

**Vision 2020 Workshop on
Information and Communications
Technologies in Health Care
from the Perspective of Health Administrators**

Ottawa, Ontario

**Canadian Healthcare Association and
Office of Health and the Information Highway, Health Canada**

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Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

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EXECUTIVE SUMMARY

Through the Vision 2020 Workshop, Health Canada's Office of Health and the Information Highway (OHII), in conjunction with the Canadian Healthcare Association (CHA), consulted with health care managers from across Canada to find out what their vision of the health care system is for the year 2020. In particular, workshop participants were encouraged to focus on the role that information and communications technologies (ICTs), electronic health records (EHRs) and telehealth services would play within this ideal health care system.

The primary objective of the workshop was to develop a national agenda for action to guide Health Canada and the CHA in setting directions to improve the health care system through the use of ICTs. Participants were asked to identify what steps should be taken to develop and implement the use of ICTs in a progressive and accessible health care system. Discussions centred on identifying challenges within the present health care system, recognizing new or existing areas of opportunity, and proposing specific actions along with related responsibilities to bring the vision to life.

Overall, participants' vision for the health care system in 2020 was universal. It included a publicly funded health care system, supported by ICTs, that delivers seamless and borderless health services to all Canadians in all parts of the country, including urban, rural, remote and northern areas.

To accomplish this goal, financial investment and political will are needed now to support the development and integration of ICTs and the harmonization of provincial and territorial standards. The use of ICTs in conjunction with standards in data, licensing, processes and telecommunications would significantly improve every Canadian's experience—individuals and health care providers alike—in using the health care system. Quality of care would be enhanced because health care providers would be better able to share their knowledge and make decisions based on timely access to the most reliable information. Through advances in telehealth, individuals in remote, rural and northern regions could receive quality care in their own communities rather than travelling hundreds of kilometres at great expense for relatively uncomplicated treatments.

Although many of the participants represented diverse rural or remote communities, they expressed a common underlying desire for a standardized, knowledge-based health care system that would, above all, be focussed on the individual and be accessible to all Canadians. The unique grassroots perspective

of the participants prompted informative discussions and provided valuable insights to Health Canada and the CHA on the use of ICTs in an enhanced health care system and the actions required to move the agenda forward.

The major opportunities and actions identified were:

- C Integrating and enhancing common standards
- C Forming partnerships and sharing knowledge to develop EHRs and unique identifiers
- C Designating leadership and funds to adopt and integrate ICTs
- C Promoting the benefits of ICTs, EHRs and telehealth to all health care stakeholders, including care providers, by understanding concerns regarding the use of new technologies and exploring options to address them.

As a first step toward achieving the vision, participants agreed that integrating common standards in such ICT areas as data entry, evidence, telecommunications and professional licensing would greatly enhance the effectiveness, efficiency and accessibility of the Canadian health care system. They suggested that the Canadian Institute for Health Information (CIHI), possibly in partnership with another standards body such as the Canadian Standards Association (CSA) or the International Standards Organization (ISO), would be the most suitable organization to lead the standardization process.

For the health care system to advance, the use of ICTs and telehealth are critical. As a result of technological advancements, Canadians expect to have a health care system that is integrated, fully accessible and borderless, while dedicated to protecting the individual's privacy and confidentiality. Achieving this vision, however, requires that ongoing funds and political commitment be put in place now to develop and sustain the use of ICTs and telehealth.

Above all, leadership, commitment and ongoing investment in the development of ICTs are required to move the agenda for action forward and to ensure that the vision of the health care system in the year 2020 articulated by participants is realized.

OVERVIEW

Participants were divided into three groups for the workshop's three breakout sessions. Each group was assigned one facilitator to monitor discussion time, record key points and clarify ideas for future reference. Prior to each session, all participants were instructed on the purpose of the breakout session and asked to consider key elements in their deliberations.

Specifically, participants were asked to focus on three main vision-building phases:

- C Articulating the vision for the future
- C Identifying challenges and opportunities relevant to the vision
- C Agreeing on the actions and the key players required to realize the vision.

Throughout the workshop sessions, participants were reminded that their input would guide Health Canada and the Canadian Healthcare Association (CHA) in setting future directions regarding the use of information and communications technologies (ICTs) and telehealth in Canada's future health care system.

