

Family Medicine and its role in Bio-medical Informatics

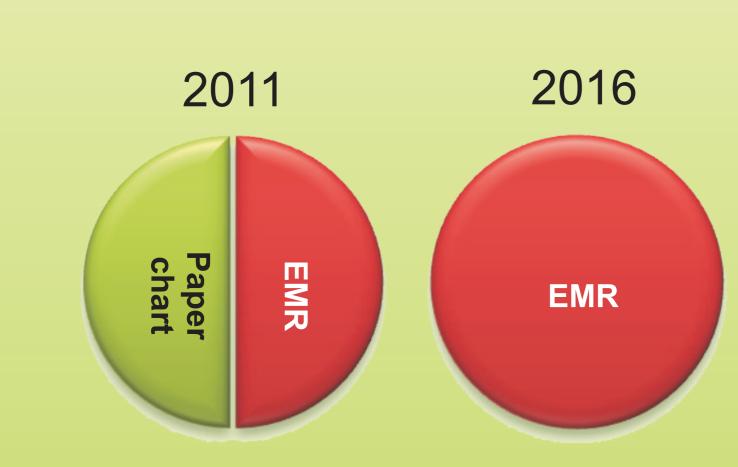
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An Electronic Medical Record (EHR) should be more than electronic paper

Increasing Importance

Must do more than merely capture a narrative on a computer as a



Canadian Government Goals

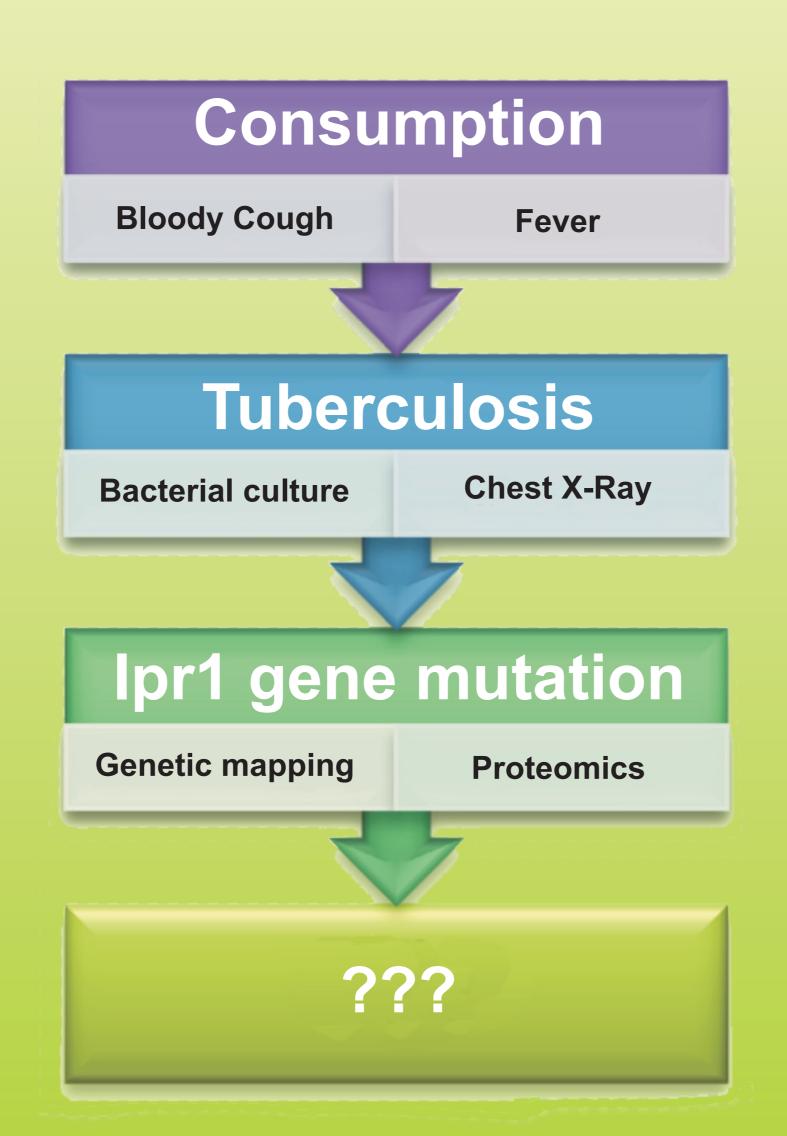
The practice of medicine involves the organized capture, processing and display of information.

