

An Ontario eHealth Blueprint and Strategic Agenda

- Moving a Common Vision into Action -

An Ontario Hospital eHealth Council Perspective

As of November 2002

Note:

This document was presented by the *Hospital eHealth Council* to the *Ontario eHealth Council* (representing the *Hospital eHealth Council*, *Physician eHealth Council*, *Community Care Connects/Community Care Access Centre eHealth Council*, the *Ministry of Health and Long Term Care*, and *Smart Systems for Health Agency*) on June 20, 2002.

At this meeting **the Ontario eHealth Council did agree to start with this document and solicit broader health system input through the other eHealth Councils to develop it into a common Ontario eHealth Blueprint and Strategic Agenda.** Each Council is committing resources to collaborate on finalizing a common version.

This progress represents a significant step forward in a spirit of collaboration to create a coordinated and strategic approach to health system change through enabling eHealth technologies and models of care in Ontario.

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As of November, 2002

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The *Hospital eHealth Council* would like to acknowledge the **Ontario eHealth Council** for considering the *Hospital Council's* preliminary "*eHealth Blueprint: An Ontario Hospital Perspective*" published in December 2001 and encouraging further development of that work towards a draft common system vision and strategic agenda.

The members of the *Hospital eHealth Council* would also like to thank the **Ontario Hospital Association eHealth Team** for their efforts in consultation, research, and development of this document. Special recognition goes to **Sam Marafioti** who provided leadership to the Team, **Kurt Rose** for providing research and development support, and **Lesley Beneteau** for her research, analysis and authoring of this document.

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Executive Summary

The need for change in health care to ensure **sustainability, quality, access**, and manage **costs** has never been more evident. These drivers for change are well understood, have been broadly discussed and reported on, and require immediate but long-term solutions that will demand extensive change, better information and greater coordination across the health system. **An eHealth system is a key enabler to this change.**

The Hospital eHealth Council defines eHealth as:

“ a consumer-centred model of health care where stakeholders collaborate utilizing information and communications technologies (ICTs) including Internet technologies to manage health, arrange, deliver, and account for care, and manage the health care system.”

This definition is about integration – integration of information, integration of technology, and integration of care. In contrast to this future state, the current system is characterized by:

- Paper-based information management
- Limited integration of local applications and data
- Limited connectivity and information sharing among providers
- Varying technological capability across the health system
- Fragmented and incomparable data
- A lack of commonly used data or technical standards
- Underinvestments in technology and automation
- No provincial coordinated strategy for eHealth planning or investments

In order to achieve a more integrated, coordinated, sustainable and accessible health system, a common vision and strategic agenda for eHealth that all providers agree to and understand are critical. **It can't happen any other way.** Better data, more efficient sharing of information, improved processes, and informed decisions will make better use of scarce resources in our health system and achieve higher quality outcomes for Ontario health care consumers.

The **purpose** of this eHealth Blueprint and Strategic Agenda is to act as a starting point for a common vision and strategic agenda for eHealth across the Ontario health system. It is presented to the Ontario eHealth Council and other eHealth Councils for input and adoption. When finalized, this common direction across the provider sectors in Ontario in collaboration with the Ministry of Health and Long Term Care (MOHLTC) and Smart Systems for Health would represent a significant and important step towards coordinated action on health care in Ontario.

The eHealth system **principles, themes, goals, criteria for priority setting** and **strategic priorities for action** proposed in this document are a reflection of eHealth strategic discussions of the Hospital eHealth Council and various stakeholders held from January to May 2002.

The six strategic priorities proposed for action in this strategic agenda include:

1. **Develop a Common Unique Patient Identifier in Ontario**
2. **Establish Privacy and Security Requirements for eHealth**
3. **Design an Ontario Electronic Health Record (EHR) starting with Hospital-to-Primary Care Physician Information Exchange**
4. **Initiate an ePharmacy Initiative for Ontario**
5. **Build on and Expand Telehealth Success and Capabilities**
6. **Evolve a Wait List Management Initiative for Key Health Services**

As more input from other sectors of the system provides input to this strategic agenda these strategic priorities may evolve. They currently include a mixture of important building blocks of infrastructure and policies to support eHealth, as well as higher impact opportunities, like provincial wait list management, that build on that infrastructure to realize the real benefits of eHealth for consumers, providers and government.

