In Conversation with Pablo Rivero

Ken Tremblay

In Europe, lawyer Pablo Rivero is a leader in the use of information and tools to meet the diverse needs of patients and providers. As deputy minister of health information in Spain's Andalusia province, his vision and plan were central to integrated information and communications technologies deployed in response to Andalusia's e-health needs for patients, providers and policy makers. With international experience as a proponent of the use of health technology for citizen engagement, Rivero has been working in a collaborative among the Junta de Andalucía, the Province of Alberta and the Calgary Health Region to develop common strategies on chronic disease management, especially those customized for patients. Ken Tremblay spoke with Pablo Rivero from his office in Calgary, where he is senior advisor on health innovation for the Calgary Health Region.

HQ: Tell us more about how you became involved with this project in Canada.

PR: The starting point was 2005. Jack Davis, chief executive officer of the Calgary Health Region, visited Europe to learn more about various approaches in health innovation and the modernization of national health systems. Dr. Alex Jadad, Chief Innovator and Founder, Centre for Global eHealth Innovation, recommended that he visit Andalusia in the south of Spain – a region of eight million inhabitants whose health system employs 91,000 health professionals, has an annual budget of $12 billion and includes 34 hospitals.

When we met and started talking about our issues, we saw the opportunity to collaborate. In August 2006, the Calgary Health Region and Andalusia signed a memorandum of understanding, in terms of collaborating in performance management and sharing best practices, including citizen engagement. In August 2007, I came to Canada to be senior advisor in health innovation for the Calgary Health Region.

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HQ: What has been your biggest surprise about the Canadian system?

PR: The Canadian system has many strengths: knowledge, experience and good health professionals. On the other hand, there is room for improvement, especially in integrated information and knowledge systems and breaking down silos. With integrated approaches [to healthcare delivery], especially health management processes like clinical pathways and system thinking, we can take better advantage of the knowledge that we have in Canada.

HQ: What similarities exist between Andalusia and Alberta with respect to health information and communications technology?
PR: The two regions saw opportunities in introducing new technologies, especially in terms of the electronic patient record. The electronic record was the springboard for Andalusia's strategy to create a unified database for eight million inhabitants, enabling electronic prescriptions, which are especially important for chronic disease management. [In a similar vein], in Alberta and Calgary, we are implementing our vision for electronic records called E-Record 2010.

HQ: How do the two jurisdictions differ on their deployment of e-health strategies from a policy perspective?
PR: One of our successes in Andalusia was to embrace a unified view of the citizen through citizen engagement. In terms of a systems approach, we focused on the needs and expectations of the citizens, not only in terms of clinical outcomes but also their vision, [drivers of] satisfaction and expectations of the system. In that sense, there is room for improvement in Canada: while a focus on clinical outcomes is a very important thing, a vision to satisfy the citizens' expectations and experiences is also very important.

HQ: What observations do you have about how Canadian professionals and providers have embraced e-health strategies in their daily activities?
PR: Canadian providers and health professionals have a lot of knowledge and are very skilled. But they have to move the agenda forward – [to realize] that information and communications technologies integrate information and databases through the electronic record, which supports them in their daily activities. Especially in primary care, family doctors benefit from real-time, comprehensive, integrated information through electronic records. This also tends to remove silos, which are barriers to system navigation.

HQ: How have policy makers in Spain been able to improve the performance of the healthcare system through information and communications technology? What lessons can be learned for Canada?
PR: The most important lesson for Canada is that introducing real innovation involves more than technology; it's also about change management in the system. For that reason, it's very important to have [project] leadership. In Andalusia, change leadership was the most important factor. That leadership came from the ministry, senior executives and front-line professionals, many of whom were involved in the system design processes of the electronic record. This was one of the key points [of our success] in Spain.

HQ: Many of the benefits cited for e-health initiatives deal with quality and safety. What outcomes and results in Andalusia might be transferable to Canada?
PR: The basis of Andalusia's strategy linked healthcare processes such as care pathways with a quality measurement methodology. After its introduction, we observed system improvements in terms of quality and safety. In addition, system managers and policy makers can have online information about what is happening at the operational level, at the tactical level and at the system level. With that information, we can analyze mistakes and bottlenecks and solve them.

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HQ: Denis Protti has profiled Andalusia's approach to and outcomes with e-health. [See *Electronic Healthcare*, Volume 6, Number 2 <http://www.longwoods.com/product.php?productid=19336&cat=514&page=1>] These included centralized appointment systems, web-based patient sites, electronic prescriptions etc., as well as inroads for wait times and the overall adoption of electronic patient records by physicians. What do you see for Alberta and Calgary?
PR: Denis Protti, a professor with the University of Victoria, visited us in 2006, noting our progress in terms of the electronic patient record, its [resultant] unified database and applications for electronic prescriptions and centralized appointments. The centralized appointment system in Andalusia is a multi-channel way to access family doctors, schedule diagnostic tests and make appointments for specialized care; [for example, appointments can be made using the] Internet, using regular and cellular phones and in person. Last year, the system supported 60 million patient appointments – so, a big improvement in terms of faster access to the system.

Not only can you complete making your appointment for a primary care doctor in one minute, you can have the appointment for the next day. And, when you leave the family doctor's office, you have your appointment for the diagnosis tests or specialized care, if you need it, in your hand.

HQ: What are your expectations from this collaborative as it focuses on chronic disease management? For example, what metrics are you expecting to improve in these jurisdictions?
PR: One of the big topics and main challenges for the health system is chronic disease management. We created a global observatory in innovation and chronic disease management for

Andalusia, Calgary and other regions of the world – Australia, Singapore and parts of Europe. In terms of sharing the best practices in chronic diseases, there is considerable variation in terminology and approaches.

In Calgary, we are starting a project in diabetes: delivering information about diabetes to more people through increased participation and more interactive tools – self-assessment and self-management tools – all through this citizen engagement process I spoke about.

HQ: How would a patient's experience with the healthcare system be different in Spain than in Canada?

PR: There are similarities – clinical outcomes are very good in both countries. The difference is that, in Spain, thanks to the strategy of assigning and organizing these clinical processes, the patient has the perception of an integrated system. That's not the case in Canada. While there are many good things in Canada, patients can experience a system of silos, a fragmented system. That is one of the key points where I see room for improvement.

HQ: Anything else you would want to tell Canadian readers?

PR: Now is the moment to move the [system integration] agenda forward in Canada. The first thing we need is leadership and a clear strategy because we have the knowledge. We need the leadership to sponsor a good change and knowledge management [processes]. I know that it is not a magical recipe, but it works. We have seen that in Andalusia and other parts of the world. We have to take advantage of the good things that we have in Canada: professionals with good skills and knowledge. This is a good time in the Canadian healthcare system if we choose to move this agenda forward. Thank you. HQ

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