

eHealth Newsletter

Governance

In our last eHealth newsletter we described the scope and benefits of eHealth.

But who is making eHealth happen?

The Ministry of Health is leading the process to create an overarching system - but it is the organizations that deliver health in B.C. that will implement eHealth.

The health authorities, health professionals, the First Nations Health Council, the B.C. College of Physicians and Surgeons, the College of Pharmacists of B.C., and the B.C. Medical Association are all major partners in this work with the Ministry of Labour and Citizens' Services and the Chief Information Officer for B.C.

The eHealth Strategy Council's members are key representatives from the Ministry, Health Authorities and Physician & Pharmacy community groups. They advise the Ministry on eHealth strategy, priorities, policy, and budget. The Council also develops strategy for the health system (clinical and administrative).

The eHealth Deployment Task Group's scope includes deployment (design, build, implement) of initiatives identified and approved by eHealth Strategy Council.

The Medical Integration Working Group advises the eHDTG on clinical requirements, processes and considerations for designing, developing, implementing and evaluating eHealth initiatives, including Data Stewardship.

The **Health CIO Council** provides input and advice on system design, development and implementation, including messaging/standards, architecture, security, managed operations, networking and related technology capabilities to support eHealth.

The **Steering Committees** work with the eHDTG. They are responsible for providing guidance to their project teams on design/build based on the project scope approved by the eHDTG.

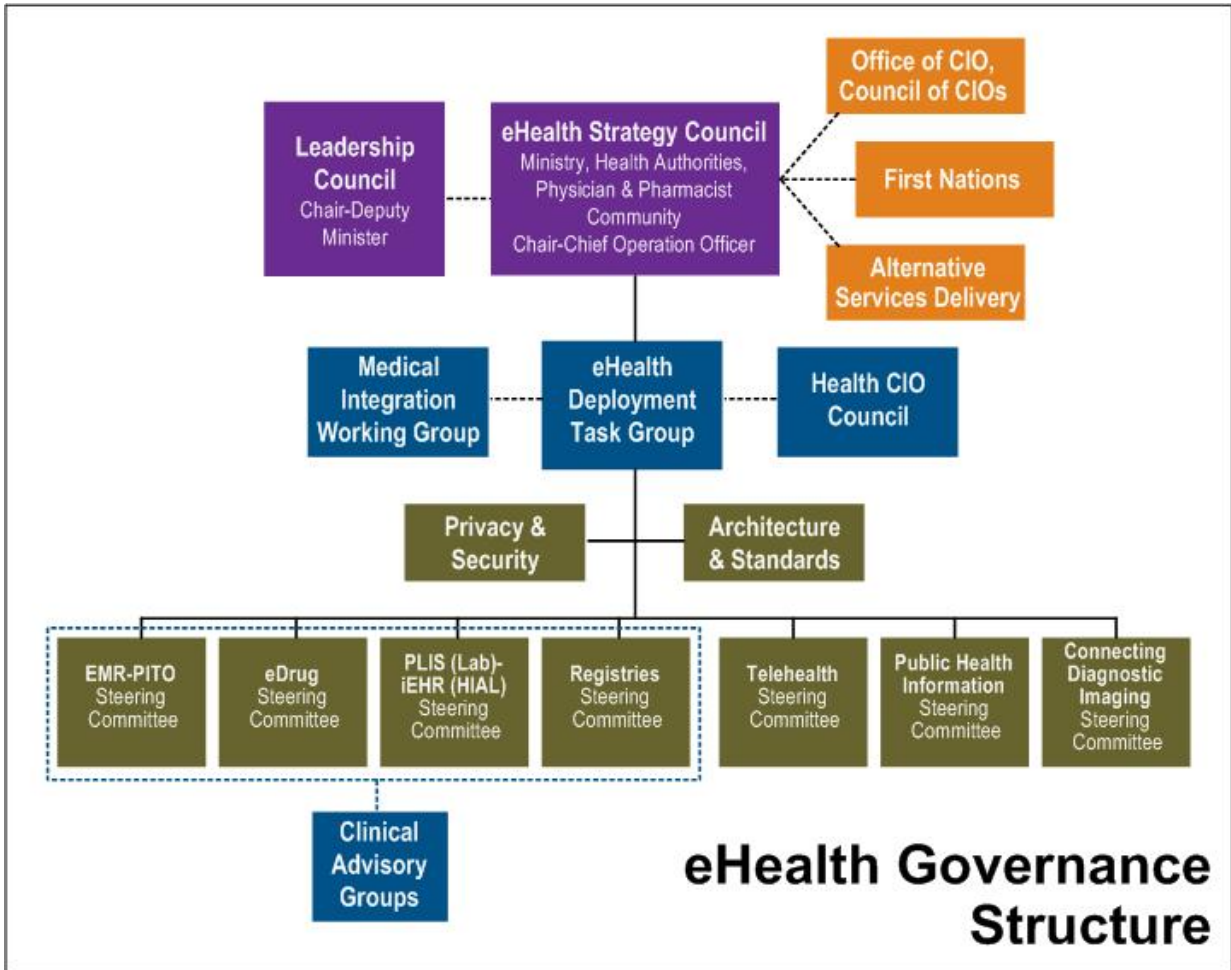
The diagram on the following page shows the governing structure.