Each sector of health care has a role to play in moving strategic priorities for eHealth forward. As a next step, the hospital sector is working on defining its role in each of the priorities listed here. It will continue to actively build relationships across government, provider networks, and private sector to engage in collaborative action to move each strategic priority already identified forward.

This document is a starting point. We need to take a collective first step. As we explore the uncertain but promising opportunities of eHealth together we need to chart our progress, learn from our mistakes, and share our successes and failures. The approach, method of resourcing, collaborative model, leadership required, and advocacy agenda needed to move each of the eHealth priorities for Ontario forward will be the focus of the continued collective work of the Councils. The Ontario eHealth Council, as a collaborating body across sectors, has an important role in providing leadership, support and coordination to this effort.

Background

The Ontario Ministry of Health and Long Term Care (MOHLTC) and Smart Systems for Health (SSH) have been working on specific information technology initiatives in Ontario health care for many years. In an effort to move these sector-specific initiatives ahead, MOHLTC and SSH established eHealth Councils starting with a Community Care Connects (C3) eHealth Council representing Community Care Access Centres, followed by a Physician eHealth Council, and then a Hospital eHealth Council (Appendix 1). As a way to coordinate the work of these Councils under an umbrella group, an Ontario eHealth Council (Appendix 2) with representatives from each sector Council was established in March 2002.

In December 2001 the Hospital eHealth Council published “*An eHealth Blueprint: Setting the Course for Action – An Ontario Hospital Perspective*”. The purpose of the initial consultation document was to stimulate discussion towards a common eHealth vision for Ontario since one did not yet exist. It was tabled by the Hospital eHealth Council at the first meeting of the Ontario eHealth Council in March 2002. At that time the Ontario eHealth Council agreed to consider adopting it as a starting point for a common eHealth Blueprint for the health system. The Hospital eHealth Council continued to develop the document through January to May 2002 with input from stakeholders both within and beyond hospitals to develop the ideas further and identify a strategic agenda for Ontario eHealth Council consideration.

This document is presented to the Ontario eHealth Council and other eHealth Councils to stimulate further discussion and development.

We look forward to building and moving forward this Ontario eHealth Blueprint and Strategic Agenda together.

What is eHealth?

eHealth is much more than an overlay of technology on the current health care system. It is a new integrated model of the health care system enabled by technology which is implemented amidst new relationships, new processes, new behaviors, new data, and new “ways of doing business”. In light of this, the Hospital eHealth Council defines eHealth as:

“eHealth is a consumer-centred model of health care where stakeholders collaborate utilizing information and communications technologies (ICTs), including Internet technologies, to manage health, arrange, deliver, and account for care, and manage the health care system.”

An eHealth system therefore opens up opportunities for new models of care across the entire health continuum representing a shift in who does what, when, how, and with what information and tools.

What is the purpose of a common eHealth Blueprint and Strategy?

Achieving successful change in health care through eHealth requires a coordinated approach across a multitude of diverse stakeholders. With each sector playing a role within a larger, more integrated health system, a common vision of what that system looks like and a strategy for getting there is critical. This

eHealth Blueprint and Strategic Agenda can provide common understanding and allow leadership and stakeholders to come together across the system with common goals and coordinated action.

According to a survey by the Ontario Hospital Association’s (OHA’s) Information & Communications Technology Advisory Committee in 2000, the “lack of a common vision” for eHealth in Ontario was identified by hospitals as one of the key barriers to planning for and effectively investing in technology to support necessary health care integration and change.

As the above definition describes, eHealth is about collaboration and information sharing across the continuum of care. It is impossible for hospitals, physicians, community providers, and others to make progress in eHealth without working together and strategically approaching change in a coordinated way.

As illustrated in Figure 1 the Hospital eHealth Council used an approach of developing guiding principles, themes, and an approach to data that the system can agree upon to set the context for a vision for eHealth. From there, goals, strategies, priorities and a coordinated action agenda for each sector can be defined and rolled out.

