

EMR GOVERNANCE SURVEY 2023

PHASE 3 OF DIGITAL HEALTH MEMBER ENGAGEMENT

SUMMARY OF RESULTS

Methodology

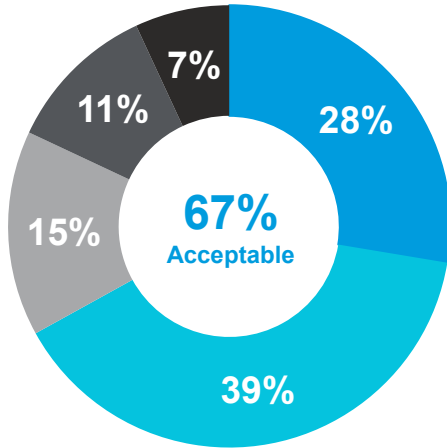


	2023	2022
Total number of surveys sent	16,650	14,049
Responses	1,890	2,255
Response rate (%)	11%	16%
The data is valid 19 times out of 20 within a margin of error of	+/- 2.12%	+/- 1.89%
Administration dates	April 13 - 27	April 4 - 18
Participants were given the opportunity to enter an optional draw to win one of ten	\$100 Visa gift cards	\$100 Visa gift cards
The survey was hosted and reported by		

Option 1

How acceptable is pursuing the use of a collaborative structure to procure and manage EMR contracts?

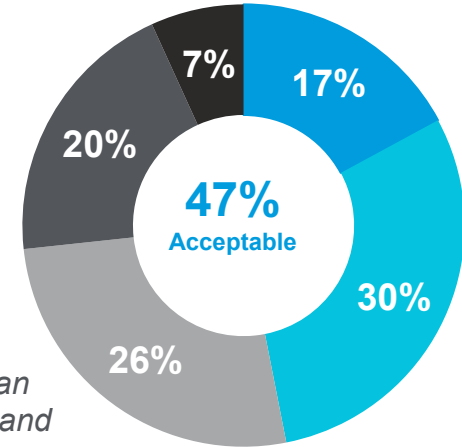
(N = 1,882)



Option 3

How acceptable is pursuing subsidizing physician use of prequalified EMR vendors, while having physicians manage their own contract?

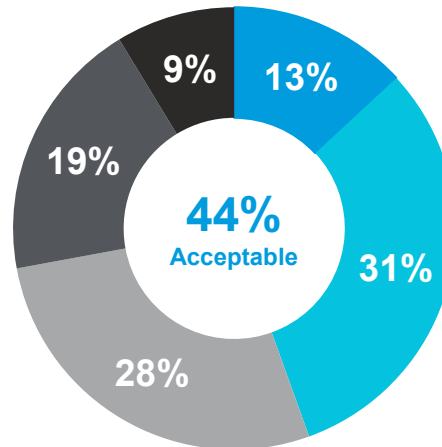
(N = 1,869)



Option 2

How acceptable is pursuing the use of an independent third-party entity to procure and manage EMR contracts?

(N = 1,879)



■ Perfectly acceptable ■ Acceptable ■ Neutral ■ Unacceptable ■ Totally unacceptable

Thematic Summary of Meaning

Why change?

- Improve patient care
- Reduce administrative burden

What needs to change:

- Responsive and affordable service that provides full records with quality data

Thematic Summary of Meaning

Barriers to any change:



Question

- Motives of government, vendors, and professional politics
- The effectiveness of any solution
- The difficulty to change, again

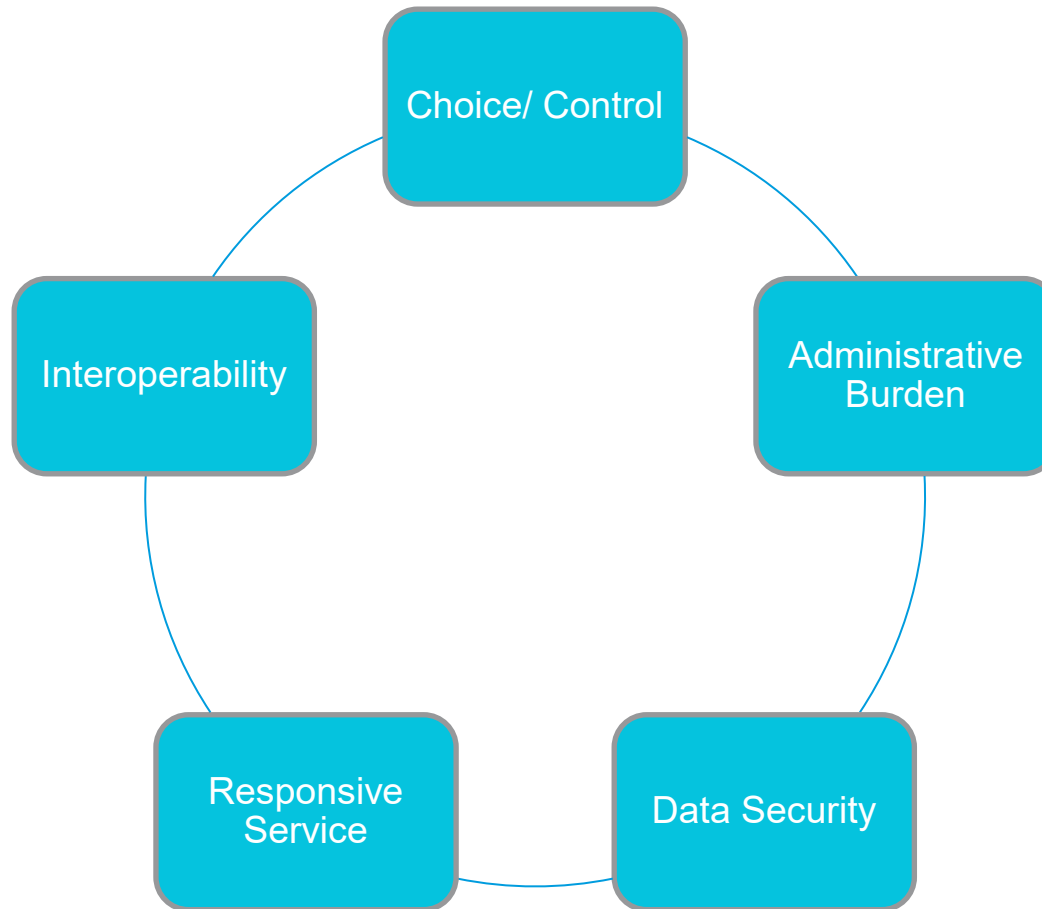


Satisfaction with current EMR

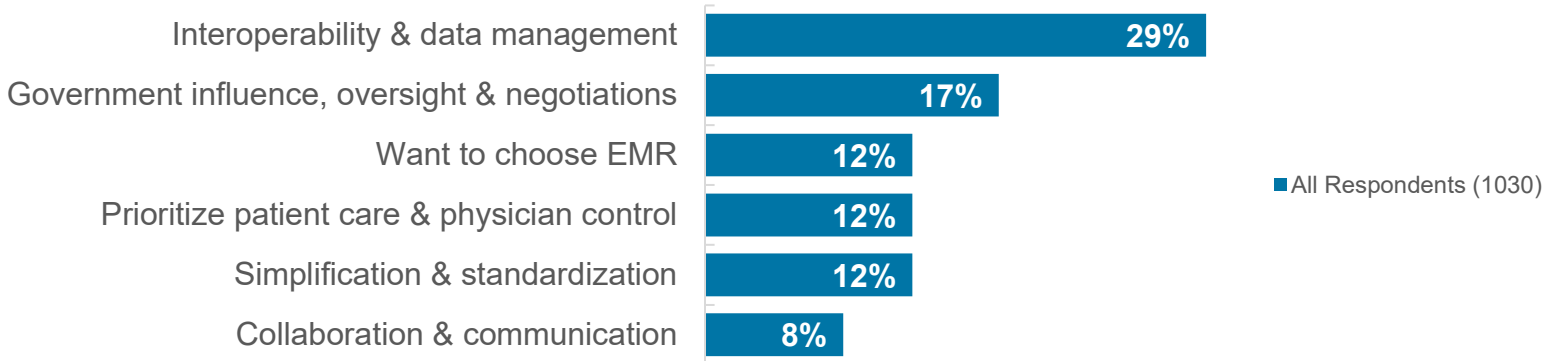


- Ideology left or right influences expectations
- Profit motive or
- Innovation/accountability coming from choice

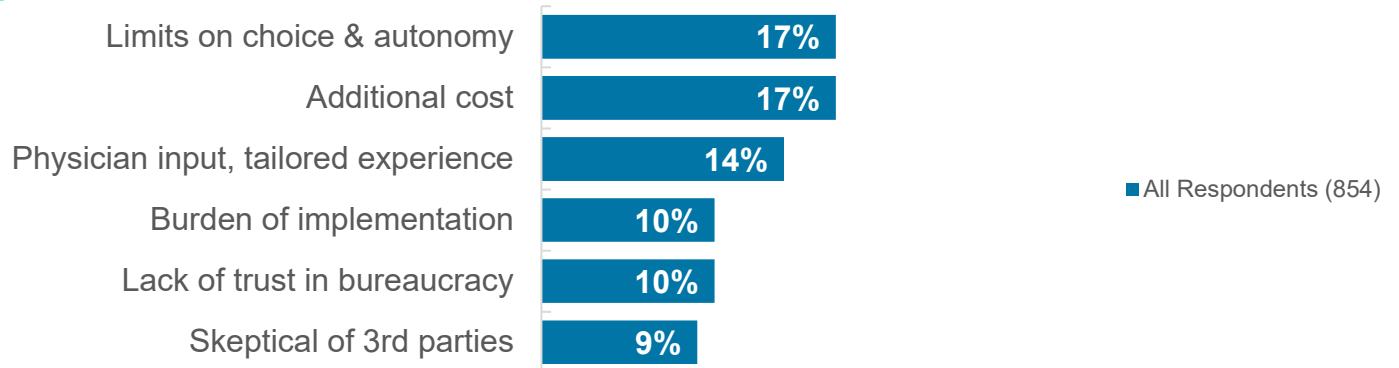
Thematic Interests



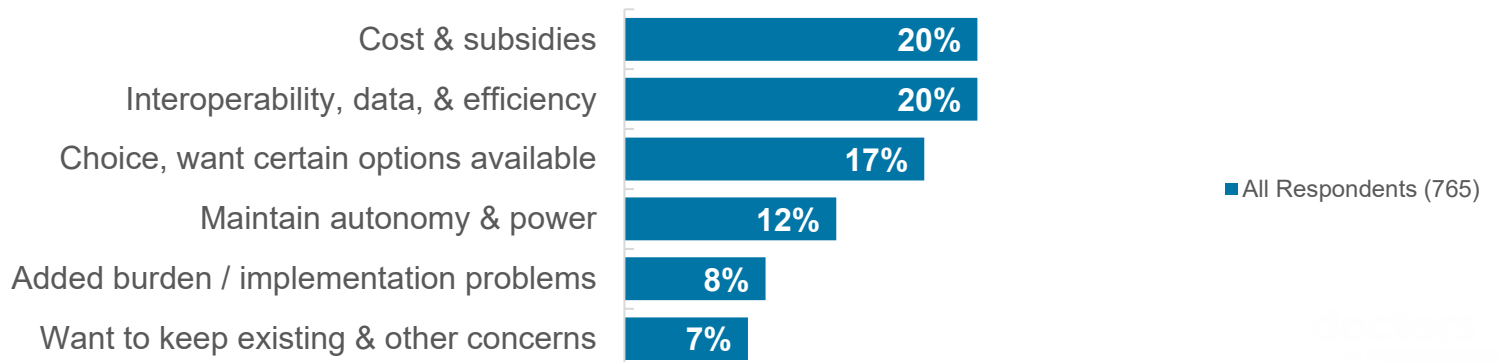
Option 1: Why? TOP THEMES



Option 2: Why? TOP THEMES



Option 3: Why? TOP THEMES



Option 1: Use a collaborative structure to procure and manage EMR contracts

Use a Doctors of BC/Ministry of Health collaborative structure (existing or newly established) to oversee, procure, manage, and administer provincial group contracts with a select few EMR vendors. Funding to be determined by the Ministry of Health and Doctors of BC.

