

# Our power to negotiate with electronic medical record vendors



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**A**fter new restrictions were set by certain electronic medical record (EMR) vendors in 2017, some of our members informed us that they no longer have the same access to data that are necessary to improve health care in Canada. In response to these new restrictions, and thanks to the leadership of its Director of Research, Dr José Pereira, the CFPC has released a new position statement on guaranteeing access to EMR data for quality improvement and research.<sup>1</sup>

In summary, the EMRs belong to patients, not to the companies that host their data. Therefore, family physicians must have the freedom to access these data (without prohibitive fees or restricted access), which are needed to improve quality of care and support research in family medicine.

The CFPC was a substantial promoter of adopting EMRs. There are several advantages to using EMRs, such as improved real-time access to data for physicians to better support their patients, and better communication within health care teams. Another advantage is the ability to use these data to improve the quality of care provided to patients. This can be achieved through quality improvement activities and research in family medicine.

Before the arrival of EMRs, paper files had to be opened one at a time in order to access data. We now have a tool that permits us to better understand and serve our patient base. Uptake of EMRs was a demanding change for physicians. After increasing EMR use from 16% to 85% between 2004 and 2017,<sup>2</sup> it is important not to lose this new advantage.

As clinicians, we often emphasize individual patient-physician relationships. Nevertheless, 1 of the 4 principles of family medicine is that the family physician is a resource to a defined practice population. To deliver our services at this level, we must be able to better understand our patient population and act in response to their needs. For example, if I want to decrease the risk of blindness among my patients, I should be able to use my EMR to identify patients with diabetes who have not yet been screened for retinopathy. I might then decide to contact these patients and encourage them to undergo screening.

Not all EMR vendors are charging exorbitant fees or restricting access to data. That is why the CFPC has decided to be proactive and react to the situation before it becomes common practice.

It is true that there is work involved in data extraction, and that this requires a minimal fee in order to pay those who prepare the data. It is also true that fees might be necessary to ensure that data are extracted securely. Nevertheless, these should not serve as excuses for EMR vendors to charge disproportionately high fees solely to increase shareholder profits.

It also raises the question of our power to negotiate with these companies. There are a limited number of vendors and one of them is predominant. For example, 2 vendors hold 71% of the market in Ontario.<sup>3</sup> We are physicians, not professional negotiators, and yet we must negotiate with these companies regarding a number of different issues pertaining to our practice.

This is a matter of access to data for research and quality improvement activities, but it is equally a matter of negotiating to renew our contract and monthly EMR fees. How much power do we have to negotiate with these new partners? As individuals or as health care teams, we are quite weak. That is why we need organizations like the CFPC, our unions, and the government to act as counterweights that demand that certain principles be respected.

Regarding this issue, we hope that EMR vendors will establish data extraction procedures that are open, transparent, and affordable. Our ability to improve the health care we provide to the population is at stake. 🌿

## References

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