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Tuesday 30 March 2010

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Mardi 30 mars 2010

Standing Committee on Government Agencies

Intended appointments

Comité permanent des organismes gouvernementaux

Nominations prévues

Chair: Ernie Hardeman
Clerk: Douglas Arnott

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Hansard Reporting and Interpretation Services
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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON GOVERNMENT AGENCIES

Tuesday 30 March 2010

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES ORGANISMES GOUVERNEMENTAUX

Mardi 30 mars 2010

The committee met at 0904 in committee room 1.

INTENDED APPOINTMENTS

The Chair (Mr. Ernie Hardeman): Good morning, and thank you very much, members of the committee, for being here. We are meeting this morning at the Standing Committee on Government Agencies to interview three recommended appointees to the eHealth board of directors.

MR. JEAN-PIERRE BOISCLAIR

Review of intended appointment, selected by official opposition party: Jean-Pierre Boisclair, intended appointee as member, eHealth Ontario.

The Chair (Mr. Ernie Hardeman): Our first person to be interviewed is Jean-Pierre Boisclair. Please take the seat at the end of the table.

First of all, thank you very much for coming to speak to us here at the committee. Secondly, we would point out that we will ask you if you would like to make some opening statements, and upon the completion of that, we will have the members of the three parties ask you any questions they feel appropriate to do the interview. There will be 10 minutes for each party, and we will start the questions with the official opposition this morning.

With that, the floor is yours.

Mr. Jean-Pierre Boisclair: Thank you, Mr. Chair. It's a privilege to have this opportunity to appear before the committee and to answer your questions. My comments will be brief.

Monsieur le Président, s'il y a des membres qui souhaitent poser leurs questions en français, je suis préparé à répondre dans leur langue maternelle.

My interest and involvement in the governance, accountability and control of governments and government enterprises such as eHealth Ontario goes back over three decades when, as an admittedly much younger financial professional and corporate CEO, I accepted an invitation to participate in a groundbreaking review conducted by the Auditor General of Canada of the financial management and control practices of federal departments and crown corporations. This work resulted in significant change and led to further opportunities, at the federal level and provincially in British Columbia, to do pioneering work and performance reporting and auditing which, simply put, began to make an all-important and evidence-based connection between effort and cost with outcomes and impact.

As commonsensical as this may sound, this was far from an accepted part of governance and accountability regimes in those days.

Between 1980 and 2002, as president of the Canadian Comprehensive Auditing Foundation, I was fortunate to continue to work in developing practical approaches to meet then-rising expectations for good governance, management and stewardship in the public sector, including its health care institutions.

As chair of the independent panel to modernize comptrollership in the government of Canada, which was a very mini version of a royal commission, I again enjoyed the chance to provide a measure of leadership to advance stewardship at the federal level.

My motivation in wishing to help achieve eHealth Ontario's mission stems directly from my experience as a director and chair of the Ottawa Children's Treatment Centre and, in the last six years, as a governor of the Ottawa Hospital, where I chair the audit committee and serve on the quality and the executive committees. In those roles, I've come to view the successful establishment of e-health records in Ontario as something that is not an option but a necessity to managing health care costs and, importantly, quality to the benefit of all Ontarians.

If eHealth Ontario is to succeed in the mission that has been established for it, it needs strong public trust, including the confidence of this Legislature, for its management and governance, based on solid accomplishment and demonstrated value. Its ability to rebuild trust will depend on how well the management and the board go about their stewardship responsibilities in five respects: first, setting the direction and establishing the means and the pace by which it will accomplish that mission and then meeting agreed performance expectations; second, aligning capacity both within and without the agency to engage its plan successfully; third, understanding and managing its risks and demonstrating that it's making the appropriate choices to achieve the right balance between risk avoidance and risk taking; fourth, ensuring that the organization meets the expectations of its stakeholders and the public for how it goes about its business—the control and ethics issue; and fifth, fulfilling its accountability obligations by demonstrating its progress ob-

jectively, measured in terms of the value of its outcomes and the management of financial and other resources.

I don't for a moment underestimate these challenges, and if appointed to the board, I look forward to bringing my perspective and experience to work in meeting them.

For the record, I would like to also say that if appointed to serve as director of eHealth Ontario, I will immediately resign as a governor of the Ottawa Hospital to avoid any real or perceived conflict of interest.

With that, I invite your questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We'll now start the questioning with the official opposition.

Ms. Lisa MacLeod: Welcome to the committee, Mr. Boisclair. I must say, of all of the candidates we have seen come to this table in the past few years, none have been as qualified as you. I want to congratulate you on all the work you've done in the city of Ottawa, particularly with the OCTC and the Ottawa Hospital.

0910

I only have a few quick questions for you. I know you're coming to this as a chartered accountant and you've spent some time in the financial sector of hospitals as well. Given the challenges that the auditor identified at eHealth Ontario, what kind of experience do you think you bring to the table? Given the fact that we have called for, in the official opposition—I believe the NDP have agreed with us—that we should have a public inquiry into what happened there, do you have any comments on that? Again, if you had seen any of the abuses that have been alleged and reported at eHealth in the past few years, would you be comfortable coming forward to this Legislature to inform us of those challenges?

Mr. Jean-Pierre Boisclair: I have read the Auditor General's report on eHealth Ontario and obviously, his findings are both significant and were responded to in a positive sense by eHealth. I guess what I would bring to it is what I've brought to the other organizations where I've been involved in their governance, and that is a willingness to ask the right questions, to get behind an understanding of the progress that's being made and to keep asking those questions, and a willingness to speak administrative truth to power.

I think personally that that is what governance is all about, and over the years, I've become comfortable doing that, not just in my role as a financial professional, but also in my other roles as chief executive officer of a company in the aerospace industry, where lives depended upon the quality of our product—and things can go wrong—and willingness to bring those situations forward truthfully to customers and the public was essential.

I think the other thing that I would bring is a test, if you will, that goes to substance rather than form. I believe that success in achieving the reforms that are needed goes beyond the process. It has to do with the mindset of management and indeed the board, it has to do with the extent to which these things are inculcated in the organization at every level, and it has to do with, I think, thinking like a taxpayer. Those are things—

Ms. Lisa MacLeod: That's actually very heartening. Thanks for mentioning that. From time to time, we like to hear that. I hate to interrupt, but I know time is short. The Ottawa Hospital has done some groundbreaking work with electronic health records themselves. I've spoken many times with Dr. Jack Kitts, who I notice is one of your referees, in addition to Kay Stanley, who have given me great advice over the years. You're doing great things at the Ottawa Hospital. Are you going to be able to bring that knowledge base to eHealth Ontario so that they can get back on track?

Mr. Jean-Pierre Boisclair: I will do my very best to inject that into the conversation.

Ms. Lisa MacLeod: Maybe you could let my colleagues who aren't from the city of Ottawa know what you're doing at the Ottawa Hospital.

Mr. Jean-Pierre Boisclair: A lot of work and a lot of effort over the last few years, to the point where we do have an internal e-health record, if I can call it that, that I think is relatively sophisticated. At this point in time, any physician walking on to one of our campuses with his or her laptop automatically logs into the system and can actually read diagnostic tests live time on their computer screen. The amount of time and effort and possible error that that prevents can't be described. They have a sophisticated approach to it.

