



EDITORIAL

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Seizing the Challenges - A moment no more

Earlier this year, I invited Richard Alvarez, the CEO of the Canadian Institute for Health Information, CIHI, to share his views on the “lay of the land”. My thinking was that Dick is uniquely positioned to know and has few axes of his own to grind - and he’s a pretty forthright guy.

As usual, he delivered - with a magnificent editorial - “Seize the moment, or forever lament: A challenge to Canada’s health informatics community” (Vol. 17 #2).

Indeed, the moment has been seized.

Alvarez said, *“So the political will is there, the technology is there, and there is more money than ever before. Now it’s up to all of us in the informatics sector to deliver - to turn health information into tools that help make better decisions and better policy.”*

Health Canada Infoway is one of the key drivers of “political will” and the custodian of much of the money. They have committed investments of \$218 M to date with some 22 projects “up and running” at various stages of completion. Their primary focus is on the conjoint development with governments and other stakeholders of a National Infostructure, notably in the area of provider and client registries, cornerstones of Electronic Health Records.

Likewise, the provinces are demonstrating their political will in initiating projects on the front lines particularly in the areas of Physician-based EMR’s with Alberta likely leading the pack in its Physician Office Systems Program and their innovative Pharmaceutical Information Network.

BC’s Fraser Health Authority, with Infoway support, is implementing one of Canada’s largest diagnostic imaging systems, enabling the sharing of PACS between some 12 hospitals and their physician community.

On the political front, the Federal, Provincial and Territorial Ministers of health have established the Canadian Patient Safety Institute (CPSI). CPSI is a not-for-profit corporation that is at arm’s length from government, it will promote best practices, raise awareness and provide advice on effective strategies to improve patient safety. This is “good news” for those who believe that the use of Electronic Health and Medical records in practice can effectively reduce the human and fiscal cost of “errors”, estimated in the United States to account for 98,000 deaths and in excess of \$US38.B.

From the few examples of many cited above, one can be reasonably assured that the environment is virtually “perfect for progress” - the moment has been seized. Those who govern the system have done their job - the will, the politics, the structures are in place... and the money, if it isn’t already there, will be found.

So what’s the problem? Is there one?

There is.

Grossly simplified, on the human side - motivation and incentive; on the technical side - interoperability standards; on the economic side - cost. But in keeping with political correctness, let’s not refer to them as “problems” - let’s view them as “challenges”. In any case, we need to solve or overcome them.

Given that many (if not all) providers are resource-constrained, we need to provide incentives and motivation. As Dr. Haver so aptly writes in his column, providers need to be intimately involved in the process and be decision-makers, rather than subject to a top-down approach. Where needed, compensation for the costs of change provided, and where self-evident, fee schedules and the like modified to reflect the e-world version of the “old” world. At risk of being parochial, Alberta has excelled in setting the stage for success through its collaborative process of engaging physicians, the privacy commissioner, regional authorities, POS vendors and government.

The efforts and achievements of CIHI, the provinces, and others in respect to standards are laudable. The challenge in maintaining focus on this moving target, at the “down in the dirt” data transfer level, continues to be a high priority challenge.

From the vendor perspective, the EHR is somewhat of a “mixed bag”. There’s no question as to cost - complying with interoperability and functionality requirements will require substantial investment. For those markets that hold the promise of significant growth, Physician Office and Community health, for example, it’s an investment that can be justified even based on existing market share. For other areas, such as Retail Pharmacy vendors where the market is saturated, it becomes a huge problem.

We have already witnessed a change in Healthcare ICT procurement practices, especially in the HIS environment, where single bundled vendor solutions have been procured, displacing many “niche” vendors. One can only assume that the fear-factor of interoperability issues is greater than the attraction of best-of-breed alternatives.

The risks are formidable for the vendor community. The experiences engendered in the U.K. ’s investment in a national Electronic Health record resulted in a dramatic decrease in the number of active vendors in virtually all segments of their Healthcare ICT market. For Canada, which aims to be an international leader in the provision of Healthcare ICTs, this poses a “clear and present danger”.

We have the moment - let’s thoughtfully seize the challenges - with gentle hands.

