

RESPONSE TO BC MINISTRY
OF HEALTH POLICY PAPER:
INFORMATION MANAGEMENT
AND TECHNOLOGY



SEPTEMBER 2015

CONTENTS

EXECUTIVE SUMMARY	3
1 INTRODUCTION	4
2 RESPONSE OVERVIEW	4
3 IM/IT STRATEGIC PRIORITIES	6
3.1 Health Information Exchange	6
3.2 Data Sharing for Decision Support	7
3.3 Patient-Centred Information and Technology	8
4 IM/IT STRATEGIC ENABLERS	9
4.1 Health Information Standardization	9
4.2 IM/IT Governance and Investment	10
4.3 Shared IM/IT Services	10
5 CONCLUSION	11

EXECUTIVE SUMMARY

There is great potential for information management and technology (IM/IT) to enhance patient-centred care and deliver cost savings to our health care system. Doctors of BC commends the BC Ministry of Health (MoH) for recognizing this and proposing a range of options in its provincial IM/IT strategy (the IM/IT Policy Paper) to better support primary, rural, and surgical care through IM/IT.

As with the previous suite of policy papers released this year by the MoH, Doctors of BC provided opportunity for our members to comment on the current IM/IT policy paper. Many of our members noted their appreciation for the collaborative tone of the document and indicated a real desire to work with the MoH and other stakeholders on developing these proposals. The importance of the proposals relating to Health Information Exchange (HIE) in particular was highlighted by our members. However, the lack of clarity regarding exactly how the proposals will move forward did raise some questions and, in places, concern. We elaborate on these questions and concerns in our response to each of the MoH's specific proposals.

It is important to recognize the reality that the most recent experience that the majority of physicians have had with health IM/IT projects is the rollout of Electronic Medical Record (EMR) systems. British Columbia is the second highest ranking Canadian province in terms of physician EMR adoption (85%)¹, but there are some lingering issues with respect to that EMR rollout, including unresolved questions relating to data ownership and privacy as well as some concerns with EMR performance. While not entirely related to the issues in the IM/IT Policy Paper, individual physician experience with the EMR rollout is likely to have framed physician thinking when responding to the MoH's proposals.

In seeking feedback from our members on the IM/IT Policy Paper it became apparent that there is a need for greater consistency and understanding of common language on IM/IT issues generally. While there are physician IM/IT champions within the province, there is considerable variability in the degree of familiarity with key concepts, such as the difference between an EMR system and a single electronic health record ("one patient, one record"). This is likely true among all providers in the health care system. Doctors of BC is happy to play a role in increasing physician understanding of IM/IT language and issues. In order to do this, we will need to be fully engaged in the MoH's processes and have access to relevant information as recommendations are further developed.

Many of the proposals in the IM/IT Policy Paper will have practical implications for physicians, particularly in terms of how they record, store and share information with patients, other health care providers, and potentially health authorities and the MoH. The importance of a robust change management process cannot be stressed enough. Physicians will need to be fully engaged in and supported throughout that process.

A key component of the Doctors of BC Strategic Plan is engaging with government on the development of policies and programs that promote the best standard of health care. It is clear from our consultation with members that they are interested in participating and contributing to effective and lasting change where structures and supports are in place to facilitate such change. Doctors of BC looks forward to further discussions as the specific actions in the IM/IT Policy Paper are developed.

¹ Collier R, *National Physician Survey: EMR use at 75%*, CMAJ 2015;187(1).

1 INTRODUCTION

In June 2015, the MoH released the policy discussion paper *Enabling Effective, Quality Population and Patient-Centred Care: A Provincial Strategy for Health Information Management and Technology* (the IM/IT Policy Paper). The paper supports and builds upon the following suite of policy discussion papers released in February 2015:

- *Primary and Community Care in BC: A Strategic Policy Framework*
- *Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care*
- *Future Directions for Surgical Services in British Columbia*

Doctors of BC carried out extensive consultation with its members on these earlier papers and provided a formal response to the MoH in May 2015.²

In this paper, Doctors of BC provides feedback on the proposals contained specifically in the IM/IT Policy Paper. Our response is based on member feedback and existing Doctors of BC policy. Member feedback was obtained via an online consultation survey that summarized the key aspects of the IM/IT policy paper and asked specific questions on the strategic priorities and strategic enablers contained within it. As part of the consultation, members were asked to prioritize the 22 recommendations identified by the MoH in the paper.

