

SHIFTING THE BURDEN OF A DISJOINTED HEALTHCARE SYSTEM

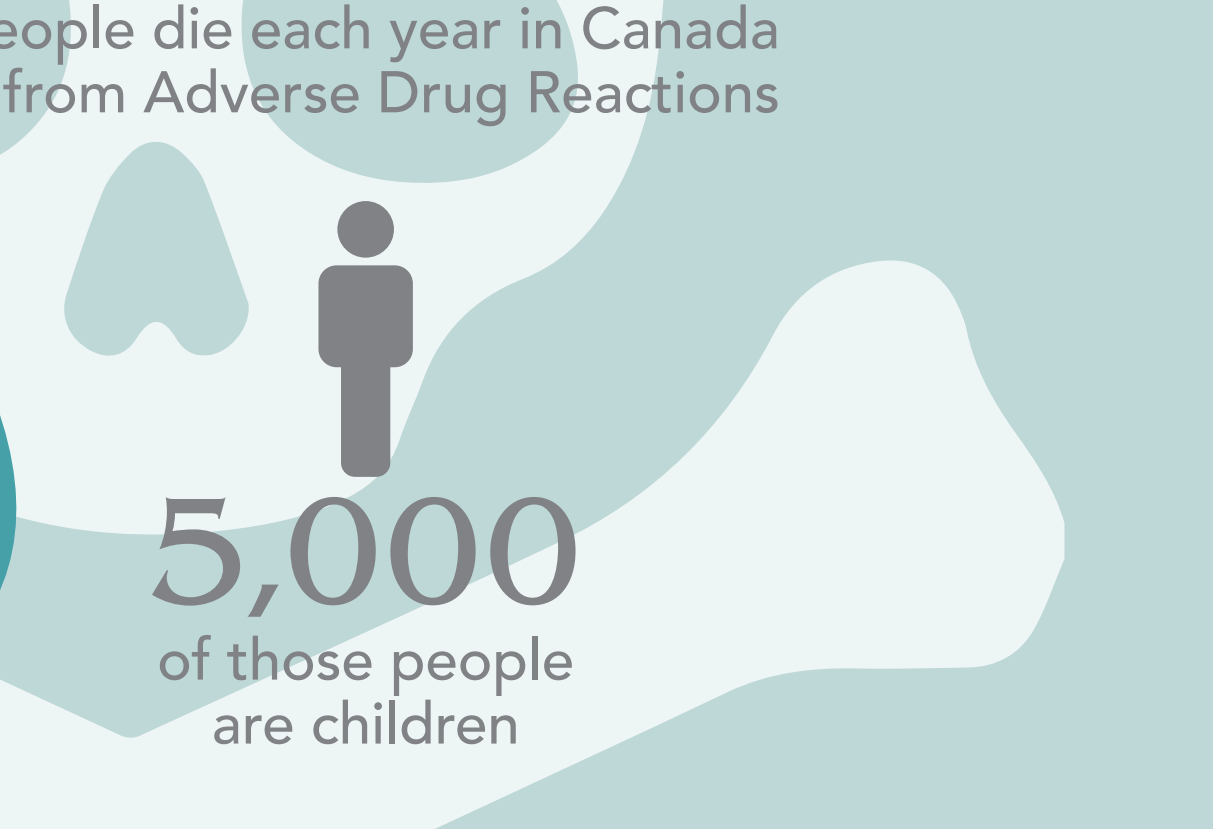
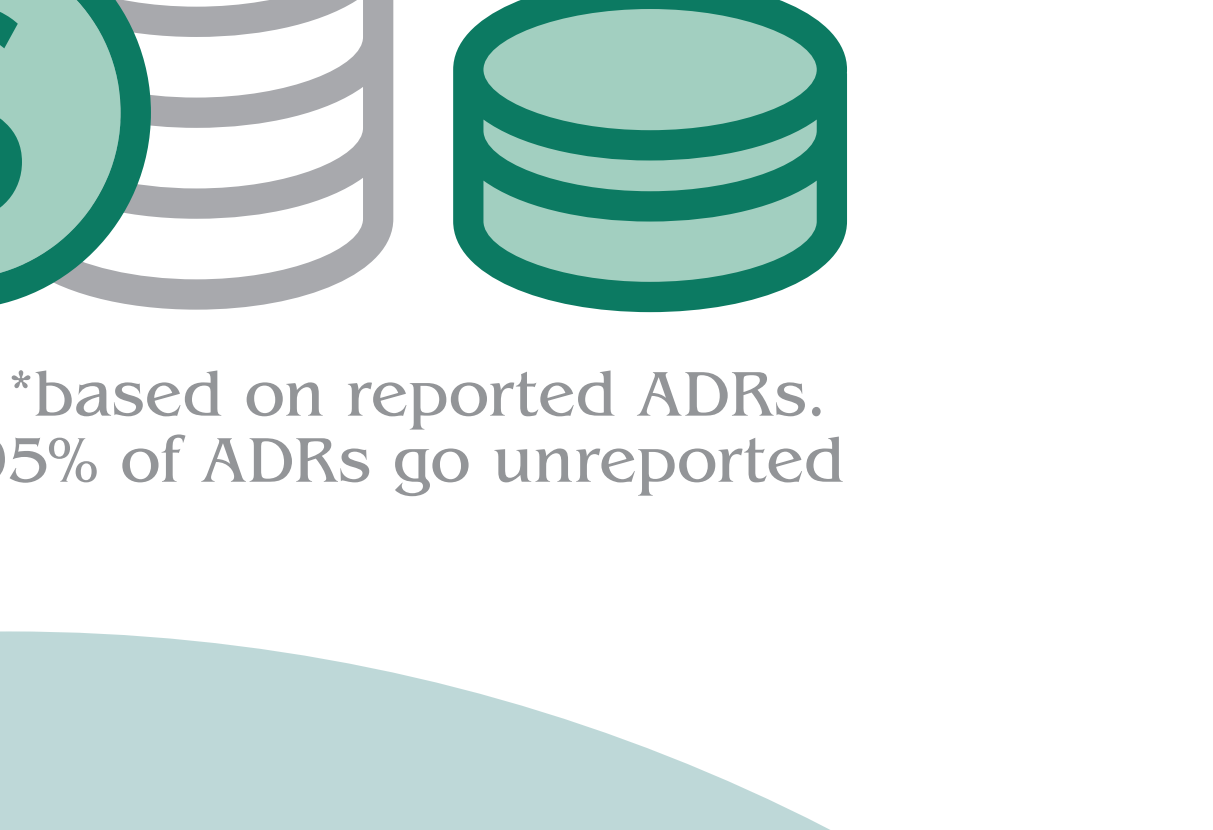
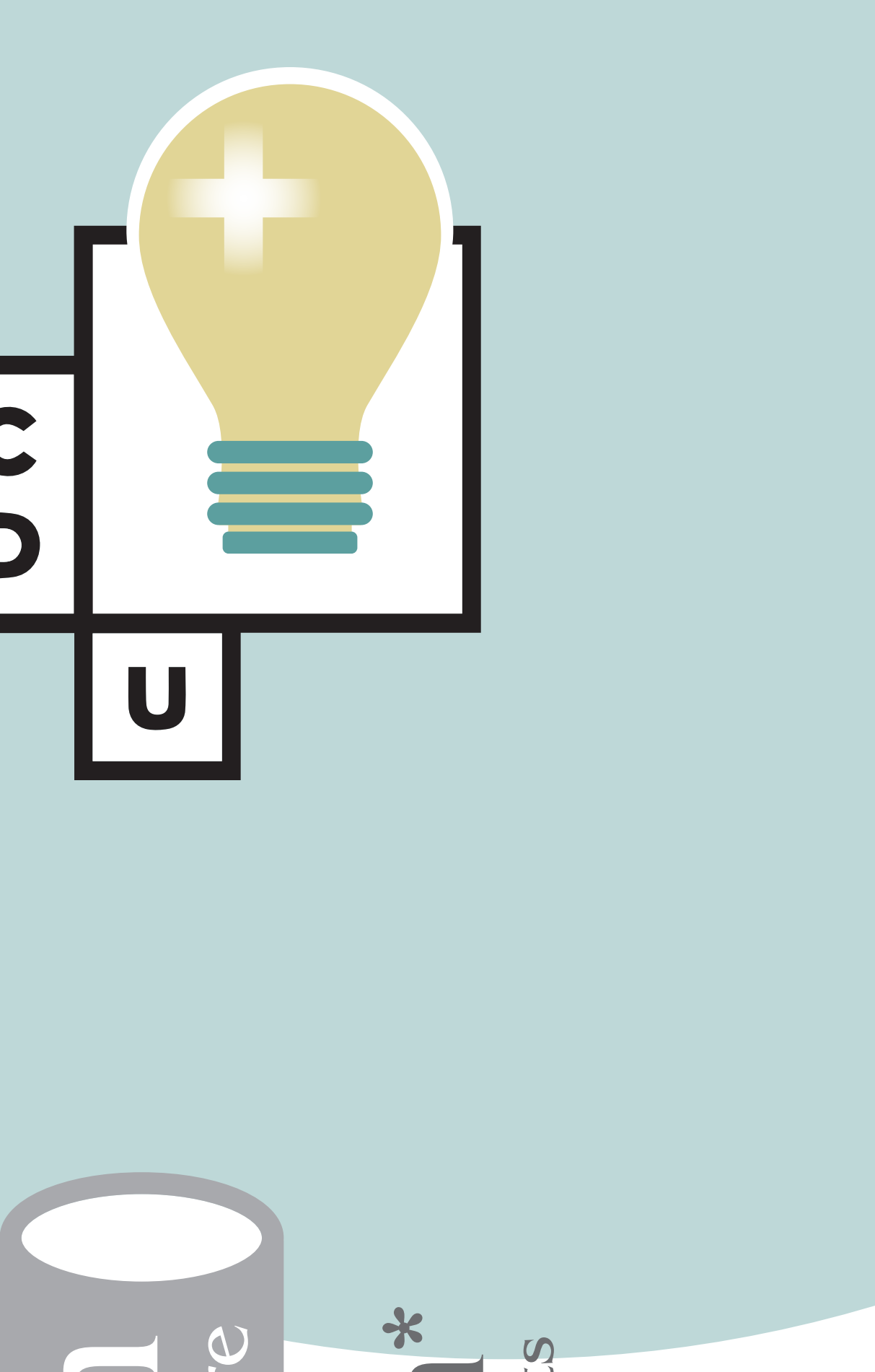
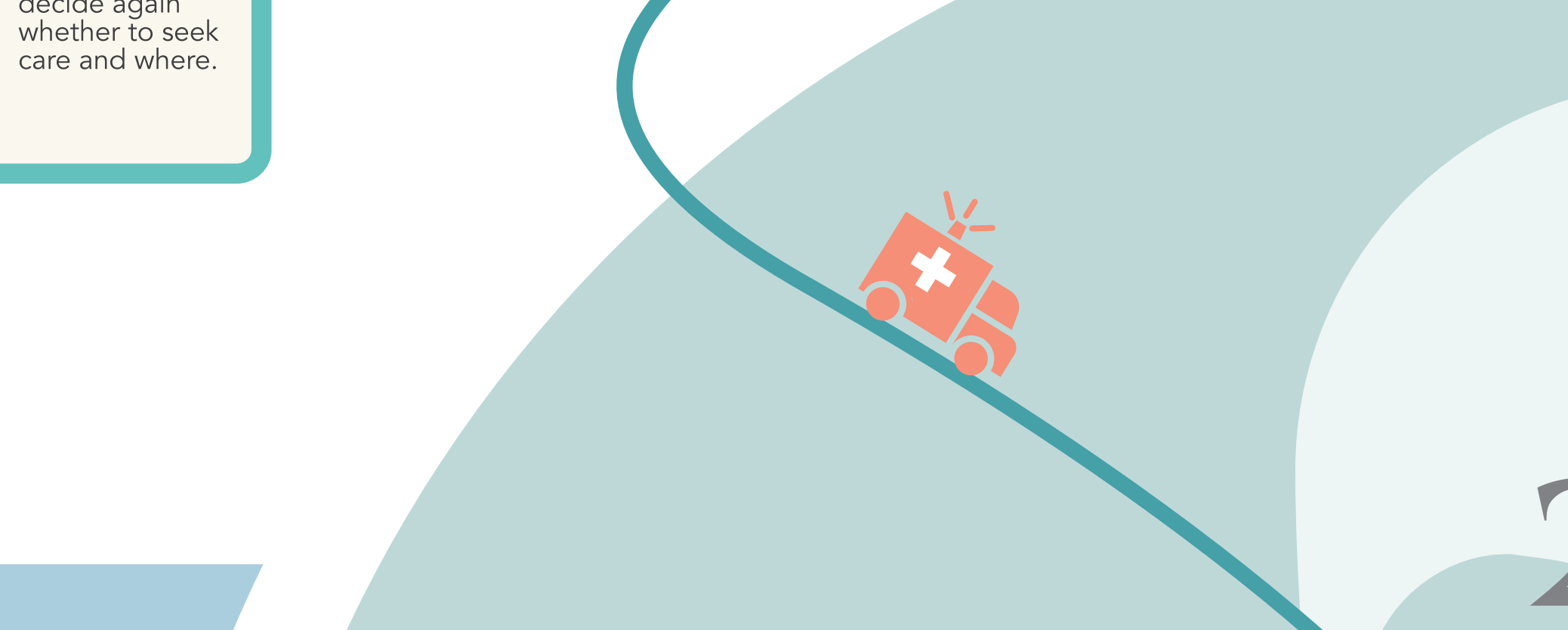
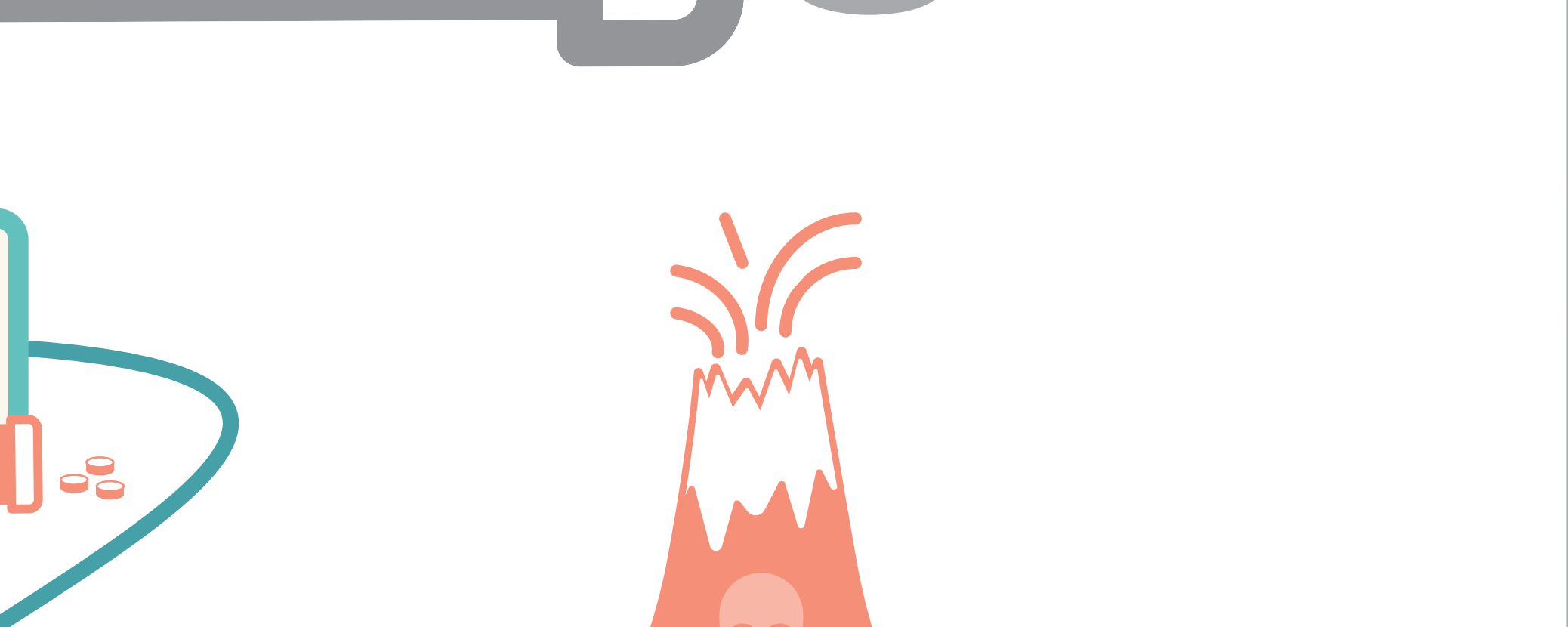