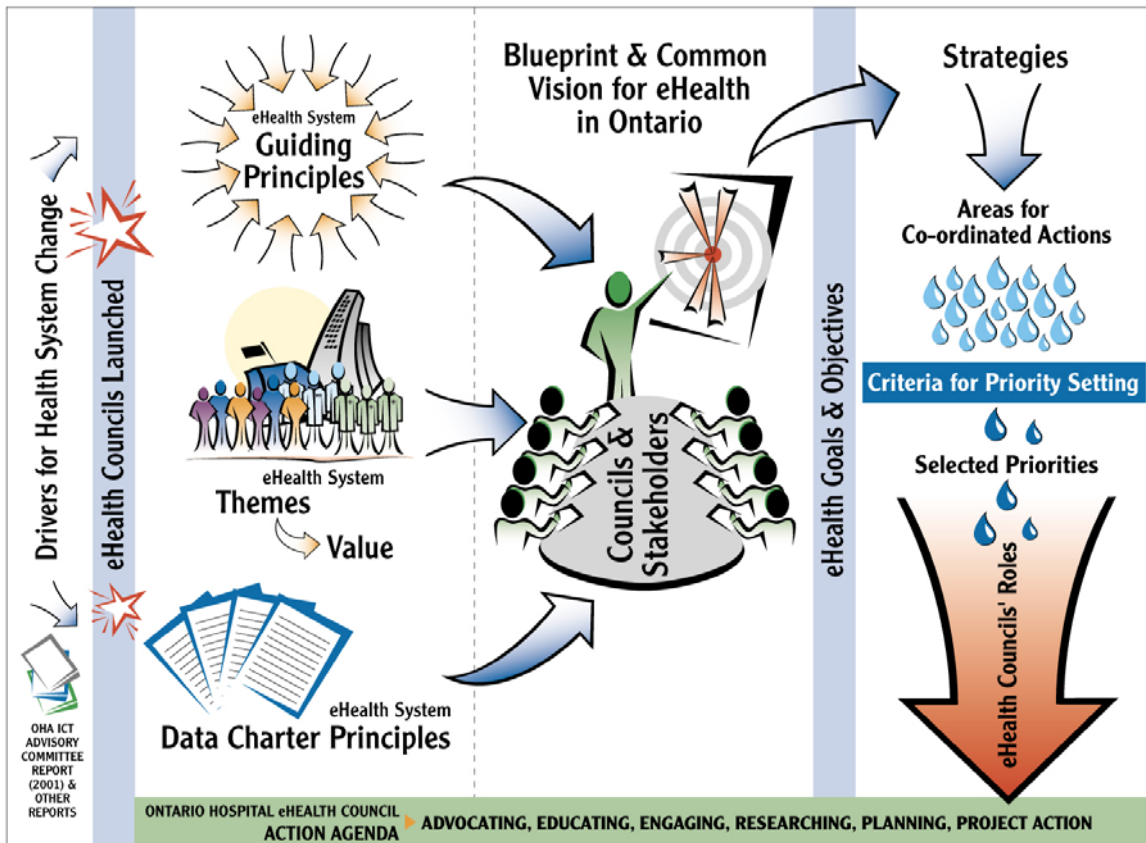


Figure 1 Ontario eHealth Strategic and Action Planning Process

This Blueprint and Strategic Agenda is therefore meant to be a tool for Ontario health providers and eHealth Councils to:

- engage in a collaborative dialogue to further evolve and support a common vision and strategic agenda for eHealth in Ontario;
- utilize a common framework of common principles, goals, and criteria to coordinate initiatives and efficiently deploy resources.

Where does eHealth fit into the current health care system?

eHealth represents opportunities for the current health system to be transformed by doing what it does now but in a different and more effective way.

The health care system can be defined as encompassing five major functions¹:

- **Managing Health** including prevention, diagnosis, disease management, population health management, and self-care;
- **Arranging Care** including registration, scheduling, and management of medical resources and services;
- **Delivering Care** including treatment, rehabilitation, clinical research and development, monitoring, best practices, and clinical decision support;
- **Accounting for Care** including consumer satisfaction, financial management, expense and outcome reporting, quality control and improvement, and administrative decision support; and,
- **Managing the Health Care System** including health system performance, strategy, cost management, provider satisfaction, utilization management, health services research and development, continuous quality improvement, human resource management, process management, training and development.

An eHealth system applies new information, processes, and technologies within each of these five major functions of health care to integrate and enable providers, consumers, managers, and government to carry out these functions in new and more effective ways.

Can we achieve a sustainable, safe health system without eHealth?

No. The need for transformation in health care to ensure sustainability, quality, access and manage costs has never been more evident. These powerful drivers of change are requiring health organizations all across Canada to consider new strategies for making services more accessible and providing them more effectively. Enabling technologies, information, and new models of care are a significant part of the solution.

