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The Chatham-Kent Health Alliance of three Ontario hospitals is one of the first healthcare organizations in Canada to roll out a secure Web portal (a McKesson product) that will provide its physicians with "anytime, anywhere" access to comprehensive patient information. With a single sign-on, physicians can access data from across the enterprise and personalize their views of information according to their work flow needs. For more information contact Ronald.Dunn@McKesson.com



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Adalsteinn Brown, Principal Researcher, **Hospital Report Research Collaborative, University of Toronto** suggests that hospitals in Ontario should now focus on the quality of the underlying data of the latest round of report cards, suggesting that offers the greatest payoff in quality improvement. Hospital Report 2002: Acute Care is available on the following web sites: <<http://www.gov.on.ca/health>>, <<http://www.oha.com>>, <<http://www.cihi.ca>> and <<http://www.hospitalreport.ca>>.

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The Canadian Institute for Health Information (CIHI) reported that annual health expenditures are expected to reach \$112.2 billion in 2002. This represents an increase of 6.3% over the previous year, down from the rates of growth recorded in 2000 (8.5%) and 2001 (8.4%). "After adjusting for inflation, the rate of growth in health expenditures this year is expected to be in line with real growth in the economy", says **Richard Alvarez, CIHI's President and CEO**, "Nevertheless, since 1997 our health expenditures have grown by 30% on a constant (1997) dollar basis, compared to estimated growth in the economy of 20%. The previous five-year period, on the other hand, saw growth in health expenditures of only 6%, compared to economic growth of 17%."

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The boundaries of **Alberta's nine new health regions** come into effect April 1, 2003. The boundaries are based on factors that include patient flow patterns and community trade patterns. Other goals were achieving larger regional populations, and taking advantage of local centres of expertise in patient care and administration, especially in rural areas.

The province of Saskatchewan approved plans to build a new \$13 million medical facility in Fort Qu'Appelle. The cost of building and equipping the facility will be shared among various levels of government and aboriginal groups.

The government also launched a new Web site that gives historical data on how long patients have waited for various procedures in different regions. A list of patients currently awaiting surgery will be added to the Web site when it's compiled later this year. **Dr. Peter Glynn chairs the Saskatchewan Surgical Care Network**. He says the Web site won't reduce waiting times, but it will help people understand how the process works. See: <www.sasksurgery.ca>

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In London, Ontario, over 6,000 patients now have access to primary care treatment and advice 24 hours a day, seven days a week, as physicians in **Family Health Networks (FHNs)** work with a nurse-staffed, after-hours telephone health advisory service. These networks emphasize illness prevention and comprehensive primary care for patients while promoting a stronger doctor-patient relationship. Our next issue of **ElectronicHealthcare** will examine the IT/IM implications of the province's primary care strategy.

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University Health Network  In January 2003, the Board of Trustees of the University

Health Network (UHN) approved an expenditure reduction plan that will see the organization lower its expenditures by \$20 million. It calls for a reduction of patient volumes and a variety of other initiatives designed to assist UHN in finishing the next fiscal year in a balanced budget position. The reduction represents approximately 3% of UHN's budget. It also represents three times the total budget for the Weyburn General Hospital in Saskatchewan.

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BCE Emergis has appointed **Daniel Baron** as Executive Vice President of eHealth Solutions Group (Canada). Contact Daniel.baron@emergis.com

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Dr. Roger Strasser is Founding Dean of the **Northern Medical School** at Laurentian University

and Lakehead University. Dr. Strasser is a family practitioner with extensive expertise in rural health in Australia. He received his Master's of Clinical Science in Family Medicine from the University of Western Ontario. Some facts on the Northern Medical School: open for business September of 2004; students will be connected by e-mail and virtual classes (no ivy will grow on these walls); two official campuses — Laurentian University in Sudbury and Lakehead University in Thunder Bay — more than 1,000 kilometres apart; 56 students will be accepted each year; annual operating budget, expected to run about \$25 million.

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David Wormald is the new Director of Diagnostic Imaging at **Halton Healthcare Services**.