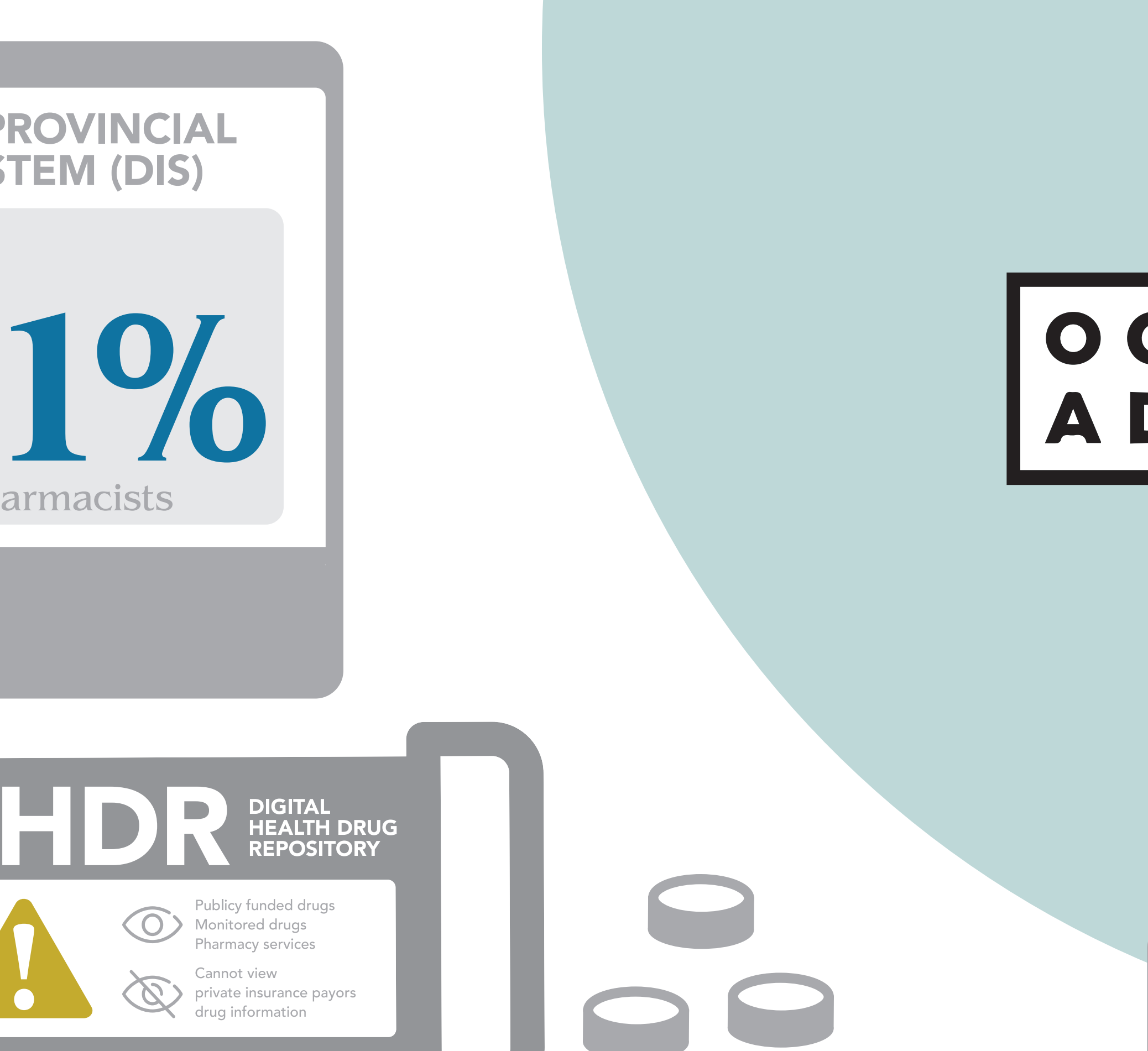
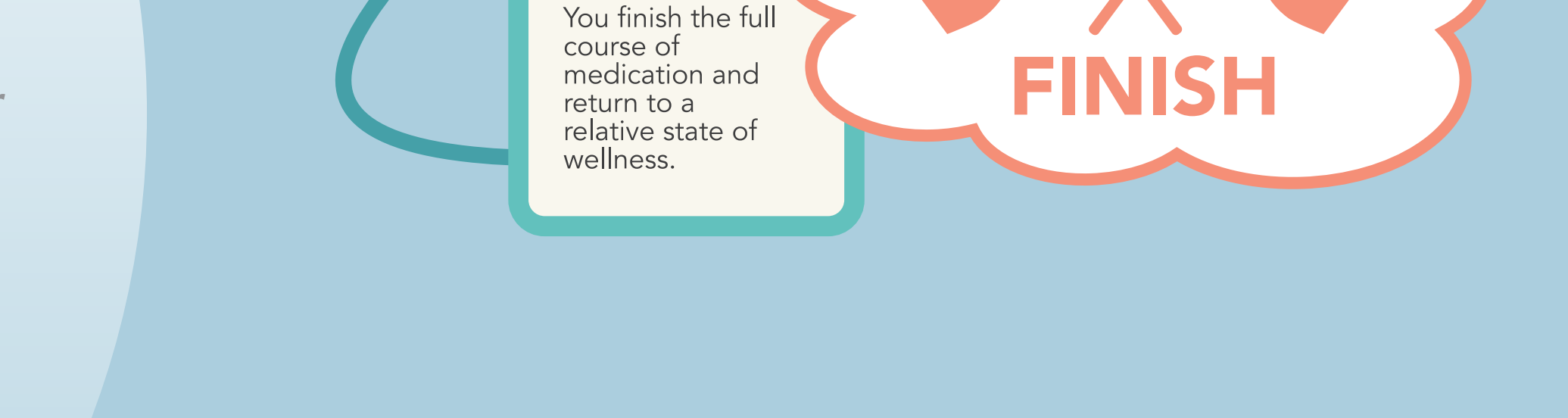
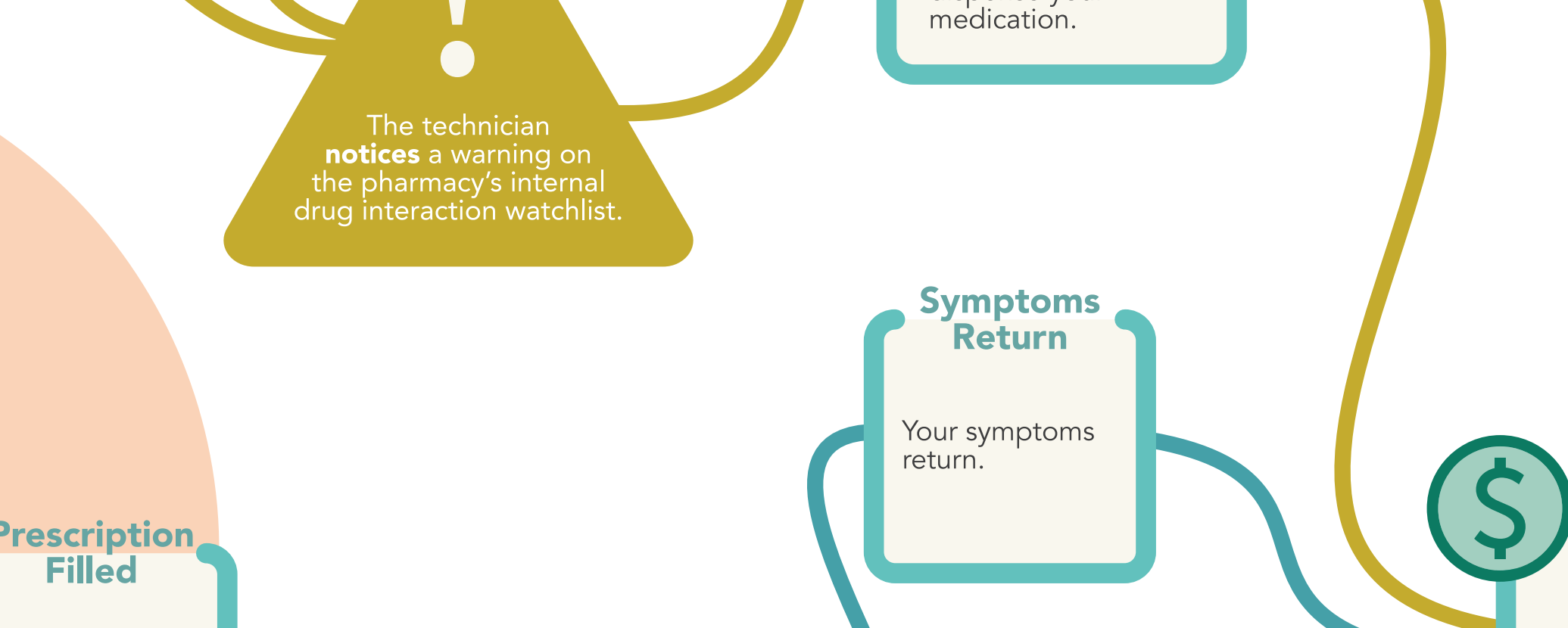
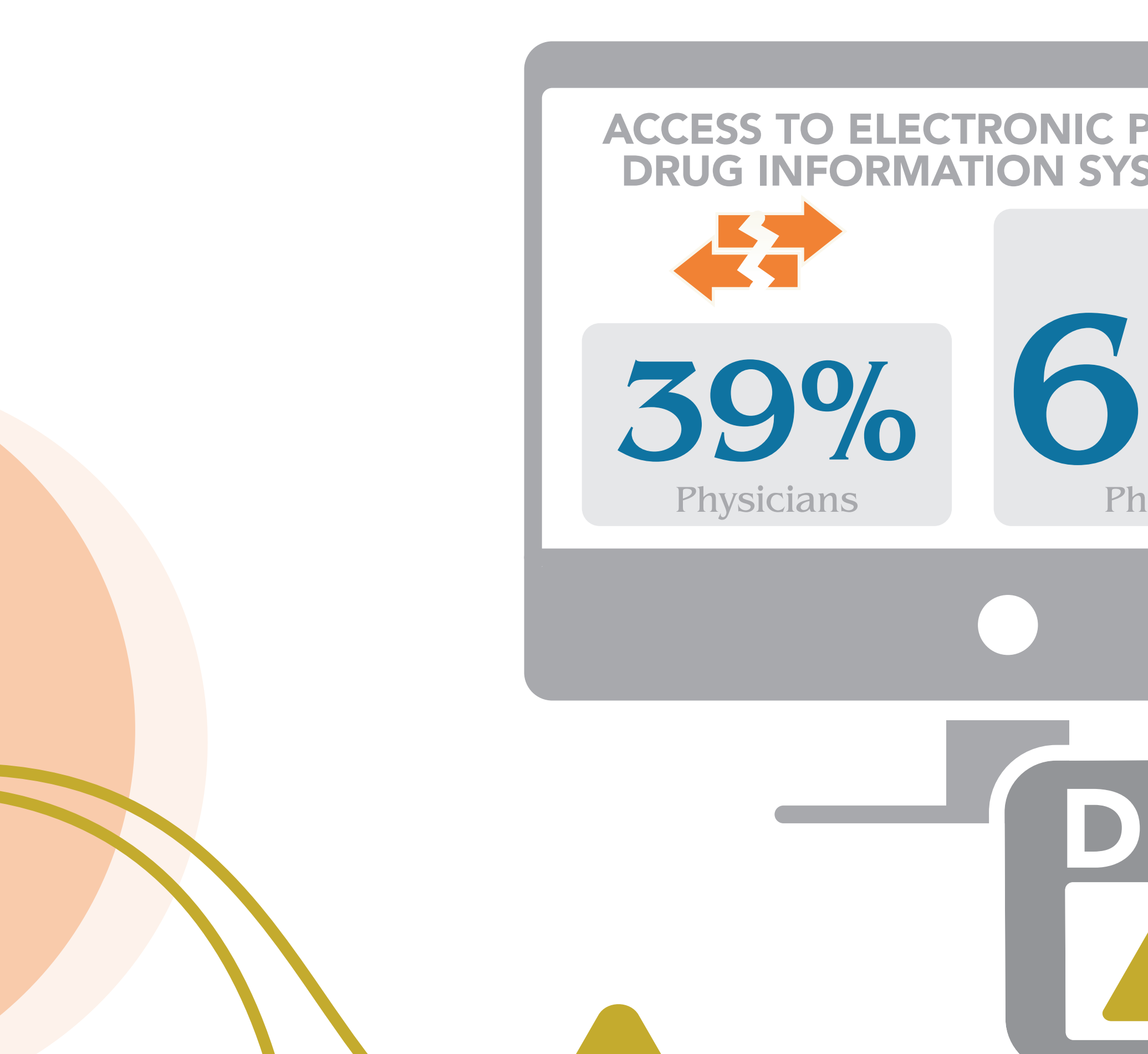
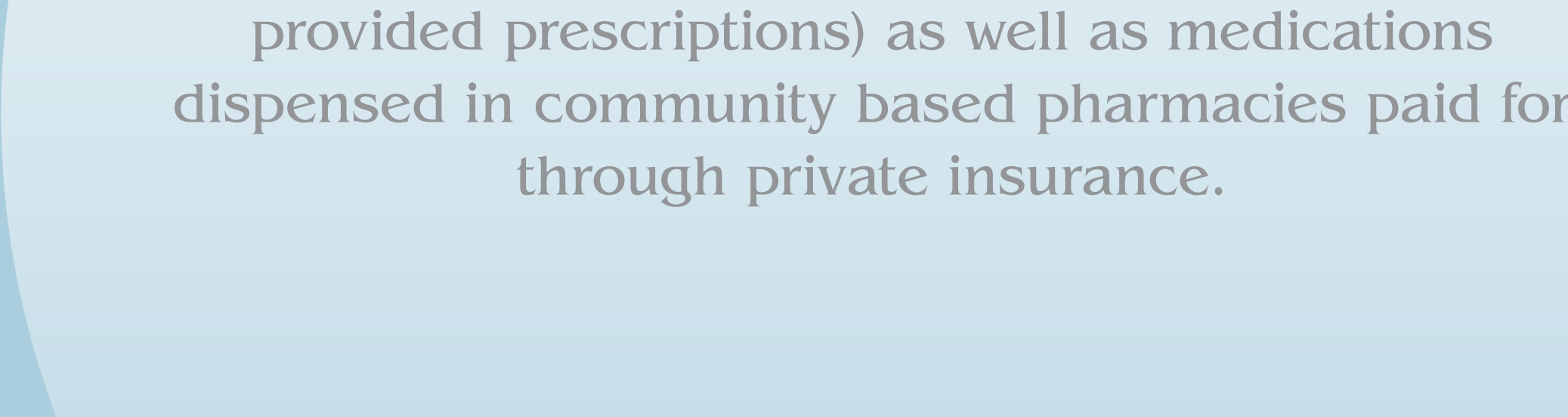
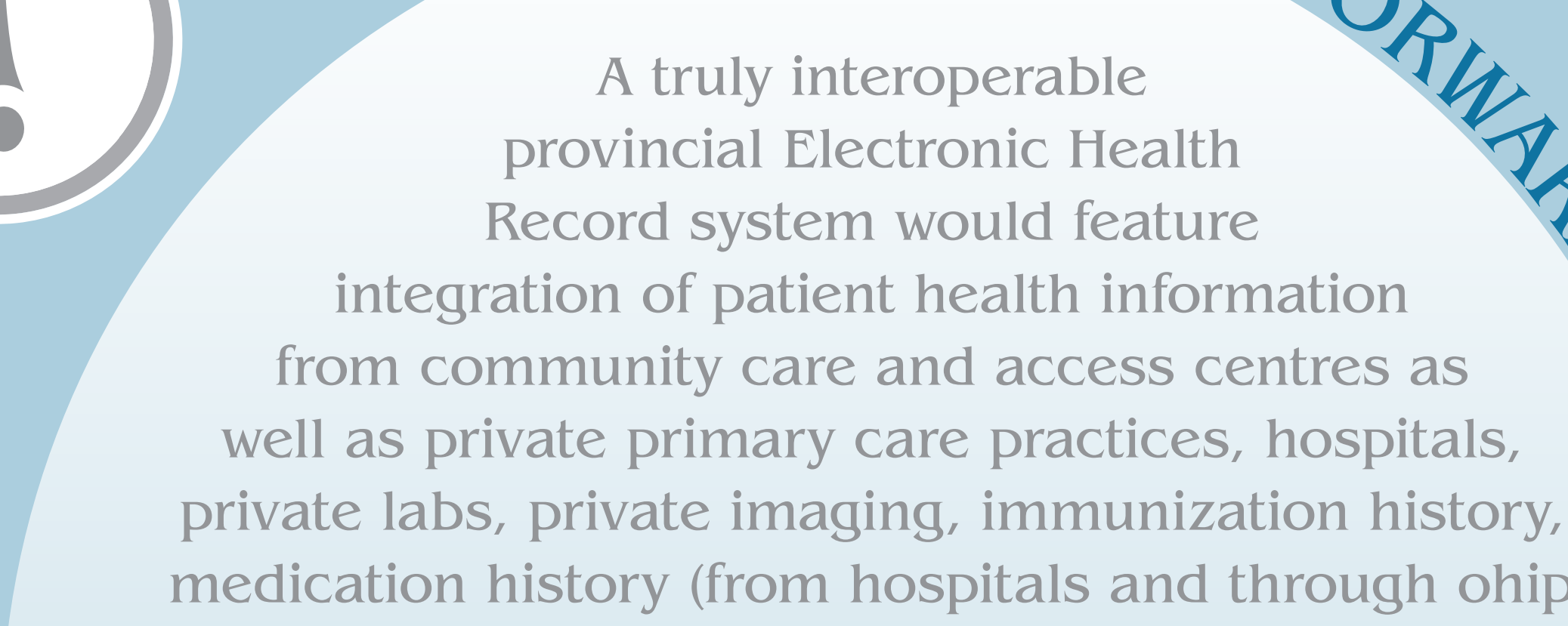
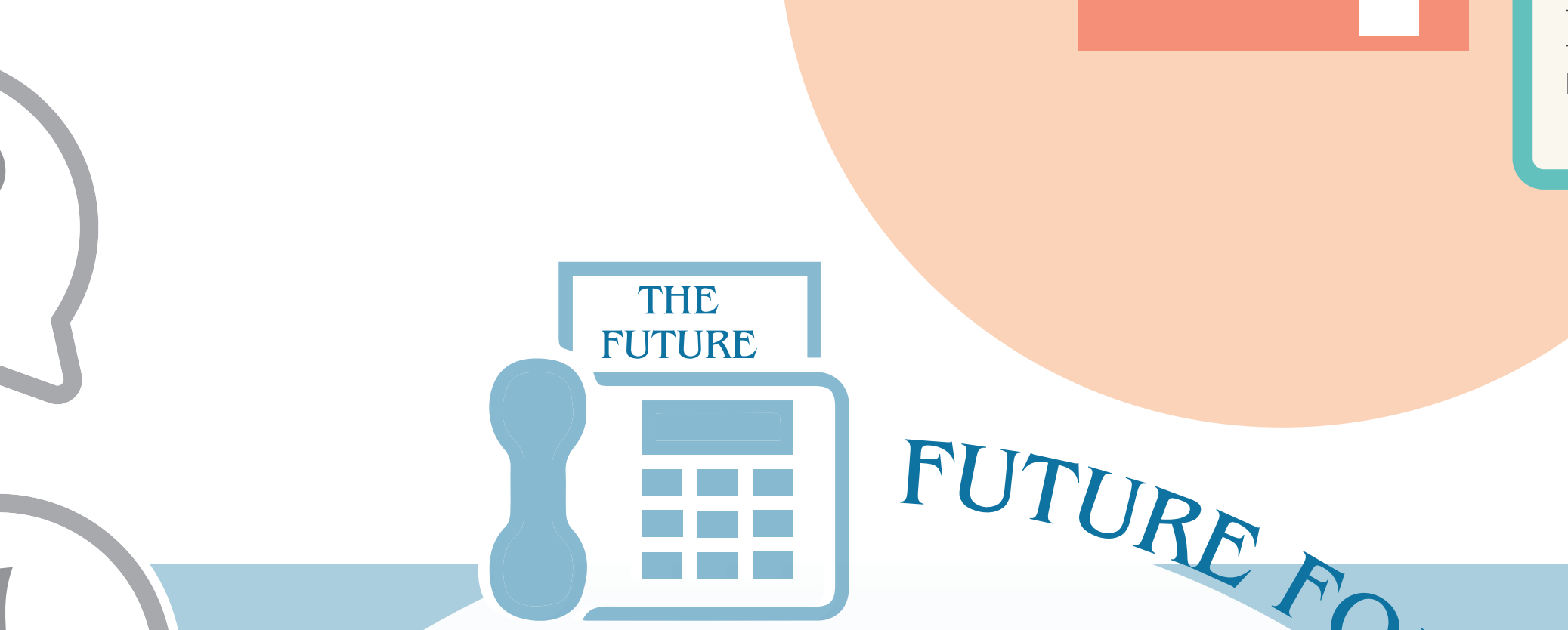