Medical Informatics is a science whose understanding is necessary for a successful EMR implementation.

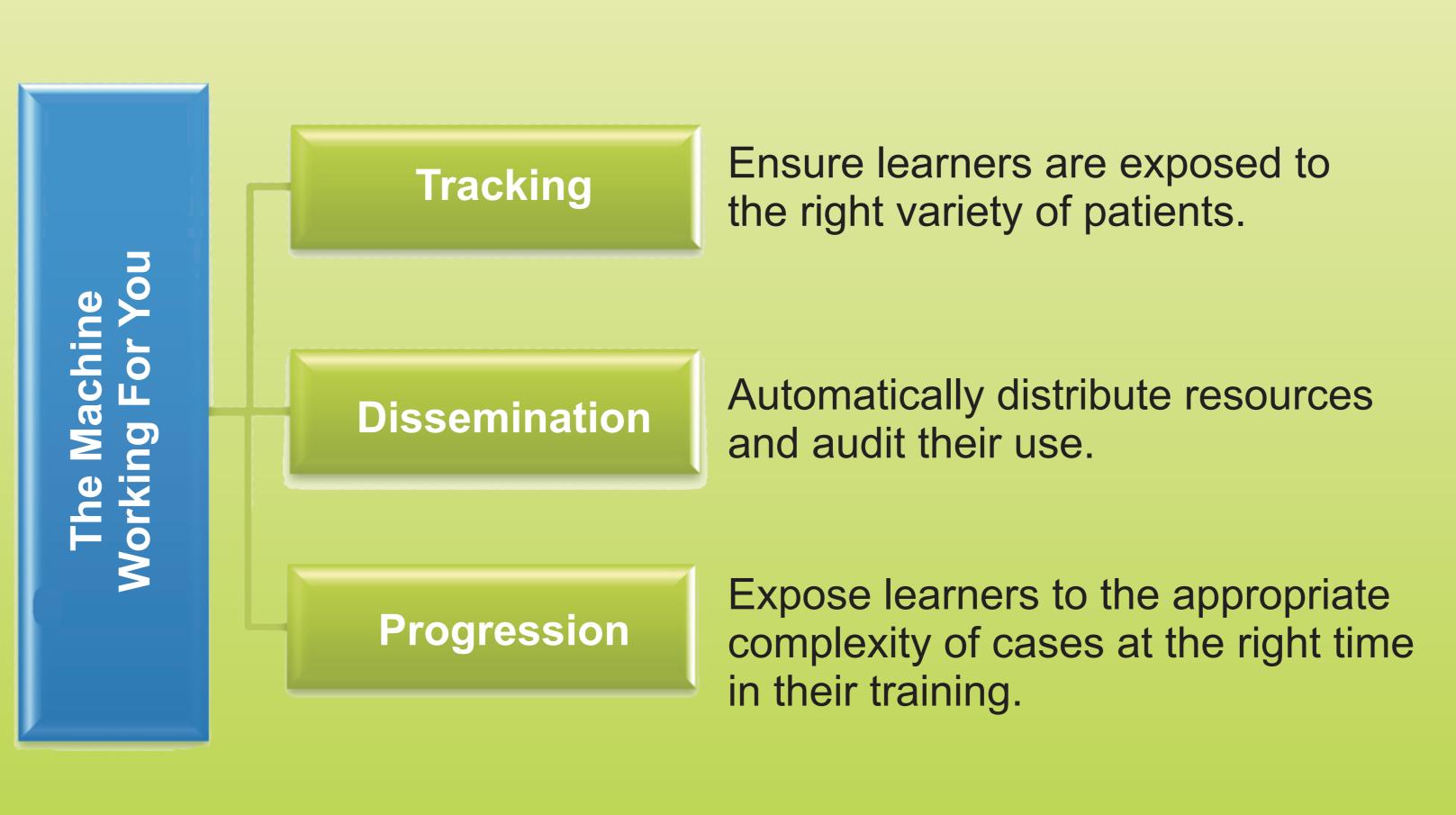
The Future-Proof Electronic Medical Record