The health care system in Ontario has been characterized as challenged by:

- Paper-based information management;
- Limited integration of local applications and data;
- Limited connectivity and information sharing among providers;
- Varying technological capability across the health system;
- Fragmented and incomparable data;
- A lack of commonly used data or technical standards;
- Underinvestments in technology and automation; and,
- No provincial coordinated strategy for eHealth planning or investments.

The sustainability of this type of disintegrated system is questionable. The quality of the care it enables is also compromised. As demonstrated by the recent Ontario public dialogue² input and a growing number of reports on the state of health care in Ontario and Canada, the drivers for change include:

¹ Modified from Gartner Group, www.gartner.com.

² A Public Dialogue On Health Care – A Report To The Ministry Of Health And Long-Term Care
http://www.gov.on.ca/health/english/surveys/dialogue_0701/results_mn.html

- Concern about better **access** to and shorter **wait lists** for needed health services and diagnostic tools;
- **Shortages** of physicians and other health care providers;
- Consumer needs and interests in maintaining **wellness**, being **informed**, and participating in **self-care**;
- Fragmented and **disintegrated care** and **information** to support that care;
- Increasing understanding and awareness of **medical errors** and **quality gaps**;
- Need for innovations to achieve greater efficiencies, **cost control**, and health system **sustainability**;
- Greater transparency and health system **accountability** from providers and government to consumers and taxpayers.

These drivers for change are well understood, have been broadly discussed, and require immediate but long-term solutions that will demand extensive change in health care. They also each rely on better information. **An eHealth system is the enabler for the health system's need for greater integration and better information management and use.**

eHealth has a role to play in addressing each driver for change, for example:

- **Telehealth** and **wait-list management** can address some issues of timely access to health services;
- Information exchange between providers on **secure networks** would enable providers to have timely access to critical information at the point of care regardless of where the consumer is in the system;
- **Electronic health records**, consolidated health information, and integrated decision-support tools at the point of care can reduce medical errors and improve health system efficiency;
- Internet-enabled **consumer health information** tools can empower consumers to interact with the health system in new ways and manage their health more actively;
- **Automated processes**, wireless tools at the point of care, telehealth, and robotic surgery enable more efficient use of providers and their time;
- Timely health system utilization, quality, and **health outcomes data** enables managers to make decisions to improve efficiencies, quality, allocation of scarce resources; and,
- Timely **health system information** enables government and health providers to be accountable to the public for the services they provide.

Informed decisions based on evidence and knowledge require better data and systems to provide that data in the right form, to the right individual, at the point of decision making. Although the technology exists today to make an eHealth system work it has not been widely deployed, invested in, and integrated into the care and management process. This will take coordination in planning across providers, investment, process changes, effective implementation, and a much higher level of integration and information sharing between providers.

Is Ontario ready for eHealth? What progress has been made?

Yes. Ontario has made some progress recently particularly in the areas of infrastructure. There is still a way to go but the progress and investments to date are opening new possibilities for the health system to explore.

At a **national level**, the *Federal Advisory Committee on Health Infostructure* (ACHI) has created a *Blueprint and Tactical Plan* and is looking to the provinces to play their part in contributing to a pan-Canadian Health Infostructure. As the ACHI explains, standards, secure networks, electronic health records, and telehealth within provinces and territories across Canada are important first steps to realizing the broader eHealth opportunities in Canada.

Ontario's eGovernment Strategy demonstrates Ontario's commitment to "making more strategic use of Information and Information Technology (I&IT) throughout the Ontario Public Service and in the broader public sector such as education and health". The strategy is to use electronic tools to transform: service delivery, internal management of government, management of broader public sector systems, and interactions with Ontario citizens.

The **Ministry of Health and Long Term Care (MOHLTC)** is therefore working on a number of **priority projects** including information systems for provincial laboratory results, children's health information, an HIV network, and the Ontario Drug Benefit program. The MOHLTC's Registration Services project, which encompasses a proposed unique patient identifier for Ontario, is the most critical of these projects for enabling an eHealth system in Ontario. This project is in early stages of development but requires additional support, information and funding to move ahead.

Smart Systems for Health (SSH) is a key component of the Ontario government's information and communications technology strategy. Similar to other provinces in Canada, investments have been made in SSH for the creation of a secure provincial **health information network infrastructure**, supporting data and technology **standards**, and an **emergency health record** for Ontario health care. This will enable the secure electronic exchange of personal health information among Ontario's health care providers. The hospitals and other providers in Ontario have an opportunity to leverage this emerging network through shared applications that will enhance useful health information exchanges for the purposes of care.

