

Brendan Seaton

Brendan Seaton is the President of CHITTA, the Healthcare Division of ITAC



Predictable Disasters

As I write this column, the US financial markets are melting down, Congress is putting together the biggest bail-out package in history, and politicians on both sides of the border, actors in the political theatre we know as elections, have been forced to pause and address a real issue. While there is a sense of burning urgency to this financial crisis, the more thoughtful pundits agree that we could see this disaster coming. The seeds of this crisis were sown more than a decade ago. It shouldn't have happened.

It got me to thinking. Ten years from now, will we be embroiled in a crisis that we should have seen coming; a crisis whose seeds are being sown today as we build the health infostructure. Think ahead ten years.... The health system is totally dependent upon this infrastructure and the eHealth applications that run on it. The EHR is central to the delivery of increasingly complex care and treatment programs. Antiquated paper-based systems are a thing of the past.

What would happen if something went terribly wrong?

I recall an article I read in the Harvard Business Review several years ago titled Predictable Surprises: The Disasters You Should Have Seen Coming. The authors promoted a three-step approach to dealing with predictable disasters: recognize the threat; prioritize it; then mobilize resources to stop it.

How well is the Canadian health system dealing with predictable eHealth disasters? If I were completing a scorecard I'd say that we're doing pretty well, but there's a lot of room for improvement.

I think we've done a reasonable job recognizing some of the significant threats associated with eHealth and mobilizing the necessary resources to deal with them. For example, the privacy issue, one of the biggest barriers to the success of eHealth initiatives, has been addressed in a comprehensive way through legislative initiatives and the leadership of Canada Health Infoway and some provincial jurisdictions that tie funding for eHealth projects to the completion of Privacy Impact Assessments. Barriers to interoperability are being broken down with the development of national and

international health IT standards. Considerable thought is being given to information governance issues that, when addressed, should instill some accountability in the system.

But there are gaps. Patient safety issues are not formally assessed in the same comprehensive manner as privacy and security issues. I have experienced extreme resistance from some eHealth leaders at the mere suggestion that we evaluate our systems for patient safety. As eHealth systems become more complex, the potential for error also increases. We have regulatory systems to ensure the safety of drugs and medical devices. Perhaps we need to be more pro-active in ensuring that patient safety will not be compromised by poorly designed or poorly deployed systems.

I would also suggest that we are not paying enough attention to what it will take to operate and maintain these systems. A lot of capital investment is being poured into the development of the infrastructure and eHealth applications. Less attention has been placed on what it will take in terms of human and financial resources to keep them running. We need robust technical and human systems to make sure that our eHealth systems deliver at the required service levels. If we allow our eHealth infrastructure to deteriorate over time in the same way we have allowed our municipal infrastructures to break down, there will be big trouble ahead.

So what is a poor, beleaguered health system to do?

Let's look again at the current financial crisis for lessons. It could have been avoided with two things: smart investment and smart regulation.

Smart investment means that we properly evaluate the risks and put our money and efforts into initiatives that are sound in both the short and long terms. Everyone now agrees that investing in sub-prime mortgages wasn't very smart, though it was pretty sexy at the time.

I have always been impressed with the smart investment approach of Canada Health Infoway. In my view, CHI's greatest contribution to eHealth has been the discipline it has instilled into the many EHR and eHealth projects

underway across Canada. Prior to CHI's involvement, privacy, security, project and business risks were not managed in any meaningful way, resulting in many failed initiatives. By insisting on a risk management approach, CHI has improved our chances for success and positions us to avoid a long-term meltdown of the infostructure. I only hope that the federal and provincial governments across Canada recognize this contribution and extend CHI's mandate beyond 2012. Otherwise we can safely predict problems in 2018.

Smart regulation doesn't mean bureaucracy. In fact it's the opposite. Smart regulation establishes a framework in which everyone's interests are protected. It defines accountability and mechanisms to ensure transparency.

ITAC's view is Canada's laws should promote leadership in development and use of advanced technology. We want to ensure efficient and cost-effective measures to protect privacy ensure safety and instill confidence in eHealth. The time to build a smart regulatory structure for eHealth is now, as we are developing the controls necessary to ensure long-term success.

The beauty of predictable disasters is that we know they're coming. We might not know precisely when or with what intensity. Many can be avoided (think Wall Street). Some may happen in spite of our best efforts (think Katrina), but at least we can be prepared to minimize the damage. Let's put the lessons of the current financial crisis to good use. ●



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OFFICES

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Tel: 905.602.8345

5782 - 172 Street NW
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Tel: 780.489.4574

SENIOR STAFF

President

Brendan Seaton
Tel: 780.489.4574, Ext 242
eMail: bseaton@itac.ca

Executive Director

Elaine Huesing
Tel: 780.489.4574
eMail: elaine.huesing@shaw.ca

Vice President, Standards & Interoperability

Gavin Tong
Tel: 905.602.8345, Ext 240
eMail: gtong@itac.ca