▶ The Publisher's Page

The Honourable Anne McLellan, Federal Minister of Health, has announced a new $1.5-billion Diagnostic and Medical Equipment Fund. The announcement is part of the Health Care Action Plan agreed to by Canada's First Ministers in February 2003. The fund's principal objective is to enable provincial and territorial governments to acquire and install diagnostic and medical equipment and to train specialized staff, in order to improve access to timely, publicly funded diagnostic services.

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Canada is among the highest-spending countries in terms of total healthcare spending, but ranks among the bottom third of OECD countries in the availability of **healthcare technology**. www.hc-sc.gc.ca

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Health Canada is contributing up to $436,177 to the **WestNet Tele-Ophthalmology Project** managed by the Government of the **Northwest Territories**. The WestNet Tele-Ophthalmology project was created to help screen Northwest Territories people with diabetes for early signs of the retinal deterioration that can lead to blindness. Trained eye technicians from the Eye Centre of the Stanton Territorial Health Authority in Yellowknife are using portable stereoscopic digital imaging equipment to create retinal images that will be forwarded to specialists at the **Royal Alexandra Hospital in Edmonton** for analysis and treatment recommendations. www.hc-sc.gc.ca

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The Government of Canada is investing close to $6.5 million in initiatives designed to ensure that Prince Edward Island residents have access to high-quality, affordable and sustainable primary healthcare services. The province will use a portion of this funding to:

• establish family health centres which include a collaborative practice of multidisciplinary health provider teams;
• develop and implement a strategy for healthy living and an improved drug utilization strategy;
• expand an integrated palliative care strategy; and
• implement videoconferencing for clinical care, and patient and provider education. www.hc-sc.gc.ca

A new report from the **Canadian Institute for Health Information** (CIHI) shows that the number of hospitalizations due to bicycle-related injuries in children between five and 19 years old declined by 12.5% over a five-year period. Between 1997/98 and 2001/02, the overall rate of hospitalization for this age group also declined from 28.6 to 23.8 per 100,000. During the same time period, the number showed relatively little change in other age groups, with the rate fluctuating between 7.0 and 8.3 per 100,000. www.cihi.ca

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Patients in rural communities in **British Columbia** will get better access to medical care through a $58.5-million package of benefits and financial incentives designed to attract doctors to these areas. The rural subsidiary agreement is part of last year's $392-million working agreement between the government and the B.C. Medical Association. It is managed through the joint **standing committee on rural issues**, which is co-chaired by the BCMA and the Ministry of Health Services. Bonus incentives provided by the rural program are in addition to increases from the working agreement and include:

• Recruitment bonuses of up to $10,000.
• Retention premiums.
• Rural continuing education benefits.
• A general practitioner locum program.

The province is also announcing the establishment of a rural specialist locum program that will be provincially coordinated to help health authorities ensure continuous coverage while specialists are recruited. www.gov.bc.ca

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Low-income B.C. families will pay less for eligible prescription drugs under the province's new **Fair PharmaCare program**, which affects about 280,000 families and seniors who face high prescription drug costs. Fair PharmaCare, which takes effect May 1, combines the existing major PharmaCare plans – the universal plan and the seniors' plan – into one new program, with access based on families' ability to pay. The lower a family's income, the more financial assistance government will provide. With these changes, British Columbia will provide the second-most-generous prescription drug coverage in the country. www.gov.bc.ca

With the appointment of regional board members, **Albertans now know who will make decisions on health services in their regions**. The appointments are effective April 1, 2003. All new board members were drawn from existing board membership after consultation with MLAs and the chairs of the nine expanded regions. The appointment of board members is the most recent step in the transition to nine regions from the current 17. It follows the appointment earlier this year of board chairs and the announcement of CEOs for the expanded regions, which were effective April 1, 2003. www.health.gov.ab.ca

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The Saskatchewan Health Information Network (SHIN) announced it is using Triple G® Systems Group's TriWin Laboratory Information System (LIS) in five health regions in Saskatchewan. Applications include Core Lab, Microbiology, Anatomic Pathology and Cytology. The system will be centrally hosted utilizing the province's wide-area network, Community Net. Security inherent in the database and operating systems is enhanced by nine additional layers of security to protect against unauthorized access to information.

