

# Patient Destiny

Patient Empowerment



## Case Study

The first section is a diary of a patient with a chronic condition interacting and **managing his healthcare in today's system** and the second section is a diary of the **same patient managing his healthcare after the implementation of an invented and innovative Web 2.0 application, termed 'MyCare'**.

### Introduction

There has been much written over the last 24 months or so pertaining to the new and improved World Wide Web – also known as Web 2.0. While this has progressed to more than just a discussion topic in many industries, “Web 2.0-type” applications have not developed as rapidly in healthcare. Part of the reasons for this slow development in healthcare is that the Value Proposition surrounding eHealth Investment for patients is not straightforward thereby questioning whether the information infrastructure development is cost-effective or not. Many in healthcare believe that this delay in investment is due to the fact

that the parties (i.e., single-payor system such as Ministry of Health) “picking up the tab” are not the same parties that will “reap the rewards” pertaining to the benefits after implementation. In other words, the system is required to invest in eHealth, however only the patients benefit from such investment. The foundation of Patient Destiny is that these eHealth investments will provide benefits for all stakeholders – including patients and the healthcare system delivery as a whole.

In order to aid this debate, and ultimately the design and development

of said infrastructure, the following is a diary of a newly-diagnosed patient in a world both before and after the adoption of Web 2.0 functionality in healthcare. It is hoped that this unique perspective and portrayal will help many of the other health stakeholders

understand the benefits to the patient and ultimately, to the system itself.

*This case study is fictitious and is meant to portray the situations in the two environments and does not reflect any one individual's sole experience.*

## **Patient Diary 1: One year in the life of a patient with Crohn's disease at the time of his diagnosis through his ongoing management within the current health informatics infrastructure.**

### ***1. Experience Symptoms***

I have been experiencing cramping on a more regular basis. For some reason, it seems to follow eating by about an hour or two. Sometimes the pain is so bad that I have to stop what I am doing to hold my stomach to ease the pain. I have very few other symptoms.

### ***2. Search for Information***

It's been two weeks now of pain every day...and it does not seem to be getting better. On a couple of occasions I have felt very nauseous. I cannot avoid it any longer – it is now time to look into this more. I went to a couple of Internet search engine sites specializing in health – looked up the symptoms but really could not narrow it down to anything I could follow up on. I finally phoned

my GP and got an appointment for a week from Friday.

### ***3. Disease Diagnosed***

My GP did a full physical and found little evidence of symptoms to follow up on. When he measured my weight, I was shocked to find that I had lost 15 pounds since my last appointment two months ago. I was sent for a full GI series tests. My doctor's office phoned a week later with my results and told me that I have Crohn's disease (he wanted me to come in for an appointment but I forced him to tell me over the phone). He did not have much to provide except that there is no known cause or cure but that people can lead healthy normal lives once the disease is managed effectively and in remission. I asked for next steps and I was told his secretary

would phone with a referral to a specialist ... a gastro something!

#### ***4. Disease Learning***

I went back to the Internet to search for information on Crohn's disease. I found a number of sites that explain it in varying details. I even found the Canadian association for Crohn's, but didn't really find what I wanted. This may sound odd, but I am not really sure what it is I wanted to find out, but I just know that I didn't find it – I was left wanting. Unfortunately, I had to go to my son's hockey game and did not want to disappoint him by not attending ... again – so I could only search for so long. I have an appointment with my new doctor in one month.

#### ***5. Health Provider Search***

I met with my new gastroenterologist today and honestly, I have more questions now than before I went to see her. I went to her clinic and waited for two hours before I could see her for about 20 minutes. She reviewed all my test results and confirmed my GP's diagnosis of Crohn's disease. I tried to get out a lot of questions but I felt rushed and didn't even get to ask the first question on my mind – what should I be eating? She put me on a new drug and scheduled an

appointment for three months from now. I am still suffering from cramps and am not sure that these pills alone will help my pain – or continuing loss of weight.

#### ***6. Educating Friends/Family***

It has been four weeks since my gastroenterologist's appointment and all I can think about is my newly-diagnosed illness. I cannot find out too much from websites other than that most patients experience a lot of pain and cramping with significant weight loss when the disease is flared up. Much of the research literature that I found discussed treatment options but none of them discuss the drug that I am taking. Also, I don't know how to get the flare-up to subside or alleviate the symptoms. A friend of my sister says that her cousin has had Crohn's disease for about ten years and would be happy to talk to me. This sounds like a good idea but I don't think I will call because I just don't feel comfortable talking about cramping and diarrhea with a woman I don't even know.

