Apropos

The electronic health record is a stark reminder of how, at close to light speed, the digital age has infiltrated nearly every aspect of our lives. A mere 50 years ago the only computer interface was a card punch. Ten years later the personal computer became available, but it was just a step above a calculator and could only be used by the most dedicated computer geek. Today, most people older than toddlers carry around a “smart” phone with more computing power, memory and data storage than was used to run a large company 40 years ago, and it can be operated by a 4 year old. The ramifications of our propulsion into the digital age are only beginning to be understood. The impact will no doubt be much greater than that of the industrial revolution. Aside from machines taking over our jobs, two other disturbing trends are apparent: if you use a computer, a smart phone, debit card or a credit card information about you and what you do is continuously being collected, stored, bought and sold; if you use the internet for almost any purpose you are bombarded with unsolicited advertising constantly streamed to your internet browser, much of it selected using the information collected about you without your knowledge; and you have to foot the bill for both. True, we have always paid for advertising in one way or another. We buy newspapers and magazines full of it, the products we buy have the cost of advertising bundled in. None of that has changed. Thing is, we now pay for those digital downloads of gigabytes of advertising data we do not want, and the upload of unknown quantities of data from our machines into the “cloud” where it is used to select and tailor the advertising shoved at us, etc. Most people are unaware of this. If this bothers you, you can fight it to some extent. If you use a Chrome®, Firefox® or Opera® internet browser, you can get an add blocker here https://adblockplus.org/. If you use the Edge® browser, switch to a different internet browser. If you run Windows®, IOS® or Android® you can use Settings to control to a large extent the amount of data that is sent from your machine (including your smart phone) into the cloud. Information about how to do that is readily available on the internet. You can take action to protect your privacy and control your internet service provider bills, or you can sit back and continue to pay. It’s up to you.

(Apropos reflects the views of the Editors but not necessarily those of the Club.)

Welcome To The Brave New World Of Electronic Health Records

On April 6th Gary Dickson provided us with an eloquent and thorough review of the current state of Electronic Health Records in Ontario. The following is a brief summary of his presentation.

Before the digital age, all health records were in paper form maintained by your health care service providers. You had no means of knowing all of the locations that held records about your health. Your family physician would have had a file of handwritten or typed notes about you. Hospitals would have had records from each of your hospital visits. The Health and long Term Care Ministry have had records about you. Mental health services, university health centers, drug stores, diagnostic laboratories, X-ray clinics, etc., may also have records. Continued on Page 2
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Access to all those dispersed paper records was difficult, if not impossible. You would have to make a separate request for your records from each of those health care service providers, assuming you knew who they were and where they were located. If any of those health care service providers refused to give you your records, you would have had to hire a lawyer and go to court to apply for a court order for access.

The paper records system had its advantages and its disadvantages. The disadvantages are pretty obvious. Duplication of images and/or tests, conflicting prescriptions and/or treatments were difficult to avoid because the records held by one health care service provider were generally not accessible to another. Access was a nightmare, so the opportunity for a thorough review was improbable. You really could not know what was out there or where it was. The advantage was that neither could anyone else. Of course, anyone could accidently or negligently make a paper file available to the public in some way (like throwing it in a dumpster without shredding), or snoop through the records held by any one service provider without detection if they had access, but those were all relatively infrequent events.

The digital age has changed all of that, even though the transition to ubiquitous electronic health records (EHRs) in Ontario is not proceeding as quickly as anticipated.

Ontario rolled out its Personal Health Information Protection Act (PHIPA) in 2004 to pave the way for the conversion from paper to EHRs. A 42-page guide to PHIPA can be found here (https://www.ipc.on.ca/images/resources/hguide-e.pdf).

PHIPA sets out rules for the collection, use and disclosure of your personal health information. These rules will apply to all Health Information Custodians (HICs) operating within the province of Ontario and to individuals and organizations that receive personal health information from HICs. The rules recognize that personal health information is one of the most sensitive types of personal information, and that it is frequently shared to provide care and treatment, health research, and to manage our publicly funded health care system. PHIPA was directed to balancing your right to privacy with the needs of persons and organizations that provide health care services to access and share your information.

