

- DAVID WATTLING, E-HEALTH EDITOR -



“Be careful what you wish for ...”

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... for, as the expression goes, “you might just get it”. I guess this is how I feel about the eHealth buzz right now.

We, and I do not exclude myself from this, have been lobbying for and selling the virtues of IT in healthcare for years now. We have promoted the benefits of streamlining back-office processes such as payroll, accounting and billing in order to save staff costs and increase administrative efficiencies. We then moved to patient management automation with registration, tracking and scheduling for a more organized patient experience. Today we pitch the electronic medical record (whatever that really is) as a way to reduce duplication of effort/resources and ensure a more complete and consistent information source for care providers. Tomorrow (and some are already doing this) we will be promoting electronically assisted clinical decision-making, by linking clinical evidence with guidelines and patient-specific data.

The good news is that our message has been heard, loud and clear. There is not a healthcare policy study, commission or report that goes by today without the mention of the electronic health record as the cornerstone of an integration and connectivity strategy.

Great, mission accomplished! Or maybe not...

What have we done to build the capacity to deliver on these promises? Where is the breadth of leadership? Where are the troops to deploy to meet the impending delivery expectations?

I would contest that if Canada Health Infoway, or one of the provincial health networks for that matter, wrote a cheque tomorrow for \$100M to implement a community-wide electronic health record, we'd have a real tough time stepping up. I really think we could fall flat on our face!

Now that's not to say there wouldn't be a line-up of service providers offering to take many of those millions to conduct studies, develop business cases and craft project plans. Nor a bevy of software companies claiming they have the perfect tool that they'd be willing to provide for “nothing” to the right buyer. No, what I'm talking about is the depth of senior folks in the healthcare organizations to lead the charge in an orderly fashion, and the staff to help the organization through the massive change process required to successfully deploy such a beast. That's where I see the huge capability gap.

Healthcare is a people business - it is mostly about people serving people. We hear lots about the human resources crisis in healthcare - related to doctors and nurses - that's very real. The crisis with IT professionals in healthcare is equally real.

This may not have mattered a few years ago when the focus on IT was less than intense and the financial resources to do anything on a broad scale were limited. However, this scenario has changed. The growing recognition of the value of IT as a change, integration and connectivity tool, and the funds being allocated by all levels of government and healthcare enterprises, the crisis now takes on a very real dimension.

We need programs to address this crisis. How many new faces do you see at the conferences, at the think tanks, on the committees? Very few. Mostly it's the same “old” faces, recycled and transplanted. Not that that's all bad, I've been accused of being one of them! It's that there are simply not enough of us.

We need to get new blood into the industry - it is the most exciting time I have seen in this industry for a long time. We need to be telling this story everywhere, and we need to be infectious in our communications, creating a “buzz”.

We need to attract more leadership talent - in fact we could learn a lot from CIOs from other sectors that have undertaken the massive integration and change projects we see coming in healthcare. This will require us to be open and embracing, soliciting new people in at the most senior levels. Surely we have nothing to fear - there is more than enough challenge/work to go around.

We should be looking at programs within healthcare organizations to develop IT/change skills in non-IT managers. After all the single biggest challenge we face will be process redesign and change integration associated with the IT-based tools that enable new ways of doing things.

We also need to “bulk up” the troops, supporting the health informatics programs from universities like the UVic School and organizations like COACH. While this is a longer-term strategy, if we don't start now, we'll never get there.

And finally we must keep the talent we have. We must respect their knowledge, reward them and keep them engaged in interesting projects. Otherwise we'll have twice the mountain to climb.

I recall one of my colleagues, when pressed for a single word to describe her organization's recent windfall in terms of money to deliver a large project, used the word “daunting”. Well, that is how I feel about the current situation in eHealth.

I believe we are about to get our wish ...

