

Telehealth and Health Informatics. The Journey Towards Convergence COACH: Canada's Health Informatics Association and the Canadian Society of Telehealth Merge



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Abstract

Canada has a long and strong history with health informatics and telehealth. With associations supporting each since 1976 for health informatics and 1998 for telehealth, the work of automation in health care has been well served by committed and capable professionals. Health informatics and telehealth must be seamlessly integrated to provide optimum service to care providers and their patients yet two worlds of telehealth and health informatics have grown up in silos. The respective implementation projects have been launched and delivered by separate departments or staff, the technologies have grown up on separate pathways, the funding has often come from distinct and different sources, the education and training has been delivered by different university departments, and the associations supporting the members and industry grew up separately. Recognizing that working together would begin to bridge the silos, the Canadian Society of Telehealth (CST) and Canada's Health Informatics Association (COACH) embarked on a journey to show leadership in integrating the two worlds, initially by through joint projects, and ultimately by merging the two organizations. This paper describes the rationale, process, benefits and lessons learned in creating a single association to serve the Canadian Telehealth and Health Informatics communities.

Key words: Telemedicine; Telehealth; Medical Informatics; Delivery of Health Care.

Resumen

Telesalud e Informática de la salud: la Jornada hacia la Convergencia COACH – Fusión entre la Asociación de Informática de la Salud de Canadá y la Sociedad Canadiense de Telesalud

Canadá tiene una larga y sólida historia en las áreas de informática de la salud y telesalud. Con asociaciones apoyando cada una de ellas desde 1976 para la informática de la salud, y en 1998 para la telesalud, el trabajo de automatización en el cuidado sanitario ha estado bien atendido por profesionales comprometidos y competentes. La informática de la salud y la telesalud deben integrarse completamente para poder brindar un servicio excelente a los sanitarios y a sus pacientes, sin embargo los dos mundos, el de la telesalud y el de la informática de la salud, se han desarrollado de forma totalmente separada e independiente. Los respectivos proyectos de implantación han sido lanzados y entregados por departamentos o personal separados, las tecnologías se han desarrollado por caminos separados, los fondos a menudo proceden de fuentes distintas y diferentes, la educación y la capacitación han venido de diferentes departamentos universitarios, y las asociaciones que apoyan los miembros y la industria crecieron de forma separada. Reconociendo que el trabajo en conjunto puede crear un puente entre estos dos departamentos estancos, la Sociedad Canadiense de Telesalud (CST) y la Asociación de Informática de la Salud de Canadá (COACH) embarcaron en una jornada para mostrar liderazgo en la integración de los dos mundos, en un principio a través de proyectos conjuntos y más tarde con la fusión de las dos organizaciones. Este trabajo describe la razón fundamental, el proceso, los beneficios y las lecciones aprendidas en la creación de una única asociación al servicio de las comunidades de telesalud y de informática de la salud de Canadá.

Palabras clave: Telemedicina; Telesalud; Informática Médica; Prestación de Atención de Salud.



Telessaúde e Informática em Saúde. A viagem rumo à convergência COACH: Canada's Health Informatics Association e a Canadian Society of Telehealth Merge

O Canadá tem uma longa e forte história em informática em saúde e em telessaúde. Com associações que apoiam cada uma dessas duas áreas desde 1976, para a informática em saúde, e 1998 para a telessaúde, o trabalho de automação no atendimento em saúde tem tido um bom serviço feito por profissionais comprometidos e competentes. A informática em saúde e a telessaúde devem estar totalmente integradas para oferecer um serviço ótimo aos profissionais da saúde e aos seus pacientes, entretanto os dois mundos, o da telessaúde e o da informática em saúde têm se desenvolvido de forma separada. Os respectivos projetos de implementação foram lançados e entregues por departamentos ou pessoal separados, as tecnologias cresceram em caminhos separados, com frequência os recursos financeiros têm vindo de fontes distintas e diferentes, a educação e o treinamento têm sido oferecidos por diferentes departamentos universitários e as associações que prestam apoio aos membros e à indústria cresceram por separado. Reconhecendo que o trabalho em conjunto poderia começar a criar pontes entre essas duas áreas separadas, a Sociedade Canadense de Telessaúde (CST) e a COACH (Associação de Informática em Saúde do Canadá) embarcaram numa jornada para mostrar liderança na integração destes dois mundos, inicialmente através de projetos conjuntos e mais tarde com a fusão das duas organizações. Este artigo descreve a razão fundamental, o processo, os benefícios e as lições aprendidas na criação de uma única associação para servir as comunidades de telessaúde e informática em saúde do Canadá.