Pros:

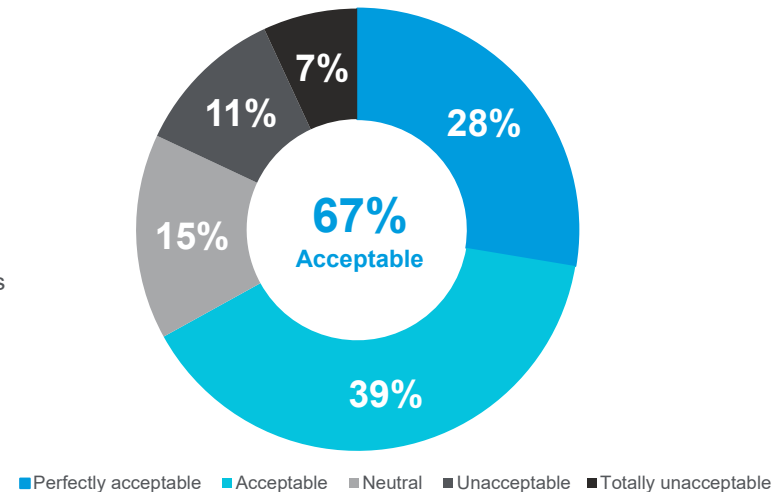
- Improved interoperability
- Ongoing development, maintenance, and enforcement of data standards and quality
- Better oversight of participating EMR vendors
- No cost to physicians for user license(s)
- Potential for increased negotiating power and financial incentives that benefit physicians

Cons:

- Limited physician choice of EMR systems
- Change management challenges for those who move to a new system
- Potential costs to physicians for early termination of existing contracts

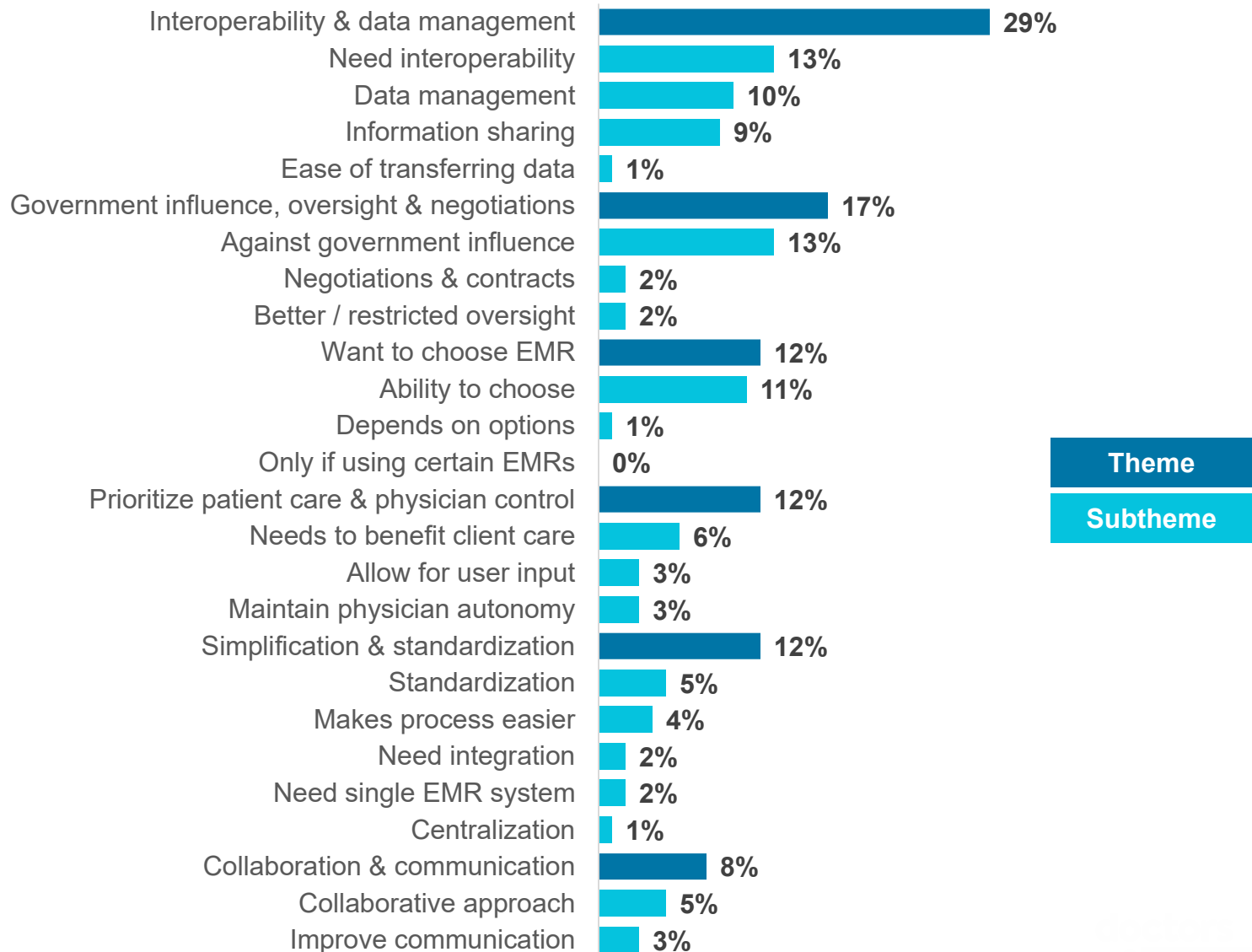
How acceptable is pursuing the use of a collaborative structure to procure and manage EMR contracts?

(N = 1,882)

