

Where We've Been and Where We're Going

Victoria Aceti

Victoria Aceti is a Research Assistant at the Health Informatics Institute (Algoma University) in Sault St. Marie, Ontario.



This article is part of a series COACH: Canada's Health Informatics Association Emerging Professionals Advisory Committee interviews. The series explores the career paths, industry trends and hot topics important to health informatics (HI) professionals through the voices of emerging professionals, who are in the first five years of their HI career, and leaders. Jay Lambert is a consultant and lives in North Vancouver, BC. Ashoke Roy is an Analyst with the Canadian Institute for Health Information (CIHI) in Toronto.

Jay and Ashoke are intriguing people in both their educational and professional backgrounds. Their international and intercultural experiences are of great importance to the growth of HI in Canada – we do pride ourselves on being a multicultural society. Both are highly educated, but it is their experience working with different cultures and countries that has had the largest impact on their perspective in the HI field. It is with this understanding of how different cultures and countries overcome health issues that Canada will truly be able to solve some of our own challenges.



Jay Lambert, how would you describe your current role as a consultant?

My work to date has been primarily in support of First Nations

organizations, providing advisory services regarding policy and planning for eHealth. Overall, I'm a generalist, however my areas of specialty have centered primarily around information governance and I am currently moving towards systems evaluation. I also work with private sector organizations which are working with or planning to work with First Nations providing strategic advice regarding addressing cultural and organizational differences.

How did your educational background (both undergraduate and postgraduate) prepare you for your current role?

Ironically, I never planned to be in this field – I wasn't even aware it existed. I initially wanted to be a fighter pilot; however, my eyesight was just bad enough to keep me out of the cockpit. Subsequently, I spent a lot of time trying to figure out what I might want to do.

I studied everything from French and philosophy to computer science and kinesiology. I ended up getting a BA in Geography with a focus on community economic development. A turning point for me was a course on the geography of health, where we looked at, among other things, health disparities of populations. Being aboriginal myself, I was drawn to the challenges of addressing the health disparities of First Nations.

Upon graduation however, I was unable to find work, so I ended up back in school to pursue a diploma in Geographic Information Systems (GIS). This helped me find interesting work in aboriginal business development and I even had the opportunity to go overseas where I spent six months working with the Ngatiwai, a Maori tribe, in New Zealand. However, I didn't see myself staying in the business development field. After a few years I determined my primary interests were working with First Nations, population health and computers. After sending out a few emails describing my interests to some local aboriginal health organizations I was almost immediately hired as a First Nations eHealth Coordinator and the rest, as they say, is history.

Since then, I have obtained my CPHIMS-CA designation and am nearing completion of my MSc in Health Informatics at the University of Victoria.

Much of your career has focused on working with First Nations communities. What do you see as the main challenges unique to the First Nations people?

The biggest challenge is breaking down the policy, legislative and political barriers regarding the sharing of information across jurisdictions. These really aren't unique to First Nations, however they seem to be amplified at the community level. Another big challenge is breaking free of the program- and project-based funding models. It is really difficult for First Nations to implement eHealth systems when they are working within a system that is inherently fragmented and frowns upon systems integration.

What challenges have First Nations people overcome in improving health through technology that other Canadians could learn from?

Given that the jurisdictional data-sharing challenges are amplified in First Nations communities, I feel that First Nations are leading the rest of Canada with respect to working collaboratively in multi-jurisdictional environments. From my own observations, for all the progress Canada has made in moving towards a pan-Canadian electronic health record, little has been done to address the systemic policy and legislative barriers to

sharing personal health information. Despite agreeing, in principle, with the vision of eHealth, many institutions and individuals are still holding on to their data as if it belongs to them rather than the patient. Historically First Nations have viewed health from a holistic perspective and seem to grasp the need to share pertinent information within the circle of care more easily.

What are the most important performance indicators when analyzing a health information system? Why?

I believe that to fully realize the benefits of health information systems we need to take a holistic approach to evaluation, incorporating the macro, meso and micro factors. Macro includes legislation, policy and interoperability. Meso includes implementation processes, organizational factors and patient/provider characteristics. The micro factors are system quality use and net benefits. I am very interested in exploring the use of the balanced scorecard approach to evaluation at each of these levels as it has been well received in a number of health-related contexts.

Where do you see your role evolving in the health informatics industry over the next 20 years?

Wherever the industry takes me...If I had to summarize, I believe my role will be to continue to work on breaking down silos, leveraging the latest technologies to find innovative solutions to long-standing problems and primarily acting as a knowledge translator and broker between First Nations and others for the purpose of eliminating population health disparities.



Ashoke Roy, what is your role at the Canadian Institute for Health Information (CIHI)?

I am an Analyst at CIHI. My role involves database analysis to extract numbers and transform these numbers into information using various statistical methods with the aid of the software tools, e.g.,

SAS, MS Excel, RefMan, etc. The analyses are statistics from the databases – both descriptive and inferential. For example, how many people are moving from one province to another for treatment and then the numbers are drilling down into subcategories such as: county, health regions with different statistical parameters. Everything is organized research for public release and then I write that information in an unbiased way.

Your educational and professional background includes many international experiences. How does your international perspective help you in tackling health informatics (HI) issues in the Canadian context?