Someone born today can expect to have an active chart for a century. We must prepare for the expectant paradigm shifts not only in how information is coded but also in how medical information is interpreted.

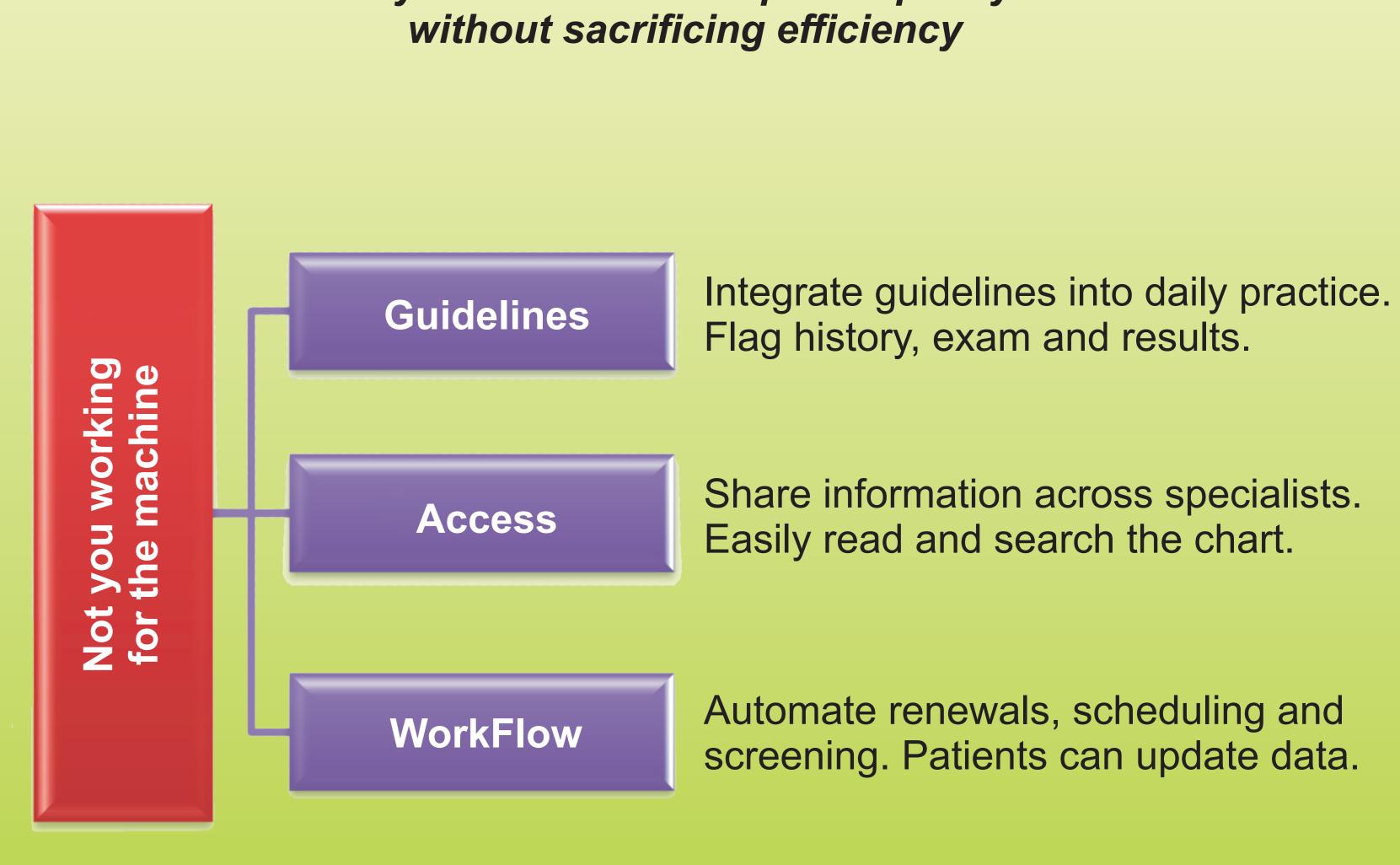
Via Referent Tracking through creating instance unique identifiers to each encounter and test, physicians are able to deal with unknown and changing problems which can be mapped to universal terms (such as SNOMED-CT) which may or may not yet exist.



