



Electronic Health Records' Implementation Status

2016 Value-for-Money Audit

Why We Did This Audit

- In 2008 and 2010, the government committed to having an Electronic Health Record (EHR) for every Ontarian by 2015. Although no overall budget was created, a separate budget for selected projects within the initiative that would be managed by eHealth Ontario (an agency created in 2008) was established in 2010 at \$1.06 billion.
- An EHR is a digital lifetime record of an individual's health and health-care history, updated in real-time, and readily and securely available to authorized health-care professionals.
- Given the importance of EHRs, we decided to review the progress made on EHR projects, undertaken and overseen by the Ministry of Health and Long-Term Care (Ministry), and by eHealth Ontario.

Why It Matters

- A significant amount of public spending is required to realize the benefits of EHRs for patients, clinicians and the health-care system.
- A fully functional and integrated EHR would allow clinicians (for example, physicians, hospital medical staff, pharmacists, lab technicians) anywhere in Ontario to easily and quickly share and access complete patient health history and health information, thereby contributing to more timely and better quality care for that patient.
- Full participation of and usage by health-care organizations and professionals is paramount for EHRs to contain complete patient information and the intended benefits of the EHR projects are realized at the points of care.

What We Found

- Buy-in from and participation of health-care organizations and professionals such as physicians, hospitals and labs in the EHR initiative is critical, and neither the Ministry nor eHealth Ontario has required these parties to contribute patient information to the EHR systems. Some of eHealth Ontario's core EHR projects in use as of March 31, 2016, still lacked some promised features and/or contained incomplete patient information. For example, clinicians can only access diagnostic images such as x-rays and CT scans in the region where they practice. Images from about 60% of all privately owned imaging clinics are not included in the provincial database. As well, clinicians cannot electronically order lab tests or electronically prescribe drugs for their patients.
- The ultimate objective of EHR is for any authorized physician or patient to be able to access all of a patient's medical history across the province. More work is needed to advance the EHR initiative. For example, hospital physicians and nurses cannot electronically access patients' medical history from the patients' family physicians. As well, most of the physicians we interviewed and surveyed did not fully use the available EHR systems (e.g., drugs, labs and diagnostic images), and over a third said they did not know how to use the systems. Nearly half (45%) said they experienced information-technology barriers such as cumbersome log-ins, and were not able to readily find information. At the time of our audit, a number of projects were still in progress, and there were no plans in place for patients to access their own electronic health record.
- The EHR initiative was not delivered on time by 2015. The Ministry never established an overall strategy and budget for the comprehensive EHR initiative that covered all health agencies' and organizations' costs. During the 14 years from 2002/03 to 2015/16, the overall health-sector system costs on EHRs—including the original seven core projects, the corporate costs of the Ministry and eHealth Ontario on the EHR initiative, and all other EHR-related activities and information system costs—have surpassed \$8 billion.
- The Ministry did create a formal budget of \$1.06 billion in 2010 for eHealth Ontario to complete the original seven "core" EHR projects by 2015. In addition to these core EHR projects (Ontario Laboratories Information System; Diagnostic Imaging; Integration Services; Drug Information System; Diabetes Registry; Client, Provider and User Consent Registries; and Client, Provider and User Portals), the Ministry has also funded other projects and health-care organizations for EHR-related activities and information systems that contain patient information that the EHR needs. Examples of such funding include costs of implementing electronic medical records used in family physicians' offices, the Province's immunization system, and hospital information systems used in emergency rooms.
- As of March 31, 2016, eHealth Ontario's spending on the seven core projects was just over \$1 billion and still within budget. However, eHealth Ontario estimated in March 2016 that it was about 80% complete for five projects and anticipates spending an additional \$48 million that will result in only five completed core projects. eHealth Ontario now expects to fully complete its project-build work on these five EHR projects that it is responsible for by March 2017. In 2015, the Ministry assumed responsibility for the drug information system, which was one of eHealth Ontario's original seven core projects. The Ministry is changing the scope of this system, but has not established a going forward budget for it. The Ministry expects to fully complete this project by March 2020. Another of the seven projects, the Diabetes Registry, incurred about \$70 million and was cancelled in 2012.

Conclusions

- eHealth Ontario and the Ministry need to ensure that an updated strategy and budget are in place. As well, it is important that all intended EHR functionalities are available, and that health-care organizations and professionals are made more aware of the various EHR systems and their capabilities. All required information also needs to be in the systems so that a complete picture of a patient's health information is electronically available and accessible by physicians and hospitals to provide timely and quality patient care.

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