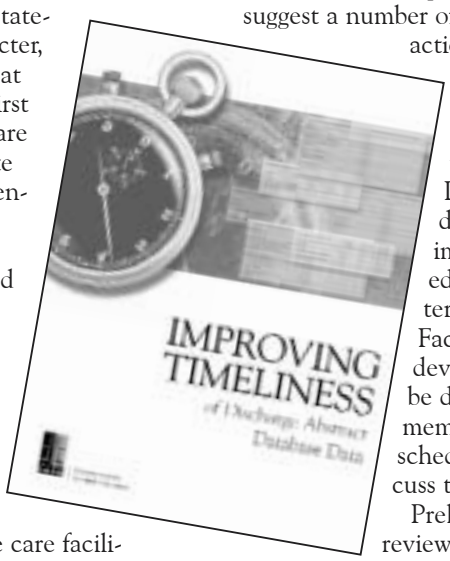
CIHI directions ICIS
Canadian Institute for Health Information • Institut canadien d'information sur la santé

Volume 8, No. 1 JANUARY/FEBRUARY 2001 ISSN 1201-0383

Collaboration is the Key to Improving Timeliness of Data

"*You can't manage what you can't measure*" was the opening statement made by Michael Decter, Chair of CIHI's Board of Directors, at last year's launch of the Institute's first annual report on Canada's health care system. As CIHI pursues its mandate and works to improve the comprehensiveness of health information, this statement illustrates the important role health information can play, and should play, in decision-making. Access to timely data, therefore, becomes a critical issue for health care administrators, managers, policy makers and leaders.



CIHI recognizes the importance of providing timely data and, to this end, the Institute conducted a national survey of Canadian acute care facilities in selected provinces in 1999 on the timeliness of data submitted by hospitals to the Discharge Abstract Database (DAD).

The purpose of the survey was to examine data collection and submission processes in hospitals in order to determine existing variations in practices. This included documentation and coding required to complete abstracts. Additionally, the survey's objectives were to identify best practices in the timely submission of data and, based on the results, initiate a nationally-oriented change process in data submission and reporting of hospital in-patient service events.

The survey was distributed to 616 facilities and yielded a response rate of 70%. The resulting report, *Improving Timeliness of Discharge Abstract Database Data*, is now available on CIHI's Web site (www.cihi.ca). Copies have been distributed to all Canadian DAD contributing facilities. The survey results and the report's preliminary recommendations suggest a number of possible policy directions and actions for improving the timeliness of data submissions.

CIHI has established an Operations Steering Committee for the DAD/Hospital Morbidity Database to address the recommendations and work towards making improvements. Members were selected from the respective provincial and territorial ministries of health. Facilities were also consulted in the development of recommendations to be discussed by Steering Committee members. The Steering Committee is scheduled to meet in early 2001 to discuss the survey and its findings.

Preliminary feedback received from reviewers of the report suggested the following recommendations be presented to the Steering Committee, as a starting point for improving timeliness:

- Encourage provinces and territories to establish policies requiring data suppliers to submit data and required corrections to CIHI within 31 days following the end of the month; and
- Encourage provinces and territories to establish financial incentives and disincentives related to the submission of data within specified deadlines.

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Second Annual Health Reports – Look for Them!

Reporting on the health of Canadians and the efficiency, effectiveness and responsiveness of the health care system is a central element of the Roadmap Initiative. In the spring of 2001, Statistics Canada will release a second report on the health status of Canadians. Meanwhile CIHI's second report, focusing on the performance of Canada's health care system, is slated for release in May 2001.

CIHI's *Second Annual Report, Health Care in Canada 2001*, will provide updates on the facts and figures published in the 2000 report and highlight new findings in areas of interest, as identified through focus group sessions held last summer.

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Message from the President

CIHI of the Future: Nucleus of Health Care Information

To change our present reality, we sometimes have to step out of the present and imagine the future. This was the idea behind the "Blue Sky" visioning session attended by CIHI Board members and invited guests at our November meeting. Participants were given the opportunity to think beyond the day-to-day urgencies confronting our organization and to envision what CIHI might become over the next three or four years.