MOHLTC has also invested in enabling eligible **physicians** with information technology through primary care reform and ePhysician pilot projects as well as **Community Care Access Centres (CCACs)** through one-time investments in base technology architecture and new applications to manage information and service delivery within those sectors.

Hospitals have made considerable investments in internal information systems and local networks to enable data collection, sharing, and use at an organization level. They have established extensive infrastructures, developed and implemented numerous data management applications like electronic patient records (EPRs) and picture archiving systems (PACS), and collected large banks of electronic patient data within the hospital. They are now well positioned, and in some communities in Ontario already beginning, to extend and leverage this growing capacity beyond the hospital walls and into the community.

The spirit of collaboration and integration is growing in Ontario. Looking to their local health partners, **hospitals, physician offices, CCACs, DHCs, other providers, and other municipal partners** in some communities have taken the initiative to begin working together to develop regional plans for technology and information sharing. They realize the need for better information sharing to enable more integrated care and are looking for solutions within their local areas in the absence of a broader provincial plan. Progress has been made in some regions with implementation of: regional information networks; shared electronic data or health records such as primary care physician dial-in to hospital databases offered by some hospitals in Ontario; repositories or registry systems for centralized data; and, telehealth or telelearning applications. Building on these existing collaborative models will provide great opportunities for further evolving and broadly applying integrated eHealth solutions across Ontario.

Ontario is becoming increasingly well positioned to leverage:

- An emerging provincial network technology infrastructure through Smart Systems for Health;
- Local groups of providers already collaborating and building plans for eHealth initiatives their area;
- Investments to date by hospitals, some physician groups, and Community Care Access Centres building internal systems and a growing base of electronic data;

- Emerging collaboration, leadership, and common direction across health sectors through eHealth Councils within Physician, Community Care Access Centre, and Hospital sectors, and potentially Laboratory, Pharmacy and Community provider sectors; and,
- Potential funding opportunities through Canada Health Infoway Inc. looking to invest in large-scale electronic health record initiatives with broad application potential across Ontario and Canada.

What's needed to make greater progress towards eHealth?

As discussed in the Ontario Hospital Association's (OHA's) Information and Communications Technology Advisory Committee report, "*Building the Foundation for eHealth in Ontario*" making greater progress requires:

- **A common vision and strategy** for action
- **Collaboration** across all sectors of the health care system with consumers, government and private sector
- **Investments**, new partnerships and innovative models for financing innovations, technology and change
- **Managed change** to ensure participation, buy-in and realization of real benefits
- Supporting **health care policies** that enable successful eHealth innovations

Since the OHA report was published in 2001, we have seen considerable progress in the development of a vision and collaboration towards change across the health system. As the eHealth Councils work together to further develop this strategic agenda they will need to:

- Avoid building solutions around organizational and governance structures
- Focus on the consumer and the services they need as they flow through an integrated health system
- Engage collaborative action that addresses the needs and leverages the strengths of each sector
- Have the buy-in of all key players including consumers, government and the private sector

As the strategic priorities are clarified and moved into action the need for investments, managed change, and supporting policies will become more relevant.

How do we envision an eHealth system?

eHealth is still an emerging concept which we are just beginning to understand and apply in practice. The health system is increasingly aware of the need for better health information management and the opportunities that technology and eHealth can offer. We cannot, however, assume that we fully comprehend its real potential. We are at the early stages and must start by envisioning a new system around which even more possibilities can be explored.

A vision alone is not sufficient for providing a direction for eHealth. Guiding principles and themes that support the vision are important for creating a common ground for the many diverse stakeholders in health care to understand the vision and move it forward.

Setting a Vision

The proposed vision here is a "straw dog" to open our thinking to what an eHealth system might mean for health care. With input from other health care stakeholders this vision must be further developed and clarified to formulate an agreed upon common vision for Ontario health care:

“The Ontario health system enabled by eHealth will **‘connect’** an individual, their personal health information, their providers, and care decision tools, in a meaningful way to integrate their care experience as they flow through **all points of care** from prevention to rehabilitation. This ‘connection’ will enable efficient secure, reliable, accurate **information** to be linked, exchanged, utilized, and applied in a way that improves health care **access, quality and safety** while respecting an individual’s **privacy**. An eHealth system will enable:

- a **consumer** to access and manage their health and care in a more informed and active way;
- **providers** to provide safer, efficient, more informed care;
- health system **managers** to provide better care environments for providers and consumers;
- **government** to allocate scarce resources based on Ontarian’s health needs; and,
- **Ontarians** to achieve better health.”

