Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS 033 2014]

On August 13, 2014, the Department of Health and Community Services received your request for access to the following records/information:

"I am requesting under the Access to Information act briefing notes, information notes, discussion papers and/or reports on Electronic Medical Records (EMR), completed since April 2013"

The Department has reviewed your request in the context of the Act and is able to provide you with partial access to the information that you have requested. Portions of the enclosed records have been removed in accordance with subsections 20(1)(a). Pages 4 – 11 have been removed in their entirety in accordance with subsections 18(1)(a)(i), 18(1)(b) and 18(2)(b) of the Act and pages 17 - 18 has been removed in its entirety in accordance with subsection 20(1)(a) of the Act. Those sections provide as follows:

s. 18(1) In this section

(a) “cabinet record” means

(i) advice, recommendations or policy considerations submitted or prepared for submission to the Cabinet

s. 18(1) In this section

(b) “discontinued cabinet record” means a cabinet record referred to in paragraph (a) the original intent of which was to inform the Cabinet process, but which is neither a supporting Cabinet record nor an official cabinet record;

s. 18(2) The head of a public body shall refuse to disclose to an applicant a Cabinet record, including

(b) a discontinued Cabinet record
s.20(1) The head of a public body may refuse to disclose to an applicant information that would reveal

(a) advice, proposals, recommendations, analyses or policy options developed by or for a public body or minister

Section 43 of the Act provides that you may ask the Information and Privacy Commissioner to review the processing of your access request or you may appeal to the Supreme Court Trial Division. A request to the Commissioner shall be made in writing within 60 days of the date of this letter or within a longer period that may be allowed by the Information and Privacy Commissioner.

Records that are refused on the basis of section 21 (legal advice) or section 18(2)(a) (official cabinet record), you must appeal directly to the Supreme Court Trial Division within 30 days after you receive the decision of the public body, pursuant to section 60. You may also contact the Office of the Information and Privacy Commissioner who may decide to initiate an appeal pursuant to subsection 60(1.1).

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2nd Floor, 34 Pippy Place
P. O. Box 13004, Stn. A
St. John's, NL A1B 3V8
Telephone: (709) 729-6309
Facsimile: (709) 729-6500
Email: oipc@gov.nl.ca

In the event that you choose to appeal to the Trial Division, you must do so within 30 days of the date of this letter. Section 60 of the Act sets out the process to be followed when filing such an appeal.

Please be advised that a copy of our response to your request will be published on the Office of the Public Engagement's website five business days after the response is mailed to you. If you have any further questions, please feel free to contact Cheryl Joy, ATIPP Coordinator, at (709)729-7010, or by email at cheryljoy@gov.nl.ca.

Sincerely,

BRUCE COOPER
Deputy Minister

/cj
/Encl.
Information Note
Department of Health and Community Services

Title: Provincial Electronic Health Record/Electronic Medical Record

Issue: Provide information on current status of the Provincial Electronic Health Record/Electronic Medical Record and other key provincial information systems.

Background and Current Status:

- Information systems, such as electronic health records (EHRs), have the potential to improve patient safety and care by:
  - Improving access to patient information;
  - Reducing duplicate tests and prescriptions;
  - Reducing drug interactions and “double doctoring”;
  - Improving access to services such as diagnostic imaging, decreasing wait times in the process;
  - Reducing patient travel time and cost to access services.

- The EHR will contain key patient information, such as laboratory results, diagnostic images (e.g., x-rays), prescriptions and patient health summaries from a variety of source systems.

- Significant progress has been made with the implementation of the Province's EHR with a number of key components in place. These include: Diagnostic Imaging; Pharmacy Network; Client Registry and Provider Registries; Telehealth and, as recently as last month, the Healthe NL Viewer. The Viewer provides a means for health care professional access to relevant clinical information including lab results, diagnostic images and select clinical records.

- While notable progress has been made by the Newfoundland and Labrador Centre for Health Information (NLCHI) with the implementation of EHR systems in the Province, significant work remains to:
  - Deliver and integrate all components of the EHR so that full value is achieved from existing investments for the benefit of patients, the health system and the Province;
  - Implementation of a province-wide Electronic Medical Record (EMR) system; and
  - Enrolment of the Pharmacy Network.

- An EMR is a comprehensive electronic record of a patient’s health information/history that replaces traditional paper files maintained in a family physician’s office. Considered a key component of the EHR, the EMR will provide a key piece to establishing a patient’s full medical history.

- The need to improve access to information to ensure safe and timely patient care through the use of EMRs was noted in the Commission of Inquiry on Hormone Receptor Testing (Cameron Report, Recommendation 41). As well, both Blue Books 2007 and 2011 highlighted Government’s commitment to the advancement of EMRs.
• The Newfoundland and Labrador Medical Association (NLMA) are keen on the development of the EMR and has signaled its willingness to financially contribute to the annual operating costs.

