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EMR REPORT: Docs gone wired!

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In Barrie, Ontario, where Dr. Anne DuVall practices, an electronic medical records project with the local family health team is being hailed by its equipment supplier as one of the country's largest, and promises to enhance both patient safety and quality of care. It's projected almost 350 workstations will link more than 60 physicians and other allied health service providers located at 35 different locations across the city.

BARRIE, Ontario | A local family health team—one of 150 to be set up across Ontario—has implemented what its equipment supplier touts as the largest electronic medical record (EMR) contract in Canadian history.

The numbers are impressive. The system, the first phase of which began operating May 22, will eventually consist of more than 60 physicians and allied health professionals at 35 locations in Barrie with nearly 350 workstations connected through the province's Smart Systems for Health Agency.

The Barrie and Community Family Health Team (FHT) selected CLINICARE Corporation, of Calgary to implement what it calls a "clinical management solution" approved by OntarioMD, an Internet portal that acts as a gateway to professional and practice-related resources through a single, secure point of entry.

Each practice will maintain its own individual billing procedures but share elements, such as patient scheduling, patient recalls, EMRs, and lab and medication data.

"We are a diverse group of family physicians who agreed on networking and combining our patients into one server/database for EMR," noted Dr. Anne DuVall, the team's lead physician.

“We followed a long and diligent selection process,” she added. “In addition to CLINICARE’s ability to accommodate the many styles of physician workflow within our team, **it was important for us to choose a vendor we felt confident could institute a project of this size.**”

The system promises to improve patient care and safety as well as physician and staff productivity, according to Dr. DuVall.

The Barrie team’s implementation of an EMR didn’t happen overnight. During a phone interview, Dr. DuVall, who said she “fell into the job” of being the driving force behind the project, spoke of a “historic” process of initially getting together a group of physicians who started a walk-in clinic in 1997 and bringing them into the EMR tent.

“After that, it just made sense to integrate,” she noted in reference to how some internal politics were dealt with to produce a successful endeavour.

Then came the process of selecting equipment. An information committee of five doctors was formed to look at available products. Attending a trade show helped them narrow the field to four potential suppliers, Dr. DuVall noted, and each firm was asked to demonstrate their wares in person.

That helped pare the number of vendors to two. Each filed an extensive request for proposal developed by OntarioMD. A year and a half elapsed from the time the IT committee began its search until a contract was signed last January.

‘So far, so good’

IT committee members also went on a site visit to Winnipeg, where CLINICARE had sold a large network. The Barrie group got a valuable chance to interview some users, added Dr. DuVall.

Her office was one of the first to come online. “My first impression is, so far, so good,” she said, “but we’ll keep testing the system. . . . **The best bells and whistles might attract some buyers, but there’s more to an EMR system than that. Functionality is good at face value, but the program has to be customizable.**”

“You have to also choose a vendor who’s going to be around, a company with some financial stability. OntarioMD helped us sort that out.”

CLINICARE’s system allows her to enter patient notes, prescribe medications and recall patients for better chronic disease management; soon it will include lab results.

Physicians, nurses and nurse practitioners and office staff can now enter information on patient charts. When full connectivity is achieved, in a matter of months, the group will grow to include a diabetic educator, pharmacists, dietitians and others.

“You have to develop a culture of support within the (medical) community to make it work,” Dr. DuVall advised. “You just can’t rely on your vendor. We say here that failure is not an option. You have to do whatever it takes to make it work.”