eHealth Program Newsletter

What is eHealth?

eHealth is about using information technology to provide the best possible patient care. eHealth will implement secure electronic health record systems to:

- **Bring better, faster, safer healthcare to British Columbians across the province** by placing medical information in the right hands at the right time, so health professionals can make timely, accurate clinical decisions about patient care and public health protection.

- **Give authorized health professionals electronic access to secure, complete patient health records** when and where they are required for delivering care.

- **Assure that access to patient information will be restricted** to only those having a legal right and clear need, in accordance with provincial eHealth privacy protection policies.

eHealth will make a secure and private Electronic Health Record – an “EHR” – a reality for every British Columbian. Health professionals and healthcare system managers continue to support the concept of a standardized EHR for patients containing critical health information, available where health care services are delivered. In their view, an EHR is fundamental to better healthcare quality and efficiency.

All patient information will be protected by privacy measures that are among the strongest in Canada. The personal health information in the EHR will comply with the Province’s Freedom of Information and Protection of Privacy Act, the Personal Information Privacy Act and clauses of the Canada Health Act that govern information use for health-related purposes.

B.C., along with other jurisdictions across the country, is participating in a ten year plan led by Canada Health Infoway to create a safer and more efficient healthcare system by creating EHRs.
Current Projects

B.C. currently has eight major eHealth projects underway that will build the eHealth system infrastructure and provide province-wide access to priority clinical information by 2012.

Over the next 10 years, eHealth will modernize the way our health system serves the public, bringing significant and much needed improvements that will benefit generations to come.

eHealth will bring better, faster, safer health care to British Columbians across the province by organizing health information around individual patients, rather than the places where they receive care.

To achieve the long-term vision for eHealth, B.C. is using a phased strategy. This strategy allows us to focus on accomplishing specific goals at each phase, to build and realize the full vision for eHealth.

The first phase will develop a governance structure that supports eHealth operationalization, develop a provincial evaluation framework, change management strategy and approach for eHealth vendor management/managed operations, and implement the following projects.

Foundational Projects

These projects will build the foundation for eHealth.

**interoperable Electronic Health Record Project** – will deliver a private and secure service for sharing electronic health record across B.C.

**Registries Integration Project** – will prepare the Ministry of Health’s client and provider registries for the new demands of positively identifying all health professionals and patients across the health system.

**Physician Information Technology Office Program** – will provide electronic medical record and practice management systems for physicians’ offices, replacing today’s largely paper-based health records so staff can access B.C.’s electronic health record.

Clinical Projects

These projects will provide point of care access to core clinical domains to health professionals who have the need, authority and ability to access the information.

**eDrug Project** – will enhance B.C.’s existing PharmaNet system, by providing more comprehensive medication profile content and enabling electronic prescribing and special authority processing.

**B.C. Yukon Public Health Information Project** – will support public health by implementing Panorama – the new Pan-Canadian health surveillance system, plus tools to support family health and environmental health / health protection.

**Provincial Laboratory Information Solution Project** – will provide a province-wide repository of all patient lab test results, from public and private labs, accessible at any authorized point of care.

**Telehealth Project** - will deliver improved health care for citizens by removing distance as a barrier to health services across British Columbia.

**Connecting Diagnostic Imaging Project** – will provide a province-wide repository of digital diagnostic images and reports from both public and private radiology labs.
Focus on . . .
The Telehealth Project

For the first few issues of this newsletter, we’ll use this space to focus on each one of the eHealth projects currently underway.

Telehealth uses videoconferencing and other technologies to enable clinical consults, health care management, general health promotion, and continuing professional education when the participants are in separate locations.

Telehealth services are currently available in approximately 20 clinical program areas, including oncology, mental health/psychiatry, maternal/foetal medicine, medical genetics, orthopaedics, pharmacy, thoracic surgery, trauma, and wound care, as well as special services for children.

The capacity for two-way, live videoconferencing, clinical, administrative and health related educational encounters exists in 105 communities throughout the province. There are currently 218 Telehealth sites providing access to 461 videoconferencing end points.

The Ministry’s eHealth Program, Population Health and Wellness Division and B.C.’s health authorities are collaborating with the First Nations Health Council and the federal government’s First Nations and Inuit Health Branch, as well as experts both in B.C. and across Canada to establish a comprehensive, sustainable Telehealth system that supports both First Nations and rural/remote communities, with the needs of First Nations driving the design of the solution used in their communities. The project’s planning phase will finish in January 2008, when we expect approval to begin Telehealth implementation projects.

B.C.’s Telehealth strategy will expand the use of videoconferencing technology for clinical and professional encounters, reducing patient travel and improving access to appropriate health care in rural and remote B.C. communities.

eHealth Partnerships

Realizing the eHealth vision will require strong strategic partnerships between the Ministry of Health, other areas within the B.C. government, B.C.’s health authorities, B.C.’s health professionals and associations and private health systems software developers.

Each of the eHealth projects enjoy links with key professional stakeholder groups who provide direction, insight and guidance by participating on project steering committees, advisory councils, working and task groups.

The eHealth Program works with the private health systems software developer community; and the eHealth Privacy and Security Stakeholder Advisory Group provides advice and feedback on eHealth privacy and security policy matters to the eHealth Privacy Security and Legislation Office. This stakeholder group includes wide representation from a number of community and public advocacy groups such as the BC Civil Liberties Association, the BC Freedom of Information and Privacy Association and the BC Persons with AIDS Society.

For More Information

Visit the eHealth Program 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. Look for the next issue in March.
Dr. Mike McNeely’s career in lab medicine began long before he went to medical school. His father was a Victoria pathologist, and Mike hung out in the lab as a child – as young as five or six. Even at that young age, he was impressed by how the lab staff kept track of all of the information that was available. Before he was a teenager, he and his dad built a small analog computer to assist in cell counting.

It was a pivotal step in what turned into a career that has included developing and pioneering technology solutions in lab medicine in BC and across Canada. As a pathology resident Mike visited any lab he could that was using computers in some way to assist with the work. He chuckles as he recalls the simplicity of the early programs, working in assembly code, creating programs with less memory than today’s digital watch.

With the arrival of Radio Shack TRS-80 Computers in the mid-late 1970s, Mike immediately started using them for reporting results. By this time, the senior Dr. McNeely had started Island Medical Labs and Mike was working with him, continuing to develop computer systems to capture, analyze and share lab information. In the early 1980s, he and Stewart Jack (currently strategic advisor to the Provincial Lab Information Solution project) formed Cube Computing Systems and developed a lab system used by various labs in western Canada until the mid 1990s.

Over the past thirty years, while continuing his career in pathology, Mike has been a leader in information systems development to support laboratory medicine. He has written extensively on lab computer automation, artificial intelligence and decision support, data mining and chronic disease management – from articles, policies and book chapters to a book on applications of microcomputers in the lab environment.

“Technology advances and working with electronic information will fundamentally change how physicians practice,” says Mike. “It allows us to enter a different realm – such as learning new ways to work with information and finding new relationships and associations with clinical information. We can focus on doing rather than storing and retrieving facts.”

Mike now considers himself semi-retired, but his work in lab informatics sounds like a full-time job. In addition to lab system development in BC, he consults with Pathologists Overseas Inc. to put lab information systems in hospitals in developing countries. He is the incoming president for the Association of Pathology Informatics and he is developing a library of internet-based learning tools for the American Society of Clinical pathologists.

As well, he spends as much time as he can with his wife and five grandchildren.