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Thank you Ruth. Am I on? Ladies and gentlemen, it gives me great pleasure to be here today and I bring greetings from one island to another from the Sandbar, as we call it, from Prince Edward Island, to -- to Vancouver Island. Different cultures on the Islands and I love the culture on Islands.

I'm here to talk to you about solutions for transformation, not a surprise. Transformation. It's an exciting word. A word that carries a lot with it. This past weekend has been a point of transformation for myself and my family. My eldest son just got married and that's a transformation of a whole other kind.

All of you that have been involved in public sector business redesign projects probably understand what we understand as of this weekend, and -- and the words have far more meaning to me now than they probably ever did in the past. You have not lost a son, you have gained a daughter. You haven't downsized through the process, you have actually grown through the process in numbers. So as a family, as my wife and

I started off having kids years ago, it was with the thought that we would have them early so that as we grew older, we would have time to ourselves and to be able to travel and do all these wonderful things, and we've discovered that, in fact, you grow even larger. I have five kids, so I'm looking at the possibility of ten shortly as well.

So the transformations that we -- we run into don't always represent perhaps what we thought they would.. If your business case for transformation has been based on losing staff, chances are what you've discovered at the end is that you've actually gained staff. That's been my experience over thirty years. That's not a bad thing because all of those situations allow you to grow more so without having to increase staff later. That's been our experience in transformation of that sort. Enough said about that.

What I'm here to talk to you about is an experience within Prince Edward Island with regard to central registries and how that has become a point of transformation for the Island, and indeed could be for anybody in that same situation, and how it has become an enabler of change as we move beyond that. And that's the slide that should have been up there all the time. I just have to get used to this. There we go.

Before we actually talk about what Prince Edward Island, itself, is doing, what I want to do is look at what kinds of transformation objectives there are with regard to the technologies that we're putting in place there as well. One of the transformation objectives is to be able to shift the focus with respect to who owns data. Classical stovepipe environments, multiple programs, multiple services and delivery, everybody sees data as their data. And when you start talking about bringing information together, that creates some interesting situations. Particularly, as you bring services and programs and departments even, together, everyone still sees the data as their data. If you're merging addresses from two different systems, then the people who used to own one address, will still consider it their address to be the most accurate and up to date one, whether or not in fact it is.

If there's an inaccuracy in the information once the data has been brought together, then obviously that inaccuracy had to do with the other, whoever other might be, systems as well. So one of the problems with this kind of transformation that we're trying to bring about is ownership of information and what that information means. That's sort of the first step.

The second step is once you've sort of dealt with

that issue of -- of ownership from at one level, there's a whole new level that comes into that, and that is that the information really belongs to the client. We're seeing that more and more and more as you go to privacy conferences, as you begin to see legislation start to appear in -- in terms of privacy, the information belongs to the person that that information describes more so than to departments or directorate sort of programs or to services. And so that's a shift that has to begin to occur as well.

Also, one of the issues is the understanding of the importance of the accuracy of data. People who perhaps didn't care so much about what it was they were putting into systems, when you start to bring it all together, now have to change their behaviour and begin to understand that there is some importance to the data they're collecting, or perhaps they shouldn't be collecting it if it's not of importance to them. And we saw that, particularly, when we start speaking of something as simple as someone's address. It's much more important to a financial assistance type of environment where cheques have to go out the door, than it is to someone coming into the emergency room having to get services. The address is the least important kind of information that they are dealing with at that

point. The importance of the accuracy of the data, the importance of it, from the point of view of the worker doing the job is crucial.

What is a central client registry? That's what we've implemented within P.E.I. and most of the provinces have something either underway or -- or looking very hard at something in that regard. Primarily, it's a transformation enabler. A central client registry is kind of the first brick in the foundation of the systems you need if you're going to start talking about province wide delivery, if you're going to start talking about one-stop shopping for client information. It provides that foundation.

One of the side effects of that is the perception that the public has. The public already thinks the government has all of the information on them in one place, in general, that's what they think. They are puzzled and -- and look at you strange if you suggest that to change their address they have to go to fifty places. They already have this perception that it really ought to be in one place and that's kind of what we're starting to bring together, the fact that it is in one place. So, the spin off of that is that the confidence within the public that the government actually does in some sense, know what it's doing, gets

raised as well.