Such an EMR would be an ideal Family Medicine Teaching Tool

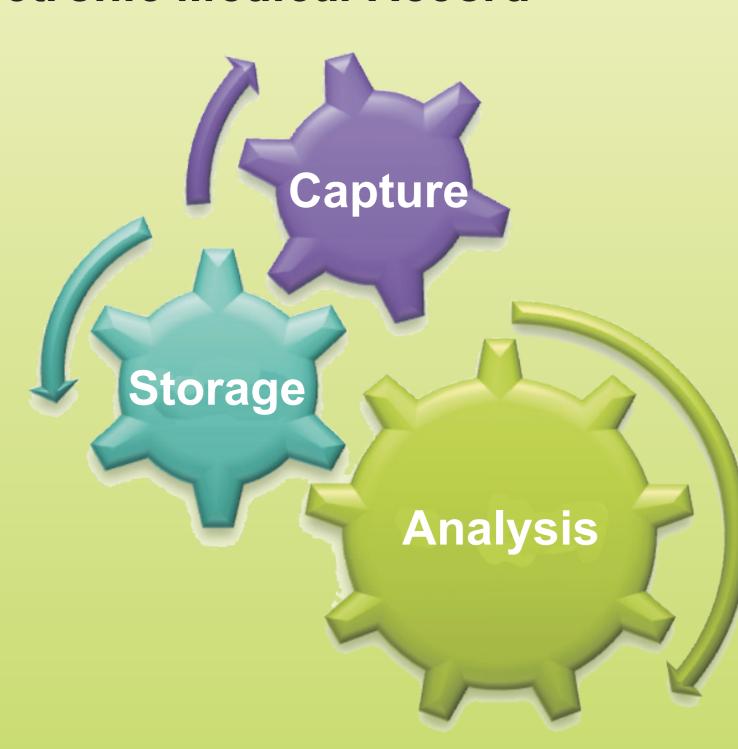


The Safety of an EMR will improve quality of care without sacrificing efficiency



The Computable Electronic Medical Record

The user interface must translate the data captured into a set of defined and mapped terms and representations.



Standards such as SNOMED-CT and HL7 provide a standardized language to capture and transmit the medical narrative.

Stored in a format which facilitates manipulation, retrieval and classification, the EMR is ripe for analysis

