

## Joint Initiative of Standards Development Organizations - Global Health Informatics Standardization

CEN/TC 251, ISO/TC 215 and HL7 launched their inaugural Joint Initiative Council and Joint Working Group at a meeting in Brisbane, Australia in August 2007 hosted by ISO/TC 215. This was the culmination of months of planning by the standards development organization (SDO) leaders responding to the strong call for coordination and collaboration of health informatics standards developments from government, health provider and vendor communities across the world.

The Joint Initiative Charter provides the basis, purpose, and structure of the Joint Initiative on SDO Global Health Informatics Standardization. It has been ratified by all three SDOs and was confirmed by their respective Chairs. The Charter is available from each of the SDO Secretariats.

The Joint Initiative Council and the first Joint Working Group meeting confirmed that their work will build on existing agreements and recognize existing standards collaboration work already in place. The readiness to engage with other SDOs and organizations that are involved in standardization work across the globe and that have potential common work products was also confirmed.

This first Joint Working Group meeting addressed their scope, structure and related processes and introduced the first set of work items that form part of the integrated work program. That set includes an EHR communications architecture standard, a joint data types standard, care information model standards requirements and patient and medication safety standards.

To satisfy health business requirements and to identify additional integrated work items the full lists of ISO, CEN and HL7 work programs was shared at the meeting. Along with strong support for ongoing sharing of all work programs the Joint Working Group initiated a process to identify gaps and overlaps and to rectify them. It was noted with appreciation by all attending that there were many groups represented at the Joint Working Group meeting and the work such as the ICH pharmacy standards within ISO/TC 215 is a great example of collaboration and cooperation.

Ed Hammond, newly elected Chair of the Joint Initiative Council stated "the contribution of the many experts from each of the SDOs, all working together, is a huge strength of the Joint Working Group and we fully support this collaborative work that is so essential in delivering shared care through interoperability of our health information systems."

Don Newsham, a co-Chair of the Joint Working Group, reinforced the importance of this new international initiative adding that "this is a huge opportunity to build clarity and harmonization amongst our entire health informatics standards community. Canada certainly supports the joint efforts of ISO/TC215, CEN/TC251 and HL7 in leading the way for global standardization and contributing effective standards for the health information technology and EHR initiatives here in Canada".

**ISO/TC 215** is the International Standards Organization Technical Committee for Health Informatics <http://www.tinyurl.com/2m8qxx>  
<http://isotc.iso.org/livelink/livelink?func=ll&objId=529137&objAction=browse&sort=name>  
 Dr. Yun Sik Kwak, Chair

**CEN/TC251** is the European Committee for Standardization Technical Committee for Health Informatics <http://www.tinyurl.com/2vr954>  
<http://www.cen.eu/CENORM/BusinessDomains/TechnicalCommitteesWorkshops/CENTechnicalCommittees/CENTechnicalCommittees.asp?param=6232&title=CEN%2FTC+251>  
 Kees Molenaar, Chair

**HL7** is the Health Level 7 Inc, an American National Standards Institute affiliated Standards Development Organization <http://www.hl7.org/>  
 Ed Hammond, Chair

**ICH** is the International Council on Harmonization <http://www.ich.org/cache/compo/276-254-1.html>

## Canadians supportive of easy access to health information by health care professionals - Need to protect privacy remains paramount

Canadians support the use of electronic health records (EHRs) and expect their privacy to be protected in the collection, storage and use of their personal health information, according to a new public opinion survey.

"The Government is committed to pursuing new technologies that improve health care delivery while ensuring the privacy of personal information," said the Honourable Tony Clement, Federal Minister of Health. "Once fully implemented, private and secure electronic health records will increase efficiencies, reduce wait times and result in significant savings in our health care system."

Almost nine in 10 Canadians (88 per cent) support the development of EHRs - a five per cent increase since 2003. Ontarians (90 per cent) are the most likely in Canada to say health care professionals need easy access to patient information. The survey also shows that at 10 visits per year, they see their doctor or health care professional more often than all other Canadians.

EHRs provide authorized clinicians with a wide range of medical data such as a patient's allergies, lab test results, digitized x-rays or prescription history. The result is more coordinated care, increased efficiency, cost savings and reduced medical errors. While most Canadians' medical information remains paper-based across Canada, Canada Health Infoway is leading the implementation of EHRs with initiatives underway in every province and territory.

