Alberta
ANHIX
Network for Health Information eXchange

Newsletter

INSIDE THIS ISSUE:

Upcoming ANHIX Events

Due to the ongoing COVID-19 pandemic, ANHIX has suspended all in-person events.

However, to continue to provide value to our members, the Society has launched a series of virtual educational sessions, the first of which was held on November 5.

The next session will be held in late January or early February and may possibly be a virtual edition of the Winter Conference we co-host with Digital Health Canada.

Fall Virtual Session 2020

On November 5, 2020 ANHIX held its first virtual educational session. Its focus was activities at Alberta Health (AH) with an outline of developments on MyHealth Records and updates on the Community Information Integration Initiative. 92 people registered and 72 attended.

Abdul Lawal, Director of Consumer eHealth (AH) spoke first on MyHealth developments. He gave an overview and achievements to date, provided some usage statistics and identified upcoming plans.

The system was launched in March 2019 and provided access to lab results, medications and immunizations.

Additions since then have included secure messaging to health care providers and access to COVID-19 test results to both patients and their children. Currently, there are over 420,000 users of the system.

Future updates, underway and planned, include platform enhancements to improve user experience,

access to additional lab test results, diagnostic imaging reports and other clinical summary reports and referral status information. Access to online services provided by Alberta Health such as health insurance registration, is also planned.

Ryan Gallivan, Acting Executive Director Strategic IMT Services, provided the update on Community Information Integration (CII) and the Central Patient Attachment Registry (CPAR).

He provided a snapshot of the two systems, an indication of provider adoption and the engagement and development strategy.

CII collects select information from community physician offices and shares it with other members of the patient's care team. It also shares information from provincial systems with community physicians.

CPAR captures the confirmed relationship of a primary provider and their paneled patient.

To date, over 650,000 patient encounters have been

captured, encounter data from over 185,000 unique patients and nearly 60,000 consult reports. Currently, 430 physicians are submitting data from 99 clinics across 32 PCNs.

He then discussed components of the engagement strategy including service implementation, provider adoption and privacy and security.

Finally, he described future plans that included for CII, establishing foundational electronic referral services, enhancing the hospital eNotificaton service, developing a new patient summary data collection service and expanding the number of vendors integrated to the CII hub.

Plans for CPAR include displaying information on the patient's primary provider in Netcare, improving conflict reports, improving demographic mismatch reports and implementing clinic-level panel reporting.

The presentations and a video of the full session is available to members by clicking on the following link:

[Presentations & Video](#)

Annual General Meeting (AGM) 2020/21

Mike Craig has now taken over from Greg Thorsley as President of ANHIX for the 2020/21 year.

Congratulations to Mike and many thanks to Greg for all his efforts.

The AGM was held on June 17, 2020. Due to covid-19 restrictions, it was held virtually via Zoom. Seventeen members attended.

Operational and financial reports were presented and accepted and a new Board for 2020/21 was established.

New President Mike Craig replaces Greg Thorsley who now becomes Past President. No nominations were received for the Vice-President.

The Board nomination process attracted three candidates: Malcolm Steele, Sherry Nicholaichuk and Don McIntosh. Nominations were invited from the floor, but none were forthcoming. The nominees were approved by acclamation.

Heidi Bronson, Brett Duncan, Kathy Ervin, Kevin Jones, Brinda Narayan and Peter Smith have twelve months left on their existing term.

The remaining vacancies for Vice-President and several Director positions will be filled by the Board at its discretion.

A by-law change to amend the fiscal year-end date from February 28/29 to March 31 was proposed. The change was approved unanimously.
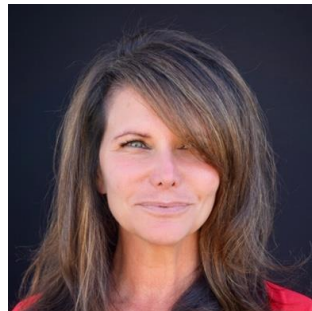
Note: At subsequent Board Meetings, Brett Duncan was appointed as Vice-President and Carolyn Trumper, Candy Gregory and Sandra Lambert were appointed as Directors. See bios below.

Spotlight on New Board Members

The Board comprises up to nineteen individuals, President, Past President, Vice-President and up to sixteen directors, including the Secretary and Treasurer.

Carolyn Trumper

Candy Gregory

Sandra Lambert

Carolyn is the Executive Director of Integrated Quality Management, Clinical Information Systems, Nursing Clinical Education and Professional Practice in Central Zone, AHS, and faculty member in Health Policy and Quality Improvement in Healthcare Management. She has been in healthcare for over 30 years and has great depth and breadth of leadership in nursing, quality improvement, patient safety, accreditation, regulation, legislation and health policy.