Breakout 1 — Role of ICTs in the future, publicly funded health care system

In envisioning their view of the ideal health care system in Canada in the year 2020, participants were prompted to describe the role and contributions that ICTs, telehealth and, in particular, electronic health records (EHRs) would play in bringing the vision to life. A viable health care system focussed on the individual appeared to be an underlying assumption of most participants.

Although "Vision 2020" was the name chosen for the workshop, the group was encouraged to describe the role of ICTs in health care not just in 2020. Most importantly, participants were invited to describe what they would like to see in an ideal system rather than forecast or predict as soothsayers. Each breakout group was asked to make its assumptions clear and to report back to the entire workshop group with five or six key points outlining its vision for the health care system in Canada.

Breakout 2 — Overcoming challenges and realizing opportunities

Challenges and opportunities to realizing the vision were the guiding themes for the second breakout session. Participants explored the challenges that would need to be overcome and the opportunities (some of which lay within those challenges) that could be seized to achieve their vision.

Specifically, the breakout groups were prompted to discuss what opportunities would allow the vision to be realized by means of ICTs, particularly EHRs and telehealth. Participants were progressive in their discussions and highlighted a number of challenges and innovative opportunities, even beyond EHRs and telehealth. Each group was requested to present two main challenges and two main opportunities.

Breakout 3 — Taking action to achieve the vision

In the final breakout session, participants focussed on what actions need to be taken now to achieve the vision described by the group and, more specifically, who should take these actions. In anchoring the vision and setting a course for action, participants were asked to consider both traditional health partnerships to launch leadership initiatives and new alliances with non-traditional partners.

Session facilitation

Facilitators monitored group discussions, encouraged the breakout groups to explore key steps toward achieving the vision, and recorded the agreed-upon points on flip charts. The final main points for the workshop report session were then selected for presentation by the group's chosen rapporteurs.

Participants' involvement in the vision

“If we focus on [health] outcomes, this is the way to the future,” commented one of the participants at the outset of the workshop. This captured the spirit of the stakeholders' eagerness to participate now in shaping a common vision of health care in Canada in 2020. The results of each breakout session emphasized the common concerns and foresight within this diverse group of health care managers from across Canada.

Workshop participants were enthusiastic in sharing their knowledge, practices and uses of ICTs within their own organizations, and were clearly energized by the opportunity to contribute to the vision of the ideal health care system.

As one participant summed up, “we are the enablers of the vision.”

VISION FOR THE FUTURE

Although the participants' perspectives were quite diverse, their vision was universal. They found many areas of consensus and identified many unique opportunities in articulating the vision of the health care system in the year 2020 and beyond. From their discussions, seven pillars emerged as the foundation of the model health care system for the people of Canada 20 years from now.

***Health care will be accessible to every person in Canada, anywhere in Canada—
regardless of geographic location or economic status.***

Ideally, ICTs and telehealth will be the impetus for delivering health services directly to the individual, rather than the other way around. The broad range of services available through the use of ICTs and telehealth will help equalize and improve individual Canadians' access to the health care system. Delivery of care will move beyond traditional institutions to a wide range of delivery sites, such as individuals' homes, shopping malls, schools and workplaces.

In addition, accessibility to health care services across *all* geographic areas—including rural, remote and northern areas—will be available to *all* Canadians for *all* types of care. At present, some individuals living in rural, remote or northern areas must either travel great distances at great expense for certain services or wait for weeks for specialized health professionals to visit their community. The future spectrum of services would likely include acute care, long-term care, home and community care, and public health.

Telehealth services will be complemented by better transportation systems to and within rural, remote and northern areas (e.g. improved highways, airlift and landing facilities). This will allow individuals to more easily travel to highly specialized, metropolitan care centres for complex health services (e.g. remote surgery, complex chemotherapy). At the same time, health professionals will have improved access to (and between) isolated communities to deliver care. This vision component does assume, however, that the total elimination of all distance barriers for health care delivery is likely beyond reach, even in 2020.

Efficiency of care delivery would be enhanced because health professionals would be able to work in isolated communities and deliver care to large groups of individuals there, and at the same time maintain professional networks in large urban centres.

