



March 30, 2021

RYLUND JOHNSON
MLA, YELLOWKNIFE NORTH

Oral Question 518-19(2): eHealth System and Online Patient Portal

This letter is in follow up to the Oral Question you raised on February 8, 2021 regarding the eHealth System and Online Patient Portal.

To bring different sources of information into the Territorial Electronic Medical Record (EMR), the Department of Health and Social Services (Department) consolidated two community EMRs and transitioned all community health centres from paper charts to electronic records. The Department is also involved in Canada-wide discussions related to digitizing and sharing information across systems. Late last year we received notice that our EMR vendor is discontinuing support December 2023, so we are now focused on how to leverage the most out of our next investment.

The Department's strategic direction has been to reduce the number of siloed systems as much as practical. While we have made significant advancements in this direction, such as implementing a single Lab Information System, single Digital Imaging System, single Electronic Medical Record System, and currently moving towards a single hospital Pharmacy System, there are still some care areas, such as hospitals, that are largely paper-based and require investment to support digital records. Additionally, some previous digital investments are now aging and need replacement. Replacing aging systems and moving to digital information systems provides us with an opportunity to review advancements in technology, such as the more modern consolidated information systems you alluded to in the House.

Information systems are typically designed by vendors to support a specific program or service delivery area. Though there are some large systems that could support several program areas, investing in large systems has tradeoffs. Large systems are very expensive, are not typically an ideal fit in comparison to a system built and chosen solely for a single program area, and generally require a lot of change to several clinical area workflows, standards and protocols simultaneously. Affordability, as well as the clinical change we are able to sustain at any given time, are some of the many important factors to consider when determining technology investment. We also recognize that there are benefits to large systems and we will continue to consider them when assessing investments.

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In addition to financial investment in information systems, we plan to bridge independent islands of data by improving the way we use data to support care. Data needs to be formatted in a standardized way to allow efficient and sustainable sharing. We will explore ways to make data more accessible, while respecting privacy requirements. We will also explore options for improving data sharing with health care providers and patients, particularly across the NWT and with Alberta.

As I'm sure you can appreciate, our COVID-19 response has required reprioritization of resources, including those that contribute to technology investment. Nevertheless, we look forward to advancing our strategic direction, and will continue to make investments in information systems that digitize health records, support clinical workflows and patient care pathways, and reduce the number of siloed systems.

Thank you.

A handwritten signature in black ink that reads "JAGreen". The signature is written in a cursive, flowing style.

Julie Green
Minister of Health and Social Services

c Clerk of the Legislative Assembly

Legislative Coordinator
Department of Executive and Indigenous Affairs