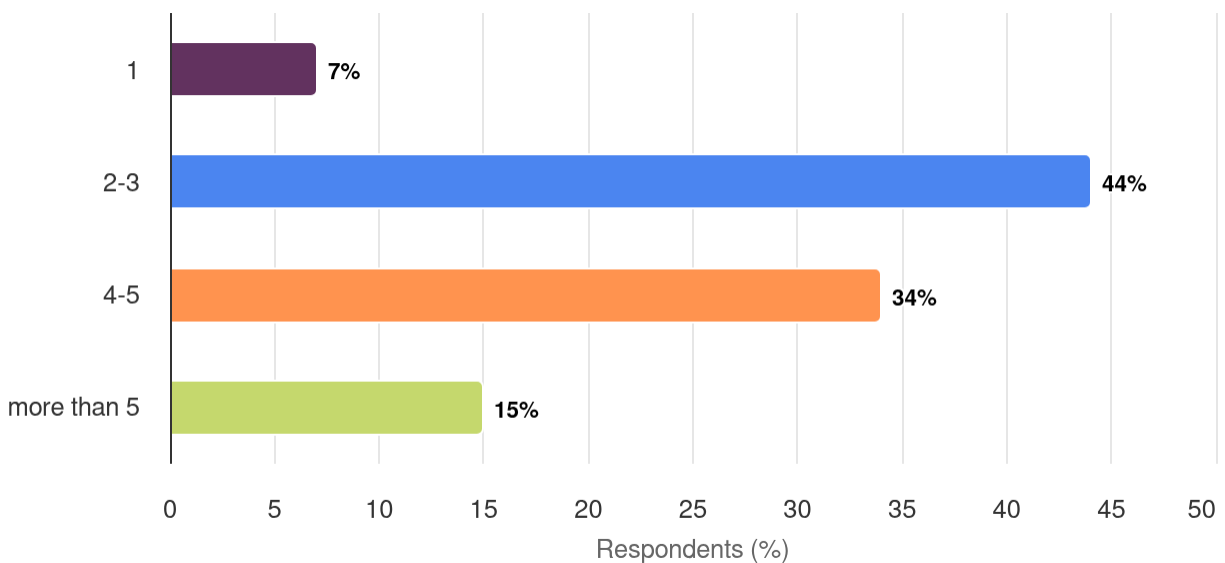


Fragmented Systems, Fragmented Care

During [2026 Red Tape Awareness Week](#), the BC College of Family Physicians and BC Family Doctors shared the *Fragmented Systems, Fragmented Care* campaign. The goal of this campaign is to create awareness about administrative burden that family physicians in BC face daily because of disconnected digital systems. This creates a ripple effect in quality of care for patients and communities across the province.

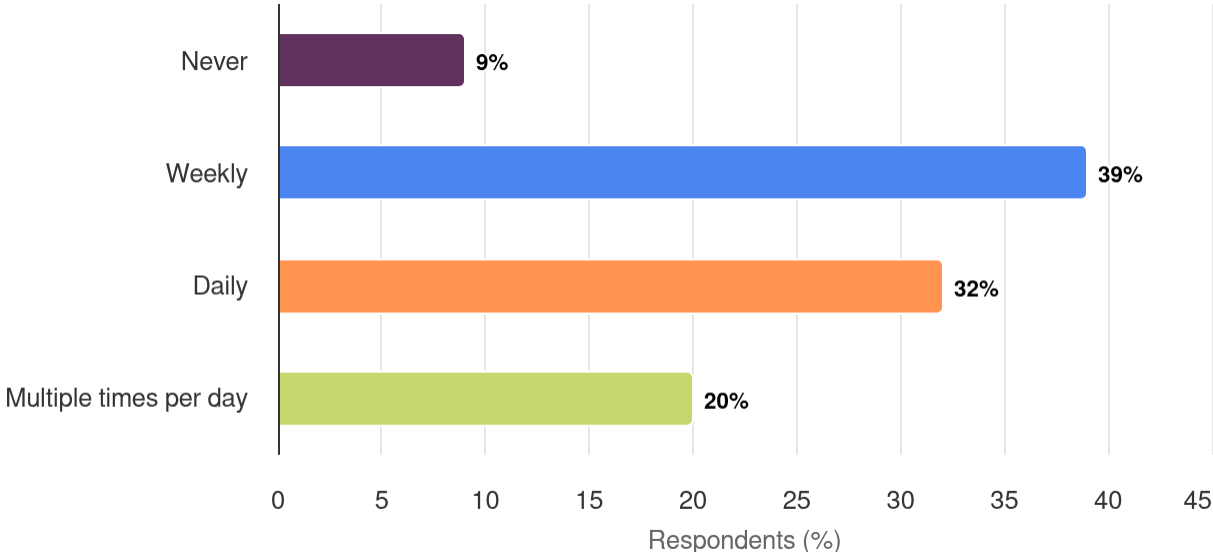
Together, we launched a short survey to hear from family physicians about how their experience with digital red tape impacts their practice. We heard from 161 family physicians across BC, here are the results.

