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Official Report of Debates (Hansard)

Tuesday 27 April 2010

Journal des débats (Hansard)

Mardi 27 avril 2010

**Standing Committee on
Government Agencies**

Intended appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON
GOVERNMENT AGENCIES

Tuesday 27 April 2010

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES
ORGANISMES GOUVERNEMENTAUX

Mardi 27 avril 2010

The committee met at 0905 in committee room 1.

The Chair (Mr. Ernie Hardeman): I call the meeting of the government agencies committee of April 27 to order. The first order of business this morning is to apologize for my voice. It's something to do with age. It has mellowed. I find it hard to scream this morning, so I will be very congenial.

Ms. Lisa MacLeod: I'm your seatmate, and I confess that it has not mellowed.

The Chair (Mr. Ernie Hardeman): Thank you.

I do apologize for that, but hopefully I will get through the meeting. I want to thank you all for being here.

SUBCOMMITTEE REPORT

The Chair (Mr. Ernie Hardeman): The first order of business this morning is the subcommittee report dated April 22. Do we have a motion to accept the subcommittee report?

Mrs. Laura Albanese: I so move.

The Chair (Mr. Ernie Hardeman): Thank you, Ms. Albanese.

You've heard the motion. Any questions on the report? If not, all those in favour? Opposed? The motion is carried.

INTENDED APPOINTMENTS

DR. SHAUN MCGUIRE

Review of intended appointment, selected by official opposition party: Shaun McGuire, intended appointee as member, eHealth Ontario.

The Chair (Mr. Ernie Hardeman): We have two purposes for the meeting this morning, as you will see on the agenda. The first is, of course, reviewing an intended appointee. Dr. Shaun McGuire is with us this morning as an intended appointee for eHealth Ontario. Upon conclusion of that, we will go into the closed session for doing the draft report on the Ontario Power Generation Corp.

We call Dr. Shaun McGuire to the table. Dr. McGuire, thank you very much, first of all, for coming in this morning. We will inform you that we look forward to a small presentation to speak about yourself, if you so wish to do that. Upon completion of that, we will have questions and comments from the parties in rotation. I believe this time we'll start with the third party—if not,

we will start with the government side. With that, we'll turn the floor over to you for your presentation, and we'll go from there.

Dr. Shaun McGuire: Thank you for the invitation to appear this morning.

I'll start off with brief remarks about an electronic health record and why we simply have to have one. You can't manage what you can't measure in a timely fashion. Electronic health records are a fundamental enabler of effective management. This is essential to performance management and, more importantly, to performance improvement in many domains of health care, particularly in quality and safety and in effectiveness of patient care. Potential benefits accrue not only to the system; potential benefits accrue at the individual interaction level to patients and providers alike.

If I could briefly indulge you with an anecdote, last week I received a report on a patient who was cared for in a hospital. The report contained the complete admitting information, contained complete documentation of the hospitalization, contained beautiful colour photographs of everything that was done to this individual. I received the report less than 24 hours after the patient left a health care facility in a city in the Far East, and that report managed to find its way to me in Ontario. Why can't we have that type of information? Electronics is the obvious solution to getting it in a timely fashion.

Why am I here? I have a bit of a different perspective and experience with health care and electronic records. I've worked in the Ontario health care system for 20 years at the rock face, and I've seen first-hand the difficulties and challenges that arise in trying to negotiate patients through what is described as a system, but unfortunately oftentimes is a series of silos through which information does not pass in a seamless fashion. I understand the amount of effort, time and resources that health care providers expend in trying to safely navigate patients through this array of service providers.

The provision of health care is complex. The systems and the interrelationships are multiple and not simple. Decisions are made collectively between patients and their health care providers, and those decisions require the availability of precise, timely and accurate information to enable bringing the right services to the right people at the right times.

0910

The system must address and reflect the needs of users. Oftentimes, systems reflect the needs of designers.

There is always the hazard that system builders and system custodians come to view themselves as the primary user, which can slow or negate the uptake and utility of the final system.

I have a fairly long record of engagement in the institutional community and other health care environments. I've directly observed the challenges and gaps in information and communications and the significant impacts those have on patient care. I have an experienced understanding of the health care system, and particularly the Ontario health care system. With it, I have had some experience in instituting IT projects, certainly at the local level in Ottawa and certainly at the primary care level as well. I am somewhat pleased to say that in my current environment, we have a functioning electronic health record.

I also have some experience in change management and in groups. My current role at the Ottawa Hospital is lead on physician engagement and lead on physician accountability. Working with Dr. James Worthington in that environment, we have relatively significant experience of trying to get change in a provider environment.