...we will increase our emphasis on the electronic collection and dissemination of relevant and timely data.

Everyone agreed that CIHI's mission will be to expand its role as a "grand central station" of outcomes and thus enable the health care system to monitor and improve itself.

To provide meaningful answers, however, we must ask the most meaningful questions. The CIHI of the future will take care to pinpoint the questions that are compelling not only to officials in the health care system but to the general public – questions such as outcomes of medical and surgical procedures, survival rates, seasonal pressures, waiting times, and duration of hospital stays.

To this end, we will be reaching out to form active and advisory partnerships with other essential groups, while strengthening our relationships with the ministries of health. In addition, by making use of the technological sophistication at our disposal, we will increase our emphasis on the electronic collection and dissemination of relevant and timely data.

Of course, one of the greatest challenges confronting CIHI, at this juncture, is the issue of privacy. In addition to building on current and emerging privacy legislation from provincial/territorial governments, we plan to rely on internal self-monitoring and external consultations with privacy commissioners to ensure continued adherence to the most rigorous privacy standards.

The professional and public approval anticipated from this exercise will strengthen our ability to extract and analyze meaningful information in an "appropriate and privacy sensitive way".

In short, when we look into the future, we see ourselves as the nucleus of health care information in Canada – a resource that the health care system and individual citizens can rely on with confidence and peace of mind.

We hope that you will join us for the journey!

Richard C. Alvarez
President and CEO

Harness the potential at e-Health 2001 – The Future of Health Care

The Internet is causing a revolution in health care – not only for Canadians who use this medium as an important source of health information but for those who work within the health care system. Health care professionals, providers and managers are using information technology in their daily activities. This trend will continue to rise rapidly as new applications, such as telemedicine, multi-media promotion and distance education, are developed and implemented.

e-Health 2001: The Future of Health Care in Canada is a national conference that will provide a dynamic forum for participants to discuss and share ideas about the profound, system-wide technological revolution that is transforming Canada's health community.

The conference, co-presented by Canada's Health Informatics Association and CIHI, will be held at The Westin Harbour Castle Hotel in Toronto from May 26 to 29, 2001.

HEALTH 2001

May 26 - 29, 2001
The Westin Harbour Castle Hotel
Toronto, Ontario
www.e-health2001.com

Who Should Attend

This must-attend event is geared to professionals working across the continuum of Canada's health information community, including executives and senior managers, health care practitioners, educators and consultants, CIOs and information managers, government and association officials, health record professionals, security and privacy custodians, and vendors of information technology.

Conference Program

The conference will feature a trade show and exhibition as well as workshop and plenary sessions. Astronaut Dr. Roberta Bondar will be a keynote speaker. Topics to be explored include: Information Management: Best Practices, Telehealth, e-Health Ventures & Venture Capital, e-Commerce in Health, Evidence-based Decision Making, Infrastructure Technology in Health Care, Applications of New Technologies to Health, Electronic Health Records, and Privacy, Security and Confidentiality.

For more information:
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Work Progressing on Prescription Drug Utilization Standards and Reporting System

Some major milestones in the drug utilization Roadmap project have been reached in recent months. The Health Transition Fund project, Options for Prescription Drug Utilization Study (OPUS), wrapped up its work with a final report that was submitted in September 2000 and is available from CIHI's Web site: www.cihi.ca/Roadmap/Prescript_Drug/Documents.shtml.

Based on the successful development of a working prototype, the OPUS project team concluded that the creation of a national drug utilization database is feasible and that the next steps should include the preparation of a cost/benefit analysis of implementation. The Federal/Provincial/Territorial Pharmaceutical Issues Committee has asked CIHI to prepare a business case, with the assistance of the Patented Medicine Prices Review Board, for consideration at their April 2001 meeting.

CIHI also released its report, *Current and Future Needs of Stakeholders Involved in the Analysis of Drug Utilization Databases*. Copies can be downloaded from CIHI's Web site: www.cihi.ca/Roadmap/Prescript_Drug/Documents.shtml. The report summarizes the findings of a survey of 300 stakeholders regarding their current and planned practices in analyzing drug utilization data.