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Saskatchewan is boosting healthcare spending by 8% to a record $2.5 billion. "A health budget increase of over $184 million will help create a high-quality, patient-focused healthcare system," said Health Minister John Nilson. A total of $61 million has been allocated for building and renovating healthcare facilities over the next two years. In the coming year, $19 million will be spent on health equipment, including diagnostic equipment such as new CT scanners in Yorkton and Moose Jaw and the permanent location of a CT scanner in Swift Current. Other capital equipment spending will include targeted funding for improved surgical access.

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Saskatchewan's health investment highlights include:
• A 6% increase for Regional Health Authority operations and an 8.7% increase for the Saskatchewan Cancer Agency;
• $74 million to support collective agreements that will help maintain existing health professionals and encourage others to train in these professions;

• Establishing satellite renal dialysis clinics in North Battleford and in a location in southern Saskatchewan, to be determined in the weeks ahead;
• Implementing the 24-hour telephone health advice line province-wide;
• Training 80 emergency medical personnel to EMT levels, with a three-year target of 240;
• Providing funding for 300 first-year students at the College of Nursing, including 40 in the new northern nurse training program, and 60 first-year students at the College of Medicine;
• $4 million for return-service training bursaries to support health provider retention and recruitment; and
• Providing $1.2 million to municipalities on a 50-50 cost-shared basis for West Nile mosquito control programs. www.health.gov.sk.ca

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The new Indigenous Peoples' Health Research Centre (IPHRC) received a funding boost of $2.725 million over six years. The funding will support research projects in key areas of aboriginal health, including chronic diseases, indigenous healing, health delivery, disease prevention and environmental health. It will also increase opportunities for people of aboriginal ancestry to pursue health-related research and training. The centre is led by the Saskatchewan Indian Federated College (SIFC), in partnership with the University of Regina and the University of Saskatchewan. The province is providing $225,000 in the current fiscal year, followed by annual payments of $500,000 from 2003-04 to 2007-08. www.health.gov.sk.ca

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A three-year progress report on the Manitoba Nursing Strategy and new initiatives to improve working conditions and respect for nurses were recently released. The three-year progress report summarizes actions taken in support of the **Manitoba Nursing Strategy** and provides a snapshot of the impact these actions are having on healthcare in Manitoba.

The progress report is available at the new Manitoba Nursing Strategy website (www.gov.mb.ca/health/nurses/strategy.html), which also offers easy access to nursing informa-

tion and resources for Manitoba nurses and patients. www.gov.mb.ca

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Ontario patients in need of the latest diagnostics will soon have reduced wait times and faster access to five new magnetic resonance imaging (MRI) machines and five new computerized tomography (CT) scanners. The government will invest up to $4.6 million annually to provide expanded diagnostic services in independent health facilities. **Private sector companies will provide medically necessary insured MRI and CT scans, operating through the existing Independent Health Facilities Act**, within Ontario's universally accessible, publicly funded healthcare system. A physician referral will be required for MRI and CT scans.

The facilities were selected through a request for proposal process that was issued last November. The new MRIs and CT scanners will be providing expanded services this spring at 36% less than the cost of providing the same services in hospital. www.gov.on.ca/health

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Residents of **Prince Edward Island** now have improved access to radiology services in their home communities, following the **province-wide** implementation of the new **Picture Archiving and Communications System (PACS).** The cornerstone project of the Health Infostructure Atlantic Project, signed in January 2000 by the four Atlantic provinces, is known as Tele-i4 or interprovincial integration of images and information. The Tele-i4 project is the largest interprovincial implementation of PACS equipment in Canada and is accessible from every hospital in the province. Using state-of-the-art computer imaging technologies in all seven Prince Edward Island hospital diagnostic imaging departments, networks have been created to ensure that patient information and images can be electronically transferred from one location to another for referral, diagnosis and consultation.

