



- MANFRED KOO, GUEST EDITOR -

What have you done for me lately?

Manfred Koo, MD, MSc, MBA is a senior consultant with Courtyard Group in Toronto.

This isn't a song from Janet Jackson's repertoire, but a lament of all Canadians who move from one province to another.

Consider the case of Shannon, a bright newly-minted graduate of the Health Information Science Program from University of Victoria, BC. She moves across the country to work in Toronto: she uses the same bank card from the same banking institution, the same cell phone from the same carrier - right away, from the minute she lands at the airport. She leaves behind her family, friends and Shelby, her pet dog but also all of her health information, mostly paper-based, locked in filing cabinets, and on tape back-ups in various health care settings, her entire pharmacy records, which are all electronically captured and stored in PharmaNet¹, but not usable in the multitude of hybrid paper and digital formats spread across Ontario, and her latest MRI scan, though captured in a digital format, isn't hers to keep on her 1 GB USB memory key. Yes, there is indeed a better way to do all of this.

Shannon's predicament illustrates two facets of the information and communication technology (ICT) landscape across Canada: a persisting hybrid environment - part paper, part electronic capture but a non-standard structure to allow efficient information sharing; and a standardized electronic capture, but incompatible systems for sharing the data.

Key stakeholders in Canada's health info-structure arena agree on the need to work together. However, it is still very difficult to establish the environment (governance, process and relationships) for successful collaboration.

Yet, across Canada there are several models of collaboration that work well.

In British Columbia, PharmaNet¹, mentioned earlier, is a province-wide network linking all pharmacies into a central data system to support drug dispensing, drug monitoring and claims processing. Emergency departments, hospital admitting, medical practice offices and clinics. Patients can ask a pharmacist to place a keyword on their patient profile to protect their privacy. The keyword limits access to the patient's profile to only those individuals with whom the patient chooses. Patients do not need to be concerned that placing a keyword on their PharmaNet record could delay treatment in an emergency. If the information is required urgently and the patient is unable to provide it, an Emergency Department physician can contact the PharmaNet Help Desk 24 hours a day and request that the keyword be removed.

Alberta's Physician Office System Program² (POSP), a joint initiative of Alberta Health & Wellness, the Alberta Medical Association and Alberta's Regional Health Authorities. POSP has engaged over 2,200 physicians - nearly 40% of Alberta's physician

Hurry Up Blues

By Hap Palmer¹

Hurry kids, no time to play
We're runnin' late for school today
Got the got to hurry, got to worry blues
Where's my list of things to do?

population - in offering financial assistance and other resources to physicians implementing information technology in their practices and an electronic medical record. Physicians are able to share knowledge and essential patient information within their practice and, when necessary, securely share information with health care providers outside their offices as well. Another 2,500 physicians are expected to enroll by March 2006. POSP functions as a collaborative enterprise at the governance level, in the delivery of core services, with the private sector and with the physician community, easing the transition to a new collaborative model for service delivery at the community level.

Since 2003, the Saskatchewan Surgical Care Network³ (SSCN), a province-wide computerized patient registry, tracks all patients requiring surgery in the province and facilitates the implementation of consistent tools for physicians to assess the priority of patients for surgery. It is dedicated to creating a more reasonable and fair surgical system for all patients. The public has access to enhanced wait list information from all Regional Health Authorities (RHAs) providing surgery. RHAs, physicians and Saskatchewan Health use information from SSCN to best match available surgical care system resources to patient needs.

In Toronto, the Patient Results Online^{4,5} (PRO) is a collaboration between University Health Network (UHN includes Toronto General, Princess Margaret and Toronto Western hospitals) and Mount Sinai Hospital to provide clinicians with an integrated, single point of access to patient information using UHN's eChart. This Web-based application provides real-time access to clinical documents stored in various clinical information systems, across hospital boundaries. Each piece of patient data - from admission through to blood tests, lab results, medications, X-rays, scans and even doctors' notes - is available electronically. A recent MDS Inc. partnership further enables clinicians from these hospitals to access test results from MDS community labs across the province using the same system. Moving forward, UHN is pursuing its vertical integration with other organizations - following the patient's journey through the health care continuum - including St. John's Rehab and the Toronto Community Care Access Centre. Such collaboration enables proper bed management and discharge planning as well as providing care in a seamless and timely fashion across institutions.

Furthermore, UHN has partnered with Northern Ontario Remote Telecommunication Health⁶ (NORTH) Network, the busiest telehealth network in Canada, linking over 100 sites ranging from hospitals, nursing stations, mental health centres, correctional facilities to educational and professional associations. UHN is able to offer to residents of Northern Ontario access to care. Also, health providers serving these remote communities can participate in continuing medical education events via multi-site videoconferencing.

There are other successful examples of collaborative telemedicine networks. In Manitoba, the MBTelehealth Network⁷ is a province-wide telehealth network managed by the Winnipeg Regional Health Authority (WRHA) and its partners. The remote telehealth sites are located in health care facilities throughout the province's health regions, with the cooperation and support of the Regional Health Authorities (RHAs). Nunavut's program, *Care Closer to Home*⁸, has implemented a videoconferencing network in a remote, rural, isolated and aboriginal environment. It offers services in 4 languages, Inuktitut, Inuinnaqtun, French and English.

In the four Atlantic Provinces, Tele-i4 initiative⁹ or inter-provincial integration of images and information is the largest inter-provincial implementation of Picture Archiving and Communications System (PACS) equipment in Canada. Tele-i4 facilitates remote consultations, better utilization of scarce radiology and other specialty resources, and significantly reduces patient and provider travel. For example, in Prince Edward Island, this initiative is accessible from each of the 7 hospitals in the province - patient information and images can be electronically transferred from one location to another for referral, diagnosis and consultation instead of physically moving patients and health care providers, regardless of their location.

These successful ICT initiatives are not technology-driven, but patient-driven, that is, they seek to meet an identified, legitimate patient need. They exemplify organizations pushing hard to improve patient access and safety, committed to building a more sustainable health care model - **accelerating change**. They are powerful stories of how ICTs are being successfully harnessed to improve health care services. Imagine what could be accomplished if practices like these are applied throughout Canada! Unfortunately, these examples are only exceptions, not the standard!

In his latest address in Toronto on February 9, Michael Decter¹⁰, Chair of the Health Council of Canada, talked about the need to immediately broaden the use of information technology: *Our banking system leads the world in using technology. It is time for our health care system to do to same! Accelerating the use of information technology will result in more timely and effective delivery of quality of health care to Canadians. Progress is being made towards renewing health care. We are moving in the right direction. Some very worthwhile practices and programs are being tested and implemented across the country.*

Michael's message was loud and clear: *We are not getting to the point of achieving a broad-based renewal fast enough. We must accelerate the pace of renewal. Otherwise, we risk losing the progress that is being made and the confidence of Canadians. In two words we say we need to "HURRY UP"!*

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