

## E-health progress still poor \$2 billion and 14 years later

Progress on a pan-Canadian electronic health record system remains poor despite more than \$2 billion in federal investments since 2001, lamented presenters at e-Health 2015, Canada's largest annual e-health conference.

Bedevelled by a lack of uniform national technological standards, many electronic health information systems cannot interoperate with other systems. As a result, interprovincial sharing of digital health information continues to be halting, according to four senior software executives and medical experts who spoke at a June 2 session dedicated to "rants" about Canada's e-health problems.

"Ten years ago, the big topic was interoperability. Ten years later, it's not a lot different," said Mike Checkley, president of British Columbia-based QHR Technologies Inc., a leading software vendor in Canada's \$500-million electronic medical records market. "I'm pointing my fingers at both my vendor colleagues and my government friends."

In a landscape where each province insists on its own health information software specifications, and vendors are required to submit their products for testing in each province to prove their conformance with provincial technical standards, "there's a ton of obvious duplication," Checkley noted. "Each time it's different government people — really nice people — over and over again."

The decisions that led to the creation of Canada's fragmented electronic medical record (EMR) landscape, Checkley said, were made by provincial and federal agencies that invested in incompatible EMR systems.

The result of those funding decisions, Checkley said, is that there is "no functioning EMR across Canada." The time has come for governments to work on interprovincial harmonization, he added.

That appraisal drew strong support from another presenter at the "rants"



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**Duplication of efforts and a lack of interoperability have plagued attempts to have a pan-Canadian electronic health record system.**

session, Dr. Alex Singer, a University of Manitoba clinician researcher. Canada Health Infoway, the federal crown corporation that has spent more than \$220 million on salaries and internal administrative costs since 2001 in an effort to forge a "national health infrastructure" by distributing approximately \$2 billion in federal grants, has "failed to ensure it invested in interoperable systems," said Singer. "Infoway funds things but doesn't manage them. There's a big leadership gap."

Dr. Allen Ausford, an Edmonton family physician who helped create Alberta's EMR system, offered a similarly blunt assessment. The federal government should use financial incentives to force the provinces to purchase interoperable systems, Ausford suggested, before noting that the US government uses financial penalties to ensure its e-health subsidies achieve predetermined goals.

"Let's use pay-for-performance measures as a carrot and sequester transfer payments as a stick," Ausford

suggested. "Let's have a single national shared information framework."

Diane Gutiw, director of consulting (health) for Montreal-based CGI Inc., agreed that Infoway's investment strategy has promoted eleven separate e-health jurisdictions with differing technical standards. "Every time we try to come up with a universal pan-Canadian standard, we really just wind up with yet another standard."

In many instances, Gutiw said, efforts to ensure compliance with government standards negatively affects efforts to use digital health information to achieve benefits for patients and providers. "It's infuriating when we take the data we have and have to make it comply with standards that are way ahead of the system. We're starting to throw money away."

Gutiw argued that e-health officials must now begin to focus their efforts strictly on pragmatic solutions to interoperability.

Not only is the idea of a pan-Canadian system moribund, but progress on

electronic health record use remains lackluster, conference delegates learned.

According to Infoway officials who spoke at the conference, as of last January, only about 20% of all potential users of digital health information systems across Canada were actually employing them routinely.

According to a 2014 national physician survey, [fewer than 80% of physicians nationwide](#) exclusively use electronic records to enter and retrieve patient clinical notes. Those figures put Canada second-last in a survey of primary care physicians' use of EMRs among 11 nations according to the

Commonwealth Fund. Unsurprisingly, [Canada ranks second highest](#) among the 11 for the percentage of sicker adults who experienced coordination problem with medical records. — Paul Christopher Webster, Toronto, Ont.

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