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In **Nova Scotia**, a plan focused on health promotion, more doctors and nurses, shorter wait lists, seniors' care and health services within communities was recently released by the provincial government. **The government is taking immediate**

steps so patients get critical tests and treatments more quickly. In 2003-04, $5 million will be invested to shorten wait lists for cardiac tests and surgeries. As well, $45 million will be invested over the next three years to purchase diagnostic, surgical and other medical equipment. www.gov.ns.ca/health

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As many as 240 more nurses will be educated in Nova Scotia over the next four years, under a new $7-million training plan. Some of the training will be delivered through shorter, concentrated programs so nurses are able to care for patients in hospitals and nursing homes even sooner. Sixty additional nurses will be trained in each of the four years of the plan:

• 25 will be educated in a joint nursing program between the University College of Cape Breton and St. Francis Xavier School of Nursing;
• 25 science undergraduates will be able to take a shorter, concentrated program that prepares them for nursing in 20 months, compared to four years; and
• 10 licensed practical nurses will be able to enter a new program to become registered nurses in three years instead of four. ww.gov.ns.ca/health

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The government of New Brunswick will invest about $120 million more in healthcare than last year. This is comprised of an additional $58.4 million set out in the 2003-2004 budget estimates which were tabled recently, plus an additional $60 million in new federal funding flowing from the First Ministers' arrangement on healthcare renewal agreed to in February. www.gnb.ca

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Newfoundland is in the process of public consultations for the development of a provincial health charter. To facilitate the public review process, the government previously released a discussion paper, "Building a Healthier Future." This document contains a proposed health charter which outlines both governments' responsibility for the health and community services system and the general public's role in its own health and wise use of the health system.

To obtain a copy of "Building a Healthier Future," please contact the Department of Health and

Community Services at toll-free 1-866-248-9662, fax: (709) 729-6737, e-mail: strategichealth-plan@gov.nf.ca or through the department's web site at www.gov.nf.ca/health.

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In the U.K., all new homes will be fitted with the infrastructure for broadband access, under a government proposal aimed at boosting the public's use of the Internet. The proposal would cost the housing construction industry around £70m (C$160.7m) a year. The change would help the government meet its target of ensuring that everyone who wants it has access to the Internet by 2005.

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Professor Therese Stukel of the **University of Toronto's Department of Health Policy, Management and Evaluation** participated in a major U.S. cohort study involving nearly one million Medicare recipients to determine whether regions with higher Medicare spending actually provide better care. The study, published in the February 2003 issue of the *Annals of Internal Medicine*, found that **residents of higher-spending regions received 60% more care but did not have better quality or outcomes of care.** Quality of care (for example, use of aspirin after AMI or influenza immunization) in higher-spending regions was no better on most measures and was worse for several preventive care measures. Access to care (for example, having a usual source of care) in higher-spending regions was no better compared with lower-spending regions. Contact: stukel@ices.on.ca

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The University of Toronto's Department of Health Policy, Management and Evaluation Physician Leadership Program 2003 focuses on knowledge and skills development. Drawing from leading research and educational practices, the program explores emerging leadership strategies and applies them to the health context. The program includes post-program mentoring opportunities and optional elective sessions covering specific managerial topics. The fall program includes:

- Module 1 – Thursday, October 16, 2003 to Saturday, October 18, 2003
- Module 2 – Thursday, November 13, 2003 to Saturday, November 15, 2003

Contact: Tina Smith at tina.smith@utoronto.ca

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U.S. Senators introduced their version of patient safety legislation (S. 720) in late March. Highlights of the bill for the healthcare IT industry include:

- Establishing and maintaining databases for non-identifiable, but relevant, patient safety information;
- Developing or adopting voluntary national standards that promote the integration of healthcare IT systems; and
- Assessing IT's impact on patient safety, healthcare quality and healthcare costs through independent research.

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The rapid outbreak of a deadly flu-like virus has underlined how ill-equipped Asia-Pacific companies are in supporting a **remote workplace**, according to market researcher **Gartner Group.** Gartner's assessment comes in response to the outbreak of **Severe Acute Respiratory Syndrome (SARS)**, which has quickly spread to nearly 20 countries. According to the World Health Organization, there are more than 2,220 cases reported worldwide and 78 deaths as of Wednesday April 9, 2003. Governments across the Asia-Pacific region are struggling to contain the epidemic, and companies are trying to mitigate the effects of the disease. msnbc-cnet.com.com/2100-1022-995305.html

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Blue Cross and Blue Shield of Massachusetts will begin a pilot program this summer to pay doctors for consulting with patients online – an effort to increase patients' access to their physicians for non-urgent medical problems. The state's largest health insurer said it's the first health plan in Massachusetts to reimburse doctors specifically for responding to members' e-mails, although Blue Cross plans in other states also are testing the strategy. www.boston.com/dailyglobe2/066/business/Blue _Cross_to_pay_doctors_for_online_advice+.shtml