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*Project news from eHealth
for health professionals and health
information management teams*



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eHealth includes the Electronic Health Record, and other related provincial technological capabilities to support the primary outcomes of:

- improved accessibility to health services;
- increased patient/client satisfaction with health services;
- increased quality of care and patient safety; and
- increased efficiency.

eHealth is developing a comprehensive plan for deploying and operating the eHealth infrastructure.



Strategic Objectives

The governance structure will support eHealth implementation and provide value for British Columbians in five broad areas

1. Citizen Access

British Columbians should have good access to services and information to promote and support better health:

- Support individuals to stay healthy;
- Reduce inequality in health status across the B.C. population, particularly the First Nations; and
- Support efficient and quicker treatment and diagnosis, and reduce patient travel burden for long distances.

2. Supporting Health Professionals

Health professionals should be engaged and enabled to leverage patient and clinical information:

- Increase efficiency gains through time saved in retrieving information and reduced duplication;
- Reduce time required searching for information; and
- Increase peer to peer interaction and improve team based approaches to care.

3. Health Planning

Clinical and administrative data underpin health system planning and:

- Support the management of disease outbreaks; and
- Support the availability of aggregated health information.

4. Health Professional Collaboration

Health professionals should be empowered to collaborate, share information and cooperate to provide better care:

- Increase capability to store diagnostic images by moving to digital form (from film) and;
- Ease of access to high quality diagnostics images;
- Provide access to more timely and complete lab information, including patient history to support decision making;
- and Access to more complete patient drug information and cost information to support decision making.

5. Establishing Sustainability

Sustainable technical and business infrastructure for effective health system management:

- Implement directory services that accurately identify clients and providers;
- Maintain and enhance privacy and security for physicians and patients; and
- Provide private and secure service for sharing health records.

For More Information

Visit the eHealth web site at <http://www.healthservices.gov.bc.ca/ehealth/index.html> or talk to the people in your organization from whom you heard about this newsletter.



eHealth Newsletter

eHealth Leaders – Dr. Bill Cavers, General Practitioner, Co-Chair of the General Practice Services Committee, and a member of the BCMA Board and the PITO and e-Drug Steering Committees

The eHealth Leaders column will be published in every edition of this newsletter, featuring health professionals across the province, who are leaders in contributing to making eHealth a reality in BC.

After obtaining his medical degree from the University of B.C. in 1977, Dr. Bill Cavers performed an 18-month internship in New Zealand. Upon his return to Canada he stopped “temporarily” in Victoria – and 30 years later he is still there.

“Two friends led me astray” he says, convincing him in 1995 to become politically involved as Victoria delegate to the provincial Society of General Practitioners. Little did he know that this involvement would become a lasting part of his professional career.

Over the next five years Bill became President of the Society of General Practitioners and also Chair of the BC Medical Association’s Primary Care Renewal Committee, which wrote the Association’s “Ensuring Excellence” paper on Primary Care Renewal.

It was during the creation of this paper that Bill became convinced of the value of supportive Information Technology. “Information Technology – if we do it right, has the potential to revolutionize the provision of medical care. If we do it wrong, it will be a criminal loss of a great opportunity.” He stresses that he actually has no interest in computers - but he is fascinated by what they can do. “I am very adamant” he says “that Information Technology has to serve our patients and our workflow, NOT the other way around.”

This conviction led Bill to become involved in eHealth. He served as a member of the

Electronic Medical Summary Committee from 2003 to 2006, as well as on the BCMA’s Information Technology Advisory Committee.

Bill is currently working with the PITO EMR project as a member of its Steering Committee, and on the e-Drug Project as a member of its Clinical Working Group and Steering Committee. Bill has also been instrumental in getting the cross-eHealth Clinical Integration Working Group established which advises the Ministry’s eHealth initiative on the many cross-eHealth and cross-professions issues that require resolution.

On another front, he is involved with health care renewal as Co-Chair of the General Practice Services Committee; and as a member of the joint BCMA-Ministry Shared Care Committee, a group that is examining how GPs and specialists currently interface with the goal of improving their interactions. “By straddling these worlds” he says, “I feel I have a responsibility to help to bring them together in a way that works, a way that enhances our ability to obtain, use, and share information”.

Bill loves getting out on the water in the sailboat he shares with a friend. Recently, though, his work has reduced those opportunities. “I’ve become the perfect boat partner” he says. “I pay half the bills, and never get in the way by actually using the boat.”