Health care providers and decision-makers, including governments and public and private-sector employers, will make informed clinical and management decisions based on evidence.

Evidence for clinical and management decisions will be available to all health care providers through databases. This will help the providers choose care appropriate to the individual and make sound management and funding decisions regarding ICTs. Today's health care professionals and providers have large amounts of specialized information available to them. However, being able to keep up to date on the latest information—relevant to their needs—is a daunting task. Databases containing evidence for sound decisions will allow health care professionals and health managers to share their knowledge and experiences.

Data mining and data warehousing capabilities would give health care managers new knowledge and new insights into a wide range of health trends, and would enable them to better manage and use the resources and tools already available to them. Improved knowledge and analytic capabilities will lead to informed and empowered decision-makers and more health-conscious Canadians.

The health care system will be service-oriented and centred on the individual.

Canadians accessing the health care system in 2020 will be knowledgeable and empowered, demanding access to a full continuum of health care at the point of entry to the health care system. Whether through their physician, a registered nurse or another health practitioner, individuals will expect a full care plan and their up-to-date medical history to follow them wherever they go.

Individuals and decision-makers alike will be more knowledgeable in accessing the health care system. The prevalence of ICTs will ensure that they encounter consistency and uniformity in their use of the system, as opposed to the random choice of system access points they encounter now.

Individuals will expect health professionals to know everything about their medical histories; they will not expect to have to repeat their medical history at each interaction with a health care provider.

ICTs, coupled with an information system that uses standardized applications and management practices, will offer seamless, borderless, privacy-protected access to both health care providers and individuals.

The health care system will be highly accessible, user-friendly, standardized, integrated and interconnected, and it will employ minimum data standards. Health care professionals and individuals will have access to privacy-protected, critical information, 24 hours a day, seven days a week.

***We will lead it,
rather than the
technology leading
us in many
different directions.***

To operate to the best effect, the technology supporting the health care system will be sustained, remaining relevant and current and evolving as the system evolves. Health care providers' vision of the health care system will play an integral role in driving the use of ICTs. Their needs and desired outcomes will be the catalysts for the technology and will steer its applications within the health care system.

Individuals will be knowledgeable and informed and have higher expectations of health professionals and providers. They will expect their individual medical histories to be available at the point of care.

As it proceeds in adopting and integrating ICTs, the health care system will give the highest priority to appropriately protecting the individual's right to privacy and providing full assurances of confidentiality. A clear balance will be achieved, one that honours both the individual's right to privacy and the need for relevant information to ensure the effectiveness, responsiveness and efficiency of the health care system.

Innovative, privacy-enhancing technologies, such as thumbprint technology, DNA scanners and retina recognition devices, would give individuals greater control over their health records by enabling them to grant health professionals access to their records.

Funds and focus will be on prevention and population health.

Population health, prevention and the broad determinants of health will be the touchstones for the modernized health care system. The influence of such variables as lifestyle, environmental hazards, socio-economic status and specific ethnic backgrounds will be more widely understood in relation to population health. This will allow the health care system to focus on health education and prevention to sustain population health.

*At the end of the day,
we really want to
know what makes us
sick and what makes
us well.*

As a result, funding will shift toward prevention among an informed, healthy population. Individuals' health and preventative care services in their homes will become the primary focus points. For instance, individuals will perform standard tests (e.g. cholesterol tests) in their own home, possibly with the help of telemonitoring services.

By 2020, we will be dealing with a healthier population. At the same time, health care professionals will have more data on prevention and will know more about preventable injuries, health hazards and diseases (i.e. how predisposition to genetic diseases can be prevented or aggravated by diet, lifestyle, environmental factors, etc.).

The health care system will be sustainable and viable over the long term.

The health care system in 2020 will use clinical practice guidelines and standardized ICTs. It will have sustainable, ongoing funding and support for ICT projects to ensure it remains viable and operational. The collection and use of information will be standardized.

The new technologies will be managed proactively within the health care system and with consideration for all individuals.

Funds will be diverted to address the broad determinants of health because fewer funds will be needed for acute care. Ideally, as Canadians become physically, mentally, socially and spiritually healthier, less money will be required for acute care. This will free up more funds to deliver one-on-one care and preventative health education to vulnerable population groups, such as those who are impoverished, illiterate or poorly educated. We need to consider the impacts of new or increased social pressures (e.g. unemployed individuals whose skills are no longer needed) and the negative impact this could have on the broader determinants of health. We need to anticipate threats to the health of the population and deal with them proactively.