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Atlantic Health Sciences Corporation has a new CEO, **Dora Nicinski**. She is a registered nurse and former CEO of the North Okanagan Health Region, based in Vernon, B.C.

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Vancouver Coastal Health Authority's new CEO is **Ida Goodreau**. Interesting background: Senior Vice President, Global Optimization & Human Resources of Norske Skog Industrier in Oslo, Norway.

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Donald M. Ford is President & CEO of the **Capital Health Board in Nova Scotia**. Previously he was President & CEO at the IWK Health Centre. At **IWK**, **Dr. Alex Gillis**, is Interim President and CEO.

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Carmel Olson is the new Chief Executive Officer for the **Brandon (Manitoba) RHA**. She succeeds Mr. Earl Backman who retired.

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Krisan Palmer, Telehealth Coordinator, and **Anne Kilfoil**, Director of Organizational Learning at **Atlantic Health Sciences Corporation, New Brunswick**, were recently recognized for innovative applications of IP based technologies. They were awarded the **Ted Freedman Award** for 2002; the presentation was made by the Education Health Services group of the Ontario Hospital Association and the editors of *Hospital Quarterly*. The award winners are leaders in the application of technology, using telehealth in delivering regional, provincial and inter-provincial services such as: tele-radiology, tele-homecare, tele-



Krisan Palmer and Anne Kilfoil

cardiology, tele-mental health, tele-nephrology, tele-rehab, tele-learning and tele-consultation. The e-learning strategy offers 24/7 access, multi-site access, just-in-time and on-

demand services, empowered users and the linking of related corporate and business resources. Last year, almost 7,000 personal programs were completed.

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Saskatchewan's **Health Quality Council** is a new, independent agency that will report on and recommend innovative ways to improve quality within Saskatchewan's health system. See: <<http://www.hqc.sk.ca/>> .

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The Cancer Quality Council of Ontario will provide evidence-based guidelines and monitor the quality of outcomes for cancer patients in Ontario. See: <<http://www.cancercare.on.ca/about/quality/qualityprojectslist.html>>

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The "Mazankowski" report recommended that **quality** be the top priority for **Alberta's** health system and that the province set standards, measure results and hold people accountable for achieving better outcomes in health. The organization is in place. See: <http://www.healthreform.ca/dir_1.html>.

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The University of British Columbia (UBC) is deploying a state-of-the-art wireless network to provide high-speed connectivity to 44,000 students, staff and faculty from virtually anywhere on its campus. Based on technology from Cisco Systems, Inc. and supplied by TELUS, the network will cover more than one million square metres and all 300 of the university's buildings, making it the largest wireless local area network (LAN) in Canada and one of the largest in North America.



UBC implemented the wireless network in late summer 2002 and expects to complete the installation by September 2003. It will take advantage

of the higher speed connectivity to power high-bandwidth educational and research applications including video streaming, advanced engineering applications and online collaboration in areas such as engineering labs. The remainder of the campus – including all classrooms, dormitories, administrative buildings and numerous green areas, such as courtyards and parks – will feature speeds of up to 11 mbps (which is comparable to a standard corporate network). Contact Brian Lin at the University of British Columbia: brian.lin@ubc.ca or Andrew Sage at Cisco - asage@cisco.com.

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HealthTrust Purchasing Group L.P. (HPG) a large U.S. healthcare group purchasing organizations, has signed an agreement with **Per-Se Technologies** for staff management software systems. The agreement will enable HPG's member base of approximately 900 healthcare facilities nationwide to obtain the Per-Se software by license. Contact Guy.Bujold@per-se.com.

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Agfa is providing funds to establish an **Executive Industrial Research Chair in Health Informatics at the University of Waterloo (UW)**. This UW research program will link experts from numerous disciplines to investigate, develop, apply, refine and evaluate health informatics solutions to fundamental problems faced by the Canadian healthcare system and so enhance collaboration in multidisciplinary research teams. For further information contact Dominic Covvey at dcovvey@csg.uwaterloo.ca.



