



# ITAC ACTI

health santé

## Sharing Information is Healthcare's Missing Link

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A poll in coordination with Leger was recently conducted to gauge the thoughts of 1,500-plus Canadians on their experiences in the healthcare system. The survey took an in-depth look at how Canadians with a range of common chronic illnesses interact with their care providers, their points of care transition (for example, when they are discharged from hospital back into the community) and how technology fits into their personal healthcare narrative. Canadians with chronic conditions interact with the healthcare system most frequently and often interact with several care providers.

The survey was conducted with the goal of identifying knowledge and communication gaps. The survey helped to create a baseline of experiences and illuminated what areas need specific improvement.

Some high-level outcomes of the survey were that:

- One-in-five Canadians with chronic conditions have experienced medication errors or duplications
- 16 per cent often undergo unnecessary repeat procedures (these could be MRIs, for example)
- Nearly half of those living with chronic conditions (47%) have had to repeatedly describe their condition, symptoms, medications, and other health information every time they visited a care provider
- Nearly all respondents believe they need to play a part in managing their own condition, but more than a quarter (27%) believe they do not have the appropriate tools to do so

Unquestionably, advancements in information technology have shown significant positive impact on how care is delivered and how information is shared for Canadians. Given the scale and complexity of our healthcare systems, adoption of new technology is often

quite slow compared to other industries. What is needed is interoperability within and across all jurisdictions to help with managing medications, provide access to information, and ultimately more empowered patients.

### Medication Safety and Medication Reconciliation

Medication errors put patients unnecessarily in harm's way. They are preventable and given the risks associated with taking the wrong medication, there is no room for error. With shared electronic health records that include complete information about a patient's reconciled medications, often called the "best possible medication history" practitioners have access to the information they need to significantly reduce the chance of a medication error.

### Next Generation EHRs

Many of the important health system problems that exist – such as long wait times and poor care coordination – can be attributed to information gaps between care providers. It's hard to take effective action for a patient if you only have part of the information you need. Additionally, a lack of information leads to time waste by clinicians trying to track down the missing information and even ordering unnecessary tests, visits and procedures as providers seek to fill the gap by redoing the missing clinical investigation.

Longitudinal electronic health records provide a complete and up-to-date patient profile in real time for care provider's to fully understand a patient's history and condition. The information needs to be acquired, aggregated and made accessible, to better treat the patient.

We've heard from patients that they have had to answer the same question so many times they thought they must be giving the wrong answer. Inefficiency and redundancy aside, patients with chronic conditions often have a long history of encounters with providers,

of problems, medications and labs, as a result, they are more likely to accidentally omit important medical information or report it incorrectly. Accurate, complete information is key to decision-making, especially in health.

### Patient Empowerment

Every person, at some point in their life, will be a patient or will have a family member who is a patient. Patient safety and experiences in the healthcare system are of the utmost importance. When doctors and patients are equipped with the right tools the patient experience can be seamless and coherent with an opportunity to improve quality and reduce costs.

There is a push toward empowering patients by giving them direct access to their individual medical record, and the ability to contribute their own information in the firm belief that this will positively impact care. This could be achieved through a patient portal, which could give the patient ability to upload data from his or her personal device, or answer questionnaires and e mail the provider. Clearly there is still a gap in terms of where patients would like their health system to be and access to the tools that could assist in closing this gap.

The problems identified in this survey exist at the intersection of communication and technology when patients are being treated by multiple practitioners or being transitioned from a hospital back into the community. The survey findings show that a sizeable portion of Canadians with chronic conditions believe that care providers need a better means to share information.

Solutions for these problems exist and yet they are not used widely or to their full potential. For disparate healthcare systems to realize their full value, continuing efforts to promote and evolve best practices for integration of information across the medical and care community are necessary.

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## THE CANADIAN DIGITAL HEALTH INTEROPERABILITY SCORECARD

### ITAC health

There is across-the-board consensus on the importance of digital health interoperability. 100% of Canada's jurisdictions have made substantial investments towards achieving it. And it's no wonder. Interoperable health information exchange positively impacts continuity of patient care, health outcomes, and patient safety.

How successful have these initiatives been? Who is leading... and who is trailing? At eHealth 2018, ITAC Health and its research partners will introduce the Canadian Digital Health Interoperability Scorecard. Their presentation will describe early progress on the partners' work to evaluate and compare Canada's current state of digital health interoperability, jurisdiction by jurisdiction.

The Scorecard's research approach leverages datasets from the National Physician Survey (NPS) regarding clinicians' use of EMR solutions; EMR use specifically focused on managing NCDs; digital health adoption rates; etc. These data are correlated with other provincial datasets to construct an analytic model that may be used to measure and rank each jurisdiction's digital health interoperability progress.

For those attending eHealth 2018, Derek Ritz of the ITAC Health Interoperability and Standards Committee will describe the Scorecard's model and present preliminary findings in session OS07 (Fairview IV Room) on Monday, May 28, 4-5pm. For more information about this ITAC Health ISC initiative, a collaborative effort with the University of Victoria and CFPC, or if you have an interest to be involved, please contact Elaine Huesing at [ehuesing@itac.ca](mailto:ehuesing@itac.ca).