Palavras-chave: Telemedicina; Telessaúde; Informática Médica; Cuidados de Saúde.

INTRODUCTION

While the universities teach it, consultants preach it and health information executives require it, 'it' is still not always well accepted. The 'it' is a construct that the business requirements must drive the information, systems and technology. Computers serve business. Likewise for Professional Associations that serve members and the business of health care, it is the requirements of that health care system that must drive the services and programs of the Association. Canada has a long and strong history with health informatics and telehealth. With associations supporting each since 1976 for health informatics and since 1998 for telehealth, the work of automation in health care has been well served by committed and capable professionals.

Over the next one to two years Canada will electronic health records for almost 50% of the population, with a target of 100% in the next 5 years. Telehealth has been providing services from an estimated 1400 sites to many rural and remote citizens for decades; with the number of services and sessions expanding every year. As an example the Ontario Telemedicine Network supported 120.000 events in 2009/10, of which nearly 100.000 will be clinical consults. Over \$2 billion dollars has and is being invested by the Federal Government since 2002, matched by at least the same amount by provincial and territorial governments in the development of health infostructures in every jurisdiction and region of the country.

However, the two worlds of telehealth and health informatics have grown up in silos. The respective implementation projects have been launched and delivered by separate departments or staff, the technologies have grown up on separate pathways, the funding has often come from distinct and different sources, the education and training has

been delivered by different university departments, and the associations supporting the members and industry grew up separately.

Recognizing that working together would begin to bridge the silos, CST and COACH entered into a formal collaboration agreement in the fall of 2006 to undertake specific joint initiatives that would build toward a stronger alliance so as to advance the benefits, practice and value of health informatics and the use of telehealth in Canada in a seamless, integrated and effective manner. In partnership with Canada Health Infoway the first initiative was a groundbreaking workshop was in May 2007. This workshop addressed the convergence of these two silos with participants from across Canada and across multiple stakeholder groups. A final report documented that "it was unanimous among participants, that convergence of telehealth and with the Eletronic Health Records and Eletronic Medical Records will allow patients to receive timely and high quality care across various frontiers, regardless of time or geographic locale. This convergence will allow for a continuous stream of medical actions supported by accurate and timely clinical information."¹ With the focus on patients, or more simply, the person rather than the facility or provider it is unarguable that whatever technology is in use, be it remote, local, diagnostic, information, mobile, interoperable, or other technologies, must work in harmony. This will move us "into the 21st century and will bring about the "same place, same time" centuries long but not often accomplished medical-care paradigm. Convergence will foster collaboration and make multi-disciplinary work and patient centered Primary Care become a reality".

The transformative essence of the integration of telehealth and all "e" records and systems is the simple fact that once data collection is introduced with a telehealth

event, you are on the integration pathway. While there are multiple means to capture event data (patient name, provider name, diagnostic test name, clinical notes, etc) true convergence will ensure that the following five elements:

1. The Right information;
2. About the Right client;
3. Available to the Right person;
4. In the Right place;
5. At the Right time.

The Associations leaders that facilitated and attended that workshop understood the implications of this transformative change.

- Telehealth modalities needed accompanying electronic patient record services;
- Clinical staff would require access to combined telehealth and health information technologies;
- Clinical staff would require training in telehealth and health information use;
- Telehealth professional staff would also support electronic patient record services;
- Telehealth professional staff would build expertise and knowledge in health informatics;
- Our professional associations that serve telehealth and health informatics professionals would need to serve effectively the dual roles of telehealth and health Informatics.

The proverbial writing was on the wall. COACH and CST began the journey towards the ultimate convergence: merging into one organization.

STEPS TO CONVERGENCE

As in any merger there are significant relationship, process and detail challenges to surmount. Key in all of the work was the solid level of trust, commitment and patience by the leaders, board members, and executives of both associations. Particularly strong leadership was provided by the two Presidents of the Associations and particularly committed work efforts were undertaken by the two executive leaders. Those four individuals provided the continuity and content strength continually on the convergence journey.