Ms. Lisa MacLeod: And I realize that at Queensway Carleton Hospital they can now tap into that, which is fantastic.

Mr. Jean-Pierre Boisclair: Indeed. Now, we still have a long way to go, but we've made some considerable progress.

Ms. Lisa MacLeod: Well, you're further ahead than eHealth Ontario. I want to congratulate the Ottawa Hospital for everything that they've done. I want to congratulate you, and I wish you the best of luck.

Mr. Jean-Pierre Boisclair: Thank you very much.

The Chair (Mr. Ernie Hardeman): Thank you very much. The third party?

M^me^ France Gélinas: Merci, monsieur Boisclair. Vous avez étendu l'invitation pour qu'on vous pose des questions en français. Ça va si on a notre discussion en français?

M. Jean-Pierre Boisclair: Absolument.

M^me^ France Gélinas: Ma première question est un peu du côté personnel. Qu'est-ce qui vous a motivé à vous joindre au Centre de traitement pour enfants d'Ottawa?

M. Jean-Pierre Boisclair: Pour être très franc avec vous, un matin, j'étais invité à visiter les lieux et j'ai trouvé, spécialement dans le domaine de l'éducation—le centre a une école pour les enfants—que les travaux que les gens-là faisaient étaient absolument incroyables. J'étais complètement bouleversé par l'effort qui était là-dedans. En même temps, on a trouvé une situation où peut-être le conseil d'administration avait besoin de changer son approche, et on m'a invité à contribuer une

nouvelle approche au conseil d'administration. C'était les deux choses ensemble : le besoin de donner aux enfants une opportunité dans leur vie qui autrement ne serait pas là, et aussi le défi de changer notre approche pour le futur.

M^me^ France Gélinas: J'ai lu le rapport que vous nous avez soumis. Vous mentionnez que si vous avez la nomination pour Cybersanté, vous allez quitter le conseil d'administration de l'Hôpital d'Ottawa, en partie pour conflit d'intérêts, et en partie par manque de temps. Par contre, vous ne voyez pas le même type de conflit d'intérêts avec le centre de traitement pour enfants?

M. Jean-Pierre Boisclair: Non, pas vraiment. C'est à un autre niveau en effet. Je crois que les centres de traitement pour enfants seront peut-être plus loin dans le «spectrum» d'implémentation et pour ça, vraiment, je ne vois pas de conflit. Ils ne travaillent pas grandement dans le domaine et je ne crois pas que ce sera un conflit.

M^me^ France Gélinas: Est-ce que le Centre de traitement pour enfants d'Ottawa est une institution indépendante? Est-ce qu'ils ont leur propre conseil d'administration?

M. Jean-Pierre Boisclair: Oui.

M^me^ France Gélinas: Ils sont une agence de transfert—

M. Jean-Pierre Boisclair: Complètement indépendants.

M^me^ France Gélinas: Donc, il peut y avoir des liens cliniques avec l'Hôpital d'Ottawa, mais pas de liens administratifs?

M. Jean-Pierre Boisclair: Aucun.

M^me^ France Gélinas: Comme ma collègue Lisa l'a mentionné, Cybersanté a quand même vécu des moments très difficiles. Avec le rapport du vérificateur, beaucoup de cela a été mis au plein jour. Il y a encore des parties que l'on ne connaît pas. Le parti de ma collègue ainsi que le parti néo-démocrate avaient demandé une investigation plus poussée. Le gouvernement a refusé.

Habituellement, les gens qui viennent avec votre type d'engagement—vous entrez quand même dans un organisme qui a un passé peu reluisant. Comment voyez-vous ça avec la carrière très reluisante que vous avez?

M. Jean-Pierre Boisclair: C'est ça exactement qui m'intéresse pour faire une contribution à « eHealth »—en effet, d'essayer de contribuer mon expérience, de guider le processus, si vous voulez, parce que pour moi, la gouvernance est pour guider; elle n'est pas pour implémenter—imposer une discipline, imposer une transparence au processus et insister sur les questions d'éthique et de pratique qui vont beaucoup plus loin que mêmes les exigences de la loi.

M^me^ France Gélinas: Je vous félicite pour ça, et bonne chance.

M. Jean-Pierre Boisclair: Merci.

The Chair (Mr. Ernie Hardeman): Thank you very much. We'll turn it over to the government. Mr. Balkissoon.

Mr. Bas Balkissoon: Good morning, Mr. Boisclair. Thank you for coming before committee. I'm happy to hear that you've read the auditor's report. One of the major criticisms in the auditor's report was that the government has expended a lot of money in building the infrastructure for eHealth, but there's very little traffic on it. Seeing that you said that the Ottawa Hospital has done a lot of work on the internal records—and I believe there are several other hospitals around the province that have done this—how do you see yourself, as a board member, utilizing this infrastructure such that the maintenance costs that we're currently exposed to can be utilized efficiently in the very near future?

I'd just like to hear your ideas on what you would bring to the board to improve this.

0920

Mr. Jean-Pierre Boisclair: That's a difficult question. I must say, I don't have intimate knowledge of eHealth Ontario, but if appointed, I'm sure I will come to have that very, very quickly.

It seems to me the essence of the question is a consideration on the part of the board of how eHealth Ontario sees itself into the future. Is it a monolithic, vertical kind of organization that wants to do and manage all aspects of the e-health record on its own, or is it an organization that sees itself bringing together the resources of all the partners in the system, some of which, as you say, have been developed to a point but require further development—in effect, playing the role of an integrator? If I'm appointed to the board, I think as an incoming board member that will be a subject of great curiosity to me and one on which I will certainly be asking questions.

Mr. Bas Balkissoon: Would you like to comment on your own opinion as to what you see eHealth being as we move forward?

Mr. Jean-Pierre Boisclair: As with most large, complex things that we face out there—and it has been my experience—the first step to efficiently and effectively managing the resources and accomplishing the aim is to build on what is there, to draw others in.

The Chair (Mr. Ernie Hardeman): Mr. Brown.

Mr. Michael A. Brown: I just want to express our appreciation for you allowing your name to be put forward. Your credentials are significant in all aspects, whether it has to do with the information systems aspect of this—but particularly in the accountability part of this equation. Thank you very much for doing what you're doing for the people of Ontario.

Mr. Jean-Pierre Boisclair: Thank you. That's very kind of you.

The Chair (Mr. Ernie Hardeman): Mr. Boisclair, that concludes the interview. On behalf of all the committee members, we thank you for taking the time to come in and introduce yourself to us so we can make a recommendation on the appointment.

Mr. Jean-Pierre Boisclair: Thank you, Mr. Chair. It's been a pleasure to be here.

MS. MAUREEN O'NEIL

Review of intended appointment, selected by official opposition party: Maureen O'Neil, intended appointee as member, eHealth Ontario.

The Chair (Mr. Ernie Hardeman): Our second interview this morning is Maureen O'Neil, intended appointee as member, eHealth Ontario.

