

***Strategy for Aligning EHR Projects of the
Federal Health Delivery Departments with
Canada Health Infoway***

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Christine Tompkins

Executive Summary

The internship that was completed at Canada Health Infoway in the summer of 2004 allowed the author to understand *Infoway* as a strategic investor and internal processes for program targets, project selection, funding models and investment planning exercises. The intent of *Infoway's* investments and practices in jurisdictional level projects in targeted program areas is to influence and guide the jurisdictions for the purpose of the evolution of a pan-Canadian EHR.

The role evolved into working directly with the Federal Healthcare Partnership to begin to define what role or relationship that federal healthcare service delivery projects should take within the pan-Canadian solution. There is national level work being done on standards development and adoption processes that the federal departments currently are not involved in.

There were many problems and challenges in performing the work of collecting project information from the various departments, including budgets and planning phases. Project level analysis was done and documented for possible inclusion in *Infoway's* investment planning exercises.

The end result was some general guidelines and first steps to recommendations for the development of a formal relationship or engagement strategy between *Infoway* and the federal healthcare service delivery departments. This paper discusses challenges just as the flow of investment money; the difficulty in coordinating for departments that provide healthcare services to unique groups of people, that typically are not considered an 'insured' person under Canada's Health Care Act.

Recommendations are for the federal departments to improve coordination within their own organization to present a consolidated front to *Infoway* for participation in program specific projects that can lead to cross jurisdictional implementations, leveraged investments and cost saving for the federal departments. The federal departments need to develop some incentives for working across departments for a common project. *Infoway* needs to understand what the federal departments do and how they differ in their delivery of service from the provincial and territorial jurisdictions. One key recommendation in the analysis of this report is to actually take action and active steps toward achieving recommendations already mapped out after an analysis of federal level projects in April 2003. These actions have not been acted upon as of the time of this document. Another key finding is the necessity for *Infoway* to analyze the projects being undertaken within federal departments because they are complimentary to what *Infoway* is coordinating within other jurisdictions, and these projects, such as the Canadian Forces Hospital Information System, can also provide unique solutions that fit the criteria of easy replication and leverage investments.

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Introduction

This internship was performed at Canada Health Infoway and the project's intent was to initially familiarize with the *Infoway* organization; understand the funding model and mandate of *Infoway*; analyse the overall program strategies that Infoway is undertaking; understand the 3-year investment strategy planning process and how this will guide projects and program development in the jurisdictions. The key project area was to collect a survey of projects that are planned or in progress that fall outside of the provincial and territorial jurisdictions. These are the projects at the federal level. There are different federal initiatives and organizations that the internship focused on.

The internship project evolved and became more focused as the research was being done. The end objective was to work closely with the Federal Healthcare Partnership and the projects within the FHP to develop an engagement strategy for these special groups. This engagement business strategy, once approved by the members of the FHP is to be presented at *Infoway's* board of directors meeting in October 2004. The relevance and timeliness to *Infoway* is important because there is a new funding agreement for the program area of public surveillance, which naturally lands in the federals realm of responsibility.

The outcome of this research captures many issues and barriers of this unique circumstance and suggested steps to take to bring some closure to the gap of federal departments not being included in the development of a pan-Canadian electronic health record.

The internship provided lots of opportunity to learn about the workings of government and also the role of a *strategic investor*. The office atmosphere that was created by the *Infoway* staff in Halifax, one of collaboration and good communication allowed for the contributions and learning experience to be enhanced beyond the scope of this business strategy.

Canada Health Infoway

Canada Health Infoway (*Infoway*) is a nongovernmental organization that was formed as a result of an initiative in September 2000 by Canada's First Ministers to develop a health infostructure that supports improvements in health service delivery. *Infoway* received funding from the federal government to coordinate and leverage investments in the development of a pan-Canadian electronic health record, through focusing on key programs and projects to support this mandate and strategic investment model.

Infoway operates by focusing on providing strategic investments in initiatives that build a matrix of complementary projects that together achieve the goals of having a high rate of replication across jurisdictions. Jurisdictions include provinces, territories and some federal departments.

The seven investment programs that are targeted by *Infoway* for the incremental development of an interoperable electronic health record (EHR):

- Infostructure
- Registries
- Drug Information Systems
- Diagnostic Imaging Systems
- Laboratory Information Systems
- Telehealth
- Public Surveillance (June 2004)

Partnerships and Alliances

The role of the partnerships and alliances department within *Infoway* is to foster relationships with stakeholders in the jurisdictions in both the private and public

sectors. Within *Infoway*, there are alliance executives that are each responsible for specific jurisdictions. The role of the alliance executives is to participate in *Infoway's* investment planning strategies, which means gathering information with regard to relevant projects within the jurisdictions that can be evaluated for possible coordination. As well as this bottom up communication, the alliance executives are also responsible for communicating the specific targets of *Infoway's* investment programs to the jurisdictions.

There are 2-day quarterly conferences held that are meetings between the alliance executives and the jurisdictions Department of Health (DOH) Chief Information Officers (CIOs). This is an important vehicle for *Infoway* to effectively communicate changes to program targets, and also for cross jurisdictional communication that makes everyone aware what development is being made on a certain project in a certain jurisdiction.