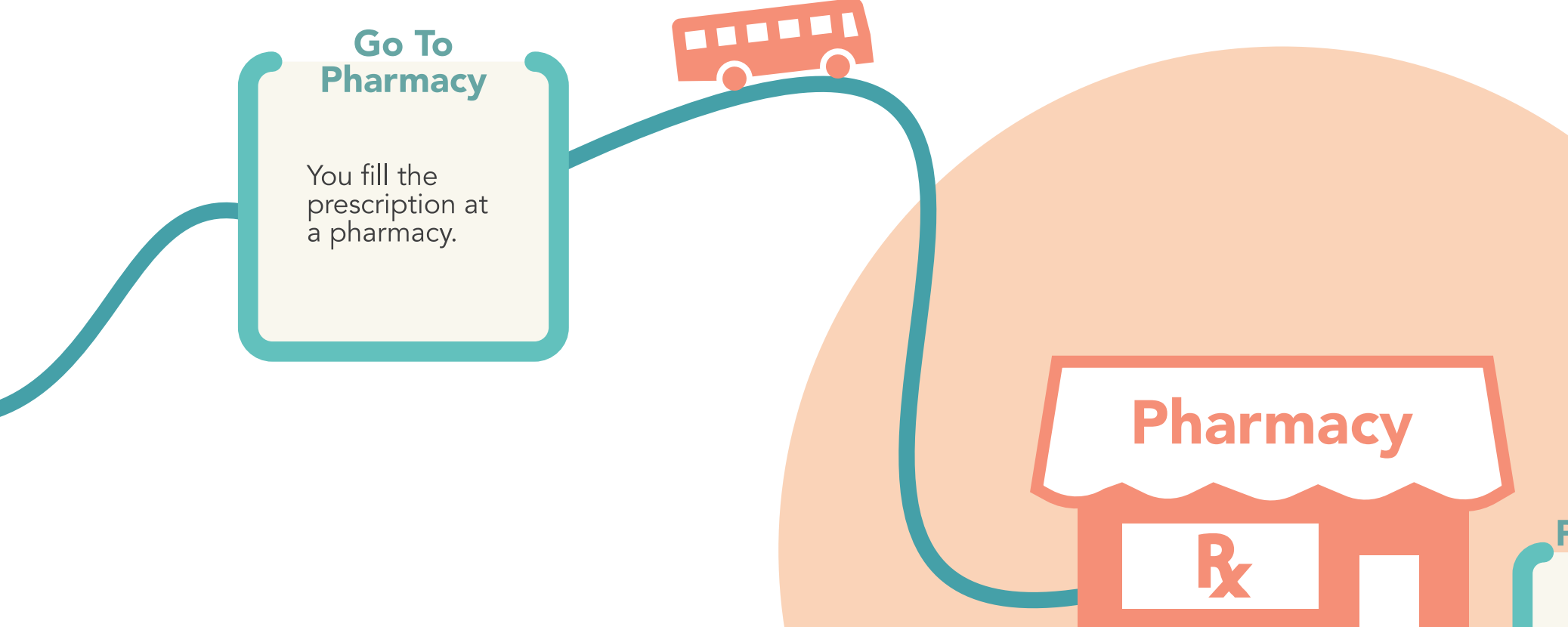
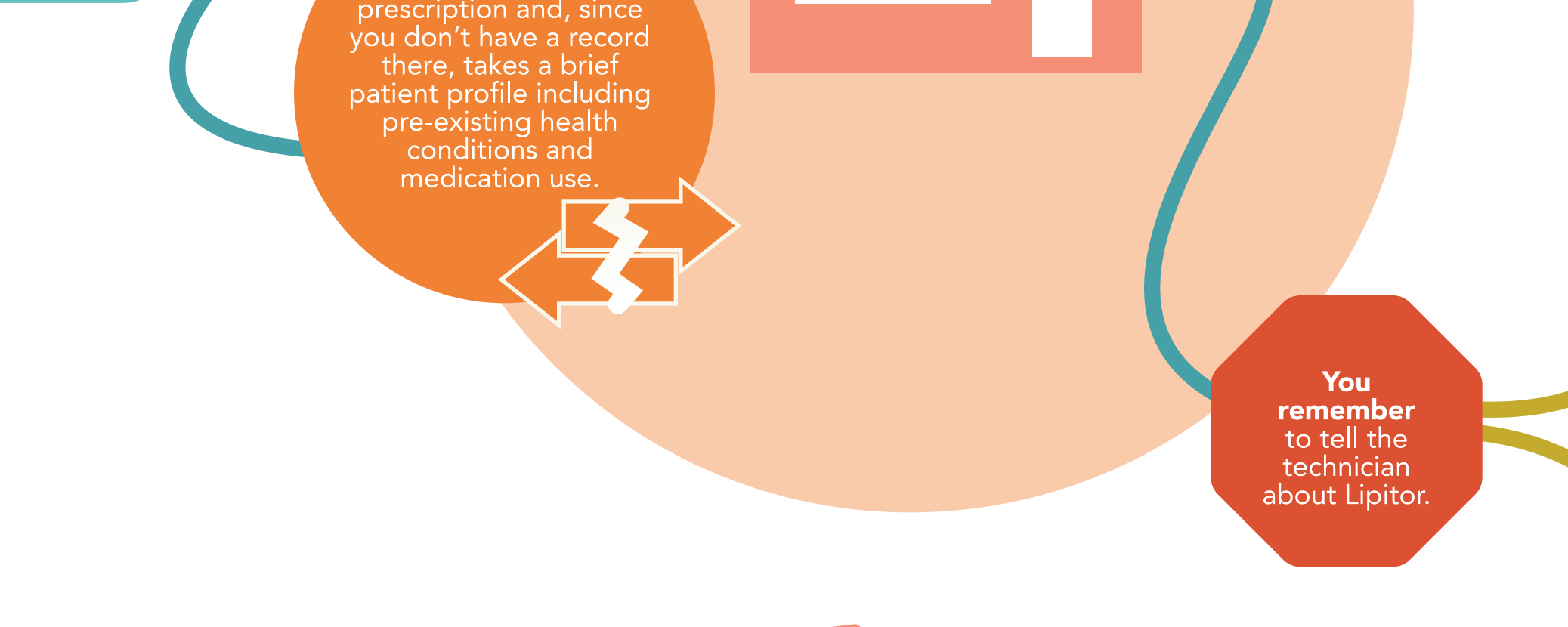
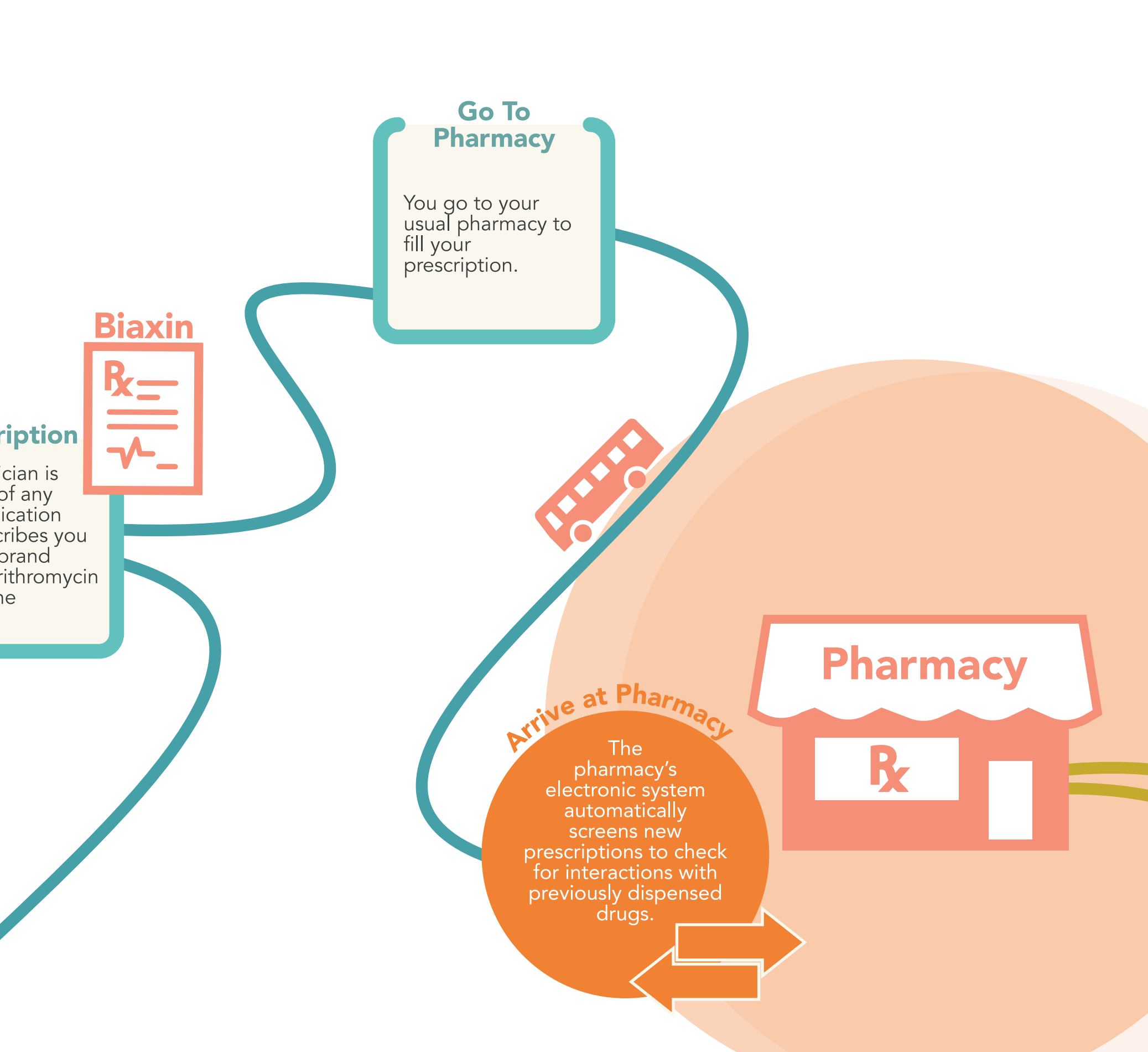
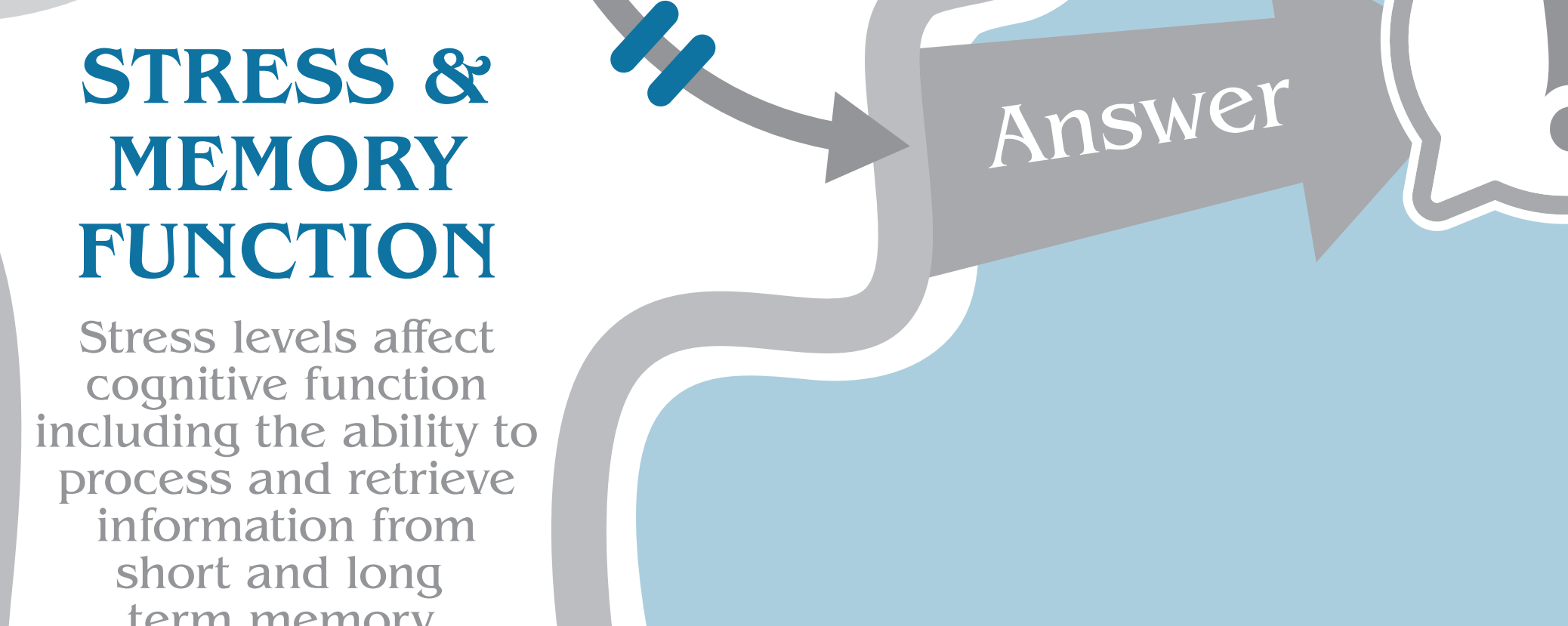
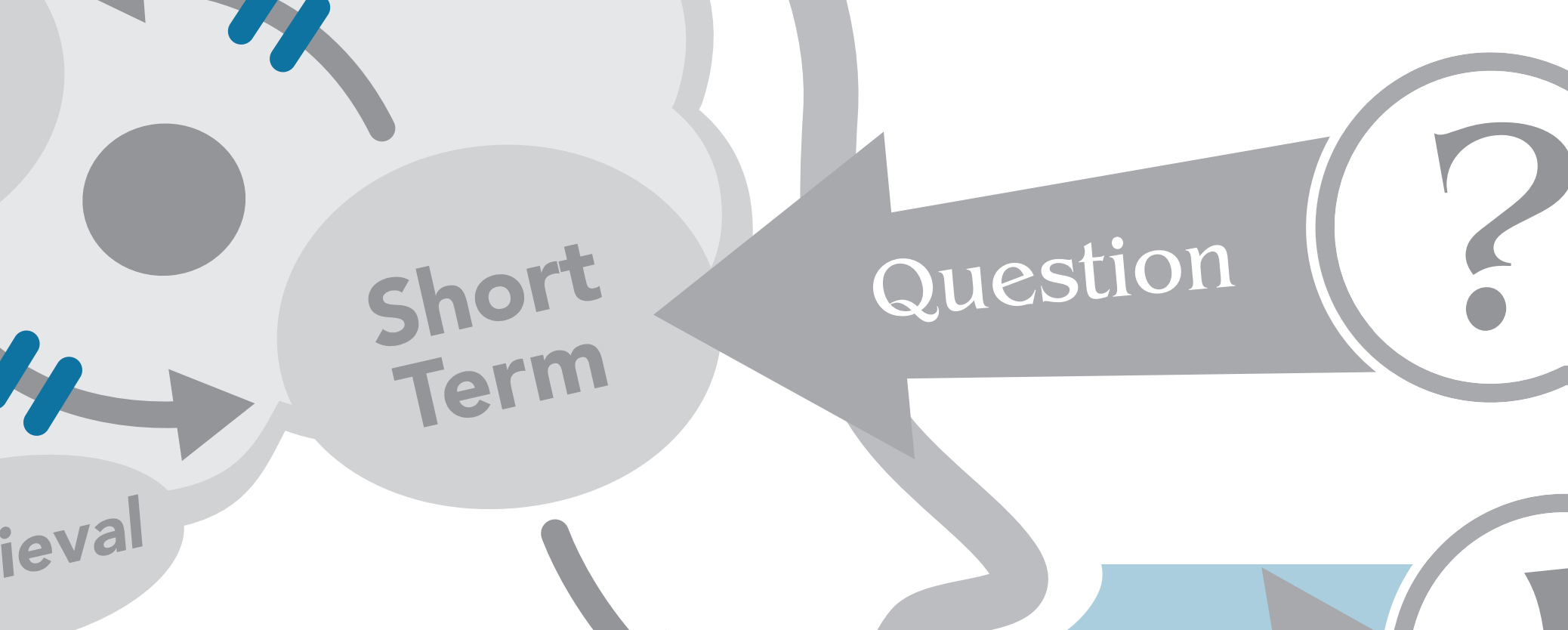
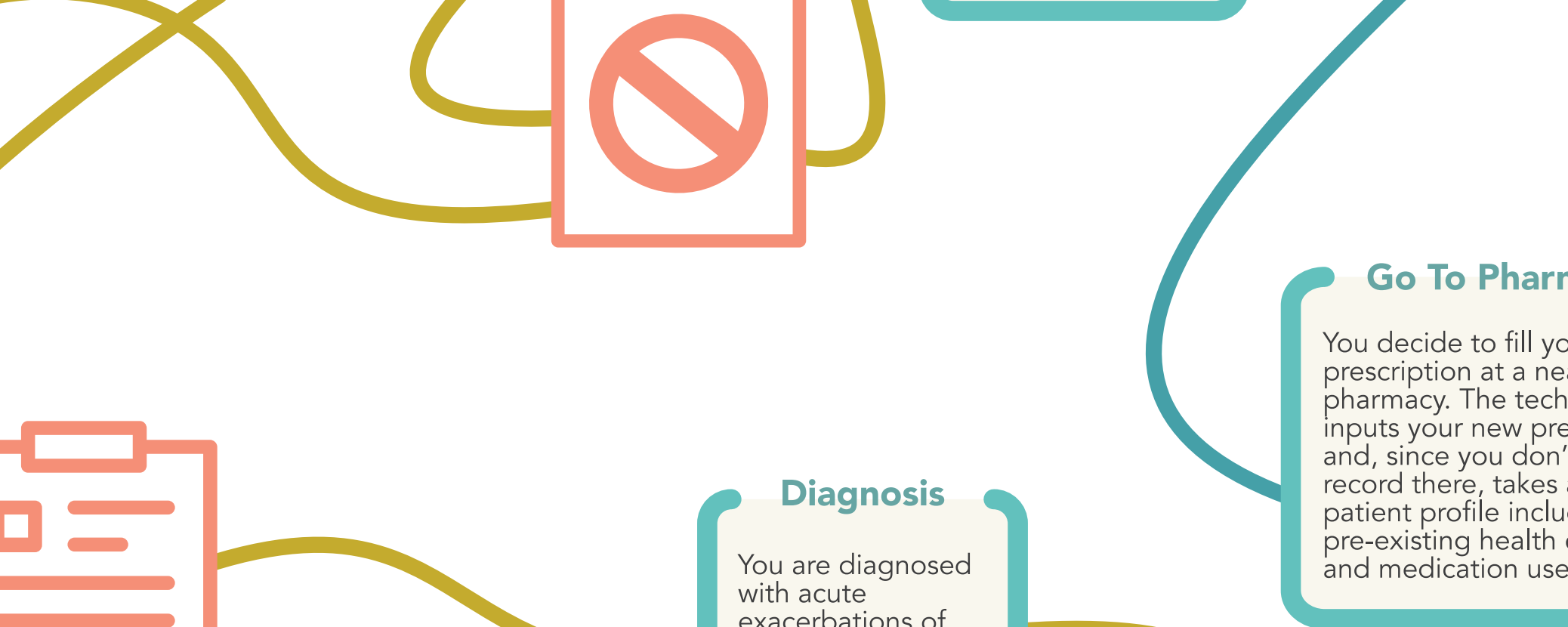
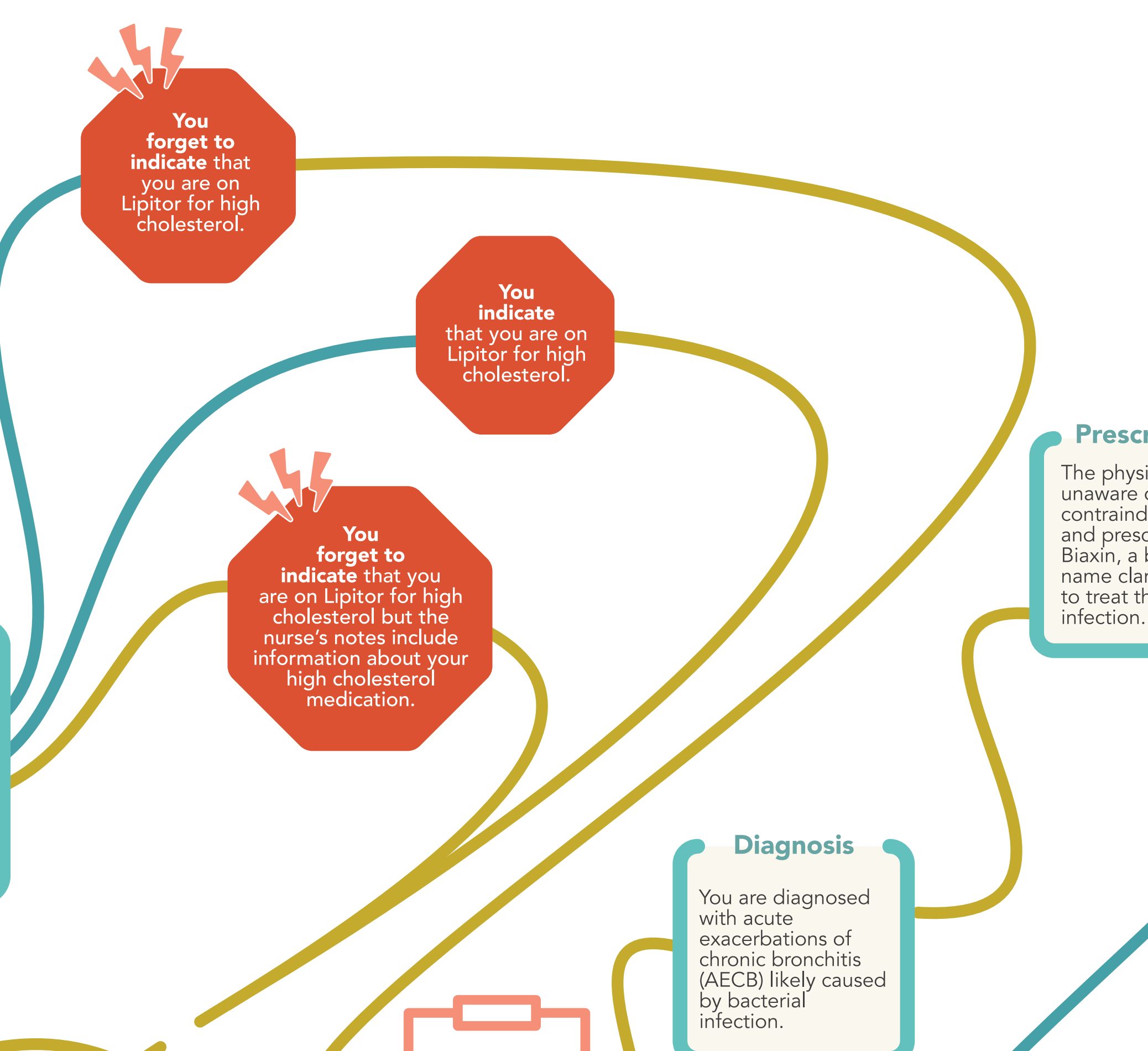