My family has been very supportive and my job has understood that my absences over the last couple of months are due to being sick and/or going to doctor's appointments.

However, I still feel there is so much I do not know in comparison to what I do – and I don't know where to turn.

### ***7. Finding Support Groups***

I found through the Canadian association for Crohn's disease that there would be a group information meeting; this meeting took place last night. It was very useful and I connected with a number of people – I was surprised how much we all share the same symptoms. I also received some great advice that I did not get from my doctor! I guess in fairness, these little tidbits were more patient-related on how to personally manage the disease.

### ***8. Self Discovery and Reliance***

It has been three months since my diagnosis and I just had my second appointment with my gastroenterologist. Some of my symptoms improved over this time, probably due to the drug that I was put on but also due to several lifestyle changes that I made with respect to my eating habits and diet that I learned from some of my "new friends". Although I know that I have much to learn, I have become much more accustomed to my indicators of my health. I have been sent for another series of tests and

will have to re-schedule another appointment to get my results. Honestly, since I am feeling better, I am a little reluctant to have these barium tests as they seem to upset me almost as much as my Crohn's.

### ***9. Managing Information***

Now that I have become more fluent with my healthy status and the indicators that evaluate same, there appears to be lots of numbers and data – yes, even information! – for me to "keep handy". I try to help my gastro in every way possible. During our appointments, she often cannot find information in the paper file when she is looking for it. She likes to say "how come you can't find anything when you are looking for it?" Recently, I have been able to help her by having some of the history of my indicators with me. I usually take notes when I meet with her and I write down my "scores". This approach does not help with regard to my most recent results causing me to suggest at my last appointment, to moving all of her files over to a computer system. Her answer was "computers!?"

### ***10. Managing Expectations***

It has been one year and I have grown to accept my chronic condition. I realize that I will have to

take charge of my health management. In the last two months, I experienced three bouts of bleeding and the first time I saw blood in the toilet bowl, I just freaked out – I thought I was going to bleed to death right there. My wife drove me to the Emergency Department and I was admitted almost immediately. As it turns out this is very common in Crohn's disease but no one told me this "could even" happen, let alone that it is likely to occur over the course of my illness. Having repeated this scenario on two more occasions, I am desperate to learn more so that I can do anything to avoid these highly "panicked trips" to the Emerge. Whether I like it or not, I need to be more involved; I guess I have come a long way from the time where I put off the first trip to my GP because I didn't want to know or confirm that anything was wrong!

### ***11. Ongoing Management***

Having now experienced my illness and symptoms, I am becoming much more knowledgeable about my overall health and well-being. I know that there are certain foods that I eat that make my condition better or worse. However, when I combine these foods with different exercise regimens and drug

therapies, it is hard to know overall what the effect of any single one of them is.

I am very happy to be more involved in the ongoing management of my healthcare but I don't seem to be able to get the information I need and want. My gastro is very helpful and lets me have copies of anything that I want in my chart, but really this is a rather fruitless exercise. I now have the same amount of paper at home as she does at her office, but I cannot seem to find anything either. I want to be able to track my indicators and see how I am adjusting to the treatment over time.

For example, given the infrequent bleeding, some of which can be so minimal that it goes undetected in a bowel movement, there are frequent swings in my blood results and overall health status. For instance, a steady loss of blood can lead to a low hemoglobin and iron counts. This can result in me feeling tired or even short of breath, depending on the severity. Often I will go on for weeks with deteriorating health until my next gastro's appointment. When I finally do see her, I am sent for blood work. I then have to wait until my next appointment to find out what the

counts are and what treatment I may need. This can take weeks at a time and my health continues to slip. Once I do see my gastro again, we often modify my medications; sometimes it requires a trip to the Medical Day Unit at my hospital where I can get an infusion of saline or even iron. In some severe cases, I have required a blood transfusion because my red blood cell count had become so low!