Starting from the Left -
 David Johnston - President, University of Waterloo
 Dominic Covvey - Agfa Research Chair in Health Informatics
 Steve Nakashige - CEO of Agfa HealthCare Informatics
 Frank Vassallo - Director, External Affairs, Agfa Informatics

The latest version of **Agfa's** cardiology information integration enables the physician to use one workstation to view all cardiology and radiology images as well as perform cath lab measurements. Contact kimberley.elliott.ke1@ca.agfa.com.

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eOptimize Advanced Systems Inc., another Canadian survivor of the dot.com meltdown (see our feature on dot.com's inside), and a scheduling and resource management technologies company, has signed a software licensing agreement for its About:Time™ for Healthcare software solution with Memorial Health Services, a large not-for-profit hospital organization located in Southern California. Contact rick.thompson@eoptimize.com.

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ARAMARK's new Clinical Technology Services provides resources to assist healthcare organizations in managing their equipment lifecycles – from planning, evaluation and procurement to service, support and disposal. Services include maintenance management, accreditation documentation and support to assess new and emerging technology. Contact: stephanie_kovalchuk@aramark.ca.

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Johnson and Johnson continues to enhance its Web presence for professionals. A recent study (Manhattan Research, "Taking the Pulse") of 1,200 practicing physicians shows that more than half of healthcare professionals are going online to find information about pharmaceutical companies and their products. Fifty-five percent of healthcare professionals go online every day, more than 75% of time spent online is for professional purposes. In addition, 75% of oncologists (CancerConsultants.com, online survey) interviewed agreed that the Internet is essential to their practices. The study found that doctors most often look for the following: prescribing information, clinical information about a drug, information about product pipeline, patient education materials and information about clinical trials.

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 Another example of the Web's established role: **Siemens** offers clinical, technical and managerial

courses – many accredited through the ASRT, SDMS, ASAR and other accreditation associations for Continuing Education Credits.

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Study of Computerized Physician Order Entry (CPOE) implementations and failures,

- Hidden costs and universal benefits of CPOE in best-of-breed information systems
- The universal benefits of CPOE systems.
- Why CPOE may be easier to implement at a rural hospital.
- Hard self-assessments of what went wrong at four leading institutions, with an emphasis on avoiding troubles they encountered.
- Implementers' views on successes at 10 sites. Includes executive and physician interviews. Contact Inside Information Group, Ltd. (805) 984-8500 or customer.service@insideinfo.com

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Ian Fish, MD is now Chief Information Officer at the Winnipeg Regional Health Authority; **David Ostrow**, MD is Chief Information Officer at the Vancouver Coastal Health Authority; **Wayne Mills** is Vice President, Information Services and Chief Information Officer at Trillium Health Centre; **Sharon Baker's** new initiative at <www.wellspring-consulting.ca>.

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From Health Canada you can get an overview of the Health Info Structure across Canada. Go to: <http://www.hc-sc.gc.ca/ohih-bsi/chics/pt/2002/sk_e.html>.

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The Ontario Hospital eHealth Council has a number of active working groups. To receive their **eHealth Update** regularly send an email to ehealth@oha.com with "**Subscribe**" in the subject.

... from **Canada Health Infoway (Infoway)** here are their first project investments.

A. Provider Registry Projects

Infoway is collaborating with the British Columbia Ministry of Health Services and Saskatchewan Health on separate projects related to the development of a reusable provider registry, an index of caregivers with a description of their role(s) within any given jurisdiction.

Led by the **British Columbia Ministry of Health Services**, the **Solutions Enhancement Project** supports the development of a "reusable provider registry" by enhancing Western Health Information Collaborative's (WHIC) existing provider registry solution. The registry will be better able to meet the requirements of different jurisdictions through the inclusion, for example, of more types of licensed and non-licensed care providers. The project includes an assessment for conversion to HL7 V3, the emerging industry standard for messaging between healthcare information systems as well as support for HL7 V2.4. A key benefit is the development of a provider registry toolkit based on the HL7 standards that vendors and other jurisdictions in Canada can use to implement provider registries.