The evolution of *Infoway*, and its unique situation that is unprecedented, has created the situation where there are political barriers to having open and effective communication on healthcare IT projects between jurisdictions and also between *Infoway* and its public stakeholders. This reason demonstrates how there are no clear actions for the alliance executives to follow and how the role is constantly changing with the current circumstances (internal and external to *Infoway*).

Internship Role and Work Performed

This internship was positioned within the Partnerships and Alliances department to work with the alliance executive responsible for the federal jurisdiction. This is further a unique role, in that the federal jurisdiction is considered very different from the provincial and territorial jurisdictions within *Infoway*. The objective of the internship term evolved as information was gathered and synthesized. The

position was to report directly to the National Engagement Executive within this department.

Initially the role was outlined to collect projects that are currently being undertaken or planned within federal departments. This was a general direction, and considerable time was used in gathering information from various federal level initiatives. These included funding envelopes and specific project level information that initiate from the Primary Health Care Transition Fund (PHCTF).

As the project continued, it became apparent that the political and funding barriers between the federal healthcare delivery departments and *Infoway's* mandate required a definition of the relationship and a business strategy to present to the federal department representatives within the Federal Healthcare Partnership (FHP). The long-term intent of this strategy, once it gets approval from the FHP members, is to be presented to the board of directors of *Infoway* in October 2004. This will be the first step for the federal healthcare provider departments to be eligible to formally be considered for project investment, where it makes sense, from *Infoway*. This was the point when the project became more focused and limited to an analysis of only projects from those departments that are a member of the FHP.

Specific Objectives:

- Obtain current budget information for federal projects
- Phase of project
- Project team size
- Pilot plans and locations
- Project components and milestones
- Parameters of the health service delivery projects (interoperability among federal initiatives, if any)

- Catalogue *Infoway* initiatives and projects based on the current 3-year investment strategy planning exercise with the jurisdictions (underway)
- Create sustained dialogue between *Infoway* and the FHP

Other work was performed that was outside of this specific project, but related to the completeness of the work on the federal strategy and also the level of understanding the positioning of this work within *Infoway*.

- Attended internal 3-year investment strategy meetings to understand how relationships were being maintained with other provincial and territorial jurisdictions through the alliance executives.
- Understand the project approval process within *Infoway*.
- Participated in a request for proposal (RFP) response evaluation on a project to develop an end user strategy for EHR acceptance. Followed an evaluation template with ratings on specific criteria with regard to compliance to the RFP; This involved analysis of the seven responses for understanding the problem space and proposed strategies for development of an end-user acceptance strategy including all levels of healthcare providers.
- Conducted a survey from all of the departmental vice-presidents at *Infoway* regarding their individual opinion on the relationship of *Infoway* and federal departments, with regard to funding projects. The results were compiled for evaluation of cohesion across the organization regarding decision making on futuristic federal department opportunities.

Federal Departments Inclusion in Development of a Pan-Canadian Electronic Health Record

The project conducted relates to an important fundamental to health informatics, that being that technical undertakings and implementations must be coordinated in order to achieve any form of wide spread utilization and adoption across Canada, with the objective of an interoperable pan-Canadian EHR. The details of the level of coordination of a technical project or implementation in a certain area is made much more challenging when it is tied to political visibility issues, such as funding models and the flow of monies between levels of government and organizations.

It is this particular issue that was highlighted in the practical example of involving federal departments that provide healthcare to persons whom fall outside of the definition of an insured person, under Canada's Health Care Act.

Objectives for Engaging the Federal Departments

The objective for the strategy was to formalize and rationalize investment strategy decisions with regard to projects that are either planned or underway within the federal departments that are members of the Federal Healthcare Partnership (FHP).

Infoway is developing investment plans by program area and by jurisdiction. This currently does not explicitly address federal groups that administer to clients that are not covered under the jurisdictional plans. This strategy intended to build steps for the evaluation of federal programs, comparison of those programs to *Infoway's* initiatives, and a mechanism for allowing money to flow from *Infoway* directly to projects that are also supported by federal departments, keeping in mind *Infoway's* investment strategies and *Infoway's* mandate to create a pan-Canadian, interoperable electronic health record.

The intent of the project was to gain a current picture of the status of various federal departments' health related ICT projects. The projects are identified as currently underway (in planning, development or implementation) within a member of the Federal Healthcare Partnership (FHP). The target was to identify common elements or themes among projects and any potential joint venture opportunities between *Infoway* (through jurisdictions) and federal departments operating projects on a local level.

The Federal Healthcare Partnership

The Federal Healthcare Partnership (FHP) is a group that represents the federal departments that deliver healthcare services to their clients who are not covered under the Canada Health Act. One of the partnership's objectives is to collaborate, and coordinate the planning of ICT projects. The benefit is so that coordination with external groups or organizations, such as *Infoway*, can be made easier by presenting a united group that covers many diverse groups of clients. Federal departments responsible for direct delivery of health services have made substantial investments in the development of ICT solutions but these have generally been accomplished independently of each other.

Provincial and territorial jurisdictions in Canada have also made substantial investments in developing electronic health record solutions to improve the effectiveness and efficiency of health care delivery.

