Informatics in Primary Care now full-free text and free to publish

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NEW PUBLISHER FOR INFORMATICS IN PRIMARY CARE

This is the first issue of the journal in its new full-free-text, fully open access format; this issue will also appear in print. The generosity of BCS, The Chartered Institute for IT, means that Informatics in Primary Care is now free for authors to publish in, and free for anyone to read. The journal has moved to being published online by BCS. This is a return to the journal’s roots, as between 1995 and 2000 the journal was published by the BCS Primary Health Care Specialist Group (PHCSG). All the back numbers of the journal are now also open access (Table 1), either on the IngentaConnect™ website (44 issues from between 2001 and 2012) and with the very early issues available on the University of Nottingham website (1995–2000).

Table 1

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PRESCRIBING APPLICATIONS

This issue contains two papers about prescribing. One reports how satisfaction with a prescribing prompts system ScriptSwitch® was reduced because it did not learn prescribers’ preferences, so the same pop-ups had to be repeatedly deleted.¹ This unhelpful signal to noise ratio is something previously reported within the pages of this journal.² Preference learning is a long established element of computing, and particular machine learning.³ It is disappointing that dissatisfaction arose in an area where there is a technology available to correct it. A second paper in this issue describes a web-based application to share prescribing data between general practitioner, pharmacist and hospital was broadly welcomed by those involved in its use.⁴

SIMPLE MEASURE TO MEASURE "HOW ARE YOU?"

A simple measure has been created to assess health related quality of life, called ‘howRU.’ This quick to answer four element tool⁵ is compared with the EuroQual Group’s measure EQ-5D originally called Euroqol, a widely respected measure of health-related quality of life.⁶
COMPUTERISED MEDICAL RECORDS REDUCE ADMINISTRATIVE TIME AND ARE ASSOCIATED WITH JOB SATISFACTION

An important paper by Zhou et al. suggests that interoperable computerised medical record systems primarily reduce administrative task time such as prescribing, rather than improving overall efficiency of consulting or reduce patient waiting. These findings are compatible with a classic systematic review from over a decade ago, and your Editor’s findings in direct observation of computerised consultations. A short report suggests that getting on with your computerised medical record is associated with job satisfaction. With computerised medical records forming such an integral part of clinical practice it is perhaps no surprise. Perhaps it is time for aptitude and utilisation of computing to form part of the assessment of trainers and trainees for general practice?

REFERENCES


THE TRIADIC RELATIONSHIP: CLINICIAN-PATIENT-COMPUTER

A systematic review suggests that use of the computer in the consulting room promotes more systematic collection of biomedical data, possibly at the expense of the biopsychosocial. A commentary reminds us that this is a ‘triadic’ relationship involving doctor-patient and computer.

GEOGRAPHICAL INFORMATION SYSTEMS

Visualisation of data is set to rise in health care. This can be at an individual patient level through the use of geographical information systems (GIS) to look at population trends or changes. This issue contains an interesting paper from India about the use of GIS for malaria mapping.