CHALLENGES

Poor communication among health organizations

The gap between the articulated vision of 2020 and the difficult situation we are now facing (e.g. lack of fiscal resources and human skills) must be closed. Presently, there is competition for scarce resources and information gaps among organizations. This leads to different levels of standards and different visions of the health care system, and it contributes to the overall problem of poor communications among health organizations.

No common vision of an integrated health infostructure

No common vision of an infostructure is being communicated within organizations, and common information systems and standards are lacking. This means that a common vision of health care is not being communicated. In addition, professional “turf” issues among federal, provincial and local health authorities contribute to the lack of a common vision of an overall infostructure.

Resistance to change or to move beyond firmly entrenched attitudes and beliefs—to “let go” of information, processes and power—causes a fragmentation among the provinces and territories. As a result, no common, harmonized infrastructure is in place to deal with technology, connectivity, operational support, fiscal restraints and ongoing education and support for health care providers.

No commitment to a common standard for software and hardware requirements

The lack of common standards for software and hardware requirements within health organizations results in operating dollars being spent on short-term, ad-hoc software and hardware systems. For overall software and hardware standards to exist, long-term operating dollars must be committed.

Lack of political will and leadership

In addition, the lack of political will and leadership—primarily in the form of focussed, dedicated funding to build the kind of infrastructure that is required—is a key challenge. Many “little systems” or interim health care systems do exist, but they fragment the health care system further and distract from the underlying requirement for developing unified infrastructure.

Dedicated funding and resources must be earmarked specifically for the development of ICTs. These investments must be reserved for this initiative, particularly during fiscal restraints, to ensure the funding is spent on ICT development and not short-term needs. Currently, the lack of infrastructure, leadership and integration means that operating dollars are now being put into the development of various system approaches without the necessary dollars to sustain them.

Need for common standards where standards are missing and agreement on those that already exist

At all levels of organizations—local to national—there is a lack of will to impose agreement on and adherence to existing common standards or create new standards where they are needed. The will to harmonize ICTs, data and clinical standards, particularly, is needed by all levels of government.

Soliciting buy-in for the value of investing in ICTs and encouraging data entry at the point of care

Consensus is required among stakeholders that ICTs are integral to improving the health care system. Key decision-makers and politicians need to be made aware of the value of ICTs and to focus on the opportunities that lie in this area. Their long-term investment dollars are needed to develop a long-term strategy for implementing ICTs and training health professionals in their use. Currently, funds exist for short-term, day-to-day hardware and software needs. Health managers would like to see the funding focus shift to enable health professionals to use ICTs to better address the health care needs of the populations they serve.

Resources, including investments of capital and operating dollars, will be needed over a long period to develop an information infrastructure. Health professionals must receive ongoing training and education to keep up to date on the latest ICT advances and to get the most out of them. Because technology in itself can be challenging, dynamic and short-lived, the tendency is to focus on the urgent, up-front needs of health operating systems (i.e. computers, software updates, etc.) and overlook the requirements for long-term strategic planning and investments.

For varying reasons, some health care providers are resistant to adopting data entry at the point of care, but this is key to the existence of the electronic health record. Reasons for not adopting ICTs may include lack of knowledge of ICT use, a fear of technology and a resistance to change. Health care

providers may also be reluctant to buy in to ICTs because there are few incentives to use the technology that is available. Training and education of new and existing health care providers will be required to overcome these obstacles.

For the value of ICTs to be realized, however, the public, politicians and health care system managers must all envision themselves as part of an improved health care system. Therefore, the challenge lies in communicating the benefits of using ICTs to all Canadians and in understanding and addressing the underlying values and attitudes of individuals who oppose their integration. Older Canadians, for instance, may be resistant to the use of more technology in the health care system and be skeptical of its merits. Privacy and confidentiality concerns are paramount—individuals want to be assured that their private health information will be protected and strictly controlled.

OPPORTUNITIES

Coordinate an integrated system and improve standardization.