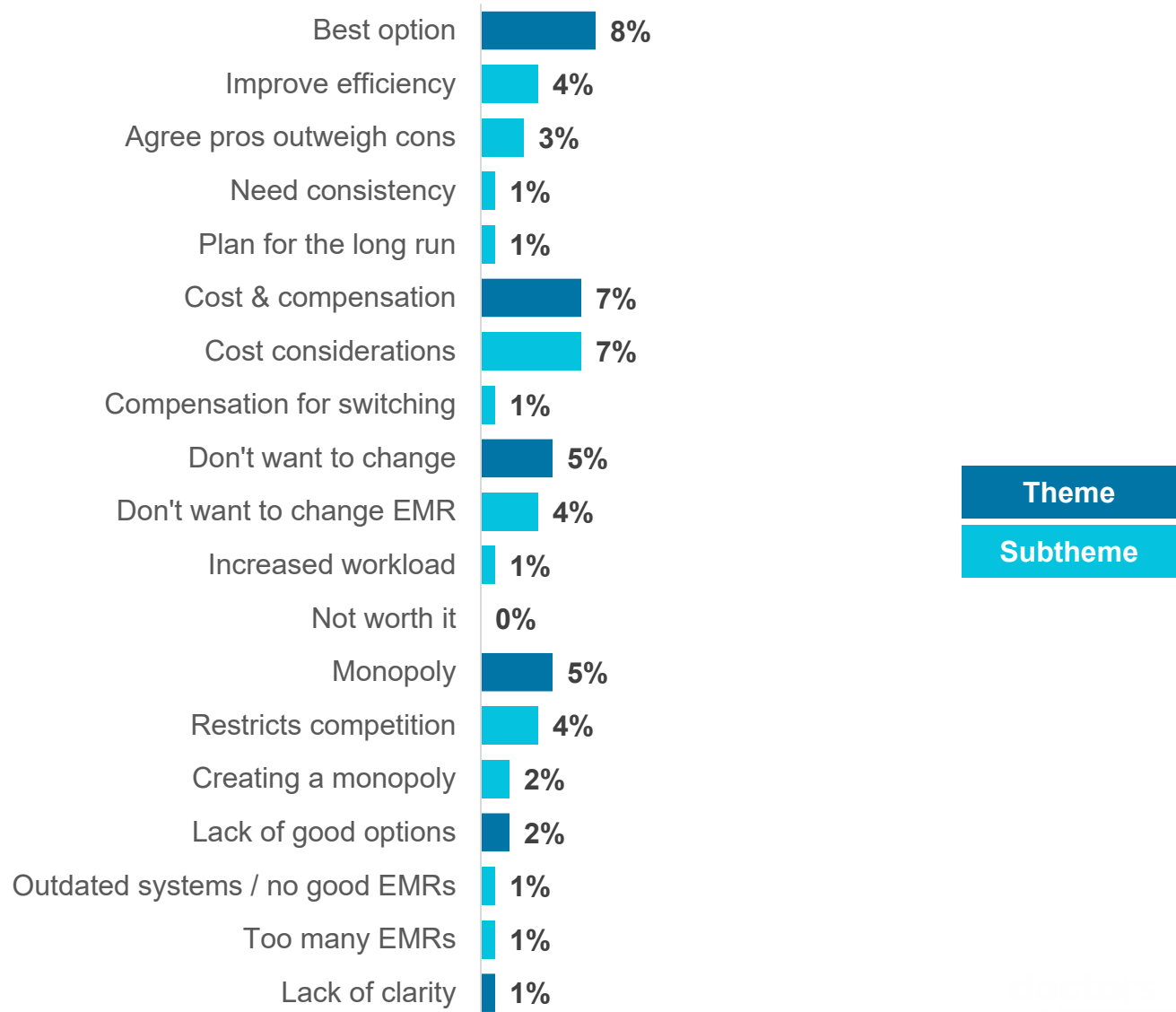


Option 1: Use a collaborative structure to procure and manage EMR contracts

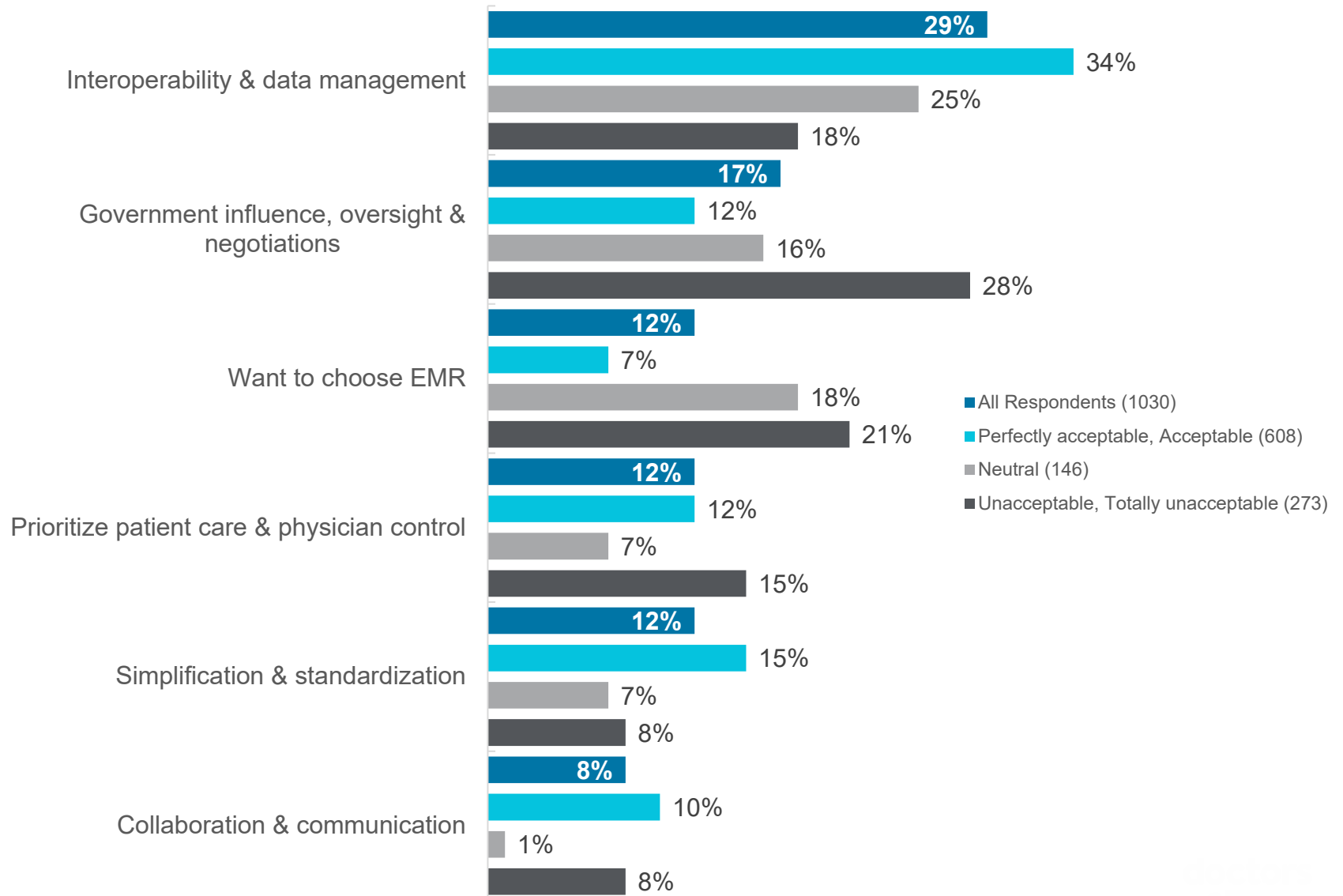
– Why? (N = 1,030)



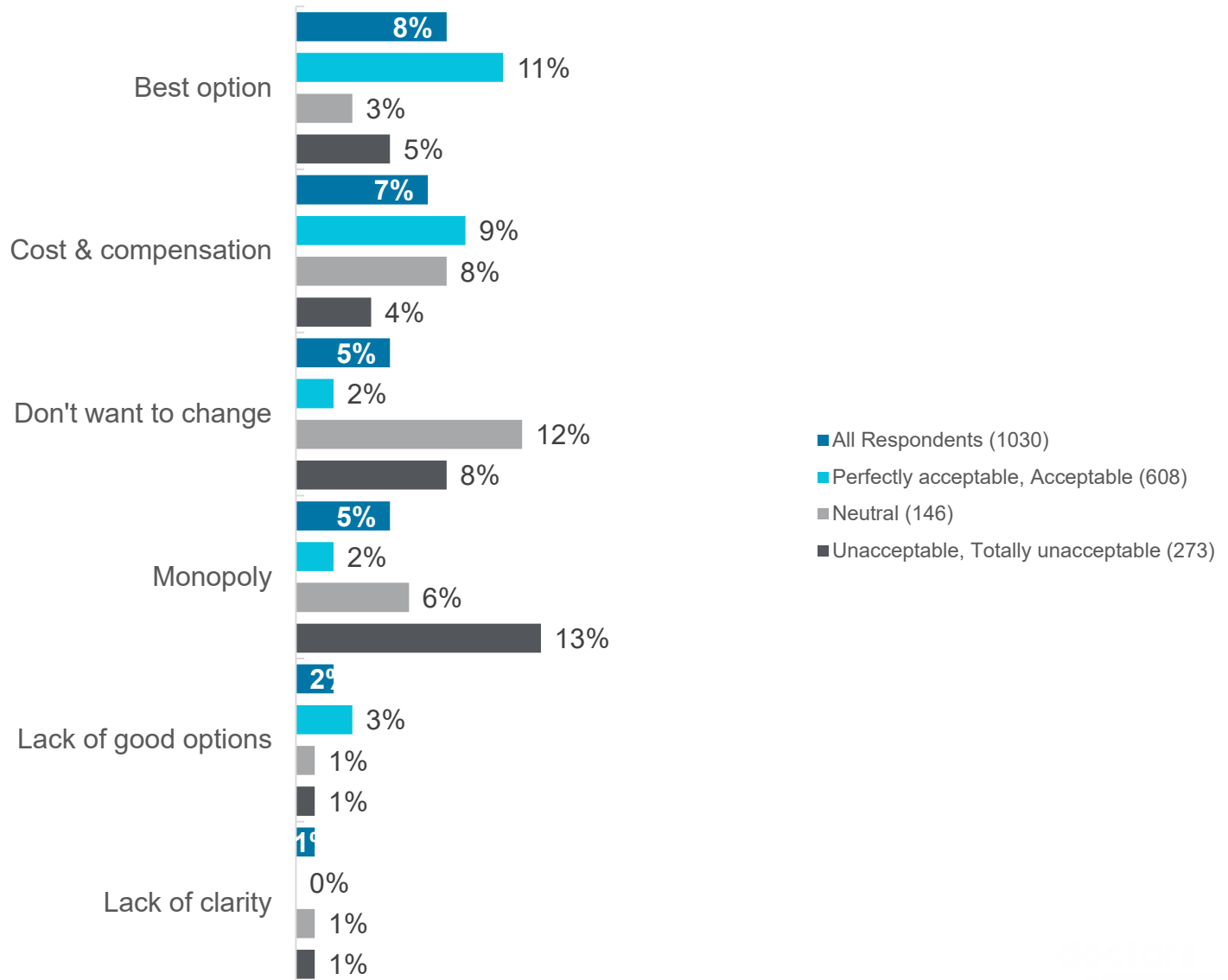
Option 1: Use a collaborative structure to procure and manage EMR contracts – Why? (N = 1,030) CONT.



Option 1: Use a collaborative structure to procure and manage EMR contracts – Why? (N = 1,030) THEMES



Option 1: Use a collaborative structure to procure and manage EMR contracts – Why? (N = 1,030) THEMES (CONT.)



Option 2: Use an independent third-party entity to procure and manage EMR contracts

Use an independent third-party entity operating at arms-length from the Ministry of Health and Doctors of BC to oversee, procure, manage, and administer provincial group contracts. (OntarioMD provides an example of this type of entity and operating structure.) Funding to be determined by the Ministry of Health and Doctors of BC.

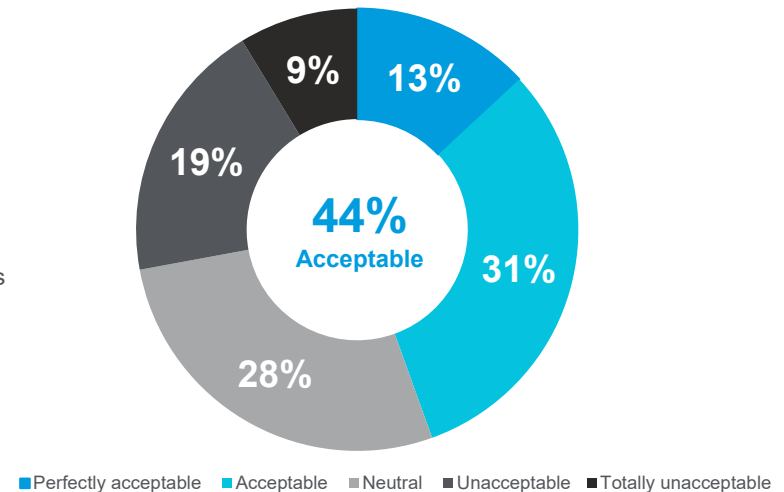
Pros:

- Improved interoperability
- Ongoing development, maintenance, and enforcement of data standards and quality
- Better oversight of participating EMR vendors
- No cost to physicians for user license(s)
- Potential for increased negotiating power and financial incentives that benefit physicians

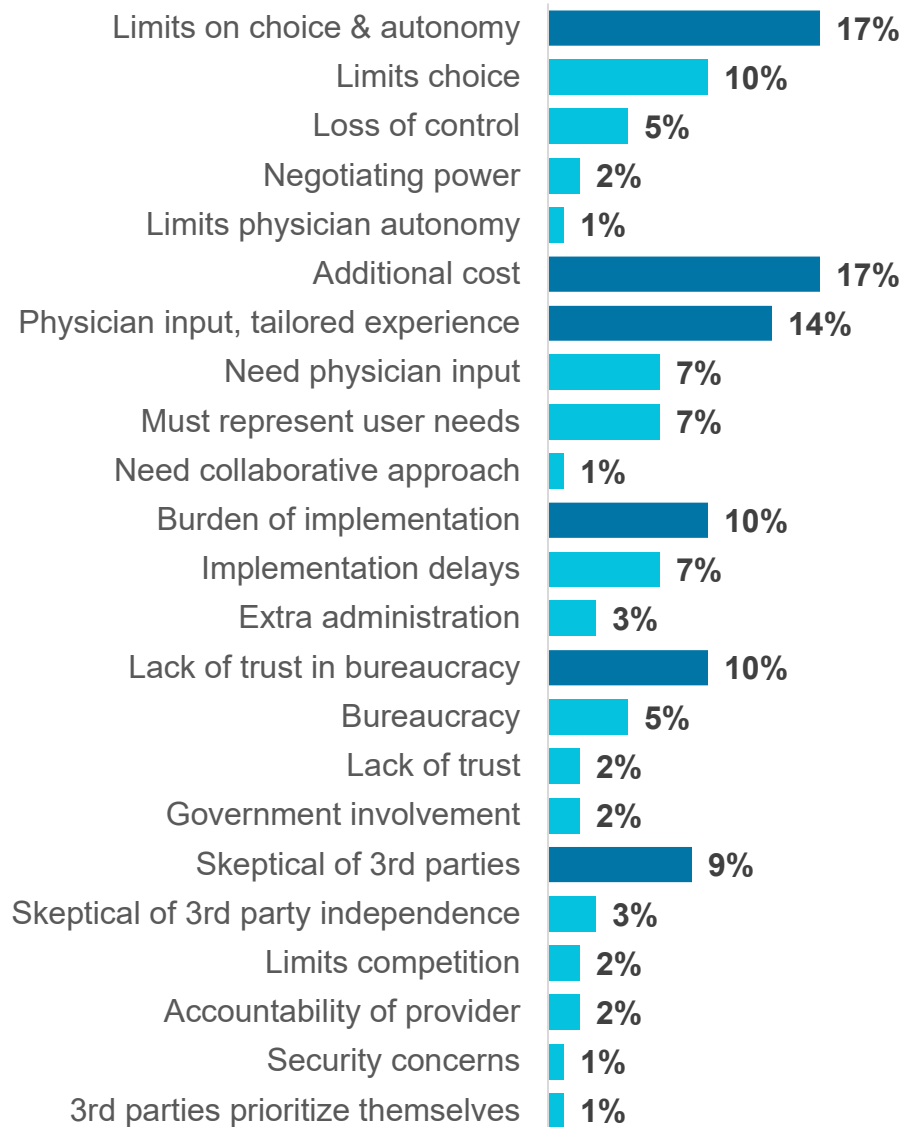
Cons:

- Limited physician choice of EMR systems
- Change management challenges for those who move to a new system
- Potential costs to physicians for early termination of existing contracts
- Potential implementation delay (due to time required to establish an independent entity)

How acceptable is pursuing the use of an independent third-party entity to procure and manage EMR contracts?
(N = 1,879)