Candy is Director, Primary Care Network (PCN) Ops.erations with Albert Health (AH). She leads a team that supports PCN operations, grant management, compliance and monitoring, policy development and performance management and evaluation. Recent accomplishments include the development/roll out of ReportPCN, a web-based interface for PCNs to submit operational documents in compliance with grant agreement reporting requirements; and the Premiers Public Service team award for Community Information Integration.

Sandra is a Business Architect / Senior Business Analyst, with 20 years of experience in IT. Her focus for the past 10 years has been primarily in the healthcare sector, working for healthcare plan administration organizations in the US and on contract here for Alberta Health. She is known for her analytical skills, collaborative spirit and sense of humour.

In the News ....

ANHIX-Digital Health Canada 2021 Conference

Initial discussions have begun between ANHIX and Digital Health Canada regarding the annual Calgary Winter Conference. This would mark the ninth collaboration between the two organizations. Because of the pandemic, the event will be held virtually likely in early February. Details will be confirmed soon.

ANHIX Virtual Session Series

Our first virtual session, held in November, had 72 members/contacts in "attendance". Based on survey responses, the session was well received, and "attendees" responded positively to the suggestion of further sessions being held.

The Board discussed the feedback and agreed to target holding these sessions on a three-monthly basis. The next one is tentatively scheduled for late January although this will be delayed until early spring if the Winter Conference mentioned above goes ahead.

ANHIX Membership

To enjoy discounted rates to attend ANHIX events, and to have access to the presentations shown at those events, you need to be an ANHIX member.

This applies to the upcoming Winter Conference, virtual sessions and any other events held this year.

So if you want to get the best possible rate, go to the ANHIX website and Join.. The membership fee is only $25 and the savings you realize will greatly exceed the difference between the member and non-member rate.

ANHIX adds further value to Patron Sponsor Program

ANHIX is adding further value to our Patron Sponsor program by allowing sponsors to submit articles for publication in our newsletters. This will allow them to provide information on topics that is relevant to our members.

Articles will be reviewed by the Board and subject to the following guidelines:

- Topics must be consistent with the ANHIX mission/goals.

- Publication in the newsletter does not imply endorsement by ANHIX.
- The sponsor is solely responsible for any efforts or costs associated with the development of the article.

If any ANHIX member has comments or concerns regarding this program upgrade, please Contact Us.

Audit Volunteer Needed!

As a Society, ANHIX is required to submit an annual return to Service Alberta. This annual return must include an audited financial statement.

The Auditor term is for two years to ensure continuity. We already have an Auditor in place from last year but need a second volunteer who is a fully paid up member of ANHIX.

The effort is a couple of hours at most. The Treasurer will assist the auditors as needed but for transparency reasons, the members will report their findings to the President. If you would be willing to assist with the audit, please Contact Us

ANHIX Patron Sponsors

Patron Sponsor Contribution

Unlocking the Power of Machine Learning and Virtual Care in Health

Health systems all over the world face complex challenges in attempting to deliver high quality, cost-effective care. The challenges include continual cost increases, a higher prevalence of chronic diseases, higher use of expensive medical technology, an aging population, and the continuing fragmentation of care delivery.

One important aspect to improving the value proposition is that healthcare should be delivered in the setting (whether primary, secondary or community) that best suits a patient's needs and delivers care at a sustainable price. Increasingly we recognize that care delivered in the community can meet both goals by providing the care the patient needs in the most cost-effective way.

As health systems strive to "do better with less" there is an opportunity for machine learning approaches to guide the priorities and actions of providers across a population in a highly effective manner.

The importance of comprehensive data to improve care delivery

The importance of timely, high-quality, accurate data to manage healthcare cannot be overstated. Awareness has evolved, and experts widely agree that health status is affected by the environment people live in, as well as their socio-economic status, lifestyle and cultural background.

To have a full picture of a patient's health status, clinicians need to be aware of the patient's social determinants of health. Add genomics, clinical, behavioral and lifestyle data, and now the care provider has access to a huge virtual library of relevant patient information. Coping with this volume and variety of data is a huge challenge for clinicians. To be useful for patient care, we must present data in ways that add value.

Machine learning can transform the way healthcare providers gain insight from clinical and other data repositories to make informed decisions, move closer to personalized medicine for patients and optimize healthcare delivery.

