

Infoway tacks towards “networked” patients

Long criticized for devoting excessive attention to the national architecture of electronic health records (EHRs), at the expense of applications that promote daily use of electronic medical records (EMRs) by physicians and patients, Canada Health Infoway has signalled that it may be slowly tacking in the direction of measures to promote meaningful use of EMRs.

Dennis Giokas, chief technology officer for Canada Health Infoway, told a gathering in Toronto, Ontario on Jan. 25 that mobile technologies such as smartphones are revolutionizing the relationship between clinicians and patients and obliging the agency to look at means of addressing patient demand for access to personal data stored within government-operated EHRs. (Editor’s note: Infoway draws a major distinction between EHRs, large systems connecting doctors, hospitals and data repositories, and EMRs, electronic records essentially kept in doctor’s offices.) Giokas also argued the shift toward providing patients’ access to health records will ultimately require changes in the way health care is delivered and potentially, the way physicians are paid.

It’s partly a consequence of the proliferation of “mobile health” devices designed to connect patients to clinicians, Giokas said, adding that Infoway will move to invest more in connecting patients to their medical records and to clinicians. “Some provinces are embarking on this as we speak.”

Infoway’s 2006 strategic blueprint made no mention of patient’s access to EHRs but its 2009 vision statement called for the creation of a “patient portal” at a cost of \$100 million (www2.infoway-inforoute.ca/Documents/Vision_Summary_EN.pdf).

In a presentation on a draft new blueprint, which was originally scheduled to be released in September 2010 but is still unpublished, Ron Parker, the agency’s strategic director, noted that proposals for patient access to



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Mobile health applications are a “game changer” for physicians that will have implications for current physician payment models, Canada Health Infoway argues.

EHRs would have significant consequences “administratively and from a clinical practice perspective.” Both Health Canada and the United States Food and Drug Administration have indicated that they expect more regulations will be needed in the area.

Despite such outstanding issues, Giokas said the time has come to “think beyond” EHRs and start promoting patient access to health care and physician services via mobile devices. Infoway’s new vision dictates that clinical data stored in each province and territory’s central EHR system “can be shared among physicians and then obviously made available to you as consumers in the future.”

Patients will also provide data for the EHR system, using “smart phones” populated by health information applications, Giokas added. “These applications can actually store data and make that available to clinicians.”

Infoway has allocated \$45 million to develop “consumer health solutions,” Giokas said. In a recent blog, he identified a Telus Corporation consumer product as an example of an application that communicates patient health infor-

mation. Telus bills the application as “a cutting-edge, high-security data storage and sharing service where individual Canadians will be able to keep all their personal healthcare information — such as lab results and prescription information — in an online database for access over any Internet connection.”

TELUS President and CEO Darren Entwistle says Canadians “should be able to consult treatment plans electronically, schedule appointments online with our doctors, securely access our health information and share it effectively with our network of care providers.”

Giokas told the Toronto audience that consumers will benefit by obtaining “choices as to who I see and when I see them” to obtain health care, and by becoming “more knowledgeable” about their treatment options. He also argued that both patients and physicians will benefit from “time-saving” that accrues from such electronic interactions.

But Norm Archer, a researcher with the eBusiness Research Centre at McMaster University in Hamilton, Ontario, cautions that “these things are not slam dunks.” Not everyone has a smartphone and “physicians don’t want

a whole lot more work, especially if they are not paid for it.”

Giokas acknowledged that the “game changer” of mobile health applications also has implications for physician payment models. “If I’m going to do an e-consult, what does that mean to me as a clinician? Am I properly reimbursed, especially if I am fee-for-service?”

Archer also cautioned that the number of physicians in Canada who use EMRs remains a minority and that expecting physicians to adopt electronic communications models may be unwise until there is evidence that mobile health care devices actually deliver benefits.

Joseph Cafazzo, director of the health-care human factors group at Toronto, Ontario’s University Health Network, says mobile health care devices are essentially unproven at present. “But largely I think that’s where ehealth needs to go.”

A strategic review conducted by the Southern California Evidence-based Practice Centre indicated that the value of health information technologies accessed directly by patients, such as SMS text messaging, was unproven (www.health.org.uk/public/cms/75/76/313/564/Costs%20and%20benefits%20of%20health%20information%20technology.pdf?realName=urByVX.pdf). “Published evaluations of these interventions are mixed, with some showing no or only modest effects, and many more studies including insufficient information for us to reach conclusions on their effects,” the authors concluded. “This is a field where, particularly for the Internet-based self-help patient applications, there is far more innovation and implementation than there is evaluation.” — Paul Christopher Webster, Toronto, Ont.

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