The Federal Healthcare Partnership (FHP) was known until 2003, as the Health Care Coordination Initiative. It was established in 1994 to develop and implement a strategy to coordinate federal government purchasing of health care services and products for their eligible clients at the lowest possible costs, through coordination of effort among departments and agencies. Six departments and agencies that are responsible for the management of health programs for their respective client groups form the core of the partnership: Health Canada,

Veterans Affairs Canada, Department of National Defence, Royal Canadian Mounted Police, Correctional Service of Canada and, Citizenship and Immigration Canada. The Treasury Board Secretariat, and Privy Council Office provide an advisory role and Public Works and Government Services Canada is the contracting authority for partner departments.

The objective of the FHP is to provide a forum for information exchange, consultation and analysis that assists participating departments in minimizing inefficiency and duplication in their delivery of health care programs and in realizing the business value of integrated management of health information; and to pursue joint negotiations for the purchase of health care supplies and services.

Also important is ongoing work to promote and support synergies among FHP partners to achieve common opportunities for the implementation of information and communication technologies (electronic health record solutions, telehealth, public health surveillance) closely harmonized with the vision of a pan-Canadian health infostructure.

Investment by Federal Departments in Health Information Technology Solutions

The six federal departments of the FHP have made substantial investments in the development of information and communications technology solutions focused on improved delivery and better electronic management of health information. These departments are managing a spectrum of information from direct patient care information to benefit claims and utilization information (for individuals and in aggregate) to case management and broader community health information.

The information held by these departments in their diverse and independent systems and applications constitutes a significant base of information, which

could contribute to the makeup of a client's electronic health record. The clients of the FHP departments also receive delivery of services from the provincial/territorial health systems at different points in their life history, which highlights the need for interfaces and access/exchange of information between federal sources and provincial/territorial sources.

Canada Health Act

The Canada Health Act publication, defines an insured person, under the Act as:

"insured person" means, in relation to a province, a resident of the province other than
«assuré» (a) a member of the Canadian Forces,
(b) a member of the Royal Canadian Mounted Police who is appointed to a rank therein,
(c) a person serving a term of imprisonment in a penitentiary as defined in the *Penitentiary Act*, or
(d) a resident of the province who has not completed such minimum period of residence or waiting period, not exceeding three months, as may be required by the province for eligibility for or entitlement to insured health services;

Retrieved from: <http://www.hc-sc.gc.ca/medicare/Canada%20Health%20Act.htm> on Aug/26/2004

Federal Departments

The jurisdictional provisions of the Canada Health Care Act do not cover the federal departments that provide healthcare services to their members. These unique groups have specialized health delivery systems (See Appendix B)

Federal department parameters (from the Bateson report):

- 1 million clients

- 700 000 First Nations & Inuit
- 300 000 VAC, DND, RCMP, CSC
- \$2.6 billion healthcare spending within departments
- Ranks the federal jurisdiction 5th in order of expenditures for delivery of health services following Ontario, Québec, British Columbia and Alberta.

Projects currently planned (2004-2008):

Project	Underway	Planned	Federal Department
Assessing the Health of Migrants - eHealth project		x	CIC
Health Information Management Module (HIMM)		x	CSC
Canadian Forces Health Information System (CFHIS)	x		DND
First Nations and Inuit Health - Registries and Data Dictionary	x		HC-First Nations and Inuit Health Branch (FNHIB)
First Nations and Inuit Health - e-Health Applications Reconfiguration	x		HC-FNIHB
First Nations and Inuit Health - Telehealth Development	x		HC-FNIHB
Integrated Public Health Information System (iPHISv7)	x		HC-Population and Public Health Branch
Client Service Delivery Network (CSDN) - includes on-line nursing assessment application	x		VAC
Federal Health Claims Processing System (FHPCS)	x		VAC, DND, RCMP
Medical Certificates On-Line (MCOL)		x	SDC, HRSDC
Telehealth - mental health applications	x		VAC, DND

Discussion

Federal health delivery departments intend to share information and coordinate their planning efforts to be relevant to jurisdictional level projects. This is especially evident in standards development and interoperability efforts, as recommended in the HCCI Report (HCCI (Health Care Coordination Initiative), now the FHP) , 'Moving Towards an Information and Communication Technology Strategy for Federal Health Delivery Departments' (Bateson, April 2003). This report states the recommendation that federal departments ought to base their project planning on working within an EHR Blueprint framework and within emerging pan-Canadian standards.

The mandate for the FHP is changing and evolving. The partnership is refining their mandate and is focused on being viewed as a federal health jurisdiction providing care. The individual partners have a strong incentive to comply with *Infoway's* strategy. The FHP is concerned with participation in the strategic planning of EHR projects that will ultimately influence them in the long term. The FHP wants to avoid an arduous conversion and integration process, which will be mandatory and costly. The risk is that the Federal groups may be ultimately forced to comply with a pan-Canadian standard that doesn't suit their needs and possible retrofitting might be necessary.

A potentially contentious issue is the perception of *Infoway's* investment dollars (federal money) being recycled into federal healthcare programs. This strategy endeavoured to demonstrate how joint opportunities can be beneficial to *Infoway's* objectives and provides value to the evolution of a true pan-Canadian EHR. This strategy also addressed how moneys could be allocated, at what project size, and at what project stage in a federal department context.

There are interaction points between the federal department's health delivery programs and P/T systems. A useful exercise for the federal departments to undertake is to specifically categorize these points of interaction. Identify overlap between federal groups and other jurisdictional systems. (I.e. DND personnel receiving care at a provincial centre.) This list of interaction points can be a starting point for identifying valid projects that strategically fit with Infoway programs or project objectives. This objective supports pan-Canadian, interoperable outcomes.

