

Charting a New Course for Health IT in Ontario

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Shifting Gears Health

Why I was invited to speak
to you...

www.mowatcentre.ca

Digitisation & Infoway's Second Decade From "SGH"

In our report we said that government policy makers and their agencies will make at least three major shifts in Infoway's second decade:

- Create a capacity to respond to a faster pace of technological change by creating new corporate models for eHealth in the public and private sectors
- Harvest benefits from past investments to show results and create funds and support for future investments
- Support grassroots innovation (as exemplified by encouraging provider use of smartphones and tablets)

At about the time our report was being published we saw the stunning failure and collapse of the UK's £12 billion Connecting for Health Program

“Today's NAO report concludes that the £2.7 billion spent so far on care records systems does not represent value for money. And, based on performance so far, the NAO has no grounds for confidence that the remaining planned spending of £4.3 billion on care records systems will be any different”

UK National Audit Office

This Parrot is Dead!



Our Original Vision Was A Good One But Needs Updating:

Where are We Really?

1. The one size fits all solution from banking is deeply flawed: Most citizens don't need an EHR. -> We Need to build for patients not all citizens
2. (Internationally) Unable to reliably build a non-DI, modern central data repository that crosses multiple institutions and data types and 10 million population.
-> Probably too complex?
3. Falling behind on commodity infrastructure because government is slow to upgrade and procures old gear
4. Explosion of new devices, data types and services presents challenges and opportunities. Need new models.
5. If we don't innovate, we may actually end up slowing progress towards our vision of a digitized health system

**Ontario Has Had
Some Real
Successes Too.
In spite of
(because of?)
weakness at the
centre**

1. DI PACS roll-outs have revolutionized DI and enhanced productivity
2. Drug profile viewer is an example of a thin, point solution that works
3. CCO and SIMS have grown up in Toronto because of the weakness of the central agency. They are close to patients and patient care
4. Strong regional systems have emerged in Ottawa, Hamilton-Niagara, Sault Ste. Marie and probably others I am unaware of
5. Private sector has been unusually innovative in Ontario relative to Canadian peers

Good Things Grow in Ontario!

- There Have Been Some Real Success Stories in Virtualizing Care
 - DI/PACS
 - PharmaTrust
 - Telesurgery:CSII
 - UHN/GE Telepathology
 - Virtual Ward
 - Ontario Telemedicine Network



ONTARIO
TELEMEDICINE
NETWORK

OTN



RÉSEAU
TÉLÉMEDECINE
ONTARIO

RTO

1. Revitalize Infrastructure; exiting to the private sector where possible

- Outsource all “ONE” services
- Upgrade basic PC image in health.
- > Get off XP and IE6!

2. Develop BYO Device policies that allow providers and patients to choose platforms and stay modern (and secure).

- >End “don’t ask don’t tell”

3. Re-Focus the Business Models

- on real clinical problems and use cases; small is beautiful. No more pan-Canadian nonsense
- Put everything on a pay as you go basis; pay for results not process
- Take the money away from the big central infrastructure and give it to providers caring for patients

4. Look for innovation on new platforms, low cost non-health systems, and new data types

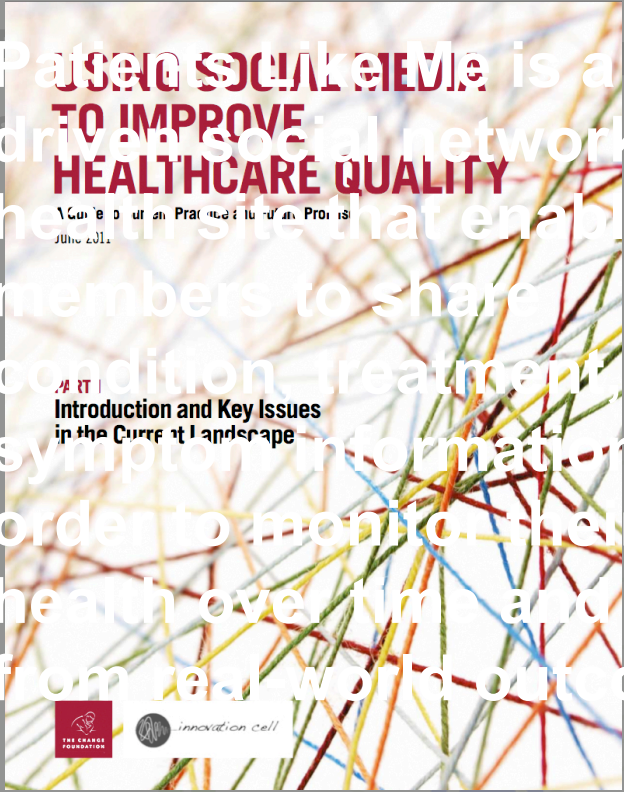


**Not a Dead Parrot but
a Phoenix Rising from
the Ashes!**

VIRTUALIZATION OF PATIENT NETWORKS

Patientslikeme is a data-driven social networking site that enables members to share their condition, treatment and symptoms information in order to monitor their health over time and learn from their own and others' experiences.