Welcome to the committee this morning. As with the previous candidate, we will allow you to make a brief statement, if you wish to make one, and then we will have 10 minutes per party for questions. We will start this round with the member of the third party.

With that, the floor is yours.

Ms. Maureen O'Neil: Mr. Chairman and members of the committee, I'm delighted to be here. Thank you for this opportunity to share with you why I am interested in becoming a member of the board of eHealth Ontario. I'll also comment briefly on how my current and previous responsibilities are relevant to this.

First of all, I think that electronic health records are absolutely critical to the improvement of quality, safety and effectiveness of services a patient receives.

I'm strongly committed to contributing to improvement in Ontario's and Canada's health services. I believe that my experience of more than 30 years as a senior public sector manager and also as a chair and member of many boards, including a university board, that have been dedicated either to managing a significant public service or changing public policy, will help make me an alert and constructive member of the eHealth board.

You have my resumé, so I'm not going to go over that. But I will note that when I ran a fairly significant federal crown, the International Development Research Centre, we were congratulated by the Auditor General on how we ran our business. I'm not saying that funding research in developing countries and running eHealth are the same thing, but I'm mentioning it to indicate that as a manager, I was well aware of and took very seriously the importance of accountability for public money.

I'll note that currently I'm president of the Canadian Health Services Research Foundation, which is a not-for-profit organization focused on health service improvements through increasing the use of evidence in policy and management decisions. We have three strategic priorities: engaging and supporting citizens, whether they're governors in the health system, whether they're patients, or whether they're taxpaying political actors; secondly, accelerating evidence-informed change in the institutions which provide health services; and third, promoting policy dialogue in key health issues that face us.

I've chaired a number of boards, including a university board, and I chaired it during a period of some difficulty. During that period of difficulty, the board itself made significant improvements in not only the atmosphere but the leadership of that organization.

I believe I have a good understanding of what the role of a board member is, as opposed to a CEO, and the importance of the board's responsibility to set strategic directions and act as stewards of the public interest and public resources.

I applied for the eHealth board after I had seen that Ray Hession had been appointed as chair. I called to congratulate him, and he, in turn, asked, "Would you be willing to apply for this position?" I said I would be very interested in it. I had followed the travails of eHealth, and I know how crucial eHealth is to us actually making improvements, as I said, in quality and safety for patients.

I have read the Auditor General's recommendations, and they were extremely important. I will not be able to comment in detail on whether or not I think eHealth is doing the right thing, in the absence of full briefings.

In summary, I believe eHealth must be judged ultimately on the effectiveness of its contribution to improve quality, safety and timeliness of the health services a patient receives. We must always come back to how this is making patients' lives better. I recognize the many other benefits of better data and its analysis and how that could contribute to a well-functioning, affordable health system, but at the end of the day, if the investments that we're making in eHealth don't improve the lives of patients, then we will not have been doing our job—and I hope to contribute to doing that job properly.

Alors, je suis tout à fait prête à recevoir les questions en français aussi.

The Chair (Mr. Ernie Hardeman): Thank you very much. The third party.

M^me^ France Gélinas: Bon, bien. Je ne laisse jamais passer des occasions comme ça. Je dois vous dire qu'à Queen's Park je parle français une fois par mois. Ça fait que là, je dois être bonne pour deux mois.

M^me^ Maureen O'Neil: Alors, c'est deux fois par jour. C'est bien.

M^me^ France Gélinas: Oui, c'est deux fois par jour ces temps-ci.

J'ai aimé la façon dont vous avez commencé votre présentation. Premièrement, oui, on a reçu votre curriculum vitae. Vous avez ouvert votre présentation en disant que les dossiers informatisés sont vraiment là pour augmenter la qualité, la sécurité et l'amélioration des soins aux patients. Comment est-ce que vous voyez le lien entre un dossier informatisé et la qualité des soins aux patients?

M^me^ Maureen O'Neil: Malheureusement, au Canada comme dans plusieurs autres pays, le niveau d'événements difficiles dans les hôpitaux est assez élevé. Ça veut dire qu'il y a les médicaments qui sont prescrits qui ne sont pas corrects. Je pense que s'il y a un système informatisé, c'est beaucoup plus facile pour tout le monde dans le système de faire ce qu'il faut faire. Alors, fini avec les petites ordonnances, avec l'écriture de médecin. C'est possible de transmettre l'information correcte tout de suite où il faut le transmettre.

En effet, l'organisation que je préside maintenant vient de publier un énorme livre. Je suis certaine que pas tout le monde va le lire, mais quand même, c'est plein de statistiques sur les différents aspects du système de santé,

y compris le niveau d'informatisation au Canada et dans les différentes provinces. Ça, c'est lié avec les questions de sécurité pour les patients. C'est très clair. Ce n'est pas seulement pour rendre la vie plus facile à un administrateur dans le système; c'est plutôt pour le patient.

0930

M^me^ France Gélinas: Vous avez mentionné—j'ai oublié le nom de l'agence où vous travailliez, à l'international, qui a reçu des accolades du vérificateur général pour l'imputabilité. Est-ce qu'il y avait des choses qui avaient ressorti par rapport à l'imputabilité qui vous ont valu ces accolades?

M^me^ Maureen O'Neil: Je crois que le fait qu'on a pris au sérieux le fait qu'il y a une comptabilité au grand public, pas seulement pour l'argent mais aussi pour la façon dont les programmes sont gérés. Je crois que, comme M. Boisclair a dit, c'est un esprit de gestion, un esprit de l'agence. C'est quelque chose où il faut essayer de créer une culture de comptabilité, et aussi, de ne pas oublier quel est le but du travail.

M^me^ France Gélinas: Je dois dire que pendant le scandale qui s'est passé à Cybersanté, il y avait quand même des gens très compétents qui siégeaient au conseil d'administration qui, comme vous, avaient l'objectif final de nous donner un dossier informatisé. Puis, dans le processus pour se rendre là, ils ont comme perdu—

M^me^ Maureen O'Neil: Perdu le fil?

M^me^ France Gélinas: Oui. Ils ont perdu le fil un peu dans le sens qu'il est devenu tellement important d'atteindre le but que peu importait la méthode pour se rendre là. C'est ce qui a créé le scandale à Cybersanté. Vraiment, ils ont fait des choses qu'ils n'auraient jamais dû faire par rapport à des contrats qui ont été donnés, et cetera, mais c'était de bonnes personnes avec de la bonne volonté et de bons objectifs en vue.

M^me^ Maureen O'Neil: Il est possible qu'ils n'aient pas demandé les bonnes questions. Si on siège à un conseil d'administration, il faut toujours garder en tête pourquoi nous sommes là et quelles sont les questions difficiles. Quelquefois, les gens qui font partie des conseils d'administration pensent qu'ils sont un genre de « booster » de l'agence au lieu d'être un critique. Il faut critiquer d'une façon assez constructive, mais il faut toujours demander les questions difficiles. Je comprends que dans plusieurs agences, il est facile pour les gens qui font partie—parce que si on est gouverneur, on se sent comme faisant partie, mais on ne peut jamais faire tout à fait partie parce qu'on est là pour le grand public de l'Ontario.

