

scholarship recognition for educators who developed material for this national curriculum.

—David Keegan MD CCFP(EM) FCFP  
Calgary, Alta

—Ian Scott MD MSc FRCPC FCFP  
Vancouver, BC

—Amy Tan MD MSc CCFP  
Edmonton, Alta

—Kathleen Horrey MD CCFP FCFP  
Halifax, NS

—Hiromi Tissera  
Brossard, QC

#### Acknowledgment

Dr Keegan is Editor and Dr Scott, Dr Tan, Dr Horrey, and Ms Tissera are all Associate Editors of the Shared Canadian Curriculum in Family Medicine.

#### Competing interests

None declared

#### Reference

1. Oandasan IF, Archibald D, Authier L, Lawrence K, McEwen LA, Palacios M, et al. Giving curriculum planners an edge. Using entrance surveys to design family medicine education. *Can Fam Physician* 2015;61:e204-10. Available from: [www.cfp.ca/content/61/4/e204.full.pdf+html](http://www.cfp.ca/content/61/4/e204.full.pdf+html). Accessed 2015 Jun 2.

## Time to think about how EMRs can evolve

We are peer supporters participating in the Manitoba eHealth Peer-to-Peer Network, a group of clinicians and health care professionals working to support and champion the use of electronic medical records (EMRs) and other technology in Manitoba. Our group has assisted many clinicians who expressed frustration and experienced challenges similar to those of Dr Hall.<sup>1</sup> From our perspective, we have seen how EMRs can improve care and patient experiences.

This perspective is supported by the 2014 National Physician Survey results.<sup>2</sup> When Manitoba physicians were asked, “Has the use of an electronic record in your practice provided any of the following clinical benefits?” they shared that using an EMR provided them with better availability of laboratory results (68.1%), alerts to critical laboratory values (49.9%), and alerts to potential medication errors (37.9%).<sup>2</sup> The National Physician Survey data

also support the improvement of quality of care through the use of EMRs. Overall, 63.8% of Manitoba physicians reported the quality of care they provided after implementation of their EMRs was either better or much better, and 44.9% reported productivity at their practices had increased or greatly increased. Clearly there is much room to improve, but these are generally very positive findings relating to the effect of EMRs in Manitoba.

Dr Hall is not the first to write a commentary that laments EMRs becoming a barrier to communication if used improperly.<sup>3</sup> However, different authors have suggested that EMRs can be used to facilitate and improve communication.<sup>4</sup> There are various strategies to accomplish this, including sharing graphed results and chart entries with patients.<sup>4</sup> In fact, there are guidelines that explain how communication skills can be improved when using health information technology.<sup>5</sup> In our experience, the ability to instantly calculate growth charts and risk scores, as well as graph patient results, during the encounter improves the patient experience. In multidisciplinary settings, EMRs improve communication between providers far more securely and efficiently than paper charting. As with previous tools or discoveries that have dramatically changed medical practice, many clinicians resist change and remain conservative

in their views of some innovations. But when it comes to the digital era we believe that clinicians must learn to adapt and embrace technology and learn how to use it to improve rather than hamper what we do. As peer supporters, we focus on trying to assist colleagues in leveraging their EMRs to improve patient-centred care.

It is important to recognize that Canada is in the early stages of the EMR journey compared with many countries. In a 2012 study by the Commonwealth Fund, Canada ranked 9th of 10 countries surveyed in terms of EMR use in doctors' offices (the United States ranked 7th).<sup>6</sup> Electronic medical records in Canada are far from perfect and can be a great source of frustration, but we are seeing them evolve, improve, and become more connected to other parts of the health care system. For example, in Manitoba we can access a provincial health record called eChart Manitoba ([www.echartmanitoba.ca](http://www.echartmanitoba.ca)) that contains a wealth of patient information, including medications dispensed in retail pharmacies, laboratory results, imaging reports, and immunization records from across the province. This system is integrated into EMRs, providing physicians with secure access directly from their desktops with just a simple keystroke, thus improving the timeliness and quality of care while also decreasing duplicate and unnecessary testing.