How many different digital systems are you routinely using to manage patient care?



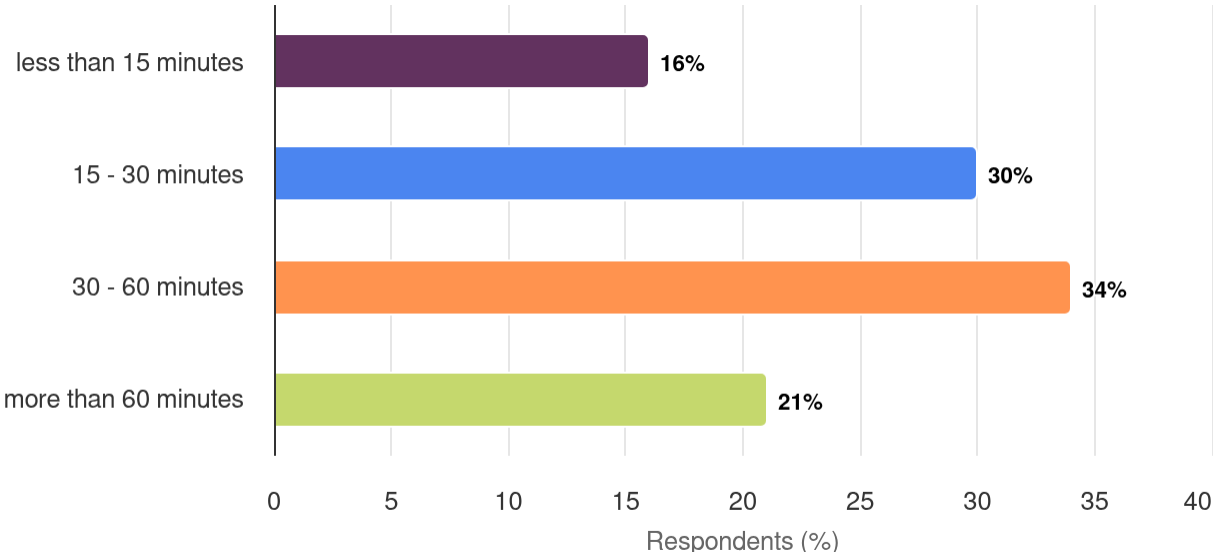
Over 1/3 of participants are routinely using 4-5 systems to manage patient care. This results in physicians having to spend time tracking down relevant patient information across multiple systems to ensure appropriate patient care.

How often are you having to duplicate patient information into multiple different systems to ensure appropriate patient care?



System inefficiencies force family physicians to shoulder the burden of having to duplicate patient information to ensure appropriate patient care. 39% of family physicians duplicate information into multiple systems on a weekly basis. This time could be spent on actual patient care.

