



Technology, compassionate care, and family practice

Francine Lemire MDCM CCFP FCFP CAE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

Hardly a day goes by without a reminder of the many ways technology is changing our lives. For example, 76% of Canadians have smartphones.¹ These devices dramatically alter synchronous and asynchronous communication and connect humans as never before. The explosion and availability of information is making us far less tolerant of uncertainty. We are frequently told that supercomputers will transform diagnostic imaging and dermatologic diagnosis.

Some of these advances are helpful. Who wants to wait on the telephone to speak to a customer service representative to book a flight when it can be booked online? But will automation render some (a lot) of our work obsolete?

Davenport and Kirby suggest we should reframe the threat of automation and think of the opportunity of *augmentation* brought by automation—that the question to ask is not what tasks can be performed better by machines, but rather “what new feats might people achieve if they had better thinking machines to assist them?”² Framing automation in terms of cost containment limits thinking to what we already do. Thinking of potential complementarity between human work and automation might enable us to broaden our thinking and figure out what part of our work could be “deepened rather than diminished” by the use of machines.²

Digital literacy is “the set of competencies required for full participation in a knowledge society. It includes knowledge, skills, and behaviors involving the effective use of digital devices ... for purposes of communication, expression, collaboration and advocacy.”³ Should this be included as a competency to be acquired and assessed?

Electronic medical records (EMRs) are now used by 85% of family physicians.⁴ We have access to practice data and can engage in quality improvement. Innovations in consultations with other specialists, such as eConsult and Rapid Access to Consultation Expertise, are improving access and offering ease for our patients and us as referring physicians. Telehomecare in Ontario has resulted in a decrease in hospital admissions. Recent technological advances are enabling a “more precise individualization of diagnosis, prognosis and therapy estimates” (precision medicine).⁵ Some innovations are now being scaled up and disseminated. They are all important, but several of them required considerable change management and time to implement. What might feel destabilizing at times is the speed of change brought on by technological advances.

Such innovations have big implications for care delivery in family practice. We know that making a diagnosis and discussing treatment is only one dimension of patient care. Our ongoing relationship is key in developing trust. Appreciating contextual and socioeconomic factors influences shared decision making and approaches to management. Connecting these dots demands critical thinking and the clinical judgment that comes from our training and experience. Can we create and buy in to a “high tech, high touch” environment?

In the coming months, we will dedicate energy to this. Technology and artificial intelligence are unlikely to replace health providers, but those who use such innovations might get a head start and eventually replace those who do not. In the meantime, here are a few considerations for us all.

- Does the layout of your office provide a welcoming space for patients and staff colleagues? Do your EMRs and screens provide enhanced capabilities for virtual interactions and is their location discreet enough to facilitate maximum value in face-to-face interactions?
- Can you capture and extract EMR data to guide practice improvement and, ultimately, improve care?
- Can you capitalize on technological advances to make it easier for patients and colleagues to contact you?
- Are you as patient-focused as you can be? Do you ask your patients and staff regularly what matters the most to them and find ways to meet their high-priority needs?
- Do you need to review your competency requirements (depth) in certain areas?
- Should there be “caring and compassion indicators” for organizations, professional standard-setting colleges, and practices to measure ourselves against?

The public expects accessible, personalized, preventive, augmented, and compassionate care. Family practice is well positioned to deliver on these expectations. 🌱

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