# Canada's Health Records – Still Killing Too Many Trees

## The Issue

Canadian health care providers are still dragging pens across paper while other countries have been busy adopting information technology to keep track of patient information. Canada Health Infoway and the Health Council of Canada found that about 94 percent of visits to physicians in Canada involve paper records and that most prescriptions are still handwritten. Only 20 percent of Canadian general practitioners use information technology (IT) for clinical care, which is far below the rate of other European, Australasian, and British countries where over 90 percent of GPs use computers for at least one component in their clinical practice.

Canada's reliance on paper creates inefficiencies, such as the duplication of tests, and heightens the possibility for drug interactions and prescription errors. The development and implementation of an interoperable electronic health record (EHR) system would allow providers across organizations and sites to access and update such patient information as laboratory results, allergies and prescriptions.

The federal government has been studying the implementation of electronic health records systems since 1997, when the federal Minister of Health created the Advisory Council on Health Infrostructure. The Council's Final Report, *Canada Health Infoway*: *Paths Towards a Better Health*, recommended the establishment of what eventually became Canada Health Infoway – a pan Canadian health infostructure.

Infoway, an independent non-profit organization, was established in 2000 to provide leadership in finding IT solutions to health service delivery. The 14 federal, provincial and territorial Deputy Ministers of Health are all members of Infoway. Its approach is strategic investment and partnership with stakeholders, including the private sector. Infoway has approved expenditures amounting to $702 million to date for 163 initiatives along nine main project themes: registries, diagnostic imaging solutions, drug information systems, laboratory information systems, telehealth, public health surveillance, interoperable HER, innovation and adoption and infrastructure. The goal of Infoway is to have interoperable EHR in place across 50 percent of Canada (by population) by the end of 2009.

## The Challenges

Keeping Canada on track for meeting this goal has meant addressing specific challenges. These include the following:

- **The protection of health information, including issues related to privacy and security:**
  There are several issues related to the protection of health information. First of all, patients must be assured that their personal health information would remain private and that they would have a say in how their information is used. To a large extent, this is addressed through the *Personal Information Protection and Electronic Documents Act (PIPEDA)* which governs the collection and utilization of personal information. Secondly, related to the issue of privacy, is protection against unauthorized access to personal health information. Despite advancements in secure, integrated systems and encryption messaging, there remain concerns over possible breaches in security. This raises other related issues, for instance, mapping out the lines of accountability and liability. If, for instance, security measures are breached or fail, who would be held liable?

- **The costs involved in developing an interoperable IT infrastructure:**
Infoway has estimated there would be an $80 billion return in investments over a 20 year period. Seeing these returns on investment, however, requires patience. Given the competing demands for resources to address wait times, health human resource planning, etc, investments in EHRs has not been given top priority by both the public and governments.

- **Addressing provider concerns around system integration, and technical support:**
The implementation of EHRs requires the buy-in and engagement of health care providers. For instance, the costs borne by physicians in implementing EHRs related to start-up (e.g. software and training) and for ongoing operations, within their clinical practice needs to be addressed. Likewise, there is a learning curve involved in managing IT within the clinical practice and a need for technical support.

- **Culture change:**
A culture change within the overall health care system is needed. For instance, providers need assurances that EHRs would not jeopardize their professional autonomy, and the provider-patient relationship. Therefore, one key ingredient to the success of an EHR system is effective change management and the engagement of providers in its development and implementation.

- **Standardization of design and compatibility:**
There are two components to this. First of all, providers may be resistant to EHRs if there is a lack of compatibility between their systems and others, especially if they have made a substantial investment in IT. Secondly, an interoperable EHR system requires a standardization of technology across hospitals, clinical practices, laboratories, etc.

## Further Reading

Canadian Medical Association (2004). *Electronic Health Record (EHR).* Available on-line at: www.cma.ca/index.cfm/ci_id/8433/la_id/1.htm.

Canadian Nurses Association (2002). Demystifying the Electronic Health Record. *Nursing Now: Issues and Trends in Canadian Nursing.* No. 13.

Canada Health Infoway. Available on-line at: www.infoway-inforoute.ca/en/Home/home.aspx.

Canada Health Infoway and the Health Council of Canada (2006). *Beyond Good Intentions: Accelerating the Electronic Health Record in Canada.* Available on-line at: www.infoway-inforoute.ca/Admin/Upload/Dev/Document/Conference%20Executive%20Summary_EN.pdf.

Interested in discussing this work or collaborating in research in this or a related area?

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