

Personal view

BC health tech

I am writing in response to Dr Jack Burak's excellent article from April 2005 entitled, "BC's technologically challenged health care system" (*BCMJ* 2005; 47[3]: 128). His points are well taken and I could not be more in agreement.

I spent 6 months working in the far north of New Zealand in the winter of 2001. I rotated about small rural Maori communities doing locum work, and upward of 80% of the offices were fully electronic at that time. In the fall of 2002 after 10 years of locum work, I set up my own practice in Penticton, going fully electronic. Suffice to say that it has been quite a ride. Dr Burak's point about cost of the system, though, has been my least concerning challenge. At the outset, Wolf Medical Systems, the software vendor, assured me that the cost benefit analysis showed that for saving 15 minutes daily in efficiency, I would have the system pay for itself in a very short period of time. I believe this has come to prove itself true. However, I feel that the following few issues are continued barriers to more widespread implementation of EMR systems.

As a physician who does a fairly large volume of addiction medicine, I prescribe enough methadone to use up one triplicate (now duplicate) pad weekly at times. Since opening my practice 32 months ago, I have filled a large legal-size file drawer with used pads. The problem is that I also have my very precise electronic copies of all of these prescriptions filed and backed up on each patient on my server (behind a costly hardware firewall). Why do we have to keep using these duplicate forms these days with electronic records and the PharmaNet system rendering them obsolete? The only purpose that they serve me is to fill one drawer in my office, and another at the pharmacy's office. The time that I have invested in filling out all of these forms makes me shudder every week when I pull open that drawer and toss another completed pad into it for the mandatory 7 years. I have had numerous discussions with the College of Physicians and Surgeons about obtaining an exemption from using these duplicate forms, but have been told that this is not possible.

Another beast for us is the seemingly very outdated MediTech software system that the Interior Health Authority is continuing to pour millions of dollars into. It is very difficult to work with, generates absolute mountains of unnecessary paper, and is seemingly incapable of providing us with electronic transfer of information. Consequently, every day my staff spends up to one hour scanning and linking all of the hospital-generated paperwork into the system. Then I have to do a final review, labelling, and linking of these files.

My last big beef is with fax machines. Once a person becomes used to the efficiencies of electronic systems, fax machines become a prickly thorn in your side. The confidentiality factor is abhorrent, as a single digit entry error could send whatever document you are transferring to anyone in the world. Many offices have cheap, inefficient systems that are consequently difficult to send to, and some physicians still share a fax and phone line as one. The result of these shortcomings is that you are often forced in your paperless electronic office to receive a piece of paper, scan it, shred it, create a document from it, print it out, and then deliver it by snail mail or hand. I find e-mail to be a vastly superior form of information transfer, and I believe that the sooner we come to terms with this, the better our patients and we will be served.

On the positive side, I very much enjoy my electronic system, and my patients appear to as well. I believe it considerably lessens the stresses of day-to-day practice for me, and is helping my earning power at the same time. The latest versions of medical voice recognition software systems are so slick that typing issues are no longer a barrier to data entry. I would recommend an electronic office system to any of you considering one, and if the government considers following Alberta's lead in helping out financially, I sure hope they will not leave out those of us doing all of the pioneering at our own expense.

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