“Social media holds significant value from a patient perspective, including valuable information in patient order forms, more successful collaboration, relationship continuity



patientslikeme®

Join Now! (It's free!)

patientslikeme®

Join Now! (It's free!)

Filter by: MS

Symptoms Reported by Patients with MS (Multiple Sclerosis)

Symptom name	Patients	Treatments reported
Assessive mood	1,000	10
Balance problems	1,000	10
Blurred vision	1,000	10
Brain fog	1,000	10
Depressed mood	1,000	10
Emotional lability	1,000	10
Excessive daytime sleepiness (narcolepsy)	1,000	10
Fatigue	1,000	10
Headaches	1,000	10
Head swings	1,000	10
Pain	1,000	10
Sexual dysfunction	1,000	10
Stiffness/spasmodicity	1,000	10

Community Symptom Reports

Other symptoms added by patients like you	# of patients	Treatments reported
Fatigue	1,000	10
Stiffness/spasmodicity	1,000	10
Brain fog	1,000	10
Pain	1,000	10
Excessive daytime sleepiness (narcolepsy)	1,000	10
Head swings	1,000	10
Assessive mood	1,000	10
Blurred vision	1,000	10
Emotional lability	1,000	10
Sexual dysfunction	1,000	10
Balance problems	1,000	10
Headaches and tingling with pins and needles	1,000	10
Depression	1,000	10
Head imbalance	1,000	10
Weakness in legs	1,000	10
Loss train of thought	1,000	10
Memory issues	1,000	10
Word finding	1,000	10
Difficulty sleeping through night	1,000	10
Head twitching (tics/tremors)	1,000	10
Headaches	1,000	10
Instability when walking	1,000	10
Walking slower	1,000	10
Heavy sensation in legs	1,000	10
Depression	1,000	10
Back pain	1,000	10
Cognitive confusion	1,000	10
Headaches	1,000	10

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LOW COST ALTERNATIVES TO HEALTH SPECIFIC SYSTEMS

Next generation of devices

- 75% of US doctors now own an Apple device



26%

Reduction in physical visits in first 18 months of adopting virtual visits (Kaiser Health Affairs, 2009)

