



- DAVID M. WATTLING, E-HEALTH EDITOR -

We are building it, but will they come?

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As I have observed in previous editorials, I believe we are making big strides in the organized deployment of major chunks of the EHR across Canada. All stakeholders seem to agree that this is great news for healthcare and the country in general.

I would however note that deploying the technology is only one piece of a very complex puzzle. If the goal, as I believe it in fact is, is to have an interoperable EHR available across the country that is used to improve patient safety, system efficiency and public accountability, then success must be measured by not just the deployment of the EHR components but their use in everyday patient care.

Only then will demographic information be consistent and shared, tests ordered and results received electronically, prescriptions made, filled and checked for adverse interactions, and so on. With those activities completed routinely the complete EHR will evolve, and the much-heralded benefits can be realized.

So what else must we pay attention to?

I believe the umbrella term is "change management", although this seems to be used in many different ways depending on your perspective. For my purposes, let me offer a lay-person's interpretation. Change management is all the stuff we have to do to successfully move from technology implementation to consistent, routine and efficient usage of information-enabled processes.

However much technology we deploy, at the end of the day healthcare is a people business.

Change management implies that the users of the new technologies will use it to its fullest potential, in order to harvest the benefits expected. The process of garnering that commitment cannot start soon enough. People are generally committed to those things that they are instrumental in building or shaping. Hence the key would seem to be involving users, in our case clinicians, in the design/build/deploy cycle of the EHR components.

For those leading the various EHR build/roll-out projects, ask yourself whether you have spent as much time and energy working on the people and process side of your projects as you have the technology side. Some may say yes, some no, but most would likely admit to "not enough".

Now consider the situation in the UK. I recently listened to Richard Grainger, head of the NHS' 2.3B pound IT initiative, talk about his aggressive and expensive programme for deploying healthcare IT. It was fascinating, and while different in focus to ours it revealed many of the same challenges. More interestingly, he was followed

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by Mark Outhwaite of the NHS Modernisation Office. Mark, with Richard's full agreement, positioned the IT investment as merely a set of tools (he actually said toys) to support a healthcare system modernization agenda (we would use the word reformation). This really resonated with me. Then he openly stated that he expected the change management costs to be three times the IT costs - that's 7B pounds or \$16B CAN. Wow! And nobody challenged him; in fact they all nodded.

I guess this caused me to stop and think about whether we have planned for these sorts of costs to effectively move the EHR agenda from deployment to benefit realization.

He then talked about one particular cornerstone of his strategy, being clinician engagement, and that really got me thinking. Have we done enough to engage the clinician communities who will be called upon the "operationalize" our EHR deployment? Have we established an organized dialogue with the leaders of these communities? Have we walked the mile in their shoes to know what impact the EHR will have on their daily routine? Have we secured their commitment to implement?

I am sure there is much happening in this realm. I guess I am merely asking us to consider whether we are doing enough to ensure the best chance of success of a multi-billion dollar investment. I think we need to be absolutely sure, as we are highly unlikely to get a second chance.

