

June 1, 2012

Infoway to become more responsive to health system needs, CEO vows

Canada Health Infoway must rapidly reboot, and do so in substantial fashion, if it's to justify public outlays beyond the billions already spent on developing a national electronic health infrastructure, according to the crown corporation's CEO.

After years of defending a strategy that favored massive centralized data systems over meaningful use of electronic health data by physicians and patients, Richard Alvarez, Infoway's top mandarin, told a blue chip audience in Vancouver, British Columbia on Tuesday that the agency must re-prioritize its activities as Canada's existing approach has left it lagging dismally behind international counterparts such as Australia and New Zealand in achieving improvements in care through the use of electronic technologies.

The deficiency is particularly acute with regard to physician use of electronic medical records, Alvarez said. "We've got to get the numbers up."

Infoway's top priority in the future must be to develop "consumer health systems" which permit "patient monitoring at home," Alvarez told delegates to e-Health 2012: Innovating Health e-Care. There is "evidence from around the world" that consumers are demanding such systems, he added.

Alvarez laid out the proposed change as a necessary condition to receiving new funding from the federal government. The agency was created in 2001 and has since received roughly \$2.1 billion from federal coffers. Current funding is scheduled to expire in 2015.

Should it receive additional funding, Alvarez indicated, the crown corporation will pursue the development of systems that provide an "enhanced patient experience" centering on e-scheduling of appointments, e-prescribing and e-visits (i.e., electronic patient-clinician encounters). "I can do this in every other part of my life, why not health care?" he asked.

Infoway would also utilize those monies to "support new models of care" that will promote patient safety through such means as greater use of e-referrals and the provision of e-summaries of patient information when they are discharged from hospitals, Alvarez said.

In presenting a vision of a health care system reformed by mobile technologies such as smartphones and patient Internet accounts, Alvarez also indicated he has no concerns that some patients may not be able to afford such technologies and thus compromise the notion of universal accessibility.

While rounding out his list of priorities, Alvarez also borrowed former United States president George W. Bush's call for a "coalition of the willing" to enable

electronic data capture and analysis from across the health system and open “the next frontier of decision support and knowledge.”

Alvarez’s assertions essentially re-affirm an earlier Infoway admission that it needed to slowly tack toward applications that promote daily use of electronic medical records (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3798).

It was only in 2009, after spending more than \$1 billion on a still-incomplete and little-used patchwork of megasystems, that Infoway allocated any monies to helping clinicians implement systems. As for the need to connect patients, Alvarez admitted in Vancouver that “it is the will of the people to move in this direction” and screened a video depicting a ship captain ordering a lighthouse to clear his path, but Infoway has yet to commit more than a sliver of its budget in such a direction.

Infoway has long been assailed for its e-health strategy and a long list of critics has long contended that its approach needs to be refocused (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3744). The litany of woes has also included external performance audit commissioned by the agency that indicated that it missed its program targets by a wide margin (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3860), as well as assertions from the Auditor-General of Canada that implementation of the national e-health strategy has been “haphazard” (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3242). Progress has been so dismal and outlays so wasted that some observers, including Dr. Brian Postl, dean of medicine at the University of Manitoba in Winnipeg and chair of the Canadian Institute for Health Information (CIHI) board of directors, have urged that an independent national “watchdog” be appointed to assess and oversee federal e-health efforts (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3783).

But Alvarez told the Vancouver audience that the failures have been a function of complexity. “We’re not there yet because it’s hard,” he said. “We can take solace in that.”

Alvarez also said physicians have lacked “motivation” in adopting electronic medical records, while patient safety advocates have been equally lax. “There doesn’t seem to be a push from patient safety advocates.”

There has been progress, though, in form of telehealth, drug information systems and diagnostic imaging systems, Alvarez said, while asserting that Infoway investments have generated more than \$6.2 billion in benefits since 2007.

Alvarez indicated Infoway conducted consultations with 500 individuals in crafting its plan to convince the federal government to extend funding for the agency. Infoway has long estimated that its current blueprint, issued in 2006, will cost at least \$10-billion — or an additional \$8-billion — to implement. While a revised blueprint was once promised for 2010 and is long overdue, Alvarez told *CMAJ* it remains incomplete. “When it is ready, we will send it to you,” he said. — Paul Christopher Webster, Vancouver, BC

DOI:10.1503/cmaj.109-4219