BCATPR e-Health Policy
Baseline Study

Study Team (original):
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For Today

• Inter-jurisdictional eHealth Policy
  – Rationale, Perspective and Terms
• The Study – Goal, Design, and Results:
  – Inter-jurisdictional e-health policy issues
    • How similar or dissimilar are the issues?
    • Which represent an immediate barrier?
  – Inter-jurisdictional e-health policy and process
• Conclusions and Recommendations
Inter-jurisdictional eHealth Policy
– Rationale, Perspective and Terms
Study Rationale
Theoretical Scenario

A patient in Fort Nelson, BC needs an emergency consultation with a specialist in:

- Vancouver Coastal Health Authority, BC
  - Can we do this?
- Calgary Health Region, AB
  - Can we do this?
- Mayo Clinic, Rochester, MN, USA.
  - Can we do this?
- Aga Khan University Hospital, Karachi, Pakistan.
  - Can we do this?

Technologically – Yes. **BUT** – what about ……
Study Rationale
Theoretical Scenario

Inter-jurisdictional policy issues:

Between Health Authorities
Between Provinces
Between Countries

We are unfamiliar with this new paradigm.

We need to facilitate, but also manage, this new reality.

- Certification and Training
- Licensure
- Remuneration
- Professional Conduct – CMPA
- Clinical Standards
- Accountability for Clinical Decisions
- Scope of Practice
- Protection of Personal Health Information
- Data Stewardship
  - Data Quality
  - Data Collection
  - Data Management
- Etc., etc., etc.!!!!
Study Perspective
The Reality

• Inappropriate e-Health policy (a component of health policy) in any one ‘jurisdiction’ can cripple the ability of e-health to reach its potential.

• Our current *ad hoc*, local, ‘emergent’ approach to e-health policy may create additional barriers: e.g. jeopardise access and equity of healthcare.
Study Terms
The Basics

• Policy.
  – “A plan or course of action of a government, political party, business, etc., intended to influence and determine decisions, actions, and other matters.”

• eHealth ‘policy’.
  – “A set of statements, directives, regulations, laws, and judicial interpretations that direct and manage the life cycle of e-health”

• eHealth policy ‘issue’
  – A point or matter of discussion, debate, or dispute that may promote or inhibit inter-jurisdictional e-health.
Study Terms
The Basics

• Jurisdiction.
  – A generic descriptive term for any identifiable ‘unit’ that possesses some autonomy in providing or presiding over healthcare services and activity within a defined sphere of authority (e.g. hospital, Health Authority, administrative region, country, international agency).

  • Intra-jurisdictional describes activity within a single jurisdiction (e.g. single hospital or single Health Authority)
  • Inter-Jurisdictional refers to activity that takes place between two or more jurisdictions.

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The Study – Goal, Design
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• Goal:
  – To increase utilisation and uptake of e-health (telehealth) by facilitating inter-jurisdictional e-health activity through informed e-health policy development.

• Design:
  – Participants - Health Authorities & PHSA
  – Methodology - Literature review (structured); Survey, Key Informant Interviews (KIIIs), and policy document analysis
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Summary:
- 5 of 6 Health Authorities agreed
- 4 actively participated
- Literature Review
- Survey
  - Only 3 of 5 returned
- Key Informant Interviews
  - Three KII’s for each of 4 participating HA’s.
  - DM / clinician / coordinator
- Policy documents
  - 3 of 5 participating HAs provided material
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Study Questions

• What inter-jurisdictional e-health policy issues exist?
  – How similar or dissimilar are the issues?
  – Which represent an immediate barrier?
• What specific inter-jurisdictional e-health policy exists?
  – Is there an absence of e-health related policy instruments that facilitate or inhibit inter-jurisdictional e-health?
  – What is the e-health policy-making process?
  – What programs already possess various forms of inter-jurisdictional e-health related policy?
  – Is there a need to develop a more consistent and integrated approach to the development of e-health related policy across or between stakeholders Provincially?
  – What are the associated facilitators and barriers?
• What preliminary broad lessons can be learnt and disseminated concerning:
  – An e-health policy-making strategy, potential inter-jurisdictional issues, and their implications?
BCATPR Policy Baseline Study
Results

