

ITAC

INFORMATION TECHNOLOGY
ASSOCIATION OF CANADA

ACTI

ASSOCIATION CANADIENNE
DE LA TECHNOLOGIE DE L'INFORMATION

The Issue: *ITAC eHealth*

Imagine a post-Confederation Canada if the 'last spike' in our national railway had not been driven home—linking east to west across the mountains—until 1900, 15 years later than it was. Or, imagine if our national fibre optics network had languished unfinished for a decade, until the late 1990s. The timely completion of these critical pieces of trans-continental infrastructure was essential to our growth and prosperity, and both achievements helped make Canada a leader in economic development.

Today, Canada is facing a similar situation related to the completion of an eHealth network that would fulfill the vision of a national Electronic Health Record (EHR). While citizens of Denmark have been able to manage their own patient records online since 2003, and the United Kingdom achieved a national EHR in 2008, fewer than half of Canada's 35 million people have access to an EHR. The recent controversy about procurement practices in Ontario's health agencies threatens even further delays.

It is little wonder that the Canadian Medical Association (CMA) recently called Canada "a laggard in the use of information technology in the service of patients."

Our slow progress toward a pan-Canadian EHR is not related to a lack of acceptance of the technologies involved nor ignorance about the potential benefits.

It is estimated that a national EHR will save Canadians between six and seven billion dollars annually, significantly reduce the incidences of adverse drug reactions, and dramatically cut the number, and duration of, emergency room visits. As with all enabling technologies, the elements of an EHR will also bring benefits we cannot foresee.

In the first-ever study of the use of clinic-based paperless systems by family physicians—conducted by the CMA in 2009—recognition of the advantages, particularly in remote regions, was clear. The CMA has also documented how nurses have used patient databases to decrease non-urgent emergency department visits by up to 32 percent, how pharmacists are helping seniors track and management prescription medications, and how large healthcare facilities are improving their information exchange. In Ontario, for example, GE Healthcare IT's Emergency Neuro Image Transfer System illustrated how technology could allow 70 neurosurgeons and some 200 CT technicians across the province to communicate and consult remotely. The system saves millions of dollars in time and transfer costs.



Canada has already bred an entire generation of physicians who have moved beyond the use of paper-based medical reference books. PDAs have long since become the constant companions of sleep-deprived and knowledge-dependent medical students, giving them fast, remote access to clinical databases. Once in practice, these doctors—and many of their older peers—have been quick to embrace the paperless office. A growing number of clinics across the country now manage patients'

files electronically, and provide online services to help them manage their own health and avoid unnecessary office visits or trips to the emergency ward. During the H1N1 influenza crisis, dozens of physicians across the country were collecting data on the patterns they were seeing in their clinics, and feeding that information electronically to the Canadian Network for Public Health Intelligence. The amalgamated reports helped the Public Health Agency of Canada (PHAC) keep Canadians informed about how far the flu had spread and who was at risk. A joint project of Canada's health ICT vendors, the CMA and PHAC, the surveillance system will be used in the future to keep the frontline of our healthcare system operating efficiently.

For their part, healthcare recipients have been enthusiastic about digital technologies that allow them to avoid crowded waiting rooms and assure them of improved records management. In a 2007 survey, 88 percent of Canadians polled supported the concept of an EHR.

The benefits of applying information and communications technology (ICT) to healthcare were recognized a decade ago. At a First Ministers meeting in 2000, Canada's political leaders identified the development of an interoperable EHR as a key healthcare priority. In 2001, to implement and manage the growth of advanced systems of health information, the federal government established Canada Health Infoway, a not-for-profit, independent body. A primary function of the organization is to invest federal funds in EHR systems where best practices and successful projects in one region can be shared with or replicated in another.

As of June 30, 2008, the organization had approved investment in 263 EHR projects, with a total value of almost \$1.5 billion. Included are projects that will see instant retrieval of seniors' medication profiles when they arrive at a hospital emergency room, expanded high-speed telehealth services to connect residents of Manitoba and New Brunswick with specialists, and significant reductions in the time required to analyze MRI results in British Columbia, Quebec, Nova Scotia, and Newfoundland and Labrador.

In 2006, Canada Health Infoway set out a 10-year vision for achieving its goals for a national EHR system. The federal government appears to be committed to the target. Minister of Health Leona Aglukkaq, who has extensive firsthand knowledge of location disadvantages facing some Canadians who need health services, has said: "Our medical

system has to move into the Information Age in the same way that all other sectors of our society have. We have a faster, more accurate way of communicating medical information, and there is no reason not to embrace it."

More than just words, the federal government has also committed additional funding, pledging an additional \$500 million to EHR in its 2009 stimulus package.

Unfortunately, on September 28 the Government announced that this funding would be held up for six months. It is estimated that a national EHR will require an investment of \$350 for each Canadian; to date, the investment stands at \$50 per capita. On top of that, the CMA has decried the speed at which federal money has flowed, stating: "Canada is among the most tech-savvy and connected countries in the world, except when it comes to healthcare. The federal government must step up now and deliver the funding it promised to help correct this situation."

Vision alone is not sufficient to ensure the completion of Canada's national EHR. Just as with the Canadian Pacific Railway and the national fibre network, ITAC believes that what is required is a sense of urgency and the recognition that it is an essential component in the country's development. While our system of user-funded healthcare remains the envy of much of the world, we cannot allow our lack of attention to the EHR goal to undermine the efficiencies inherent in that system.

Echoing the words of Richard Alvarez, President and CEO of Canada Health Infoway, "We must all continuously push for meaningful change—and the investment and widespread co-operation that will allow that change to be fully realized." ICT holds enormous promise to improve the health of Canadians, to give them better access to the health services they need, and to reduce the costs each of us pays for those services. At this point, less than half of Canadians are seeing any benefits, and we are lacking the added benefits associated with the economy of scale and interoperability of a national system. It is past time to connect the pockets of innovation that exist and let the benefits—realized and unrealized—of EHR flow to all Canadians.



Bernard A. Courtois
President and CEO
Information Technology Association of Canada
November 2009