The MoH's timelines only allowed for a relatively brief consultation period with our members during the summer vacation period. Despite this, Doctors of BC received a reasonable amount of input from members, indicating their interest in contributing to the conversation on the future of health care and how it can best be supported by information management and technology.

The following section provides an overview of key issues raised by our members in relation to the IM/IT Policy Paper generally. Sections three and four then provide more detailed input on the individual strategic priorities and strategic enablers identified by the MoH. For ease of reference, we have closely followed the structure of the IM/IT Policy Paper.

2 RESPONSE OVERVIEW

Overall, the response to the IM/IT Policy Paper is positive and our members see significant potential benefit from many of the proposals contained within it. There is a general sense that the paper is timely and that work is urgently needed in this area in order to support the strategic health care goals identified in previous MoH policy papers. This includes goals related to team-based care, improved communication between providers, continuity and accessibility of care, and an increased focus on patient-centred care. IM/IT will play a significant role in achieving these goals and improving the health care system for both patients and providers.

As with the previous suite of MoH policy papers, many of our members felt that the recommendations are pitched at such a high level that they are difficult to disagree with. A recurring theme throughout the responses was 'the devil will be in the detail'. Doctors of BC appreciates that the IM/IT Policy Paper is a strategic document designed to stimulate discussion and that the details of many of these recommendations are yet to be determined. However, how these recommendations are implemented is of as much importance to physicians as the

² Please see <https://www.doctorsofbc.ca/health-system-design-renewal/doctors-bc-response-ministry-health-policy-papers>

recommendations themselves, and there is a genuine desire to collaborate with the MoH and other stakeholders during the design and implementation phases. While some of the recommendations refer to specific committees taking the lead on implementation and working with clinicians, there is a lack of detail on exactly what structures and processes will be in place to enable physician and other provider input. This lack of detail is of concern to some of our members who stressed this is of critical importance in a truly collaborative process.

In a similar vein, the time allowed for this consultation and some of the timelines for specific recommendations were widely viewed as unrealistic. This also raised doubt as to whether real, informed consultation and consensus building could occur. Given that further collaboration on implementation steps will require time to be effectively completed, the timelines were seen to imply that such collaboration may not be forthcoming.

Doctors of BC strongly agrees that there is a need for a common sector-wide vision and approach for IM/IT and it is appropriate for a body such as the Leadership Council to drive that vision. However, there is a perception among some of our members that the Leadership Council and relevant committees such as the Standing Committee on Information Management and Information Technology (SCIMIT) lack sufficient provider representation.

Another concern raised by a number of physicians is that the cost involved in implementing these recommendations may result in a significant amount of money being transferred away from patient care. Doctors of BC appreciates that the same concerns could be raised in relation to most major health care innovations. However, there is scope for the MoH to provide more clarity on how it proposes to fund these recommendations.

Finally, the MoH indicated that it would like to understand which of its 22 recommendations our members consider should be prioritized. We therefore included a question in our consultation survey that asked members to rank each of the recommendations as low, medium or high priority. Given the large number of recommendations and the fact that it can be difficult to differentiate between some of the closely related recommendations (e.g. HIE Governance compared to HIE Vision, Architecture and Roadmap), we would caution against placing too much weight on the responses received to this particular question. However the following two themes emerged:

- **Health Information Exchange (HIE) is a clear priority:** The three most highly ranked individual recommendations are components of this strategic priority. In fact, 5 out of the 8 most highly ranked recommendations related to HIE. The only HIE recommendation that didn't rank highly related to the need to identify foundations for shared care planning.
- **Patient-Centred IM/IT must come after IM/IT foundations are laid:** Doctors of BC strongly supports patient-centred care. However, implementation of the IM/IT components of patient-centred care, such as home health monitoring and the use of e-mail and text to communicate with patients, should not be prioritized over more foundational elements such as HIE and data sharing for decision support.