Somebody asked me, "Why do this?" The challenge is important. The opportunities for gains are significant. I believe that I have the necessary experience to make me an effective contributor to the group that is charged with realizing the development of EHRs in Ontario.

At that, I will invite your questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. As I said earlier, we will start the questions with the third party. Mr. Hampton?

Mr. Howard Hampton: What motivated you to take this on?

Dr. Shaun McGuire: I was approached by the chair, Mr. Hession, who is known to me. I have been involved in these types of projects in Ottawa over the past decade. Basically, the opportunity for gain is significant. The challenges are also significant, but that usually is commensurate with any project with a worthwhile outcome.

I think I've seen first-hand, as I've said, the disadvantages of not having this and I think I can bring something definitely positive to contributing towards a solution.

Mr. Howard Hampton: What specifically do you think you can bring to the job?

Dr. Shaun McGuire: In particular, I have a good knowledge of the environment for health care, I have a good knowledge of the information flows that are necessary and I have experience in implementing IT. As I said, in the Ottawa environment we have successfully implemented an electronic health record for our patients as well. In addition to that, I've been involved in the Ottawa Hospital at the IT and IT committee levels in implementation of many of the projects at the local level.

Mr. Howard Hampton: Do you know Michael Decter?

Dr. Shaun McGuire: No, I don't know Mr. Decter.

Mr. Howard Hampton: Mr. Decter is a former Deputy Minister of Health. He is a departing board

member from eHealth—I want to thank our researcher for digging up his quote—and this is what he said. He said this last December when he announced he was leaving: "A headlong rush to create electronic health records did not serve the organization"—meaning eHealth—"or the taxpayers well."

The headlong rush. In other words, I think what he was saying is that we need to be more thoughtful in our approaches to these things. What do you think?

Dr. Shaun McGuire: I agree. I think in order to design a successful system, you need to understand what function it is to have. It's one thing to have an understanding at the technical level, and that's very important, but it's also important to have an understanding of what it is you hope the information system is going to do and to build it in a sequence that makes logical sense.

Mr. Howard Hampton: One of the complaints that—well, not a complaint. One of the things that came out of the auditor's report was that people were being paid incredible sums of money for doing things like writing a speech, or incredible sums of money for merely attending a meeting. You're going to be on the board. How do you intend to keep a sharper watch over things like that?

Dr. Shaun McGuire: I've read the auditor's report and the suggestions it contained. I think the board has the fiduciary duty to the people of Ontario to manage the resources that are being expended on the project in a prudent fashion. I think that would involve having the necessary information on what is going on come to the board and having the necessary oversight over what is actually going on in the organization in a timely fashion.

Mr. Howard Hampton: Well, you've worked in a large health organization where there are many parts—some of them, perhaps, even in competition. How do you think that sort of thing could have happened, where ridiculous sums of money were being spent on things that probably had very little to do with the central project or the real goal and objective?

Dr. Shaun McGuire: I really wouldn't be comfortable to speculate on exactly what went on at that level of detail, as I don't really have knowledge of what actually went on at eHealth at that level of detail. I have knowledge of only the summary report from the Auditor General.

Mr. Howard Hampton: Okay.

The Chair (Mr. Ernie Hardeman): Thank you very much. The government? Mr. Levac.

Mr. Dave Levac: Doctor, a very simple question, but an important one: Do you believe that it is possible to simply go to a shelf, buy a program, stick it in and say, "We've got eHealth"?

Dr. Shaun McGuire: I think that would be a terrific oversimplification of incredibly complicated problems. The health care system is diverse. No two hospitals are the same. No two community institutions are the same. No care delivery systems are the same.

There is a certain philosophy that you adapt the providers to the technology. I personally don't believe that's the correct philosophy. I think the technology needs to

reflect the ultimate purpose it's designed for, which is the effective delivery of care, and have the latitude for flexibility to adapt to what is often innovative local practice. There is a risk in having an overstructured, over-prescribed solution that innovation is stifled.

Mr. Dave Levac: Thank you. And further to that, inside of Ontario and indeed across Canada, the experts that speak about eHealth indicate that there would be savings. Do you believe that the work that you've done in eHealth has saved funds to put back into the system for patient care?

Dr. Shaun McGuire: I think it's oftentimes difficult to find the direct relationship. But when you think about the types of circumstances that eHealth should avoid—duplication of tests, inadvertent outcomes of care, people becoming sicker because of lack of timely information and those more severe illnesses requiring care with attendant increased resources in the later phases of the illness—it makes sense that this should occur. Finding the one-to-one relationship with that is often difficult because those savings, while there to the system, may not accrue within anybody's individual cost centre.

