

CANADIAN Healthcare Technology

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ASP solution offers the ability to access the EMR anywhere, anytime

The application service provider (ASP) model, successfully adopted in industries ranging from transportation to payroll administration, is now emerging as an option for doctors implementing electronic medical records (EMRs). An ASP makes EMR (and PM—practice management) software available as a service: Rather than purchase software and hardware and maintain it locally, physicians subscribe to it on a pay-by-month basis, receiving it through a secure intranet. The software vendor looks after medical and billing compliance, upgrades, training, and technical support.

Health ministries across Canada, in varying stages of EMR transition, have begun to provide physicians with lists of vendors approved under provincial transition-support programs. British Columbia, for example, now in the process of vendor selection, plans to approve six ASPs—no local solutions. Ontario, on the other hand, is offering a mix: OntarioMD has approved 16 vendors, one of which is an ASP—xwave's Clinical Management System (CMS). Developed in partnership with GE Healthcare, the CMS has customized, for Ontario physicians, GE's Centricity Practice EMR and PM software. Centricity EMR is used by approximately 11,000 physicians in the U.S.

Since its launch in October 2005, the CMS has been adopted by approximately 120 Ontario physicians. One of them is Dr. Richard Tytus, a general practitioner in Hamilton and Assistant Clinical Professor at McMaster University. He's been using an EMR for about 10 years, and migrated to the CMS in August 2006.

"There are three physicians in the office here," he says, "and we all use it to varying degrees, according to our IT comfort levels. One of the partners

likened it to an onion: You can choose to peel away as many or as few layers as you want." Dr. Tytus's previous EMR offered little flexibility around individual user and practice needs. With Centricity, however, he can adjust features such as the patient's chart summary, and preventive care codes—the EMR can be configured to maximize them.

Dr. Tytus also likes the solution's diagnostic support—for example, patient-specific protocol reminders that tell him when a tetanus shot is due or a mammogram should be booked. The tight software integration is another advantage—the fact that when a patient encounter is documented, the doctor can simultane-

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ously generate all necessary paperwork around prescriptions, labs and X-rays, referrals, and billing.

"And my secretary finds the system a great time-saver," he says. "She's always disliked filing; now she has no more filing, and no more lost files." On the subject of files he adds, "Space is at a premium in medical offices. Now we're able to allocate chart space to other uses."

These are among the factors that prompted Tytus to select xwave's CMS.

Equally compelling for him was the ASP delivery model. "I used to stay an average of one to two hours longer every night to do charting," he says. "Now I walk out with my last patient. Because not only can I do charting electronically during patient exams, but—the solution being an ASP—I can also do it at home."

"Being able to access patient information outside your office is huge," adds Dr. Tytus. "I was able to review patient charts while on a medical conference recently in Bermuda. That kind of connectivity is a powerful enabler."

Moreover, through features such as document scanning, he can, regardless of location, review information such as consult notes and hospital reports and route them to the appropriate healthcare provider. "So if I'm away from the office, I can come back to a clean desk—another advantage of the ASP."

Hence his own efforts developing an ASP solution called the Passport to Health. It's a pharmacy solution aimed at increasing the involvement of community pharmacists—"an untapped resource"—in healthcare delivery. A former pharmacist himself, Dr. Tytus offers some related statistics. Twenty-five percent of hospitalized Canadians over 50 are admitted because of drug misadventures. When doctors write prescriptions, they assume patients are compliant and take their medication.

In reality, however, the compliancy rate drops on average to about 50 percent a year after the medication is prescribed. And in fact, for some disease-states such as high cholesterol, only 70 percent of prescriptions are filled.

"Doctors often don't know the prescriptions aren't filled," he says, "yet, they are basing subsequent diagnosis and treatment on the fact that the medication is being taken."

Currently being piloted in the Hamilton region, the Passport to Health seeks to give pharmacists controlled access to patient information and render them, in the words of Richard Tytus, "the gatekeeper of the medication profile", enabling them to monitor patients, particularly those with chronic illnesses.