In order to shorten the typical timeframe of three months from “first symptoms to getting treatment” which can entail multiple doctor visits, trips to the Emerge and even admission to the hospital for a couple of days of IV nourishment, I have worked out a great arrangement with my doctor’s assistant. When I am feeling poorly, I ask her assistant, Mary, to enter a diagnostic test or two into the hospital’s electronic ordering system. I am not sure how “legit” this is, but it is my only way to circumvent the waiting! Recently, Mary was able to request a chest X-ray and blood work for me right while I was on the phone with her. Within a day, I went to the hospital and underwent the requisite tests.

With the tests completed, I phoned Mary the next day and she informed

me that the chest X-ray showed that I had signs of pneumonia which meant that my immunosuppressive drugs may be too high. Also, the blood work showed all normal levels except for two. One was my creatinine which was too high and my iron which was low. She would ask my gastro to interpret the results and get back to me. At my gastro’s recommendation, I went to the Medical Day Unit (where I can get treatment as an out-patient) the following day for an infusion of iron and two liters of saline – to help with hydration and lower my creatinine. My gastro also ordered a consult with a respirologist to check my lung function and perhaps prescribe some inhalers.

In the meantime, my gastro immediately lowered the dose of my Crohn’s medications and will redo the chest X-ray in two weeks. All of this took place without requiring a scheduled appointment and within 24 hours of developing symptoms that I could recognize. This saved me, and my gastro (and all of the others within the system), weeks of waiting, hours of time waiting in the clinic, and the amount of the work and expense required to get me better after my health would have deteriorated over a delayed time interval.

**Patient Diary 2 – A Crohn’s disease patient with support of a Web 2.0 application focusing on Chronic Disease Management – referred to in the diary below simply as ‘MyCare’.**

### ***1. Experience Symptoms***

I have been experiencing cramping on a more regular basis with the pain being so severe that I have to stop whatever I am doing. I saw a story in the paper about a new patient website that supports patient learning, empowerment and talks about how to navigate the healthcare system. I decided to see what it had to offer. I "Google-ed" patient empowerment and was led to MyCare. The site contained much information that I printed out. I will look at this in more detail over the next few days.

### ***2. Search for Information***

It’s been three days of increasing pain every day...and it does not seem to be getting better. I decided to sit down and review the information that I printed out from MyCare. One neat option the site provides is a connection to people who have like symptoms. I never have seen anything like this – where all you need to do is describe your own experience. I found three people and sent them email. I was

also able to submit a question to “ask an expert” and could describe in detail my symptoms... and I did not feel embarrassed at all! It was so easy – they even have a pull-down window for varying degrees of diarrhea – with a full description – can you believe that!? I never thought you could describe diarrhea in so many ways! I can’t wait to see what response I get back!

### ***3. Disease Diagnosed***

I just went back onto MyCare and had two responses this morning – one from Ask an Expert and one from a patient in Delaware. Both oddly enough needed more information and asked me directed questions. The patient from Delaware gave me some good advice about diet and roughage – especially when cramping is bad. I will go grocery shopping today.

I logged on again later and the Expert, given more follow-up information, recommended that I contact my GP as soon as I can in order to get a full GI series work-

up?! He stated that there was no way to be sure what I have or the seriousness without first doing a formal set of exams. One thing for sure is that he felt this is serious and severe cramping to the degree that I am having should not be dismissed – it is probably a sign of something more significant than just a stomach virus, for example. I phoned my GP and with a little persuasion I was able to schedule an appointment this week – I told them that a doctor “friend” said it was urgent.

My GP did a full physical and when he measured my weight, I was shocked to find that I have lost seven pounds in the last three weeks! I was sent for a full GI series tests. I phoned my doctor’s office a couple of days later and he told me that I have Crohn’s disease (he wanted me to come in for an appointment but I forced him to tell me over the phone). He did not have much to provide except that there is no known cause or cure but that people can lead healthy normal lives once the disease is managed effectively and in remission. I asked for next steps and I was told his secretary would phone with a referral to a specialist ... a gastro something!

#### *4. Disease Learning*

I went back to MyCare immediately after I got home and searched for information on Crohn’s disease. I was able to drill down and find all sorts of facts. First, I found statistics on life expectancy and the impact that an inflammatory bowel disease can have – I must tell you that this little fact was just so reassuring. Second, I found a list of all gastroenterologists in my city near where I live, and which ones are taking new patients. I was able to link to their sites right from MyCare and found out more about them and their education materials. Third, I could order a second opinion on my test results – I think this is a great feature that I will use down the road. Most importantly, I was able to join a chat room and my new contact from Delaware was there to help me get over the intros. I must say that there is something to that old saying “misery truly does love company”!

