



Dr. Robert Filler of Toronto's Hospital for Sick Children has traded his chief surgeon's gowns for Telehealth tools and policies. He's also just started a two-year term as president of the Canadian Society of Telehealth. This new-found bias shows in his selection of five favourite web sites. Go figure:

- 1 **www.CST-SCT.org** This is the web site for the Canadian Society of Telehealth for members and non-members. Its main purpose is to keep the Telehealth Community updated on all activities.
- 2 **www.hc-sc.gc.ca/ohih-bsi/menu_e.html** This is Health Canada's Office of Health and the Information Highway web site. One can find out about government funding and grants as well as learn about telehealth policy issues in Canada. The site is a repository for Canadian projects in telehealth and telemedicine.
- 3 **tie.telemed.org** This site of the Telemedicine Information Exchange is perhaps the most comprehensive telehealth site on the web. It gives the viewer specific information about telehealth publications, projects, program, and other relevant activities around the world. It is sponsored by the National Library of Medicine in Bethesda, Maryland.
- 4 **www.atmeda.org** This is the web site for the American telemedicine Association. It contains information of great interest to Americans but telemedicine issues in the United States often have relevance in Canada as well.
- 5 **www.Canarie.ca** The site of Canarie Inc. is concerned with advanced internet development. This site provides information about other projects that have health-related implications. It should be looked at for additional funding opportunities.

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There are no simple answers to the challenge of leadership. It needs to be addressed in several ways. Organizations need to emphasize the development of new leadership skills, which are suitable for the leadership and management of complex environments. Leaders could also signal their attention to the long-term growth and sustainability of the system, as well as the fundamental change in the delivery system, by redirecting a set percentage of capital funding to information infrastructure. Finally, leaders need to take responsibility for quantifying the value of health information. What is the dollar value of having, versus not having, information infrastructure, information access, and informed decision making?

CONCLUSIONS

Beds and institutions will not define the healthcare system of the future. It will take place in the homes and the communities of the consumers. The information infrastructure will tie this new delivery system together and ensure its ongoing success and sustainability. It is time to consider capital investments in the system's information infrastructure as important, or more important, than the creation and maintenance of buildings. Consequently, we need to carry on with our current agenda, in collaboration and cooperation with providers, consumers, and vendors. We also need to augment that agenda by educating and informing our consumers and politicians, redefining our relationships with vendors, defining the dollar value of health information, strengthening our leadership and regional systems and strategies, redirecting our current investments, and capitalizing on the motivations of our stakeholders. **e**

References

PricewaterhouseCoopers. 1999. *HealthCast 2010. Smaller World, Bigger Expectations*. Toronto: PricewaterhouseCoopers.