The federal, provincial, territorial and local governments all recognize the opportunity to coordinate the health care system. New management and governance structures (e.g. regionalization) in many provinces and territories are facilitating the development of needed, common infrastructures. By building on existing standards and adding or improving standards to an agreed-upon, cross-Canada level, some jurisdictional challenges that presently face individuals and health professionals as they move within Canada could be resolved (e.g. cross-boundary licensing issues, billing procedures, etc.).

In addition, new government, management and administrative structures can help move us closer to more collaborative mechanisms and a systematic approach to health care in our various environments.

Build on existing alliances and explore new partnerships, both within Canada and globally.

Within the present health care system, there are opportunities to share knowledge and practices both within existing partnerships and by creating new partnerships. These could include partnerships between governments and the private sector, and alliances among non-traditional partners, such as the media, the information technology industry, grocery chains, telecommunications companies, banks and government agencies.

Boundary and jurisdictional issues could be resolved by sharing and unifying existing processes among health care providers, managers, governments and the public. The creation of a national registry of a broad range of health care providers could formalize the sharing of information and address cross-boundary licensing standards. The Canadian Institute for Health Information (CIHI), with the Canadian Standards Association (CSA) as a supporting standards body, could take a leadership role to build an integrated system of standards. This role could be strengthened to build momentum for integrating standards and to encourage grassroots support and improve communications among health managers.

Recognize that the benefits of ICTs will mean real savings over the long term.

By choosing more effective and efficient evidence-based practices, care would be delivered based on the best science. Initial investments in infrastructure will be required, but once this is done, savings could be realized over the long term.

Telehealth offers many opportunities, and the technology exists to expand its use. As some health managers expressed, however, “we are simply not using it the way we should be.” Because telehealth currently has the attention of many Canadian health professionals and individuals, now may be the time to put forth a concerted effort to resolve cross-boundary health service and licensing issues. Furthermore, the kinds of technology needed to address cross-boundary issues may already be available. Health professionals and individuals ultimately want to be assured that every Canadian has access to the services they need as they move across provincial and territorial boundaries.

If we are able to resolve the differences surrounding cross-boundary licensing and care within Canada, perhaps opportunities exist to promote our ICTs, organizational structures and health care systems knowledge to the rest of the world.

Target funds for privacy.

An opportunity exists for government to target funds for more research in the area of privacy and the protection of personal information. Harmonization of privacy legislation across federal, provincial and territorial jurisdictions is required, in addition to consensus among national health care groups on privacy concerns. The ultimate objective of harmonization is overall agreement on determining who will have access to what. Enabling individuals to control their health information now with PINs (Personal Identification Numbers) may be a starting point in demonstrating that privacy and confidentiality will be part and parcel of the use of ICTs in an improved health care system. Federal, provincial and territorial governments need to work together with professional associations in addressing privacy and confidentiality concerns as they relate to ICTs. Alliances among non-traditional partners could draw upon the knowledge of organizations experienced in synthesizing services and protecting individuals’ privacy (e.g. banks, other government departments, etc.).

AGENDA FOR ACTION

1. Seek commitment to the vision of the role of ICTs in our publicly funded health care system from federal, provincial and territorial ministers of health in the fall of 2000.

When the federal, provincial and territorial ministers of health meet in the fall of 2000, they must be urged to commit to the value of the vision resulting from the consultations and to work together to achieve it. It is essential that all the ministers of health be specifically asked to commit to earmarking dollars for the development of ICTs for an improved health care system.

Furthermore, a Health “Information Systems” accord could help focus attention on ICTs and create the necessary platform to ensure buy-in at all levels of governments.

2. Earmark funds for ICT investment and clearly designate them to include resources for standards development, minimum data sets and unique identifiers.

It is vital that the commitment from the federal, provincial and territorial ministers of health includes funds designated for specific ICT needs for health care organizations; otherwise, the money may succumb to the organizations’ short-term demands and be lost for long-term investments. These funds must be allocated for core components of the vision and provided to all provinces and territories with the stipulation that they specifically fund key initiatives such as the development of standards and unique identifiers.

