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Ontario's EHR problems revealed in audit report

Ontario taxpayers have not received value-for-money from the more than $1 billion spent since 2002 on activities related to the development of electronic health records, the province's auditor general says in a blockbuster report delivered Wednesday.

The report by Auditor General Jim McCarter was based on an audit of eHealth Ontario and its predecessor organization that got underway in February. Its release was scheduled for December, but was fast-tracked at the request of the government amidst a blaze of publicity about millions of dollars of untendered contracts being awarded to contractors with close ties to eHealth management.

In his report, Mr. McCarter says allegations that eHealth Ontario contracts had been awarded unfairly, without other firms being given the chance to compete, "are largely true." Charges of favouritism in awarding some of these contracts "are also true."

His report, condemning the lack of strategic planning, broken contract procurement rules and non-existent project oversight, is a major black eye for the government of Premier Dalton McGuinty. It has already forced the resignation of Health and Long-Term Care Minister David Caplan that occurred the morning of the report's release.

The chief executive officer of eHealth Ontario and the board chair resigned within weeks of the contracting improprieties becoming public in May.

The auditor general's investigation also uncovered examples of questionable procurement practices in Mr. Caplan's own ministry, specifically the eHealth Program Branch which had responsibility for the overall electronic health record (EHR) agenda.

At one point, it had 300 consultants at work and only 30 full-time staff. Consultants were not only managing other consultants,

(See "**eHealth**" on page 2)

Alberta EHR activities audited

Another audit of provincial electronic health record activities was tabled last Friday. However, Alberta Auditor General Fred Dunn did not find nearly the kind of mess his counterpart encountered in Ontario.

In Alberta, there is a strategic plan guiding EHR activities. But Mr. Dunn faulted the government for not having an integrated delivery plan that connects all the pieces.

He also found that communication of progress was not regular or complete, so "decision makers do not always have the information necessary to make informed decisions."

By the health ministry's calculations, it has spent some $615 million on building components of EHR systems since work began in 1997.

But the auditor said it does not have a good idea of the total cost of this undertaking, including work by regional authorities, or the benefits in terms of cost savings and improved quality of care that will result once EHR systems are completed.

He also found the ministry has fallen down in terms of regular monitoring of health professionals' access to online patient information. His office found that for a period of three months there had been no review at all.

Alberta's EHR audit is one of six being done this year by provincial auditors on this subject. The federal auditor general is also conducting a review of Canada Health Infoway, expected next spring, which will also summarize the findings of the provincial audits. ***HE***

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Matthews new Ontario health minister

Following the resignation of David Caplan with the release of the auditor general's report on the problems at eHealth Ontario, Deb Matthews has been appointed Ontario Minister of Health and Long-Term Care.

Ms. Matthews was previously Minister of Children and Youth Services where she was the driving force behind the Ontario Child Benefit, a $2.1 billion program that is part of the province's poverty reduction strategy.

Her priorities as health minister will remain the same as her predecessor: achieve lower wait times in emergency rooms, improve care for diabetics, and get more Ontario families access to a doctor, nurse or nurse practitioner. ***HE***

("*eHealth*" from page 1)

the report says, but sometimes given the authority to hire other consultants, including those from their own firms.

Ontario's troubled electronic health information history began with the creation of the Smart System for Health Agency (SSHA) in 2002. It was disbanded in the fall of 2008 after an equally scathing report by the Deloitte consulting company describing many of the same problems that plagued its successor, eHealth Ontario.

SSHA spent $800 million until it was replaced by eHealth Ontario. The job of SSHA was to create a health information "superhighway" to carry the many types of clinical information that are involved in providing health care services. But it never got around to creating the applications to make this information accessible.

Mr. McCarter's report says less than one per cent of the network's available bandwidth is being used on average although it is costing $72 million a year to maintain it.

When eHealth Ontario was launched in September 2008, the rush was on to create an EHR for every Ontarian by 2015. The province was last among the 10 provinces in terms of EHR development.

This appears to have led to a number of short cuts being taken to get the job done. Exceptions were made to normal contracting procedures to sole-source work with particular companies, although Mr. McCarter found there was little justification for the rules to be bent. Too many procurement decisions "were the product of rushed decision-making," the report says.

Decisions were made in an ad hoc fashion because there was no strategic plan guiding the overall EHR effort.

This spring, eHealth Ontario produced a strategic plan covering the three-year period to 2012. But the auditor general says there needs to be a plan that addresses the 2015 target for full EHR completion.

In its response to the report, the government says it has adopted the same approach as in other jurisdictions: to focus on a specific clinical priority, namely patients with diabetes, as the focal point for the creation of an EHR.

This will be the foundation for an EHR for patients with other chronic diseases and this, in turn, will be the launching pad for an EHR for all Ontarians.

The board of eHealth Ontario is working to address the auditor general's concerns. It is in the process of developing a plan that takes the organization beyond 2012 – describing specific deliverables, risks, timelines, privacy measures, and how various applications will be integrated.

