

implemented this type of system. But I suspect that it will take at least seven years – if not more – for this degree of access to be recognized as a fundamental right, and to be implemented in all organizations that provide professional health care to children.

The Electronic Child Health Network (ECHN) already has a functioning, integrated and shared electronic health records system that can grow by modules. We can admit more and more institutions and doctors to the exclusive top-tier that is represented by the current ECHN members. Maybe within the next seven years we can make it available to all children in Ontario. While we are completing that task, it should be possible to start making such a service available to children in all provinces, and to begin work on adult networks based on the same principles and technology. We can build integrated and shared networks for geriatric care, cardiac care, cancer care, diabetes care, etc., until we eventually cover the entire child and adult population.

What do patients want from electronic health records?

■ Kevin Leonard

At the Centre for Global E-health Innovation, Mr. Leonard is currently working to find out what parts of their health records patients would make use of and how they would want the information presented.

Health care has not adopted and adapted to technology nearly as well as other industries. Before trying to engage stakeholders in the development of information systems, we need to engage the people who are actually going to use them. So who is going to use an electronic health record? Obviously physicians and hospital administrators will use them, but one of the key users of the information will be patients. Part of the problem in involving patients in the design of information systems is that we do not have an organized patient voice that cuts across disease groups, nor one that also involves the well part

of the population. How do we get these voices coordinated to start representing the patient stakeholder group as we build systems?

The value of electronic health records should not just be measured in efficiency gains, but also in effectiveness gains and better health outcomes. This will obviously be a challenge since we do not measure health outcomes very well as it is. The overall strategic objectives in moving to a more

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electronic information system throughout the health-care system include increasing overall population health, reducing inpatient days in hospital and gaining some consistency between providers in the delivery of care and the delivery of information. But we must involve patients very early on in the process, which most hospitals are not currently doing. If the ultimate goal is to improve decision-making and outcomes, we need to acknowledge that decisions are going to be made in partnership between patients and their health-care providers.

How do e-health solutions get adopted?

■ Lorne Greenspan

Dr. Greenspan is a senior medical advisor at Medcan Health Management, and medical director of ON-Call Health Line, which provides telephone triage services in Ontario.

E-health initiatives can play a valuable part in strategies to manage conditions that are endemic in our population. The ICONS (Improving Cardiac Outcomes in Nova Scotia) study has shown that when you have a structure and a public/private partnership that delivers optimal health care, the outcomes are actually very cost-effective. Such