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We Thought We Were on Top: A Commentary on “Implementing e-Health through Canada Health Infoway” by Tom Daniels

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A Commentary

Commentaries are reflection pieces prompted by a HRA or CHRA, and either provide background information or respond in some way to conclusions reached in a HRA or CHRA.

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In analyzing Canadian e-health (Volume 2/Issue 3), Daniels posits that Canada Health Infoway (CHI) was a best-available compromise taken by the Chrétien Federal Government of 2000. The argument is that the Canadian Constitution and Canada Health Act left no room for the Federal Government to “dictate e-health strategy to the Provinces.”

It is true that federal-provincial politics and positioning has pervaded all health policy discourse between both levels of government since the establishment of Medicare, indeed since the British North America Act of 1867. Moreover, it is true that our national government is the weakest, compared to the other OECD countries, at influencing the course and direction of health care in the country. It is not at all clear, however, how the Canada Health Act, as written and not as often intended, has any real influence on CHI and is a red herring in this analysis.

The ideas and policy direction for CHI date back at least 10 years before it was formed and include, among others, work of Industry Canada, the Information Highway Advisory Council, CANARIE, the National Forum on Health, and the Advisory Council on Health Infostructure (ACHI), 1997-1999. The idea of forming CHI, which came at the conclusion of ACHI in February 1999, was very much a shared federal-provincial agenda. On 21 June 1999, a Federal/Provincial/Territorial Advisory Committee on Health Infostructure, reporting to the Conference of Deputy Ministers, was established to advance the work of ACHI. In August of 2000, a short paper was released by the FPT Advisory Committee entitled “New Investments in Canada Health Infoway”. The paper suggested a funding mechanism and implementation that was: pan-Canadian, jointly co-ordinated, and provincial/territorial. The clear notion at the time was that CHI would be a short-term and catalytic 3- to 4-year attempt to share the fixed costs of the health infostructure with provinces and territories. On 12 December 2000, the National Health Infostructure Blueprint & Tactical Plan was released and called for an investment of \$500 million by the Federal Government. A corporation of Deputy Ministers, as shareholders for the infostructure, was formed in St John’s, Newfoundland on 5 June 2001. They formed and conducted the first meeting of CHI on 7 June. CHI was incorporated 22 June 2001 and a Board was subsequently appointed.

While it is true that CHI represented federal spending power, the provinces individually agreed on shared responsibility to provide resources. CHI necessarily attached conditionality to its funding. It is another question as to whether the conditions and the intended expenditures were appropriate. CHI was originally conceptualized as “an immediate investment of \$500 million to a corporation for the purpose of defining standards governing shared data to ensure the compatibility of health information networks”. The intended investment was to be over a 3- to 4-year period. Four times as much has been spent over the past eleven years. Others can determine whether the return on investment has been adequate.

What can be said is that CHI was originally intended to be a short-term acceleration of information and communications technologies in Canada and a shared federal/provincial/territorial partnership. While FPT dynamics were apparent in the process of developing CHI, an analysis that posits that CHI was a federal compromise as the only attractive alternate for Canadian e-health, does not go deep enough and ask why CHI became so

political, once formed and operational. A deeper, objective and methodically sound program evaluation in this regard might provide additional and alternative insights. Who was appointed to the Board and as the Chair, and why? To whom were they accountable? How were decisions made and were they aligned to the intentions behind the initial investment? What changed when the Federal Government changed?

In 2015, whether or not CHI was a good idea, properly implemented, appropriately governed, adequately supported or otherwise, and despite the best intentions and efforts by many, Canada is on the bottom in e-health compared to our OECD neighbours. Strangely enough, and in the heady days of the 1990s, we thought we were on the top!

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Dr Noseworthy was a member of the National Forum on Health (1994-1997), co-chaired the ACHI (1997-1999), was a member of the FPT Advisory Committee on Health Infostructure (1999-2010) and a member of the FPT Advisory Committee on Information and Emerging Technologies (2001-2004).