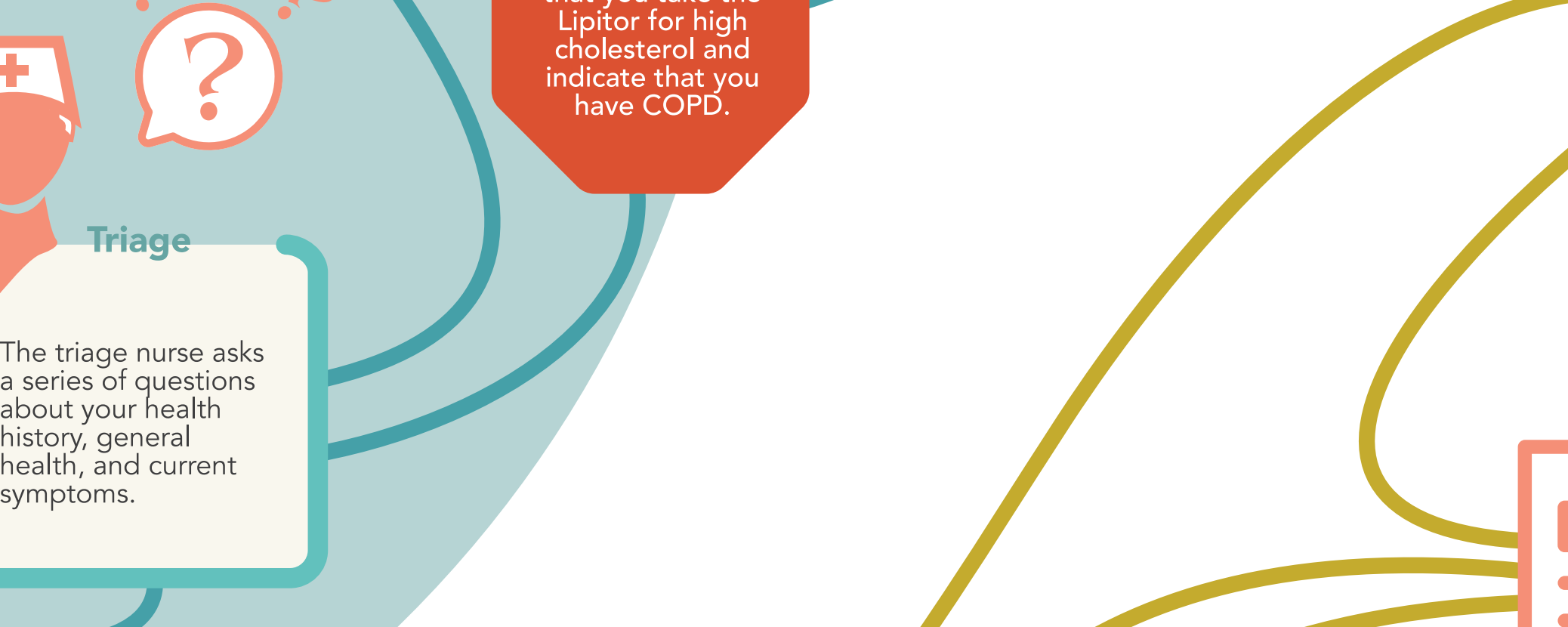
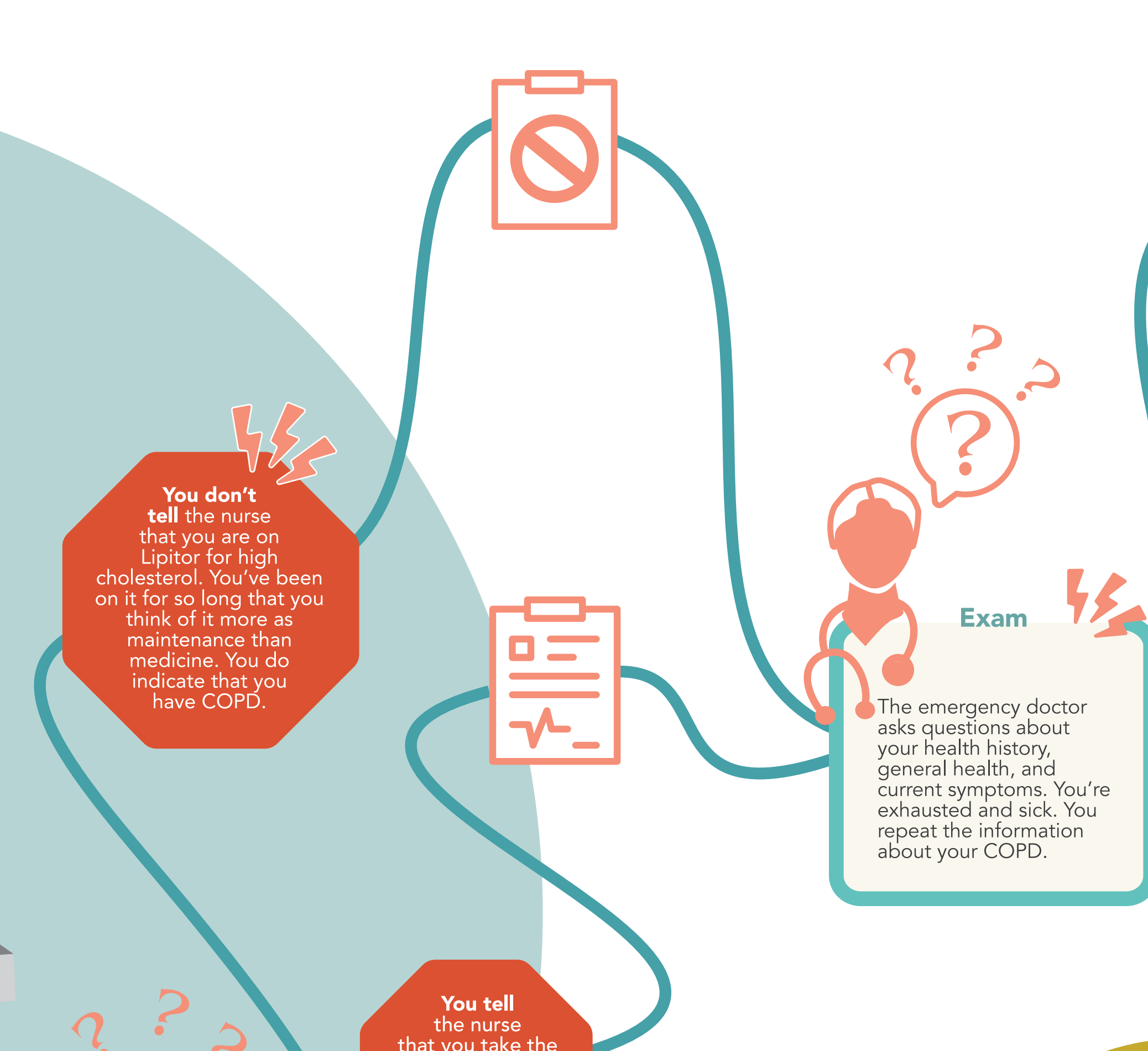
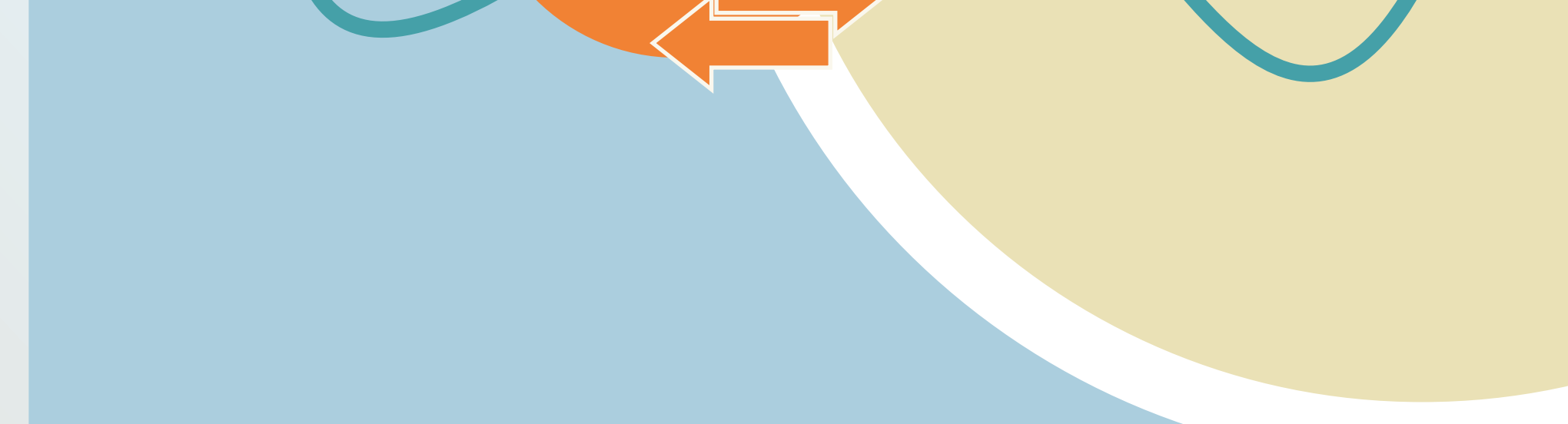
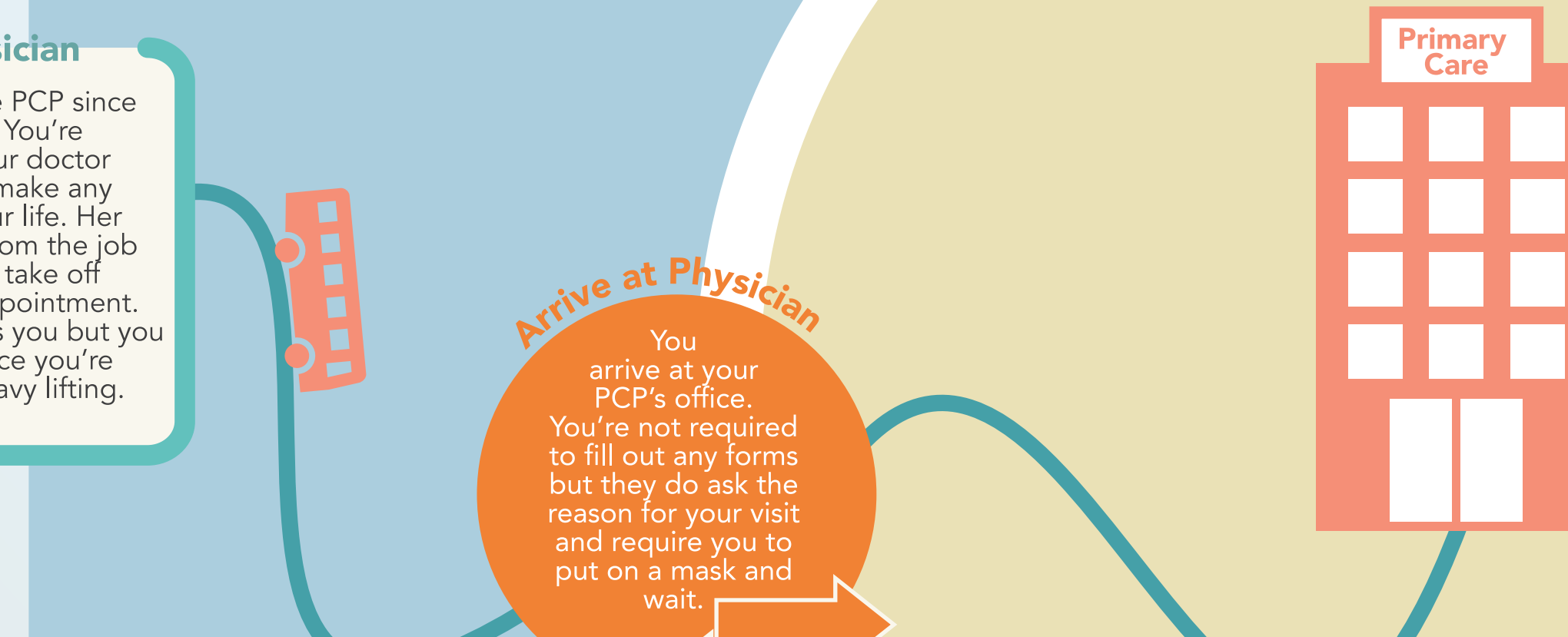
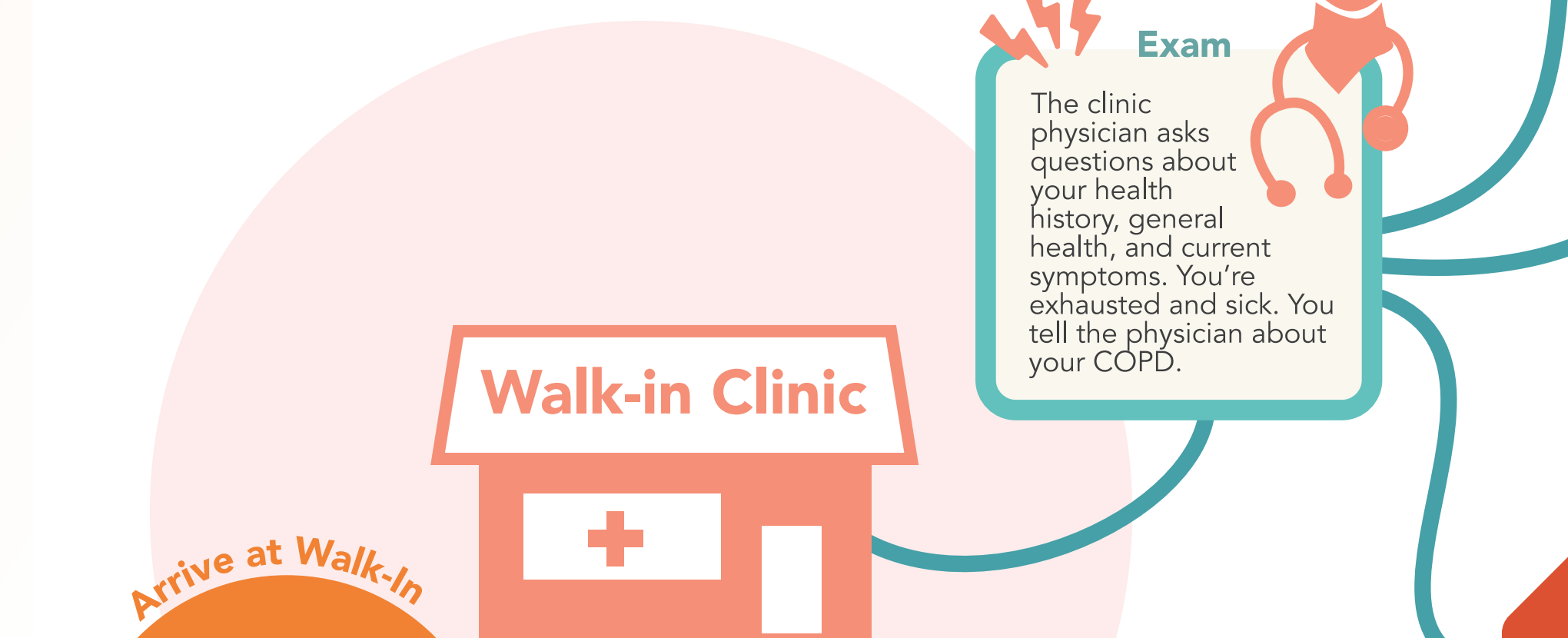
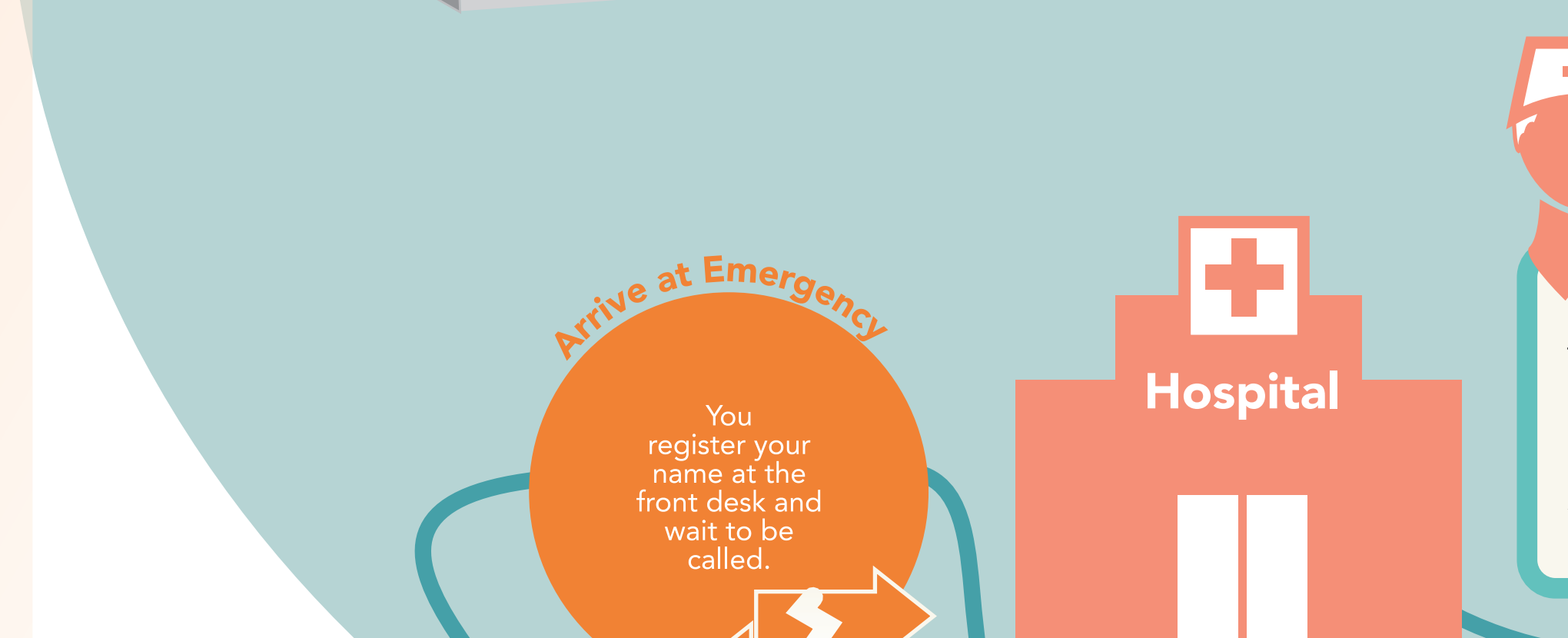
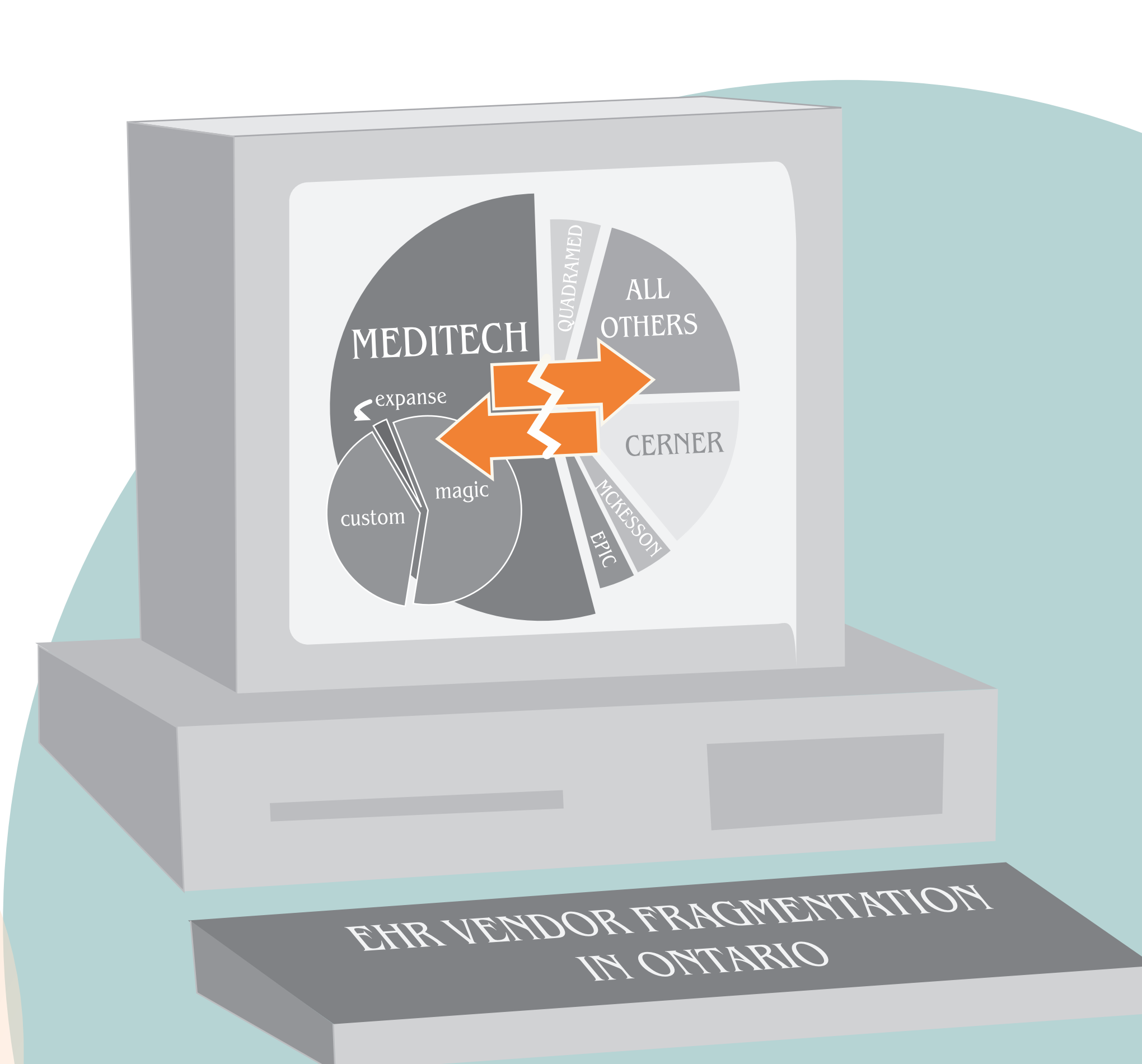
CHOOSE YOUR OWN ADVENTURE

C. Dery, M. Frew, S. Wolf

YOU are a 52-year-old man, a Canadian resident living in Toronto, Ontario. Your company went bust during the 2008 economic downturn. You now take construction gigs when they are offered, often under the table. Your employment is precarious and you get by on a low income. You are recently divorced and have no children. You rent an apartment in North York. After smoking for 20 years, you quit but continue to suffer from chronic bronchitis (COPD), generally managed without medication. You've had high cholesterol for almost a decade, managed with the common drug, Lipitor. Because of your precarious employment, you have applied and been accepted to the Trillium Drug Benefits program to cover the cost of your cholesterol medication. You are about to embark on a health-seeking adventure.