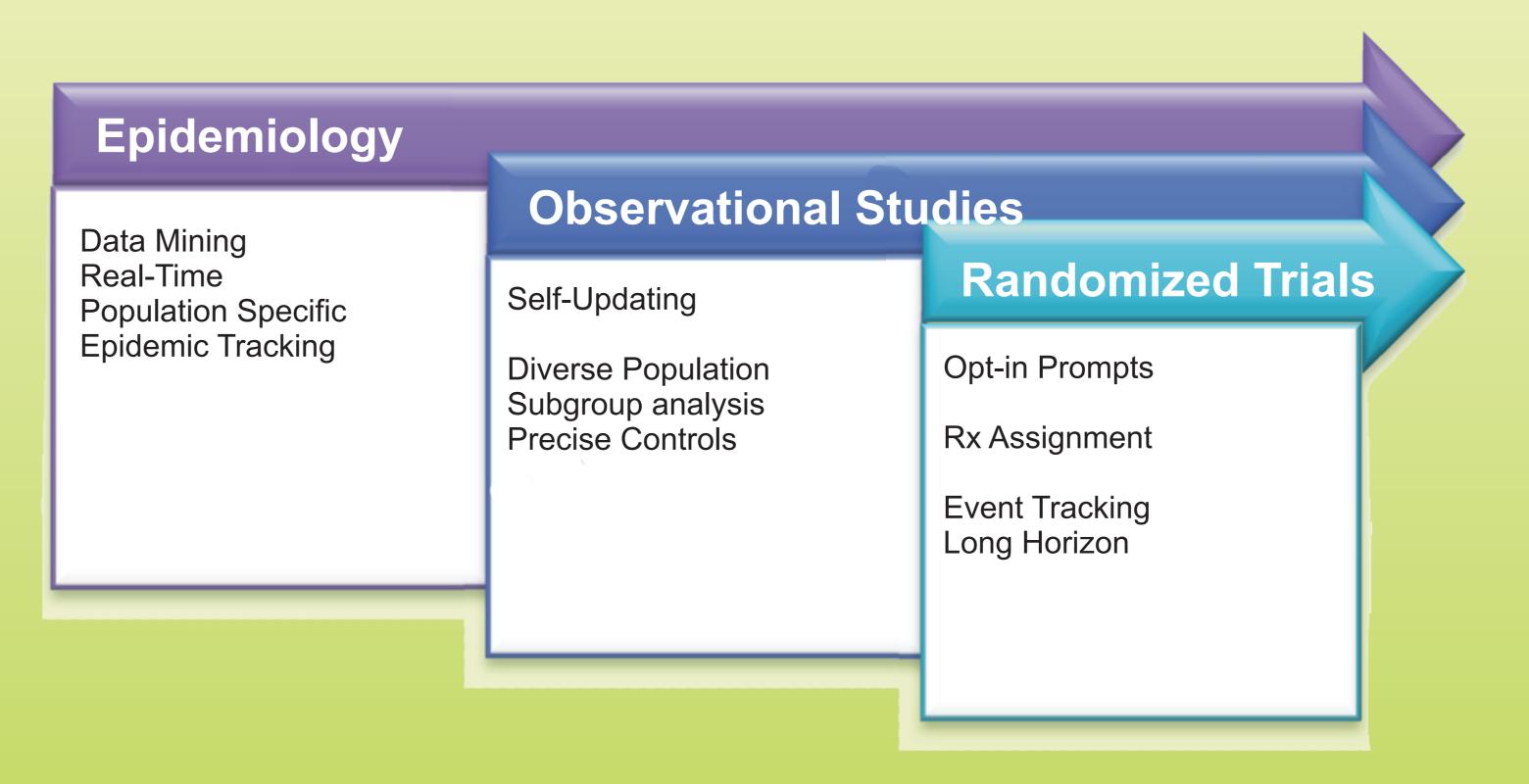
The Family Physician is the Natural Steward of the Electronic Medical Record

The Family Physician as the quarterback of the patient's healthcare, is the natural central curator of the entirety of a patient's medical information.

While the EMR will automate many of these functions, without a natural steward to organize, check and update information which may come from a variety of sources in different formats, the EMR will falter.

Family Medicine is the natural home for primary care informatics. Family Medicine must take an active role in the specification of the clinical content of the electronic record.

Research could be revolutionized



Research will move out of a hospital and into a real primary care clinical setting. No longer confined to a few interested individuals, any Family Doctor can easily contribute.

Conclusion



The Family Doctor's investment in the EMR will balance the agendas of developers with the safety of the Patient.

> Technological Standards

With the Clinical Content separate from the Technology to represent it, the Family Doctor can contribute to both, without one dictating the other.