

# Alberta Doctors' Digest

## The IT MD

I'm not quite sure where the term IT MD originated from, but I really do like how it conveys a notion of specialty and expertise. Combining two well-known acronyms, it becomes instantly recognizable within the public domain. We have much in common with our IT colleagues: we may feel underappreciated, understaffed and overworked; while under the hood, we spend significant portions of our time making sure our patients see nothing except a well-oiled machine.

A recent opinion editorial by former Canadian MP and family physician [Dr. Jane Philpott](#) in *Maclean's* magazine laments at our lackluster savviness when it comes to health information technologies. She highlights some very valid points, that for years we have been able to make restaurant bookings from our phone apps, but we can't seem to do something as simple as make medical records easily accessible to the patient. However, here in Alberta, the conglomeration of the previous local health regions into a centralized entity allowed many of us to be on the same page. By standardizing data points and unifying them into one system, we are finally on the right track by allowing patients to access some of their own records.

From a macro-level perspective, this is just the beginning. In 2019, large end-to-end service providers like Amazon have announced "[Haven Healthcare](#)", an enigmatic joint venture firm by Amazon, Berkshire Hathaway and JPMorgan Chase. Most tellingly, they are in it for the long haul, investing significant resources and placing the renowned surgeon Dr. Atul Gawande at the helm. Their website is intentionally vague, perhaps a nod that they are onto something grand. It is clear however, as a large end-to-end provider, they intend to transform the health care landscape completely.



Even the basics like high-speed Internet are distributed unequally amongst urban and rural populations – and within these populations, they vary along socioeconomic lines. (Photo credit: Gerd Altmann, Pixabay.com)

So where does this leave Alberta physicians and what should we be doing as IT MDs? I present my top three practical priorities for you to consider.

### **1. Evolving patient advocacy into tech advocacy**

We can start by doing what we do best, by advocating for our patients. Access to health care is still not equitable, and it will likely worsen with emerging tech. Even the basics like high-speed Internet are distributed unequally amongst urban and rural populations – and within these populations, they vary along socioeconomic lines.

In our day-to-day patient interactions, there are opportunities for advocacy. An elderly patient with visual impairment would benefit from us helping to adjust their phone screen sizes, or an embarrassed patient may benefit from a quick probe to see if they have been a victim of an email scam. Is your financially challenged patient having difficulties paying their Internet bill? Point them toward compassionate aid programs offered by some service providers. I cringe when one of my patients tells me they pay \$100+/month for their smartphone bill. Encourage them to shop around and ask their providers what options are available. Much like pharmaceutical companies, you can be quite surprised at some compassionate programs that are available.

### **2. Harness our love for efficiency**

“I never knew how bad the paperwork was until after residency.” – me, circa 2017

For a profession that has a self-professed love for efficiency, I think we’re actually pretty bad at it. A 2016 study funded by the American Medical Association by [Sinkys \(2016\)](#), using quantitative direct observational time and self-reports, showed that for every one hour of clinical time, physicians spend nearly two hours on administrative duties within the clinic day and another one to two hours of personal time outside of regular office hours on additional computer work. This is tedious, boring and, unfortunately, we simply get used to it.

I would challenge my colleagues to schedule regular intervals where they re-examine their workflows. It may be more motivating to think of your time as an opportunity cost; the hour you save on EMR clicks can be used for other fun side hustles, like learning Python (more on this in a future article).

### **3. Future proofing health leadership**

As demonstrated by Haven Healthcare, large Silicon Valley entities have and will continue to invest heavily to drive and define health care. In some ways, they understand our patients better than we do. While for a time debate amongst physicians was stalled at wondering if simply giving patients access to their own medical information was a good idea, market forces have already determined that it was. We have already been late in recognizing this important societal undercurrent. We will continue to be late at others unless we have dedicated IT MD specialists to champion our unique needs.

The bottom line is that in Alberta we will be expected to do more with less while navigating the labile waters of public opinion. I don’t see these challenges as barriers to be overcome, but as opportunities to innovate. While the tech giants market themselves as the experts in end-to-end service provision, I would argue that as physicians, we are

the original and trusted medical end-to-end provider. I don't think any other profession can take this away from us.

We should embrace the role of the IT MD and meet market demands head on. Maybe a bold solution could be in the form of a standardized IT MD fellowship (I know some variants already exist on a smaller scale). We have already recognized that health informatics is an important competency under the Leadership CanMEDS role. By taking charge of the IT MD identity, we can sculpt and define it in a way that puts us in the driver's seat. It would allow us to future-proof our profession, to do jobs that only physicians can do.

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Author's disclaimer: I have no personal or professional financial involvement nor do I receive any financial benefit from the organizations mentioned in this article.

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