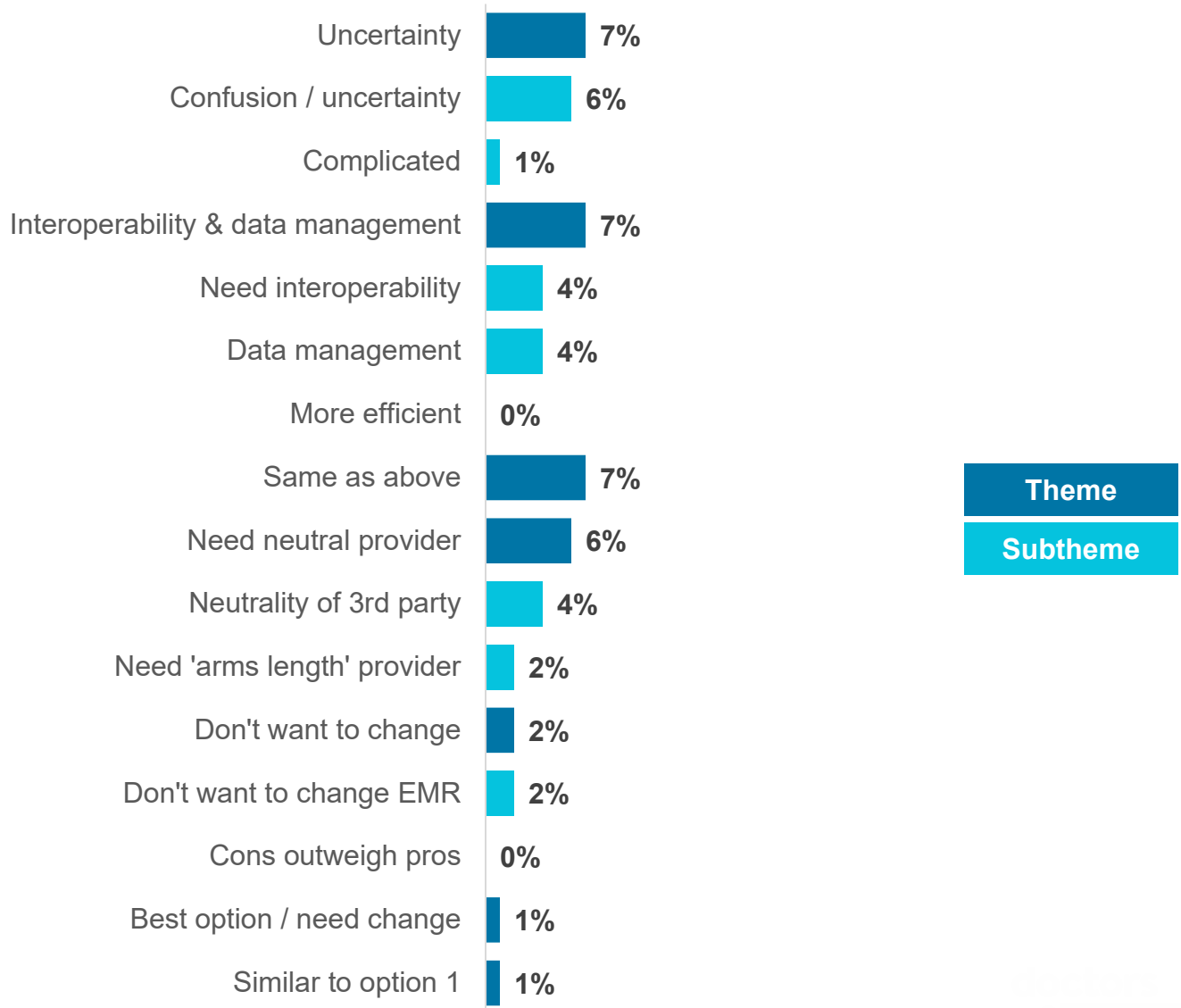


Option 2: Use an independent third-party entity to procure and manage EMR contracts – Why? (N = 854)

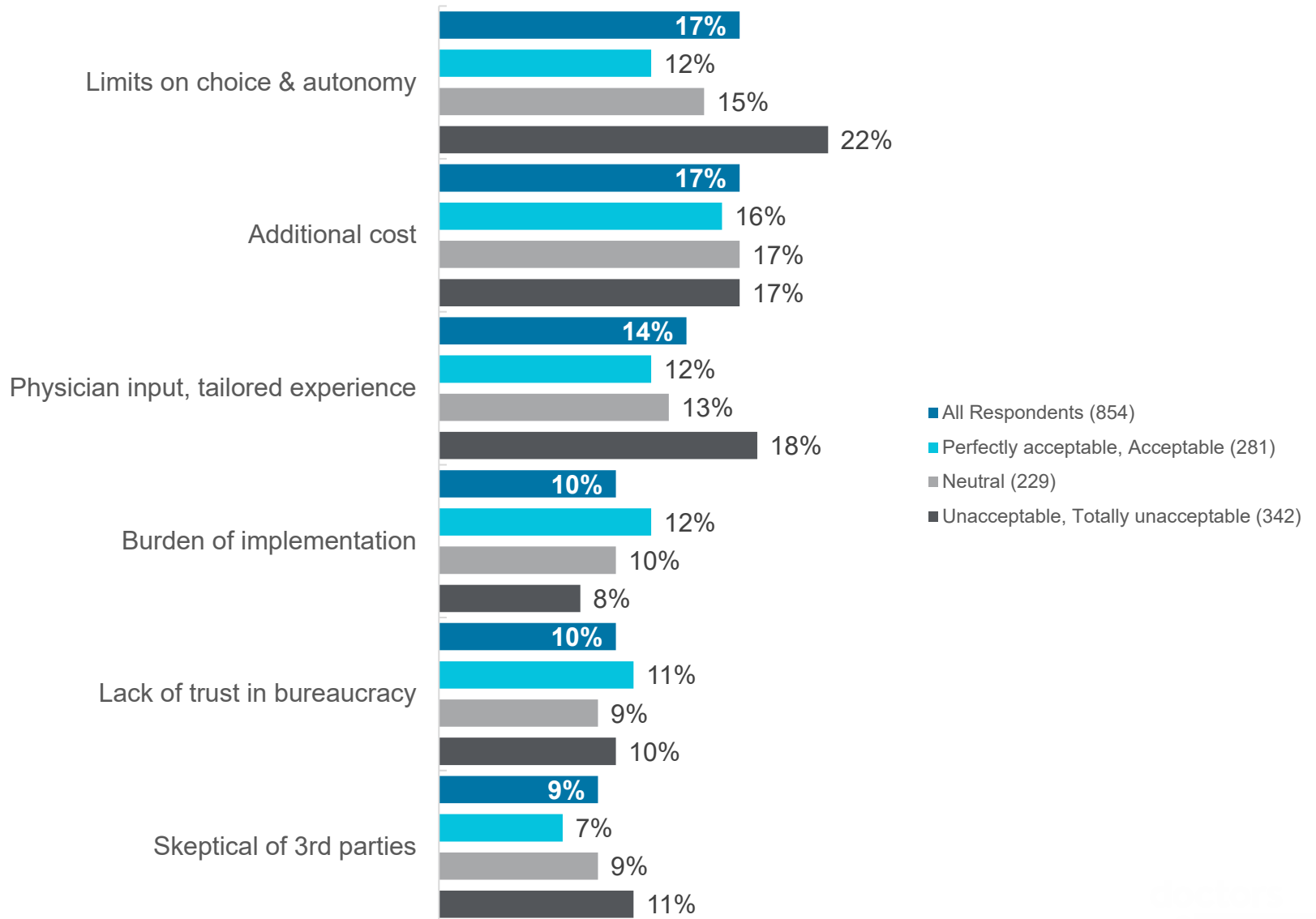


Theme
Subtheme

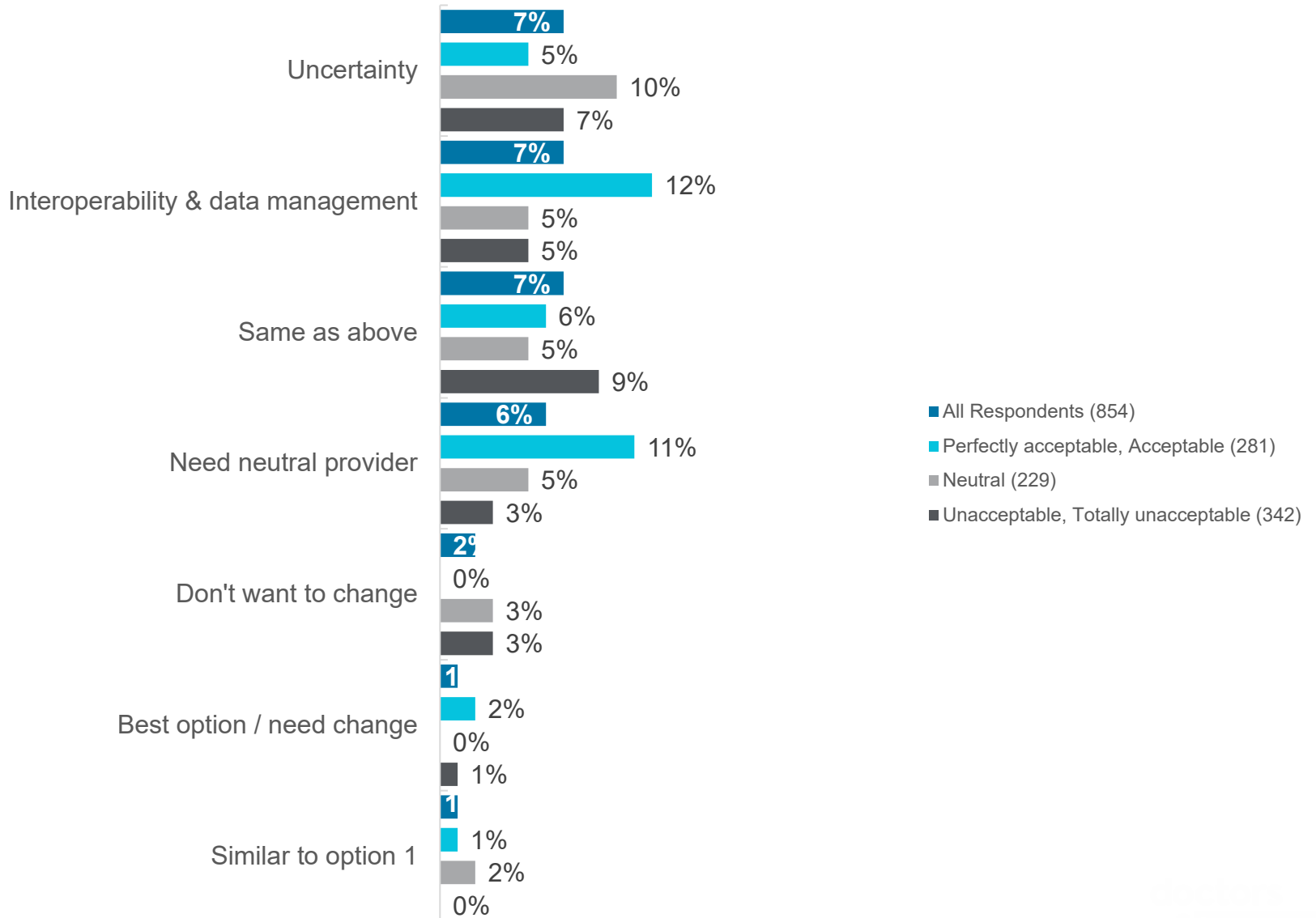
Option 2: Use an independent third-party entity to procure and manage EMR contracts – Why? (N = 854) CONT.



Option 2: Use an independent third-party entity to procure and manage EMR contracts – Why? (N = 854) THEMES



Option 2: Use an independent third-party entity to procure and manage EMR contracts – Why? (N = 854) THEMES (CONT.)