The inaugural meeting of the National Drug Utilization Advisory Group was held in mid-January in Ottawa. The members will be providing guidance to CIHI on the development of indicators that will be meaningful for national reporting on drug utilization data. The proposed indicators will be disseminated to a wide group of stakeholders for comment. The next step will involve acquiring data to support the calculation of the indicators, culminating in the publication of an indicator report.

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Facilities Implement Adult In-patient Rehabilitation Services

Since last April, 30 in-patient facilities across Canada (from St. John's to Vancouver) have implemented CIHI's National Rehabilitation Reporting System (NRS).

These facilities established an implementation team to coordinate staff training and education, data collection and submission and attended a two-day "train-the-trainer" workshop offered by CIHI. Congratulations to the 93 qualified functional assessment trainers who delivered their facility education sessions, training 228 qualified assessors.

The first set of reports has been prepared for facilities that submitted data for the period, April 2000 to September 2000. Subsequent reports will be distributed quarterly and will include all admissions as well as a separate format for initial admissions only. CIHI is currently planning for a transition from the current "prototype" reporting system to a full production environment and increasing the number of participating facilities in the NRS.

CIHI has released the *Rehabilitation Minimum Data Set Manual – Adult Inpatient Services*, which provides detailed information on the data elements and related specifications. This publication will be of interest to participating facilities, other facilities, software developers, ministries of health, regional health authorities and health researchers. Distribution is restricted to those organizations that have completed an End User License Agreement with CIHI.

To obtain this License, please complete the Request Form for CIHI End User License Agreement found on our Web site at: www.cihi.ca/Roadmap/Adult_Inpat/Documents.shtml.

Once this agreement is signed and submitted to CIHI, you are eligible to order the manual on-line at www.cihi.ca, or by contacting CIHI's Order Desk at 613-241-7860.

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CMG™/Plx™ 2001 Grouper for ICD-10-CA/CCI

CIHI has developed a CMG™/Plx™ grouping methodology to accommodate the introduction of ICD-10-CA and CCI. The development will also include an ICD-10-CA and CCI version DPG™.

CMG/Plx is the cornerstone of determination of Expected Length of Stay (ELOS) statistics and Resource Intensity Weights (RIW™). This grouping methodology will be available for clients submitting ICD-10-CA and CCI discharge data in April 2001.

Currently, the CMG/Plx grouping methodology is built upon the ICD-9/CCP and ICD-9-CM disease and procedure classification systems; however, the new CMG/Plx methodology groups patients to the same CMG regardless of the classification system used.

Home Care National Indicators Under Development

Information on home care services is currently collected inconsistently across Canada making it difficult to compare and evaluate services provided in health regions. In April 1999, CIHI launched the National Home Care Indicators Project to address this issue – an important first step to better understanding home care in the country.

The National Home Care Indicators Project is developing, pilot-testing and evaluating indicators identified as priorities through stakeholder consultations. These indicators are intended to support health regions in planning, managing and evaluating home care services within and across their jurisdictions. Indicators are being developed in two phases. Phase 1 (April 1999 - March 2001) is focusing on priority indicators for home care that can be compiled and tested using existing data sources. During Phase 2 (March 2001 - March 2003), indicators will be compiled using new data sources.

Phase 1 activities included extensive consultations that led to the development of a draft set of home care indicators. Last summer, CIHI conducted an external field review to assess the usefulness, clarity, relevance and breadth of the draft set of indicators. Reviewers included regional, provincial/territorial and federal governments, national/provincial organizations and associations, academics and researchers, home care service providers and other experts.

Overall, reviewers provided favourable responses to the initial set of indicators and were supportive of the initiative. Reviewers felt that consideration should be given to developing additional indicators that focus on outcomes and effectiveness of services. Comments also reflected a pressing need for increased use of technology and resources to facilitate data collection, management and reporting.