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Travelling by jet? Recommended by **Dr. Peter Norton of Calgary Health Region**: "The Prevention and Treatment of Jetlag: It's Been Ignored, But Much Can Be Done." http://bmj.com/cgi/content/full/326/7384/296

From the Healthcare Information and Management Systems Society (HIMSS): CPRI Toolkit offers new guidance on sound security practices. A number of well-respected efforts within the discipline of information assurance have published measures designed to help ensure data confidentiality, integrity and the availability of systems. A listing of these efforts is now available in the CPRI Security Toolkit. This resource outlines general principles and provides best practices and examples of how healthcare providers should manage the security of their paper and electronic records. Sections of the CPRI Toolkit identify key activities to integrate into the process of managing information security. The CPRI Toolkit can be accessed at: www.himss.org/ASP/cpritoolkit_homepage.asp

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The HIMSS Summer Conference — Strategic Issues — Strategic IT Solutions will be held June 9 and 10 in Chicago. Coverage includes: Patient Safety/CPOE, IT Strategy, Electronic Health Records and Emerging Technologies.
More information at:
www.himss.org/summerconference/ASP/index.asp

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HIMSS Solutions Toolkit® consolidates select data from the leading providers in the healthcare IT industry: AHA Health Forum, Dorenfest, Gartner, HIMSS, KLAS and Solucient. Data is organized into an easy-to-use, web-based data mine. Subscribers can then pinpoint what they need – ultimately reaching information that enables them to make informed decisions on staffing, purchasing and other management-level issues. For a live demo, e-mail sales@himss.org or visit www.solutions-toolkit.com

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Journal Scan courtesy of HIMSS

Bedside Consults
Healthcare Informatics **(March 2003); Vogel, Eric; Erskine, Jennifer; Maulitz, Russell**
While healthcare providers would like to incorporate more evidence-based medicine (EBM) into treatment programs, it's hard to stay abreast of current clinical research. Handheld devices, in spite of limitations, are becoming more popular as point-of-care devices to access EBM data. EBM

resources include calculators, abstract services, drug guides, pocket references, and value-added references. As an example, InfoPOEMs' InfoRetriever product includes summaries of clinical research articles and reviews, information on diagnostic test accuracy, a drug information database, and Griffith's 5-Minute Clinical Consult. Another product is the UpToDate information service, which uses a textbook format to summarize current research findings. The American College of Physicians and American Society of Internal Medicine have developed the PIER database, which includes sections on screening and prevention, complementary and alternative medicine, ethical and legal issues, the utility of specific procedures, and patient-education materials.
www.healthcare-informatics.com/issues/2003/03_03/vogel.htm

IT Can Help Make Healthcare Safer
InformationWeek **(March 10, 2003); Stahl, Stephanie**
In an editorial in *InformationWeek*, Stephanie Stahl notes that many medical mistakes can be eliminated through improvements in technology. CareGroup Health System CIO John Halamka says the automation of ordering and delivering drugs is increasing, as is the likelihood that most doctors will use such systems within five years. Patient safety also could be improved through radio-frequency identification technology, says Cardinal Health CIO Jody Davids. Stahl suggests that malpractice insurers should give insurance breaks to healthcare providers and facilities that use technology to improve patient safety.
www.informationweek.com/shared/printableArticle?doc_id=IWK20030309S0001

It's Just SSO Easy
SC Magazine **No. 7974, p. 53; Peck, Bruce**
St. Vincent Hospital and Health Services in Indianapolis decided to **implement single sign-on and biometrics technology to make physicians' work easier.** After pilot-testing several products, it decided to use a modified version of an off-the-shelf single sign-on program as well as a biometrics middleware product that enables the group to access fingerprint, voice, iris and other types of biometrics. About 3,000 individuals use

the system, which offers connections to as many as eight applications and is available on about 1,200 units, including those connected on its wireless network. The facility's information security manager, Bruce Peck, says the system provides functionality and security, and the biggest challenge in implementing it involved getting staff accustomed to using it. www.scmagazine.com