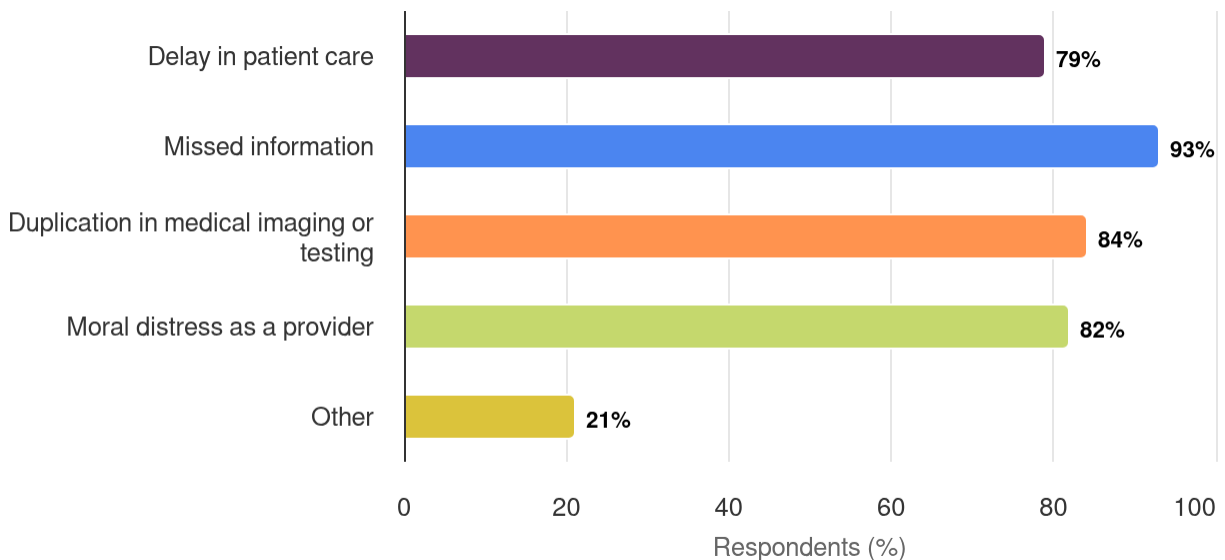
In your estimation, how much time per day is spent addressing issues related to poor EMR interoperability?



Over half of family physicians reported spending more than 30 minutes per day dealing with issues related to poor EMR interoperability. The average visit length with a family physician is 20 minutes ([most](#)

[family physicians spend 12 – 25 minutes](#)), the time lost due to system inefficiencies results in loss of access to care for patients.

In your experience, which of the following have been a consequence of fragmented digital infrastructure?



Key themes in when participants selected “other” include:

- Increased administrative burden
- Diminished trust, erosion of doctor-patient relationship
- Increased operational costs

We asked participants to share additional thoughts about how fragmented digital systems impact their practice as family physicians. Key themes that emerged include:

- An urgent need for EMR standardization
- Lack of care coordination between care provided in a hospital vs. community setting
- Significant time spent on systems navigation that could be spent on patient care
- Concern for patient safety and care quality
- Major source of provider burnout and impact felt in career decisions for family physicians
- Heavy reliance on fax machines, need for technology to be modernized through interoperability standards and modern tools

What we heard:

- “It greatly reduces the number of patients that can be seen, and timely access to care”
- “It is just inconceivable that our healthcare digital system remains so out of date in 2026.”
- “It’s hard to quantify just how many times this has negatively impacted practice/patient care. It’s getting better but at such a slow pace. Needs to be a priority as it will pay for itself easily.”

- “Multiple and fragmented medical record systems is one of the largest sources of inefficiency on our health system which likely reduces work efficiency by easily 20% or more of total work hours.”
- “No unified EMR means never being sure I have the full patient picture in front of me.”

Conclusion:

Family physicians face significant administrative burden and digital red tape, which is time that could be spent on providing patient care. EMR interoperability and modernization of digital systems to reduce inefficiencies would have significant direct impact in primary care delivered by family physicians in BC.

