Relearning the lessons about the implementation of information systems in primary care: a report from the European Federation for Medical Informatics (EFMI) Special Topic Conference 2007 in Croatia

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This short series of four papers from the European Federation for Medical Informatics (EFMI) Special Topic Conference in Croatia in April 2007 compares UK and Croatian family practice and describes how the lessons about how to develop and implement a general practice computer system have had to be relearned.

EFMI has 30 European countries as members. 1 The principal activities of EFMI are its conferences: its main conference is the annual Medical Informatics Europe (MIE) event, with smaller Special Topic Conferences (STC) held in between. The 2007 STC was held in Croatia, 2 with the first session of the conference organised by the EFMI Primary Care Informatics Working Group, 3 which I chair. This topic was chosen as Croatia, in common with many other health systems, sees primary care as a key enabler of quality and efficiency within its health system.

Four of the papers from the STC have been selected for publication in Informatics in Primary Care. The first compares the systems for providing general practice in the UK and Croatia and the use of computers within them. 4 Both systems have very similar list-based systems, and have come under similar pressures as a result of health service reforms. However, key differences are that in Croatia practices all comprise doctor–nurse two-person units – even though there may be several doctor–nurse units in one building. In addition to targets for prescribing and referral, sickness absence is also a target in Croatia.

The second paper reports how the real-world problems of how to choose and implement computer systems in primary care have had to be relearned in Croatia. Bergman-Marković et al report how they twice had to transfer data manually between systems; they also describe problems experienced with small suppliers that are unable to provide proper support. 5 It is disappointing that lessons learned internationally have not been shared within the health informatics community in a way that might have prevented the painful relearning that has taken place here.

Like the UK, Croatia is looking to implement an integrated healthcare record system. Gvozdanović et al give a more upbeat report of their method for delivering an integrated healthcare record system. 6

Finally, a fourth paper from Croatia provides a comprehensive literature review of the evidence base for using computerised records in practice and the difficulties with implementation. 7 This paper places the others in a theoretical framework within the informatics literature and ends with a plea for care in appropriately restricting the secondary use of routinely-collected computerised clinical data.

Collectively these papers illustrate how technology can be used to improve quality in primary care and underpin the modernisation of health systems. However, they more importantly illustrate that primary care informaticians may not have sufficiently defined their evidence base.

Primary care informaticians need to write more about their experiential learning and consider involving themselves in the activities of their regional as well as international informatics working groups. In addition to the EFMI Primary Care Informatics (PCI) group there is also an active group in AMIA (American Medical Informatics Association), 8 and within WONCA (World Organisation of Family Doctors). 9 These groups have successfully demonstrated
the potential for joint working and for learning.\textsuperscript{10} Readers of this journal should consider sharing and testing the validity of their experiential learning through one or more of these groups and by publication in the pages of this journal if we are to avoid repeatedly re-learning the lessons of the past.

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