Following the first years of collaboration, several initial steps were laid the foundation for the actual merger work.

President Elects Open Merger Talk (June / July 2007)

The two President Elects, at that time, engaged in frank discussion, agreed to open the merger topic and instructed their respective Chief Executive Officer (CEO) and Executive Director (ED) to confidentially assess the COACH / CST Strategic Alignment and prepare a comprehensive report for consideration by their respective Boards.

COACH / CST Strategic Alignment Report (October 2007)

The CEO and ED undertook the analysis, assessment and documentation of the commonality of the two Associations vision, mission, values, objectives, structure, programs and statistics. Additionally undertaking a SWOT analysis, they identified options and their associated pros and cons in a report that identified option 4 below as having the strongest “pros” and thus recommended an outline and timeline for a merger in a Strategic Alignment Report.

1. Status Quo – current formal collaborative agreement;
2. Shared contracted services:
 - a. Same association management supplier;
 - b. Sub contracted to the other organization;
3. Joint Partnership – combination of resources;
4. Full merger – one organization.

Respective Boards and Presidents Continue Assessment (October - November 2007)

Each Board, in reviewing the Strategic Alignment Report, expressed both support and caution on the merger and wanted to ensure that both organizations expectations and strategic plans were strongly aligned.

Strategic Planning and Business as Usual (January – June 2008)

With COACH winding up its three year strategic planning for 08 to 11 by early in 2008, and CST just undertaking a strategic planning initiative in the spring of 2008, everyone agreed that these planning efforts in both associations needed to be completed before further assessment of merger potential could be undertaken.

The real work of the merger began after an October 2008 CST Board meeting that concluded in solid



support to begin the merger process. There were many steps in this process and the following highlights the key steps necessary.

Letter of Intent to Merge (October 2008)

This letter, signed by both Presidents, simply signaled that the two organizations intended to more fully and formally pursue the opportunities and challenges of a merger of the two organizations.

Merger Project Plan (November – December 2008)

A detailed project plan was developed. It identified the four major documents needed for a merger.

- Merger Framework Agreement (Agreement in Principle);
- Master Merger Agreement (Legal Agreement);
- Communications Plan;
- Transition Plan.

By starting with principles, as opposed to conditions or legal terms, everyone was able to move to a consensus and no issue found to be insurmountable. The basis for the merger is reflected in the principles on mutual intent and mutual benefit articulated at the beginning of the process:

“COACH and CST have evolved their individual organizations and scope of interest to the extent that there are now significant areas of common interest and focus. In addition, the two organizations have similar goals with respect to advancing the development and wider dissemination of telehealth and health informatics in the Canadian health care sector. In that context, considerable synergy and other mutual benefits would be achieved as a result of both organizations offering a united front in terms of the further advancement of telehealth and health informatics in Canada. Accordingly, COACH and CST agree that it is their intent to more fully and formally pursue a merger of the two organizations.”²

“The merger is premised on the expectation that the following benefits will accrue:

External

- Presenting a united and cohesive approach on matters of telehealth and health; informatics to the pro-

fessional and stakeholder community;

- A single point of contact for telehealth and health informatics matters;
- Improved influence with government, vendors and the professional community.

Internal

- Achievement of overall organizational synergy;
- Enhancement of organizational capacity to serve a growing and diverse membership;
- Improvements in membership service delivery and cost effectiveness;
- Increased administrative and logistical efficiency;
- Reduced overall operating costs³.

Engage Facilitator, Conduct Negotiations (January - April 2009)

A respected consultant experienced in mergers who was not formally associated with either party and knowledgeable about health care information and technology was engaged to facilitate the merger negotiations between the two Executive Committees and their associated CEO / ED. All aspects of a merger were negotiated in an open and respectful manner resulting in a draft Agreement in Principle to Merge document. The mutual achievement of benefits and the alignment of strategic direction was the underlying force of merger. These points were often raised as difficult issues were worked through in various negotiation sessions.