M^me^ France Gélinas: Les responsabilités fiduciaires pour sûr.

M^me^ Maureen O'Neil: Oui. Exactement.

M^me^ France Gélinas: Dans un dernier temps, vous avez mentionné que vous connaissez le président, la nouvelle personne qui est en place. Comment bien, et dans quel contexte est-ce que vous vous connaissez?

M^me^ Maureen O'Neil: Il y a des années, au commencement des années 1980, le gouvernement fédéral avait un système de comités qui traversait les lignes de la politique. L'Ontario avait fait les expériences avec la même chose, et c'était laissé tomber après, mais on était tous les deux sur ce comité de la politique sociale qui appuyait le comité de la politique sociale du Conseil des ministres. Alors, on était deux des membres de ce comité.

M^me^ France Gélinas: C'était au début des années 1980 avez-vous dit?

M^me^ Maureen O'Neil: Oui.

M^me^ France Gélinas: Je vous remercie.

M^me^ Maureen O'Neil: Merci.

The Chair (Mr. Ernie Hardeman): Thank you very much. The government side. Ms. Carroll.

M^me^ Aileen Carroll: Au début, je voudrais dire que je suis d'accord avec France, que c'est délicieux de commencer notre jour ici à Queen's Park avec, en effet, deux conversations françaises, mais je vais continuer en anglais parce que mes collègues ne parlent pas français.

I would just like to comment on the calibre of both of the candidates. I didn't have the opportunity, Monsieur Boisclair, to say that, so I'll say it jointly: I think it speaks incredibly well of the government that we can draw candidates of your calibre. I'll be quite frank in that Maureen O'Neil and I go back to another place, when I was minister of CIDA and Ms. O'Neil was president of the International Development Research Centre. Again, I can only reiterate that what she brings and will bring to eHealth is an incredible background of experience.

I'd like to think of a question I could ask you, but I can't. When I walked in the room, I thought, "Oh, that is the same Maureen O'Neil. Man, this is incredible. It's wonderful." Then I refreshed myself with your CV, and you, like Monsieur Boisclair, have an incredible mix of government, private sector and not-for-profit, which I think will really assist you as members of eHealth.

If there are any comments you'd like to make, Ms. O'Neil, I will give you that time. Thank you both for continuing to assist us in the public domain. We very much need the experience and wisdom you two will bring to this task.

Ms. Maureen O'Neil Thank you very much. No, I don't have further comments.

The Chair (Mr. Ernie Hardeman): Mr. Brown.

Mr. Michael A. Brown: Just to reiterate what my colleague just said, we are very pleased to be supporting your nomination and confirming it today. The government supports highly qualified folks like you.

The Chair (Mr. Ernie Hardeman): To the official opposition. Mr. Wilson.

Mr. Jim Wilson: I'd just reflect what other colleagues around the table have said. I'm somewhat speechless at your over-qualification for this job. Having been a former Minister of Health, I can tell you that you're far more qualified than I ever was to be minister and, I'm sure, far more qualified than any of the current ministers—

Interjection.

Mr. Jim Wilson: Stop endorsing her, Aileen. I might change my mind.

You said in French, but you didn't get a chance to say in English, why you want to lend your good name to this organization, which has had many perils before it.

Ms. Maureen O'Neil: And which has looked like a bit of a quagmire, from the outside at least. Because I think that in Canada our incapacity, on a regular basis, to have well-functioning electronic patient records affects the safety and quality of health care. It also makes it extraordinarily difficult to take what is referred to as a population health approach, meaning that if you don't know the main things that are affecting the health of people in an area, it's extremely difficult to organize services properly.

Also, without electronic health records it's very difficult to manage the performance of the providers of health services within any given system. I think that, on the side of quality, safety and confidence in the health system, electronic health records are really fundamental.

Mr. Jim Wilson: This may be a bit of an unfair question, because you probably haven't had an opportunity to be briefed by eHealth—its officials—and the ministry, but I wonder, as a former minister, whether eHealth has enough legislative teeth.

Just a simple example: Whenever IT came in to talk to me—we used to just call it the IT department back in the mid-90s—their great frustration was that you'd meet with all the hospital boards, chairs, presidents and CEOs, and they'd all be telling you about their particular project. Mr. Boisclair referred to the Ottawa Hospital, and I'm sure it works beautifully, and Sunnybrook's internal system works beautifully. Hospitals would spend hundreds of millions of dollars doing their own systems that very often couldn't even talk to the OHIP computer, let alone to each other. So you would try, as minister, to use the only leverage you had, which was funding, to try to get better behaviour.

I'm just wondering if you have any comments or experience on other boards where you've had to take these disparate systems where everyone talks the good talk about all liking to have one but then they go out, get their own vendor and buy their own system for their own hospital or particular health unit. Do you have any comments on that?

Ms. Maureen O'Neil: Well, I'd like to go back to something the Auditor General said sort of in general about the Ministry of Health, but you could say it about anywhere else; that is, often the level of understanding within a particular ministry or agency about IT, and let's multiply that by health centres, hospitals etc. out there—they have an insufficient background themselves to really know whether or not what they're being sold by the vendor of a system makes a lot of sense. I think that's one of the reasons these things get out of control.

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But I also think—and I really ought not to speculate on what eHealth ought to do, in advance of a briefing—the whole issue of interoperability and making sure things can be integrated is crucial. Other countries—I was sitting beside the person from New Zealand who had had responsibility for bringing in their system. Mind you, New Zealand is tiny, but the idea is the same. He said they had not gone about worrying about a big, overall architecture. They had only focused on interoperability and, as it were, rules about interoperability; you could do what you wanted as long as it could talk to the next one. I thought that was quite intriguing. But I haven't had my briefing and, as a former minister, you know that without your briefing you feel lost.

In any case, I think the other thing is that there is now a lot of demand from institutions for help. One has to be very careful, as a member of a board, not to go over the line to what is management's responsibility, but I would imagine, with the enormous difficulties eHealth has been in over the last while, that the staffing situation would not be smooth. So it probably is hard for people from the outside to know whom they're dealing with right now.

I think there is an appetite, in a world where most of the providers of services have at least one computer at home and do their cooking by recipes off the Internet—we're not in the position we were a decade ago on these kinds of questions. I think that there is demand out there for improvements to it. I think this demand is going to grow, over the difficult years leading up to the next round of renegotiation of the Canada health transfer, at a time when there are deficits at both levels of government, and people are going to have to look carefully at how we can maintain a publicly accessible, sustainable health system. I think there's going to be a real desire and a huge pressure coming from outside. It won't be a question of how we can convince them to do these sensible things; it's going to be how we can respond to the demand that is coming. I think your point about interoperability is the key point.

Also, Monsieur Boisclair talked about transparency. I think the other thing that eHealth Ontario is going to have to pay close attention to is understanding, where things are working well—I mean out there, where services are provided—that lots of attention is paid to that, and those experiences are shared, always with the bottom line of how this is making patients' lives better, because it's very easy to get lost in the weeds of IT.