"As EHRs take root across our health care system, many Canadians are surprised to learn that authorized clinicians can't already access their basic medical information stored across town at a time when automatic teller machines around the world can validate their banking information to dispense cash when they travel abroad," said Richard Alvarez, President and CEO of Canada Health Infoway, which is leading the development and implementation of electronic health projects across Canada. "This research confirms Canadians support the acceleration of private and secure electronic health records."

The poll showed nearly two-thirds of Canadians believe there are few types of personal information that are more important for privacy laws to protect than personal health information. "It is clear Canadians want the protection of their privacy to be a key factor as we consider both how these highly sensitive records are managed, as well as potential secondary uses for this information including health research," said Jennifer Stoddart, Privacy Commissioner of Canada.

Other key survey findings include:

- 31 per cent of respondents reported they had experience with an electronic health record during an interaction with the health care system. When asked to how the EHR system compared to the paper system in terms of overall effectiveness for the health care system, an overwhelming majority (89 per cent) said the electronic system was better.
- 87 per cent of Canadians believe electronic health records will make diagnosis quicker and more accurate, while 82 per cent believe they will reduce prescription errors and 84 per cent would like to be able to access their own medical records online.
- Canadians want to ensure that privacy and security safeguards are in place to protect their health information. 77 per cent would like audit trails that document access to their health information.
- 74 per cent want strong penalties for unauthorized access. 66 per cent of Canadians want clear privacy policies to protect their health information. In the event of a security breach, 7 in 10 want to be informed and would like procedures in place to respond to such breaches.
- Those who have had experience with an electronic health record showed an even stronger support for privacy and security safeguards.
- A majority of Canadians (55 per cent) would like to be able to hide or mask sensitive information contained in their record.
- While the poll shows strong support (84 per cent) for using anonymous information from electronic records for health research, this support drops dramatically if personal details are not removed from the record (50 per cent).

The Electronic Health Information and Privacy Survey was jointly funded by Canada Health Infoway, Health Canada and the Office of the Privacy Commissioner of Canada. It was conducted by EKOS Research Associates and included interviews with 2,469 Canadians in June and July, 2007. The results are considered statistically accurate to within plus or minus two percentage points 19 times out of 20.

The full survey report is available at [www.infoway-inforoute.ca](http://www.infoway-inforoute.ca).

## Collaboration of the Health On the Net Foundation (HON) with the French National Authority for Health (HAS)

Since its beginning 12 years ago, the Health On the Net Foundation (HON) has become a widely recognized name, associated with quality online health information. Not only has HON grown in terms of implementation of its services, but also has increased its liaisons worldwide to include the World Health Organization (WHO) and the United Nations (UN), where it has consultative status to the Economic and Social Council of the United Nations (ECOSOC).

HON is proud to announce their collaboration with the French National Authority for Health (Haute Autorité de Santé - HAS), which chose HON to be the official certifying body of all French health websites.

In view of its pioneering work and long expertise, the HON Foundation has been chosen by the HAS to implement the certification of French health websites according to the French bill passed on the 13 August 2004. This certification will be performed by HON through the implementation of the HONcode (a set of eight quality criteria established by HON).

“Our certification (provided free of charge) is concise while giving guidance towards conformity and is unique in its kind” said HON Executive Director Celia Boyer. She added “The HON code enables the identification of sites of quality and confidence, thus contributing towards the general improvement of trustworthy information and Web sites, as well as helping the user in his search for health information.”

France is the first government to have taken the initiative of standardizing the quality of the available online health information which will benefit the French public through the provision of a pool of trustworthy health information.

“The collaboration between HON and HAS reinforces the need for reliable and trustworthy health information and thus, the necessity for quality standardizing bodies like the HON foundation” stated HON President, Professor Antoine Geissbühler.

For further information on HON and its principles visit <http://www.hon.ch>

## U.S.' largest medical specialty group endorses single payer health reform - says U.S. should learn from other nations' health systems

After careful evaluation of the health systems of 12 other nations, the American College of Physicians (ACP), the nation's largest medical specialty society and second largest medical association (124,000 members), endorsed single payer national health insurance as “one pathway” to universal coverage. The ACP represents specialists in internal medicine.

“This new proposal by the ACP brings single payer into the mainstream,” said Dr. C. Anderson Hedberg, President Emeritus of the ACP. “It's the logical next step.”

Although ACP has advocated universal coverage since 1990, and had their own proposal for reform since 2002 based on a “pluralistic” model, this is the first time they have endorsed single payer national health insurance.

“There's really only one choice for universal health care at a cost we can afford, and that's single payer, Medicare for All,” said Dr. Marcia Angell, former editor-in-chief of the New England Journal of Medicine. “There is simply no way to cover everyone in a pluralistic system and control costs.”

