSP funding. Furthermore:

- "If the health system requires physicians to change EMRs, then the health system is responsible for the costs
- "Changing EMRs is complex and physicians need to know how you will be supported:
  - Financial support for initial and ongoing costs
  - Technical support so the new EMRs work properly, right away
  - Assistance with converting and moving patient data safely, completely and accurately from one EMR to another"

If physicians are marginalized, ignored and alienated during this EMR process, the Alberta Government risks jeopardizing the hundreds of millions of dollars that it has already spent on electronic health records and electronic pharmaceutical programs because important patient information will not be available in physicians' offices.

My May 26 *President's Letter* (<http://www.albertadoctors.org/PresLetter/May262008>) discussed in some detail the future of EMRs and POSP:

"The AMA's goal is to support physicians as you make decisions about the EMR technology that best suits your practice and your ability to put Patients First<sup>®</sup>. Whether you eventually choose a POSP-selected product or an EMR from a regional sponsor, we are here to ensure you receive the best terms, conditions, representation and information."

The letter outlined "six underlying principles that the AMA will continue to champion." Alberta Health Services should view these principles as the basis for action and to engage physicians. Furthermore, the principles will be the standard by which physicians judge AHS' leadership.

1. Technology is not an end to itself. The foundation of Alberta's e-health system should be delivery of accurate, timely and relevant information that is used to care for patients.

2. EMR technology increases physician business costs for the benefit of the e-health system. If government wants the benefit of EMRs, it must provide ongoing funding for them.
3. Changes such as reducing the number of EMR vendors will streamline the overall system. Physicians who must change EMRs as a result must be fully supported through the transition.
4. Patients provide information to physicians – in the safety of the doctor-patient relationship – that they may not share otherwise. Electronic systems for storing, sharing and using the information must respect that trust.
5. Whether provided by the Alberta Health Services Board or through POSP, all provincially funded EMRs should meet the same standards and requirements, with equal access to both provincial and regional data sources.
6. EMR choice for physicians is an important consideration: Competition fuels innovation, economic value and evolution of unique product features that may better meet the needs of a diverse membership.

As I concluded in my May 26 letter:

“Dealing with all these issues is an important part of ensuring that Albertans – as patients and as taxpayers – receive full value from the government’s significant investment in the computerization of physician offices and the provincial electronic health record.

“The AMA will continue to advocate for your interests and actively provide support. Please involve us in your decisions.”

Yours truly,

Darryl D. LaBuick, MD, CCFP  
President