PHIPA reflects ten principles or “fair information practices” respecting EHRs. These can be summarized in four bullet points:

1. An organization can normally only collect personal health information (PHI) with consent of the individual;
2. An organization can only use or disclose the PHI for the original purpose for which it was collected;
3. Every person has the right to see what PHI an organization has collected about them.

4. Every person has the right to seek resolution from an independent body of any issue respecting the PHI held by an organization.

Under PHIPA, HICs have transaction specific duties and general duties. The transaction specific duties apply to the collection, use and disclosure of your PHI. The suite of general duties also apply to collection, use or disclosure of your PHI. The general duties include: transparency pre-collection (if PHI is to be collected, you must first be informed and provide your consent); data minimization (only PHI required for an intended purpose can be collected); need to know (your PHI can only be made available to those who require it to provide a health care service, or a related activity); right of access to your own PHI within 30 days; duty to assist (the HIC and/or their agent has a duty to assist you to access the PHI it has collected about you); right of appeal (you have a right to appeal to correct any PHI about you that you believe to be inaccurate); and, oversight by the Information and Privacy Commissioner of Ontario.

Like all privacy laws, PHIPA has a safety valve. An HIC or its agent can always disclose PHI without the patient’s consent to avoid risk of injury or harm to an individual.

Bill 119, Health Information Protection Act 2016 is now under Third Reading at Queen’s Park (http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3438). It amends PHIPA 2004 and replaces the Quality of Care Information Protection Act, 2004.

The Canada Health Infoway was created as a national, non-profit corporation. Deputy Ministers from provinces make up the Board of Directors. The Canada Health Infoway has invested more than $4 billion in fostering and accelerating the development and implementation of effective, interoperable electronic health solutions.

The structure of the EHR as we know it in Canada is a distributed database. In other words, there are several distinct databases consisting of a number of interlinked domains or domain repositories. These include: 1) Pharmaceutical Information Program – all of your prescription information and history; 2) Laboratory test results; 3) Diagnostic imaging, CT scans, x-rays, ultrasounds (including images and reports); 4) Clinical notes from primary providers; 5) Hospital records; 6) Panorama public health information; 7) Person registry; and, 8) Provider registry. All of these are tied together by the Health Information Access Layer (Interface Specification for Electronic Health Records) HIAL layer.

EHRs have advantages and disadvantages. The advantages include: better efficiency for patients; elimination of duplication of diagnostic and lab tests; more timely diagnosis, treatment and care; improved system governance; and improved health results. The disadvantages include: 10,000 registered users having access to your PHI; the culture of confidentiality doesn’t predispose health service providers to a
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culture of privacy; your physician is no longer the gatekeeper
to your PHI because your PHI can no long be withheld at the
point of service; implementing and maintaining interoperability
is very expensive considering many patients receive their
healthcare near their home (and not in another province); and
there is a lack of accountability to the patient because the PHI
is disembodied from the person.

In Ontario we currently have a large number of electronic
medical records, but these are dispersed in medical practices,
hospitals, etc., much the way paper records were. There is as
yet no province wide network to implement a comprehensive
EHR.

Gary concluded by identifying a major problem with electronic
PHI, snooping in patient files. He said snooping may be done
for curiosity, nosiness or malevolence. He also said we need
hard safeguards when soft safeguards fail; i.e., disciplinary
action by regulatory colleges and by employers, and referral to
the Attorney General for prosecution. At the moment class
actions are pending in more than six provinces for hospital
snooping, indicating that misuse of electronic PHI is not at all
uncommon.

Personal Profile ~ Bob and Allanah Langeland

Bob Langeland, not Robert as he has had to explain his entire
life, was born in Outhuizen, Holland in 1946, the second
youngest in a family of four boys and four girls. In 1952 his
family immigrated to Canada and settled in Eastern Ontario
where his father worked as a carpenter. In 1957 they moved to
Ottawa where Bob finished primary school, attended St.
Patrick’s High School and graduated from Ottawa Technical
High School.