The problem of a changing environment within the FHP (mandate evolution, member representatives, etc) , a changing environment within the federal departments (project planning processes and target projects), and an undefined relationship with the strategic investor (*Infoway*) pose challenges that need specific solutions to address them. These key issues are what will be discussed and addressed through the rest of this analysis.

Activities to Support the Solution:

- Identified the mandate of the each federal group (VAC, RCMP, DND, etc)
- Documented the federal department project planning process (Project definition, selection, evaluation criteria, strategic planning)
- Catalogued/inventoried operational systems and planned projects within federal departments
- Outlined program-specific criteria to create a basis for evaluation of federal programs in coordination with *Infoway's* long-term objectives.
- Used the evaluation framework to identify where and what areas of the federal programs can be jointly funded and ways to have that joint funding satisfy the mandates of *Infoway* and federal organizations.

- Address the sensitivities regarding investments from Infoway (which is federally funded) in federal projects or initiatives. This involves ensuring that there is cohesion within *Infoway* and how to engage these groups.

Members of the FHP are providing care in a jurisdiction where *Infoway* may consider investments in programs such as Telehealth and Health Surveillance. This jurisdiction is national in scope and covers a wide range of diverse groups. The federal groups have a different landscape, but essentially they serve groups of Canadians who are not always included in the provincial or territorial plans. There are however, essential interaction points between the different parallel systems.

There are two dimensions of federal programs that should be addressed with regard to program/project and investment planning:

- The identification of specific interaction points between federal EHR delivery systems and the provincial/territorial systems.
- The scope and scale of federal EHR delivery systems

Identify specific interaction points between federal delivery systems and the provincial/territorial systems

A proposed three-step method for identifying federal projects that will strategically fit with *Infoway's* interoperable EHR mandate specifically identifies areas where systems need to interface to one another, and areas where common standards can easily be found includes:

- Catalogue interaction points (by federal department, and by Infoway program)
- Evaluate the significance of each point of system interconnection; and,
- Integrate the critical points of interaction between systems into program planning or project planning, depending on the context.

As part of the interoperability criteria, project planning across programs should include these requirements, and therefore the federal departments must be engaged in standards development.

The federal EHR delivery systems as a jurisdiction unto themselves

- Clients served by all the federal groups are 1.1 million; this is in line with provincial populations.
- The federal groups present unique circumstances with how health is delivered across partners of the FHP.
- The federal departments that provide full care (ie DND) can offer a unique situation where the delivery network is dispersed across geography and involves a range of facilities, clients, and services.
- Have a federal representative (FHP representative) attend *Infoway's* CIO forums for inclusion in collaboration discussions.
- The FHP partners are separate entities from the federal government who provided *Infoway* with the investment money and the mandate to develop an interoperable EHR in 6 years. The FHP partners should be viewed as another system provider group, despite the fact that they operate on a federal level and are considered the originators of the funding agreements between the Treasury Board and *Infoway*.

Funding Strategy

With reference to Appendix A, this investment strategy diagram addresses the visibility issue of re-routing federal money back to the federal departments.

This diagram illustrates how will the money flow, and not be in conflict with the idea of *Infoway* dollars going back to the federal government. The distinction between the federal government and federal departmental groups that provide healthcare has been discussed previously in this document. Investment from

Infoway goes into an established local project at a federal departmental facility and not directly into project planning of departmental overall strategies or business plans.

- Federal departments will conduct their own project planning, in coordination with known national initiatives
- This strategy also demonstrates how federal departments can do project planning that will be in coordination with *Infoway* program strategies so that the regional/ pilot site level is in coordination with the overall strategy.
- The funding model shows *Infoway* investment going directly into projects that have already initiated and are in implementation phases. The contribution amounts would be negotiated and depend on the program strategy.

Collaborative efforts with federal groups: Within the FHP there is talk of collaboration occurring to coordinate planning efforts into projects that serves more than one department. The table below shows some potential opportunities to unite projects that are not formally linked, as they have either established funding from different sources and no collaboration with any currently approved *Infoway* projects. Cost savings and replication of solutions are possible within this context.

Joint projects within federal departments are only in the planning phase with possibilities of development and integration of systems. There is some analysis and thought going into this and documents are being circulated around the different departments and to the FHP secretariat (Namely, SDC and VAC). Methods to improve this must be proposed to the FHP and need to be innovative and involve incentive building for the specific member groups to collaborate. This activity is important to changing the traditional way that federal government

departments operate in such a way that best serves the single departmental needs. This is especially true in healthcare service delivery departments.

