



A key component in evaluating the success and benefits of patient medical homes involves collecting stories of health care change from doctors, patients, and allied care providers. These stories take readers on a journey toward understanding how patient medical homes are improving care around the province.

Change Snapshot: How the transition from solo to group practice restored their enjoyment of family practice.

A Team Approach Restored My Enjoyment of Family Practice

My wife and I are both family physicians who have worked together for a number of years in a solo office with separate practices. We found that running an office was becoming more and more onerous. We wanted to explore a change, so we were no longer isolated on our own, in a silo. It all started with the decision to move to an electronic medical record (EMR) a year and a half ago. Previously, for 34 years, we had been using paper charts. We struggled, as none of the staff or physicians had experience working with an EMR. We were leaving the office each day two hours later than we had before. We tried to get help from our EMR vendor, but we went through an astounding number of staff trainers due to turnover. The primary reason I wanted to move to a group practice was fatigue with the HR component of running an office with one primary employee and a half-time support employee. It was difficult to get quality coverage. The idea of hiring and training a new employee was a huge barrier and being able to join a group clinic was a great benefit.

I first approached the group practice about a year ago when they announced they may be able to accommodate more physicians with creative booking, and I joined their clinic five months later. The division office was tremendously helpful with the EMR transition and as a conduit for moving to the group practice. It took us several months to wind up the office, scan paper files, close out contracts with suppliers and negotiate with staff. One employee decided to move to the health authority and the other moved to be closer to family, so it all worked out. I have a very large practice, and scanning all files would have been financially onerous, so we just scanned pediatric files and moved some paper files in case we need them. Making the transition from paper to EMR was much more difficult, time-consuming, expensive and stressful than I would have thought. It took me a year to get comfortable with using the EMR and there are associated costs, including monthly fees, investments in hardware, and ongoing computer issues.

As a result of moving to an EMR, we were able to attract a young physician to take over my wife's practice. I was able to join a group practice, and the young physician joining me was keen to be part of a group practice. The clinic I moved to has six other family physicians, all younger than me, who are excellent colleagues and physicians. A nurse practitioner started a week ago. It's a busy, well-run office. I've reduced my time in the clinic from 4 days to 3 days per week. I've got my life back, and I'm enjoying myself. It was difficult but it is worth it- a year and a half down the road, I'm happy with the EMR. It's worth it because of the convenience of form templates, accessing data in a hurry, and using the features to refill prescriptions automatically and send to the local pharmacy. The EMR is a huge timesaver.

The most significant change I experienced moving to a group practice is that it restored my enjoyment of family practice. I can now do the best part of my job – taking care of patients – while greatly reducing the unpleasant administrative aspects. Patients are hugely appreciative that they still have a physician. Thousands of people in this city have lost physicians to retirement and ill health. I enjoy the collegiality of a group practice and find working with them quite pleasurable.