



- DON NEWSHAM -

It takes a community, and

President, COACH: Canada's Health Informatics Association

The first column as COACH President is both daunting and truly exciting. I've reflected on the legacy of Board members and Presidents that have lead COACH through almost 30 years of growth and change in health informatics. I've also thought much on the challenges upon us this fall and the upcoming year. In all of that, I see awesome possibilities and growth in the impact and use of health informatics that will surpass all expectations—no matter how high those may, or should be.

With public expectations abounding and First Ministers politics swirling, including the new 'deal for a decade' recently signed to address waiting lists, home care, health professionals and predictable health care funding; with the newly minted Strategic Plan of COACH in the final approval stages; and with a major emphasis across Infoway and all health information projects on partnerships, collaboration and teamwork (particularly with leadership from our front-line health clinicians); it would serve all of us well to consider being part of one large health informatics community.

Perceptions define reality. It is often perceived that COACH is just for those 'systems folk' of some type or other. One of the Boards' first orders of strategic planning in June of this year was to clearly reinforce what COACH means by 'our health informatics community.' In simple terms, our community includes all **individuals interested in advancing the practice of health informatics in Canada.**

And that includes you! Doctor, nurse, CEO, CIO, developer, diabetic educator, .Net programmer, standards designer, COO, pharmacist, scheduling coordinator, sales person, assistant deputy minister, information manager, professor, CTO, nutritionist, vendor, consultant (yes them too...) intensivist, and CMO. Did I miss anyone—obviously, yes.

We have such a need in plans, proposals and projects to stratify, divide, enumerate, dissect and list our stakeholders. We've all built, copied or drawn the picture! But health informatics is increasingly about integration and inter-connectivity, not segregation and partitioning. Whether we are in the e-health business, the electronic health record world, the health information systems project, the tele-service industry, the medical record implementation, or are at the building blocks and infrastructure phase, we are never functioning separately. No one can operate in isolation and hope to achieve the benefits of information and technology for those all those who need and provide health care. If only we could all use that one single health informatics community picture, just think of the consulting dollars saved!

A mentor of mine in various past health information presentations reminds often that it's not about the technology... it's all about the

people. Yes, we have roles and responsibilities, but we are part of that single health informatics 'people' serving the public and patients requiring care of their health. With our doctors, nurses and other clinicians on the front-lines, our responsibility is to provide them with information tools to improve their ability to provide care. Notwithstanding a whole variety of accompanying needs for the planning, management and operation of the health system, our primary focus as a health informatics community must be on the providers of care and their patients.

That single focus drives us to integrate our efforts among all the members of the health informatics community and indeed will be the driving focus for COACH as health informatics becomes mainstream across Canada. That refined perception will become our new reality.

So, nice thoughts and not much argument from the community members at this point. But nice words often stay nice words. I believe we (yes, the inclusive we) can move much beyond platitudes about working together, partnerships, and collaboration to actually becoming a unified, leading, cohesive group of professionals. And this cohesive group of professionals would represent all members of the health informatics community, continuing our education, building and certifying our skills, advocating for health informatics and for our community. And doing all that - to apply and adopt information management and technology to the business of healthcare with the goal of improving health outcomes for Canadians.

With health informatics increasingly focused on integration and interoperability (that fancy word for everything working correctly with everything else), we as professionals should be leading - not only in our information, e-whatever and technology work—but also in our professional community responsibilities.

I firmly believe that COACH must continue to grow as a leader in the health informatics community of this country and I'm prepared to commit my time and passion as President to grow our health informatics community. But it's going to take all that we collectively can do to meet our member, public, political and provider expectations.

We all have many calls on our time and energy. However, if it is to be an instrument of change in health care, our health informatics community needs your participation, membership and leadership. Email me, suggest services or offer such to your health informatics community, comment on this column, write our COACH Board Members or Executive Director. Join, get involved, make a difference. It takes a community (where would we be without someone to steal a quote from!).

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