



**Society of General Practitioners of BC**  
**ISSUES AND IDEAS BULLETIN**  
**SGP – Responding to what matters to BC’s GPs**  
**FEBRUARY 2008**

SGP’s Future of General Practice Committee wants to open a dialogue with BC’s GP’s about PITO. E-Health is here and will play an important part in the future of General Practice.

We will be disseminating a more detailed discussion paper to GP’s in the next several weeks, and hope that anyone interested in making the move to EMR, or applying for PITO Early Adopter funding will read this information.

PITO is part of an ambitious and possibly unprecedented plan to simultaneously implement physician electronic medical records (EMR), and a province-wide electronic health record (EHR). An EMR is an office based e-record, while an EHR is where patient information would reside for sharing with others.

Because family doctors are primarily responsible for the longitudinal patient record, this plan is of critical importance to GP’s and our patients. We have a key role as stewards of our patient’s data and it is important to understand the broader implications of the PITO plan.

Information technology has much to offer GPs. It has enormous potential to improve patient care and practice efficiency. However, there are some unique and/or important features of the PITO EMR plan of which GPs should be informed

Some issues that will be considered in the discussion paper are:

**1. All PITO EMR systems must automatically upload a Core Data Set (CDS) of patient information to be shared with other “health care providers” and the government**

**(anonymously).** There are many privacy and other issues to consider that have not yet been resolved. The content of the Core Data Set, and which diagnoses are “pushed” out of a GP’s office to an EHR, and patient choice in these matters, all have significant long-term implications for patients and providers. We understand that dialogue between the Ministry, BCMA and College of Physicians of Surgeons is taking place to address these issues.

**2. PITO, in its attempt to combine EHR and EMR, is a very large-scale IT implementation that is unprecedented and untested.**

It is useful to look at the experience of other jurisdictions with EHR. A very costly 12 billion pound attempt to create a nation-wide EHR in Britain has been met by some concern and opposition from GPs and their patients. There is no doubt that there is enormous potential benefit to sharing of a subset of patient information, but the risk/ benefit ratio for e-dissemination of different kinds of medical data must be carefully weighed.

**3. There is, as yet, no clearly defined transparent and accountable oversight of the proposed EHR.**

A permanent committee was recommended in the 2004 BCMA Policy Paper “Getting IT Right” and also by the College of Physicians and Surgeons.

**4. All PITO EMR systems must have MOH Chronic Disease Toolkit compatibility.** If the EMR has the capability to create e-flow sheets and reports, why should this patient data be uploaded to the Government’s CDM Toolkit database? There are other significant potential concerns about the CDM Toolkit that will be the subject of a future FOGP Committee paper.

**5. All PITO EMRs must use the "ASP" (remote server) model of access.** This relies on a secure high-speed internet connection to access patient records so any slowness, line breakage or other problem with the connection can severely disable a physician's practice. There are potential advantages and disadvantages to the ASP model that should be understood.

**6. The choice of PITO software vendors is limited to six.** There are many more than 6 software vendors who sell and support BC EMR systems. These include alternatives such as free open source and co-operative software.

**7. PITO may already be under-funded and funding beyond 2012 is to be negotiated at the same table as physician fees.** There is a risk that percentage of costs paid by PITO will decline without a significant future increase. Perhaps PITO funding and fees should be negotiated separately in future.

**8. All PITO EMR vendors have a contract with the government that may result in greatly increased software costs.** These vendors have agreed to implement 18 or more new features in their software over the next six years, some of which physicians may not want, but for which they will likely have to pay. The 70% PITO pays to support an EMR may cost more than anticipated.

It is important for everyone to understand these issues and it is likely that different things will work better for different people. As PITO Co-Chair Mike Golbey recently pointed out in BCMJ *"The program is entirely voluntary . . . There is no need for anyone to change from their current EMR to a PITO-funded EMR if they are happy with what they have and it works well for them. This would apply to both the various open-source programs available as well as commercial products that did not qualify for funding."* For more information on PITO, visit the PITO web site at [www.pito.bc.ca](http://www.pito.bc.ca).

At the end of the day on the e-frontier, enthusiasm for change and caution about how it is implemented, are probably equally warranted.

**SGP's Future of General Practice Committee wants to hear from you.**

Your thoughts and concerns are important to us as we develop a detailed PITO discussion paper for release in the next several weeks. Please e-mail comments to the SGP at [sgp.feedback@bcma.bc.ca](mailto:sgp.feedback@bcma.bc.ca).