

# The New Normal



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Leaders of the so-called free world have convinced their citizens that being in a constant state of anxiety over potential terrorist attacks is to be the 'new normal'. After this summer's heroic effort by our health workers to combat and contain the SARS outbreak, wearing protective gear and restricting hospital visitation have become the 'new normal'.

Which got me to thinking - what else in and around the health informatics world has not exactly been 'normal' lately?

The eHealth 2003 Conference in Toronto in May was not a normal affair. While the 1,100 attendees were treated to an outstanding educational program and networking opportunity, we design this annual event to normally serve 1,400 participants. And it was definitely not normal for us a few weeks before the conference to be worrying about Mayor Lastman's next public statement!

It is also not normal for our next annual eHealth Conference not to be held in Vancouver. After the very successful eHealth 2002 Conference, CIHI and COACH recognized that we had simply outgrown our favourite venue in Vancouver - the Westin Bayshore. Rather than fragment the conference across two Vancouver venues, we decided to convene instead in Victoria next May. As all of us Vancouver Islanders know - we will be in a beautiful city at a beautiful time of year. You can keep tabs on the conference program as it unfolds on [www.e-healthconference.com](http://www.e-healthconference.com).

Public health has normally not been a prominent component in health informatics conference programs. That too is changing. COACH is a co-sponsor of the 2004 HIMSS conference, and an active participant in planning the international stream of the program. Prompted in large part by SARS, the use of information and technology in responding to crises, as well as in ongoing communicable disease surveillance, has emerged as a major program theme. While not a surprise, this would unlikely have been a priority topic even a year ago.

It is also not normal to be facing a deadline for compliance with federal information privacy legislation. But on January 1, 2004, many health care organizations will have to comply with PIPEDA, except in any provinces, which have enacted legislation that is deemed to be substantially similar to the federal law. The public is becoming more aware of privacy issues. Normally one might expect that the public would therefore resist the

implementation and use of electronic health records. However, a recent poll in Alberta suggests just the opposite. Over eight-in-ten Albertans (82%) believe it is appropriate to have personal health information placed in an EHR that can be accessed whenever the individual seeks treatment.<sup>1</sup> Thankfully, that supportive public attitude is fast becoming the new normal.

Collaboration in the development of EHR capabilities is now also a normal and predictable future characteristic of health informatics practices in Canada. These efforts, aided and accelerated by *Infoway's* investments and role as a catalyst for re-use and replication, continue to be recognized as strategic enablers of a transformed health system.

In the swirl of new norms, some things do remain constant. Life-long learning continues to be an essential component of a successful career in any level of work related to health informatics. We are seeing a heightened demand for more professional development opportunities, delivered in both traditional as well as e-learning modes. COACH is responding with its Professional Development Series, augmented this fall with the introduction of a new EHR workshop. I have reviewed the format and content of this new program and it is remarkable in its scope, relevance and the outstanding qualifications of the EHR workshop faculty. See the COACH website for details.

We recently conducted an on-line survey of COACH members that was very successful in identifying additional areas of focus for the organization. For example, over half of the members who responded indicated an interest in achieving some form of official certification in health informatics. We are already working with other national organizations to determine the optimum form and content of such a program, which aligns with COACH's commitment to the continual enhancement of health informatics knowledge and skills across the health system in Canada.

So welcome to the 'new normal'. For me, there is just enough change happening in health informatics to keep life exciting, but not so much as to create discomfort or anxiety. May this healthy state continue for all of us in the coming year.

<sup>1</sup> OIPC Stakeholder Survey, Office of the Information and Privacy Commissioner of Alberta, March 2003



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