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Choice Is Critical If Physicians Are To Embrace New EMR Technologies

In Canada, the United States and Europe, individual physicians and medical associations are asking for more choice and better options when selecting healthcare information technology (IT) products. If we wish doctors across Canada to embrace IT and electronic medical records (EMR) then we must meet this challenge.

Currently we are moving in the right direction in the electronic healthcare environment but there is certainly room for improvement too. For instance, progress with the adoption of physician office systems in Canada has been very slow over the last two decades. Nevertheless, while the automation of doctors' offices has advanced at the speed of a glacier in Canada, there has been an even slower transition from paper medical records to automation in the United Kingdom and the United States.

Within Canada, our healthcare information technology (IT) industry is evolving. However, it is clear that the provinces, territories and regions are not all at the same stage of development with electronic medical records and electronic health records. Each is at a different current state and will naturally develop at different paces.

At CHITTA, we believe it's critical that all the provinces and territories ultimately implement a physician office systems program. You cannot achieve a quality EHR that allows effective sharing of information between physicians and other health providers and health regions without first having physicians adopt a quality EMR system. We feel it's critical that Canada Health Infoway (CHI) should succeed in introducing a pan-Canadian interchangeable electronic health care record so that physicians, pharmacists and other health care providers can securely share essential patient information. It will be impossible for Infoway and the provinces to implement the electronic health record if doctors are still using paper charts.

There is good news in this regard. For instance, the number of Alberta doctors with automated offices has doubled or even tripled in the last five years. Alberta was a pioneer in this field with the introduction of the Physician Office System Program (POSP) in April 2002. POSP, funded by Alberta Health and Wellness, the Alberta Medical Association

(AMA) and the province's regional health authorities, provides AMA members with funding to install or upgrade existing computer systems in their practices.

In Ontario, the Ministry of Health and Long Term Care has joined with the Ontario Medical Association (OMA) is introducing clinical management systems (CMS) as part of its Physician IT Program. The mandate of this program is to implement high quality, integrated and standardized IT solutions to automate physician practices.

Recently the British Columbia (BC) Ministry of Health and the British Columbia Medical Association have partnered to work on the introduction of the Physician Information Technology Office (PITO) project in BC. The project is still in the early planning stages, but the expectation is that the first components will be available for implementation with an initial group of physicians by late 2006, with wider implementation starting in early 2007.

Also, Quebec has announced its own ehealth initiative. The Interoperable Electronic Health File Record System of Quebec (Dossier santé électronique interopérable du Québec - DSEIQ) will be developed by the Government of Quebec with the assistance of CHI.

While we celebrate the progress being made with the introduction of EMR and EHR in some provinces, we also strongly believe that the advancement of healthcare information technology would occur much faster across Canada if the provinces were to collaborate rather than work alone. Currently vendors have to keep reinventing the wheel as each province introduces its own standards. Changing interfaces for new standards causes significant delays. Our industry needs CHI's continued leadership in trying to persuade the provinces to work together.

CHI recently established a standards' collaborative that will provide leadership in the development of national health information technology standards. On September 14, 2006, Infoway and the Canadian Standards Association (CSA) signed a Memorandum of Understanding to work together for the advancement of health information technology standards.

CHITTA members strongly believe CHITTA's top priority should be the development and adoption of national standards in Canada. We fully support Infoway's attempts to move toward national recognition and certification of IT systems. We encourage any and all movements toward the definition, development, implementation and validation of national standards as these make sound economic sense for all players in the industry. Once national standards are implemented we will be able to adapt our software once and know that customization at a provincial level will be minimized. The implementation of national standards will also permit vendors to better justify investment in standards implementation as they will be able to spread the investment across multiple markets. In addition, national standards will promote market rationalization. There are currently too many vendors in Canada. We need to consolidate and focus on delivering quality physician office systems.

National standards are already being introduced in the drug domain with the Canadian Electronic Drug (CeRx) Messaging Standards Project. This will see the development of a pan-Canadian HL7 version 3 message specification to support clinical drug information interchange between and among clinicians. We are looking forward to having one standard for interfacing to drug information systems.

CHITTA is recommending Canada introduce a national certification conformance testing body that is independent to assist the provinces with certification and conformance testing. It's important that users recognize that certification provides only a minimal standard, not a guarantee of high quality. CHITTA therefore supports the concept of an independent evaluation of physician office systems to allow users to make informed decisions as consumers when assessing the functionality of healthcare IT products. After

all, according to the literature, it costs a physician on average \$12,000 annually to operate an EMR. It's vital they feel they are spending that money wisely. We also welcome any independent evaluations of our products as they force transparency and strengthen us as an industry.

Further, CHITTA believes that national standards should be aligned with international directions in our industry, particularly with initiatives in the United States and Europe. Canada has been a pioneer in the global healthcare IT market and we should work to maintain our leadership role internationally. To achieve this end, we all - users, vendors, governments and medical organizations - must show leadership. As an industry, we particularly need to encourage stronger physician leadership, participation and engagement in defining specifications, as well as defining and implementing standards.

We are convinced that a quality physician office system results in superior patient care, improved patient safety, enhanced quality of life for providers, and a higher return on investment. We need to continue to convince physicians that they can use computer technology to improve patient care and practice management. We also must work as an industry to improve the choices we offer users to maintain and develop the quality of our products and help strengthen Canada's health care system.

Physicians do not want to be told what to do or what to use. If their offices are slowed down or if IT does not adapt to their work flow then this costs them money.

CHITTA believes that the Canadian healthcare Information and Communications Technology industry can and should – even, must – play a responsible, responsive, cooperative and leading role in this transition. ●

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