

Commentary: The Grass is Covered in Snow

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Although Canada's socialized, one payer healthcare system is sharply different from its managed-care counterpart in the United States, physicians and patients largely experience similar problems in their day-to-day interactions with each other. In public survey after survey, Canadians state that healthcare is the number one public issue on their agenda. To that end, the Canadian government has earmarked over \$500 million for electronic and internet-based programs which increase access to healthcare and the quality of healthcare service delivery. The public is ready, but are physicians?

In a national study of approximately 450 Canadian physicians completed in August-September 2000, it was determined that the participating physicians used the Internet to:

- gather information about drugs – 73%
- look up treatment protocols – 61%
- consult with colleagues – 42%

Regarding where Canadian physicians use the Internet:

- 57% report having online access both at work and at home
- 35% have access exclusively at home
- 6% say they only have access at work.

Specialists (66%) were more likely than family doctors (46%) to have Internet access at both home and work.

When it comes to issues of practice management and communicating with patients, Canadian and American physicians are very different from each other. In fact, only 16% of Canadian physicians claimed to want to use the Internet to write on-line prescriptions, and 55% clearly stated they did not want to use the Internet for this purpose. Similarly, 15% of Canadian MD's expressed an interest in sending e-mail to patients, whereas 49% firmly expressed a lack of desire to do so. In areas that have been more readily accepted for computerization by Canadian physicians – namely billing services – 39% report they have little or no interest in filing billing information online compared to 31% who report they would be very or extremely interested in such a service. Approximately 19% of respondents say they currently use the Internet to file billing information.

An area of great potential interest to patients is the ability to use the Internet to participate in clinical trials. This would

involve sending targeted patients, who have a certain disease or profile, an invitation to participate in a trial that may ultimately benefit patients just like themselves. Only 34% of responding physicians said they have a great interest in this service while 24% report little to no interest.

Is money the ultimate motivator in getting Canadian physicians to use the Internet? Apparently not. When asked: "If provincial governments covered the service, would you provide consults by e-mail?" Forty percent of doctors still said they would not, while 45% said they would. In fact, a full 46% of all respondents felt that Internet use would decrease their incomes while only 5% felt that medical Internet use could increase their incomes.

Despite the fact that the United States has developed a model of managed care, with the stated goals of improving quality of care and decreasing costs, it still spends a far greater proportion of its GDP on healthcare than its Canadian neighbours to the north. (In 1998, US portion of GDP for healthcare was 14.0% while in Canada it was 9.3%; OECD 2000). US physicians have greater access to computers in their workplace and to these Internet-based tools. One must question whether Canadian physicians have been slower to embrace these tools because, even in the absence of "managed care," they are already better managed, and the needs are less pressing. Or perhaps their attitude is a result of negative attitudes which prevail and prevent wider spread usage. The challenge remains to align all of the constituencies around a secure, efficient, economical internet-based healthcare strategy for the common good. **Q**

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