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Innovation Is In The Integration

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The health care community has long acknowledged the clinical and fiscal value of electronic sharing. Whether information is being accessed by physicians, front line support workers or patients themselves, the power of an integrated information model is undeniable in terms of speeding diagnosis and care, and reducing costs.

In fact, the single biggest thing being discussed in health care today is the ability to integrate disparate sources of information into a single resource to improve care planning. It is generally understood that an integrated view of clinical assessment information will allow caregivers access to the most up to date information and to collaborate more effectively with physicians, their patients and their peers. Patient access to medical records and/or clinical support can also play a significant role in supporting preventative care and at-home recovery, while reducing the increasing burden on acute care facilities.

The road to electronic health record success has not been

without its challenges, not the least of which is the perceived technological requirements to break down the silos of information that have been built up over decades. This is a significant issue faced by provinces across the country, and in many cases, has hampered progress in many electronic health record initiatives.

Historically, the execution of these capabilities has been thought of as too complex and costly to manage. The assumption has been that solutions require significant overhauls or replacement of existing technology. Or alternatively, they must be adapted from more general commercial offerings to accommodate the specific communications and security needs of the health care community.

In addition, the electronic medical record software that is in place has been provided by a broad range of vendors with varying geographic reach. One of the major challenges faced by these vendors is the uncoordinated approach of integration requirements which differs

between provinces as opposed to a single Canadian set of specific requirements. As such, this prevents easy and cost-effective replication of these solutions to other projects/jurisdictions.

As a developer dedicated to supporting health care integration needs, Orion Health has played an increasingly prominent role in helping build the foundations to enable highly flexible, cost-effective electronic access to information for physicians, clinicians and patients. The company has built its success through a number of high-profile, large-scale integration and patient portal initiatives in New Zealand and Australia and other parts of the world. This success is rooted in the fact that our commercial off-the-shelf (COTS) solutions are specifically designed to accommodate existing infrastructures, and can easily be adapted to address current and emerging information sharing needs.

In working with the health care sector over the years, Orion Health has always believed that the foundations for achieving secure, robust information sharing should

be straightforward and flexible. To create a successful model, three components are needed: a common data repository for housing the information; an integration engine to translate that data into a standardized format for users; and a secure portal to provide single-view access to multiple data resources.

However, few vendors control both the viewing and integration components. This can turn into a significant problem given the size and scope of e-health requirements. Those that approach the challenge from a portal only perspective for example, are missing out on half the battle, which is the manipulation of the back end data into a standardized format. The ability to tie the front end (portal) and back end (integration engine) together makes for a very powerful value proposition.

As commercial off-the-shelf (COTS) applications, Orion Health solutions also eliminate the need to 'reinvent the wheel' or redesign existing software. This is an important distinction, since a proprietary/specialized approach would simply create yet another silo of information to manage. With this open approach, learnings from each project can then be leveraged to extend integration of acute, primary and community care information.

This flexibility is especially critical given that every province/group across Canada has its own systems

and performance expectations. To that end, the right base technology can be applied to a tremendously wide variety of circumstances. In fact we prefer to see this as something more than a technology platform. We like to call it a "platform for change".

That change is evident throughout Orion Health's history in Canada. Our first major project was the launch of NetCare in 2004. NetCare began as an electronic health record project for the Edmonton region which, over time, expanded to encompass the entire province. In the project, our portal technology was applied to an existing technology infrastructure to enable the patient centric sharing of medical records between clinicians. After initial implementation, the EHR infrastructure was leveraged to include Orion Health's disease management module. Over time the province has been able to launch multiple care pathways into the provincial electronic health record simply by adding new care programs.

As the project has evolved, and others have been initiated in New Brunswick, Quebec, Ontario and Saskatchewan, we have continued to expand on capabilities to encompass more information and more entities, including community care providers and patients. We are now seeing definitive results in terms of improving health outcomes, while supporting accountability in health care.

These benefits will only improve as health care moves towards the patient portal concept to enable home health monitoring, reporting and viewing. This approach has recently been deployed in Australia, where an original physician portal has been expanded to provide 22 million people with access to their personal health records. While still in its infancy in Canada, patient portal access promises to play a tremendously important role in disease management and preventative care, both of which are key areas of focus for improving patient recovery and reducing health care costs.

As it stands today, almost every province has either established or is in the process of establishing an electronic health record with some sort of viewing capability. In some cases the infrastructure is already in place to capture information from the continuum of care and aggregate into a single centralized view. That information can range from medical records and patient updates, to prescription histories and community care assessment data.

The key to innovative health information integration success ultimately is having the technologies in place to bridge the gap between what's already there and what's to come. With the right foundation, we believe there is no end to the possibilities to be found in electronic sharing.