Obtain Value from Your Benchmarking Initiatives
Advance or Healthcare Information Executives **(April 2003); Anderson, April**
Many hospitals have failed to obtain value from cost benchmarking. However, it's more important than ever to use such information as hospitals struggle with managed care, a shortage of nurses, and higher technology expenses. In an editorial, April Anderson, a senior consultant for Healthcare Management Council, says hospitals must have a desire to improve, a focus for the improvement process, and a strong plan of action. She cites **Mary Washington Hospital as an example of a facility that used benchmarking information to concentrate on intensive case management resources, educating clinicians, and implementing care paths.** Developed strategies for performance improvement are necessary to take advantage of the more difficult opportunities that benchmarking identifies. The improvement is best achieved when the team is comfortable with the benchmark data and targets.
www.advanceforhie.com/common/editorial/PrintFriendly.aspx?CC=5477

Records at the Ready
eWeek (March 17, 2003); Vol. 20, No. 11, p. 37; Taft, Darryl K.
Health Management Associates, which operates hospitals in 14 states, has rolled out Physician's Access, which helps doctors get patient data via a Web interface that connects with HMA's back-end systems. **Patient information is available to doctors via personal computers or kiosks at facilities.** Tim Prentis, HMA's information technology manager, says the system is HMA's first step toward using a completely electronic medical record. While HMA generally operates in a decentralized fashion, it has elected to take certain steps, such as updating pharmacy systems, to achieve uniformity system-

wide. The group constructed a basic communications foundation that has enabled it to add Web-based systems. Users gain access by using a user name and password, to comply with security and privacy provisions of the Health Insurance Portability and Accountability Act. www.eweek.com

Reveal Our Downtime?
Healthcare Informatics **(March 2003); Huffman, Steve**
In an editorial, Memorial Health System director of information technology Steve Huffman says **unplanned downtime of hospitals' information systems has both economic and patient care consequences**. Huffman believes that healthcare providers should publicize their downtime so organizations can learn about possible solutions to problems and optimize care. He believes that having such information out in the open will reduce surprises and enable better comparisons between providers. The amount of downtime also would be a gauge of the performance of IT staffs and vendors. Huffman contends that IT personnel will be more comfortable discussing problems if they are assured that mistakes won't affect their job security. Education and procedures then could be implemented to eliminate downtime caused by human error. www.healthcare informatics.com /issues/2003/03_03/commentary.htm

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Industry News: Cerner
On Cerner.com you can find a video **endorsement from Tony Dagnone (London Health Sciences Centre)** and reminders of two conferences:

Health Conference 2003
Wednesday, October 22 – Saturday, October 25, Orlando, Florida
Designed exclusively for the clinicians, physicians, informaticists, and IT professionals who use or have an interest in Cerner solutions.

Health Care Leadership Forum 2003
Wednesday, October 22 – Saturday, October 25 Orlando, Florida

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Did you know?
The First Hand Foundation focuses on pediatric healthcare. **The First Hand mission is "to directly**

impact the health status of a young life." The foundation is a non-profit organization supported by the **Cerner Corporation**, its associates, business partners and friends. The associates make up the largest portion of the foundation's funding. In return for each associate's contribution, Cerner matches each donation, dollar for dollar. The remaining funds are raised through individual gifts, annual fundraising events, memorial and honorarium programs and gifts of stock. First Hand assists individual children who have clinically relevant, health-related needs and no financial net to cover these expenses. For more information visit the website at www.firsthandfoundation.org.

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Soon we'll all reach out and touch 3M. Those wonderful screens that allow users to touch an item within the display are now part of 3M technology and have just been introduced to Canada. Look for it. The company is a strong supporter of the CQI network, proving once again that quality and success can operate inseparably over the long haul.

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Aramark
For the second year in a row, **Aramark has been named the No. 1 company in "Diversified Outsourcing Services" in** *Fortune* **Magazine's new ranking of America's Most Admired Companies.** Even more impressive, Aramark has moved from No. 48 to No. 10 in the overall score among the 580 companies included in the survey. (Fortune's "Top Ten" in the magazine is based on number of votes, not overall score.) These results come on the heels of Aramark being named in the January issue of *Business Week Magazine* as one of the Top 25 managed companies of 2002.

More ... **Aramark** has been awarded the contract to provide food service for the 2004 **Summer Olympic Games in Athens**, Greece, by the Organizing Committee for the Olympic Games Athens 2004 (OCOG). The decision marks the 13th time **Aramark** has been selected to serve at the Olympic Games.