The central client registry that we are particularly dealing with is not just the citizens or residents of the province, but includes your providers and all other types of registries that you would be concerned with as well. Central client registry gives you the ability to tie together all of your information systems with a common identifier. That enhances all sorts of things, especially if you're talking about provincial wide reporting, Stats Canada reporting. If you're in health care, when you start talking about Kyhigh (PHONETIC) reporting and other things like that. It gives you all sorts of tools in terms of audibility and in trying to enhance client services.

When you have more than one place where a piece of information is stored, you have two watches. And when you have two watches, unless they are exactly set the same, you never really know what time it is. That's the -- that's what a client registry does, it eliminates the second watch. It gives you a single watch, a single place to go for client demographic information. A system of record upon which you can rely. You can register a person, you can register an organization, they're there once, not multiple times.

One of the interesting things that a central

client registry concept gives you is the ability to tie together disparate systems without necessarily having to change those systems. It allows you to use a common single identifier, in P.E.I. it's the provincial health number, as an identification of persons and residents in the province without having to necessarily change all you physical filing systems that are based on hospital numbers or on -- on driver's licence numbers, or on something else. It is a registry, it is a cross-referencing tool that allows you to move perhaps into the direction of having common identifiers across all systems, but in the process, being able to implement incrementally those things.

One of the issues within the Atlantic provinces, because we are so small, is the inter-provincial communication. There's a lot of government-to-government sharing of systems and information and that inter-provincial communication becomes not a trivial thing, but a simpler thing, because have registries that can speak to one another.

Central client registry work that -- that EDS has been involved in and somewhat the foundation of the work that we've done in Prince Edward Island just briefly is, Veterans' Affairs, Canada, a large initiative, eight-year project or so that implemented a

client service delivery network that gave them across all their programs and services common information. We've done similar work in Manitoba, Newfoundland and Labrador, the unique personal identifier is a central client registry, and certainly within Prince Edward Island.

P.E.I. I looked in the book in the hotel this morning and Victoria has a population of three hundred and fifty thousand people. That is more than double the population of P.E.I. P.E.I. is -- is for that reason, a very interesting place to do systems work like this or to put any kind of process in place, because as a province it has all of the requirements any province has in terms of its reporting capabilities. As a deliverer of services, be those in healthcare or road maintenance or any other area, they have all the same things to do. They don't have as much road, they don't have as many people to do it for, but the processes and the systems and the -- and the things that you have to do in terms of the business, are all exactly the same. Case management in P.E.I. for financial assistance, or for childcare workers is no different than it would be in -- in B.C. So the systems have to be as complete, the systems have to be as robust. They are as here, but you can turn them

around. You can do things with them much more quickly because you're -- the -- the inertia of it is much less.

Within Prince Edward Island they have -- they have consolidated what are in B.C. three ministries. They have within their Department of Health and Social Services, the equivalent of what you would have here for employment, for healthcare, and for child and family. So we -- we have tried to implement within one department a client registry that accommodates all of the social services context, all of the health context, and all of the human resource and employment context. That's some thirty -- well, and that's all delivered through -- through five health regions. The vision that P.E.I. Health has had is to change all of those areas, all of those, what had been previously dispared departments, to -- to move them along to a client centric view of information, away from the traditional program silo view.

So what were the goals? The goals were to have a common client registry, to initially integrate their claims processing Medicare and their vital statistics systems. Those were the stepping-stones, much more will be done as time goes on. And to provide that foundation that will be the basis for all future

systems work, whether that is commercial off the shelf products that are brought in that -- that are going to be required to comply with the registry, or whether they're built within the province itself.

The challenges to that, data ownership, as I've mentioned. Business process standardization across thirty-seven some odd programs and a hundred and some odd services. Standardizations in terms of forms, standardizations in terms of questions asked to the public, standardizations even within one service across five regions. A very difficult process. They had some four hundred different letters and forms across those five regions that we had to look at and try to consolidate, and of course, the major challenge, especially when you're dealing with something as sensitive as child protection issues, or something as broad as -- as Medicare eligibility and so on, the issues of privacy, privacy and more privacy.

So how did we get there? How did we deal with some one hundred odd services and the disparate program, some of those, and this slide lays it out. Consensus was the theme of the day. Listening, more consensus, more listening. There are eight hundred people within the Department of Health who will be ultimately the workers that use the systems we've put

in place there. We consulted with two hundred of those. Two hundred people across the Island were involved in -- in the initial requirements, the -- the PR job of -- of explaining what it was we were doing. So the communication strategy was a key, key issue. Key issue. If those people don't have the feeling that what we're doing is important, if they don't see their role in it, then they won't support it. Indeed, this is -- this was the third attempt within Prince Edward Island to implement a client registry and we turned the key back in March and it's been running fine since.

