

Chapter LXI

E-Health, Local Governance, and Public-Private Partnering in Ontario

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ABSTRACT

The purpose of this chapter is to undertake a critical examination of the emergence of e-health in the Canadian Province of Ontario. More than solely a technological challenge, the emergence and pursuit of e-health denote a complex governance transformation both within the province's public sector and in terms of public-private partnering. The Ontario challenge here is complicated by the absence of formal regional mechanisms devoted to health care, a deficiency that has precipitated the creation of Local Health Integration Networks (LHINs) to foster e-health strategies on a subprovincial basis, as well as ongoing difficulties in managing public information technologies. With respect to public-private partnering, a greater regionalization of decision-making and spending authorities, within transparent and locally accountable governance forums, could provide incentives for the private sector to work more directly subprovincially, enjoying greater degrees

of freedom for collaboration via more manageable contracting arrangements.

INTRODUCTION

The purpose of this chapter is to undertake a critical examination of the emergence of electronic health (e-health) in the Province of Ontario from two interrelated dimensions: first, the emergence of Local Health Integration Networks as the regionalization vehicle for governance reform within a province-wide health care system, and secondly, the usage of public-private partnering to pursue the realization of e-health mechanisms. There is no more profoundly consequential and complex example of public information technologies being deployed than in the realm of health care organization and delivery.

In many respects, the two concepts of e-health and e-government are interrelated and coevolving layers of both organizational and institutional gov-

ernance processes. As the single largest funding envelope of public-sector activity, particularly at the provincial level, the digital transformation of health care is also highly consequential for the digital transformation of the public sector as a whole (Roy, 2005, 2006).

The chapter is organized as follows. Following this introduction, the second section reviews the main contours of e-health. Then we examine the conceptual challenges of public-private-sector partnerships. The fourth section provides an assessment of the e-health experience to date in Ontario from the two aforementioned dimensions of governance change. The fifth section then provides some conclusions as to the lessons learned from this case study.

The Emergence of E-Health¹

More than a mere technical apparatus for providing information, the Internet has also become an associational infrastructure, enabling knowledge and power to be more widely distributed and contested (Courchene, 2005; Paquet, 1997). One specific result is a lessening of tolerance for secrecy as individuals and new forms of associational movements mobilize around specific issues and interests (Dwyer 2004; Evans 2002). Governments themselves have not been immune or ignorant to these pressures for reform, responding increasingly with calls for more public participation and citizen engagement (Coleman & Norris, 2005; Oates, 2003; Oliver & Sanders, 2004).

The application of a digital and interoperable information infrastructure carries the potential to enable faster and more integrated forms of care for the patient on a scale that could profoundly transform structures and performance (Hurley, Baum, & van Eyk, 2004; Prisma, 2004). Indeed, a centerpiece of e-health is the electronic health record—a basis for revolutionary improvements in information management, patient responsiveness, and service delivery capacities:

An electronic health record (EHR) provides each individual in Canada with a secure and private lifetime record of their key health history and care within the health system. The record is available electronically to authorized health care providers and the individual anywhere, anytime in support of high quality care.

The Electronic Health Record Solution is a combination of people, organizational entities, business processes, systems, technology and standards that interact and exchange clinical data to provide high quality and effective healthcare.²

This passage usefully underscores the manner by which, as a basis for such change, the introduction of online mechanisms externally and new forms of digital interoperability internally require more than technological design as benefit realization is dependent on complex and multidimensional reforms (Fountain, 2001; Scholl, 2005). In terms of e-health and the EHR specifically (like many other areas of e-government but more acutely than most given the sensitivity of information and privacy), offsetting concerns about technical flaws and security glitches, leading to inappropriate access to personal information, are prevalent and of great sensitivity politically (Gath, 2004; Mundy, 2004).

With regards to health care organization and service delivery, it is the combination of the EHR, greater interoperability across all segments of the health care system, and telemedicine that comprise the parameters of system-wide transformation. Such transformation includes not only how services are delivered through new organizational channels, but also how power is organized and deployed across the major stakeholder groups of health care, notably governments providing oversight and regulatory direction, delivery bodies such as hospitals and clinics, professional groups such as physicians and nurses, and communities at large (Eng & Beauchamp 2004).

The EHR enables more efficient and citizen-centric decision-making mechanisms through a

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