From April to September 2000, a national pilot test was conducted in which the set of draft indicators was compiled using existing 1998/1999 data from 11 participating pilot regions from across the country. Participating pilot sites included:

- La Régie régionale de la Santé et des Services sociaux de Montréal Centre, Québec;
- Kingston Frontenac Lennox & Addington District, Ontario;
- Region of Peel, Ontario;
- Wellington-Dufferin District, Ontario;
- Grey Bruce Counties, Ontario;
- Regina Health District, Saskatchewan;
- Saskatoon District Health, Saskatchewan;
- Capital Regional Health Authority, Alberta;
- Calgary Regional Health Authority, Alberta;
- Simon Fraser Health Region, British Columbia; and
- Capital Health Region, British Columbia.

Last November pilot regions evaluated the pilot process, the usefulness of the indicators and the prototype home care report of the indicator results. A final project report will be available in March 2001.

The indicators developed in Phase 1 were largely descriptive in nature. Further work in Phase 2 and beyond will be required to provide more comprehensive and refined indicators in order to better understand the delivery and outcomes of home care services in Canada.

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Health Care Spending Rises to $95 Billion

Total health care spending in Canada is projected to have been $89.0 billion in 1999 and $95.1 billion in 2000 (in current dollars), representing annual increases of 6.0% and 6.9%, respectively. These figures come from CIHI's report, *National Health Expenditure Trends, 1975-2000*, released last December.

Combined with increases of 4.8% in 1997 and 6.4% in 1998, these numbers indicate a sustained recovery in health care spending over the last four years, reflecting, primarily, increased spending by governments and government agencies.

Health care spending by households and private insurance firms (the private sector) was estimated to have been $25.1 billion in 1998, an increase of 5.5% over 1997. Private sector expenditure is forecast to have been $26.2 billion in 1999 and $27.5 billion in 2000, reflecting increases of 4.5% and 5.0%.

In 1998, spending on health care by the public sector was an estimated $58.8 billion, an increase of 6.8% over 1997. Public sector expenditure is forecast to have been $62.8 billion in 1999 and $67.6 billion in 2000, annual increases of 6.7% and 7.7%, respectively.

National Health Expenditure Trends, 1975-2000 provides an overview of health care spending trends from 1975 to 1998 and forecasts for 1999 and 2000. This report draws upon data compiled from CIHI's National Health Expenditure Database. To order your copy, visit CIHI's e-order desk: www.cihi.ca

Research Update from the Canadian Population Health Initiative

Children's Health and Body Mass Index

One of the key determinants of health in later life is early childhood development and health. There is a growing consensus that the first years of life have a very strong influence on an individual's subsequent life course and health. It is well known that regular physical exercise and a balanced, nutritious diet are important in promoting childhood health and preventing chronic disease and obesity in later life.

One important marker of a child's health and a predictor of health in later life is body mass index (BMI). Statistically, children with a BMI above the 95th percentile of their peers are more likely to be overweight or obese and to experience health problems in later life, including diabetes mellitus, hyperlipidemia, hypertension, osteoporosis, coronary heart disease and premature morbidity and mortality. However, there has been no published data on changes in BMI amongst Canadian children since 1988.

As one of six initial research projects funded by the Canadian Population Health Initiative, Dr. Douglas Willms and Dr. Mark Tremblay at the University of New Brunswick have been exploring the health of children in vulnerable communities, and the extent to which children's health outcomes vary among neighborhoods, schools and communities.

Drs. Willms and Tremblay used regression analysis to assess population changes in BMI from 1981 to 1996 for children aged 7 to 13 years. They concluded that children's BMI has increased on average at the rate of 0.1 kg/m^2 per year. This increase is influenced considerably by an increased proportion in the "overweight" and "obese" categories.

The prevalence of overweight boys increased from 15% in 1981 to 23.6% in 1996. Overweight girls increased from 15% to 23.6% in the same time period. The prevalence of obesity in children more than doubled over that same period, from 5% to 13.5% for boys and 11.8% for girls. These results appeared in the November 28, 2000 issue of the *Canadian Medical Association Journal* and subsequently received considerable coverage in Canadian newspapers.

