Telehealth in Canada: The technology is at the precipice of a revolution

BY ANDREA BATTCOCK AND KAREN WAITE

For several decades, telehealth has been an important factor in improving access to health-care services for Canadians. The challenge of delivering health-care to patients living in remote and rural areas of the country was the initial driving force for technical modalities such as videoconferencing to support care delivery.

With the advent of mobile technology, the opportunity to fully leverage telehealth is significant, with still pictures, voice, and video available to anyone anywhere with a modest technology investment. But have healthcare providers and consumers alike yet realized the full benefits that this emerging technology can bring?

Today many telehealth programs in Canada operate with a hybrid model that includes some central organization and support with a substantial amount of telehealth application development and delivery occurring within organizations delivering healthcare services.

For example, in Newfoundland and Labrador, the telehealth program is anchored at the Newfoundland and Labrador Centre for Health Information, supporting fifty-four telehealth sites. A provincial team assists Regional Health Authoritie (RHA) by encouraging healthcare programs and clinicians to utilize telehealth to provide better care for their patients. At the RHA level, regional telehealth coordinators and technical staff work to provide the necessary tools, guidance and support to enhance telehealth activity at the regional and community level. Physicians are encouraged to use telehealth in their clinical environment, at times directly from the desktop to enable them to see patients in a number of communities while accessing the FHIR for diagnostic imaging results.

Telehealth in Canada has also progressed in terms of reach and type of applications implemented over the past ten years. While every province and territory has moved forward during this time, the Ontario Telemedicine Network (ONT) is notable in its significant growth and the leadership it has demonstrated in the industry. It has expanded from 212 sites in 2006/07 to more than 1300 sites as of early 2011. Further, OTN-supported clinical, educational, and administrative initiatives have grown from 25,004 to 158,727,012. OTN is poised to roll out computer videoconferencing (CVCM) to enable all HEDC to reach even further to clinicians in their office settings.

One barrier to the broad scale adoption of emerging technology is in the practice setting. It is a readily accessible and widely available electronic health record. Again, while advances are occurring, the integration of telemedicine and electronic health records has not yet been realized. What then is needed to ensure that technology is fully leveraged in the healthcare delivery system or to prevent the need for access to the healthcare system in the first place?

Perhaps the view should be who are the consumers of health and wellness information, how can we best reach them and how does an integrated solution come together to meet the need? How can a best practice be a vehicle for something new?

ClinicalConnect $5 million upgrade

Continued from Page 6

“Two days later, Dr. Tetel called me and said everything was okay. I didn’t have to wait long and I didn’t have to worry,” said Barnard.

Not only can Dr. Tetel obtain test results and report about her patients from hospitals more quickly, she can also see what kind of services they are obtaining from the Community Care Access Centres.

“I can look at their files with the CCACs, and if they’re not getting the services they need, I can order them,” she said, emphasizing that this has been a very useful feature of ClinicalConnect. At the same time, about 50 visiting nurses are using the system, a number that will soon increase.

Dr. Mohamed Aliakzai, a family physician at the Kitchener Centre for Family Medicine, spoke with video from Kitchener, and commented that he, too, has found ClinicalConnect to be invaluable.

“Many patients who leave hospital are given prescriptions, but when they come to see me, all they can remember is that it’s a little white pill,” he said. He noted there are over 2,000 pills that are little and white, which leaves the doctor in the dark about what the patient is taking.

However, using ClinicalConnect, “I can access the patient’s record right away,” he said.

He discussed the experience of one patient who had been seeing a rheumatologist and was prescribed several medications. The patient stopped taking all of these medications, and could no longer remember what they were.

“I was able to go into the electronic records to see what they were,” said Dr. Aliakzai. “Two of them were important, and we were able to re-start him, minimizing the interruption.”

Just a year ago, before he had started using ClinicalConnect, he would have had to phone the rheumatologist’s office about what had been prescribed and then wait for a return phone call. The patient would have been required to come back to the family doctor’s office to obtain the necessary authorization.

Using ClinicalConnect, the information was obtained in seconds. “I don’t ever want to go back,” said Dr. Aliakzai.

http://www.canhealth.com

20 CANADIAN HEALTHCARE TECHNOLOGY OCTOBER 2011