The auditor general's report can be found at www.auditor.on.ca/en/reports_en/ehealth_en.pdf. ***HE***

Hansard Highlights

Debates in provincial legislatures/House of Commons

Not surprisingly, the auditor general's report on eHealth Ontario was the main topic during question period in the **Ontario** legislature Wednesday (*See story page one*). Premier Dalton McGuinty took some comfort in the fact that the report cleared his government of "party politics" playing any role in the awarding of untendered contracts. However, he said his government accepts the auditor's findings "and we commit to adopting every single one of his recommendations."

Health Minister David Caplan resigned the morning of the report's release, but Opposition Leader Tim Hudak said there should have been another resignation: that of Deputy Premier and Minister of Energy and Infrastructure George Smitherman who was health minister for almost five years and during the time some of the problems with the electronic health record agenda occurred.

NDP Leader Andrea Horwath focused on the amount of money that has been wasted on the e-health agenda. She said people in Ontario are seeing "local hospitals closing while millions are handed out to well-connected insiders; wait times for long-term care doubling while contracts worth millions and millions are handed out without any tendering process …" Mr. McGuinty conceded that "we need to do more to bring better oversight to the management of dollars going through the Ministry of Health and, by extension, to its agencies." He also acknowledged there has been a lot of money spent on electronic health records, and a lack of oversight. However, he said a strategic plan is now in place "which is designed to ensure that we get to where we all want to go."

In the **Nova Scotia** legislature Tuesday, Liberal Health Critic Diana Whalen referenced a study by Doctors Nova Scotia that 21 per cent of family physicians plan to retire in the next five years, and asked if the government had a list of communities which would be affected. When Health Minister Maureen MacDonald said she did not know if her department had such statistics, Ms. Whalen replied that it should "because you can't plan adequately if you don't have that kind of information." Ms. MacDonald pointed out that doctors are independent contractors, if you will, and they're under no obligation to provide their retirement plans to the Department of Health."

.. Briefly .. *News Shorts* .. Briefly .. *News Shorts* .. Briefly

A second wave of the H1N1 flu virus could affect upwards of 35 per cent of the population, Chief Public Health Officer Dr. David Butler-Jones said this week. This is three to four times the typical seasonal flu rate. At his weekly media briefing session Wednesday, along with Health Minister Leona Aglukkaq, the emphasis was on importance of hand washing to limit the spread of disease. This is despite a report in the *Canadian Medical Association Journal* last week saying there is no evidence this strategy is effective. The minister has also been under pressure for sticking to the plan to start flu vaccinations for high-risk groups in the first week of November while a nasal spray form of a vaccine became available in the U.S. this week. Dr. Butler-Jones said the H1N1 vaccination program will be the largest in history so "We have got to get it right." Earlier this week, medical groups told the Commons Health Committee they want to see better communication to front-line physicians on how to handle H1N1. Physicians "should not have to seek information out from various websites or other sources, or through the media," Canadian Medical Association President Dr. Anne Doig told the committee. Linda Silas, president of the Canadian Federation of Nurses Unions, said that as the pandemic plan is currently written Ontario nurses will be better equipped than their counterparts in other provinces because they will have N95 respirator masks available as a precautionary measure — something that was adopted after the 2003 SARS outbreak. (Canwest News, Oct. 5,6,7) … **British Columbia physicians will be paid to provide H1N1 advice to patients over the phone**. The measure is seen as a way of ensuring sick patients do not turn up at hospital ERs and spread the disease. However, authorities are telling patients the first thing they should do if they feel they are coming down with the flu is call HealthLink BC, the nurse-staffed telephone service, reached by simply dialing 811. The government is also instituting a special H1N1 office visit fee that family physicians can charge which is not subject to daily volume office visit restrictions. (News release; *Vancouver Sun*, Oct. 6,7)

New Brunswick physicians may get the tentative contract agreement they agreed to last December but which was torn up by the government as it moved to impose a two-year wage freeze on physicians because of worsening economic conditions. The New Brunswick Medical Society mounted a legal challenge trying to get the government to honour the contract, but the two sides decided on renewed talks as the court date neared. It is now being reported that an order-in-council document gives the health minister authorization to sign the December contract. (*New Brunswick Telegraph-Journal*, Oct. 6) … **New Brunswick is launching a full-scale review of 30,000 tests** analyzed by a radiologist whose work is now under review for the fourth time. The latest review found problems with 53 of 332 examinations, an error rate of 16 per cent which is well above the 3-5 per cent rate considered acceptable. (*New Brunswick Telegraph-Journal*, Oct. 6)

All Ontario hospitals will be required to use surgical safety checklists beginning next January. The use of checklists has been shown to reduce rates of death and complications among patients. Hospitals will have to report publicly on compliance with use of checklists twice a year. (News release)