3 IM/IT STRATEGIC PRIORITIES

This section provides Doctors of BC's feedback on the three IM/IT strategic priorities identified by the MoH, namely:

- Health Information Exchange (HIE)
- Data Sharing for Decision Support
- Patient-Centred Information and Technology

3.1 Health Information Exchange

The MoH notes that HIE is a term used to describe the many ways in which information is shared or moved between different parts of the health system and that HIE services in BC are far from fully integrated. The MoH is therefore prioritizing the development of a provincial HIE vision and strategy to unify existing HIE services and lay a solid foundation for future efforts. The ultimate goal is to enable better decision making at the point of care and ensure a high quality and sustainable patient-centred care system.

Doctors of BC strongly agrees that HIE should be an IM/IT strategic priority and the majority of our members ranked nearly all of the HIE related recommendations as high priority. The general theme running through the responses is that HIE must be a cornerstone of medical record keeping and that the full benefits of technology will not be realized without HIE.

It is well recognized by our members that the proposed HIE strategy is a major undertaking with numerous components to it. Physicians want to be closely involved, and questioned whether the structures in place to determine the strategy will be truly representative of clinical needs. It was proposed that the HIE project should include representation from the Society of General Practitioners (SGP), the Society of Specialist Physicians and Surgeons (SSPS), the Divisions of Family Practice, and Doctors of BC. For these initiatives to achieve the MoH's target outcomes it is crucial that those involved in the HIE strategy have a clear understanding of frontline medical care delivery.

The IM/IT Policy Paper notes that consideration will be given to the role and content of a longitudinal patient health record in determining the HIE vision and roadmap. A number of our members are concerned that there is potential for information overload if details of all their patients' pharmacy, imaging, lab, hospital, and allied health encounters are pushed to them via their EMR. While it is not clear that this is even the MoH's intention, a potential solution identified in physician submissions was to provide a 'virtual patient health record' that would be available on demand. This would involve ensured access by authorized providers to components of a patient's health record dependent on the role of that provider and the clinical situation.

In relation to the proposal to further develop the surgical booking and waitlist management solution, Doctors of BC is supportive of the MoH's goals of increasing timely access to surgery and elimination of backlogs. However, it is worth reiterating some of the concerns raised in our response to the MoH's earlier policy paper *Future Directions for Surgical Services in British Columbia*. Firstly, wait times are dependent on numerous variables, requiring careful consideration of the data used to manage surgical waitlists. Some of our members are concerned that there will be oversimplification and overuse of protocols in waitlist management, and a failure to recognize variability in access and prioritization. Additionally, if there is an

intention to move to pooled referrals it must be noted that this approach is most appropriate for conditions with little practice and outcome variation. For example, BC Children's hospital has successfully implemented pooled referral practices for hernia operations in children as they are generally straightforward procedures with very little practice and outcome variation.

Finally, with regard to the e-prescribing component of HIE, Doctors of BC has previously advised government that it is generally supportive of this initiative. We appreciated the opportunity to provide feedback on e-prescribing at earlier MoH presentations to the Joint Clinical Committees. As indicated during those meetings, Doctors of BC does have some concerns with exactly how e-prescribing will be implemented and it is hoped that these can be addressed as part of further stakeholder engagement on this proposal. These include concerns related to the level of implementation support that can realistically be provided to individual physician practices, and the potential for added costs to physicians if major system upgrades are required (e.g. to meet security requirements). It was also felt that the timeline for implementation was unrealistic and would not allow for genuine collaboration with all stakeholders.

3.2 Data Sharing for Decision Support

The MoH has identified a need to enhance and support evidence-informed health decision making. This is relevant to health care research, analysis, and health system performance assessment. The target outcomes for this strategic priority include improved access to the information needed to influence and inform decisions at all levels of the system and better use of information to improve health outcomes. It is also noted that current legislation governing the use of health data needs to be reviewed with a view to improving its utilization while still respecting patient privacy. The MoH is therefore proposing to establish a Health Information Management Policy Framework and a Data Sharing Accountability Framework.

Doctors of BC agrees that the current environment for sharing and analyzing health information is overly complicated, both in terms of the range of different channels that are used to provide information to relevant stakeholders and the patchwork of legislation that governs its use. Our members see real benefit in a single framework for health information management in BC as well as the development of a data sharing framework that identifies the roles and accountabilities of all health sector partners. Improved information management and data sharing is crucial if we are going to move towards a culture of continuous quality improvement within the health care system.