Project	Potential Partner Project (Within federal departments or other federally funded projects)	Infoway Program/Project
Medical Certificates On-line	<ul style="list-style-type: none"> • Benefits and Health Services On-line (VAC) • Allow all departments access to MCOL (CIC) • Direct link to provider registries 	<ul style="list-style-type: none"> • Registries
Health Canada First Nations and Inuit Health - Telehealth development	<ul style="list-style-type: none"> • Provincial development of telehealth strategies have similarities • Primary Health Care Transition Fund (PHCTF)- (Aboriginal Envelope) <i>A Tool to Health People From Far Away – The IIU Telehealth Network</i> (\$2.7M) • Primary Health Care Transition Fund (PHCTF) – Selfcare/Telecare for Atlantic Canada (\$6.9M) 	<ul style="list-style-type: none"> • Telehealth
DND – Canadian Forces Hospital Information System	<ul style="list-style-type: none"> • Primary Health Care Transition Fund (PHCTF) - e-Therapeutics (\$8+M) • Drug therapy Management: 	<ul style="list-style-type: none"> • Laboratory Information Systems

	Tools and technology to Enhance Collaboration and Communication to Improve Safety and Outcomes from Drug Therapy	
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Coordination across federal departments that represent diverse groups can yield the expected benefits of satisfying mutual objectives and cost savings. This is in line with *Infoway's* strategy to leverage investments and meet its goals in targeted program areas. The federal groups must work together on coordinating these ideas, the projects listed above are only logical links, and discussion would need to be set up to begin to explore the possibilities.

Telehealth

- Funding agreement specifies some investment in the federal level
- Health Canada First Nations and Inuit Health - Telehealth development (\$1.2M project)
- Currently, within Infoway, the program strategy is in the stages of being presented and subsequently approved by the board in Fall 2004.

Registries

- Health Canada First Nations and Inuit Health - Registries and Data Dictionary (\$10M project)

Drug Information Systems

- Department of National Defence – Canadian Forces Hospital Information System (CFHIS) (drug information system is a component @ \$15.5M)

Diagnostics Imaging Systems

- Department of National Defence – Canadian Forces Hospital Information System (CFHIS) (drug information system is a component @ \$15.5M)

Laboratory Information Systems

- Department of National Defence – Canadian Forces Hospital Information System (CFHIS) (drug information system is a component @ \$15.5M)

Infostructure

- Correctional Service Canada – Health Information Management Model (\$13.4M project)
- Joint claims processing systems that are already in operation but need to potentially comply with standards (Client Service Delivery Network (CSDM), Federal Health Claims Processing System (FHPCS))
- Social Development Canada Medical Certificate On-line (EDMS and linkages to registries)

Public Health Surveillance

- Health Canada Integrated Public Health Information System (iPHIS v7)

Summary and Recommendations

This analysis was intended to contribute to *Infoway's* 3-year investment planning exercise with regard to the federal jurisdiction. Part of the deliverables included project-based information and budget forecasts for specific federal initiatives collected from the project teams (not included with this submission, for confidentiality). This business strategy highlighted a process for deciding selection and method of investing jointly in programs already funded by the federal departments, or alternatively engaging federal experts in related *Infoway* processes such as standards development.

To complement the six investment programs that already have projects planned or underway at *Infoway*, a strategy is needed to avoid:

- Overlap of implementations and counterproductive projects between P/T level projects that may be sponsored by *Infoway* and
- Initiatives that are undertaken by federal departments that may be acting autonomously and thereby inhibit future interoperability when integration is expected and legislated by Canadians.

The goal of this strategy was to save effort in planning, development, and implementation through some forethought and communication between the P/T jurisdictions and federal departments that:

- Already interact with the P/T service providers in delivering care to their citizens; and,
- Analyse planned projects to look for logical similarities and matches where coordination makes sense.

Infoway's position is unique in that it can facilitate this collaboration between P/T jurisdictions and federal departments that provide care to their clients. Coordination involves many different levels: sharing of project information; participation in standards development, joint development, integrating projects, etc.

Some of the coordination may also be facilitated by the FHP either through:

- Federal contributions to new internal federal projects, which are related to infostructure projects and EHR standards-compliant, that have the possibility to be replicated across different jurisdictions.
- Federal funding in existing P/T projects, which also strategically fit with, *Infoway's* program plans and the EHR blueprint.

The report that was initiated by the FHP, "Moving Towards an Information and Communication Technology Strategy for Federal Health Delivery Departments" provided a comprehensive list of recommendations for the partnership to work towards with ICT planning. Based on these recommendations, the FHP needs to identify specific steps to take that will begin to realize them.

The FHP should Act on the recommendations from the Bateson report (Appendix C) that fulfill common needs and are current to today's departmental circumstances.

- Ask the partnership members for ideas on how to fulfill those goals and evaluation criteria as to what success in fulfilling these recommendations means.
- Formalize and document a governance structure that has focus on using information
- Formal communication
- Create incentives for partners to collaborate

Infoway needs to consider that FHP's interest in *Infoway* programs planning and project selection is not only in regard to funding possibilities, but the importance of not doing ICT planning in isolation. Collaboration on standards and infostructure in the pan-Canadian level is important in long term planning for the FHP members.

Conclusions

The problem that was highlighted through this research was that the disparate programs and development of independent solutions would not be enough to satisfy the requirement of *Infoway's* mandate of an interoperable EHR, especially with regard to federal healthcare delivery departments. Projects that are being approached in a silo type of way, with programs independent from each other operating to their own objectives will be detrimental to the long-term high-level development of an EHR. The political stakes that influence the flow of funds from different organizations and to different jurisdictions is a real challenge for *Infoway* to overcome.

Federal departments have desire to be included in the development of a Pan-Canadian EHR, but they require an avenue for participation that is above and beyond the political barriers of investments and the flow of moneys.