As part of this CPHI project, the researchers are now examining differences in children's BMI across regions of the country, and among schools. Among the issues yet to be explored by the researchers is whether BMI amongst children is increasing in some areas faster than in others and why this is so. Willms and Tremblay note that the present levels of physical activity and the dietary habits of Canadian children, which appear to be leading to increasing levels of overweight and obesity amongst children across the country, should be of concern to policy makers.

The authors also plan to examine the following related questions:

- What is the prevalence of children with low birth weight, high BMI and psychological conduct disorders?
- What is the relationship between these markers of children's health status and socio-economic status as indicated by factors such as family income, family structure and parents' education and occupation?
- Where do the majority of children with poor health status reside?
- Does the prevalence of children with poor health status, or the relationship between health status and socio-economic status differ among provinces or among communities within provinces?
- Can we identify and measure community-level determinants of health status, such as the level of social support in a community?

The results of this research, which will be completed by March, 2001, are eagerly anticipated.

What is the Canadian Population Health Initiative?

The primary aim of the Canadian Population Health Initiative is to mobilize intellectual leadership and promote collaborative strategies for population health. The specific goals in pursuit of this aim:

1) Generate new knowledge on the determinants of health;
2) Build research capacity in population health science and scholarship which complements investments by other funding agencies;
3) Contribute to the development of population health information systems;
4) Analyze and synthesize population health research findings and promote knowledge transfer and uptake by decision makers;
5) Undertake policy analysis and develop policy options;
6) Stimulate public debate and dialogue on the determinants of health; and
7) Develop reports and disseminate research findings to decision makers and the public.

Reaching a Significant Milestone for ICD-10-CA/CCI

CIHI is in the final stages of preparation for a significant milestone with the staggered implementation of the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada* (ICD-10-CA) and the *Classification of Health Interventions* (CCI) this year.

The provinces/territories implementing in April 2001 are Newfoundland, Prince Edward Island, Nova Scotia, Saskatchewan, British Columbia and the Yukon. CIHI classification specialists have been working closely with these provinces and territories to train coders in acute care facilities in preparation for the launch of the new classification systems.

Through a "train-the-trainer" model, selected coders in each province have been trained to partner with a CIHI instructor to deliver two workshops to coders throughout their province. Trainers will function as an ongoing primary resource for coders as they learn to search for codes in the two classification systems using the electronic Folio product. They will also provide additional training and any supplementary workshops as required in their province/territory.

As part of the continuing support for the implementation of ICD-10-CA/CCI, CIHI has developed a post-workshop package of advanced and specialty case studies that will be available in the spring of 2001 for coders to augment their experience with the new systems and obtain our feedback. CIHI will soon start to work closely with the remaining provinces and territories that are set to implement ICD-10-CA and CCI in 2002.

CIHI will continue to directly support all coding queries for ICD-9/CCP and ICD-9-CM as well as any coding queries related to the new classification systems and the use of the electronic search tool. Our support process will be noticeably enhanced with the development of a web-based client query application to log and track all queries. Clients will be able to place a query on-line as well as search all queries made to CIHI. Currently the queries and other relevant questions and information can be found as "Frequently Asked Questions" in the Classifications Section on CIHI's Web site: www.cihi.ca/wedo/stand.shtml.

A second CD-ROM will be issued in March 2001. This version will be more user-friendly and include some enhancements with identified errors corrected.

CIHI wishes to thank the provinces/territories and the numerous associations, hospitals, clinicians, educators and coders for their ongoing interest and input to the development of ICD-10-CA and CCI. The synergy resulting from this collaboration has helped move us towards a successful implementation of the two made-in-Canada-for-Canada classification systems in an electronic format.

For more information:
Visit CIHI's Web site: www.cihi.ca/wedo/stand.shtml (scroll down the page until you reach, "Disease/Intervention Classifications" or click on "Classifications" in the scrolling box "Of Special Interest" on the home page).
For general inquiries: ccicd-10@cihi.ca.
For coding queries: codingquery@cihi.ca

Heart Disease and Stroke Leading Cause of Hospitalization

Canada's number one killer, heart disease and stroke, was the leading cause of hospitalization in Canada in 1998/99. Heart disease and stroke accounted for 15% of all discharges and 19% of all patient days in according to CIHI statistics released in February.

