

The Commonwealth Fund Survey of Primary Care Physicians Reveals Challenges Experienced by Family Doctors and Emphasizes the Need for Interoperability of Health Information Technologies

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Abstract

Electronic health information that is easily accessible and shareable among healthcare providers and their patients can provide substantial improvements in Canada's primary care system and population health outcomes. The Commonwealth Fund's (CMWF's) 2022 International Health Policy Survey of Primary Care Physicians (CIHI 2023) highlights the views and experiences of primary care doctors in 10 developed countries, including Canada. The survey covered various topics related to physician workload, the use of information technology and coordination of care. While the COVID-19 pandemic contributed to an increased physician workload that may have impacted the ability to efficiently coordinate care with other healthcare providers, Canadian family doctors did close the gap with other countries as 93% of family doctors are now using electronic medical records (EMRs) in their practices. The CMWF's 2022 survey revealed challenges faced by Canadian family doctors in their practices. However, international comparisons provide opportunities to learn from other countries and build on the implementation of EMRs as part of Canada's shared health priorities.

Introduction

Primary care physicians are most often the first point of contact between patients and the healthcare system. As such, they play a critical role in managing and coordinating care for their patients, providing preventive care and maintaining population health. While virtual care has risen exponentially since the COVID-19 pandemic, the pandemic has also revealed a fragmented and inefficient system that is straining both physician workload and emergency department wait times (Varner 2023). Increased and effective use of health information technology is critical to the improvement of the productivity and the efficiency of the healthcare system and, subsequently, population health outcomes (Dzenowagis 2018; Kruse and Beane 2018; Kruse et al. 2018).

The Commonwealth Fund's (CMWF's) 2022 International Health Policy Survey of Primary Care Physicians focuses on the experiences of family doctors in 10 developed countries, including Canada (CIHI 2023). This survey provides international comparisons across areas, including physicians' workload, access to care, coordination of care and use of information technologies.

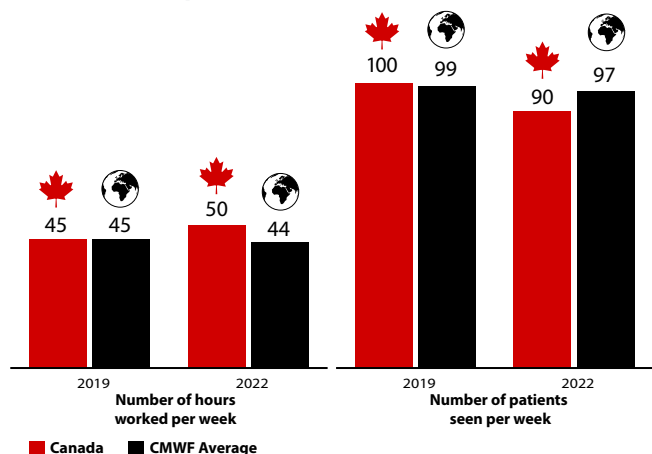
The pandemic impacted primary care physicians' workload across all countries surveyed

Findings from the survey showed that 77% of Canadian physicians – and an average of 76% of physicians among all other countries surveyed – reported an increased workload compared with before the pandemic. Canadian family doctors were now working more hours and seeing fewer patients, contrary to the relatively stable proportions found internationally (see Figure 1). At the same time, 74% of Canadian physicians felt that the quality of care patients receive throughout the healthcare system had worsened since March 2020, which is significantly higher than the international average of 63%.

Improved use of health information technology allows for better healthcare productivity, administrative efficiencies and coordination of care

A survey by the Ontario College of Family Physicians revealed that 94% of primary care physicians are overwhelmed with administrative work and are spending 19 hours a week on administrative work, which they identify as mostly unpaid and unnecessary (OCFP 2023). An analysis by the Canadian Federation of Independent Business found that across Canada, physicians are spending 48.8 million hours each year on administrative tasks (CFIB 2023). Physicians in Nova Scotia report that 14% of administrative work could be eliminated, allowing the equivalent of 191,000 physician hours to be reallocated to 637,000 patient visits (Office of Regulatory

FIGURE 1. Canadian primary care physicians are now working more hours and seeing less patients than in 2019, unlike other countries surveyed



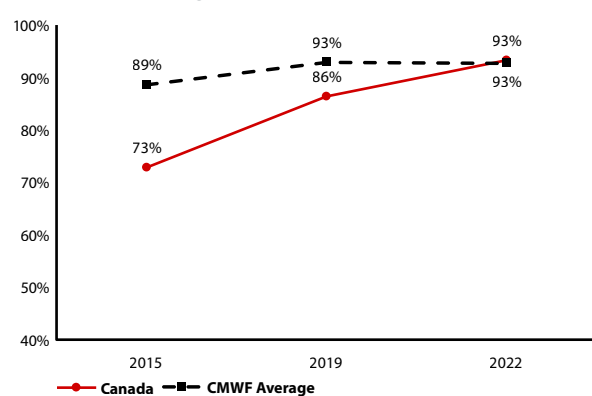
CMWF = Commonwealth Fund.