Infrastructure
### BCATPR Policy Baseline Study

**- Results: Infrastructure (Telehealth)**

<table>
<thead>
<tr>
<th>Physical Infrastructure</th>
<th>Health Authority B</th>
<th>Health Authority D</th>
<th>Health Authority F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth Unit [1]</td>
<td>26</td>
<td>77</td>
<td>477</td>
</tr>
<tr>
<td>Telehealth Facility [2]</td>
<td>28</td>
<td>85 +</td>
<td>165</td>
</tr>
<tr>
<td>Telehealth Site [3]</td>
<td>13</td>
<td>28</td>
<td>51</td>
</tr>
</tbody>
</table>
### BCATPR Policy Baseline Study

- Results: Infrastructure (Telehealth)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Health Authority B</th>
<th>Health Authority D</th>
<th>Health Authority F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth Activity [1]</td>
<td>1</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Telehealth Application [2]</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Telehealth Service [3]</td>
<td>-</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Telehealth Program [4]</td>
<td>5</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Telehealth Network [5]</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>
### BCATPR Policy Baseline Study

- Results: Infrastructure (Health Informatics)

<table>
<thead>
<tr>
<th>Physical Infrastructure</th>
<th>Health Authority B</th>
<th>Health Authority D</th>
<th>Health Authority F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Database Management System (DBMS)</td>
<td>Multiple</td>
<td>73</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Decision Support System (CDSS)</td>
<td>1</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>Electronic Patient Record (EPR)</td>
<td>2</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Electronic Medical Record (EMR)</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
BCATPR Policy Baseline Study

Study Questions

• What specific inter-jurisdictional e-health policy exists?
  – Is there an absence of e-health related policy instruments that facilitate or inhibit inter-jurisdictional e-health?
  – What is the e-health policy-making process?
  – What programs already possess various forms of inter-jurisdictional e-health related policy?
  – Is there a need to develop a more consistent and integrated approach to the development of e-health related policy across or between stakeholders Provincially?
  – What are the associated facilitators and barriers?
### BCATPR Policy Baseline Study

#### Specific Policy?

<table>
<thead>
<tr>
<th>Topic</th>
<th>HA-B</th>
<th>HA-D</th>
<th>HA-F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of policy documents</td>
<td>16 softcopy (15 listed in survey)</td>
<td>12 softcopy (28 listed in survey)</td>
<td>6 softcopy (7 listed in survey)</td>
</tr>
<tr>
<td>Source</td>
<td>Health Authority; Provincial; and National</td>
<td>Health Authority</td>
<td>National or Provincial; no HA documents</td>
</tr>
<tr>
<td>Focus</td>
<td>Telehealth</td>
<td>eHealth and IT</td>
<td>-</td>
</tr>
<tr>
<td>Status</td>
<td>All draft</td>
<td>Final and Draft</td>
<td>-</td>
</tr>
</tbody>
</table>

No specific *inter-jurisdictional e-health policy*
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- Results: Policy Development

• Q. What is the e-health policy making process (BC / HA)?

• A. There is only moderate awareness of individuals or bodies involved with e-health policy making at both levels.

• A. There is a lack of understanding of what, if any, structured or formal e-health policy making process exists at either level.
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- Results: Policy Development

Q. Is there a need to develop a more consistent and integrated approach to the development of e-health related policy across or between stakeholders Provincially? YES!

A. Manifest absence of e-health related policy instruments for inter-jurisdictional activity at both regional and provincial levels. (Survey; KII; Literature)

A. Inter-jurisdictional e-health activities have been prevented by lack of clear policy. (KII)

A. Unanimous agreement of need for policy development because of e-health’s unique challenges. (KII)

A. Existing policy foci for e-health narrow in view: Provincial (MoH) vs Health Authority. (KII, Survey, Literature)
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- Results: Policy Development

Q. What are the associated facilitators and barriers to e-health policy development?

A. Facilitators:
   • Champions, citizen engagement, effective communication, resources, common governance, proper organizational structure. (KII; Survey)

