



eHealth Column

It's about “And”, not “Or”

David Wattling, eHealth Editor

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In Jim Collin's seminal work, *Built to Last*, he talks of the “tyranny of the or”. He contests that great organizations can and do hold paradoxical views. That they are not tyrannized by either/or thinking. That they can embrace two seemingly contradictory forces at the same time.

I believe this is also true in our healthcare system. Let me explain.

Our government's strategic, long-term economic plan, *Advantage Canada*, opens with the statement that our economy must remain strong in order to preserve and protect our social programmes, like healthcare. It links this strength to job creation, unemployment reduction and favourable interest and tax rates. Finally it acknowledges that talented, motivated people have become the world's most valuable resource.

In my editorial this issue I will support this position and contest that herein lies the hereto hidden link between Canada's world-renown healthcare system and an untapped economic asset for export and growth.

Firstly, Canada's healthcare system is the envy of the world. We have managed to preserve a publicly-funded system in the face of escalating waiting times for essential diagnostics and surgeries. We have been creative in solving supply problems through innovations like Alberta's Bone and Joint Health Institute in Calgary, where waiting times for hip and knee replacements will be reduced from six months to three weeks. We are also tackling demand challenges through cohesive chronic disease management programmes. Again in the west, Capital Health in Edmonton will soon know about each diabetic in the province, this being a critical first step. As a side-note, it is important to observe that sustainable chronic disease management requires both regionalized management of healthcare as well as an integrated model of primary care.

We are proving that through creative thought, some risk taking and the willingness to challenge the status

quo, we seem to be able to protect that icon of Canada and being Canadian, our healthcare system.

Secondly, just about every report on the sustainability of Canada's healthcare system asserts that, among other things, an electronic health record is an essential underpinning. Such a record, suitably shared in a secure manner, will permit compliance with health prevention guidelines (such as for flu vaccines or cancer screening), a reduction in medical errors and redundant tests, and ultimately avoid incorrect medical decisions. And further, that the demand for this is only growing as we get older and more demanding of our healthcare system.

Thirdly, our governments are recognizing, accepting and actively supporting the investment required in the EHR. Infoway's current \$1.2b will cause a spending of up to \$2b on EHR components, when you consider provincial matching monies. I would personally hope that by the time you read this we will have been successful in having this funding level increased even further through the continued leadership and confidence of the federal government. My point here though is that again Canada is leading in the world, and the envy of many countries. While we may not be at the spending level on ICTs that we should be in healthcare (<2% across Canada vs. closer to 4% in the UK and others), we are committed to move in that direction.

What is the source of others' envy is the collaborative model we are using. We are not trying to impose a single centrally controlled system on the provinces and regions, but rather setting a pan-Canadian direction, standards and alignment in a depoliticized environment.

So, we have a great healthcare system, an acknowledged need for eHealth, and a model for funding and deployment that is working. Then what is the problem?

In a word, people.

We just plain don't have enough skilled people to plan and manage the projects, facilitate the change processes in the healthcare organizations, and encourage the use (adoption, to use the lingo) of new ways and systems. The same human resource crisis that affects doctors and nurses, is affecting health informatics professionals.

I contend that the economic driver we can create on the back of the EHR initiatives in Canada is one of human (aka intellectual) capability. We have a clear need for capacity that we don't have today, we have an opportunity to be early to the global market with it, the experience we gain as a result will be highly marketable, and our efforts are highly regarded. In short, we can create a much in-demand exportable asset.

The Canadian Health Industries Partnership (CHIP) believes that health innovation is an untapped source of economic growth for Canada. They are organized to align healthcare and economic development policy. As part of this they include health ICTs and informatics, alongside biotechnology, medical devices and pharmaceutical research.

When one puts together these pieces, we can see the whole puzzle ... and it is compelling. We have all the ingredients for a shift of a systemic nature. Such a shift will benefit Canadians in two ways that are near and dear: a healthcare system that will be there for us and our families when we need it; and a strong economy that in turn can protect and preserve it.

I ask you, what could be more important? What lesser goal should we set for ourselves as leaders? I think none. We owe it to our industry and our families to work tirelessly to transform our healthcare system and create a capacity to continually improve it and export that capacity to bring our leadership and innovation to the world stage.

I look forward to working with you on this journey. ●

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