



Looking In From The Outside

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Have you ever noticed that others typically see more in what we have than we do ourselves? This phenomenon seems to apply equally to life and work, it seems.

I was struck this week as I toured England visiting clients and practitioners, that when you step back and look at what Canada has achieved, the path we have cast, and the momentum we have built, that indeed we are the envy of many. That doesn't mean to say we are perfect and can sit back and rest on our laurels, but rather that we have achieved something meaningful and sustainable, and we need to build on it. It seems we are maybe too critical of ourselves for not being perfect or not having finished the job.

I got to thinking that perhaps we should start focusing on the positives; on what we have accomplished... maybe then we will show the confidence in our directions that will, in turn, engender support for furthering or even finishing the job.

I reflected on this line of thinking along three dimensions:

1. Our federal-provincial government structure. Typically we see this as an impediment to driving change consistently across the country. We are blinded by the political nature of healthcare, and the federal-provincial jostling. Perhaps what we forget is that a provincial scope is more manageable in terms of size and change management. That it allows for different approaches, from which we can learn (hopefully) and improve next time. That it encourages an element of competition, which in turn drives innovation. These are the qualities that we need to build our health system renewal efforts upon, rather than being fearful of not being able to achieve national unity in one step. The latter being an unrealistic goal anyway.
2. Our national programme for EHRs. I am sure that on any given day the approaches and efforts of Infoway can be criticized from one vantage point or another. Any new, innovative, and vision-driven initiative is destined to suffer the same fate (didn't Machiavelli say something profound to this effect?). However look at the progress that we have made, whether in PACS, drug information systems, registries, lab

data feeder systems, and others. In fact we are now getting to the stuff I personally think is much more interesting: portals, CDM, wait times management and the like. These all have clinical relevance, and that is the point of an EHR! Contrast that with an approach of ripping out reasonably well-functioning HIS' and replacing them (eventually and at much cost) with other reasonably and sometimes well-functioning HIS'. The clinical value of that is low at best. I was assured this week that if the NHS ever had their chance again, they sure hoped they would take "the Canadian approach". One where choice exists within an agreed standards framework. This sounds awfully like our federal-provincial government structure, doesn't it?

3. Our value proposition for HI professionals. Following on from the theme of my last column, I have been marketing Canada as a place for healthcare informatics professionals to further their career. I am pleased to report that it is working! We have just hired two Brits and they are emigrating to Canada for just this purpose. When you put our approach to the EHR and healthcare renewal in general, together with the benefits of Canada as a country to raise a family, it is very refreshing for people who feel trapped, even suppressed, in the monolithic NHS. Now I admit the drivers may not be as compelling as they were in the almost economic depression of the late 70's that caused me, and others we know, to leave the UK in 1980. However when you look at all of the factors, Canada is still a very attractive place to live and work.

So why don't we see this? Why do we constantly focus on what we don't have or the flaws, vs. what we do have and how we can build on it?

Maybe this is human nature, but I contest we will have a much greater chance of success by building on the positives and not dwelling on the shortcomings. Perhaps we need a new attitude? Or a new approach? Perhaps we could entice some NHS leaders to share their experiences from the UK and us to share ours with them. We could even try a leadership rotation programme?

Hmm, now there's an idea.... ●