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Per-Se looking strong
Per-Se Technologies (business management outsourcing services, financial and clinical software solutions, and Internet-enabled connectivity)

announced that it used cash on hand to reduce debt levels by US$15 million – the sign of a well-managed company. Per-Se supports some 47,000 physicians and 2,000 healthcare organizations. See www.per-se.com.

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McKesson
Healthcare for at-risk youth is the primary focus of McKesson's charitable giving. With some $4 million in annual grants, **the McKesson Foundation** would like to see that no child goes without needed medicine or treatment.

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The industry according to Microsoft
Canadian IT companies that provide sales and services in support of Microsoft software products and services make a substantial contribution to the Canadian economy, according to an IDC Canada Consulting study. Commissioned by Microsoft Canada Co., the research reveals that more than 73,000 Canadians are employed by those companies, and contribute more than $5.5 billion annually in product and services expenditures and salaries.

Microsoft notes that large multinationals might first come to mind when people think IT, but this study shows that the real impact comes from the tens of thousands of Canadian companies who work with them.

The IDC study found that despite recent economic difficulties in the technology sector, this IT sales and service "ecosystem":
• employs nearly 73,000 Canadians;
• typically pays salaries 38% higher than the national average; and
• accounts for $1.9 billion in yearly product and services expenditures and $3.6 billion in salary expenditures.

The importance of this contribution is underscored by recent studies which show Canada leading the U.S. in the recovery of high tech. Research studies by the American Electronics Association and Industry Canada reveal that while 10% of all tech jobs in the U.S. have disappeared since 2001, **Canada's tech industry is growing faster than its GDP and is approaching**

the levels of the "tech boom" in 2000.
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Microsoft's business is based on an indirect business model. It works with thousands of companies, such as independent software vendors who develop and market new products on the Microsoft platform, system integrators, and value-added resellers who help companies implement and service Microsoft solutions and distributors as well as market Microsoft products for resale. The IDC study measured only the contributions of IT sales and service companies working with Microsoft and does not include the impact of other strategic alliances such as vendors and telecommunications companies.

Other IDC findings include:
- The Canadian software and IT channel as a whole accounts for $16.65 billion in product and services expenditures.
- The channel as a whole employs 209,000 people.
- The Canadian software channel – a portion of the overall channel – accounts for $8.7 billion in yearly product and services expenditures.

When business IT departments are included – private and public sector departments who procure, maintain, support or train others to use Microsoft products – Microsoft-related employment increases to more than 240,000. The staff of Canadian business IT departments also accounts for an additional $11 billion in annual salary expenditures. www.microsoft.ca

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TRANSITIONS
South Huron Hospital's new CEO is John Sutherland.
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Malcolm Moffat has been selected as the new President and Chief Executive Officer of Toronto's **St. John's Rehabilitation Hospital,** effective March 24, 2003. Mr. Moffat was Vice President and Chief Planning Officer of St. Michael's Hospital. www.stjohnsrehab.com/appointment.html
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Canadian Blood Services announced the appointment of **Dr. Verna M. Skanes** of St. John's, Newfoundland, as interim **Chair of the Board of**

Directors. She replaces Gary Chatfield of Mississauga, Ontario, who recently stepped down for personal reasons. www.bloodservices.ca
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Kimberley Elliott of Agfa Canada is the new Branding and Communications Manager for Agfa North America. Her focus: enterprise solutions.
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The new Chair of HIMSS is Dave Garets from Healthlink in Texas. Mr. Garets now joins the editorial board of the journal Electronic Healthcare.
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Lina Milone, who headed up HIMSS in Ontario and was General Manager of the IT group at **Sunnybrook and Woman's College Health Sciences Centre,** is retiring to a life of Riley. Way to go, Lina! Replacing her as **HIMSS Chair is Sharon Baker** at wellspring@rogers.com.
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New instructors at the **University of Victoria School of Health Information Science** include: alumna **Sylvia Robinson** ('87), adjunct professor **Richard Stanwick** and **Victoria Barr,** all from the **Vancouver Island Health Authority**.
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The publisher acknowledges that information in this column is often taken from material provided by the companies noted or by third parties, including Cisco, which sends us its weekly technology briefing. Send your news to publisher@longwoods.com.