

Gary G. Mar on Alberta's Health IT Initiatives

The Hon. Gary G. Mar QC (PC), MLA for Calgary Nose Creek, is Alberta's Minister of Health and Wellness, elected to his third term as Member of the Legislative Assembly in 2001. Since he was first elected in 1993, Mr. Mar has served as Minister of Community Development, Minister of Education and Minister of Environment. Mr. Mar is a member of the Agenda and Priorities Committee and the Standing Policy Committee on Health and Community Living.

As Minister of Community Development, he implemented the Alberta Seniors' Benefit, which directs government funding to senior citizens in financial need.

As Minister of Education, he introduced *First Things First ... Our Children*, an initiative focusing on children and youth in education. As Minister of Environment, Mr. Mar served as co-chair of Climate Change Central, the public/private partnership formed in response to an international agreement on climate change. He also took action because of the public interest and formed a new provincial park in the Spray Valley to protect this mountainous part of Kananaskis Country.

Born in Calgary in 1962, Mr. Mar obtained his BComm (Finance) at the University of Calgary in 1984 and his Bachelor of Law at the University of Alberta in 1987. Until 1992, he practiced civil, criminal, corporate, commercial, and real estate law in Calgary, contributing to the Annotated Rules of Court, and was appointed Queen's Counsel in 1994. Mr. Mar is a member of Calgary's Chinese community, serving as director of the Sein Lok Society for Chinese culture, and as Vice President of the Chinatown Development Foundation, which operates a low-income housing facility. He has also served as a volunteer with Calgary Legal Guidance, which provides legal services to low-income clients.

Alberta Wellnet was launched in 1997. What is the status — are you satisfied with its development, projects, and focus?

Overall, I think Wellnet (www.albertawellnet.org/projects.html) has been making reasonable progress. I try to temper my enthusiasm for even faster progress with the understanding that Wellnet is building from the ground up, and like

any such task, the challenges are considerable. Wellnet has already had significant successes. For example, the provincial telehealth program has put Alberta at the forefront internationally in this area, and the Seniors Drug Profile gives caregivers better information about drugs taken by the elderly. Two other significant ongoing projects are the Pharmaceutical Information Network and the Provincial Personal Health Identifier, the latter a big step forward in ensuring patients are accurately identified for their records and care.

Wellnet now dovetails with the shared provincial Electronic Health Record initiative under Infoway. How much did Alberta contribute to the professional and public understanding of the need for this national initiative?

We see Wellnet and the EHR initiative as a priority. We had already revised Wellnet's mandate to focus specifically on EHRs when the Premier's Advisory Council released its recommendations. In Alberta, we've been promoting EHRs as part of our health reform package and plan to have the first provincial EHR in Canada in place in 2004. The work Wellnet had been doing helped lay a good foundation for our current EHR work, and since we refocused the mandate, Wellnet has become an integral part of making EHRs in Alberta a reality. The pan-Canadian EHR initiative is a work in progress and Alberta has been an active partner with the other provinces and territories on the EHR initiative. In fact, Alberta spearheaded the work that led to the formation of the Advisory Committee on Health Infostructure, which reports directly to Canadian Deputy Ministers of Health.

Do you agree with the Kirby Commission report that recommends Ottawa pay for the EHR through Infoway?

We know from earlier deliberations of Deputy Ministers of Health from across Canada that considerable funding from Health Canada is needed for the EHR initiative. However, it's worth noting the initiative also calls for EHR systems to be developed at the provincial, regional and clinical levels. So investment is needed from all

levels of government, as well as regional health authorities and other direct service providers.

Part of the Wellnet initiative included a review of Alberta's health privacy legislation. Some people feel the consent provisions are a barrier to health IT development. Do you feel there's a need to move more to an implied consent model, rather than the individual signed consent required in the current act?

First, let's be clear. EHRs are about improving patient safety and access to care, and we see them as a critical component of healthcare reform. But Albertans have to be confident that their health information is well protected, and that their rights around that information are intact. Alberta's health privacy legislation, the Health Information Act, was designed with that in mind, and has been in place since 2001. Based on our experience since then, we have reviewed our legislation to determine a way to balance the need for privacy protection with the administrative burden that explicit consent places on care providers. Changes to the current legislation are on the agenda for this year's spring session of the Legislature. The changes will strengthen the need for all custodians defined under the Act to take the necessary measures to ensure Albertans' health information is shared only as is appropriate. It's also worth noting that our Health Information Act is scheduled for full legislative review in 2004, and that could mean further improvements or refinements as well.

How are the regional health authorities dealing with the challenges of IT across their territories?

Information technology does pose challenges for regional health authorities, but as the cliché goes, challenges are also opportunities, and many RHAs have been quick to recognize that. For example, Capital Health Authority, one of Alberta's two largest RHAs, recently announced it is working with a consortium of information technology companies to have that integrated region-wide EHR in place by 2004. I expect you will see more innovative developments like this from other health authorities as we move ahead.

How is the public engaged in and supportive of

Wellnet and issues of IT in health care? Is it much like the model of a 12-year-old teaching her parents how to program the VCR/DVD, and actively helping people through change, or are the majority readily adopting it?

So far, most of Wellnet's work has been done at a level where patients benefit from the results without being directly involved in the technology changes, so the type of communication you're referring to has been relatively minimal. But that is changing as we move ahead. For example, our Pharmacy Information Network (PIN) pilot project involved extensive communication with Albertans who were willing to take part.

The people who took part in PIN responded well, and that came as no surprise. In my experience, Albertans are by nature innovative, they "embrace change," as the saying goes. What they really want to know is, in making the change, has government done its homework? In the case of PIN, that meant making sure their personal health information was properly protected. And we've done that.

One interesting aspect of building a system for EHRs is the general public perception of how health information is currently exchanged. Overall, many people seem to assume that, with the advances in computer technology and its pervasiveness in our daily lives, EHRs already must be an integral part of the healthcare system! It will be interesting to see if any communications challenges develop out of that built-in expectation.

What do you hope that improved IT will do for the health system as a whole?

When we talk about information technology and healthcare, it's easy to lose sight of the fact that the end goal is a healthcare system that is more responsive to patients. Information technology is a means to that goal. It can help us get there by helping health professionals make better and faster decisions, by making the system more convenient for patients, and by making the system more cost-effective and accountable to the public. We are in the process of harnessing information technology to deliver a level of care to patients that is really unprecedented in medical history. I'm excited by the potential, and I think we're well on our way.