Heart disease and stroke also played an even bigger role in hospitalizations among the elderly (age 65 and over) accounting for 28% of all discharges in this age group.

For the fifth consecutive year, the total number of in-patient discharges from Canadian acute care hospitals has declined. There were almost 3 million hospital discharges in 1998/1999, 1% less than 1997/98 and 11% less than the 3.4 million discharges just four years ago.

The discharge rate (which is one measure of Canada's in-patient hospital use) showed a similar trend, dropping 2% from the previous year and 16% since 1994/95.

The discharge rate for heart attacks and strokes followed the national trend, showing a 4% decline in rates between 1994/95 and 1998/99 for discharges due to heart attacks and an almost 11% decline for discharges due to to strokes.

These statistics come from CIHI's Hospital Morbidity Database, a national comprehensive source of information on in-patient hospitalization by disease category.

Heart disease and stroke was the leading cause of hospitalization among men in all age groups, representing over 20% of all discharges for men in 1998/99. For women, heart disease and stroke was second only to pregnancy and childbirth as a reason for hospitalization.

In 1998/99, men were more than twice as likely to be hospitalized due to heart attacks than women, with rates of 263 and 108 per 100,000 population respectively. Men were also almost one and a half times more likely to be hospitalized due to strokes than women, with rates of 239 and 167, respectively.

For more information, please visit the media releases section on CIHI's Web site: www.cihi.ca/medrls/rls1.shtml

ROADMAP INITIATIVE AN UPDATE

Developing National Standards for e-Claims

Across Canada there are many initiatives focused on the exchange of electronic health information. Many stakeholders, such as the Canadian Pharmacists Association and Canadian Dental Association, have invested significant efforts in the development of electronic claims standards, and the expertise in this area is growing, providing the cornerstone for moving ahead on subsequent standards related activities.

Last April, CIHI was approached by a number of organizations, including the Association for Claims Exchange, Canadian Pharmacists Association and Ministry of Health in British Columbia, to facilitate the development of a national e-claim standard. CIHI was seen by these groups as a neutral, national organization with a proven track record in standards development and consensus building.

As a result, CIHI established the National e-Claims Standard Initiative (NeCST) in June 2000 to address the current need for the standardization of electronic health claims information. The goals of this Initiative, designed to address the current need for standardization of electronic health claims information, are to:

- Develop a common standards framework which encompasses all encounter/claims information;
- Develop and utilize a governance model that is simple and consensus-driven with balanced representation; and
- Establish a funding base and funding model to ensure continued momentum of NeCST.

The Benefits

The presence of a national standard will lead to consistency in data capture and provide the foundation for claims information exchange throughout the health care industry.

Developing and utilizing a national e-claims standard will reduce the cost of managing health billing data for providers and processing of health claims and payments for payers. Other benefits include:

- Reduced paper costs and cost of document handling;
- Reduced number of refused and partially paid claims;
- Reduced delay in payment of claim; and
- Immediate access to claim status without staff intervention.

Progress to Date

The NeCST Executive Steering Committee has decided that the national standard will be based on HL7 and progress to XML. Additionally, the Committee has agreed that CIHI will facilitate the process of developing the standard and emphasis will be placed on achieving consensus. Other key decisions included establishing funding and governance models for the Initiative.

Significant progress has been made on the development of the core electronic claims message component. Review of the messaging model and detailed message design is currently under way at quarterly meetings of the Technical Architecture Group.

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CIHI directions ICIS

CIHI directions ICIS is published quarterly by the Canadian Institute for Health Information (CIHI). Since 1994, this national, independent, not-for-profit organization has been working to improve the health of Canadians and the health care system by providing quality health information.

The Institute's mandate is to coordinate the development and maintenance of an integrated approach to Canada's health information system; and to provide and coordinate the provision of accurate and timely data and information required for establishing sound health policy; effectively managing the Canadian health system; and generating public awareness about factors affecting good health.

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