Australian Doctor.

Computers

Electronic barriers

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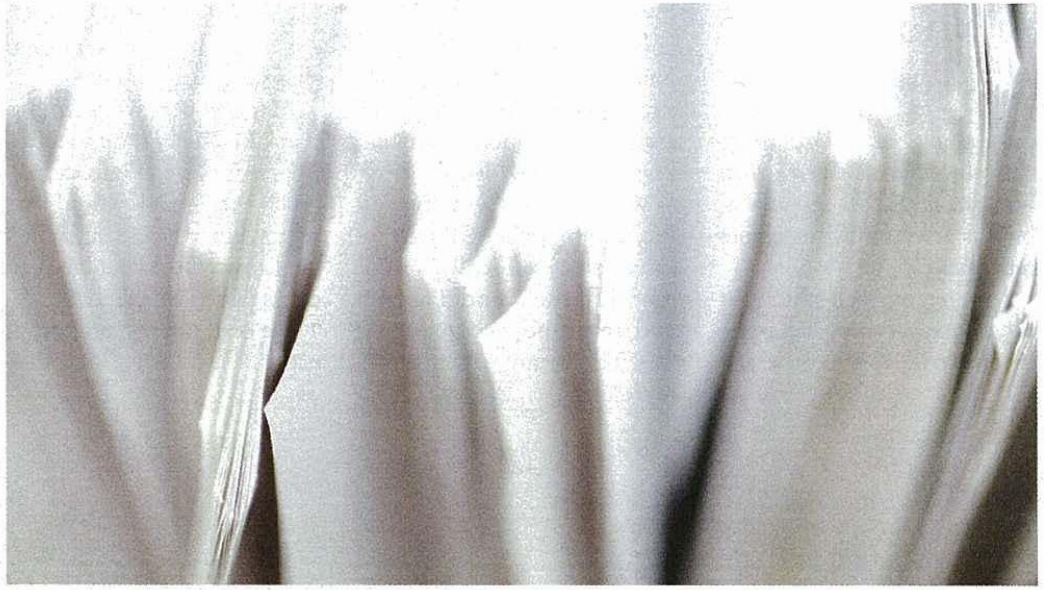
Obstacles to a paperless practice are proving difficult to shift.



GPs have been using computers for years, but the move to the paperless office is thwarted by three main limiting factors.

First, the word processing tools in most clinical software packages are quite inadequate.

You cannot have subfolders in the template list (such as one folder for outpatient referrals), so you are forced to scroll through a long list of templates. Nor can you have "if ... then ..." choices, so that when you select a specific outpatient clinic, the relevant clinic details are transferred to the template you are using.

Second, hospitals are not helping. Many hospitals insist that GPs use a specific referral form. This leads to an unwieldy list of hospital referral templates. Once again, you are forced to scroll through a long list.

The Victorian Department of Health has attempted to standardise hospital outpatient referrals with the development of the Victorian Statewide Referral Form. GPs are encouraged to use this simple referral form as a replacement for the many service-specific referral forms.

Three new outpatient referrals for maternity, urology and orthopaedics (hip and knee) have been developed. The maternity and urology templates were developed in Victoria, and the hip and knee was developed as part of a national project. The templates, which are suitable for all states, are available on the North East Valley Division website (www.nevdgp.org.au/?content=14).

However, several large hospitals require, not request, GPs to supply additional information, including drawings, to accompany the software-generated outpatient referrals. Paper-based proformas are posted to the general practice and the hospital makes PDF versions available on their website.

It is understandable why hospitals do this — they want more accurate and specific information to assist in the triaging of patients, and they use PDFs so no one can tamper with their documents.

GPs, on the other hand, want to have clinical software versions that not only autopopulate the documents, but are saved in their software. Many of the major clinical software programs use LetterWriter. Since the hospital-supplied proformas are PDFs, they cannot be imported into LetterWriter (which only accepts text-based file formats such as .doc and .rtf), so practices are forced to scan the documents into the patient record.

One hospital sent a letter to a practice requesting them to stop using the computer-generated referral and to revert to the paper-based version.

The third limiting factor is the requirement that all patient clinical information transferred between health providers be encrypted. The problem here is the lack of interoperability between providers of the public key infrastructure (PKI) encrypted software.

The way around this is to transfer information via fax — hardly a paper-free solution.

In 2002, I was one of a group of divisional information management program officers who promoted PKI as the way of the future for secure messaging systems.

We signed up GPs and they applied for PKI keys. These arrived on USB devices and were put away in desk drawers, never to see the light of day again.

The memory of the cost and wasted effort of this exercise still embarrasses me today. However, I am told that this is all going to change in the next year. Let's hope so.

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