

Computers

E-health eye-opener

A Swedish experience shows the benefits of electronic health.

GPs often worry about switching from one clinical software package to another, but Dr Jean McMullin, a GP in Heidelberg, Victoria, has shown it's not as difficult or intimidating as feared.

In 2007 Dr McMullin spent six months working as a GP in Sweden. She had to learn a new clinical software package as well as cope with a different language. One concession was that she was able to dictate her notes to a medical secretary who entered them in Swedish into the software.

Dr McMullin was working in Umeå, a city of 110,000 in northern Sweden, in a vårdcentral — a care centre that closely resembles a community health centre in Australia. Sweden has few private general practices.

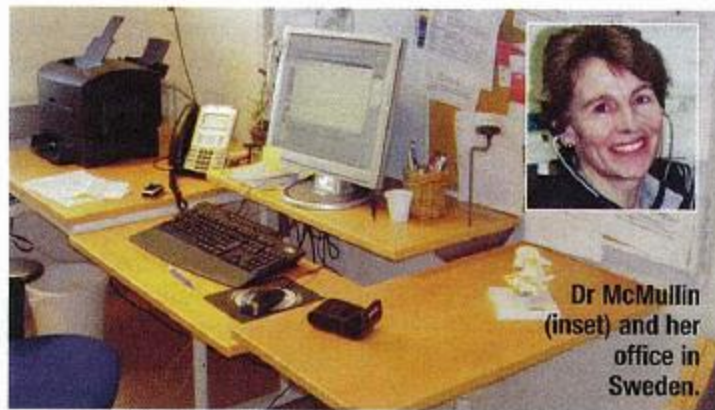
The vårdcentral had 4.5

equivalent full-time GPs, six nurses, a psychologist, two occupational therapists, three physiotherapists, a social worker, three medical secretaries, two receptionists and two administrators.

Dr McMullin says nurses in Sweden have a greater and more complex clinical role than in Australia. One of the nurses she worked with was trained in heart health and could prescribe medication. There were also nurses specialising in diabetes education and asthma.

The nurses have a gatekeeper role with all patients, triaging them to either a nurse or GP.

The vårdcentral works on a paperless basis, although reports can be printed if needed. Dr McMullin says all encounters with clinical staff are recorded in the electronic file. There is a facility to easily send a message to other clinical staff (eg, a nurse who checks a patient's BP can inform the doctor of the result).



Dr McMullin (inset) and her office in Sweden.

Like most Australian software, as you order investigations and prescriptions they are automatically entered into the progress notes. Once a patient is seen, the doctor dictates all other information such as the history, examination and conclusion, for the medical secretary to type into the notes. All diagnoses are coded. If a GP wants to check a patient's hospital notes or follow up a referral, notes can be accessed easily and electronically.

Prescriptions are always electronic and are sent to the pharmacist electronically. Patients can nominate to fill the prescription at any pharmacy in Sweden.

Patients don't come to the doctor just to get regular prescriptions. Instead they fill out a slip requesting the prescription, dose and quantity required and the doctor completes the script.

Referrals for diagnostic tests or to specialists' clinics at the local hospital are sent electronically. Consultants assign appointments according to urgency. Waiting times to see a specialist can be 3-6 months, but most patients are prepared to wait. When the patient is seen, the consultant reports back (electronically) to the GP with the outcome.

Dr McMullin is not prepared to say whether the Swedish system is better than Australia's, saying each has its positives.

But she admits she wishes that "in Australia we could so easily send all our prescriptions, referrals and requests electronically".



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