Not to make everybody feel better, but it is true that if we look at a lot of countries when they were bringing in e-health, it was never easy. This has been true in the private sector and in other sectors when they attempted to make really big technological changes. It's not easy, but listen to the people who are going to use it, keep your eye on who is supposed to benefit, constantly ask the question, "Have we got our resources here aligned properly so that those things can be delivered?" and communicate with citizens in the province who by now, not surprisingly, are feeling a little deluded on this score.

Mr. Jim Wilson: That's a good point. I truly want eHealth, in some form, to succeed. I think we all do. Obviously you and Mr. Boisclair do, or you wouldn't be putting your good names forward. But the minister only has so much time in a week, and I don't care who the minister is, even if you're a technological genius, you'll

have very little time to deal with this, among all the other crises that happen, particularly in that portfolio. So I was wondering if you had any thoughts about eHealth being governed by another ministry or a separate ministry. It's such a big project.

My response when I was minister when IT used to come in was, "Duck." Whatever they tell you, it's going to be twice as much. If it's $25 million, it's $50 million by the time it actually gets implemented. Anyone around you in the political sphere hasn't got a frigging clue how to analyze your work or appreciate it, really, because this stuff is complicated.

We hired the very best, we thought, in Canada. It was the fellow who set up all the ATMs for the Bank of Montreal. He was no further ahead a year and a half or so after I hired him than when he started in trying to get the predecessor to eHealth up and running and getting the framework and hardware in place and stuff like that. I think we've had good people come through the Ontario experience and be completely frustrated.

You just mentioned communications. We don't actually ever hear directly from eHealth. We have to hear it through the ministry. The minister wouldn't have a lot of time to pay attention to this thing or to communicate good news or bad news. Do you have any thoughts about maybe changing the mandate of eHealth in that regard?

Ms. Maureen O'Neil: I think the comments you make could be made about many parts of the health system. It is almost half of the provincial government, and the burden on one minister to be accountable for spending half the government's resources, as things stand now, even with the LHINs, is huge.

I can't comment on whether eHealth should have a different mandate or be structured as an agency differently or if the accountability should be different, but I do think it would be worthwhile to understand how a country like, for example, the Netherlands—I know it's tiny and they can all just take a tram and see one another. Nonetheless, on the electronic health records, they seem to have done extremely well. Why was that? Did they abandon trying to have a big overall architecture? Did they do this somehow more organically and worry only about interoperability? I think it would be worth looking at where there have been successes in establishing it and asking how they did it differently from us. Does it turn out that health care is municipal? Sometimes that might look attractive, if you're the Minister of Health. It is in Sweden, for example, but I don't think we're going to be doing that.

Interjection.

Mr. Jim Wilson: Just download it.

Ms. Maureen O'Neil: I think it's important to look at where it has worked and ask how it happened, and then ask those questions.

Mr. Jim Wilson: That's refreshing. Just on the political side, though—

The Chair (Mr. Ernie Hardeman): That concludes your time.

Mr. Jim Wilson: I'll just finish my sentence. Thank you, Mr. Chair. Look at the Netherlands and look at New Zealand and that, but don't travel there.

The Chair (Mr. Ernie Hardeman): Thank you.

Mr. Jim Wilson: Good luck to you.

Ms. Maureen O'Neil: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the interview. We thank you very much, on behalf of all the committee members, first of all, for putting your name forward and, secondly, for coming in and sharing your views with us. We wish you well in your future endeavours.

Ms. Maureen O'Neil: Thank you very much.

MR. GREG REED

Review of intended appointment, selected by official opposition party: Greg Reed, intended appointee as member, eHealth Ontario.

The Chair (Mr. Ernie Hardeman): Our third interview this morning is Greg Reed. He is an intended appointee as a member of eHealth Ontario. As you are coming forward, we'd point out that, as with the others, Mr. Reed, we will provide you an opportunity to make a brief statement, if you so wish. We will then have the opportunity for each party to ask you up to 10 minutes of questions to get an insight as to your views on eHealth. At the conclusion of that, obviously, we will end the interview.

Thank you very much for coming in. We will start the questions with the government caucus for this round. With that, Mr. Reed, the floor is yours.

Mr. Greg Reed: Thank you very much, Mr. Chairman, and good morning, members of the committee. Thank you for the opportunity to speak with you this morning.

I thought I would limit my opening comments to a brief commentary on two topics which might be helpful to the committee. One would be to very quickly zip through my resumé and talk about aspects of my experience which I think might be relevant to achieving success within eHealth, and the second would be to reflect briefly on the Auditor General's report of October 7 of last year, which I found extraordinarily helpful in preparing for this job and thinking about the challenges ahead.

First, on my background: My undergraduate degree was in computer science, and the first four years of my career were spent as a systems engineer at IBM. This was back in the days when the online banking system for Canada was first being installed, so I had experience at the coal face integrating very large and complicated systems. One of my greatest fears is that some of the code I wrote may still be operating at the core of Canada's major banks. I hope that's not the case—but I was operating at that level.

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I left IBM and had the opportunity to attend Harvard Business School, where I obtained an MBA. Following

that, I joined the international consulting firm McKinsey and Co. in New York, then worked in London in the UK, and eventually based my career in Toronto, but with ongoing travel around the world.

During those 20 years, I had the opportunity to work with literally hundreds of large, complex companies facing large and complex problems and very often with an array of stakeholders. So I've been exposed to a large number of industries and a large number of management settings and cultures. I would hope that that experiential wheelbase will come in handy in this role.

I'd highlight perhaps two or three aspects of that career. In the early portion of my career at McKinsey, I worked very closely with distressed companies, companies that were in trouble, that were about to go into bankruptcy or, in some cases, were in bankruptcy and were trying to get out.

One example I would cite would be Federated Department Stores in the United States, which included Bloomingdale's, Jordan Marsh and a large number of department stores which were in bankruptcy, where a very complex business plan and implementation plan was required for those businesses to get back on their feet, but there was a highly distributed set of stakeholders whose interests were not aligned. Those, of course, were the lenders to the organization, all of whom needed to be convinced that it was worth putting more money into those organizations with the confidence that they could ultimately succeed. I think that was an example of not only working with the internal organization to come up with a plan, but also working with external stakeholders to secure their support.

A portion in the middle of my career was spent working with telecommunications and technology companies very closely. In fact, I was one of the three co-founders of McKinsey's electronic commerce practice in 1994. This was one year before the first Internet browser was available, but we began a research project inside our firm on what the Internet would become, how it would change the operations of major enterprises around the world, and that eventually became a very successful practice at McKinsey, one I co-led for six years.

So I've been in touch with technology and systems throughout my career—most recently, in managing a wealth management firm in a bank. Information technology systems are on the critical path of virtually everything you do, and therefore you need to be coordinating your business plans with what the technology is capable of producing.

On the second topic, just some brief thoughts on the Auditor General's report: I found it very, very helpful, comprehensive and compelling. I agree with its conclusions. As I look through the four recommendations, I find them very helpful and persuasive as well, particularly the first, which says there needs to be a comprehensive long-term strategy for electronic health care in Ontario. I could not agree with that more. I think that much of the confusion regarding what electronic health care is and how the various parties should operate begins with a lack of an understanding of what the end goal looks like.

