



Making it Real: Removing Barriers to EHR Standards Adoption

Gavin Tong

Gavin Tong is Vice President, Standards and Interoperability, CHITTA, the Health Division of ITAC

Each year, the eHealth Conference trade show floor buzzes with talk of the pan-Canadian Electronic Health Record Solution (EHRS). Inevitably the conversations turn to talk of the pan-Canadian EHR standards that will allow healthcare systems to exchange information. Debates ensue over the appropriateness of the Canadian approach and the barriers to adopting the pan-Canadian EHR standards – ranging from discussions on the costs of uptake to the maturity of the standards to deliver on their promised benefits.

At the 2008 eHealth Interoperability Showcase this was the case as well — the difference this year was the palpable buzz surrounding the contribution from the Mohawk Applied Research Centre in Health Informatics or MARC HI. As part of the showcase, the MARC HI team demonstrated the ability to exchange EHR data with other Showcase partners using the pan-Canadian EHR standards. In a short period of time, the team from Mohawk has managed to create a working model of the Infoway EHR Architecture Blueprint that adheres to the pan-Canadian EHR standards.

taking abstract concepts and theories and making them work in a real world setting.

Derek Ritz, a member of MARC HI's Advisory Council, sums up the results of the MARC HI demonstration at Showcase succinctly. "This is a success story," says Ritz, "the biggest success being that we were able to get it off the ground."

EHR standards adoption has the same barriers as any new technology. At a high level, barriers such as awareness and education, supporting tools and infrastructure, and the meaningful business case have to be addressed for every healthcare stakeholder group. Recognition of these challenges is embodied in the MARC HI project, which brings together public and private stakeholders in its governance body, the MARC HI Advisory Council. The council includes representatives from Infoway, CIHI, the vendor community, the clinician community, the jurisdictions, and the College. It is the Advisory Council which sets the software development agenda and primary applied research topics for the EHR project.

"Through the Open Health Tools charter project, MARC HI will help ensure that pan-Canadian EHR standards knowledge, experience and supporting tools are internationally accessible, turning adoption barriers into enablers on a global scale."

To make it "real" the MARC HI team constructed an "EHR transaction visualizer" that effectively lit up components of the EHR Blueprint each time the actual component sent or received data. In turn, this allowed showcase participants to actually see when transactions occurred between different systems — similar to how a working jurisdictional EHRS would function. By using a visualization system, the MARC HI team effectively removed one of the barriers to standards adoption:

Reflecting on the past year spent in proposing, developing, implementing and ultimately creating a working model of the EHRS with the MARC HI project, Derek points to an important milestone that has recently passed.

"On July 1st, Canada Health Infoway and Mohawk College co-sponsored the adoption of this EHR project as a charter project at the Open Health Tools Consortium."

Through the Open Health Tools charter project, MARC HI will help ensure that pan-Canadian EHR standards knowledge, experience and supporting tools are internationally accessible, turning adoption barriers into enablers on a global scale. Encouraging international adoption of "the Canadian approach" helps increase the size of the healthcare ICT market - making it more attractive for companies to provide products and services - the competition from which ultimately leads to better products, competitive prices, and improved care.

Looking ahead, Ritz says he thinks the MARC HI project can make a fundamental contribution to the Canadian EHR initiative. "I want this to be exemplary of the Canadian blueprint for the EHR ... an active sandbox



Derek Ritz, MARC HI Advisory Council member

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and test bed and applied research facility that is used by every Canadian jurisdiction as they continue to evolve their EHR implementations," he says.

In Derek's opinion, the key lies in the testing.

"I don't think we should spend public money on anything that hasn't had its risk mitigated by having at least been built in the lab ... If this (EHR standards) works in the lab then we can take it to heart, if this doesn't work in the lab then nothing about standing it up in the field is going to make it any better." ●

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