Recommendations

Infoway is not an operational setting, but rather an organization that is a strategic player that works with and for the jurisdictions toward a common goal. It is difficult to suggest a specialized health informatics solution at the highest level of coordination without being working directly with a specific context, such as a pharmacy information system, for example. *Infoway's* mandate is a complicated one, and as an strategic investor, it is implicit that *Infoway's* employees are capable of performing analysis across the healthcare system in Canada and across different levels of government and private organizations.

The development of a formal relationship between *Infoway* the FHP for investment purposes is at the beginning. The FHP must work together using this research and better data collection activities to improve communication and incentives to communicate across the member groups. Once the FHP can present a consistent circumstance and action plans for sustaining cross department coordination, then *Infoway* can really become a necessary aid to the partnership and realize rewards. This is of course dependent on the agreement across the organization of *Infoway* that there is no conflict with the funding models. The survey that was conducted of the VPs from each department across *Infoway*, showed different points of view within the decision makers, and this should be a task that *Infoway* takes on, to achieve uniformity within the organization to be presented to the external stakeholders.

The discussion of specific issues, such as the lack of incentive for coordination among federal departments that are highlighted in this document do not necessarily mean that they will all be specifically included in the engagement strategy that will be presented back to *Infoway* after the FHP members are in agreement with the action items. The discussion and recommendations in this

paper are an extension to what was circulated within the FHP for the member's approval.

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e-MS Project: <http://e-ms.ca/documentation.php>
Health Care Coordination Initiative (HCCI), now Federal Healthcare Partnership (FHP) - Printable Version: http://www.tbs-sct.gc.ca/rma/eppi-ibdrp/hrdb-rhbd/h015_e.asp?printable=True
DND Health Services: http://www.forces.gc.ca/health/engraph/home_e.asp
The Good Electronic Health Record: http://www.gehr.org/Documents/EHR_references.html
HC FNIHB: <http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/index.htm>
Infoway: <http://www.canadahealthinfoway.ca/>
National Health Services Information for Health: <http://www.nhsia.nhs.uk/def/pages/info4health/contents.asp>
Office for the Advancement of Telehealth: <http://telehealth.hrsa.gov/index.htm>
VAC: <http://www.vac-acc.gc.ca/clients/>

Nomenclature

Federal Departments (members of the Federal Healthcare Partnership (FHP):

Veterans Affairs Canada (VAC)

Department of National Defense (DND)

Royal Canadian Mounted Police (RCMP)

Health Canada-First Nations and Inuit Health Branch (HC-FNIHB)

Correctional Service Canada (CSC)

Citizenship and Immigration Canada (CIC)

Social Development Canada (SDC)

Human Resources Skills Development Canada (HRSDC)

