



EDITORIAL

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Review/Preview

2005 has come and gone ... literally. As far as years go, this was a short one it seems.

Theory has it that time appears to pass more quickly as you advance in years and experience. Like many of my colleagues, I am not subject to that continuum and accordingly contend that the speed with which time passes varies inversely to the time available for reflection, rest and vacations, or (as my young'uns would say) "hanging out".

Indeed, 2005 was one of those years where everyone in our little multi-billion dollar industry had to have their batteries fully charged last January just to keep pace with the milieu of projects, studies, collaborations, posturing and politics. High energy, high octane...

Looking at the overall landscape, it appears that the industry has focused largely on the three P's - Proposals, Procurement and Planning - indicative, one would think of being "Poised for Action" in 2006.

We've also had a few "learnings" (I do love that word) with respect to the complexities of rolling out "mega- projects" inherent in the EHR vision into the real world - leading to a liberal dose of due diligence, re-evaluation and re-assessment. While this phenomenon is likely predictable and the response obviously prudent, it has somewhat justifiably put some of the optimistic planning targets in jeopardy. We've had a few "stalls" on our Health Information Highway.

We've also had a lot of "successes" - the Infoway supported Diagnostic Imaging projects and a plethora of Tele- health/Medicine projects lead the pack.

2005 has borne witness to a rather obvious evolution to centralization and consolidation both on the public side of the spectrum and in the vendor community. Good or bad? From a broad point of view, likely neither. In my experience, both perspectives have had their proponents and opponents and, frankly, it's been cyclical in our business for the past 35 years. The lynch pin is in the underlying complexity of the nature of our health care delivery system, its basic structure and foundation, its politics and power bases. In that sense it is not comparable to an "industry", and accordingly the response to the "opportunities" that ICTs offer is tough to mandate. We've seen that weakness in our system with the somewhat confusing response to the issues associated with the enforcement of specific interoperability standards at the public EHR leadership level. "Do as I say" is not the most facilitative motivator.

I have come to think that underneath it all two basic unresolved

tenets have emerged in respect to Health Information:

- The definition of the "client"
- The perception of the utility of Health Information

From a visional and philosophical perspective there is no doubt that ultimately the "client" is the citizen and in the fullness of time, access to personal health information will empower individuals to participate meaningfully in the management of their personal health and wellness. In the meantime, however, it is unclear whether today's client is the Provincial or Regional CIO (I exclude the CIOs of facilities on purpose for reasons obvious to me) or the providers of care, most notably the physician and nursing communities. The real question relates to the distance between the client and the delivery of care.

What is Health Information - a product or a tool? In reality it is likely both.

Yet it seems that from a care-provider's perspective it is a tool used to plan treatment, make decisions, measure efficacy and outcomes. Health information is part of the process, not its end result. Tools are highly "personal", if the assumption is correct, then the ability to "choose" is higher on the evolutionary scale than some might want to concede.

From the Regional and Provincial perspective it is clearly a product, a strategic corporate asset.

Integrating the "tool - product" concept is THE challenge for 2006 and beyond. Whether it becomes an opportunity is dependent on "how".

From my view what we desperately need in 2006 is

- ... "Success" in implementations
- ... Achieve results that are demonstrable to those who actually deliver "hands on" care
- ... A measurable return to those who have provided the investment funding.
- ... The ability to focus on getting the job done with a stable agenda
- ... To re-channel the energy that is consumed on stress and reaction to productivity

Let's reduce the HI waiting list to the things that we can realistically achieve at a pace that we can maintain ... we've promises to keep! The era of smoke and mirrors should be behind us by now.

Happy holidays!

