

Report from Raymond Simkus on ICPC in Canada 2015

I must apologize for being late with this report. But then there is nothing much to report. I have been involved with various projects and committees over the years but it is a continuous struggle to get things going. In Canada the interest in terminology seems to be limited to a very few people. About 80% of primary care physicians in Canada are now using electronic medical records. The rank and file physicians have been shown to have a lackadaisical attitude about recording things in a way that would facilitate computability of those records. The preference is to use ICD-9 or for free text. Physician based organizations seem to have taken their direction from their membership and are doing very little to move forward. It is unfortunate that this attitude exists and that the cause is most likely poor experiences due to applications that are designed in such a way that physicians have a difficult time to quickly and easily find the diagnosis they are looking for. That ICD-9 is not fit for purpose is another issue.

CIHI or the Canadian Institute for Health Information collected data from 200 physicians that were using EMRs. Their finding was that even for common conditions these physicians recorded diagnoses like diabetes 800 different ways. Canadian Primary Care Sentinel Surveillance Network, CPCSSN, collects data from many physician offices but they have to use extensive cleaning routines to make the data usable. In British Columbia there is a group called the Physicians Data Collaborative that is working on an application that will provide physicians the capability to export their data in such a way that system wide queries can be run that would allow for analysis of aggregated data for population studies and for self-reflection. This group has also found that there is a great deal of idiosyncratic data recording.

There are a few academic physicians that are aware of ICPC and are interested in using ICPC but I am not aware of any sort of concerted effort to move things forward. This have been some early discussions in several provinces with regard to implementing SNOMED CT. Physicians billing records are still based on ICD-9. I have been encouraging the move to SNOMED and have been informing these groups of the availability of the mapping from SNOMED to ICPC. Widespread use would of course require a national license. The organization that is the national release centre for SNOMED is Canada Health Infoway but its mandate may be coming to completion. There is uncertainty if Infoway will continue to be funded or if another organization will take over this responsibility. The SNOMED terminology seems very appropriate for use at the point of care, yet for analysis some grouping system is needed and ICPC could be seen as an appropriate tool for this.

Medical records systems in Canada and the US seem to be focused on the use of ICD for billing to the exclusion of anything else even though other tools are clearly more appropriate for clinical care. Medical records system vendors seem to be very reluctant to incorporate SNOMED into their systems in such a way that it would be easy for physicians to use. The vendors say that their customers are not asking for SNOMED, or ICPC. The reason is that very few physicians have even heard of SNOMED or ICPC. There is a problem of identifying who has the authority to tell the physicians what to do and none of the physician based organizations are willing to take a stand on endorsing or recommending the terminology that should be used by physicians for clinical purposes.

A handwritten signature in black ink, appearing to read "Ray Simkus". The signature is fluid and cursive, with the first name "Ray" and last name "Simkus" clearly distinguishable.