This may sound odd, but when I started out I really was not sure what it was that I wanted to find out or even what I was looking for, but somehow MyCare worked – must be because there are so many patients like me!

## ***5. Health Provider Search***

I met with my new gastroenterologist today and honestly, I really like her a lot. She was not in a rush, like my GP always seems to be and seemed to be very empathetic about my situation. She reviewed all my test results and confirmed my GP's diagnosis of Crohn's disease. I printed out my questions beforehand (with the help of MyCare's neat decision tool "help me ask") and this allowed me to feel very prepared and not panicked as we went through the questions and answers. In the past, I usually became sidetracked with my doctors and never seemed to get to the most important question – until I was back in my car and on the way home! After discussing many treatment options with a full consideration of potential side effects, we decided together to put me on a new drug. At my insisting, we scheduled an appointment for four weeks time, which is the minimum amount of time it should take to see some results. I want to stay on top of this! I told her that I had received a possible diet that I could follow – and she encouraged me to try different foods to see what I tolerate and what I do not as everybody and every bowel are different. I feel very happy in just

discussing it and getting her feedback!

## ***6. Educating Friends/Family***

I decided to take my family on a tour of MyCare – my wife stated that she found out the secret to my newfound intelligence! Seriously, MyCare has truly been extremely helpful in dealing with the whole newly-diagnosed process. As a patient, you have many more questions than answers and MyCare has been there to help me not only with the answers, but to help frame the questions. This way I have confidence in my opinion before I go to see my gastro – as a result, I am not afraid to tell her what I think and what I want. Further, MyCare has helped me describe my symptoms to my wife and my kids – something that I was hiding from them all because I thought it was my fault – something I did wrong to get this. The reassurance provided by MyCare means improved confidence and better decision making. As my new doctor said, it's about making me well – and not just about treating symptoms! Finally, I was able to provide my employer with much information about my illness so that they could appreciate what I am going through.

Another great option is that MyCare helps translate into lay terms much of the research literature that previously I found very complicated as it uses language that I just do not understand. I am even going to the linked research sites now to learn more about recent developments in Crohn's disease.

### ***7. Finding Support Groups***

MyCare led me directly to the Crohn's and Colitis Foundation of Canada where I learned of a group information meeting; this meeting took place last night. It was very useful and I connected with a number of people – I was surprised how much we all share the same symptoms. Given my MyCare experience, I was able to offer plenty of insight and a different perspective. In the end, the doctor leading the discussion was so impressed that he put the web-page address on the white board because so many people wanted to know more!

### ***8. Self Discovery and Reliance***

It has been two months since my diagnosis and I have learned a great deal about managing my condition. Although I have not found the cure, I am much more comfortable in "my own skin". I know when I am feeling

well and when I begin to feel poorly. I then know to contact my gastro sooner rather than wait for the symptoms to get worse – one thing I have learned is that very few things get better on their own! Further, I know when to jump in and help my gastro by giving her up-to-date and honest feedback about my current well-being. This openness and trust are the main reasons I think why I am feeling better.

### ***9. Managing Information***

With all of this newfound information, I started wondering about where I could store my health-related data. It is not the same as financial data, but I feel it must be secured somewhere and my identity kept anonymous. It turns out that MyCare also has a "my record" section where you can store all of the information. The neat thing is now my gastro has been leaving me journal papers about recent findings and research on new Crohn's disease drugs on my MyCare site. MyCare provides a "fine-print" blurb about security, which I really don't understand; however, they say they use the same technology as my bank – so that's okay with me. I figure this is a very small risk to pay for such an improvement; for the first time in my life I feel that I am

now in charge of my health information ...and on the way to empowerment!

### ***10. Managing Expectations***

It has been three months and I have grown to accept my chronic condition. I realize that I will have to take charge and be involved in every area of my health management. Ever since my first experience with the MyCare site, I have become virtually addicted to it – I think I am on it two or three times every day. Mostly, I am constantly in touch with a circle of about four patients with Crohn's or colitis. One of us is really going through a bad time now and is facing her fourth surgery this year. I think we have been very supportive as she works through all of the issues. Her biggest one is her job – it wasn't easy after the last surgery to go back to work and get her job back ... and then within two weeks, she started missing work again. Her husband left a couple of years ago and she is alone to cope with her illness and her kids – not to mention all of the financial worries. But I think we are helping her – one member of our group knows a company in her area and they are trying to set up an interview for her where she can do some part-time work from home – isn't that great!