Led by **Saskatchewan**, the **System Integration and Implementation Toolkit** will generate a "reusable toolkit" and develop best practices that can be used by different jurisdictions in the Provider Registry System to maximize the benefits of the registry to health regions and other service delivery agencies. This toolkit will consolidate the experiences and knowledge gained through implementations in Saskatchewan and other western provinces and through continued cooperation between **WHIC** partners. The toolkit will include technical expertise along with best practices related to the adoption of the registry from a business perspective.

Together, these provider registry initiatives will lead to reduced costs for system deployment and uptake, application maintenance, software development, and reusability, as well as improved data security and privacy. The final deliverables for both initiatives are an upgraded version of a registry solution and a reusable toolkit for implementation.

B. Client Registry Projects

Infoway is collaborating with the **Newfoundland & Labrador Centre for Health Information and Capital Health of Edmonton** on separate projects related to the building of a reusable client

registry, a directory of people being served within the healthcare system. It provides the mechanisms required to uniquely identify a patient across a diverse set of point-of-care systems, within a region, a province or even nationwide.

Working with the **Newfoundland & Labrador Centre for Health Information (NLCHI), the Jurisdictional Client Registry – “Best of Breed” Solution** initiative supports the development of a reusable "jurisdictional client registry" by using "best of breed" components from existing systems and capitalizing on NLCHI's knowledge and experience in this area. The final deliverable is a reusable client registry solution and toolkit to support implementation in other jurisdictions.

Led by **Capital Health of Edmonton the Regional Client Registry – Regional Enterprise Master Person Index** is part of the organization's overall electronic health record strategy. It involves the development of an enterprise master person index (EMPI) solution that will allow for the unique identification and matching of patient information from different sites. It will also eventually support the identification of patients who are referred into the region from other jurisdictions. The EMPI solution, for use by health regions and other jurisdictions across Canada, will integrate with jurisdictional (i.e., provincial) client registries.

C. Architecture Design

Infoway is leading two projects, which will complete the blueprint for EHR architecture design in order to ensure interoperability, reuse of common solution components and integration with existing systems.

Architecture Migration Plan. This initiative will define the "common blueprint" for the overall EHR solutions including the technology standards and guidelines that will help determine how the system is designed and built. One of the key advantages of this blueprint is that it will help jurisdictions develop their technical roadmaps and ensure rapid development and deployment of EHR solutions at lower costs. It will also ensure the integration of existing systems and systems from various vendors into the EHR solution.

The architecture will be developed with experts from the field and end users. The project will also compare the current state of solution architecture in jurisdictions with the planned future state in order to develop a plan to help jurisdictions migrate to and adopt the reusable components of the EHR solution.

Architecture – Data Definitions and Standards.

This project will ensure the development of the common standards and data definitions for EHR solutions. After analyzing the gap between the "as-is" state and the desired state of the standards and data definitions, Infoway, with input from partners across Canada, will develop a plan to advance them in support of the implementation of its 18-month tactical plan. The aim is to eliminate the need for individual organizations to develop, maintain and manage definitions for data and message content and structure, which in turn will lower the cost of development and maintenance of EHR solutions. If new standards need to be developed, they will be developed as part of a project.

D. National Electronic Claims Processing Standards

This investment involves the continuation of the National e-Claims Standard Project (NECST). The objective of NeCST is to develop an electronic standard for the exchange of health claims information between providers and payers. This standard will also support the drug information system targeted for upcoming Infoway investments. The NeCST deliverables for this phase include a fulfillment guide and other tools to assist implementation of the standard, phase-two message design and work on conformance compliance. The project, which is sponsored by the Canadian Institute for Health Information, reflects a grassroots initiative that comprises a unique collaboration of public and private sector and provider associations.

PROJECT INVESTMENTS

The estimated total cost of the seven projects is expected to be up to \$21 million.

Source: <www.canadahealthinfoway.ca>