My education is in public health, but I studied a variety of courses in my graduate program. I explored

ADVANCES
ACCESS
100010102023030203030100011010
THOUGHT LEADERS

HimSS[®]11

ANNUAL CONFERENCE & EXHIBITION
FEBRUARY 20–24, 2011 | ORLANDO | ORANGE COUNTY CONVENTION CENTER


LINKING PEOPLE, POTENTIAL AND PROGRESS

A one-of-a kind event bringing the greatest minds and technology together for advancing healthcare... and your one-of-a kind opportunity to connect with them all — at one time, in one place.


HIMSS11 – where else can you make all the right connections in just four days?

- **Join** 29,000+ healthcare IT leaders and peers for sharing knowledge and best practices.
- **Gain** insight on the hottest topics from patient safety and quality and regulatory compliance to business solutions and personal growth.
- **Discover** how the latest product innovations can be your connection to successful implementations and positive outcomes.


Featured Keynotes



Michael J. Fox
Actor and author shares his experiences as a patient and patient advocate. His primary focus is The Michael J. Fox Foundation for Parkinson's Research, dedicated to raising awareness and much-needed funding.



Richard Boyd
An expert in simulations for computer gaming, defense and film industries discusses his experiences with technologies used in the film "Avatar" and their importance for the healthcare industry.



Robert B. Reich
One of the nation's leading thinkers about work and the economy addresses the critical issues – including healthcare costs – impacting our economic future.

HIMSS11 - no other industry event can deliver the scale, diversity and breadth of knowledge dedicated to advancing patient care.

COACH & ITAC Health - HIMSS11 Collaborators

Register now and save at www.himssconference.org!

epidemiology and biostatistics which are everyday applications in my present job. In my HI program, I have learned about the Canadian health system, business communication, health data standards and system analysis. Of these, some are very important for my everyday life. In HI, nothing can be ignored, as all the courses are quite interdependent, as are many aspects of the field at large. My biggest take-away from school was a "can-do" attitude for professional service; it made me quite confident in my present work duties.

My international experiences, including experience in HI, gave me some easy transferable skills in my present job. It includes some of the soft skills, e.g., basic computing, communications, business writing, etc. Some more interesting experiences in my professional career were: medical terminologies, ICD coding of WHO, database analysis and electronic medical records. At this early stage in

my career, I am still learning. I hope to continue in this sector and am committed to contributing in many ways.

After working in the health information sector in the United Kingdom, and in the health communication sector in Bangladesh, what drew you to work in Canada?

To be honest, life took me here. The health sector in the United Kingdom is highly developed and the pharmaceutical industry in Bangladesh is totally different from Canada. But both my international experiences were well organized and related to the essential elements of HI. The HI sector is growing in Canada and there is a demand for health informaticians. I am exposed to many different work settings – from a very high standard of healthcare information technology (IT) in the UK to latest IT environment at GlaxoSmithKline

(GSK). I see that Canada has a broad scope of improvement in the HI sector, e.g., EHR, communication and overall decision support systems, to name a few. I would like to contribute in the field of health research through my experience and knowledge in epidemiology and information technologies. This is actually a perfect blend for today's world, especially in the health sector. Everything is number-oriented, so without a very good understanding of IT, it's hard to conduct research.

If you could give one piece of career advice to someone wanting to do an international placement in HI, what would it be?

Today's world is driven by IT and knowledge has gone into the computer. Learn the required application software and programming languages and get professional certifications.

Appointments

HIM&CC Congratulates Dennis Niebergal recognized at 2010 Premier's Awards Gala



From left to right – Dennis Niebergal, Anne Sado, President of George Brown College and Mark McEwan Toronto chef, restaurateur, gourmet grocer and TV celebrity, who was also a George Brown graduate winner that evening

On November 22, 2010 Dennis Niebergal was recognized as a graduate of George Brown College at the 2010 Premier's Awards Gala for his outstanding contributions to technology and the arts.

"Considered by many to be the grandfather of the electronic medical records (EMR) industry in Canada, Dennis Niebergal was the founder, president and CEO of CLINICARE

Corporation, Canada's largest EMR company at the time of its sale last November.

When he started the company in Calgary in 1984, CLINICARE was the first of its kind in Canada and Niebergal, working alone, had an uphill battle trying to convince physicians across the country of the benefits of automating their patient records. By the time it was sold, CLINICARE and its U.S division, Chartcare Inc., had over 50 competitors, employed 65 people and was responsible for the automation of over 3.5 million patient records through its EMR technology. Over the years, Niebergal and his company received many honours, including a number of industry awards and the distinction of being named one of the country's Top 10 health care IT companies in 2008. The site of CLINICARE's largest client, a clinic in Sault Sainte Marie, has served as a model of EMR, visited by many federal and provincial politicians as

well as health care commissioner Roy Romanow.

Now semi-retired, Niebergal plans to continue to advocate for technology in health care as a board member of health care organizations and has been certified by the Institute of Corporate Directors. Niebergal continues to act as an expert evaluator for the European Commission on health care IT research and development projects. Niebergal is a founding member and board secretary of the Canadian Health IT Trade Association, which merged with the Information Technology Association of Canada (ITAC) to become ITAC Health. He has also volunteered many hours to participate in committees formed to establish industry software standards. In addition, Niebergal contributes to a number of professional organizations, provincial and nationally."

For more information see - <http://www.georgebrown.ca/alumni/awards.aspx#maincontent>.