Appendix A

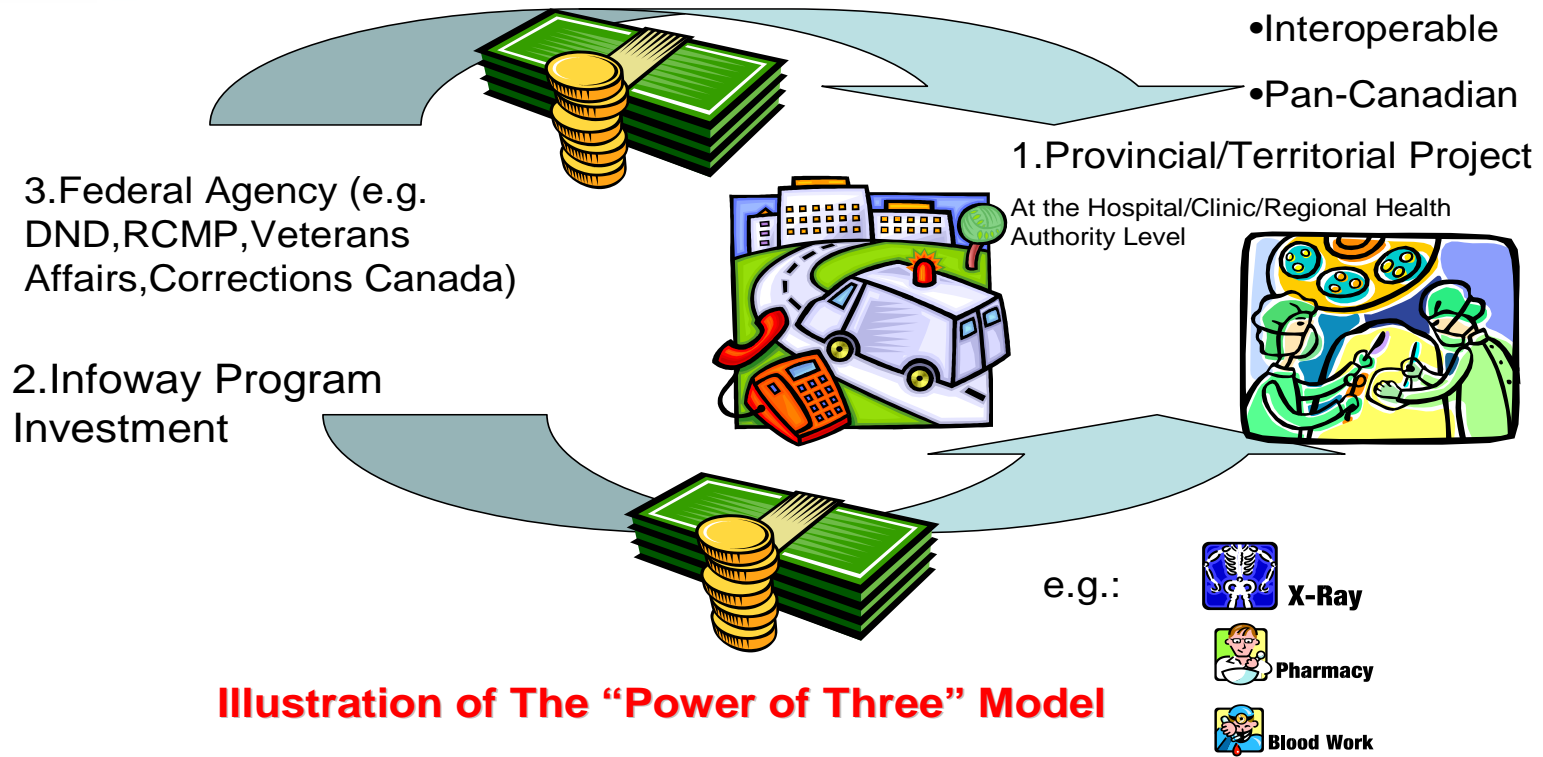


Illustration of The “Power of Three” Model

Appendix B

Federal Healthcare Partnership Member Groups (FHP Secretariat)

First Nations and Inuit

In principle, the health needs of all Aboriginal people, as members of the Canadian population, are addressed by the federal government's overarching roles in health and by the provincial/territorial governments' role in providing universal insured health services to all citizens. Insofar as Aboriginal people in general face disproportionately high levels of various health problems, the federal government continues to provide health promotion and related programs to Aboriginal people in general, as a population with special health needs, without regard to status.

The federal government maintains that its role in the provision of health services is based in the 1979 Indian Health Policy rather than legislation or rights. Health Canada provides Non-Insured Health Benefits (drug, dental, vision and medical transportation, which are not insured services under a provincial health care system) to over 749,000 eligible First Nations and Inuit. In addition, the department delivers primary care in remote and isolated communities through a network of 74 nursing stations, public health, health promotion and disease prevention programming to approximately 640 First Nations and Inuit communities. The department also provides substantial funding for the development of telehealth services to improve access to health care for those people in remote locations. Health Canada also administers targeted programs for all Aboriginal people, regardless of residency, like the Aboriginal Diabetes Initiative, the Tobacco Control Strategy and the Indian Residential Schools counselling.

Health Surveillance

Health Canada, through the Centre for Surveillance Coordination has the mandate to collaborate with Information Technology (IT) professionals and policy makers on the development, maintenance and use of health information, tools and skills to enable timely and informed decision making for public health that results in improved public health policies, programs and interventions that protect and promote the health of Canadians. The Centre has brought together provincial, territorial and federal governments in the development of the Canadian Integrated Public Health Surveillance program. This program is a collaborative effort to build an integrated suite of computer and data base tools to support the collection and collation of health surveillance data as a by-product of the normal work of health professionals. The Public Health Information System (iPHIS) is an automated, integrated, client health record and reporting system that supports public health provider interventions, tracking, follow-up, case management and reporting.

Veterans

The federal government's involvement in the long term care of Veterans began at the end of the First World War and expanded significantly after the Second World War.

Initially, Veterans Affairs Canada's 44 facilities provided hospital services to respond to Veterans treatment and rehabilitation needs. Over time, acute care needs diminished and long term care needs grew.

In 1963 VAC's health care facilities were transferred to provincial jurisdiction (only the Ste. Anne's Hospital near Montreal remains under federal responsibility). As part of the transfer, a fixed number of Priority Access Beds (PABs), also known as contract beds, remain available to provide long-term care to eligible veterans. VAC provides funding to cover the cost

of care for eligible veterans who occupy a PAB.

In addition, VAC funds the cost of care for eligible Veterans who reside in community care facilities or in their home through the Veterans Independence Program (VIP). It provided housekeeping and/or grounds maintenance services, which: 1) were based on need, 2) would continue until the death of the qualified survivor or primary care-giver, or until they began residing in a health care facility or another person's principal residence, and 3) were not covered as an insured service under the provincial health care system or available through another source.

The *Veterans Health Care Regulations* specify the definition of a "Canadian service veteran", the types of care that may be covered, and the basis of the entitlement.

Treatment benefits consist of the following (only if they are not already an insured service under a provincial health care system):

- any medical, surgical or dental examination or treatment provided by a health professional;
- the provision of any surgical or prosthetic device or aid approved by the Minister, including its maintenance and any home adaptation necessary for its use;
- preventive health care approved by the Minister; and
- pharmaceuticals prescribed by a health professional licensed to prescribe pharmaceuticals in the province or the country where the pharmaceuticals are provided.

VAC only pays for top-up services not "insured" in the province associated with the pensioned condition. VAC does not have its own health care facilities and personnel with the exception of Ste. Anne's hospital near Montreal. The rates paid

are dependent on community rates. Veterans have separate specific health cards that identify them as a veteran and that are used to charge health service costs they incur back to VAC. Only the veteran's health care services are provided, although spouses and primary-caregivers may receive grounds keeping services after the veteran dies.

Canadian Forces

The Department of National Defence and Canadian Forces provide health care for Canada's military personnel (**not including their families**) at military installations across Canada and overseas.