Alberta has named an implementation team to guide the closure of 246 beds at the province's largest psychiatric hospital and create community care alternatives. Premier Ed Stelmach has reiterated his commitment that no patient will be moved until appropriate community-based care is available. The team is co-chaired by Dennis Anderson, the founder of Alberta Alliance on Mental Illness and Mental Health which has been critical of the government's move. Mr. Anderson says the focus of the team will be getting the right treatment for people. "It's not about justifying a forced move." A number of psychiatrists at the facility have also been outspoken about the bed closures, and have complained about the lack of consultation. The head of Alberta Health Services (AHS) has admitted that consultations have not been broad enough. The bed cuts at the hospital are among a number of measures being taken by AHS to eliminate its $1.1 billion projected deficit. In a NRG Research public opinion survey for the CBC, 61 per cent of Albertans said cuts to health care are unacceptable, and 70 per cent are not confident that these cuts can be made while retaining service quality. (News release; *Edmonton Journal*, Oct. 7,8; cbc.ca)

Quebec is planning to sue tobacco companies for the health-related costs of their products. This follows Ontario's similar announcement last week. Meanwhile, the Canadian Cancer Society applauded passage of Bill 32 in the Senate this week that bans flavoured cigarettes and cigarillos, as well as tobacco advertising in magazines and newspapers. (Montreal *Gazette*, Oct. 5; News release)

Paul Oram quits as NL health minister

Paul Oram has resigned as health minister in Newfoundland and Labrador, and is quitting politics, just three months after being appointed to the position.

Mr. Oram cited personal health concerns and the pressures of media scrutiny as reasons for his decision. “There’s no end to the stress and strain,” he told reporters after announcing his resignation Wednesday.

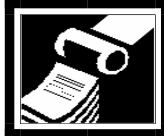
He has been in the media spotlight over conflict-of-interest allegations surrounding his ownership of a number of personal care homes, and his reliance on oral briefings from staff to run his $2.2 billion department.

But it was a controversial move to cut laboratory services at two remote communities, Flower’s Cove and Lewisporte, that particularly got Mr. Oram into hot water. The operating hours of the medical clinic in Flower’s Cove, located at the tip of the northern peninsula, were also reduced from 24 to 12.

After considerable backlash, Mr. Oram relented on the issue of the clinic’s hours, but he did not address the elimination of laboratory services in either community.

In a Cabinet shuffle Wednesday, Jerome Kennedy, a former criminal lawyer who has held the justice and finance portfolios, was named the new health minister. He planned to travel immediately to the northern peninsula to meet with community and hospital leaders.

This week, the two remaining permanent surgeons at the northern peninsula regional hospital in St. Anthony warned of severe consequences if a third surgeon is not hired. They said “preventable deaths” are inevitable, most from delays in diagnosis and treatment, but some simply from delays being transferred to other facilities. ***HE***



Miscellany

eHealth Ontario

“How the provincial government managed to spend $1 billion over seven years without actually producing the EHR system that Ontario still needs is an object lesson in what happens when managerial oversight collapses,” the *Globe and Mail* (Oct. 8) says in reaction to the auditor general’s report on eHealth Ontario this week (*See story page one*).

The *Globe* says no one in government understood what was going on at eHealth Ontario in part because of the complexities of information technology. As a result, they were willing to hand over responsibility to consultants. But it is time for governments to become more “technologically literate,” the *Globe* says, in order to provide the oversight required.

The Toronto *Sun* (Oct. 8) says the real scandal surrounding the report on eHealth is that if people had done their jobs Ontario would be closer to having an electronic health record system that would increase patient safety, improve access and health care efficiency. “The scary thing is we still need eHealth and those who caused this mess are still in charge of delivering it.”

The *Ottawa Citizen* (Oct. 8) believes the government’s response to the report has to go beyond the resignation of the health minister on the matter. “The government has a lot of work to do. It should begin by following the auditor’s recommendations to the letter.”

But the *Toronto Star* (Oct. 8) says this is not enough. “To regain Ontarians' trust, which has been badly shaken if not lost outright, his government will have to demonstrate it has a handle on the enormous health budget in general and electronic health records in particular.”

Scope of practice

A war of words has erupted between the Ontario Hospital Association and Ontario Medical Association over the latter’s opposition to elements of new provincial legislation (Bill 179) providing expanded scope of practice to nurse practitioners and pharmacists.

In an opinion-editorial in the *Toronto Star* (Oct. 6), Tom Closson, the president and CEO of the Ontario Hospital Association, said the OMA appears to be in disagreement with the prevailing view that health professionals work best when part of a team. He says the OMA’s opposition to Bill 179 “is consistent with its pattern of protecting what it believes to be physicians' ‘turf,’ even if it means rejecting ideas that would improve the quality and sustainability of our health-care system.”

In a response published by the *Star* (Oct. 8), OMA President Dr. Suzanne Strasberg said she was surprised the OHA was “picking a fight” with her organization. She said Mr. Closson's “recent assertion that doctors aren't providing leadership in health care is insulting.” She suggested that if the OHA is going to talk about leadership “it should focus on helping hospital administrators (its members) find a way to break [their] addiction to service cuts that’s leaving patients travelling further for urgent care.”

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