3. Improve telecommunications service in isolated regions.

For telehealth to move forward, a fully accessible telecommunications infrastructure—and comparable health services—must be available to everyone. Telecommunications access must be improved in remote, rural and northern areas of Canada. For ICTs and EHRs to be widely used and telehealth to be delivered, uniform telecommunications services must be available to individuals and health care providers alike—regardless of their geographic location. Therefore, investments must be made in the telecommunications infrastructure to support universal access to health care by different groups of the population.

4. Research and address privacy concerns.

Government must target funds for more research in the area of privacy and the protection of personal information. It must also harmonize privacy legislation across federal, provincial and territorial jurisdictions to reach consensus among national health care groups on privacy concerns. Research and legislation must address individuals' privacy and confidentiality concerns about the use of ICTs and EHRs. The public and those experienced in privacy protection (e.g. banks, Privacy Commissioners, governments) could be brought together to gather insights, promote awareness and encourage open dialogue on the subject.

5. Create a national coordinating committee, or a think tank, of standards specialists and users, to take the first step in developing standards.

A national coordinating committee, or think tank, could consult with organizations and groups on creating and deploying standards, specifically with those that have already effectively done so. This committee would fully recognize the diversity of the Canadian mosaic by consulting with Canadians, including those groups and individuals not traditionally invited to participate in consultations within and outside health care. Private-sector organizations, such as banks, would be consulted for their expertise and knowledge. These organizations have already explored economic opportunities, worked together to achieve standardization, and addressed their clients' privacy concerns within their own industries. By bringing together diverse groups and representing the Canadian mosaic, this committee could also examine other opportunities, such as sharing Canadian standards globally.

This committee would take into account that all Canadians, in various venues, have an interest in health and health care. It would also involve a broad range of stakeholders from various public sector areas, such as housing, education and justice. Government involvement will be key to buy-in and implementation. To avoid political gridlock, however, government would not necessarily be part of the initial consultations.

Finally, the committee would produce a summary of results and recommendations to launch a standards development and implementation initiative.

6. Establish and maintain health ICT data standards, minimum data sets, and unique identifiers to make the integration of the health care system possible (with the Canadian Institute for Health Information (CIHI) taking a lead role).

The creation of standards (i.e. data standards, licensing) is the key to integrating health care services across Canada. The CIHI should be designated as the leader for establishing and maintaining health ICT data standards (i.e. complex data sets, data dictionaries) that would provide better information for decision making at all levels of the health care system. The CIHI could partner with an existing standards organization, such as the Canadian Standards Association (CSA), that would act in an advisory capacity. It could also partner with the Canadian Healthcare Association (CHA) and its provincial/territorial member organizations. Again, existing standards organizations, like the International Standards Organization (ISO), should be consulted to develop models of integrated standards for processes, data, technology, etc.

Moving forward with standards and unique identifiers would really get us started in the right direction.

Most importantly, all stakeholders, including health care providers, employers and governments, must be involved in the development and implementation of standards and unique identifiers.

Establishing an ICT best practices inventory database that all health managers could access when making ICT decisions for their organization would ultimately advance knowledge within the overall health care system. The database could include such information as factors to consider when purchasing software, variances to be aware of, and historical experiences of other similar organizations.

7. Shorten the time to market and deliver new ICTs and standards in a timely way.

Available technologies should be used to shorten the time it now takes to select and adopt a new common system or approach to ICTs. By fully using existing electronic conferencing software, for example, health care providers and managers from across Canada could exchange ideas and launch agreed upon initiatives much more quickly. This would move innovations in ICTs or standards from the concept stage to the deliverable stage much sooner.

8. Market the vision to users—create awareness and promote the benefits.

Individuals and health care providers should be motivated to participate in the delivery of a progressive health care system that includes and supports ICTs. This will include educating consumers and health care providers on the benefits of ICTs and how to use them. If investments are to be made to build improved systems, then they must be used effectively.

The children of today will soon be the adults of tomorrow, and they will expect access to a health care system that is easy-to-use, based on appropriate and timely information, protects their privacy ensures confidentiality, and is fully accessible 24-hours a day from anywhere in Canada.

Alternatively, some older Canadians, including some health care providers, may be less responsive to introducing technological enhancements to the health care system. Their perceptions and concerns should be fully understood and appreciated. Special considerations should be made in communicating the benefits of change to them. To do this, special support should be made available for personnel to facilitate the transition during this period of change. Lessons could also be learned from the banking industry in this respect.