Clinician peer networks have been developed across the country to facilitate learning, share best practices, and support clinical transformation and EMR evolution. While EMRs are imperfect in their current state, we believe that with investments in ongoing and continued support and further innovation, health information technology can improve rather than impede practice.

We challenge Dr Hall and other like-minded EMR sceptics to suggest alternatives that would meet the needs of health care stakeholders for improved safety, quality, and cost-effectiveness of primary care. Electronic medical records are tools that both allow for more effective understanding of the care we provide and potentially improve how it is delivered. Rather than shy away from technology, clinicians should embrace EMRs and advocate for continued improvement and integration into a larger system to safely share information and provide practical real-time clinical decision support. The way to rethink EMRs is to imagine how to better use and integrate them as a tool to support patient care in the information age.

—Michelle Allard RN

—Christine (Chris) Banewski

—Barry Bermack MD FRCPC

—Johann Blignaut MD

—Anne-Marie Chanel

—Amanda Condon MD CCFP

—Marc Desjardins

—Kiet Do MD CCFP

—Mark Duerksen MD CCFP FCFP

—Else Duff NP

—Theo Fourie MD CCFP

—Dave Guenther  
 —Carol Holmes MD CCFP FCFP  
 —Angela Houston  
 —Shauna McQuarrie MD CCFP  
 —Scott Naherniak PA  
 —Jim Neufeld  
 —Sheldon Permack MD CCFP  
 —Brenda Schoenborn NP  
 —Alexander Singer MBBAO BCh CCFP  
 —Tina Sorenson

#### References

1. Hall T. Time to rethink EMRs? [Letters]. *Can Fam Physician* 2015;61:223.
2. College of Family Physicians of Canada, Canadian Medical Association, Royal College of Physicians and Surgeons of Canada. *2014 National Physician Survey*. Mississauga, ON: College of Family Physicians of Canada; 2014. Available from: [www.nationalphysiciansurvey.ca/surveys/2014-survey/](http://www.nationalphysiciansurvey.ca/surveys/2014-survey/). Accessed 2015 Jun 3.
3. Toll E. The cost of technology. *JAMA* 2012;307(23):2497-8.
4. O'Malley AS, Cohen GR, Grossman JM. Electronic medical records and communication with patients and other clinicians: are we talking less? *Issue Brief Cent Stud Health Syst Change* 2010;(131):1-4.
5. Silverman H, Ho YX, Kaib S, Ellis WD, Moffitt MP, Chen Q, et al. A novel approach to supporting relationship-centered care through electronic health record ergonomic training in preclerkship medical education. *Acad Med* 2014;89(9):1230-4.
6. Schoen C, Osborn R, Squires D, Doty MM, Rasmussen P, Pierson R, et al. A survey of primary care doctors in ten countries shows progress in use of health information technology, less in other areas. *Health Aff (Millwood)* 2012;31(12):2805-16. Epub 2012 Nov 15.

#### Competing interests

All authors are compensated for their electronic medical record adoption and optimization work.

## Make your views known!

To comment on a particular article, open the article at [www.cfp.ca](http://www.cfp.ca) and click on the **Rapid Responses** link on the right-hand side of the page. Rapid Responses are usually published online within 1 to 3 days and might be selected for publication in the next print edition of the journal. To submit a letter not related to a specific article published in the journal, please e-mail [letters.editor@cfpc.ca](mailto:letters.editor@cfpc.ca).

## Faites-vous entendre!

Pour exprimer vos commentaires sur un article en particulier, ouvrez l'article à [www.cfp.ca](http://www.cfp.ca) et cliquez sur le lien **Rapid Responses** à droite de la page. Les réponses rapides sont habituellement publiées en ligne dans un délai de 1 à 3 jours et elles peuvent être choisies pour publication dans le prochain numéro imprimé de la revue. Si vous souhaitez donner une opinion qui ne concerne pas spécifiquement un article de la revue, veuillez envoyer un courriel à [letters.editor@cfpc.ca](mailto:letters.editor@cfpc.ca).