Option 3: Subsidize physician use of prequalified EMR vendors, while physicians manage their own contract

Provide a prequalified list of vendors for physicians to choose from, subsidize their costs (monthly/annually), but have physicians manage their own contract/user license(s). Vendors would be required to meet clinical and technical requirements that Doctors of BC and the Ministry of Health would establish collaboratively.

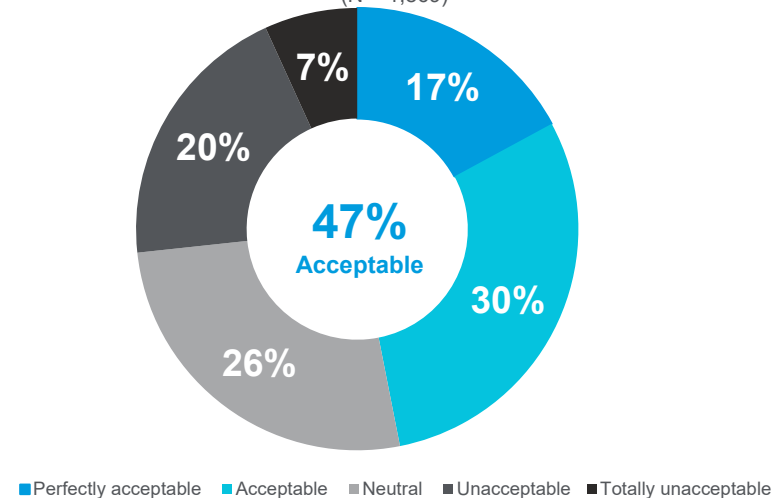
Pros:

- More physician choice of EMR systems
- Potential for improved interoperability
- Potential for consistent data standards and quality
- Subsidized costs for physicians who choose to participate

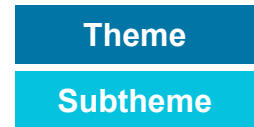
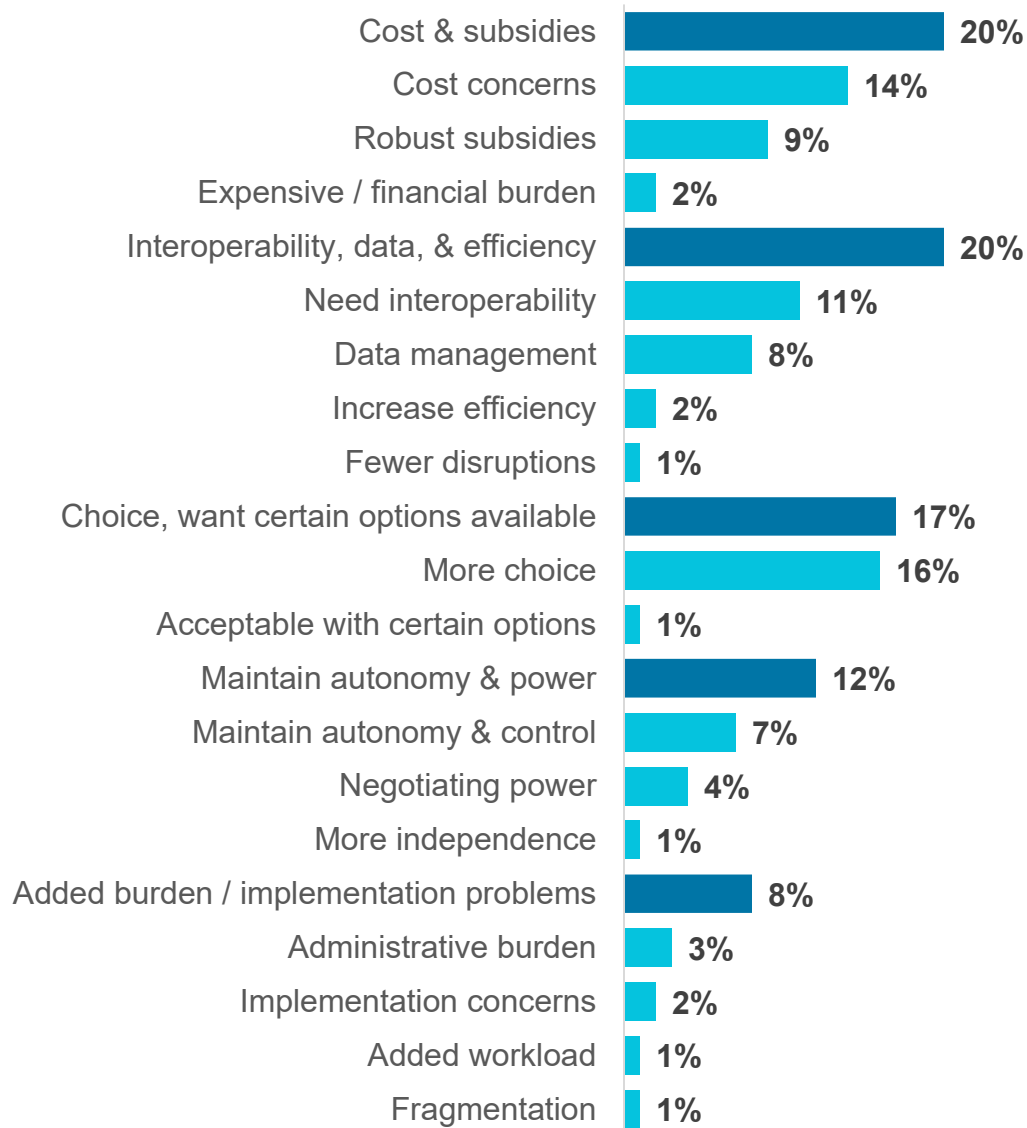
Cons:

- No central contractual oversight of EMR vendors (e.g., ability to control costs to physicians)
- No central power to negotiate on behalf of physicians (e.g., for performance (downtime) or quality of service)
- Limited influence on vendor participation in future digital health projects (e.g., e-prescribing, e-referrals)
- Administrative burden on physicians (managing their user license[s])

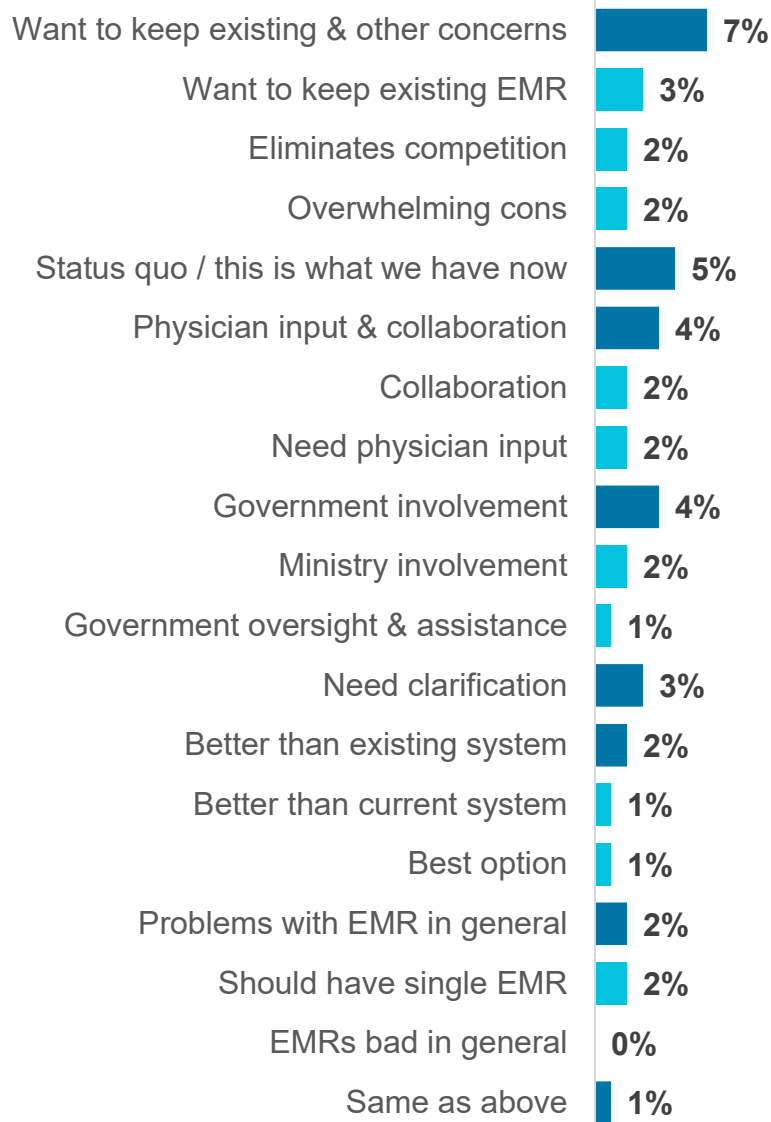
How acceptable is pursuing subsidizing physician use of prequalified EMR vendors, while having physicians manage their own contract?
(N = 1,869)



Option 3: Subsidize physician use of prequalified EMR vendors, while physicians manage their own contract – Why? (N = 765)

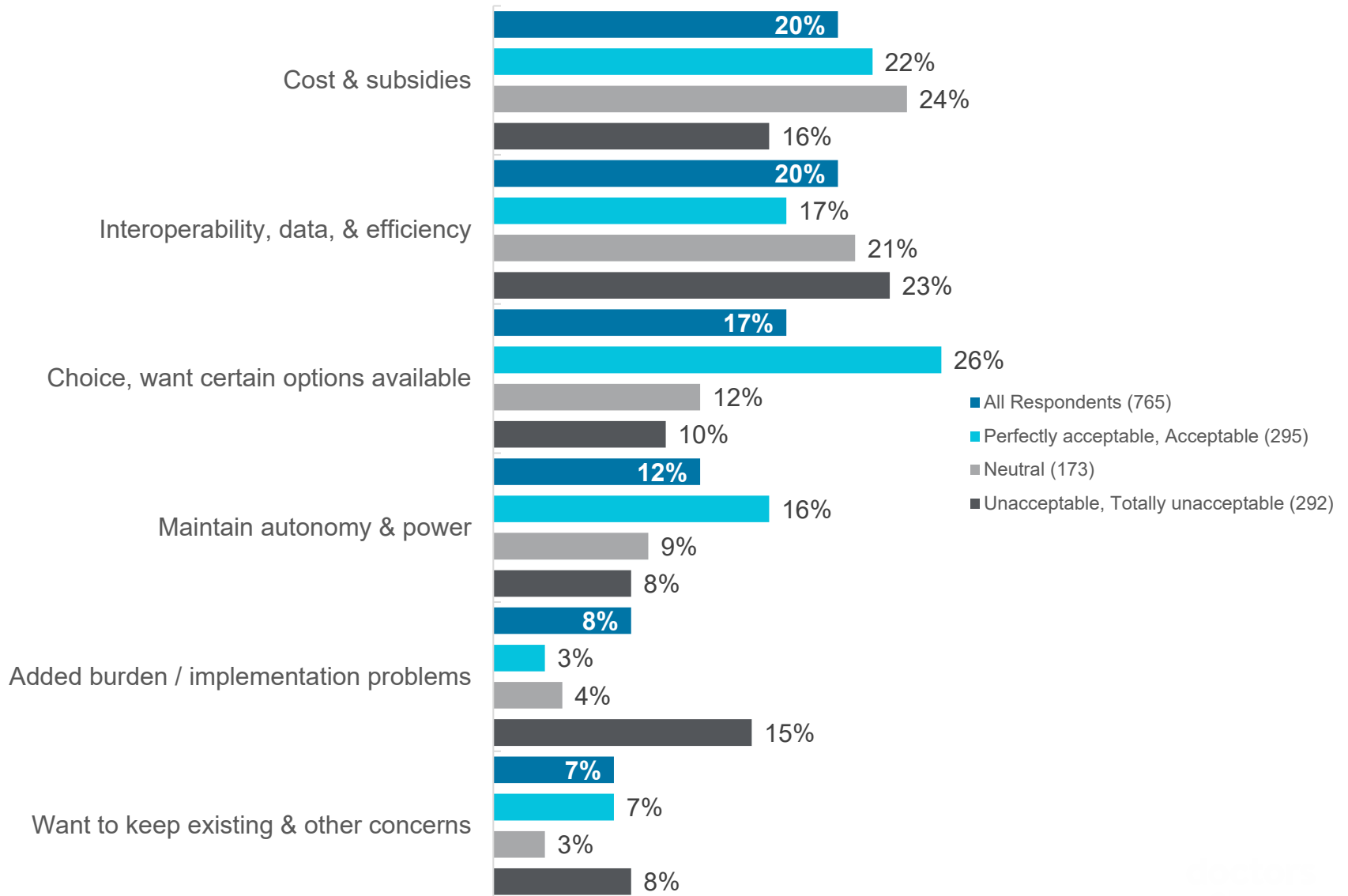


Option 3: Subsidize physician use of prequalified EMR vendors, while physicians manage their own contract – Why? (N = 765) CONT.

