

# MAMOW AHYAMOWEN

Northern Ontario Indigenous Health Information Partnership

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## ENABLING HEALTH SYSTEM TRANSFORMATION

On July 24, 2017, Nishnawbe Aski Nation Grand Chief Alvin Fiddler, and former Ministers of Health Eric Hoskins and Jane Philpott signed a Charter of Relationship Principals that governs Health System Transformation in Nishnawbe Aski Nation Territory. This recognition of the need for fundamental change extends well beyond NAN territory. The main themes of health transformation discussions focus on the importance of First Nations having “authority, control, and oversight” over a new system where First Nations would “deliver and plan health services”.

Our partnership was formed out of the recognition that First Nations governance and management of health services cannot succeed without our communities accessing and using our own health data. We see health data as a key tool in effective health system governance. Our partnership is focussed on accessing data in Provincial and Federal systems and returning that data to communities. Another important and complementary source of data for our communities are electronic health records. For health

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transformation to be successful our communities need predictable long-term funding to have electronic health record tools in every Health Centre and Nursing station. Some of our communities already have these tools while others are still using cumbersome paper-based systems. All our communities need sustained funding support for electronic health records while many of our communities need implementation funding support too.

In this newsletter we make the case for why our communities must be

supported to move from paper-based charting to Electronic Medical Records (EMR) or community Electronic Medical Records (cEMR) that are a standard of practice in health facilities that serve non-Indigenous populations.

For health system transformation to be successful our First Nations leaders need information from our health centres to make good governance decisions and our health workers need tools that enable them to coordinate high quality care for our community members.

## Definitions

An **Electronic Medical Record (EMR)** is computer software that meets a set of standards developed by OntarioMD. EMRs are designed for use in family physician practices. The Giiwedong Health Link is developing one EMR tool so that it will work well in First Nations Health Centres.

A **Community Electronic Medical Record (cEMR)** has many of the same features as an EMR but is designed for use in a First Nations community health centre. A cEMR has modules for community-based health programs, Indigenous healers, and produces reports needed for Indigenous health funding sources. The only cEMR currently available is Mustimuhw Information Solutions which is a product produced by the Cowichan Tribes in British Columbia.

**Electronic Health Records** is a general term that includes EMRs, cEMRs and other electronic information management systems that are used in hospitals and other facilities.

A **Citizen Health Portal** is a website where citizens can access and contribute to a shared health record. It allows communication between citizens and their health providers and also between health providers. A Citizen Health Portal can help our people to be active participants in our health care.

## Progress Updates

Over the past few months our Steering Committee has been:

- Continuing to engage our communities about the mortality and chronic disease analysis we have planned. Currently 36 of our communities have chosen to participate in this analysis.
- Continuing to plan the mortality and chronic disease analysis. This includes thinking about how we define our communities. This is a challenge when we know that we do not have adequate palliative and long-term care facilities in our communities. This means that many of our people have to leave our communities to spend the last months or years of their lives in long term care or palliative care facilities that are far away from home.
- Submitting funding proposals to sustain the partnership's work beyond March 31, 2018
- Submitting abstracts for panel discussions to the Indigenous Health Conference and the Canadian Public Health Association Conference. We were excited to hear that both abstracts were accepted.

As we near the completion of our partnership's initial funding we are pleased with the foundation we have built and the potential that lies ahead of us.

## HOW ELECTRONIC HEALTH RECORDS ENABLE HEALTH SYSTEM TRANSFORMATION

Electronic health records transform the health system in several ways. The most important transformation is in **quality of care**. Our health centres and nursing stations are staffed by interdisciplinary care teams who often move in and out of the health facility for home visits or on staffing rotations. Coordinating high quality care for clients in a busy health facility is extremely difficult using paper-based systems. Using electronic health records, a nurse can assess a home care client's needs and assign follow-up tasks to personal support workers (PSW) with the confidence that the PSW will be reminded to complete the task the next time the PSW logs into the system. Better follow-up means better quality care.

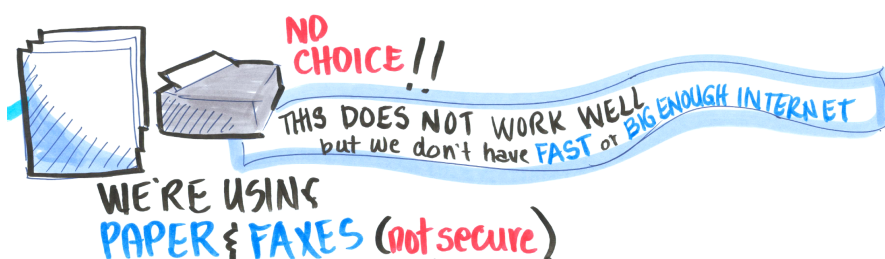
In addition to managing busy health programs, our community Health Directors spend hours each month compiling information from paper-based records to produce reports like the electronic Service Delivery Reporting Template (eSDRT) or the Community Based Reporting Template (CBRT). Electronic health record systems can automatically produce these standard reports. This gives our Health Directors **more**

**time to provide leadership** for our health services. Transforming a health system requires a lot of leadership time and transformation will not succeed while our Health Directors are left struggling with inefficient and outdated administrative systems.