• Opposition parties have argued that we are not following recommendations for the Cameron Report and that we are leaving money on the table from Canada Health Infoway regarding EMR.

• The Province’s current position with EMR is due in part to NLCHI’s effort to implement critical components of the EHR first. Some provinces have embarked on EMR well before working other key pieces like a Client Registry. This perception of delay is in actual fact a more prudent approach since once the EMR is launched it will be able to pull valuable data from key EHR components (e.g., Diagnostic Imaging).

• Canada Health Infoway (CHI) has asked the Department to provide plans and timelines for the completion of certain projects, including; EMR, Public Health Surveillance Implementation, and Drug Information System. In addition, the Department must demonstrate the achievement of each projects objective in an effort to maintain the funding allocated to these projects by CHI. CHI has indicated the possibility of these funds being allocated to the continued advancement of other digital health care initiatives if the Department cannot demonstrate progress on the projects noted.

• The Department is currently working on a response to CHI, due by February 28, 2014, to demonstrate the advancement of these projects in order to maintain the funding allocated. In particular, the Department is working closely with NLCHI and NLMA to determine next steps for the development and implementation of an EMR for the Province.

• The Pharmacy Network has not met its full potential with only 40% of the total number of pharmacies enrolled.

Key Messages

• Newfoundland and Labrador is positioned to be among the first three provinces to establish an Electronic Health Record that captures health information from multiple sources.

• Electronic Health Records bring together all the old paper and film aspects of medical records into the digital world. This includes everything from x-ray images to people’s prescription history and involves multiple aspects of the health care system including hospitals, emergency departments, and pharmacies. In essence it is the house that stores people’s medical history.
• A part of this house is an Electronic Medical Record, which is a computerized medical record that resides in a physician’s office. Our approach is focused on building a province-wide system that includes a more complete view of a patient’s full medical history.

• NLCHI continues to advance initiatives that allow for the review of diagnostic images remotely, as well:
  o A Client Registry;
  o A Provider Registry;
  o Telehealth, which has become a fundamental means of delivering health care;
  o The Pharmacy Network; and
  o Other positive developments are expected to be announced in the very near future.

• A next step is to add an Electronic Medical Record. This requires planning and discussion with stakeholders including the NLMA with the goal of developing the best system possible. This approach will provide the greatest value for the people of the province.

• In Budget 2013, $3.8 million was allocated for an Electronic Medical Record Program to begin implementation. For the program’s full implementation, preliminary cost estimates are $10-$12 million over a five year period.

• We continue to work with Canada Health Infoway to utilize their expertise and will seek opportunities to secure federal funding as we finalize the best possible approach. NLCHI has secured $72 million in contracts from Infoway with $52.3 million invoiced to date.

• In her report, Madame Cameron talks about Electronic Health Records and Electronic Medical Records. Our advancements with advancing Electronic Health Records will allow us to more effectively incorporate Electronic Medical Records into a platform that is safe and readily accessible to medical personnel.

• Approximately $18 million has been allocated in 2013-14 towards the ongoing development of the province’s electronic health record.

Action Being Taken:

• The Department will continue to work closely with NLCHI and the NLMA to ensure the development of a sustainable EMR program along with addressing the challenges facing the Pharmacy Network. 20(1)(a)

• The Department will continue to monitor the status of EHR projects and initiatives to ensure they are aligned with the Department’s mandate and the needs of the Province.

Prepared / Approved by: Michael Bannister/Michelle Jewer
Deputy Minister Approval: 
Ministerial Approval: 
January 30, 2014
Newfoundland and Labrador is positioned to be among the first three provinces to establish an Electronic Health Record that captures health information from multiple sources.

Electronic Health Records bring together all the old paper and film aspects of medical records into the digital world. This includes everything from x-ray images to people’s prescription history and involves multiple aspects of the health care system including hospitals, emergency departments, and pharmacies. *In essence it is the house that stores people’s medical history.*

A part of this house is an Electronic Medical Record, which is a computerized medical record that resides in a physician’s office. Our approach is focused on building a province-wide system that includes a more complete view of a patient’s full medical history.

NLCHI continues to advance key initiatives that enable secure collaboration of information between healthcare providers. Such initiatives includes:

- A Client Registry;
- A Provider Registry,
- Telehealth, which has become a fundamental means of delivering health care;
- The Pharmacy Network; and
- Other positive developments are expected to be announced in the very near future.