Benefit entitlement is based on five principles:

- it is necessary for the maintenance of health and mental well-being, prevention of disease, diagnosis or treatment of an injury, illness or disability;
- it sustains or restores a serving member to an operationally effective and deployable position in the Canadian Forces;
- it adheres to evidence-based medicine;
- it is not for purely experimental, research or cosmetic purposes; and
- it is a funded (insured) service in at least one province or federal agency.

The range of services includes: medical care (including pharmaceuticals), occupational health care, preventive care, health promotion and dental care.

DND uses a combination of its own medical facilities and personnel along with services purchased from local providers in

the provincial health system. Generally, the first line services will be provided by the military's own health professionals. For second line services, there is only limited direct military provision. Military services include clinics on military bases and a small number of hospitals. Even on bases, after hours needs are usually met by local service providers. As with Veterans, members of the military carry specific separate health cards that identify them as members of the military and that are used by local hospitals, for example, to bill any per diem charges back to DND. In recent years, VAC and Atlantic Blue Cross Care have provided administrative support for serving members of the Canadian Forces and to those receiving disability pensions from the Canadian Forces.

Royal Canadian Mounted Police

The RCMP provides its uniformed members (**not including their families**) with comprehensive health care comparable to that available to other Canadians under the *Canada Health Act*. As with DND the range of care is provided through provincial health care systems, but paid for by the RCMP.

As with Veterans and Canadian Forces, uniformed members of the RCMP carry specific separate health cards such that services they use are charged back according to local rates to the RCMP. In recent years, VAC and Atlantic Blue Cross Care have provided administrative support for serving members of the RCMP and to those receiving RCMP disability pensions.

Federal Inmates

Persons serving a term of imprisonment in a penitentiary, as defined in the *Corrections and Conditional Release Act*, fall

under federal responsibility for health care delivery.

From a health perspective, inmates represent a high risk, high needs population. Overall, their health status is poorer than that of the general Canadian population. Health status is also negatively influenced by lower levels of formal education, a history of unemployment, previous unstable accommodation and lack of social support networks.

This makes the provision of health services extremely challenging. In addition, according to a study published in the March/April 2004 Canadian Journal of Public Health, they are highly mobile, have substantial rates of unhealthy behaviours, infectious diseases, injuries, chronic diseases, mental disorders and premature deaths.

The inmate has the primary responsibility for his/her health decisions, habits and behaviours. Correctional Service of Canada (CSC) is responsible for ensuring appropriate, equitable and adequate access to professional physical and mental health services to sustain and enhance health status, contribute to the inmate's adjustment within the institution and assist them to become law-abiding citizens.

CSC delivers essential health services comparable to provincial and community standards, notwithstanding the constraints inherent in the correctional environment.

There are clinics within facilities that meet basic health needs of inmates. In most cases they are operated by CSC staff, but specialists may also be used. In cases where it is necessary for an inmate to be admitted to hospital, CSC uses local provincial hospitals (and provides necessary security services) and are charged the local per diem rate by the facility.

Residents of a province who have not completed a three month eligibility waiting period and Refugee Protection Claimants

Canada offers protection to people in Canada who are afraid to return to their home country. A claim for protection can be made at a port of entry or at a Canada Immigration Centre (CIC) Office in Canada. First, a CIC officer determines that the refugee claimant is eligible. Then protection is conferred if and when the Immigration Refugee Board, through a determination of risk on return, decides that they are a Convention refugee or person in need of protection.

While their cases are being considered, refugee protection claimants have certain rights and access to Canadian employment, education and health services. The Interim Federal Health Program, administered by CIC, provides/pays for emergency and essential health services for needy refugee protection claimants and those residents of a province who have not completed a three month eligibility waiting period and therefore are not eligible for coverage by the provincial health plan. They carry specific separate health cards and CIC is charged the regular rates for the community services that are used.

Appendix C

Bateson report recommendations:

(‘Moving Towards an Information and Communication Technology Strategy for Federal Health Delivery Departments’; April 25, 2003 Version 0.05; Doug Bateson, D.S. Bateson Consulting Inc.; Annette Golding, Heuriskien Consulting Inc.)

Recommendation 1. *Federal health delivery departments should develop and adopt a long-term federal strategy to work collaboratively on common health ICT-related issues that are supportive of a pan-Canadian infostructure. This will enable issues to be addressed in a more cost effective and efficient manner.*

Recommendation 2. *Federal health delivery departments should develop stronger ties with stakeholders involved in standards, architecture and development associated with the EHR.*

- *Treasury Board Secretariat – Build an alliance with appropriate branches of the Treasury Board Secretariat to raise the profile of ICT initiatives, to monitor and influence federal government trends and to support the health ICT agenda.*
- *CIHI - To participate and keep abreast of national initiatives facilitated by CIHI and to build alliances to represent the position of the federal health delivery departments in areas of common concerns.*
- *Infoway – Work within the Infoway framework to enhance federal involvement and achieve practical solutions for the Electronic Health Record.*
- *OHIH - Work in greater partnership on specific health ICT-related issues and support the federal agenda through OHIH in the F/P/T arena.*

Recommendation 3: *Federal health delivery departments should consider promoting DND’s CFHIS as a benchmark project for an electronic health record solution to benefit stakeholders nationally.*

Recommendation 4. *Federal health delivery departments should confirm the areas of common concern with regards to privacy and develop a coordinated action plan with OHIH*