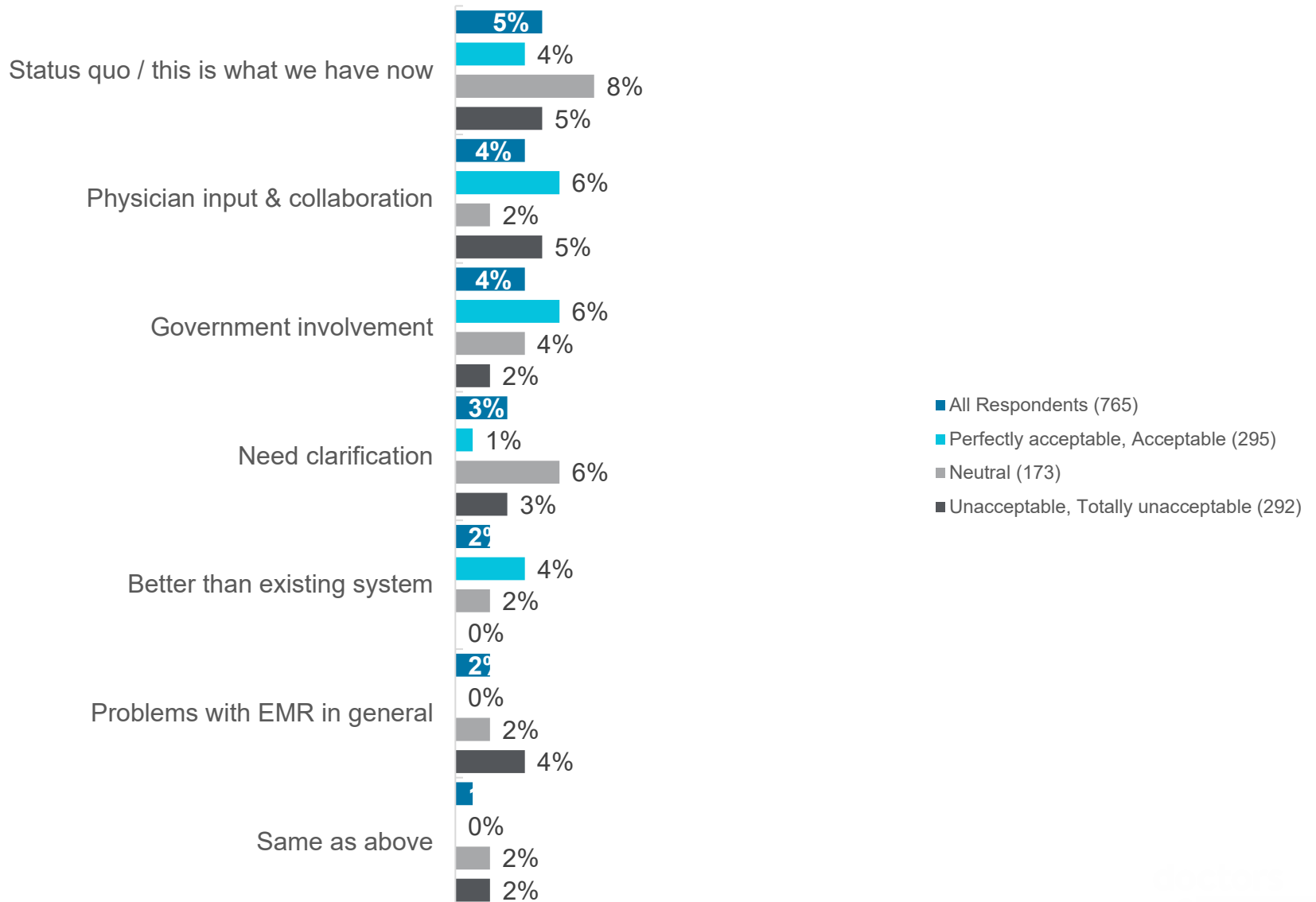


Theme
Subtheme

Option 3: Subsidize physician use of prequalified EMR vendors, while physicians manage their own contract – Why? (N = 765) THEMES



Option 3: Subsidize physician use of prequalified EMR vendors, while physicians manage their own contract – Why? (N = 765) THEMES (CONT.)

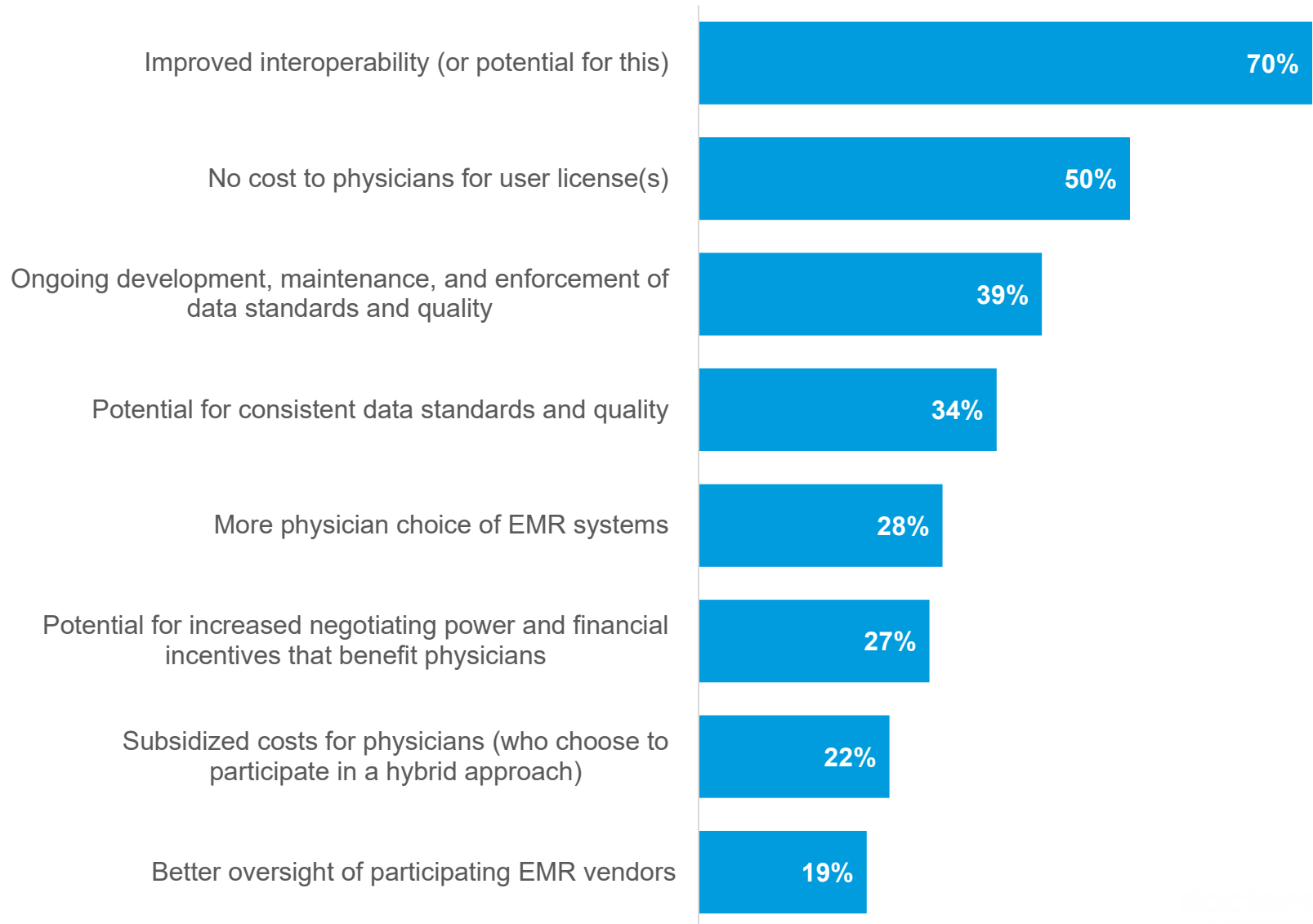


Demographic Heatmap

(percent of acceptable)

	Option 1: Use a collaborative structure to procure and manage EMR contracts	Option 2: Use an independent third-party entity to procure and manage EMR contracts	Option 3: Subsidize physician use of prequalified EMR vendors, while physicians manage their own contract
Family physician	69%	46%	46%
Specialist	65%	43%	49%
Other (please specify)	70%	48%	41%
Community based	64%	45%	51%
Facility based	75%	47%	34%
Both	67%	42%	48%
Rural	68%	43%	43%
Urban	68%	44%	48%
Semi-urban	63%	48%	48%
Fee for Service	62%	43%	50%
Longitudinal Family Physician (LFP) Payment	67%	47%	48%
Salary	82%	53%	35%
Service Contract	77%	42%	42%
Sessional	68%	41%	40%
Other alternatively paid contract	80%	46%	41%
Under 35	73%	46%	53%
35 to 44	68%	45%	48%
45 to 54	67%	48%	48%
55 to 64	63%	38%	48%
65 or older	64%	46%	34%
1st year in practice	75%	46%	42%
2 - 5 years	71%	46%	57%
6 - 10 years	68%	45%	48%
11 - 15 years	66%	44%	45%
16 - 20 years	64%	44%	51%
21 - 25 years	68%	46%	52%
26+ years	62%	43%	41%
Resident	93%	51%	45%
Retired	66%	40%	27%
Fraser Health Authority	65%	43%	47%
Interior Health Authority	71%	46%	52%
Island Health Authority	66%	45%	45%
Northern Health Authority	64%	38%	48%
Provincial Health Services Authority	71%	49%	32%
Vancouver Coastal Health Authority	67%	45%	48%