Mr. Dave Levac: With a man of your background, the amount of work that you've done in our health care system and the personal gifts that you have that you've shared with us, we want to thank you for putting your name forward and offering that expertise and that passion that you bring to health care to the province. We deeply appreciate it and I, for one, will be supporting your application. Thank you.

Dr. Shaun McGuire: Thank you, sir.

The Chair (Mr. Ernie Hardeman): Thank you very much. Anyone else?

Mrs. Laura Albanese: No further questions. Thank you.

The Chair (Mr. Ernie Hardeman): We will then go to the official opposition.

Ms. Lisa MacLeod: Welcome, Dr. McGuire, to our committee.

I notice that you went to King's College at Dalhousie. You wouldn't happen to be, by chance, a Maritimer, would you?

Dr. Shaun McGuire: I'm, I guess, more or less a citizen of Canada. I grew up in many small towns—Kenora, La Tuque—

Ms. Lisa MacLeod: I grew up in New Glasgow, Nova Scotia.

Dr. Shaun McGuire: Oh, really?

Ms. Lisa MacLeod: Yeah. So does that colour—are you going to be more forthcoming? I saw that, so I just thought I'd ask you.

In any event, I do realize that you are from the city of Ottawa, and I'm pleased to see that you've come forward with a recommendation from Dr. Jack Kitts, who has always been quite helpful to me in talking about electronic health records, among other issues. I know that the city of Ottawa, through the Ottawa Hospital, does have an active, proactive and open eHealth system that maybe you might be able to tell the committee members a little

bit more about, because there is a certain degree of success there, and I understand that you're going to be expanding it. Is it possible for you to let us know a little bit more about that?

0920

Dr. Shaun McGuire: Sure. Briefly, there are two spheres of operation. There's the institutionalized sphere of operation, where we've managed to assemble an electronic architecture that permits viewing of test results, be they microbiology, biochemical, consultative, radiologic, through a single access point to care providers. In addition, they've developed a patient registry in support of that with patient-unique identification.

In the clinical level there are individualized solutions in many of the specialty clinics, but as well there is an integrated solution for primary care in our academic teaching facilities. So quite literally, not to oversimplify it, it's possible, if, for example, you were a patient and you came in to see a provider such as myself, we could sit down in the room, at a terminal, as we discuss—quite literally view your medical record—all of your results and even view images, and have an interactive discussion. It's a work in process. It's been assembled one segment at a time. As one segment comes ready and integration is achieved, it goes through a process of rigorous testing and it goes through a process of provider validation, at which point in time it's brought online. That's been the approach that has been adopted in Ottawa.

Certainly, within the institution, we've met with a measure of success and I'd like to think we're meeting with success in point of view of the demands from providers who are outside the institution to have access to that system.

Ms. Lisa MacLeod: For example, right now CHEO and the Queensway Carleton Hospital can also tap into your system. Is that correct?

Dr. Shaun McGuire: Yes. And we are getting requests from primary care providers within the Ottawa area that they as well would like to have access to their patient data, the diagnostic data that's contained in that repository.

Ms. Lisa MacLeod: Just a quick question, and you may or may not have this information, but I think I'm going to ask it anyway. Do you have a sense of the time frame it took to get you to where you are from its inception, and do you have an idea of cost, of how the Ottawa Hospital's electronic health records system was built upon and based on?

Dr. Shaun McGuire: I can't comment to specific costs. I can tell you the issues of cost and time frame are often directly related. Project expansion is often—

Ms. Lisa MacLeod: On time and under budget?

Dr. Shaun McGuire: Exactly. So in terms of timeline, what I mean to say is the timeline is not necessary solely dictated by the technical challenge. The timeline is dictated by the technical challenge, prioritizing the sequence of addressing the issues in the technical challenge, and having available resources to

implement solutions. To that extent, this project has been going on for the better part of a decade.

Ms. Lisa MacLeod: Yes. I congratulate you on that.

I just had one other question, and I'm really pleased that you're here today. Last week, I tabled a private member's bill called truth in government and a lot of it was directly a result of the eHealth issue. What I'm actually interested in seeking your opinion on is, it follows the Ontario Hospital Association's recommendation that hospitals actually be opened up to the scope of freedom of information. So that recommendation is there for hospitals and I'm wondering if you are comfortable commenting on that initiative.

Dr. Shaun McGuire: I think that's probably beyond my level of understanding of how the legislative system works.

