



Last Words



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The Year Ahead

Late last year Steve Huesing and I exchanged several emails regarding my most recent article. In one email Steve quipped that I was coming dangerously close to sounding like a futurist. I immediately responded that I always thought that futurists had one of the coolest jobs on the planet. Steve quickly offered a sobering dose of reality by reminding me that I'd have to be "right at least once in a while" in order to qualify as a futurist.

Not one to be deterred by a challenge, I dusted off my trusty crystal ball (actually, it's a plasma globe that I received at a Christmas party) and contemplated how the Canadian eHealth market will evolve during 2008. I offer three predictions:

1. The number of personal eHealth applications and services will continue to increase. Google will finally launch its long-awaited personal eHealth offering and a variety of applications based on Microsoft's Healthvault service will hit the market. In addition, several private sector financed services will debut in Canada.

For the most part, personal eHealth applications and services will be used by early adopters, though chronic disease management applications will experience rapidly growing audiences towards the end of 2008.

2. The Physician Office EMR market will experience unprecedented growth. In the past year there has been a major shift in the conversations among physicians from "why?" to "how?" The extent of this growth will be tempered by the speed with which provincial funding programs can be put into place and whether Infoway receives all or part of the \$650M it is seeking from the federal government to finance EMR adoption.

In addition to the growth in demand, the supply side will also evolve considerably, with market consolidation beginning in earnest during 2008. According to Branham Group Inc., there are at least 50 vendors targeting the Canadian EMR market.

CanadianEMR estimates that at least 35 of these vendors have an installed base among Canadian physicians. Provincial strategies to reduce the number of EMR products used by physicians within their jurisdictions coupled with natural market forces will make many provincial markets unattractive or even untenable for many vendors. Some of the numerous smaller EMR vendors will either be acquired by larger vendors or will simply cease operations.

3. While I am an ardent supporter of Infoway's EHR vision and the programs that support this vision, I fear that one or more EHR projects will stumble. Most of these projects are large and complex and therefore subject to the well documented difficulties that such projects encounter. Given the high profile of EHR projects, the otherwise normal problems encountered in large IT projects will garner negative and possibly damaging publicity.

Another problem that may dog EHR projects in 2008 is the ambiguous distinction between EHR systems, physician office EMR systems, and hospital Electronic Patient Record (EPR) systems. While working with a leading Canadian healthcare IT vendor on a white paper examining the distinction between EMR and EHR, I discovered that the distinction is not as clear cut as many people might believe. Indeed, trying to distinguish between various types of "e-records" can quickly become an academic exercise of little interest to most stakeholders including the general public and healthcare providers.

Of most concern, perhaps, is the risk of a major security breach / privacy lapse in a high profile EHR project. Many critics have raised the alarm lately about the risk of such an incident. Because of this criticism, the publicity associated with such an incident could be truly damaging.

What are your predictions for 2008? E-mail me at michael.martineau@med2020.ca ●