The data our Health Directors compile each month are used for program reporting to funders. To transform the health system our Health Directors need **data to support decision making**. Electronic health records can produce a wide variety of reports with the press of a button. These reports could help our community Health Directors to schedule staffing to match the busiest times in a health centre or help to understand how to reduce the number of clients who are missing their appointments. This work to shape the health system so it works best for our communities is essential to transform our health services. These decisions are not being made with existing paper-based systems.

One of the most important **determinants of health** is education. Children who cannot prove that they have had the required childhood immunizations are excluded from attending school under Ontario's Immunization of School Pupils Act. When this happens to our children our nurses can spend hours trying to track down immunization records to get a child back into school. Electronic health records capture immunization records in ways that make them easy to find so children are not excluded from school in the first place and our nurses spend more time with patients and less time searching for paper-based records.

In summary, electronic health records can give our community health directors more time to lead, the data they need to improve the quality of care, and a tool to address social determinants of health in our communities. This is what health system transformation can look like.



## ELECTRONIC HEALTH RECORDS: WHAT IS NEEDED?

All the communities Mamow Ahyamowen serves need to be funded to have an electronic health record (EHR) system operating in the community. Our communities may choose to implement different systems and that is fine. Some communities already have electronic systems in their Nursing Stations or Health Centres and they need to be supported to continue to use and develop those systems so that our EHRs continue to evolve as our health system transforms.

Other communities are still using paper-based systems. These communities need to be funded so that they can choose an EHR that meets their needs, get trained on how to use it, and purchase the hardware and software licenses required to implement the tool.

Funding to support EHRs needs to flow directly to communities or to a health authority or tribal council that can support several communities. Communities know what will work best for their situation.

While our communities are working to implement these tools we need to help our communities to be able to

connect to other EHR systems. This would include connections to the provincial immunization database (Panorama), physician EMR systems, and hospital-based systems. This will mean that once our communities have an EHR then our communities will be connected to the rest of the health care system. For example, our nurses and home care staff will know when an elder is being discharged from hospital and returning to the community and our nurses will know what the care needs are for that elder. Our nurses would also be able to efficiently coordinate care with physicians. This would be a transform the way that health services are delivered to our people.

Sometimes when we talk about health system transformation it sounds like we are aiming for lofty goals. What we are aiming for is equitable access to health services. EHRs are a basic requirement of any modern health facility and yet very few of our health centers and nursing stations are using one. EHRs enable our health workers to plan and deliver the quality of care that non-Indigenous patients expect and receive. EHRs are an essential step towards health system transformation. Without EHRs our leaders may take responsibility for governance of our health services but they will not have the tools they need to successfully govern our health services.

**“Many First Nations communities are recognizing the ‘Power of Data’ in terms of its role in self-determination. First Nations health data is a vital element in determining priorities and measuring progress on health outcomes”**

—from the *First Nations Health Transformation Agenda* of the Assembly of First Nations<sup>1</sup>

## Looking Forward

Over the coming months we aim to complete community engagement for the mortality and chronic disease analysis. We will continue working to finalize our mortality and chronic disease analysis planning. We will work to complete the themes that emerged from our November 2017 planning meeting in Sudbury. This includes planning for how to communicate the mortality and chronic disease data back to communities in meaningful ways and telling our stories along with the data. We continue to watch for funding opportunities that could sustain the partnership. We will look forward to sharing our experiences at the Indigenous Health Conference and Canadian Public Health Association Conferences in May.

## COST EFFICIENCIES

Electronic health record tools are often viewed as an extra cost. Mustimuhw Information Solutions was able to estimate the human resource cost savings that would be required for an investment in Mustimuhw to be cost neutral. They found that if each employee in a small five-person health centre saved one hour of time per week by using Mustimuhw then the system would pay for itself through reduced human resource costs.

The savings are even better when the tool is licenced across a large nursing station or several smaller health centres. Mustimuhw estimates that if 60 users each save just 20 minutes per week by using Mustimuhw instead of

paper-based systems then the human resource savings will offset the Mustimuhw license price.

In reality the staff time saved by using electronic health records will not decrease human resource costs but it will allow those same nurses, personal support workers, mental health workers and other staff to spend a little bit more time caring for each client, conduct a few more home visits for our Elders, provide better chronic disease prevention and care, or complete some professional development training to make sure they are providing the highest quality of care possible. This is what a health system that is serious about transformation looks like.

### References

<sup>1</sup> Assembly of First Nations. 2017. First Nations Health Transformation Agenda. Available at: [https://www.afn.ca/uploads/files/fnhta\\_final.pdf](https://www.afn.ca/uploads/files/fnhta_final.pdf)

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