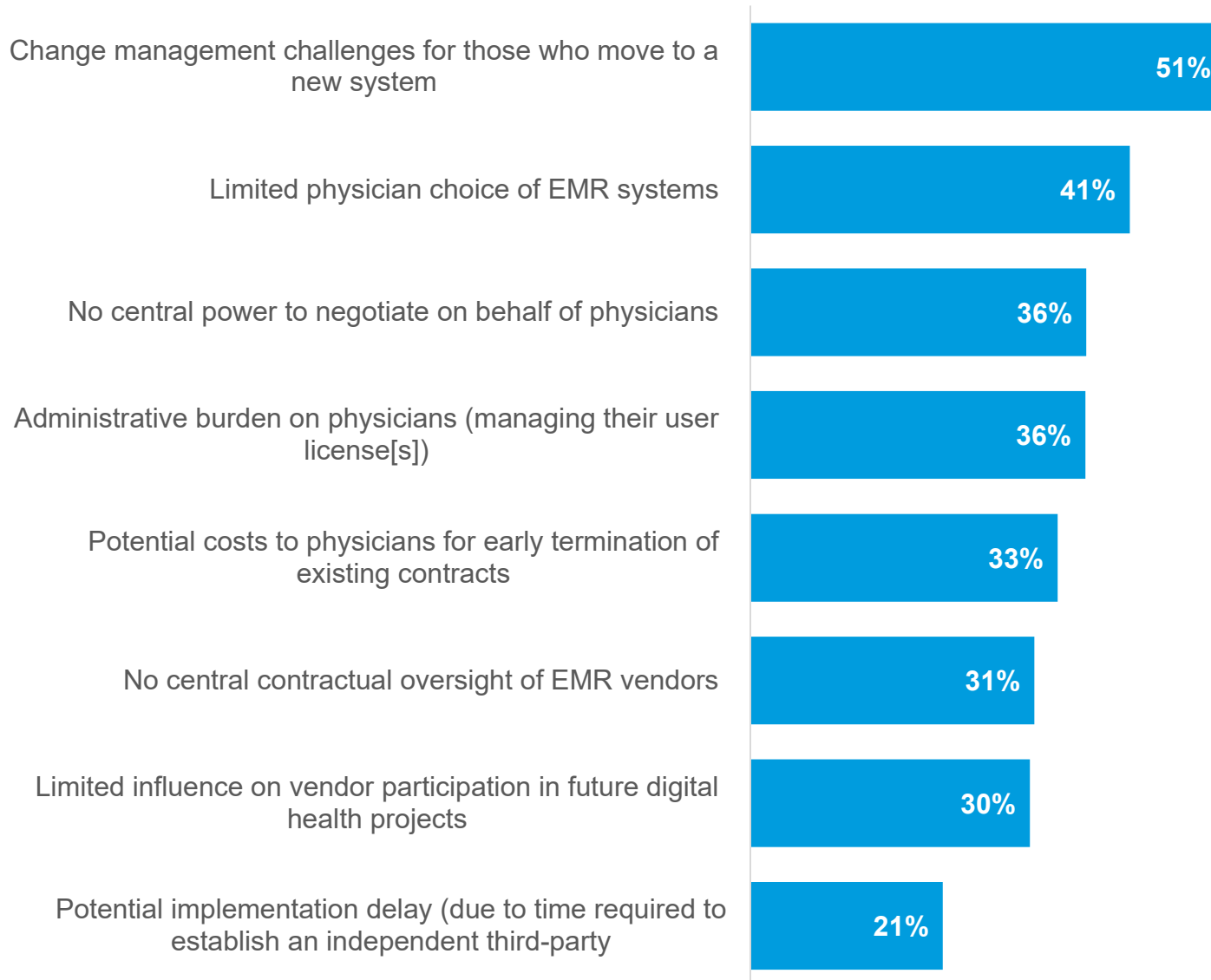
What are the most important pros (select up to three)? (N = 1,838)



Demographic Heatmap | What are the most important pros (select up to three)?

	Improved interoperability (or potential for this)	No cost to physicians for user license(s)	Ongoing development, maintenance, and enforcement of data standards and quality	Potential for consistent data standards and quality	More physician choice of EMR systems	Potential for increased negotiating power and financial incentives that benefit physicians	Subsidized costs for physicians (who choose to participate in a hybrid approach)	Better oversight of participating EMR vendors
Family physician	68%	54%	41%	33%	25%	26%	20%	23%
Specialist	72%	44%	37%	35%	32%	27%	25%	15%
Other (please specify)	79%	46%	42%	46%	30%	30%	14%	11%
Community based	64%	55%	38%	31%	27%	28%	24%	22%
Facility based	83%	38%	46%	46%	24%	25%	13%	18%
Both	74%	48%	37%	34%	32%	26%	24%	16%
Rural	72%	52%	35%	32%	23%	27%	21%	24%
Urban	71%	49%	41%	35%	28%	26%	22%	18%
Semi-urban	66%	50%	37%	33%	31%	31%	24%	19%
Fee for Service	66%	51%	34%	33%	31%	28%	25%	17%
Longitudinal Family Physician (LFP) Payment	69%	55%	43%	29%	26%	27%	24%	23%
Salary	85%	31%	56%	49%	22%	22%	10%	19%
Service Contract	82%	42%	45%	43%	23%	23%	13%	20%
Sessional	83%	51%	44%	32%	27%	12%	17%	27%
Other alternatively paid contract	79%	41%	49%	41%	20%	34%	18%	13%
Under 35	78%	47%	37%	32%	29%	30%	25%	15%
35 to 44	71%	53%	35%	28%	29%	31%	26%	15%
45 to 54	72%	48%	42%	38%	25%	23%	22%	19%
55 to 64	65%	49%	40%	35%	31%	25%	21%	24%
65 or older	67%	48%	46%	45%	25%	21%	13%	25%
1st year in practice	79%	41%	47%	38%	27%	18%	20%	15%
2 - 5 years	76%	50%	29%	36%	31%	32%	26%	12%
6 - 10 years	69%	55%	34%	28%	29%	31%	28%	15%
11 - 15 years	72%	54%	43%	30%	28%	23%	20%	17%
16 - 20 years	67%	45%	39%	38%	24%	26%	22%	24%
21 - 25 years	73%	47%	44%	34%	29%	24%	23%	20%
26+ years	66%	51%	42%	37%	26%	24%	18%	25%
Resident	83%	42%	42%	35%	25%	31%	19%	17%
Retired	61%	24%	63%	51%	29%	29%	12%	27%
Fraser Health Authority	65%	50%	42%	33%	35%	24%	25%	17%
Interior Health Authority	71%	54%	36%	33%	23%	30%	21%	22%
Island Health Authority	73%	52%	36%	31%	26%	29%	23%	19%
Northern Health Authority	72%	49%	43%	46%	22%	24%	18%	11%
Provincial Health Services Authority	79%	41%	50%	40%	24%	33%	14%	16%
Vancouver Coastal Health Authority	72%	47%	39%	36%	28%	24%	22%	21%

What would you be most concerned about (select up to three)? (N = 1,824)

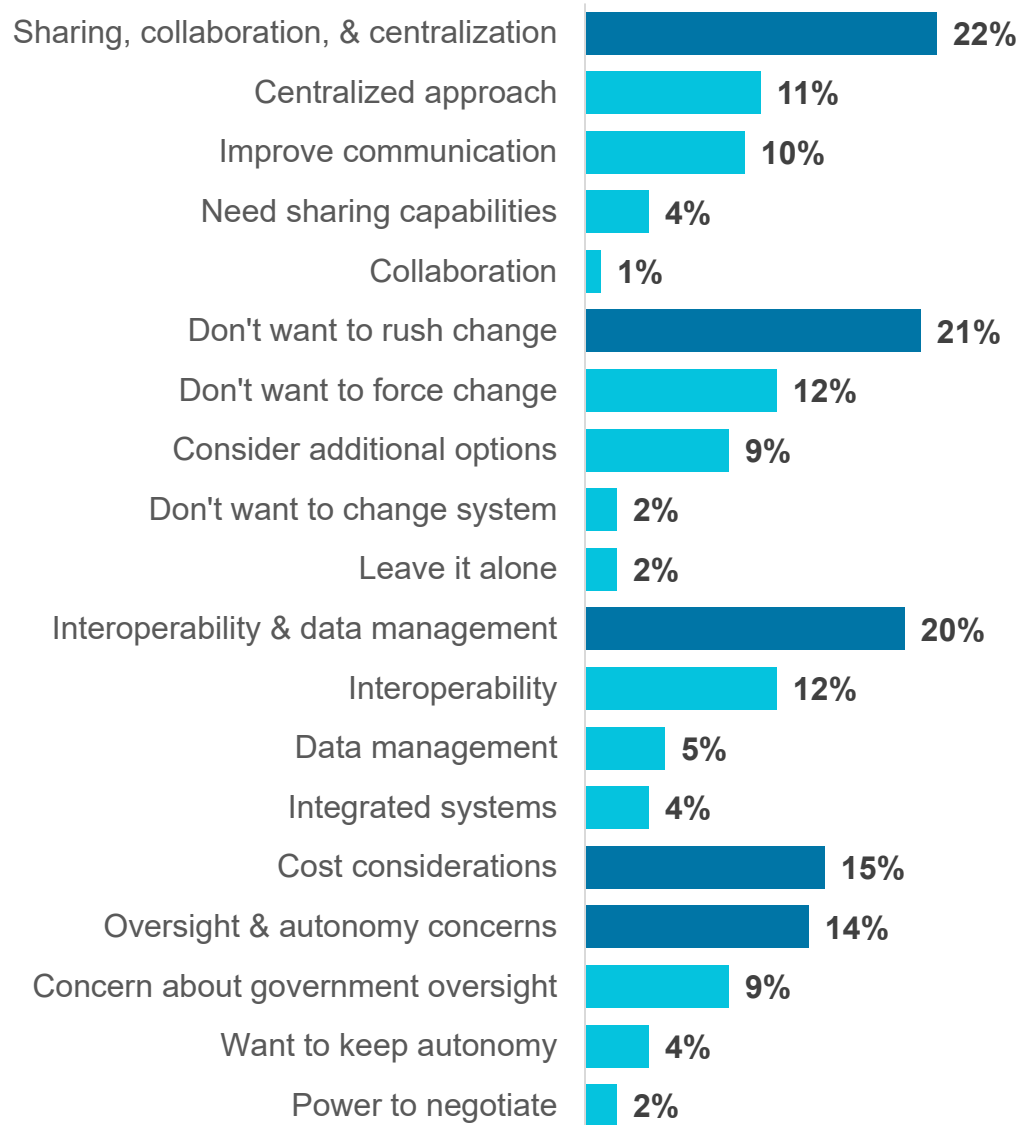


Demographic Heatmap | What would you be most concerned about (select up to three)?

	Change management challenges for those who move to a new system	Limited physician choice of EMR systems	No central power to negotiate on behalf of physicians	Administrative burden on physicians (managing their user license(s))	Potential costs to physicians for early termination of existing contracts	No central contractual oversight of EMR vendors	Limited influence on vendor participation in future digital health projects	Potential implementation delay
Family physician	53%	37%	38%	35%	34%	34%	32%	21%
Specialist	51%	47%	33%	38%	33%	26%	28%	21%
Other (please specify)	37%	39%	37%	42%	34%	40%	32%	23%
Community based	56%	42%	35%	36%	36%	31%	29%	18%
Facility based	40%	32%	47%	42%	28%	34%	31%	23%
Both	51%	45%	33%	34%	32%	28%	32%	24%
Rural	53%	40%	36%	35%	36%	34%	30%	19%
Urban	50%	41%	37%	37%	31%	30%	31%	21%
Semi-urban	54%	41%	35%	37%	36%	31%	27%	21%
Fee for Service	52%	46%	33%	36%	35%	28%	28%	19%
Longitudinal Family Physician (LFP) Payment	58%	41%	36%	32%	31%	32%	33%	21%
Salary	33%	33%	47%	47%	26%	34%	37%	26%
Service Contract	45%	28%	41%	43%	33%	35%	32%	25%
Sessional	44%	37%	46%	34%	22%	44%	27%	27%
Other alternatively paid contract	45%	35%	44%	42%	37%	31%	33%	21%
Under 35	45%	42%	36%	41%	27%	33%	32%	27%
35 to 44	51%	44%	36%	34%	33%	28%	30%	22%
45 to 54	56%	42%	33%	33%	37%	33%	27%	20%
55 to 64	55%	39%	36%	36%	32%	31%	34%	16%
65 or older	44%	34%	46%	42%	35%	30%	27%	22%
1st year in practice	42%	44%	26%	48%	26%	44%	24%	23%
2 - 5 years	46%	46%	36%	37%	29%	27%	32%	30%
6 - 10 years	57%	46%	33%	31%	34%	28%	30%	18%
11 - 15 years	53%	42%	34%	39%	34%	34%	26%	18%
16 - 20 years	51%	42%	36%	30%	38%	26%	33%	23%
21 - 25 years	54%	39%	37%	29%	38%	32%	33%	21%
26+ years	54%	35%	38%	40%	33%	31%	31%	16%
Resident	37%	37%	46%	50%	21%	35%	31%	29%
Retired	32%	37%	49%	39%	27%	37%	20%	37%
Fraser Health Authority	48%	45%	36%	39%	33%	28%	32%	22%
Interior Health Authority	55%	37%	37%	34%	41%	34%	28%	19%
Island Health Authority	58%	40%	37%	33%	34%	32%	29%	16%
Northern Health Authority	53%	41%	28%	36%	32%	37%	28%	25%
Provincial Health Services Authority	38%	33%	48%	44%	25%	27%	32%	23%
Vancouver Coastal Health Authority	51%	42%	35%	35%	30%	30%	30%	23%

Any final comments?