“This changes the political landscape for the presidential candidates, who now will need to take a fresh look at single payer. It recognizes the political feasibility of single payer as well as its importance as a leading option for health care reform” said Dr. Quentin Young, a “Master” in the ACP

and National Coordinator of Physicians for a National Health Program (PNHP).

PNHP is a 15,000 member organization headquartered in Chicago that has advocated for single payer national health insurance since 1986. The group's peer-reviewed research and reform proposals in support of single payer are on-line at [www.pnhp.org](http://www.pnhp.org).

The ACP said their recommendation is based on a large and growing body of evidence that the U.S. health system is performing poorly compared to nations with single payer national health insurance:

“Single-payer systems generally have the advantage of being more equitable, with lower administrative costs than systems using private health insurance, lower per capita health care expenditures, high levels of consumer and patient satisfaction, and high performance on measures of quality and access.” (ACP Position Paper, Annals of Internal Medicine, 12/07)

“The ACP endorsement of single payer is an important step forward for the medical profession,” said Dr. John Geyman, author of “The Corrosion of Medicine: Can the Profession Reclaim its Moral Legacy” and Past President of PNHP. “Instead of ideology and unbridled self-interest, they are putting patients' needs first.”

## Could Blackberries be key to better healthcare?

New research looks at benefits of monitoring at-home patients with wireless handhelds

Wireless handhelds are revolutionizing almost every aspect of life these days. Now, a team of health scientists has launched a new study on how Blackberries might be used to improve the monitoring and treatment of patients suffering from chronic disease - and even to save lives.

Led by Neil Johnston of the Firestone Institute for Respiratory Health at St. Joseph's Healthcare in Hamilton, the study will use specially-configured Blackberries to help monitor 120 patients living at home and suffering from Chronic Obstructive Pulmonary Disease (COPD). The study has two objectives:

- first to establish that the Blackberry-based reporting system, or diary, will work for this monitoring purpose, and
- secondly, to determine the factors that cause exacerbations of COPD throughout yearly cycles of the disease.

Patients in the study will record their symptoms daily on their Blackberry and transmit the information to study nurses for review. If a patient experiences symptoms that suggest that an exacerbation is occurring a team member will go to the patient's home to assess the situation.

Early detection is important because the symptoms associated with a medical crisis often begin up to seven days prior to the peak. If treatment can be administered early, there is potential to reduce the severity and duration of the crisis, and as a result, reduce the need for emergency treatment in hospital.

"We want to see whether this technology can be used to improve the early detection of serious complications in COPD patients so that health professionals can intervene in a timelier manner," said Johnston, who is an epidemiologist and Assistant Professor of Medicine at McMaster University. "We also are hoping to pinpoint with more precision the high-risk peak periods of the year," he said. Johnston said there are signs that the period between Christmas and New Year's is a particularly risky period for COPD patients. Festive and family events, stress and different eating patterns may all have an impact on the severity of symptoms, he said but little is currently known about the causes of the Christmas epidemics of COPD.

COPD refers to two lung problems - chronic bronchitis and emphysema - often present in the same patient. The diseases interfere with normal breathing and are often associated with other medical problems such as heart disease and diabetes. The American Lung Association ranks COPD as the fourth leading cause of death in the US, claiming the lives of more than 120,000 people a year.

Johnston and his research colleague, Andy McIvor, a Professor of Medicine at McMaster, have teamed up with scientists from Imperial College, London, and AstraZeneca Pharmaceuticals in the UK and Sweden to carry out the study. AstraZeneca is funding the work through a research grant.

"Blackberries have the potential to revolutionize daily monitoring," Johnston said. The devices are wireless and can be used no matter where the patient is. They can be configured to enter data using the track wheel only, which is an advantage for some elderly patients and those suffering from arthritis. Another advantage is that the data can be transmitted securely and patient monitoring can be done on a daily basis without patients having to leave their homes or disrupt their schedules and lives.

Effective monitoring of symptoms is an essential part of caring for people with COPD. Symptoms such as worsening breathlessness, coughing and chest tightness are associated with an increased risk of death.

Last winter, Johnston led a study of 70 COPD patients using faxed daily diary sheets from subjects' homes to capture and review symptoms on a daily basis. In this pilot study, compliance exceeded 90%. However, fax-based diaries proved to be cumbersome, restricted the amount of information collected and only worked when patients were at their homes. Furthermore, data transmitted by fax was not easily made secure. The Blackberry approach offers the opportunity to achieve high levels of patient commitment and optimize data collection and security.

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