Norway - Early Electronic Medical Record Adoption Helped Then, But Hurts Now

Norway started adopting electronic medical record technology as early as the 1980s. Much of the technology in use is now outdated and hinders, rather than helps, physician performance while slowing the delivery of desired health outcomes.

While Norway deserves credit as an early adopter of electronic medical records, technology that was adopted years ago is now crippling attempts to optimise physician performance and deliver the patient health and experience outcomes that are expected by both doctors and patients—especially in the context of progress made in industries like financial services and retail. Outdated healthcare technology lacks the intelligent capabilities required to provide automated and interactive capabilities to both healthcare professionals and patients.

Norwegian General Practitioners (GPs) began to adopt Electronic Medical Records (EMRs) in the early 1980s. Over 95 percent of Norwegian GPs have been using an EMR for the past 10 years. According to Bloomberg News, Norway has the highest EHR adoption rate (98 percent) among developed nations such as the Netherlands (98 percent), UK (97 percent), New Zealand (97 percent), Australia (92 percent), Germany (82 percent), United States (69 percent), France (67 percent), Canada (56 percent) and Switzerland (41 percent). The time is right to fundamentally overhaul this technology to enable Norwegian doctors to experience the benefits being experienced in other markets without the disadvantages of old systems. A number of key challenges must be faced in the transformation process.

According to Accenture’s recent research*, EMR systems are perceived to be a valuable tool by primary care physicians and specialists alike. While healthcare professionals are optimistic about the additional capabilities a new system may offer, they would require improved integration between EMR and practice systems and training in order to reassure them to make a switch.
Data silos prevent effective care

Healthcare practitioners in Norway have indicated that geographical and organisational data silos prevent effective real time data sharing. Specialists and primary care providers do not share information in an automated fashion, nor are records from different providers shared.

“...I would like better communications with the GPs.”
Psychiatrist

“The communication with GPs (needs improvement). They use a different system, which means that we are unable to see what they have done.”
MD, Specialist

“The lack of integration is a major problem. The fact that we are unable to communicate with GPs is a huge issue.”
Medical Doctor (MD), Infectious Disease Specialist

“It would be great if all hospitals used the same system and ideally that we were able to communicate with the GPs as well.”
MD, Specialist

Key challenges

1. There is no/limited connectivity in the systems between Primary and Secondary care
2. Systems are slow and often crash or freeze when looking at large files
3. Tests and assessments are not all available on the system (consistently only x-rays and blood tests are)
4. Speech recognition software is not available on older systems
5. Systems are not intuitive and are not used optimally

Order of importance
System response delays lead to frustrations

Old systems hinder rather than help Norway’s EMR doctors because of slow response times and system delays. Healthcare practitioners point out that time currently spent administrating the system could be spent on patient care.

Built-in intelligence is missing

Intelligent, interactive systems would be able to direct care providers to the next step in the clinical pathway, and provide specific contact details for suitable facility or specialist.

Information loss is frequent

Data losses result when systems freeze and doctors say there is a risk that records are lost when traditional paper-based records are transferred to electronic platforms.

“The functions must be integrated, it (the system) should be interactive and easy to use. You shouldn’t have to spend much time handling the EMR system, which would free up time for patient care.”

MD, Specialist

“A better address register, which was kept automatically updated. Not for the patients’ addresses, but for the specialists. It would be easier to find the right clinic and save time.”

MD, Specialist

“I would like a reminder function, so that if I have a patient I want to follow up, I could click on that patient and add an alert that would remind me to check something or other in a week’s time. This function is missing. This means that I have to print out a record and place it in a ‘reminder pile’.”

Gastroenterologist

“When I get information from [hospital name], it comes on paper. I then have to sign it and scan it into my system. And there is a real risk that it gets lost.”

Gastroenterologist

“I may have spent half an hour typing it in and suddenly something goes wrong or the system freezes – this is a huge source of frustration.”

MD, Specialist
Solutions

A three-pronged approach is required to address these challenges:

• Improved infrastructure – hardware and software which can scale and includes intuitive interfaces and analytics-based alerts and recommendations will free healthcare professionals to spend time on patient care.

• Integrate General practitioner systems with hospital systems – to ensure continuity of care so that primary and secondary care providers save time, avoid unnecessary duplication and improve the patient experience by using complete, real time information.

• Improved service levels from EMR providers – Service Level Agreement based service provision with sufficient redundancy to overcome any temporary faults so that the technology itself becomes incidental and providers can focus on care itself, rather than on managing or correcting technology limitations.

These fundamental changes can help provide doctors with the intelligent, automated functionality needed to improve care in terms of both speed and quality.

References

*Accenture did a research titled “Understanding HCP’s perceptions of electronic medical records in Norway”. Specialists and primary care physicians in the central regions of Norway were interviewed through in-depth telephonic interviews in the month of September 2014

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