



Office of Health and the Information Highway

A large, stylized graphic in shades of blue. It depicts a human figure with a circular head and a body that tapers into a long, sweeping, upward-curving line. To the right of the figure, there are several thick, curved bands that resemble a highway or a data stream, curving upwards and to the right.

*Tele-Homecare
Consultation
Workshop:*

Follow-Up to Recommendations

Canada

**Tele-Homecare Consultation Workshop
August 7, 1998
Toronto, Ontario**

Follow-Up to Recommendations

Office of Health and the Information Highway
Health Canada

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Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

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Atelier de consultation sur les télésoins à domicile : Suivi des recommandations

INTRODUCTION

A tele-homecare consultation workshop was held on August 7, 1998 to examine and discuss:

- the current status of tele-homecare projects, activities and initiatives;
- obstacles, barriers and opportunities for development;
- trends and future directions; and
- potential federal initiatives.

Fifty representatives from industry, government, health services, organizations and academia participated. The workshop was organized by the Canadian Network for the Advancement of Research, Industry and Education (CANARIE) on behalf of the Office of Health and the Information Highway (OHIH), Health Canada.

The workshop resulted in a total of 27 recommendations grouped under the following categories: national vision; national policy and standards; funding; information and awareness; industry and business development; and consultation and collaboration. The following table outlines the progress that has been made by Health Canada in addressing these recommendations.

TELE-HOMECARE WORKSHOP AUGUST 7, 1998 FOLLOW-UP TO RECOMMENDATIONS	
Recommendation	Action
<u>National Vision</u>	
a) Create an advisory task force on tele-homecare/telehealth.	a) Discussions with provinces/territories and other stakeholders regarding telehealth are ongoing.
<u>National Policy and Standards</u>	
a) Develop policies and mechanisms to support a national home health care system for all Canadians.	a) OHIH works on an ongoing basis with Home Care Development in areas of mutual interest (e.g., round table on technology and homecare). OHIH also exchanges information with the Canadian Home Care Association on a regular basis.
b) Eliminate/offset home care access inequities created by the <i>Canada Health Act</i> .	b) The federal government actively supports innovative approaches to health care. The broader goals that we are working toward over the longer term were agreed to by ministers by health last September and included the place of home and community care in an integrated health system.
c) Establish incentives for tele-homecare at the provincial level to ensure that money allocated provincially supports homecare.	c) This issue is currently being explored by Health Canada.
d) Develop mechanisms and standards for interprovincial professional remuneration for tele-homecare, including remuneration for tele-consultation.	d) Paper commissioned by the Advisory Council on Health Infostructure Secretariat on the issue of telehealth and provider reimbursement.
e) Develop national standards or cross-border reciprocity agreements for professional credentialling.	e) Paper commissioned by the Advisory Council on Health Infostructure Secretariat on provider licensure issues pertaining to telehealth.
f) Establish national standards and regulations for confidentiality of electronic patient information.	f) Recommendation 3.4 in the Advisory Council on Health Infostructure's final report calls upon the federal Minister of Health to work with his provincial/territorial counterparts to create provincial electronic health record systems. A federal and provincial/territorial "expert" group under the sponsorship of Health CIOs Forum is undertaking collaborative work in this area.
g) Develop national technology standards and/or guidelines to ensure interoperability.	g) This issue is currently being explored by Health Canada.

TELE-HOMECARE WORKSHOP AUGUST 7, 1998 FOLLOW-UP TO RECOMMENDATIONS	
Recommendation	Action
<u>Funding</u>	
a) Fund several large-scale, world class trials with clear obligations for evaluation and dissemination of findings.	a) Health Transition Fund: 4 tele-homecare projects - \$7.4M HISP: 7 tele-homecare projects - \$1.5M February 1999 budget
b) Fund a National Centre of Excellence on Telehealth aimed at evidence-based results.	b) Discussions with provinces/territories and other stakeholders regarding telehealth are ongoing.
c) Provide funds for networked health initiatives like SchoolNet.	c) Health Canada working with Industry Canada on ways of enhancing their Community Access Program to include the voluntary health sector.
d) Fund more research and development at universities.	d) A literature review study on cost-effectiveness of investments in health infostructure is being initiated with representatives from the University of Ottawa.
<u>Information and Awareness</u>	
a) Create a national database and clearinghouse on best practices.	a) A preliminary national connectivity model is being developed by consultants.
b) Facilitate and/or establish a national information network.	b) See above.
c) Establish policy and guidelines for IT spending.	c) Study on the cost-effectiveness of health infrastructure investments is in progress.
d) Increase awareness at the provincial level about IT.	d) Awareness raising and knowledge sharing of issues related to the development of the Canadian health infostructure is an ongoing activity of OHIH.
e) Give an organization such as CIHI a mandate to develop reporting requirements for home health care data.	e) Through the Health Transition Fund, CIHI will be developing a national data set for home care services to be tested in eight home care agencies across Canada.

TELE-HOMECARE WORKSHOP AUGUST 7, 1998 FOLLOW-UP TO RECOMMENDATIONS	
Recommendation	Action
<u>Industry and Business Development</u>	
a) Reform policies to enable our health care system and expertise to be exploited positively as an asset.	a) The role of the private sector and the concept of public/private partnerships in relation to the use of technology in health care is an ongoing issue currently being explored by Health Canada (e.g., Canadian Health Network, Minister's Advisory Council on Health Infostructure).
b) Market and sell Canadian services and expertise. The Canadian health care system has a very positive international reputation.	b) Industry Canada is developing a telehealth sector growth strategy that includes industrial development and focuses on exporting Canadian products, knowledge and expertise.
c) Outsource to Canadian firms as a means of creating a healthy Canadian telehealth industry capable of exporting.	c) See above.
d) Consult with industry on how to effectively enable business partnerships.	d) See above.
<u>Consultation and Collaboration</u>	
a) Organize the next Infostructure Conference on Tele-homecare as soon as possible to maintain momentum.	a) Focus has broadened from tele-homecare to telehealth.
b) Consult with public- and private-sector researchers and developers to resolve intellectual property issues.	b) No action to date.
c) Continue to sponsor conferences for dissemination of information.	c) Health Canada/OHIH sponsors several conferences and events on an ongoing basis related to the development of the Canadian health infostructure (e.g., TEXPO '98, Digital III, privacy workshops)
d) Organize a consulting group to examine the systemic requirements for sustaining trials after their completion.	d) No action to date.
e) Develop and support continued collaboration among critical government and non-governmental organizations such as Health Canada, Industry Canada, Department of Foreign Affairs and International Trade, and CANARIE.	e) Ongoing.
f) Maintain a leadership role in federal-provincial consultation and collaboration.	f) Ongoing (e.g., F/P/T Health CIOs Forum, work on privacy harmonization accord).