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On the road to a connected health system

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Submitted by Diane Wild, Senior Consultant, Communications and Public Affairs

These days, we might catch up with friends and family through social media or text, pay a bill through online banking, monitor how many footsteps we take, use an app to keep track of our medications, and consult an enormous repository of world knowledge (i.e. the internet) on the mini-computer in our pockets (i.e. our smartphone), all without batting an eye about how quickly technology has transformed our daily lives.

Technology is also dramatically changing health care. At the recent e-Health conference (<http://www.e-healthconference.com/>) in Vancouver, some of our experts Cindy Convey, Aneet Sahota, Tiffany Chui, Gregor McWalter, Corey Tillyer, Henry Kamstra, Melissa Marriott, Ricki-Lee Prestley and Melisa Gregorio spoke on topics such as inter-organizational collaboration, clinical information systems integration, mobile health, and more.

Today in Fraser Health, thanks to information technology, a care provider at a hospital can access a client's mental health clinic or home health records using the new Unified Clinical Information (UCI) viewer, and vice versa. Physicians can consult Meditech from their personal smartphones. Our programmable Alaris infusion pumps reduce the risk of medication errors, including patient misidentification. Electronic Medication Reconciliation improves

patient safety while streamlining the workflow and reducing manual errors. The Integrated Plan of Care project at Abbotsford Regional Hospital will support electronic documentation for nurses, physicians and other clinical staff at the bedside, allowing crucial information and care plans to be shared more easily and accurately.

They're all steps along the way to an electronic health record. Technology is assisting the delivery of health care in other dramatic ways, but the road to the comprehensive electronic health record is one of the most foundational.

"Information technology is a huge enabler of care and service," says Philip Barker, Fraser Health's vice president of planning, informatics and analytics. "The future we're working toward is one where information flows between arbitrary organizational boundaries – from a family doctor to hospital to home health nurse, for example. Information will be available on demand to care for someone regardless of where they touch the health care system."

Like travelers on a long journey, the frequent question is "are we there yet?"

We've come a long way. When Fraser Health first came into being in 2001, joining a few formerly separate health regions, there were hundreds of ways to register a patient, for example, including pen and paper, and with different data to collect. In acute care there were multiple applications to access patient records depending on the hospital or program – and even multiple applications within the same program depending on location. Information sharing between systems involved manual intervention. Fast forward to today and the number of clinical system applications has been consolidated tremendously, and those we currently use can work together.

The Unified Clinical Information viewer, for example, brings together an integrated view of patient information from across Fraser Health, including acute, community and home health activity, mental health, diagnoses, allergies, lab results and much more.

But the level of information sharing Phil envisions is still on the horizon. Some of the bigger challenges to overcome include changing practices to adopt electronic charting and care planning, for example, and the data that goes into the electronic record has to be organized in a way that makes sense, so it's usable and comprehensive, to drive better outcomes, but not overwhelming. That means standardization, but also customization.

"Professions are setting the standards – what to document, when to document, how to share," said Phil, describing the digitization of care plans, clinical guidelines and pathways, order sets, and more. "IT needs to enable clinical leadership and practice."

Another challenge can be the available technology itself. "Often health care software products are not as nimble or agile as we need," he added, pointing out web-enabled products are only recently becoming available. "Money can slow you down but it's not as big a barrier as you might think."

Family physicians use different systems and are subject to different freedom of information, hindering some electronic information sharing. Private home support and care facilities also remain outside the current electronic record, and sharing information between health regions across the country is a future challenge.

Another goal is to advance the clinical systems so beyond recording and distributing information, they have the intelligence to provide decision support. Phil gives the example of IBM's Watson, the computer that gained fame by

appearing on *Jeopardy* but is also embedded in health care decision making, including a project with the BC Cancer Agency.

And of course the ultimate goal is to make comprehensive electronic records more available to the patients themselves, just as many lab results are now available online.

There are broader goals to a comprehensive electronic health record too. Using "predictive analytics" – using the data to look at population segments and identify people who may be at risk for various diseases – we may be able to intervene early to prevent or reduce the severity.

"From every aspect an electronic health record is better for the patient," Phil said. "Clinicians can make more informed decisions and patients can have more information to keep healthy and follow their treatment plan."

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