LOW COST ALTERNATIVES TO HEALTH SPECIFIC SYSTEMS

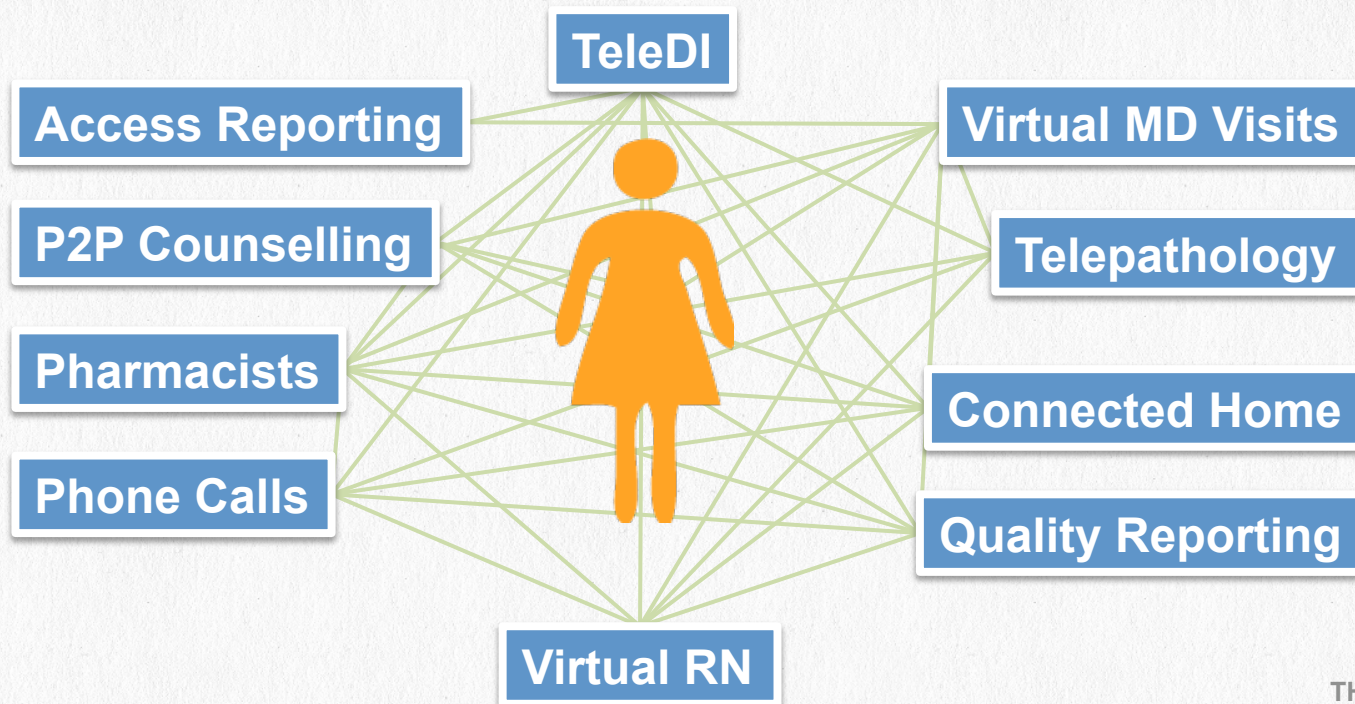


VIRTUALIZATION OF HOME

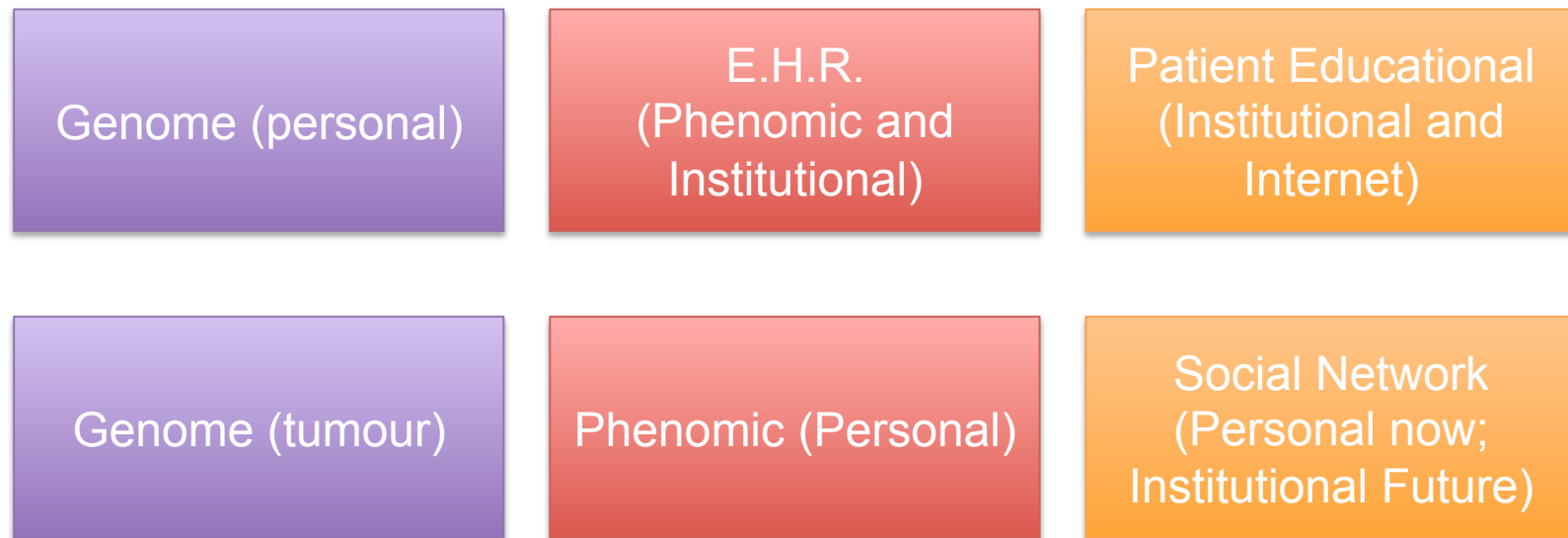


INTEGRATED SOLUTIONS

While these solutions will emerge as point solutions, patients and consumers will quickly bundle and integrate them as they organize their care



And The E.H.R is only 1 of at least 6 data sets for cancer...



...E.H.R. may not even be the most important data set!

Thank You!



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