

# Fifteen Years Later: Where are we at with our National Integrated Electronic Health Record?

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## Trends and Issues in Nursing Informatics Column

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## COLUMN

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It has been 15 years since Canada Health Infoway first released the Electronic Health Record Solution Blueprint (2003) to help guide the national development of EHRs. Since then the blueprint has been revised (2006), and many regions have implemented their own EHRs. The national EHR was to become a standard of care in Canada, ensuring that Canadians and practitioners had access to their vital patient information from anywhere in our country (Canada Health Infoway, 2013). A national EHR would facilitate the sharing of data between service providers, across care settings, and across geographies. This would allow health care professionals access to the right information at the right time; a necessity for patient-centered care (Scott, 2015). The benefits of such a system seem undeniable. So why after 15 years have we not reached our goal?



Canada is still in the adoption stage for EHRs (Chang & Gupta, 2015). While some health regions have moved forward with different iterations of EHRs, others are more resistant to the change. There are many identified barriers to EHR adoption, including both personal and organizational barriers (CMVH, 2010). Technological barriers represent a significant roadblock to EHR implementation on both a personal and organizational level. Health care professionals may experience a perceived lack of computer skills, have concerns about privacy and security issues, or feel the disruption of clinical workflow and time required for training is too onerous

for the perceived lack of benefit achieved through an EHR (CMVH, 2010). Organizations may lack the infrastructure to implement EHR technologies. Issues like slow system speed, lack of adequate IT resources for system maintenance, software design and testing issues, implementation complications, and the rapid outdateding of technology, pose significant technological and financial concerns. EHR vendors have also taken advantage of the lack of policy outlining technical standards of system capability and interoperability which contributes to a variety of regional EHR systems that may not be able to work effectively or communicate with one another (CMVH, 2010; Scott, 2015). This results in some regions having highly effective isolated EHRs, but that information is not able to be shared with other regions when the patient travels or sometimes even when they go from a pharmacy, to a medical clinic, or to a hospital. The lifeline of a unified EHR is interoperability between systems, and until the communication gap between systems is addressed our goal of a nation-wide EHR may remain out of reach (Chang & Gupta, 2015).

However, Canada is not alone as many nations are struggling with the same issues (Stone, 2014). Issues of security, interoperability, and regional disparities in adoption are common concerns for countries working on EHR implementation. So why remain isolated in our struggles? Perhaps now is the time for a global initiative to help advance the EHR agenda. As we continue to gain momentum to move the national integrated EHR forward it is the perfect opportunity for countries to learn from each other, share our successes and failures, and develop viable strategies to support full EHR integration into health care.

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