Ms. Lisa MacLeod: It would effectively mean records would be made available to the public. The Information and Privacy Commissioner has endorsed this idea, as has the Ontario Hospital Association, so that there would be more transparency and accountability, but—

Dr. Shaun McGuire: Personally, I'm in favour of transparency and accountability. There is always an issue when you're dealing with health care information and the protection of privacy, so I think those are always the two competing issues. They are competing issues even with an electronic health record.

Ms. Lisa MacLeod: Right.

Dr. Shaun McGuire: How do you protect patient privacy and yet guarantee the providers that need to access it, or the system managers that are charged with administering the system have access to that information—and yet protect the patients who volunteered the information on the understanding that their privacy was being guaranteed?

Ms. Lisa MacLeod: Well, thanks very much, Dr. McGuire. It was a pleasure to have you here today.

Just a final comment: It's going to be very challenging for the board of eHealth to restore the public's trust, but you're obviously an honourable person and I wish you luck. You're going to succeed, and that's a point where there's no question. I wish you luck in the road ahead in doing that very important goal of restoring the public's trust. Thank you very much.

Dr. Shaun McGuire: Thank you.

The Chair (Mr. Ernie Hardeman): I too want to thank you for being here this morning. That concludes the interview, and we thank you very much for taking the time to come here and speak with us this morning, but even more so for putting your name forward to take on this challenge.

I want to quickly speak to the last comment about wishing you luck. I just want to point out that it seems that good luck always comes to people who really work hard. Thank you very much.

With that, that concludes the interviews this morning. The next item of business, of course, is to deal with the

concurrence of the interview. First we need a motion to vote on—

Mr. Dave Levac: So moved.

The Chair (Mr. Ernie Hardeman): We have a motion to concur with the appointment. You've heard the motion. Any discussion?

Ms. Lisa MacLeod: Yes. While I think Dr. McGuire is a perfect candidate for eHealth, the official opposition has been calling for a public inquiry into eHealth for some time now. We're going to continue those calls, and until there's a public inquiry into what happened at eHealth with the \$1-billion boondoggle, we are not in a position to vote for any of the candidates. I just wanted to explain that, given the qualities brought forward by this individual. It is in no means meant to be personal; it is a comment towards the government and their unwillingness to get to the bottom of what happened there. Thank you.

The Chair (Mr. Ernie Hardeman): Any further discussion on the motion?

Mr. Dave Levac: Recorded vote.

Ayes

Albanese, Cansfield, Hampton, Levac, Sandals, Van Bommel.

Nays

MacLeod, Yakabuski.

The Chair (Mr. Ernie Hardeman): The motion is carried. Thank you very much for that part of the meeting.

For those members who were at our last committee meeting, you may remember there were a couple of questions brought forward that I answered without digging too deep. I would just like to clarify the positions taken at that time and point out why they were done.

At the last committee meeting, there was a question raised by the member from Simcoe–Grey, Mr. Wilson, regarding the starting time of our committee. I'd like to take this opportunity to clarify the parameters of our meeting when the House is in session. The meeting times of all standing committees are authorized by an order of the House for those periods when the House is in session, pursuant to the parliamentary calendar. The currently applicable order of the House is dated Thursday, May 1, 2008, and reads in part as follows: "The Standing Committee on Government Agencies may meet on Tuesday mornings to 10:45 a.m."

The order of the House is clear: The committee may meet in the morning of any Tuesday when the House is in session, starting at any time of the committee's or the committee Chair's choosing.

There is no requirement and there is no practice that the Chair would wait until after prayers or after orders of the day before calling the committee to order. The Chair

will call the meeting to order promptly when the Chair observes that a quorum is present.

While the May 1, 2008, order of the House states that the committee may meet up until 10:45 a.m., as Chair I will continue to follow the practice of all standing committees meeting in the morning and will adjourn our meetings by 10:25 a.m. in order to allow the members time to attend question period.

A further question was raised by the member from Algoma–Manitoulin, Mr. Brown, regarding whether our committee is required to adjourn when the House recesses upon completion of its business during a morning session. The answer is no. It would not be reasonable, and could not have been contemplated by the

House, that every committee authorized to meet in the morning prior to question period should have its planned agenda disrupted every time the House completes its debates earlier than anticipated.

With that notice, I think it was somewhat similar to what I said at the meeting, but we just wanted it on the record to explain exactly why that decision was made. Thank you very much for that.

We will now proceed into the private, closed session, the in-camera session, to review agencies, boards and commissions, and have a presentation from the research officer, Larry Johnston, on the Ontario Power Generation Corp.

The committee continued in closed session at 0930.

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