

# What Family Doctors Need from Digital Healthcare

The last two decades have witnessed a significant transformation in digitally enabled healthcare in BC. As family physicians, you've been in the hot seat for this bumpy ride. From electronic medical records to virtual care, you've seen the good, the bad and the ugly when it comes to digital health (and the lack thereof). That's why BC Family Doctors convened a panel of digital health thought leaders as part of our Issues Forum on February 10, 2024. They spoke about the role digital health can play in transforming primary care and the larger healthcare landscape.

Our panel, moderated by BC Family Doctors' President, Dr. Tahmeena Ali, brought together:

- Dr. Oona Hayes, family doctor and Medical Director, Health Data Coalition
- Dawn Lake, Director, Digital Health & Privacy Officer, Doctors of BC
- Dr. Birinder Narang, family doctor, a Global BC/CKNW medical contributor and Co-Chair, Digital Referrals & Orders Steering Committee, Doctors of BC
- Dr. Daniel Raff, family doctor and data scientist, advising research teams including Hatching Health and Babylon Health AI Research Team

## What you told us

The panel was inspired by your feedback in the BC Family Doctors member survey conducted in fall 2023. You told us that digital health integration, for all its promise, has been rough. You struggle with EMR platforms that lack interoperability, have complicated workflows, and fail to live up to their potential. Instead of optimizing your clinic, they've slowed you down, challenged you and your staff technically, and posed security issues—all while costing you money for licensing fees and tech support.

Given the challenges, our panel was about finding out what family physicians want and need from the digital health revolution. We wanted to know: What things have we gotten right with digital health? What things have we gotten wrong? And what's missing?

**“DIGITAL HEALTH IS A TOOL THAT FAMILY PHYSICIANS WANT TO SOLVE PROBLEMS”**

**“MANY VENDORS HAVE INCREASED RATES AND LICENSING FEES. IT NEEDS TO BE FUNDED—YOU SHOULD NOT HAVE TO PAY FOR THAT.”**

## Digital Health = pain + potential

Our panelists talked about the positive advancements being made in digital health. The COVID-19 pandemic demonstrated the healthcare system's ability to mobilize quickly. We were nimble with virtual care, vaccine booking, and digital ID verification. While we lag behind other provinces and countries when it comes to e-prescribing and digital referrals, there is tremendous potential if we can break down the silos that leave our systems and physicians disconnected.

We heard that BC is contending with the classic challenges of early adoption, not surprising as we were one of the first provinces to embrace EMRs. It's about what we are lacking as much as what we have: no interoperability, minimal tech support, and absolutely no

systems integration. And our healthcare system still relies on fax machines! While the potential of EMRs was exciting, our panelists talked about how they are not relieving you of your administrative burdens. In fact, your documentation burden seems to be higher than ever.

The panelists talked about the numerous for-profit EMR vendors jostling for market share in BC. Issues Forum participants commented on feeling trapped by EMR rate increases, alongside so many other rising costs of doing business.

## Reimagining the system

We asked panelists what it would be like to start from scratch. Several suggestions rose to the top from panelists and participants alike:

- A **stronger strategy and vision** for the future of digital health. It's time BC becomes more intentional, asking the right questions and figuring out who needs to be involved in the solutions.
- **Enforced standards** to hold EMR vendors accountable for supplying and maintaining viable, interoperable products. Ideally, standards should be developed federally, with buy-in from all provinces. The Canadian Medical Association has an opportunity to advocate for physicians by pushing for federal regulations, using international examples such as the American Cures Act as a roadmap toward interoperability. Our provincial physician associations could bring standards to the fore by using negotiated agreements and Joint Collaborative Committee programs.
- **Establish a quality ecosystem**, with digital tools evaluated in terms of their ability to advance the quintuple aim, improve the physician and patient experience, and evaluate patient-level and practice-level data.
- An **inclusive, equitable approach** ensuring all parties impacted by digital tools have a voice, including patient access to digital tools and infrastructure. Most importantly, we need you—family physicians—to participate in the solution.
- **Funding for digital health tools** - it's time to take the financial burden off family physicians.
- **Safeguards for data management and privacy**, managing the corporatization of data, ensuring physicians and patients maintain control of their data and how it's used, and requiring accountability.
- **Break down silos** between multiple players in the healthcare system, including private entities, nonprofit organizations, health authorities, and government. Only a collective effort can bring us to a solution.

**“IN BC, EVERY EMR LIKES DATA IN A DIFFERENT WAY. HOW DO WE ENFORCE EMRS TO ADAPT?”**

**“OUR FLAW AS FAMILY PHYSICIANS IS THAT WE DON'T KNOW WHAT WE NEED TO BE INVOLVED IN.”**

**“WE NEED FAMILY PHYSICIANS ENGAGED IN FINDING PROBLEMS TO TACKLE.”**

## Your priorities

- The panel talked about what they believe family physicians need from digital health systems.
- **Frictionless interoperability.** You want data when you need it, without hassle. You want visibility into all your patient touchpoints, including prescriptions, labs, and hospital visits—without endless clicking and filtering.
- **Seamless communication.** If Amazon can deliver you a package the next day and get it (mostly) right, there's no reason you should wait two months for a referral, only to realize it's been lost in the process. You want quick and responsive communication from labs, hospitals, consultants, and pharmacists.
- **Problem solvers.** You told us you want digital health to solve problems, not create them. Digital health tools should reduce your administrative burden, so you can be proactive about managing your patients and your practice. You want to spend time with patients, improve your ability to deliver care, and manage your panel. For this to happen, you need digital tools that work.

**“WE ARE NOT DIGITAL TECHNOLOGISTS. WE WANT TOOLS THAT ALLOW US TO PRACTICE THE ART OF MEDICINE. WE WANT YOU TO FEEL JOY IN THE WORK.”**

## Core principles for moving forward

Panelists talked about the fundamental principles that will move us toward a more coordinated digital health ecosystem:

- **Do no harm:** Prioritize patients and quality of care.
- **Patient-centred data:** Advocate for patients' ownership of their health information. Leverage data to monitor and evaluate patient outcomes.
- **Inclusion:** Focus on equity, inclusion, and democratization of data. Design digital tools to address gaps in access.
- **Agility:** We've proven we can move quickly when we need to. Let's be nimble and build a system that works.

## Summary

In the last two decades, family physicians have navigated a tumultuous shift toward digitally enabled healthcare. You've experienced firsthand the triumphs and trials of electronic medical records, virtual care, digital prescribing, and more. These considerable advances into the digital space have, unfortunately, not alleviated your administrative burden. You've been caught in a system that isn't ready for prime time. You've told us loud and clear that it's time to find a solution so you can focus on patient care.

The challenges ahead are numerous - and so are the benefits of getting digital health right. With a robust digital strategy, enforceable standards for digital interoperability, financial support to family physicians to implement digital tools, and an equity lens, we can reimagine the digital healthcare system for physicians and the patients you serve.