The eHealth system described here is enabled by ICT at 3 levels as illustrated in Figure 2. At the foundation of an eHealth system, **the transactional level** represents independent organizations that have invested in ICT to develop local networks sharing local data in order to deliver, arrange and account for care within their physical facility. **At the collaborative level**, ICT begins to bring independent organizations that have a sufficient transactional base to work together and integrate across shared networks to share data and manage health care across providers. **At the consumer level**, organizations, providers, and consumers work together to consolidate, manage and share personalized information utilizing the Internet to empower consumers to take a significant role in the management and delivery of their health and health care.

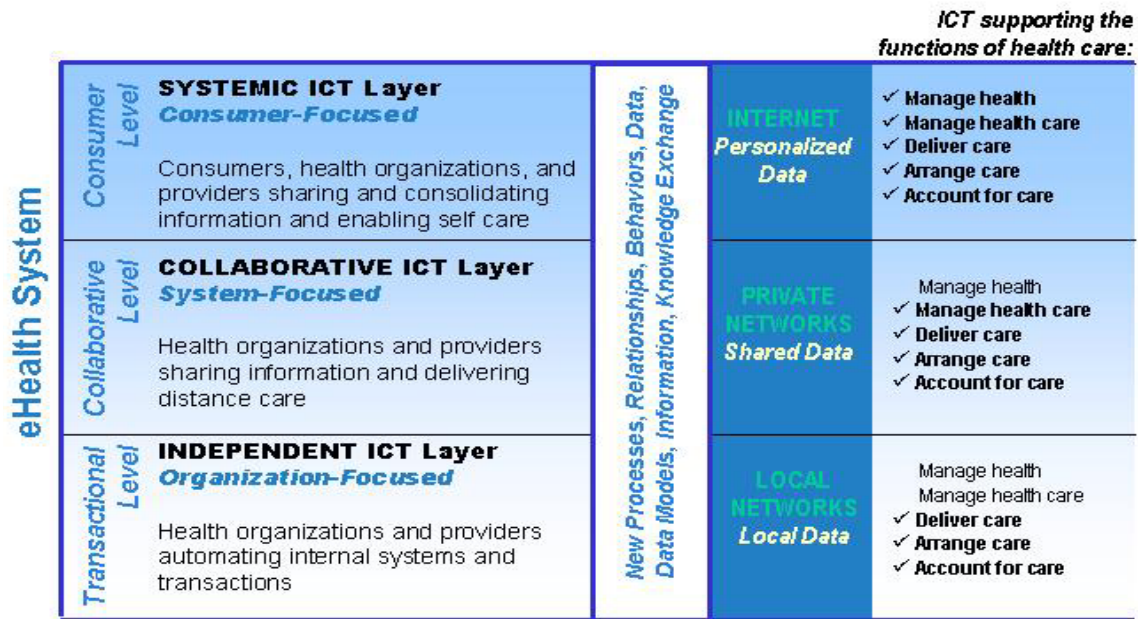


Figure 2 A proposed framework for an eHealth system

As indicated by the middle white bar in Figure 2, technology alone will not create an eHealth system. It must be coupled with managed change to support new relationships, processes, behaviors, data, information and knowledge exchange to support all five major functions of health care delivery.

By using and building on the growing systems and electronic data in hospitals, physicians’ offices, and community care access centres, providers and consumers can be connected through shared private networks and the Internet to enable better health information and integrated health management. Some examples of data sets, applications, and processes that may be enabled through an eHealth system are outlined in Figure 3.

		Data Example:	Application Example:	Process Example:	
eHealth System	Consumer Level	INTERNET	Personal Health Record	Self-Directed Scheduling & Personalized Referral	Online Disease Management
	Collaborative Level	PRIVATE NETWORKS	Shared Electronic Health Record	Shared Referral System (Centralized ADT)	Shared Best Practices
	Transactional Level	LOCAL NETWORK	Electronic Health Record	Registration & Scheduling System (ADT)	Clinical Decision-Support Tools

Figure 3 Examples of data sets, applications, and processes enabled by an eHealth system

Building an eHealth system is a series of building blocks. The layers of infrastructure, standards, applications, relationships, and care processes come together to provide endless opportunities for dramatically improving how, where and when we provide care.

