

Rebuttal: Do electronic medical records improve quality of care?

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NO Dr Manca states that electronic medical records (EMRs) have a positive effect on patient care because they allow family physicians to be better informed, they enhance relationships with patients, and they improve work flow.¹ While I do not disagree that EMRs can achieve these positive effects, there continues to be conflicting evidence about the benefits of their implementation, and improvements to EMRs remain largely unrealized. Most critically, there continues to be limited evidence that important patient outcomes are consistently improved.²

I certainly do not advocate going back to paper records.³ Having appropriate electronic information infrastructure is critical to the transformation of primary care and of our health care system in general. I have argued that many of the appropriate supports needed to enable meaningful use of EMRs so that they can help us provide better care are not present, do not have appropriate funding, or have been implemented in a limited fashion. Appropriate incentives for vendors, physicians or other clinicians and end users, and health organizations seem to be lacking or are provided in a fragmented and disjointed manner across the country. Organizations that provide the broad EMR-based analytics that are critical to measuring progress, such as the Canadian Primary Care Sentinel Surveillance Network, suffer from underfunding and lack of consistent support over time. Privacy regulations, meant to support wise stewardship of data, suffer from variable interpretation across the country, sometimes leading to interdiction rather than balanced stewardship.⁴ Our EMR vendors do not compete with each other on the basis of solid evidence that their product leads to improved patient outcomes. Nor do they support research or strategic primary care initiatives such as our Patient's Medical Home. Electronic medical record vendors need to be profitable to survive, but regulations have not tied profit to useful activities such as providing data to support quality improvement, research, or program planning.

The United States has a national strategy to promote the adoption and meaningful use of health information technology enabled through the HITECH (Health Information Technology for Economic and Clinical Health) Act, coupled with substantial federal investment and oversight through the Office of the National Coordinator for Health Information Technology. There are standards defining what *meaningful use* is and incentives tied to achievement of these standards. Canada has no such act. Canada Health Infoway is funded to provide useful but time-limited strategic investments in health information technology, but it has no mandate to enforce compliance with meaningful-use measures.

Electronic medical records do not function well in isolation. Until a better system to support the use of information is agreed upon, funded, and implemented, the vast potential currently locked in EMRs will remain untapped. 

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Competing interests

None declared

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These rebuttals are responses from the authors of the debates in the October issue (*Can Fam Physician* 2015;61:846-9 [Eng], 850-3 [Fr]).