Bob started part time work at 13 in a fruit and vegetable store
on St. Patrick Street in Ottawa where he continued to work
during the summers for five years. After graduation he accepted
a position as an accounting clerk with National Grocers
Wholesale where he worked the night shift, but soon applied for
a position as a management trainee with the TD Bank. His
application with TD Bank was accepted, but he showed up for
work at TD Bank Ottawa when their management training was
only offered in Toronto. Having discovered his error, he packed
his clothes and headed for Toronto where he spent the next 18
months.

Bob returned to Ottawa and accepted a teller position with
Rideau Trust (now Royal Bank). He eventually became
Regional Manager of Financial Services for Royal Bank in
Ottawa, responsible for Ottawa, Bellville, Peterborough and
Sault St. Marie. By 1988 Bob was looking for a less stressful
life and requested a transfer to manager of the Bellville Royal
Bank branch. His new position suited him perfectly and was
very propitious because it led him to the love of his life,
Allanah, who confirms that he picked her up in a bingo hall
during a fundraising event).

Bob continued to work for the Royal Bank until 1999 when he
retired from banking after 33 years. After leaving banking, Bob
became a Certified Financial Planner with BMO Nesbitt Burns
in Bellville, just in time for the dot.com meltdown of the early
2000’s, but he continued in that position until 2005 when he and
Allanah decided to build a retirement home in Weymouth,
Nova Scotia.

Bob enjoys being involved in the community in which he lives.
During their time in Bellville, Bob was a Director for Volunteer
Quinte, member of the Rotary Club, volunteer for the United
Way and YMCA, and President of the Sales and Add Club of
Bellville. In 1996 he and Allanah started a Challenger Baseball
League in Bellville which provided an opportunity for children
of all ages and challenges to play baseball, with the assistance
of a buddy if required. The Challenger Baseball League is still
in existence today.

Allanah was born Allanah O’Farrell in Ottawa where she
attended Notre Dame Convent High School, St. Patrick’s
College and Carleton University for her undergrad degree in
Psychology and Sociology. Ignoring her desire to become a
librarian, she set off for University of Waterloo to complete
Personal Profile.....continued

her Masters degree in Applied Psychology. She graduated in 1974 as a “Psychometrist”, a title which she continues to have to explain: a psychometrist is one who deals with the design, administration and interpretation of quantitative tests for the measurement of psychological variables such as intelligence, aptitude and personality traits.

Allanah began her career in Belleville at a Mental Health Clinic performing intellectual and development assessments and offering individual and group counseling. A few years later she accepted a position as psychometrist with the Children’s Treatment Centre (CTC) in Belleville. There are 21 CTCs in Ontario. The CTCs provide a one stop, long-term care to children with a wide range of neurological and developmental issues such as cerebral palsy, spina bifida, muscular dystrophy, acquired brain injury, autism spectrum disorder and developmental delay. In Belleville, the CTC offered physiotherapy, occupational therapy, speech language therapy, social work, psychology, pediatric consultation and orthopedic consultation to approximately 400 children and their families until the children reached their late teens.

In 1990 Allanah became Coordinator of the Bellville CTC, and she held that position until she retired in 2005. During that time she also had an opportunity to do outreach work through Queens University, travelling with a team to Moose Factory and the upper reaches of James Bay.

Aside from her inauguration of the Challenger Baseball League with Bob, Allanah also served as a Board Member of the First Adventure Child Development Centre, and Board Member and later Chair of Volunteer Quinte. It was through her volunteer work that she had occasion to meet Bob in the Bingo Hall.

The day after she retired in 2005, Alannah and Bob set off to Nova Scotia where they settled in Weymouth, a picturesque village on rolling hills banking the Sissiboo River in Digby County, Nova Scotia. The Sissiboo River empties into St. Mary’s Bay. For ten years they enjoyed the slower pace of rural Nova Scotia life while keeping busy with volunteer work where Bob was president of the Lions Club and Vice-President of the Weymouth Waterfront Development Committee and Allanah was involved with fundraising and board work for the Gilbert’s Cove Lighthouse, the “Greatest Little Lighthouse in Canada”, as well as the local foodbank. While in Weymouth, Allanah also became a hooker (of rugs), a skill she acquired from the local women.