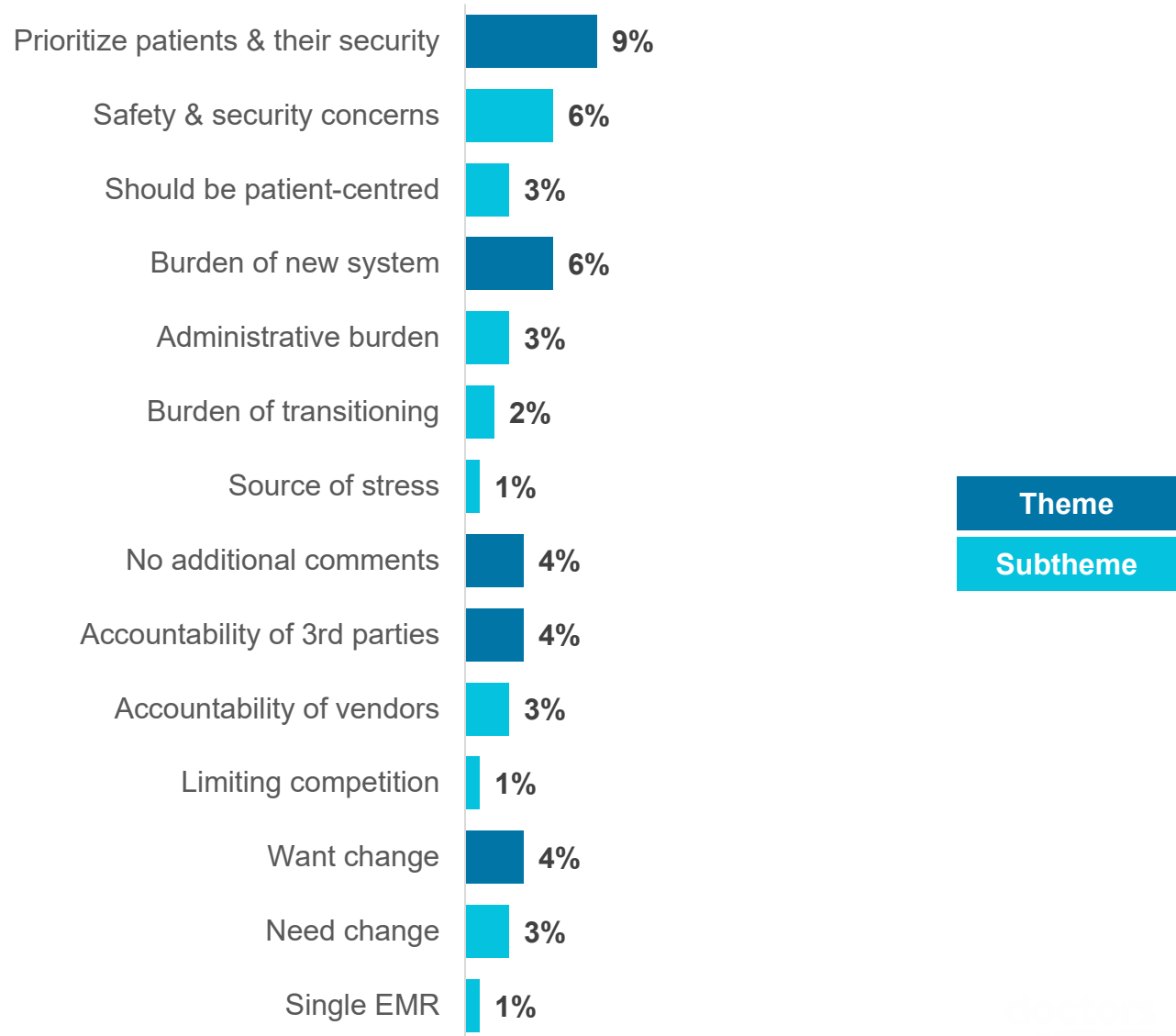
(N = 371)



Theme
Subtheme

Any final comments?

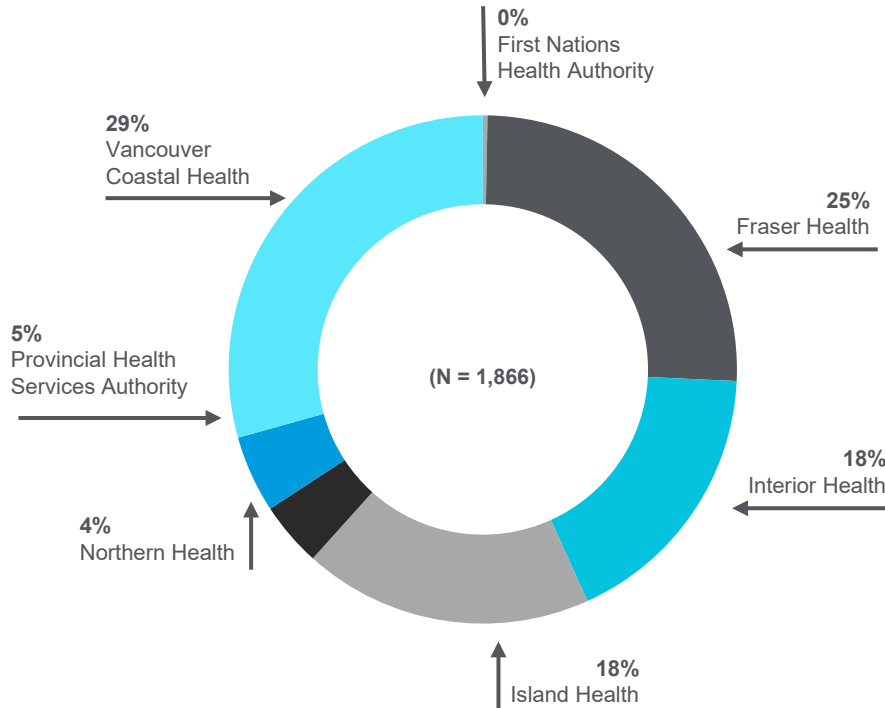
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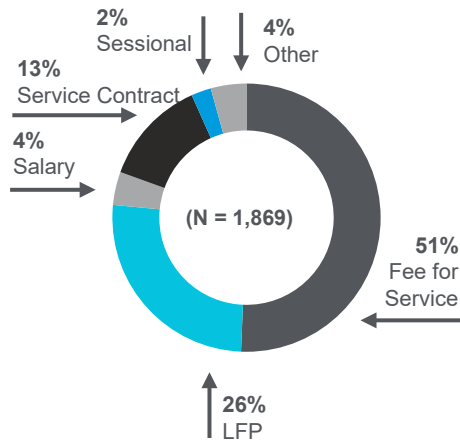
Sample Profile

Health Authority Sample Sizes	2023
First Nations Health Authority	6
Fraser Health Authority	474
Interior Health Authority	327
Island Health Authority	344
Northern Health Authority	77
Provincial Health Services Authority	92
Vancouver Coastal Health Authority	546

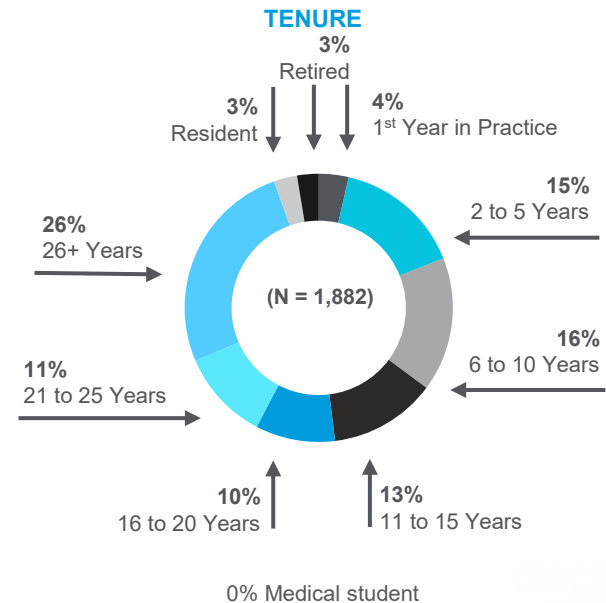
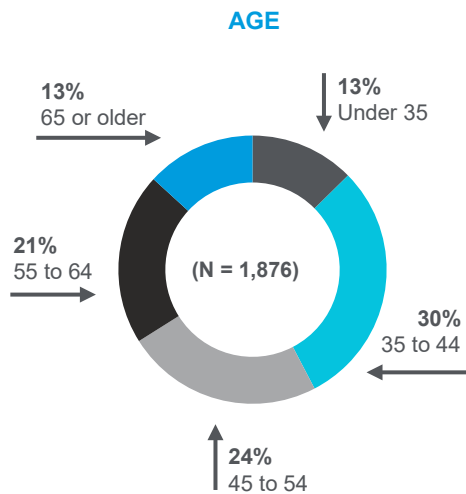
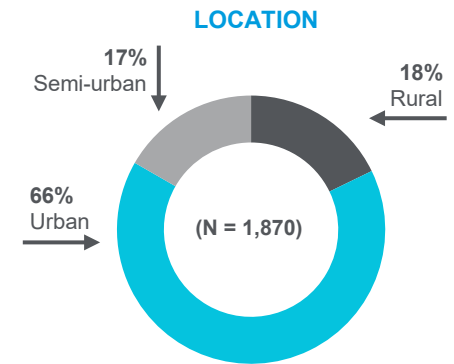
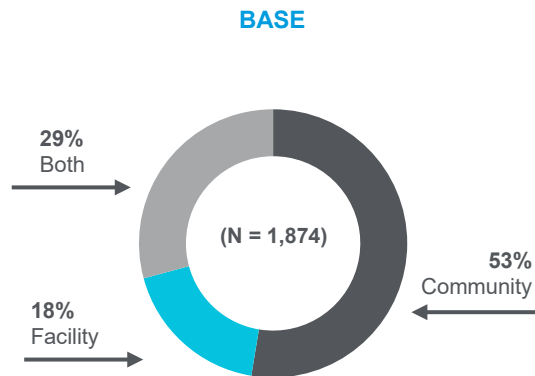
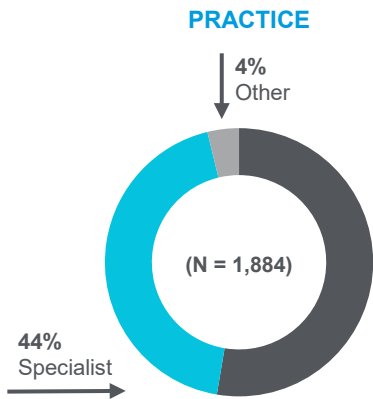
HEALTH AUTHORITY



CURRENTLY PAID



Sample Profile



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