A. Barriers:
   • Lack of identifying the need, lack of standardized processes, improper allocation of resources, remuneration, ineffective communication, conflicting ideologies, ambiguity of roles, political barriers, connectivity issues. (KII; Survey)
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Study Questions

• What inter-jurisdictional e-health policy issues exist?
  – How similar or dissimilar are the issues?
  – Which represent an immediate barrier?
# BCATPR Policy Baseline Study

## - Results: Policy Issues (Survey)

### Commonality of Inter-Jurisdictional eHealth Policy Issues

<table>
<thead>
<tr>
<th>Category</th>
<th>Health Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue</td>
<td>B</td>
</tr>
<tr>
<td>Data Stewardship</td>
<td></td>
</tr>
<tr>
<td>Privacy protection</td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
</tr>
<tr>
<td>Data security</td>
<td></td>
</tr>
<tr>
<td>Information quality</td>
<td></td>
</tr>
<tr>
<td>Ethics</td>
<td></td>
</tr>
<tr>
<td>Confidentiality</td>
<td></td>
</tr>
<tr>
<td>Consent</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td>Malpractice</td>
<td></td>
</tr>
<tr>
<td>Licensure</td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>Professional-patient relationship</td>
<td>No</td>
</tr>
<tr>
<td>Inter-Professional relationships</td>
<td></td>
</tr>
<tr>
<td>Interoperability</td>
<td></td>
</tr>
<tr>
<td>Standards</td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
<td></td>
</tr>
<tr>
<td>Strategic Support</td>
<td></td>
</tr>
<tr>
<td>Building ICT infrastructure</td>
<td>No</td>
</tr>
<tr>
<td>Development of networks</td>
<td></td>
</tr>
<tr>
<td>Inter-jurisdictional support</td>
<td></td>
</tr>
<tr>
<td>Inter-jurisdictional billing</td>
<td>No</td>
</tr>
<tr>
<td>Building ICT infrastructure</td>
<td>No</td>
</tr>
<tr>
<td>Development of networks</td>
<td></td>
</tr>
<tr>
<td>Virtual Mobility of HCP</td>
<td>No</td>
</tr>
</tbody>
</table>

- B: Yes
- D: Yes
- F: No
Study Questions

- What inter-jurisdictional e-health policy issues exist?
  - How similar or dissimilar are the issues?
    - 83% 2 or more; 74% common to all; 1 not a concern
    - 17 additional ‘issues’ identified

- Which represent an immediate barrier?
  - Privacy policies; Documentation policies/standards; Data quality; Interoperability and networks; Telehealth policy on determining standards and certification of sites;
  - Data stewardship; Provincial e-health policies; Private Network Gateway (PNG) Policies; First Nations Policies; Strategic Support
  - Identity Management and Access; Consent; Audit
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Study Questions

• What preliminary broad lessons can be learnt and disseminated concerning:
  – An e-health policy-making strategy, potential inter-jurisdictional issues, and their implications?
BCATPR Policy Baseline Study
- Evidence-based Conclusions / Recommendations

1. Lack of common inter-jurisdictional ehealth policy is a barrier to functional ehealth in BC.
2. BC and its HAs require a formal, expansive, and transparent e-health policy-making process.
3. Similar inter-jurisdictional e-health policy issues exist across HAs – common ground.
4. Five issues identified as requiring urgent resolution – a drop in the ocean.
5. Clarity around all identified ‘issues’ is needed – BC / HA / public ‘task force’ to describe and draft.
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- HC Health Policy Development Model
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- Primary Strengths and Weaknesses

Strengths:
- Identification of common policy issues
- Provision of telehealth terminology

Weaknesses:
- Participation (6 – 19m)
- Lack of clarity around each policy issue
- Inadequate health informatics terminology
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- Overall Conclusion

Given that e-health is inherently inter-jurisdictional in its application and impact, it is essential to develop policy in an inter-jurisdictional manner.

Not to do so will slow development of some ehealth initiatives, inhibit initiation of others, and perhaps prevent still others.
BCATPR Policy Baseline Study

To all those who contributed to the study …..

Thank You!

Q and A?