We are all coaching her on how to answer her interview questions!

### ***11. Ongoing Management***

In the end, I feel that I have learned so much about my illness and the role that I **must** play in its management. To this end, my gastro and I exchange communication through MyCare where she posts my most recent test results. The MyCare "get your results" section has software that makes it real easy for my gastro to upload blood work results or diagnostic notes from my most recent CT scans or other diagnostic tests. This has allowed me to even "trend" my results to see if things are getting better or worse. And I can save the results to show my wife later and not have to recalculate everything. Perhaps the best thing about MyCare is that all of my health information gets integrated into one place – regardless of the source. Sometimes I need to have blood work done but I am nowhere near my doctor's office due to my work. I can go to any lab in the city and the results get forwarded to MyCare – which is great because I can get a true overall consistent picture of my health!

Recently, I have been experiencing some fatigue, shortness of breath,

and a general overall lack of energy. I emailed my doctor through MyCare and she sent me for blood work and a chest X-ray. I went the next day and logged into MyCare later that same day to check my results. There are a lot of results there that can be very confusing, but MyCare has a special “patient’s column” that identifies when the results are normal or not. When I first started using MyCare, my gastro reviewed the ranges of various indicators with me and even modified some of the “normal intervals” so that they are specially tailored for me. So when I check my results on MyCare, they are reported based on my specific intervals in order to provide a personally-tailored health picture. Today, when I checked my blood work, I had two “abnormal results”; when I clicked on them a window popped up with a good explanation of the readings and the possible ramifications. MyCare also allows me to send my gastro a note just in case she had not yet seen the results and to append any special questions that I might have. I also checked the radiologist’s notes about the chest X-ray which had similar supporting documentation.

Within a couple of hours, my doctor’s assistant, Mary, called and said that she had scheduled me to

go to the Medical Day Unit the next day for some infusions. I also received an email from my gastro answering my concerns and modifying my drug doses just a little bit. She is sending me to redo these tests in two weeks. She encouraged me to ask any other questions – but I really feel that she is on top of “my care”. It sounds strange, but even though I see my gastro less because of MyCare, I feel so much more connected to the health system and more in charge of my own healthcare!

Ultimately, my involvement and management of my care through MyCare is truly the only way to effectively maximize my health outcomes and live my life to its fullest! In short, I am not sure where I would be without it....

## **Conclusion**

It is anticipated that patient empowerment will lead to earlier recognition of problems and more timely diagnoses resulting in faster and more effective treatment – and thereby better overall health outcomes. In addition, it is hoped that this case illustration will provide a forum for discussion on the many other, less tangible benefits from eHealth and Electronic Health Records.

# PATIENT STORY

## Ashley's Story

### *Introduction*

*Ashley, in her early 30s, is married and the mother of a six-year-old child. She lives and works in downtown Toronto. When health challenges first began to manifest themselves, she had no idea of the odyssey that was about to begin. Here is her story:*

### *How it Began*

My health issues first began a little more than three years ago while I was at the movies with my husband and son. Suddenly I couldn't see: I experienced absolute photophobia.

I called my father, a physician, and he suspected iritis. Through his influence I was able to get an immediate appointment with an ophthalmologist, who diagnosed bilateral uveitis and prescribed treatment. Unfortunately, the recommended treatment regimen involves steroids and I turned out to be a steroid responder, causing my eye pressure to increase and I then developed Glaucoma.

During this time I was moving to Hamilton to take on a new job at McMaster Health Centre. I had to return to the ophthalmologist in Toronto when my eye pressure skyrocketed, forcing the need for emergency surgery that created further complications.