Security, privacy, confidentiality. We had to deal with those issues. We particularly identified one person who was involved in child protection who had this private practice mentality, though they worked within the department, that their information that they kept on their clients was their information and, indeed, an awful lot of it is very sensitive. And under the code of ethics and the practice of that -- that child care worker, there were certain requirements that, in fact, it be, in fact, just that, maintained in a privacy environment. And so, you know, it took a lot of, probably the bulk of what we did over a year and a half was to identify how privacy and confidentiality and security could be dealt with and yet still bring

together data into one large database. A scary prospect for a lot of people to think that the database is there. Now technologically that's not a -- a big deal. The fact that it might have been in ten databases from the technology perspective should not have given anyone comfort. So bringing it together shouldn't have brought any more fear, but we know that the public perception is that when you bring things together in one database, that somehow that means that there's a privacy and confidentiality issue that didn't exist before. So we had to deal with all of those issues. And, of course, we had the concern with standards, being a health department, it had to deal with the Canadian Institute for Health Information and -- and so on.

The results of that, we did in fact succeed in putting the client registry into -- into production in March, integrated with the Medicare claims processing and vital statistic systems. It is, in fact, the foundation for ongoing work and we are doing that work now in terms of case management. And it supports open standards for health level seven, the healthcare data interchanged standard, XML and an act of application program interface standard as well.

Just as a demonstration of where that has allowed

us to go in terms of supporting the transformation that I'll speak of next, we're now in functional testing for a full service delivery model for all of the non-acute care health information systems, supporting all of those other hundred services across all of the program areas. And it's all been enabled and made easier because of the central client registry.

So, to wrap this up, what kind of transformation results have they seen? Now they only implemented the central client registry in March, so March, April, May, June, July, August, September, October, five, six and that's eight months. Yes, my degree is in mathematics. That's -- in eight months there's not a whole lot of transformation you would expect to see, so I -- I went to the client and I asked them before I came, what -- what his perspective of the transformation results might be. And some of them were a surprise to me because my mind set wasn't where he was at. It raised the profile of privacy, confidentiality and security of information across the department. Why was that important? Because people thought they already had good privacy and confidentiality, when anyone could -- well, not anyone, where someone, some -- some authorized persons could walk into a file room, open any drawer within that file room, and look at any file

within that file room, and no one would have known they had done it. Whereas now, we have a system whereby if you look at a client's notebook, a client's file, that's recorded, date and time stamped. So we actually have greater privacy and confidentiality and security around things and -- and people just didn't realize it was an issue with their current application.

We raised the profile across the whole department of the vision towards an electronic health record, CCR is the first step of that. So it's become a communication tool to -- to move further. It's generated a more sophisticated workforce technologically. Many of the areas within the Department of Health in Prince Edward Island did not even have a land connection. They did not have word processors, they did not have a PC on their desk at all. So we've gone that extra mile in terms of putting the network out there, getting people communicating, even beyond the technologies of central client registries and so on, they now are at least on the network and able to do those things.

The meaning and therefore the accuracy of the information has been enhanced as we've come to understand a standard definition of what words mean and that definition is getting propagated throughout the

organization. Just go home to your own departments and ask who is a client. That debate can go on for a long time, when you identify what a client really is. So what does it mean to identify a client in a central client registry? What -- what is a client? It's amazing the extent to which words we think we understand are not, in fact, understood by the people that sit next to us, and they're doing a job that's similar to what we're doing.

Lastly, one of the key transformation results that we've discovered so far, and there's much more to come, is that the data is the client's data. That realization is -- is happening. People are saying less often, that's my address, for that client, or that that's what I call the client, or I don't want someone messing up my address. They're saying that much less often now. They're all beginning to realize and work together that the client belongs to -- or the data belongs to the client.

There are going -- there's going to be a time for questions later. You'll see Mr. Bruce Wallace, the Project Director for the ISM Project in the Department of Health. He is quite willing, as well, for anyone who has questions in terms of what P.E.I. is doing, that you could contact him. So feel free to do so, and

as well as for myself. Okay. Thank you.

(PRESENTATION ENDS)