Affairs and Service Effectiveness 2020). Implementing health information technologies can be used to leverage some positive changes.

Electronic medical records (EMRs) provide patient information, medical history, test results and treatment plans in digital form and have been shown to improve productivity and efficiency. Further benefits include better preventive care, cultivating coordinated and patient-centred care and enhanced patient and population health outcomes (Kruse et al. 2018). Major improvements have been seen, with 93% of Canadian primary care physicians reporting the use of EMRs in their practice, a significant increase from the pre-pandemic era (73% in 2015; 86% in 2019) and now the same as the CMWF average. Approximately 76% of primary care practices have access to regional, territorial and provincial information systems (see Figure 2).

Electronic exchange of information with other healthcare providers in Canada has improved since before the pandemic. Still, compared with physicians in all countries surveyed, fewer Canadian physicians can electronically exchange patient clinical summaries with other healthcare providers (38% in Canada and an average of 67% across CMWF countries). Furthermore, although 89% of primary care physicians send patient information to specialists, only about half receive information back on changes made to the patient care plans and medication and less than 20% receive a report with the results of the specialist visit within a week of the visit. Better access to health data and medical records within integrated health data systems can enable better care coordination among primary care doctors and other healthcare providers (see Figure 3).

FIGURE 2. Primary care physician practices that reported using EMRs, excluding billing systems, have increased to meet the CMWF average



The 2022 results were found to be significantly different from the 2019 and 2015 results. The CMWF average was calculated by adding results from the 10 countries and dividing it by the number of countries. CMWF = Commonwealth Fund; EMR = electronic medical record.

While the recently published results from the CMWF survey show that nearly all primary care physicians use EMRs, we are still on the path to recognizing the full benefits of health information technologies. Barriers to the successful use of EMRs may include the lack of interoperability between different electronic health record systems and a lack of financial resources required to implement these systems (Affleck 2019; Kruse et al. 2018).

Conclusion

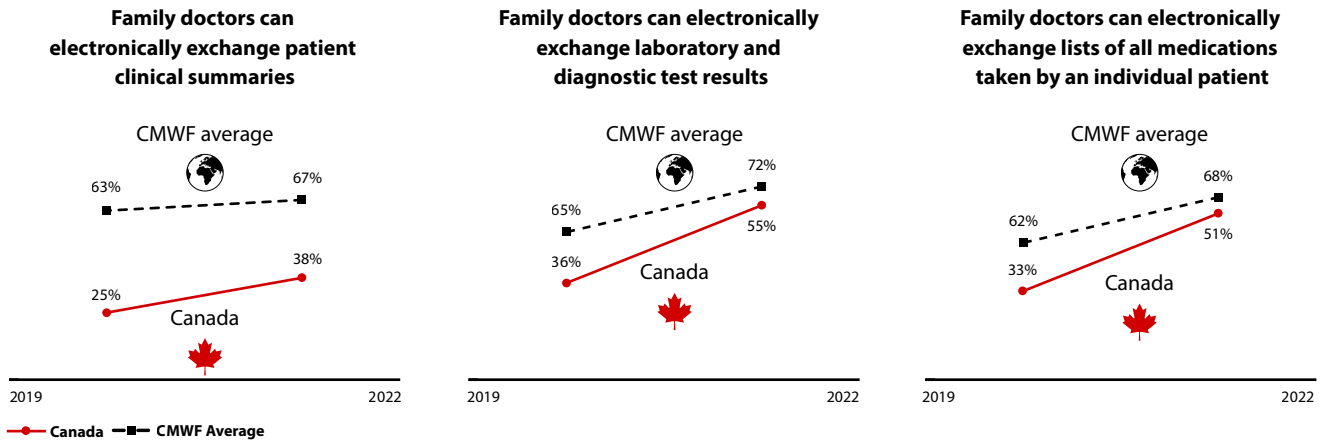
Currently, Canada largely remains a patchwork of different electronic health record systems, inhibiting interoperability. But it can be done. In the Northwest Territories, an integrated health information system has successfully unified primary healthcare physicians with specialists and other healthcare service providers (Webster 2017). Internationally, Estonia is seen as the world leader in establishing a single countrywide system, amalgamating data from various providers on different systems into a centralized portal for both providers and patients to access (MacLeod 2023).

While some of the successes in the implementation of integrated EMR systems have been found in relatively small jurisdictions, the CMWF's 2022 survey has allowed us to see how Canada is progressing in the use of health information technology relative to other developed countries. Its international findings have painted a picture of what can be done and what is being done compared with similar countries.

Building on the current EMR uptake by implementing patient-centric, integrated and standardized health data systems and digital tools, information sharing within and

FIGURE 3.

Proportion of primary care physicians who can electronically exchange the following with any doctor outside their practice



CMWF = Commonwealth Fund.

between different care settings can be ensured. Elimination of redundancy in administrative work can reduce physician

workload and save time that can otherwise be used to improve access to and quality of primary healthcare for Canadians. **HQ**

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