Also recommended were a number of governance arrangements to more tightly control eHealth Ontario. I think these are important. In my experience, what the Auditor General has outlined are the best practices one would find in any well-performing company. I've had the opportunity in my career to put in place many of the systems necessary to have organizations operate at that level, so I strongly support those.

I think he correctly points out that there needs to be a project resourcing plan over time. Some of you, earlier this morning, talked about the quality and capacity of the talent at eHealth Ontario. It would not surprise me if this is an organization that has been damaged by the turmoil and management turnover of previous years, so one of the first things I'll need to do is assess that talent and how to upgrade it.

Finally, on procurement: Again, in my experience, if I'm looking for ways of improving a company, the first place to look is procurement. That's the easiest way—ringing the cash register—in terms of eliminating sloppy practices, but in this particular case, making sure that procurement decisions are made in an open, transparent and ethical way. So I would strongly support his recommendations. I think they'll be a great help in guiding me in the early stages of the work.

With that, I'm happy to answer any questions.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We will start with the government side. Mr. Brown.

Mr. Michael A. Brown: Thank you, Mr. Reed. We are delighted that you have put your name forward today and that you will be the CEO, I guess, of this organization. I understand that your appointment is as a non-voting member of the board.

Mr. Greg Reed: No, I believe it says a full member of the board.

Mr. Michael A. Brown: A full member of the board? Okay. That's fine too.

You have an extensive background in both financial and computing matters. Do you have any experience particularly in the health care field? Just perhaps expand on that a bit.

Mr. Greg Reed: I do not. Of the many industries I've worked in over my career, health care is not one of them. I guess what I would observe is that Chairman Hession has been very careful to assemble a board that has experience in that sector, upon whom I will be reliant. I know I will have a learning curve in health care.

I'd also note that there is no lack of experts around the province in health care and in the IT applications to support it, but what appears to have been missing is strong business leadership to provide an architecture and a sense of coordination across those activities.

I expect it will be a very complicated application suite in support of health care, but, without meaning to minimize the problem in any way, there are many industries that have very complicated application suites

in support of their goals as well. So I'm hopeful that I'll see the pattern matching the way these things work, but we'll need to navigate a learning curve in order to be fully effective.

Mr. Michael A. Brown: It seems to me that when we have had the discussion with other nominees to the board about the integration of the various systems that are out there today and how they need to talk to each other and do all those kinds of things—to me, it looks like you've had great experience in those kinds of issues. But it strikes me that in health care, many practitioners would talk about it as an art as well as a science.

I have a friend who is a physician, so I will, at my peril, quote him. He said, "There is a flagpole there and somebody wanted to know how high it was, so he asked a carpenter. He came out and he measured it. He asked an engineer, and he came out and triangulated it. He asked a doctor, and he said, 'Well, I know it's 80 feet because I saw one before.'" The point being that there is a bit of science and a bit of art to this. I think there is also a bit of science and art to putting this monster in one place. Perhaps you could comment on that observation.

Mr. Greg Reed: I would agree with that and I would also add that if you ask an accountant, the answer might be, "How high would you like it to be?"

I think your characterization of there being both art and science in complex projects such as these is exactly right. I might observe that I think a great deal of energy has been spent on the science and not as much on the art and the experience.

When I look at the efforts around the province in putting innovative health care systems in hospitals, such as the one that the vice-chair cited, frankly, I regard that with optimism. I know that many of these projects have been undertaken with financial support from the ministry, but I do believe that eHealth Ontario has not been providing intellectual capital or thought leadership.

Unless there is a reference architecture and a set of interoperable standards agreed to by all of the participants in the health care community, and not promulgated just by eHealth Ontario sitting inside a hermetic bubble and thinking grand thoughts—unless we achieve in a collaborative manner that set of interoperable standards, we're not likely to succeed.

I would add that I think part of the art of this is to think past the creation of electronic health records and think about what really matters, which is how to care for patients better. If we think of this in a patient-centric way, we think about all the points of care a patient could encounter, from a home-care practitioner to a family physician to a specialist in a hospital, and ask ourselves, what information do they need? What view of that patient's record and what tools do they need to do their job properly?

If we start from there, it then becomes a little bit more obvious. What applications and tools do we need to put in front of them and in what form does the information need to be stored? In protecting the privacy of patients, what view of that information should they have? I don't think it's the responsibility of one government agency to dictate that to the sector; it would not be successful. However, I do believe there's a role in providing collaborative leadership, in bringing together the best thinking of all those organizations that have been investing in this and innovating, and finding common ground, so that none of those capital investments are stranded in the future and so that we're leveraging the advances that have been made throughout the sector.

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The Chair (Mr. Ernie Hardeman): Thank you very much. The official opposition. Ms. MacLeod.

Ms. Lisa MacLeod: Thanks very much. A quick question for you. You mentioned that Mr. Hession assembled the board. Were you recruited, or did you apply for this position?

Mr. Greg Reed: I was approached by a search firm to see whether I would be interested.

Ms. Lisa MacLeod: By a search firm? Which search firm was it?

Mr. Greg Reed: I believe its name is now Odgers Berndtson. The name changed during the time that I was being recruited.

Ms. Lisa MacLeod: Given your lack of health care and IT experience, your lack of government and public sector experience, and the fact that you've been a consultant, I just wonder why you decided to apply for this position.

Mr. Greg Reed: I left consulting a number of years ago and I've served as a president and CEO of a couple of companies. I think what has attracted me to this role is a combination of two things.

One is the scale of the opportunity, which is enormous. The opportunity to work toward improving the health care of 12 million Ontarians and, conceivably, to bend the cost curve by a magnitude of billions of dollars annually is the sort of opportunity that one rarely has in one's career.

Secondly, I'm at a point in my career where I'm fortunate that I've had a successful career in the private sector, and what matters to me personally right now is that I find a way of deploying whatever experience and talents I've gained in service of an objective that's important, that I'm doing something that matters.

It's frankly the combination of the scale of the opportunity and the scale and complexity of the challenges which makes this an intriguing and attractive role.

Ms. Lisa MacLeod: Given the fact that since Sarah Kramer has departed eHealth, the criticism of eHealth to this point in time is that it has been playing musical CEOs, musical chairs—it has been pretty unstable—and given the Auditor General's findings and the challenges that eHealth has, not only in getting an electronic health record up and running, but in restoring public confidence, do you have any comments about that? I am going to throw this on the table: You have spent a lot of time in consulting, and given the fact that we've had so many challenges with the exorbitant fees that consultants have

charged this province at eHealth, what are you going to do to ensure that that doesn't happen?

Mr. Greg Reed: That's a very good question. In my experience as a consultant, I found that my most demanding clients were former consultants, and I would expect to be a very demanding client.

I think there's a misconception when hiring consultants or outside third party providers that management's job somehow gets easier, that you've passed the responsibility off to other experts.