Virtual care – a new approach to care in the community

Virtual care is an approach to care delivery that is provided to patients remotely using technology. It integrates remote monitoring with comprehensive care coordination and patient engagement tools. Central decision support and other key capabilities round out a comprehensive package that extends the care provider's reach into the home, while involving patients more closely in their care planning and delivery. Virtual care is key to a sustainable health system that delivers the right care to the right patient at the right place.

Virtual Care has potential to improve the quality and cost of care delivery to a population. With real time monitoring of the patient's key indicators, easy communication between the patient and the care team and patient-tailored alerts, virtual care can significantly improve how care is delivered to a population.

In recent years, machine learning and virtual care have advanced healthcare into a new realm. In the future, it will be commonplace to see virtual care applications and machine learning expertise embedded in health systems to optimize the delivery of care.

Orion Health's recent whitepaper explores how the application of machine learning and virtual care can be harnessed at each stage of the patient journey to achieve the right patient, right care, right time and place model of care delivery. Please **click here** to read.

Patron Sponsor Contribution

Combatting COVID–19: The Next Wave of Healthcare Innovation

We are at a critical time. The pandemic persists and concerns about future waves grow. Healthcare systems are under more pressure than ever. Ensuring access to and delivery of health services is critical. Yet, the resources to care for patients like beds, medical equipment and healthcare and support staff are finite.

As we head into the unknown, we know we must optimize resources and patient flow to ensure the most critical patients receive the right care at the right time. As COVID overwhelm local hospitals, further disruptions to essential health services are inevitably following - staff are moved around to meet growing demands, non-COVID patients are sent to different areas, and life-saving screenings, surgeries and treatments are avoided, cancelled or delayed.

This year, Strata Health has responded to requests from healthcare leaders to see how we can help. We've worked with our partners to urgently innovate, building and deploying patient flow solutions, solving real-world problems at unprecedented speed. We have identified several ways that Strata Health's software suite can assist in meeting the challenges ahead.

Management of Assessment, Triage, Waitlist and Referral of COVID-19 Patients

Our patient matching algorithms automatically determine the priority of need and proper placement for treatment, acting as a data-driven decision support tool for care managers. Referrals are coordinated and sent rapidly, streamlining workflows and ensuring patients get access to the right treatment at the right time.

Critical Care Triage Protocol Process

We have automated and implemented a Critical Care Triage Protocol process. It is available to any jurisdiction intending to centralize the allocation of ventilators. This automation will allow the application of standard supplementary triage rules to streamline the allocation of resources while providing objective decision support for the clinicians involved in these difficult situations. The protocol can be centralized federally, provincially, by health region, or some combination thereof, as new ventilators are available, or the decision is made to support multiple patients on one machine.

Decision Support, Access and Placement for Post-COVID-19 Syndrome (Long COVID)

Long COVID may be affecting people in different ways, which means the one size fits all approach to treatment will not work. Strata Health can develop and implement a Long COVID assessment tool that determines patient needs, automatically matches patients to appropriate and available services, and coordinates and sends referrals using best match algorithms. Finding alternative care settings for these patients frees up scarce acute and critical care capacity.

Access and Navigation to Mental Health Services for Health Workers

Identifying and addressing mental health challenges, such as pandemic-related stress and burnout among health workers must be addressed. Ensuring healthcare workers have access to high-quality, accessible mental health and addictions support is vital. Strata Health can improve access to this support, providing greater transparency into resources and services within communities, and advancing overall utilization.

Vaccine Waitlist Management

With the imminent approval of COVID-19 vaccine candidates, there will be pressure to equitably and efficiently allocate doses as they become available. It will be critical for this clinical and logistical effort to be executed well and transparently. Strata Health's software specializes in automating waitlist prioritization using configurable and flexible algorithms. For nearly 20 years, our technology has been helping health systems manage waitlists dynamically. We believe the same features apply to a vaccine allocation program and are eager to get involved with this vital work.

In closing, effective patient flow has historically been important, but the pandemic has made it an even more vital. To discuss the solutions above, or any other ideas you may be considering, please reach out to us.

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Disclaimer: The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the ANHIX Society.

We want to hear from you!

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As mentioned earlier in this Newsletter, our Winter Conference and/or next virtual session will be held early in the New Year and the program committee for these events will begin its work shortly. As it starts to put the agenda together it would like to hear from you on any recommendations you may have for presentation topics or speakers.

Additionally, we are also always looking for ideas for newsletter articles, suggestions for ways we can provide greater value to our members or any other general comments. Please let us know what works and what can be improved. We can be reached by email, through the website, by fax or by mail.

Contact details are shown in the left column of this page so get communicating!

Have a Happy Holiday Season!

The ANHIX Board wishes all members, contacts and their families and friends a happy holiday season and a prosperous and happy New Year. Stay safe!