Just recently the HEALTHe NL Viewer was announced. Currently, the viewer provides health care professionals with access to medication profiles available through the Pharmacy Network. Over time, the Viewer will include other relevant clinical information including lab results, diagnostic images and select clinical records.
• A next step is to add an Electronic Medical Record. This requires planning and discussion with stakeholders including the NLMA with the goal of developing the best system possible. This approach will provide the greatest value for the people of the province.

• Budget 2011 approved $10 million over 4 years for a provincial Electronic Medical Record Program.

• It is estimated to cost approximately $12 million to implement the first phase of a provincial Electronic Medical Record.

• We continue to work with Canada Health Infoway to utilize their expertise and will seek opportunities to secure $2 million in federal funding as we finalize the best possible approach for a provincial Electronic Medical Record.

• In her report, Madame Cameron talks about Electronic Health Records and Electronic Medical Records. Our advancements with advancing Electronic Health Records will allow us to more effectively incorporate Electronic Medical Records into a platform that is safe and readily accessible to medical personnel.

• NLCHI has secured $72 million in funding from Canada Health Infoway with $52.3 million invoiced to date.
Cabinet approval is required for the Newfoundland and Labrador Centre for Health Information to proceed with the implementation of a provincial Electronic Medical Record (EMR) program through the issuance of a request for proposal (RFP) as per the Public Tender Act.

An Electronic Medical Record, commonly called EMR, is a comprehensive electronic record of a patient’s health information and history that replaces traditional paper files maintained in a physician’s office.

By doing so, it enables critical patient information to be shared much more easily therefore enabling our healthcare system to improve the outcomes for our patients.

Other key benefits to this new technology include:

- Improving speedy access to patient test/procedures from hospital and other health information systems for physicians. For instance, physicians will be able to review lab results, diagnostic imagine report and up-to-date drug profiles all from one system;

- EMR will make it easier and cheaper to share or transfer patient information between healthcare professionals; and

- EMR will improve the administrative operations of a physician’s practice. For example, activities like appointment scheduling and submitting claims to MCP will be improved. This will, in turn, allow physicians to spend more time treating patients rather than processing paperwork.
• EMR is a component of the Province’s Electronic Health Record (EHR). An EHR is the house that stores a person’s complete medical history including everything from x-ray images to a person’s prescription history. NLCHI continue to advance key EHR initiatives such as a client registry and pharmacy network.

• The next key initiative for EHR is for the province to add an EMR program. It is one of the last key components and will provide critical community-based patient information to the entire healthcare system. This information has traditionally been paper based and held in physician’s offices.

• NL is the only province in Canada that does not have or is not in the process of implementing an EMR program.

• Funding is available from Canada Health Infoway for the development of the NL EMR program.

• The proposed EMR solution will not provide an EMR for all physicians of the province. The proposed program will first focus on the fee-for-service physicians because the features of an EMR best support their type of practice.

• Significant engagement is required between the Department, Newfoundland and Labrador Medical Association and the Newfoundland and Labrador Centre for Health Information; to ensure the successful EMR program appropriately meets the needs of physicians and the NL healthcare system.
Meeting Note  
Department of Health and Community Services  
Meeting with representatives of the Newfoundland and Labrador Centre for Health Information  
Thursday, May 16th, 2013 @ 2:00 pm  
Department of Health and Community Services  

Attendees:  
- Representatives of the Newfoundland and Labrador Centre for Health Information (NLCHI)  
- Senior officials of the Department of Health and Community Services (DHCS)  

Purpose of Meeting:  
- To provide an opportunity for senior DHCS officials to pose further questions to NLCHI regarding the proposed NL EMR Project.  
- Meeting Agenda – unavailable at the time of preparation of this note.  

Background:  
- NLCHI has developed a proposed provincial approach to EMR. This approach is currently under review by the Department. Our overall goal is to develop a sustainable EMR program that will have meaningful outcomes to improving healthcare in our province.  
- There is $3.8 million allocated in 2013-14 to be used for an EMR program. This funding will allow us to start implementation but it will not complete full implementation and deployment. Preliminary cost estimates indicate that capital project cost could be in the order of $10M to $12M over a 5 year period with ongoing operating cost to be $2.1M.  
- As we finalize the EMR program and confirm costs, we will be in a better position to know how far the allocation in 2013-14 will get us. There may also be an opportunity to cost share this project with Canada Health Infoway. We are still working to finalize the details and seek approval of the EMR program.  
- During the development of this approach NLCHI and the Department have engaged multiple stakeholders, particularly the Newfoundland and Labrador Medical Association (NLMA). Last year, officials from NLCHI and Department met with the NLMA to discuss the proposed approach. Comments from the NLMA were positive and due diligence work continued. The next step in the process is to explore implementation options including further discussions with the NLMA regarding how best to roll out an EMR program.  

Potential Questions: