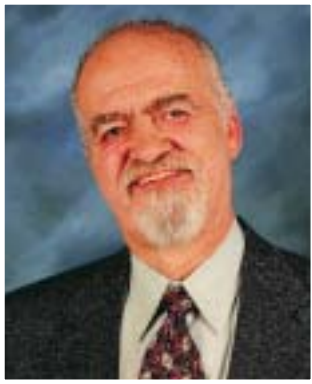


- STEVEN A. HUESING, EDITOR/PUBLISHER -



Maturity...

Once a year I have the privilege of giving a lecture at the University of Victoria's School of Health Information Science — usually in context with their course on “procurement”. This time, Denis Protti asked that I review healthcare IT in Canada. The title was “The Good, the Bad and the Ugly — the Past, Present and Future of healthcare IT in Canada”. Digging up the past and chronicling the events that led to where we are today was both fun and interesting — I had the opportunity to talk with some of the early pioneers — Canadians and some Americans — pioneers from within the system and vendors — those whose vision and actions left a lasting imprint on the foot paths that led to today's “Infohighway”.

A lengthy conversation with an old friend, Mel Hodge, the Director of the famous 1965 Lockheed Space and Missile Corporation's project that developed into the first physician and nursing based information system at El Camino hospital in 1971, was a solid reminder of how we have dawdled on the road to acceptance. Acceptance — at the Institutional level — acceptance that information systems are a vital component of the healthcare system that a facility or clinic simply shouldn't be without.

Bill Pascal does an admirable job in explaining the phenomenon in his article “Lessons from the Past: How Other Disruptive Technologies Became Mainstream” on page 41.

Personally, I continue to believe that essential functions that ICTs deliver effectively — patient records and the order-entry/results reporting (a small example) — should be a component of health facility accreditation. But I digress...

When one takes the steps from the past into the present and the future the word “dichotomy” comes to mind — healthcare and its providers live in all three dimensions of that time continuum. As a salient example, I received a copy of an e-mail from Dr. Ron Brown, a family physician, to one of his patients.

It reads: “Dear Please Find Enclosed copies of your lab test reports as requested. I am smiling as I write this e-mail, as you are one of the few people who will appreciate the technology involved in responding to your request. I am on a cruise ship with Celebrity Cruises called the Infiniti. I took my laptop computer with me as they have Internet connection in all the cabins through satellite linkage. This allows me to collect my e-mail and keep in touch with the office as we have Internet connection to access our software at the medical clinic. Our ship is returning from Hawaii and currently we are about 300 miles west of Vancouver Island. I was able to check your lab information and answer your e-mail being completely isolated on a cruise ship. I suspect I am the only doctor in Canada who can do such technology.”

The point is made, I think.

Key issues in this conundrum are leadership on the part of key stakeholders, and the human resource skills available to the system.

I'm beginning to believe that the leadership is there. Virtually all levels of Government have become “believers” — almost to the extent that they (and the resources they control) are leading the convoy into the 21st century. Notwithstanding the growing ranks of healthcare CEO/CIO's, Physicians and other providers that have struggled on the footpaths, byways and roads leading to the information highway for the past 35 years, in the Canadian healthcare system political “will” is the key to achievement. Those who listened to British Columbia Premier Gordon Campbell's keynote address at eHealth 2002 in Vancouver in April will attest that the “will” is there — here and now.

One could only hope that the same could be said for the required funding and human resources. But alas, one can't have everything; the politicians have an unenviable dilemma. But remember that our first highways were gravel before they were paved.

The issue of skills, in my mind, looms large. Historically, our skills and knowledge in IS/IT have been acquired by osmosis through on-the-job training and attendance and networking at conferences. Unlike many of our international counterparts in Europe and the US, formal education in Health and Medical Informatics has not been widely accepted in Canada. The vision embodied in the creation of the School of Health Information Science by Denis Protti at the University of Victoria 20 Years ago has yet to come to fruition on a national scale.

The educational initiatives currently underway — and there are many — need to develop certification for healthcare IT/IS “professionals”. A reliable level of quality assurance in the informatics human resource “pool” is as necessary in our field as it is in the professions that serve to deliver care. This need is amplified as we move into new vocations such as the “Chief Privacy Officer” and “Patient Safety Officer”.

The vendor community must also start looking seriously at “certification standards” — initiative beats reaction every time... but that's another editorial ... at another time.

Maturity takes awhile, lets not sweat it — after all, we're only 35 years old.

