



Electronic Health Records in British Columbia

From Adoption to Clinical Interoperability

Outline
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Question: Is it possible for BC physicians to use recently adopted EHR technologies to successfully exchange data with others in the health information system? If not, upon understanding where the issue(s) lies, potential improvements will be discussed.

1. Importance of the Issue

- a. Evolution of EMR and EHR technology
- b. Benefits of EHRs
- c. Emerging problem of clinical interoperability

2. Emerging Explanations

- a. Ineffective policy programs and incentives
 - i. Focus on specifics of technology
 - ii. Failure to accommodate disruptiveness
 - iii. Unrealistic time frames and lack of clinical support
- b. Fragmentation of health-care system
 - i. Utilization at the discretion of physicians
 - ii. Physicians remain in technology gap
 - iii. Lack of communication among physicians
- c. Complexity of the technology
 - i. Time required to learn system is too great
 - ii. No data standardization
 - iii. Multiple vendors technologies exist

3. Case Studies

- a. Examples of successful EHR integration
 - i. Norway
 - National data standards and procedures
 - Small-scale ICT projects
 - ii. New Zealand
 - Government role in ICT leadership
 - Collaboration between vendors, medical professionals

Try to line up
w/ 2 & 3.

4. Evaluation and Policy prescriptions

- a. Improving the usefulness of the technology
 - i. Create data and procedural standards
 - ii. Improve ease of use or provide clinical support
- b. Increase communication
 - i. Build knowledge networks of physicians
 - ii. Initiate collaboration among vendors
 - iii. Enhance coordination between vendors, physicians and the government
- c. Expand the role of government
 - i. Leadership role of national government
 - ii. Reforming information/financial policy incentives for physicians

5. Conclusion

- a. Limits of scope
- b. Future implications