The next step was to refer me to an ophthalmologist at another hospital who had expertise in the specific disease spectrum I was facing. He would be the one to start looking for underlying causes as to why this was happening. The hospital where I'd had the surgery said they would send a letter to the specialist detailing all the facts relevant to my case. When I attended my long-awaited appointment with the specialist, he had no clue why I was there. No letter had been sent to him. The two hospitals involved simply didn't share information on patients. And this, as I soon found out, is the norm across the healthcare system and a major flaw in terms of best practices and responsible stewardship of scarce

resources. Almost without exception, each time a patient goes to a different specialist, or a different hospital, or sometimes even a different department within the same hospital, his records do not travel with him and are not available electronically. This requires healthcare staff at the new locale to once again start from scratch, thus wasting everyone's time.

Fortunately, I have a grasp of medical terminology and was able to articulate my symptoms and treatment to date, so the appointment was not a complete waste of time for either of us. However, I was left wondering what happens to those who don't have a good grasp of English or who can't manage their way around medical terminology. It was obvious to me that we have to assume the lion's share of responsibility when attempting to navigate the healthcare system.

### ***The Next Crisis***

In March, 2007 while living and working in Hamilton, I woke up one morning with left hemiplegia – the entire left side of my body was paralyzed! I called an ambulance and went to McMaster Hospital where I was admitted and spent the next two weeks undergoing tests and treatment. It was suspected that the problem with my eyes and the neurological problems that caused my

paralysis could be related. It would be most helpful to have all my health records from my family physician and from the specialists who had treated me in Toronto, but it was next to impossible to get the cooperation I needed to make this happen.

And this is when I realized I'd have to collate all my own medical information.

During the time they were conducting a battery of tests at McMaster Hospital I told them I had experienced intestinal problems in the past and I arranged to have this blood work faxed to them. However, they wouldn't accept the results.

After two weeks in hospital I was discharged, using a walker and a cane. An MRI had revealed several brain lesions, but I still had no diagnosis and thus no prognosis. Before my discharge I spoke with a Neurological resident who informed me I had Hepatitis C. I told him this was improbable as I had none of the risk factors in my life. He indicated infidelity in the marriage and this certainly took an emotional toll. Both my child and my husband were tested and the results were negative for Hep C.

I then followed up with my family doctor in Toronto and the blood work was negative for Hepatitis C. My doctor then advised me to get my records from

the diagnosing physician in Hamilton. When I wasn't successful, he suggested I go to the Ombudsman, where I was told there would be a long wait. I next contacted the hospital's complaints officer. When I finally got the record it showed that the diagnosis of Hep C was in error, but the doctor who spoke with me hadn't read that entry, resulting in unnecessary emotional trauma for me and for my family.

Of course all this could have been avoided if hospitals shared patients' medical records!

I then returned to work in a pretty sad state: I had difficulty with vision and mobility and had now developed other problems involving my back and my bladder.

### ***Another Round of Tests***

In 2008 I moved back to Toronto with my family. By now I had amassed my own file of medical records at significant personal cost in terms of both time and money – to date I have spent close to a thousand dollars for copies of my own medical records.

My next appointment was with a different neurologist who knew very little about my case since the referring doctor had provided sparse information. Most of the medical professionals were

now saying my symptoms could indicate Multiple Sclerosis, but I still had no firm diagnosis.

I was sent for a spinal MRI which revealed a large nodule on my thyroid. My family doctor referred me to a specialist in October 2008 and my appointment for a biopsy took place the following April. It was a relief to know the nodule was benign.

By October 2008 I had recovered much of my mobility, thanks to physiotherapy along with other therapies. I later suffered another bout of weakness which affected my ambulation and went to the emergency department at Toronto Western where I'd had been for other tests and treatment. The ER said they'd forward my records in time for my next appointment with the neurologist. However, they neglected to scan my information into their system so my next visit was a waste of time for both me and the specialist.

I attended the Toronto Western Hospital's Pain Clinic in 2009, looking for relief of my chronic pain. They repeated all the tests I'd had and I was no further ahead.

To date I have interacted with: my family doctor, several neurologists, a rheumatologist, a dermatologist/gynecologist, several ophthalmologists,

a glaucoma expert, a thyroid specialist, several pain experts, a sleep clinic...and it continues.

There is no continuity in the healthcare system. One example of this is the failure to share my information among the various eye specialists I visited...one had diagnosed severe corneal astigmatism, but the information was not shared, even among his peers involved in my case.

The onus should not be on the patient to chase down, and pay for, every result of every test from every medical professional.

It is high time for electronic health records in Ontario.

It is time for “One Patient, One Record” to be a reality in this province!