

How the EMR Working Group Fits within the College of Family Physicians of Canada's Mission

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"Each residency program **must** demonstrate a commitment to integrating the tools of information management into patient care, teaching and research."

- Standards for Accreditation of Residency Training Programs

In order to demonstrate competence in the patient-centered clinical method and integrate sensitive, skillful, and appropriate management of complex diseases we need information systems that enable us to both document and use the data accumulated in practice effectively, efficiently and safely.

To respond to the changing needs of individuals and communities, to adapt quickly to changing circumstances, and to mobilize appropriate resources to address our patients' needs we need to clearly articulate and control the contents of the medical records we use.

In order to organize our practices to ensure that our patients health is maintained whether or not they are visiting the office we need to articulate a framework to explain the vast breadth of clinical situations and practice types within family medicine that must be captured by our evolving medical record systems.

As family physicians, we have an understanding and appreciation of the human condition that obligates us to advocate and collaborate with the appropriate organizations so that the medical records systems we use support this special relationship. We must lead in establishing content standards for our electronic medical records that protect this relationship and not be told by others how to document our work.

Vision of the EMR Working Group:

It is with this spirit that the CFPC EMR Working Group began, imagining itself as a network of academic and community family physicians representing rural and urban practices with representation from across the country. At our first meeting at the 2011 FMF we proposed a mandate to, "contribute to the process of standardization of clinical content" and, "openly contribute to EMR design to support good data; improved practice; and appropriate interoperability that supports the exchange of clinical content between systems in support of clinicians for patient care."

We plan to collaborate to establish a framework whereby the CFPC could begin to take a leading role in defining the **clinical content** of electronic medical records. Such a mandate would inevitably support ongoing technology adoption, research and promote the teaching of Informatics in Family Medicine.

Objectives Year One

- Establish by national consensus a mechanism to manage the harvesting and adjudication of best practices relating to content of the Family Medicine clinical record.
- Create at a minimum two examples of a clinical record content element using a formal model suitable for clinician use that could be adopted as a standard by EMR vendors and providers.