

eHealth Ont. pushes on after scandal rocks agency, costs cabinet minister's job

By: Keith Leslie, THE CANADIAN PRESS

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TORONTO - Electronic medical records would be a huge help during pandemics because they allow doctors to quickly identify patients in high-risk categories, either by age or by underlying medical conditions, says interim eHealth Ontario president and CEO Rob Devitt.

Doctors in Peterborough are "pioneers" in using computerized records for their patients and had a much easier time identifying people who were in priority groups for the H1N1 vaccine than doctors who are still using paper records for every patient, Devitt said in a recent interview.

"Pre-(electronic medical records), if I wanted to call all my patients who were under six and those six to 18 with a chronic medical condition, I would have had to have someone come in and pull all these paper charts and go through each one, and of course miss stuff," he said.

"Probably you wouldn't even do it because it would be such a huge task, but (with electronic records) a couple of key strokes and it's done."

Ontario already has 3,300 physicians using electronic medical records for about four million patients. It plans to get that number up to 10,000 doctors covering 80 per cent of the province's nearly 13 million people by 2012.

"We often hear Ontario is behind," said Devitt. "That (four million) is more people covered by an electronic medical record than any other province."

Devitt's vision of an electronic records system that streamlines health care delivery in the province follows a challenging first year for eHealth.

Created after its predecessor agency, Smart Systems for Health, was quietly shut down after achieving very little in its first six years, the agency was mired in a scandal involving hundreds of millions of dollars in untendered contracts given to consultants.

The controversy cost a health minister his job - along with the CEO and the chairman of the eHealth board - and saw the auditor general issue a damning report on the agency's spending and procurement practices.

It got so bad that employees at eHealth - the unsung "heroes" of electronic health records in Devitt's eyes who had nothing to do with untendered contracts or expense account abuses - were afraid to tell people where they worked.

"I've had a number of staff tell me stories about what it was like going to the grocery store or the hockey rink and they'd be chatting with someone and say they worked at eHealth and suddenly the tone would turn," he said.

"We've started a lot of work in trying to restore our internal mood and morale."

Health Minister Deb Matthews, who was appointed after David Caplan was forced to step down, said the province won't slow progress on electronic health records despite a \$24.7-billion deficit.

Doctors can save on staff because they don't need someone to copy and file all their paperwork after they switch to computerized records, said Matthews.

"It's actually so cost-effective I think it's one of those investments we just have to continue to build," she said.

"Making investments that are transformational in nature, that down the road will deliver a more effective and stronger health-care system, that's the kind of investment we just have to make."

Still, getting doctors using computerized records is only one step towards creating a provincewide electronic health records that can be accessed and updated not only by physicians, but also by hospitals, community health centres, private clinics and pharmacies.

It's a massive challenge that Devitt says will likely never really end as technology keeps improving.

The data that can be mined from the information gathered by eHealth can be pure gold and help save lives as well as precious health-care dollars, adds Devitt.

For example, it turns out there are 906,577 people with diabetes in Ontario - something no one knew before - and only one-third get the basic tests they should have for blood sugar levels and cholesterol as well as regular eye exams.

Regular tests can help reduce their greater risk of heart disease and blindness, and the data gathered will be turned into a diabetes registry for the province that eHealth hopes to have online by the fall of 2010.

Gathering similar data on other chronic conditions will be crucial, especially as the health-care system deals with the increasing demands of the aging baby boomers, said Devitt.

"The literature is crystal clear that chronic disease management is something health systems have not done well across the developed world and are also the way we're going to be able to sustain our health systems," he said.

"In the face of that demographic wave, the ability to have this sort of information to give better care is going to be crucial to sustain it."

eHealth also plans to create electronic prescribing, where easily-forged paper prescriptions are eliminated and the doctor sends the prescription directly to the pharmacist, which will also help eliminate medication errors.

The Progressive Conservatives are still demanding a public inquiry into the problems at eHealth, saying taxpayers deserve to know why so little progress was made after \$1 billion was spent on the effort to create electronic health records.

"The inquiry is necessary to take a look at what happened in the past and to find out exactly where the problems are and then plan forward," said Opposition critic Christine Elliott.

"The government keeps pushing back their end date for completion (of electronic health records) and we don't really have a clear idea why."

The New Democrats say they too have concerns that the culture of entitlement at the agency hasn't been completely stamped out.

"I don't know that we're there yet to be frank," said NDP Leader Andrea Horwath.

"You can change people around, but if you still have that kind of culture there then you're not going to get much change at all."

Both Matthews and Devitt say the changes the government has made to eliminate untendered contracts and to have more work done by eHealth staff rather than consultants will help restore public confidence in the agency.