In my experience, the exact opposite is true. When you hire consultants and when you hire third party partners, management has to be smarter and better, because that relationship has to be very actively managed. It has to be monitored, the management of the organization needs to remain close-thought partners with the consultant, and the scope of the work needs to be continuously challenged and dynamically re-scoped to make sure that you're continuously getting value for money.

I have used consultants sparingly in my time as a CEO. I have never used my former firm McKinsey for fear of the appearance of a conflict, but in those experiences, I have been a tough and demanding client, and I expect that will be an important attribute in this role as well.

Ms. Lisa MacLeod: Just two quick questions, then, as we conclude. I'll ask them together, and then you can have the rest of the time to respond.

In the National Post article dated March 12, 2010, it indicated that your salary will not be disclosed until your hiring is official by a Queen's Park committee. Given that will happen today, will you disclose that to this committee?

Secondly, we in the official opposition, under the leadership of Tim Hudak and the PC caucus, have asked for a public inquiry into eHealth. Would you be comfortable as CEO in taking part in that public inquiry?

Mr. Greg Reed: I'll answer the questions in turn. Regarding my salary, I have two core beliefs: One is that in order to regain the public's trust, eHealth Ontario needs to be very open, transparent and accountable. A second belief is that CEOs lead by example. So let's start right here, right now. My salary is $325,000. I will have a performance bonus that will give me the potential of earning an additional 25%, subject to achieving very specific performance targets, which have been set out by the bank. There was no negotiation on this. This was simply the package that was offered and which I accepted. I realize that's a large sum of money and that I'm going to have to work very hard to earn it on behalf of the people of Ontario.

On your second question—the idea, I believe, is a public inquiry? I believe it's beyond the scope of my responsibilities to determine whether or not that's the appropriate course of action. I will of course be pleased to co-operate with any legislative request for my co-operation or participation, but I feel unqualified to comment on the exact form that should take.

Ms. Lisa MacLeod: Just a supplementary, then, to that: In the Auditor General's report—I'm sure you've read it—there was a suggestion that there was obstruction by the Ministry of Health and some people at eHealth and he wasn't able to get his information timely; it was a criticism that he made. I would just hope that that would not continue, because again, this is a very important body that is responsible to this Legislature to look after our constituents and their health care needs. So there is a real and perceived feeling among Ontarians that there was a lot of waste going on and there was a lot of obstruction.

Mr. Greg Reed: Reading the Auditor General's report in detail, my impression is that a great deal of effort and thought has gone into practices and procedures that will prevent that from happening again. Again, I think this is the difference between art and science: Those may be the rules and the procedures, but I think the tone from the top and the culture of the organization are very important as well.

This organization needs to be transparent and accountable. One of the recommendations that I've already made to Chairman Hession is that the internal auditor should not report to me, but should report straight to the board so that the board has constant, open access to compliance within eHealth Ontario and that that chain of command bypasses me so that both the board and the ministry can see right to the bottom of the lake.

Ms. Lisa MacLeod: Thank you very much.

The Chair (Mr. Ernie Hardeman): Thank you very much. For the third party, Ms. Gélinas.

M^me^ France Gélinas: Thank you. It's a pleasure to meet you.

Mr. Greg Reed: Thank you.

M^me^ France Gélinas: I was wondering, could you explain how you see your relationship to the board?

Mr. Greg Reed: I'm inclined to think that it's a fairly standard relationship. The configuration of having a president and CEO being the sole management member aboard is very common. I think the reason for that is that it's very efficient for the CEO to understand what the board is thinking at all times and for the board to understand what the CEO is thinking at all times.

While I will leave this to the board chair to decide, again, my experience with boards is that very often, best practice is for boards to go in camera at the end of any meeting, excuse the CEO and have the opportunity to debate matters, including the CEO's performance, without him or her present. I'd be supportive of that as well.

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I would like to have a very collegial and open relationship with the board, simply because there's so much talent on it; it would be a shame not to tap it. But I do realize that there needs to be a division of responsibilities and powers that I will have to respect and that I expect the board chair will enforce.

M^me^ France Gélinas: All right. You've worked mainly in the private sector. Working with a board for a government agency means that the board sets the governance; they set the long-term strategic direction.

What will happen when your own strategic direction is not the same as the one given to you by the board?

Mr. Greg Reed: My understanding, in discussions with the chair, is that the development of a long-term strategic direction will be a combination of the efforts of senior management and the board. Where traditionally the board's role is to advise, to guide, to provide input and to adjudicate and decide upon ideas that management develops, the development of strategy will of necessity be a collaborative exercise. The board will sit in judgment of any strategy that we develop, and I would hope that would be a very interactive process.

If the board and CEO are working well together—certainly it would be my objective to make sure that's happening—we should be working together on a strategy and being mutually supportive in that process.

M^me^ France Gélinas: When was the first time you met the chair? Did you know Mr. Hession before?

Mr. Greg Reed: No, I didn't. After being approached by a search firm, it was suggested that I meet the chair. I believe that would have been his first opportunity to assess me as a prospective candidate.

M^me^ France Gélinas: How do you see your relationship with the Ministry of Health?

Mr. Greg Reed: At the moment, I have none. As I begin the job, subject to the decisions of this committee, two days from now—as a civil servant, my responsibility is to be apolitical and to view as my shareholders the people of Ontario. So it would be my job to report faithfully and accurately to the ministry what I believe, what my conclusions are and what my best guidance is, again supported by consultations with the board.

I believe my responsibility to the ministry is to be a faithful servant, report accurately and understand how the efforts of eHealth Ontario fit with the other initiatives that the ministry has under way.

M^me^ France Gélinas: You've mentioned that you see bringing a business model to eHealth may help further the long-term goals of bringing in electronic health records. Can you elaborate on this? What do you mean by "bringing a business model to eHealth"?

Mr. Greg Reed: I'm not certain I said that, although I might have. I think what I meant was that as my background is principally in the private sector and in running businesses, I'd like to think that what I can contribute, in addition to some facility with developing complex strategic plans and the implementation plans to actually deliver them, is some hard-nosed business judgment.

The art and science of strategy is not just deciding what to do; it's deciding what not to do. It's also deciding who should do it and how.

My sense is that much of the confusion right now relates to technical-level discussions between employees regarding what eHealth records should look like and who's doing what and the kind of technical issues which, in isolation, are very hard to discuss intelligently.

I think a long-term strategy and vision need to be in place, supported by an implementation plan in service of the patients, the people of Ontario. When that's in place, I think it's much easier to resolve some of these technical-level issues.

I regard that as a disciplined business process, but I'd suggest that it's the path towards making progress in a government agency as well.

M^me^ France Gélinas: Aside from the technology, what do you make of the fact that there is still a ton of resistance in the field from physicians and other health care professionals to adopting eHealth?

Mr. Greg Reed: I think this is a very, very important point. The reality is that if we build an electronic health system in Ontario and we produce tools and information for use by practitioners that they don't like or don't want to use, we will have failed utterly.