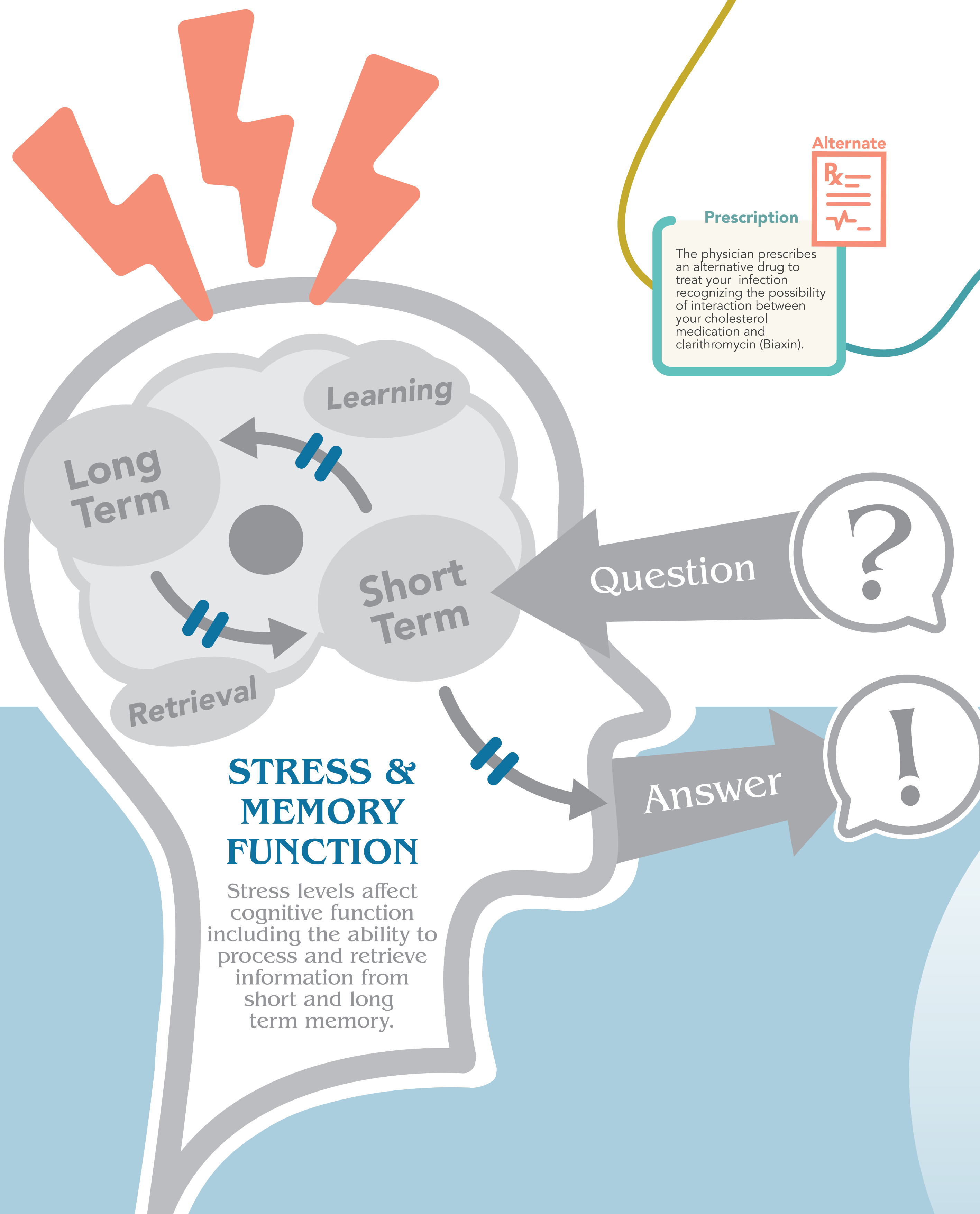
KEY MAP

- acute stress
- complete health history
- delay
- financial impact
- incomplete health history
- lack of integration
- point of divergence
- potential area of intervention
- patient path (patient decision maker)
- patient path (clinical decision maker)
- clinic electronic record
- hospital electronic record
- pharmacy electronic record
- physician electronic record



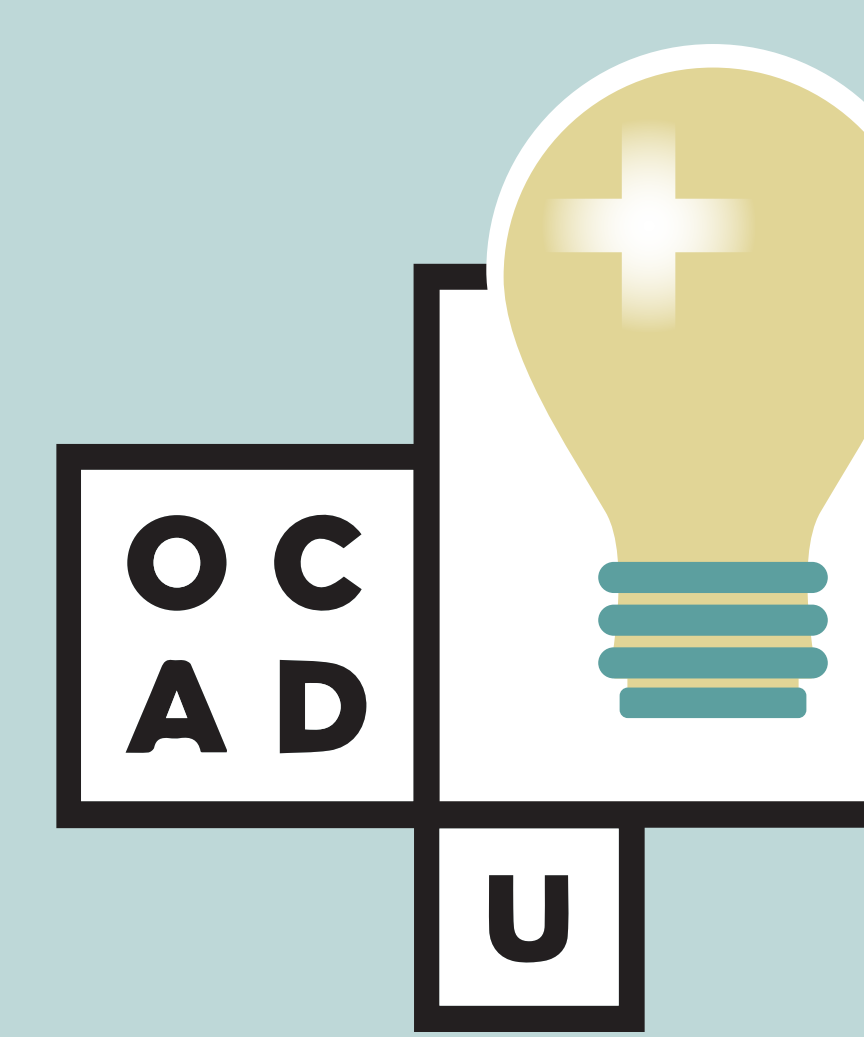
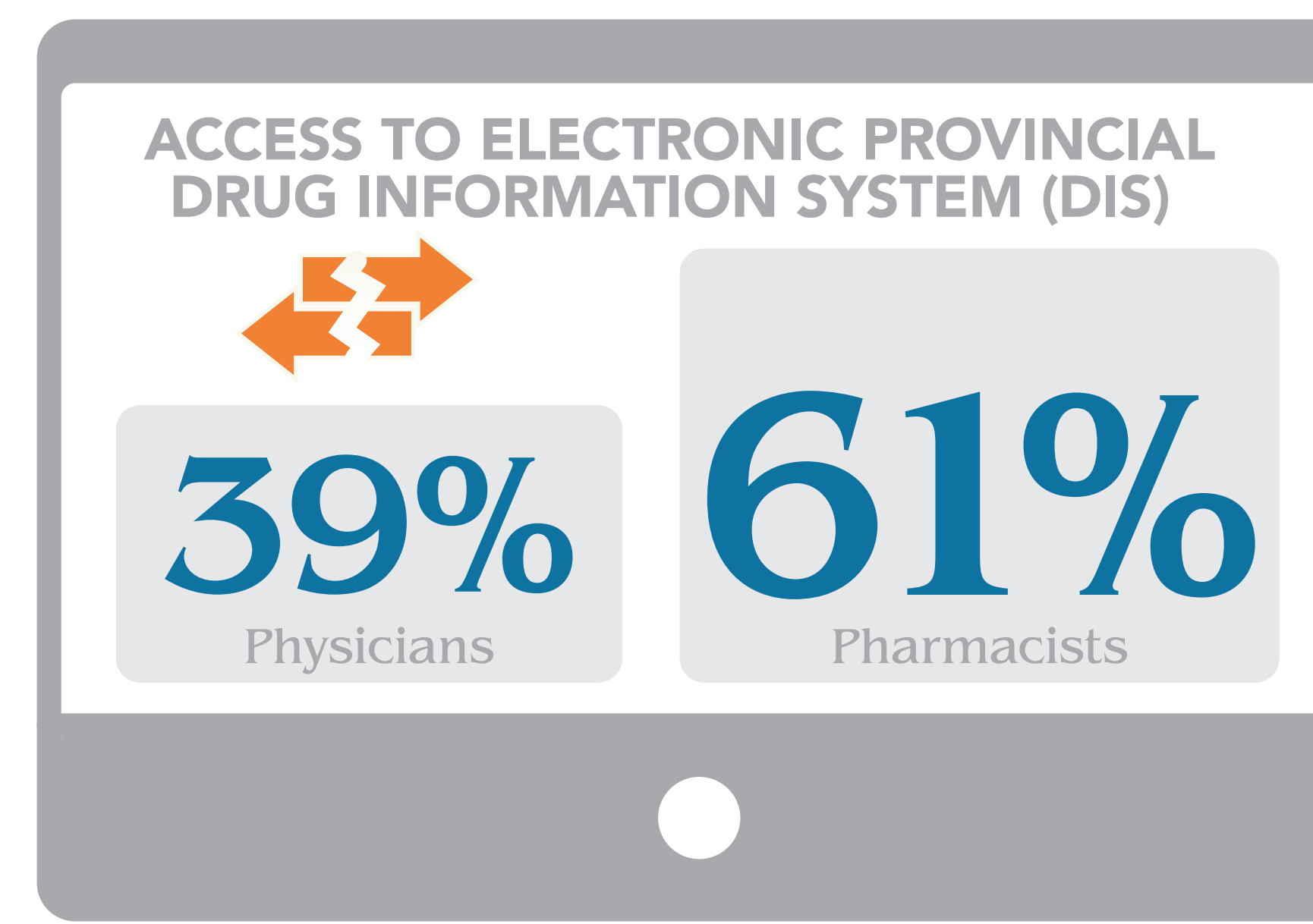
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FUTURE FORWARD

A truly interoperable provincial Electronic Health Record system would feature integration of patient health information from community care and access centres as well as private primary care practices, hospitals, private labs, private imaging, immunization history, medication history (from hospitals and through ohip provided prescriptions) as well as medications dispensed in community based pharmacies paid for through private insurance.



*based on reported ADRs. 95% of ADRs go unreported

