

iPhone purgatory and other technological challenges

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I recently broke my Android's screen and switched my SIM card to an older iPhone. Now I am in iPhone purgatory. All my settings need to be converted with my fat fingers. Data need to be migrated, and the thing still does not ring no matter where I wander in a maze of unfamiliar settings!

The problem is easily addressed by humbling yourself (if you think you are tech-savvy). Merely ask any of your hundreds of iPhone-using patients. If they don't know, ask for the advanced-level support that their kids can give you. (WHAT? ... There is a hardware button to turn the ringer on!)

OK, having to change phones does sound like a first-world problem. I defend my complaint by pointing out that my phone is a point-of-care device with medication and patient information on it, my schedule and contacts, and the ability to phone, message and email, and that is how I and many doctors operate.

The problems associated with the computer in my hand are not that far removed from the challenges of keeping on top of the electronic medical record (EMR) at the hospital or clinic.

Rural doctors are more isolated while wrestling with an EMR glitch than when we are grumbling about our cell phones. Google won't help with those types of problems, and our only source of help may be a vendor in a distant city. It may not be an

issue if support quickly fixes the problem, but by no means is that always the case.

The following are possible issues you may encounter.

Data migration. Sure, you are happy ... enough ... with the system(s) you have now, and change is painful, so why would you want to change? Actually, there are a lot of reasons, and, according to a US study,¹ a substantial percentage of physicians' clinics and hospitals change EMRs. I have used 3 EMR systems in the clinic (so far).

Catastrophic failures. You need a disaster recovery plan. Furthermore, if you have not tested your backup to prove it works, you should not be sleeping well. When you depend on an EMR that is not dependable, that can be reason enough to migrate data to another EMR!

Connectivity. There is little more frustrating than when your EMR support and your laboratory point fingers at each other about who is to blame, while you are stuck with a growing avalanche of paper results.

Welcome to rural generalist medicine in 2016. We may not need to become IT specialists, but we are not yet to the point where we can ignore the technology and it will work.

REFERENCE

1. Pending upheaval in "the year of the great EHR switch" shifts spotlight to e-health industry's best, Black Book reveals 2013 top scoring vendors. New Orleans (LA): prweb; 2013 Mar. 4. Available: www.prweb.com/releases/2013/3/prweb10460471.htm (accessed 2016 Aug. 6).