Given that the recommendations under this particular strategic priority simply call for the development of policy frameworks, our members felt that there was not sufficient detail to enable substantive comments at this stage. It was noted that these recommendations can be implemented in many ways and there was a desire to better understand the mechanisms by which the frameworks will be developed. As with all of the MoH's recommendations, physicians have a real interest in collaborating with the MoH on this work. Our members also noted the importance of involving EMR vendors and other technology providers early in this process.

With respect to the MoH's comments about data sharing legislation and regulation, Doctors of BC agrees that this can be a barrier to improving patient outcomes through evidence based care. However, the significance of these issues for both patients and providers alike should not be underestimated. It is anticipated that addressing privacy issues will be the most challenging

component of the health information management policy framework. On that note, some members questioned why the recommendation only refers to ensuring adequate protection of patient data and not provider data. It will be crucial to gain physicians' trust in any process for sharing aggregated information with health care organizations and governing bodies.

3.3 Patient-Centred Information and Technology

Recognizing that patient-centred care has become a driving priority for the health care sector, the MoH notes that this will require a shift in health care culture, implementation of new technologies, and potentially changes to legislation. Changes in technology in particular will be driven by growing patient demand and expectations for greater access to health information and online health services. The MoH's third strategic priority therefore relates to IM/IT policies that will enable increased information flows and personal access to health data, as well as expansions to telehealth services for certain populations.

Doctors of BC is strongly supportive of the principles of patient-centred care, including shared and informed decision making, self-management, and improved provision of information. There is a clear role for IM/IT in supporting patient-centred care but our members are divided on some of the specific recommendations put forward by the MoH. In particular, there is a lack of agreement on the role of e-mail and text messaging in communicating with patients. Some physicians are concerned that this will add to already high workloads while others see it as a natural evolution and a convenient way to communicate with patients. Another area of disagreement is increased patient access to online personal health information. There appears to be a split between those physicians who view this as empowering patients and those who consider too much information can be harmful without adequate health provider explanation. Doctors of BC considers that these divergences of opinion highlight the need for comprehensive physician and patient engagement and involvement in the development of a patient-centred information and technology strategy. It is also important to physicians that there is enough flexibility within the strategy to suit the needs of differing patient populations and practice environments.

Given the recent increase in the use of telehealth services across the province, including those offered by private telehealth companies, Doctors of BC sees a real need for the timely implementation of a provincial telehealth strategy. As set out in a recent policy statement³, our association recognizes the benefits of telehealth services, particularly in rural, remote and other underserved areas of the province. However, telehealth should be used by physicians and other providers as a complementary tool and should support existing physician relationships, particularly when used in primary care. We therefore hope that the provincial telehealth strategy will stress the importance of quality patient-centred care based on a strong physician-patient relationship and continuity and comprehensiveness of care. It must also recognize that not all patient populations will be equipped or willing to use telehealth or health home monitoring services.

³ Doctors of BC, *Telemedicine in Primary Care*, December 2014. Available here: <https://www.doctorsofbc.ca/sites/default/files/final-telemedicine-in-primary-care-policy-statement.pdf>

4 IM/IT STRATEGIC ENABLERS

This section provides Doctors of BC's feedback on the three IM/IT strategic enablers identified by the MoH, namely:

- Health Information Standardization
- IM/IT Governance and Investment
- Shared IM/IT Services

4.1 Health Information Standardization

The IM/IT Policy Paper notes that health information standardization is required in order to deliver on the HIE recommendations. While some clinical information standards, conventions and policies do exist, they are not applied consistently or provincially accepted. This inhibits the interoperability of clinical systems and the sharing and analysis of health information. There needs to be cross-sector development, implementation, and enforcement of common health information standards. The MoH therefore proposes a number of recommendations, including establishing a centre of accountability to drive development of BC information standards, publishing an authoritative compilation of information management standards, and establishing project gating so that all IM/IT procurement activities reflect established provincial information management requirements.

