Infoway is shifting, not shuttering: Alvarez

The work of Canada Health Infoway is far from finished, but its role is changing, says former president and CEO Richard Alvarez. “A lot of the hard work of laying down the railway tracks has been done over the last little while. We’re now getting to the position where you can start to reap the benefits.”

Some 64% of Canadian physicians now use electronic medical records, up 24% from six years ago. More than a quarter have adopted these systems in the past three years. But Infoway has yet to start the job of ensuring patient access to digital records, including lab results, medication histories and immunization records. “There are also newer
technologies in mobile health and Big Data,” said Alvarez. He sees a “changing role” for Infoway, “providing facilitation and leadership around these new opportunities.”

Alvarez has championed this change in tack since 2012, after years of defending a strategy favoring massive centralized data systems over meaningful use of electronic health data by physicians and patients. In 2011, an external performance audit commissioned by Infoway showed that the organization had missed its program targets by a wide margin, and the Auditor-General of Canada criticized its implementation of the national e-health strategy as being haphazard.

This year marks the end of Infoway’s stated budgetary support from the federal government. The organization estimates it will need an injection of $130–$150 million in 2014/15 to deliver on performance expectations and continue to advance its investment programs. It also welcomed Michael Green, former Americas region president and CEO for Afga Healthcare Inc., to take over the reins from Alvarez.

Alvarez dismissed speculation that his departure signaled a winding down of operations. He joined CMAJ by phone to discuss the future of the Infoway.

CMAJ: After a decade at Infoway, what’s the legacy you’ve left behind?
Alvarez: Public awareness of digital health has gone up dramatically. … Governments have given this a high priority, notwithstanding tough economic times, and established medicine is absolutely onside. … Back in 2007, we had about 7 200 clinicians using EMRs; today we have 62 000 … and we’re looking at an excess of $10 billion in benefits.

CMAJ: Is that $10 billion in cost savings?
Alvarez: We talk about them as benefits. When you’re talking about keeping people out of hospital, it’s difficult to say it’s a cost saving because those beds are immediately filled by someone else. What I would say is that the vast majority of [digital health investment] is capacity building.

CMAJ: What have been the most difficult challenges to overcome to reap those benefits?
Alvarez: There was a lot of bad press around the eHealth Ontario scandal. As you’re trying to change an industry, there’s always going to be the
inertia of the status quo and [that scandal] gave an excuse not to move in the right direction.

**CMAJ:** Are there still vestiges of that inertia today?

**Alvarez:** Working with clinicians to get better rates of adoption, and with those who feel they’re not getting full value out of the tools, is an ongoing challenge. We’ve got very rudimentary EMRs that don’t provide advanced clinical decision support … and software vendors will have to step up. There have also got to be incentives for physicians to move from the face-to-face they have today, which they get paid for, to this virtual world.

**CMAJ:** You’ve mentioned financial incentives, which fall under provincial purview, and the need for companies to develop better EMRs; where does Infoway come into the picture?

**Alvarez:** There are five directions that consumers, clinicians and governments want to see us go. One is promoting care closer to home [using remote monitoring to keep people with chronic conditions out of hospital]. The second aspect is improving the patient journey through virtual consultations, e-prescribing, access to personal health data and online appointment scheduling. We still have a long way to go when it comes to the third aspect, patient safety. The other areas are looking at how to manage high users of the health system … and mining the data [collected via e-health platforms].

**CMAJ:** In light of the shuttering of major EMR funding programs this year, the absence of further federal support for Infoway and your departure raised concerns that the organization may soon wrap operations…

**Alvarez:** Although we have 68% uptake of EMRs, the goal is to get to 100%. There are still some major projects in the larger provinces that have been started and we need to make sure they get completed. The infrastructure work is going to take the next couple of years.

**CMAJ:** But beyond those projects?

**Alvarez:** I’ve been in constant touch with many of the powers that be in Ottawa and no one has talked about us wrapping up. They realize there’s a lot more work to be done and we’ve still got unspent dollars, so I think it’s a matter of timing [when new funds will come].
CMAJ: What’s next for you?
Alvarez: I’ll be going into semi-retirement, although I expect to still be very involved in the healthcare field from a governance perspective. I’m a board member with Health Quality Ontario. The sustainability of our health care system still fascinates me. It’s a big challenge and any role I can play to help, I probably will.