Eventually the lure of the natural beauty, people and seafood of Nova Scotia were outweighed by a desire for a little more excitement in their lives, so Bob and Allanah decided to move back to Ontario and settled on Perth as the ideal location. Here in Perth Bob volunteers with the Perth Studio Theatre for set building and fundraising. He also plays “at” golf, gardening and building. Allanah is active with Friends of the Perth Library, volunteers with the Perth Studio Theatre, continues to hook, garden and plan travel adventures when she is not doing genealogical research to discover her many Ottawa Valley ancestors.

Bob and Allanah both enjoy travel and have ventured to the Baltic, Alaska and Portugal as well as frequent jaunts to Florida to escape winter. This summer they are off to Newfoundland and Nova Scotia.

Bob and Allanah are happy to have found Perth, and we are certainly happy that they have joined us.

Lunch After May Meeting

To be held at Fiddleheads Bar & Grill, 53 Herriot Street (Codes Mill), Perth.

Quote for the Month

“It is just when people are all engaged in snooping on themselves and one another that they become anesthetized to the whole process. Tranquilizers and anesthetics, private and corporate, become the largest business in the world just as the world is attempting to maximize every form of alert. Sound-light shows, as new cliché, are in effect mergers, retrievers of the tribal condition. It is a state that has already overtaken private enterprise, as individual businesses form into massive conglomerates. As information itself becomes the largest business in the world, data banks know more about individual people than the people do themselves. The more the data banks record about each one of us, the less we exist.”

– Marshall McLuhan

Management Team Notes

- After eight years of service, Don Sherwin has indicated that he would like to retire from the Treasurer’s position soon. If any member would consider taking on this position, please contact Bill Kennedy (email), Richard Thomson (email), Jean Crowley (email) or Don Sherwin (email) at your earliest convenience.

- We are still searching for someone who would be willing to coordinate transportation for those members who would appreciate a ride to Probus meetings. Please contact any Management Team member if you are willing to take on this role.

Of Interest . . .

In 1990, one million people worldwide owned a mobile phone. Today, there are five to six billion in use.
Speakers’ Corner

The speaker on May 4th will be Beverley McFarlane, President and Chief Executive Officer of the Perth and Smiths Falls District Hospital. Ms. McFarlane will speak to us about “The Challenges of Building and Maintaining a Strong Community Hospital”.

Special Events

- **April 22** – The tour of the Perth Campus of Algonquin College starts at 10:00 am. All participants should be in the College front foyer by the start time. The tour will last about 1-1 ½ hours.

- **May 25** – Thirty-two have signed up to enjoy “A Closer Walk With Patsy Cline” at the 1000 Island Playhouse at 2 p.m. on May 25th. Eight tickets remain at $28 each. If you’d like to join the theatre group, the sign-up deadline is the May 4th meeting. Lunch before the play is at the RIVA Italian Restaurant, 45 King Street West, Gananoque. All those joining the lunch group should be at the restaurant by 12 noon. You must inform Mary if you plan to join the lunch group.

- **June 1** – Come celebrate our 20th Anniversary at the special meeting and luncheon to be held at 10:30 a.m. in the Timber Run Golf Course club house. Dr. Sandra Taylor will speak about “Medical Ethics”, we’ll be entertained by the Rideau Melodears, and we will have a great buffet lunch. Tickets are $25 each for lunch and coffee during the meeting. If you have not signed up, please do so at the May meeting. A round of golf in the afternoon may be played by those interested (9 holes/cart - $20; 18 holes/cart - $39). Thanks to the Anniversary Committee for all of their work on this event.

- **Sept 30** – Reserve this date. A fall coach trip to Wolfe Island, Kingston etc., is being organized. Sign up will start at the May meeting. Payment will be due in September.

- **December 2** – Save this date for the annual Christmas Party to be held at Lion’s Hall. Details to be announced.

New Member Welcomed

New member Elsie Stressman (centre) welcomed by President Bill Kennedy and Past President Jean Crowley.

Helen Black reviews plans for the 20th Anniversary celebration at Timber Run Golf Course on June 1.