



GUEST EDITORIAL

- DAVE WATTLING, E-HEALTH EDITOR -

Ask not what your industry can do for you...

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I've said it before, it is in Infoway's business plan, many have voiced concerns, and it was recently quoted in the Globe and Mail. So I guess it must be official now. We have a looming HR crisis in our industry.

I'm not talking about the shortage of physicians for remote areas of the country, nor nurses of all types, but us - healthcare informatics professionals. According to that source of all truth, our national newspaper, we need 1,500 to 2,000 professionals to successfully implement the EHR nation-wide.

It used to be that good technology was the barrier to the elusive electronic patient/medical/health record. That era has passed; indeed we now have a plethora of solid proven IT solutions.

Then the problem was getting the IT agenda on the table and bought into - an up-hill battle in the face of questionable business cases, failed projects, and dubious buy-in. With the amount press the EHR has been getting in all the health reform reports, I think we can safely move beyond the "sales" cycle.

Then came the money dilemma. How do you allocate money for technology in lieu of more staff, etc? I think the business case related to both patient safety and cost containment has been well made and accepted. Indeed a federal commitment of over \$1B, along side provincial budgets of varying degrees, is good evidence of that shift.

Now the real crisis will hit us - accessing enough talented people to lead, manage and implement the new technologies. Now admittedly this will be closely followed, or even in parallel with, the challenge of change management ... but I think I'll save that subject for a future editorial.

It strikes me there are several ways we can source 2,000 informatics professionals.

1. We can import healthcare savvy folks, or rent them, from the US. With enough money on the table this is more than possible. However it will be expensive, will require a significant investment to educate them on the nuances of our healthcare system, and will do absolutely nothing systemic for Canada. Arguably it will be the most expensive way to deliver the EHR.
2. We can outsource the problem. By this I mean contract with the large systems integrators. The concern I see here is that we will again have to invest in training non-healthcare folks in the significant nuances of our sector. Past experience tells me that this is also a substantial effort, one that is typically not well appreciated until six or more months into the project. But it should be cheaper.

3. We can invest in our own capabilities. And maybe in so doing we can create a Canadian industry that can be a source of export advantage for the country.

By now you've probably guessed that I prefer the latter, although the pragmatist in me acknowledges the necessity for some of the second option.

Recognizing the problem is always step one; we've done that. *Figuring out the options* is step two; check, complete. *Deciding on a path*; also done... we're on a roll. Ah, *execution*, always the stumbling block...

This is where all our stakeholders come in, and believe it or not we get to the theme of the title of this editorial. We need to collaborate on a capacity building agenda for healthcare informatics in Canada. One that will not only enable implementation of our national EHR, but one that can be a source of economic development and export for the country — in essence, a systemic solution.

Academia, industry, trade associations, professional associations, Health Canada / Infoway and Industry Canada all have a role to play. Some have needed resources, some the talent and knowledge, and some the infrastructure. Appropriately harnessed we have all the pieces, and the timing is right.

So now what we need is the leadership to bring it all together and create the sense of urgency to get moving. Infoway has I believe created the urgency. Industry now needs to respond. I urge each of you to get this topic on the agenda of all the think-tanks, the conferences, the seminars and the like. Maybe we need a seminar focused purely on capacity building? One where each stakeholder group can be challenged to think about how we can step up to the 2,000-person shortfall.

We current practitioners need to do our part too. Notwithstanding the leadership we must show within our companies and associations, we need to share our knowledge. Some believe that their knowledge is their only asset or intellectual property, and as such they must keep it private. I would contest that there is more than enough work to go around and that our true value as practitioners is to share and leverage our knowledge. In essence leaving a legacy after we've had enough and retired, whatever that is nowadays. Here's a thought - what if each of us selected two or three young talented people and mentored them through their career. That would be good leverage, yes? Technically it should triple the number of leaders in our industry. A good start.

As the headings suggests - we need to start asking what we can do for healthcare informatics and Canada. I think we can create a great legacy.