The implication of that is that we need to be working very closely very soon—frankly, I hope this work is already under way—with the providers of care and understanding what tools they need, in what form they need to see them, and to have them involved early in the process as those tools are developed, and feel a sense of ownership and investment in what it is we're doing, so that when we reach the point where we're putting information or applications in front of a family physician or a home care worker, they are ready to enthusiastically embrace that tool as something that will help them do their job better. If we don't achieve that, electronic health in the province will not succeed.

M^me^ France Gélinas: I agree with you. So you see it as the responsibility of your agency to effect this culture shift in the field so that good applications that would improve patient care are actually recognized as such and health care professionals out there are ready to embrace technology?

Mr. Greg Reed: I do, with one qualifier: I have much to learn about the activities of the other providers and agencies around the province right now, and I wouldn't want to appear to usurp from them work that they are already doing very well. I do believe that we need an open, collaborative approach that brings the best ideas to the table and where the decision-making process is based not on who's right, but on what's right for the people of Ontario.

M^me^ France Gélinas: Have you ever had to manage this kind of human resources change, where people who are used to having a lot of power over their work are suddenly told to go on with new information technology?

Mr. Greg Reed: Yes, I've had experience in precisely those settings, but I'm not sure this is one of them. Particularly given the amount of investment and innovation in the province on various fronts, I would hope that we don't find ourselves in the situation of going to institutions that have invested in health care technology and somehow determining that they should cease and desist and start doing something else. That would be a great loss of investment and momentum.

What I'm hoping instead is that there's a way of leveraging the good work that's going on—and finding that the professionals in the field will agree that it only makes sense that all of their efforts are interoperable and

that the information can be communicated around a network in service of patients throughout the province in a way that respects patient privacy.

I would be surprised if there are medical practitioners in the province who would disagree that interoperability of patient information provided in a secure and private manner is a bad idea. But once we establish that, we have to find a way of working with them so that we are not, I'm hopeful, asking people to stop what they're doing and do something else, but rather building on what's already in place.

The Chair (Mr. Ernie Hardeman): That concludes the time for the interview. Thank you very much, on behalf of the committee, for coming forward and enlightening us on your views. We wish you well in your future endeavours.

Mr. Greg Reed: Thank you, Mr. Chairman. It's been my pleasure.

The Chair (Mr. Ernie Hardeman): That concludes the interviews this morning.

We'll now proceed with concurrences. The first one is Jean-Pierre Boisclair. Mr. Brown.

Mr. Michael A. Brown: I move concurrence in the appointment of Jean-Pierre Boisclair.

The Chair (Mr. Ernie Hardeman): Discussion?

Mr. Michael A. Brown: Recorded vote.

Ayes

Albanese, Balkissoon, Brown, Carroll, Gélinas, MacLeod, Rinaldi.

The Chair (Mr. Ernie Hardeman): It's unanimous. Thank you very much. The motion is carried.

Next is concurrence in the appointment of Maureen O'Neil, intended appointee as a member of the board of eHealth Ontario.

Mr. Michael A. Brown: I move concurrence in the appointment of Maureen O'Neil to the board of eHealth.

The Chair (Mr. Ernie Hardeman): You've heard the motion. Any discussion? If not—

Mr. Michael A. Brown: Recorded vote.

Ayes

Albanese, Balkissoon, Brown, Carroll, Gélinas, MacLeod, Rinaldi.

The Chair (Mr. Ernie Hardeman): I declare the motion carried.

We will consider concurrence in the appointment of Greg Reed.

Mr. Michael A. Brown: I move concurrence in the appointment of Greg Reed to the board of eHealth.

The Chair (Mr. Ernie Hardeman): You've heard the motion. Discussion?

Mr. Michael A. Brown: Recorded vote.

M^me^ France Gélinas: Mr. Chair, I forget how you ask this—I used to be on this committee; I'm not anymore—the phrase I'm supposed to use so that I can have a little bit more time to review.

Ms. Lisa MacLeod: Request a deferral.

M^me^ France Gélinas: Can I request a deferral?

The Chair (Mr. Ernie Hardeman): Before you request a deferral, I would point out, if I might, that the referral would fall next week. It cannot be beyond a week, and we are not here next week. So the committee would have to sit next week to vote on the deferral. If we don't sit next week, the deferral would mean that we would not be voting on the issue at all.

Ms. Lisa MacLeod: Mr. Chair, if I may? Given the fact that we've just appointed the CEO of a major government agency, I'd like to back up the request of the third party. We'll be back here in the middle of April—April 13—to do some intended appointees. Why can't we do the concurrence that way? I'd ask my colleagues across the way if they would endorse the suggestion by my colleague from Nickel Belt and allow this.

The Chair (Mr. Ernie Hardeman): It would require changing the standing orders. The standing orders are that the maximum deferral can be one week.

Ms. Lisa MacLeod: Okay, so her request for a deferral has been denied.

Mr. Michael A. Brown: Mr. Chair, the standing orders are clear. You have no option but to abide by the standing orders. If the opposition would like to vote, it has to be now; otherwise, the appointment is concurred in.

The Chair (Mr. Ernie Hardeman): I was just pointing out that the standing orders are clear that we cannot defer it more than one week. And I would point out—I suppose that is the part I should have done—that it would automatically pass, then, because we will not be here a week from today. The question is, do you still want to defer it and not vote at all?

M^me^ France Gélinas: I hadn't thought of that.

Mr. Michael A. Brown: I would assume that means you're in favour, if you do that.

M^me^ France Gélinas: So if I ask for a deferral, we don't get to vote at all. Okay. I will ask for a deferral.

The Chair (Mr. Ernie Hardeman): We have a deferral on the vote for concurrence on that. That concludes our business of intended appointees.

Is there any other business for the committee?

If not, the next committee meeting will be at 9 a.m. on April 13, 2010, when we will review intended appointees and undertake report writing for the Ontario Municipal Board. For those who want to, study up the report on the Ontario Municipal Board.

That concludes the business of the committee. We thank you all for your participation, and we look forward to seeing you on April 13.

The committee adjourned at 1024.

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Chair / Président
Mr. Ernie Hardeman (Oxford PC)

Vice-Chair / Vice-Présidente
Ms. Lisa MacLeod (Nepean–Carleton PC)

Mrs. Laura Albanese (York South–Weston / York-Sud–Weston L)
Mr. Michael A. Brown (Algoma–Manitoulin L)
Mrs. Donna H. Cansfield (Etobicoke Centre / Etobicoke-Centre L)
Ms. M. Aileen Carroll (Barrie L)
Mr. Howard Hampton (Kenora–Rainy River ND)
Mr. Ernie Hardeman (Oxford PC)
Ms. Lisa MacLeod (Nepean–Carleton PC)
Ms. Leeanna Pendergast (Kitchener–Conestoga L)
Mr. Jim Wilson (Simcoe–Grey PC)

Substitutions / Membres remplaçants
Mr. Bas Balkissoon (Scarborough–Rouge River L)
M^{me} France Gélinas (Nickel Belt ND)
Mr. Lou Rinaldi (Northumberland–Quinte West L)

Clerk / Greffier
Mr. Douglas Arnott

Staff / Personnel
Mr. Larry Johnston, research officer,
Legislative Research Service