Agreement in Principle (April 2009)

The Agreement in Principle laid out several key articles that laid the groundwork for formal merger including the following:

- Setting a transition period to accommodate the need for organizational and cultural transition and allow the merged organization to effectively manage the impact of the merger on its members and other stakeholders;
- Identifying the combined Board and executive management structure,
- Identifying the dissolution of CST and the joint formal legal structure to continue as COACH;
- Identifying membership rights and fee structure for CST Members as part of COACH;

- Setting the timing of the merger;
- Describing the role, branding, marketing and recognition of telehealth professionals with a new Canadian Telehealth Forum within COACH;
- Identifying that a single joint national conference will continue;
- Incorporating Special Interest Groups, Collaborative Relationships, Patrons and telehealth awards within the merged Association;
- Describing communications and public announcement processes necessary throughout the merger process and the process for transitioning web services to a single web service and dissolved association web page notification;
- Describing the process and types of assets to be transferred, including intellectual property, along with trust conditions and oversight responsibility for the funds held in trust for telehealth resources, programs and services;
- Describing the liabilities to be extinguished prior to merger and the subsequent liability assumption, assignment and transfer process;
- Identifying the break off terms.

Both Boards approved the Agreement in Principle to Merge in April 2009. This Agreement in Principle was the key foundation for all subsequent work, including the due diligence activities and the legal merger agreement development.

Vote on Merger (May to July, 2009)

CST conducted multiple membership information sessions, webcasts and provided other communications in support of a full open and successful membership vote, on merging with COACH. COACH also canvassed its membership informally.

Due Diligence on Merger Details (June – September 2009)

The CEO and ED conducted detailed due diligence on the many complex aspects of the merger including: web site, executive and other contracts, membership transfers, sustaining patron agreements, partnership agreements, assets, liabilities, audits and plans in preparation for the final legal merger agreement development.

The due diligence activities did not turn up any strong issues or concerns and the final process step was the development of the legal agreement to merge. Even with the major work on the Agreement in Principle, this formal step took approximately five months.

Legal Merger Agreement Development (September – January, 2010)

The organization's CEO, ED, Board Executives and Boards with support from legal council developed the formal merger agreement, based on the Agreement in Principle to Merger document. The attention to detail, surmounting key issues around any potential future "unmerging" and the required approach to appoint board directors from CST to COACH were among the complexities handled by the senior management and board members. Multiple reviews by each Board, ensuring their members interests were sustained and respected, and a negotiated consensus on the difficult issues with each Association providing the needed compromises all resulted in unanimous board support for the merger by both associations. The full Boards approved the Legal Agreement in January 2010.

LESSONS LEARNED

There is much to be learned from this process that resulted in the signing of a merger agreement between two respected, capable and credible Associations. Many key circumstances, actions, discussions, communications, board and executive management activities and everyone's positive attitude, trustworthiness, commitment and confidences were necessary to effect this merger. A few items are of particular note in the success of this process:

- **A business imperative**, which for COACH and CST included the integration direction of the EHR and telehealth systems being implemented and operated in Canada, the commonality of the private sector involved with the two associations, the pressures of sponsorship, exhibit and conference financing and the mutual and complimentary strengths of each association;
- **A collaborative foundation**, which was there for both associations for the past 5 years;
- **Strategic alignment** whereby both can understand and gain comfort with the future potential of merging;



- **Mutual trust, respect and consideration** that underlies all communications and negotiations;
- **Willingness to compromise** for the greater good;
- **Commitment and leadership** by Presidents and Executive Management on behalf of all their board and association members to do the major work of merger planning and development;
- **Facilitation by a respected external, and capable individual;**
- **A Board priority** to support the time commitment of the negotiation teams;
- **Solid planning and coordination;**
- **Solid and transparent processes that are well communicated;**
- **Membership support**, in anecdote and in surveyed numbers;
- **Timely legal advice** from within their respective Boards (or external to each Board).

The real test of the merged Association will now be in the transition years where membership from both organizations are fully engaged and involved. While issues and challenges are expected to arise from time to time in a merger of this magnitude, with a solid agreement in place, transparent processes, and cohesive leadership, the benefits of a merged health informatics and telehealth association will surely be realized.

Important note: There are no references to published works. This text is a report of authors.

1. Converging the Silos of Telehealth and eRecords, Canada Health Infoway, CST and COACH Report, May 30, 2007, Toronto, Canada
2. COACH – CST Merger – Agreement in Principle to Merge, April 16, 2009
3. COACH – CST Merger – Agreement in Principle to Merge , April 16, 2009