Doctors of BC agrees that health information standardization is a crucial element of HIE. Given the strong support for HIE as a strategic priority, our members are also very interested in the development of health information standards as a strategic enabler. While not specifically mentioned in the IM/IT Policy Paper, some of our members queried whether the introduction of synoptic reporting would also form part of this strategic enabler. Synoptic reporting involves the use of standardized as opposed to narrative reporting and is being used to varying degrees by surgeons and pathologists. We appreciate that this is a relatively detailed point but we encourage the MoH to consider the usefulness of synoptic reporting when further developing its proposals for health information standardization.

The majority of the comments on this proposal focused on the need for a coordinated view of standards and the importance of putting the right structures and processes in place to determine what those standards should be. Most consider that this needs to be a collaborative effort led by the MoH, with significant input from physicians who have direct experience in this area (including through Doctors of BC, SGP, SSPS, and the Joint Clinical Committees) as well as other health care providers, health researchers, health authorities, vendors/database experts, and professional colleges. These stakeholder groups are best positioned to seek buy-in for these standards from their respective members.

It was noted that ensuring support for the standards will be as important, if not more so, than the development of the standards themselves. Some of our members felt that funding and resources to support and implement standards are often overlooked. The body responsible for setting and promoting these standards must also be funded to ensure there is adequate uptake. Given that existing EMRs and data collection processes will require significant updating, it was noted that effective execution of change management plans will be a key success factor.

4.2 IM/IT Governance and Investment

The MoH considers that transforming BC's health IM/IT system will require a shift in how organizations across the province work together. There must be a shared vision, with investment and efforts being coordinated and maximized. It is recognized that independent organizational efforts to enable business and clinical transformation through IM/IT are no longer appropriate or sustainable. The MoH therefore recommends a number of actions, including development of a framework and process for IM/IT funding, integration of IM/IT planning cycles across the health sector, development of an IM/IT capital planning and expenditure review process, and a change management strategy for the key policy changes put forward in the paper.

Coordination of IM/IT investment and avoidance of unnecessary duplication is seen as very important to our members, who are generally supportive of this strategic enabler. The main comments received on this proposal related to how transparent the processes will be and how well Doctors of BC, SGP, SSPS, and the Divisions of Family Practice will be represented on the committees involved in IM/IT governance and investment. There is a need for balance in terms of representation of health authorities, the MoH, and providers if the needs of community physicians in particular are to be addressed. Also, our members strongly agree that more alignment of health authorities in relation to IM/IT is needed but they question the ability of the MoH to get all health authorities to agree on a common approach. This has not been particularly successful in the past.

Change management is one of the most important components of the provincial IM/IT strategy yet it received very little discussion in the IM/IT Policy Paper. The recommendation to develop a change management strategy will require significant time and resources and it is unclear whether this will receive the attention it requires. Our members noted that for change management to truly be effective it will require significant work on the frontlines of medical care. However, the majority of physicians are unlikely to feel equipped to carry out this work. The MoH will need to carefully consider how it can most effectively engage with and support physicians to assist with this process.

4.3 Shared IM/IT Services

The MoH plans to further advance the IM/IT service centre concept to provide shared delivery and optimization of technology services common to all health authorities. This IM/IT service centre concept currently forms part of the mandate of Health Shared Services BC (HSSBC). The MoH is recommending formalization of organizational roles and mandates, and establishment of an action plan to transition to a shared IM/IT services model.

Our members generally agreed with this recommendation due to the potential for cost savings. However, it was noted that this is one of the more high level recommendations in the paper, making it difficult to provide substantive feedback. More detail is required on exactly how the shared IM/IT services vision, model and mandate will be established and who will be responsible for ensuring it is successfully executed.

The key comments received on this proposal relate to concerns about the ability of HSSBC to operate efficiently and flexibly, and the challenges involved in getting the relatively independent health authorities to agree on key components of a shared model. Also, if this proposal is to extend beyond the health authorities, it is questionable whether HSSBC has an appreciation of

the IM/IT needs of community physicians. Concerns were also raised that too much centralization of IM/IT services could result in a lack of ‘on the ground’ support at facilities.

5 CONCLUSION

Doctors of BC thanks the MoH for the opportunity to participate in this policy development process and reiterates that the success of the initiatives proposed will be dependent upon continued stakeholder involvement in their development and implementation. While not yet clearly laid out in the IM/IT Policy Paper, we expect that the necessary structures for ongoing collaboration will be developed and that physicians will be provided with ongoing opportunities for effective involvement.