9. Develop new administrative structures to help health managers influence key decision-makers.

New administrative structures between federal, provincial and territorial health managers could provide more direct communication lines between key decision-makers and health care system managers. This point could be referenced for discussion at the OHIH workshop in the fall that will bring together a wide range stakeholders, including providers, managers, governments, consumers, etc.

CONCLUSION

The vision of the ideal health care system of 2020 described by the health care managers today includes knowledgeable health care providers and decision-makers and information-empowered citizens using a borderless, seamless, fully accessible health care system.

Getting there will require the determination and persistence of all stakeholders to ensure that opportunities are seized and the proposed actions are followed through. An integrated and seamless health care system has been a long-standing vision of health care providers and decision-makers and the wish of Canadians for many years. Such a system will include standardized processes and information systems. By seeking fresh insights from complementary partners and embracing empowered Canadians' wishes for change, the will to build the vision can emerge—transforming the obstacles we face now into the knowledge opportunities for the future.

*Vision 2020:
Knowledgeable health
care providers and
decision-makers and
information-
empowered citizens
using a borderless,
seamless, fully
accessible health care*

APPENDIX A - Workshop Participants

Chair

Ms. Janice Hopkins, Director, KPDD, Office of Health and the Information Highway (OHIH),
Health Canada

Breakout Group 1

Mr. Ken Ezard, CEO, Prince Edward Island Health and Community Services System

Mr. Barry MacMillan, CEO, Central Regional Health Board

Mr. Michael Antonio, CIO, Winnipeg Regional Health Authority

Dr. Barry Maber, Physician, Vice-president Saskatoon District Health

Mr. Dwight Nelson, CEO, Headwaters Health Authority

Dr. John W.I. Morse, MD, FRCP (C), Internal Medicine, Stanton Regional Hospital

Mr. W.J. Drodge, MBA, CHE, CEO Hay River Community Health Board, Hay River

Breakout Group 2

Mr. Steve O'Reilly, Project Leader, Newfoundland and Labrador Centre for Health Information

Ms. Betty Fraser, CEO, Southern Kings Health Board

Ms. Ann McGuire, Executive Director, The Nova Scotia Health Board

Mr. Derrick Jardine, CIO, Atlantic Health Sciences Corporation

Ms. Maura Leahy, Vice-President, Corporate Services, Interlake Regional Health Authority

Ms. Brenda Langevin, CEO, Keeweenaw Lakes Regional Health Authority

Mr. Ray Scott, CEO, Inuvik Regional Health and Social Services Board

Breakout Group 3

Ms. Maura Davies, Vice-President, Corporate Development, Queen Elizabeth II Health Sciences
Centre, Halifax

Mme Suzanne Robichaud, Coordinator, Nephrology Telemedicine Program, Beauséjour Hospital
Corporation

Ms. Shelley Lipon, A/CEO, Saskatchewan Health Information Network

Mr. P. Angelo Presta, Assistant Executive Director, Corporate Planning

Mr. Dave Richardson, CEO, Northern Interior Regional Health Board

Mr. Ron Browne, CEO, Whitehorse General Hospital

Ms. Stella Van Rensburg, Manager, health Programs Kitikmeot Region Department of Health and Social Services

Facilitators

Ms. Kathryn Tregunna, Director, Policy Development Department, Canadian Healthcare Association

Ms. Gina Charos, Health Policy Researcher, Policy Development Department, Canadian Healthcare Association

Dr. Constantine Tikhonov, Senior Policy Analyst, Knowledge and Policy Development, OHIH, Health Canada

Acronyms

ACHI	Advisory Council on Health Infostructure
CANARIE	Canadian Network for the Advancement of Research, Industry and Education, Inc.
CHA	Canadian Healthcare Association
CHN	Child Health Network
CIHI	Canadian Institute for Health Information
CMA	Canadian Medical Association
CPG	Clinical Practice Guidelines
CSA	Canadian Standards Association
EHRs	Electronic Health Records
HISP	Health Infostructure Support Program
HTF	Health Transition Fund
ICTs	Information and Communications Technologies
ISO	International Standards Organization
OHIH	Office of Health and the Information Highway