



**AMA President Dr. Neil Cooper and Dr. Heidi Fell:  
Discussion about new *AMA Draft Policy Statement on Health Informatics***

COOPER: Hi. I'm AMA President Dr. Neil Cooper. We're here to talk about the new draft AMA policy statement on health informatics.

FELL: I think that I would like members to understand just how crucial information technology is becoming to our health system.

COOPER: That's Dr. Heidi Fell. Heidi has been working on health informatics since before the very beginning of the Physician Office System Program in the early 2000s. I know she sounds like she's in her 20s but she started this when she was 12. Heidi has been one of our key peer leaders and is now Chair of our AMA Informatics Committee. Heidi has been instrumental in the development of our policy and really gets where IT fits into the physicians' world.

FELL: IT has obvious links to direct patient care, but there are also links to physician compensation, patient involvement in the health system, stewardship of scarce resources and the use of data to improve care at the practice and system levels.

COOPER: I had a chance recently to ask Heidi some questions about our new draft policy and to get her take on where our policy fits into the entire health system and how this will affect you, our members.

FELL: This policy statement will provide direction for all of the AMA's activities that touch on these areas and so it's critical to me that we get this right in the eyes of our members.

COOPER: OK Heidi. You and your committee have put a lot of work into this policy statement. Can you tell us some of the foundational principles?

FELL: There are three groups of principles that we have included: tools and technology; patient care and engagement; and physician engagement and governance. Some highlights from these are, for example, that IT is not for IT's sake. It must be a useful tool with streamlined workflows and integration or interoperability with other areas of the health care system. Second, the tools need to align with and enhance the patient's medical home. Third, patients and all providers in their circle of care need access to the right information at the right time. And finally, patients and physicians need to be meaningfully involved in the design of these systems and there needs to be appropriate and timely support to help with the adoption of any changes.

COOPER: OK. What are some of the critical success factors when it comes to putting these principles into play?

FELL: Well, there are lots here, but some that I think might be especially important to members are: that the dollar costs to physicians must be kept very reasonable, things like remuneration need to be aligned, privacy and security is always maintained and any changes must have more value than burden. We have to be careful about burnout.

COOPER: We know Alberta Health is working on its own health informatics strategy. It's not final yet, but what are some of the key elements of the Alberta Health policy?

FELL: The four pillars are: the AHS Provincial Clinical Information System, now known as Connect Care; the integration of community information into Netcare and other parts of the health system; the continued evolution and improvement of Netcare; and data analytics.

COOPER: Can you describe the strategy that the AMA has developed around each of those four pillars?

FELL: Well, first of all, I think it's important to note that the AMA can't move forward on any of this work by itself. These are system-wide initiatives in most cases, and so we have been working hard to develop collaborative relationships with Alberta Health and AHS as well as others so that we can make forward progress.

COOPER: That's a great point. There is no way we can do this work on our own. It's really important that the AMA continue to provide the cooperation and leadership in this area so that the initiatives can move forward. How do the Alberta Health and the AMA plans fit together?

FELL: Many of the strategies for the pillars overlap. For example, representation of physician interests on the steering committees, design committees, and Connect Care and other user groups will be important. As well, integrated change management for all of these seemingly disparate initiatives will be needed. We are having a meeting with AHS and AH to begin that discussion for primary care to start with.

COOPER: What about collaboration with the EMR vendors?

FELL: As moved at the Fall Representative Forum, we are working on developing a formal vendor engagement strategy and have the first steering committee meeting coming up. There we will work to balance grassroots and system-wide needs regarding the community EMR vendors.

COOPER: We've been hearing a lot about how access to aggregate data is going to help us and help the system. We also have a lot of individual patient data that is not available at the point of care. Can you tell us about how we are going to work with partners to use the system data and to improve access to data when we are with our patients?

FELL: Data underpins all of these initiatives and so we will be working with groups like the HQCA and TOP to leverage work that has already been successful in entering, moving, using and

understanding data to make health improvements for individual patients and the system. We are also working on getting more high-value data into Netcare such as emergency department reports or care plans and other information from primary care, so that our members have the information they need to take care of their patients.

COOPER: Thanks Heidi. There are a lot of details in the draft policy document. We are now asking members to have a look and to provide us with some feedback.

FELL: I really hope that members take the time to look at the document and provide feedback. We are listening and even if members don't see that their specific feedback makes it to the final policy document, please know that we, and I, will use it to inform our activities going forward.

COOPER: I really want to thank you for all your work on this initiative and for being the key champion our members need to work on our behalf in this area. We really appreciate your efforts.

FELL: Thanks so much.

COOPER: Now it's over to you, as members, to have a look at the draft policy statement ([www.albertadoctors.org/News%20pdfs/ama-draft-policy-statement-health-informatics.pdf](http://www.albertadoctors.org/News%20pdfs/ama-draft-policy-statement-health-informatics.pdf)). The document is well written and only four pages long. I would also like to hear what you think of the podcast format. Were you able to download and listen to it easily? As always, you can reach me by email, comment on the website, or join one of the discussion boards. All the links are in the email. Thanks for listening!

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