

It's crucial that health information systems speak to each other better

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Interoperability is not a term that rolls easily off the tongue. Nor is it a concept that captures the imagination of anyone other than data geeks.

But interoperability – the ability of different information systems, devices and applications to access, exchange and integrate data in a co-ordinated manner – is essential to the provision of quality health care in the digital age.

Yet a lack of interoperability has been an issue in this country since the introduction of electronic medical records and databases in the 1960s, and has only grown worse as use of EMRs became commonplace.

The systems we have today are used principally for billing purposes and for collecting data on individual patients. They are not designed to help us understand larger patterns and systemic issues – which is going to be essential in the age of AI.

The inability of providers and patients alike to easily access and share data is already causing harm and costing taxpayers money, and that will only grow worse if we fail to act. Like many things in Canadian health care, we have simply let this problem fester and go unresolved, and now it has reached a crisis point.

According to Canada Health Infoway, only 29 per cent of physicians can share patient information outside their practice. The lack of info-sharing causes many problems, especially for patients who see multiple health care providers: Unnecessary and duplicative tests, extended wait times and hospital stays and medication errors.

Not to mention the huge time suck for providers and patients alike. Physicians spend at least two additional hours daily looking for patient info that should be easily accessible in EMRs.

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Patients themselves are also hindered. Only 40 per cent can access any part of their health records. There are few things that patients hate more than repeating their story over and over again because their records are incomplete or inaccessible.

A failure to share information puts the lie to all the talk of being “patient- centred” and empowering patients. Archaic health information systems also take a toll on the bottom line of health care practitioners and institutions.

Canada Health Infoway estimates that improving interoperability would save the health system \$ 2.4- billion a year. It understands the problem well: Back in 2001, shortly after its creation, Infoway received \$ 500- million to create pan- Canadian standards on interoperability so EMRs could exchange information easily. Today, those standards still don’t exist.

There is, of course, a task force that investigated this inaction and produced a report, because in Canada, we love to produce reports. Acting on recommendations – not so much.

Now, Infoway is taking another kick at the can and has promised a Pan- Canadian Interoperability Roadmap by 2027.

The federal government has also introduced legislation, the Connected Care for Canadians Act. If it gets passed into law, Bill C- 72 could have a significant effect on addressing interoperability issues because it will require IT companies offering digital health services to adopt common standards, facilitating secure and protected exchanges of information across different systems.

But the barriers to interoperability are not just technical. The impediments to sharing info are largely cultural. Canadian institutions, including those in health care, are obsessed with secrecy, much to the detriment of patient care and autonomy.

Creating standards that allow various platforms to connect seamlessly is the easy part, with the world wide web being a good example. Changing governance, policy, regulations and, more importantly, attitudes – that’s harder.

recent report from a quartet of powerful health groups – the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and Canada Health Infoway – makes the point that it is also essential to get buy- in from health care providers. They argue that doing so requires involving them in system change, not imposing it.

The Digital Health Interoperability Task Force report also makes a key point that is often overlooked: Clinicians collect data primarily to support the care of individuals, which is very different from collecting data for quality improvement, improving population health and medical research.

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This fundamental disconnect – between the approach of governments and institutions, and that of clinicians – is not unbridgeable. We can and must do both: collect individual data and systemslevel data simultaneously. But we can only do so if we set out to do so explicitly, and have common standards and interoperable systems.

This requires not only a plan, but leadership. As yet another report, “Interoperability Saves Lives,” stated: “It’s difficult to fix something if no one is in charge.”