

Nothing cutting edge about Canadian ehealth strategy, critics say

Critics have argued of late that Canada's ehealth strategy entirely missed the boat because of an excessive focus on developing massive centralized data systems as opposed to promoting meaningful use of electronic health data by physicians and patients.

The situation may be even more worrying than that, though, as one of architects of Canada's ehealth strategy says the evolution of technology, itself, has all but completely made that plan obsolete.

New technologies such as tablets and mobile devices long ago outstripped Canada's ehealth strategy, says Will Falk, who is credited with writing one of Canada Health Infoway's first business plans. "There are only a couple of homecare mobile projects that have received Infoway funding to date. This in the country that invented the BlackBerry?"

Physicians are essentially bypassing the multibillion dollar project and finding their own ways to incorporate the new technologies into their practices, adds Falk, estimating that 90% of doctors now use smartphones, tablets and other personal communications devices without government prodding. "Doctors aren't waiting for Infoway. They are voting with their feet."

Far too much of the official investment in ehealth has gone towards subsidizing the development of overpriced, useless systems that unsuccessfully mimic cheaper, better, privately-developed products, says Falk. As an example, he cites Ontario's "ONE mail" system, a custom-built email system which has been harshly criticized by government auditors as being inferior to commercial products (www.auditor.on.ca/en/reports_en/ehealth_en.pdf).

A plethora of other investments have also soured but Infoway and its provincial counterparts seem incapable of cutting them loose, Falk adds. "It's time they began sorting out their projects



© 2012 Thinkstock

It's estimated that about 90% of Canadian doctors use mobile technologies in their day-to-day practice.

and eliminating those that can't prove a business case for survival."

"They just can't keep on doing demonstration projects," adds Falk, who in a recent report for the Mowat Centre for Policy Innovation at the University of Toronto in Ontario called on governments to either scuttle ehealth agencies or "monetize" them, perhaps as Crown corporations (www.mowatcentre.ca/research-topic-mowat.php?mowatResearchID=41).

Economist Donald Drummond similarly argues there's a need to more effectively utilize new mobile information technologies and the Internet itself in the delivery of health services.

Better information should be available to patients regarding their own health care, says Drummond, visiting scholar at Queen's University in Kingston, Ontario, and former vice-president of the TD Bank. "With the proper information, patients, such as diabetes sufferers or their families, could provide the ongoing care rather than always relying on physicians and hospitals."

"Greater use could be made of Internet and telephone services to provide care" and to help Canadians find family physicians," adds Drummond, who argued in a recent report, *Therapy or Surgery? A Prescription for Canada's Health System*, for the C.D. Howe Institute that Canada must reconfigure its ehealth strategy so that it is driven by the needs of hospitals and family health teams (www.cdhowe.org/pdf/Benefactors_Lecture_2011.pdf).

Physicians need access to information that is relevant and "doesn't end up being another compliance burden," adds Drummond.

The views of Drummond and Falk align with those of many other critics who say that Infoway's ehealth strategy was driven by industrial considerations and contracts with information technology firms, rather than health system needs (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4001).

Falk credits the billions channelled by the federal and provincial governments toward ehealth agencies with the

subsidization of an industry that he estimates has grown from employing a few hundred experts to 30 000. But having accomplished that, the subsidies have created a situation where “several agencies and ministries have substantial internal software development shops which directly compete with private industry,” he says. “Many provincial and subprovincial service providers are both purchasers of and providers of SI [systems integration] and outsourcing services. They are both clients and competitors at different points. They need to be put on a level playing field with private industry and compete in open processes.”

Infoway and its provincial counterparts must now step back, curb the sub-

sidies and let patients, caregivers and technology companies drive the process, he adds. Similarly, Drummond calls for a strategy that “begins by supporting grassroots innovation in health care.”

Falk’s study pointed to a critical need to revamp Canada’s ehealth strategy, notes Norm Archer, professor emeritus and special advisor at the McMaster eBusiness Research Center in Hamilton, Ontario. “We don’t need any more fiascos. They need to think much more carefully about the business case and they need to promote local and regional approaches.”

Dominic Covvey, founding president and director of the Waterloo, Ontario-based National Institutes of Health Informatics concurs. “Infoway

has proven to be incapable of fostering useful innovation and adaptation of most of the rapidly changing ehealth technologies,” he says.

Although Infoway declined to be interviewed, Jennifer Zelmer, the agency’s senior vice-president for clinical adoption and innovation, recently wrote that there is strong public support of online health information and services for patients. Infoway will “co-invest with a jurisdiction who is ready to move forward in the development and deployment of a province-wide patient portal initiative” (*Healthc Manage Forum* 2011; 24[3]:144–6). — Paul Christopher Webster, Toronto, Ont.

CMAJ 2012. DOI:10.1503/cmaj.109-4065