Themes and Value

The themes that characterize an effective eHealth system include quality consumer-centred care, health system coordination, health systems accountability, and knowledge sharing and innovation. The benefits of eHealth that can be realized include consumer and provider safety, quality of work life, sustainability of the system, better health outcomes, and many others as described in Figure 4.

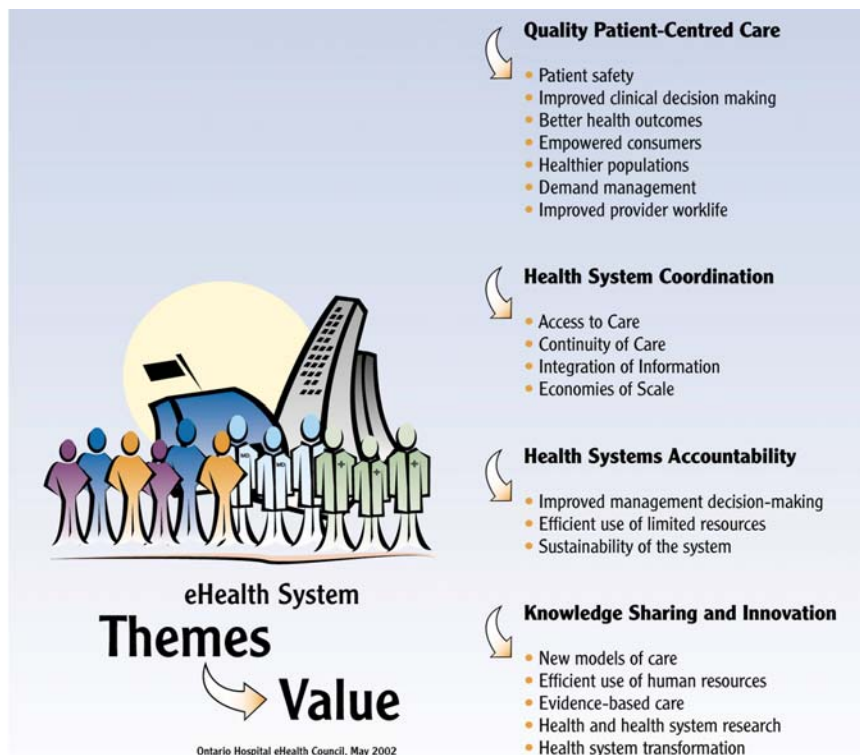


Figure 4 eHealth System Themes and Value

eHealth has the potential to bring many benefits such as:

- **Empowering consumers** through a consumer-centred model of health care
- **Enabling better care** through clinical decision support tools
- **Improving access and convenience** through technologies like telehealth, wireless monitors, robotic surgery
- **Reducing duplication and improving efficiency** through secure consumer records
- **Improving human resource planning** through enhanced analytical capabilities
- **Providing distance learning and mentorship** for training and workplace satisfaction of providers
- **Creating better data** for health and health system decision-making and research
- **Increasing health system accountability** for consumers, providers, and government

The technology exists today to support these possibilities. The coordination required to bring about the necessary process changes, investments, standards, and data required for successfully implementing and using those technologies is one of the key driving forces for a common eHealth strategy across providers. We cannot realize these benefits if we approach eHealth as individual organizations or separate sectors of health care.

Guiding Principles

Guiding principles both guide the strategy as it develops and inform others about the intentions they can expect to find at the base of decisions and directions the system will make as it moves the strategy forward. The purpose of documenting these guiding principles and the illustrative statements that follow each one, is to build common ground on our expectations of what eHealth can mean to the health care system.

The principles are meant to stimulate discussion and to provide a language for dialogue. They are part of an evolving process as we discover more about eHealth and its possibilities and should be revisited on a regular basis.

The order of these eHealth System Guiding Principles does not imply priority among them:

- **Support the Provider and Empower the Consumer** – Enable safe practice at the point of care, improve quality of life, strengthen the consumer-provider relationship, and provide opportunities for consumer self-care through enabling information
- **Share Information and Integrate Care** – Share information across providers to follow a consumer through the continuum of care with a focus on services not structures
- **Embrace a New Way of Doing Things** – Identify, champion and manage necessary change around new behaviors, policies, technologies, data, and cultures to enable efficient and safer care processes
- **Respect Privacy and Manage Security** – Maintain the consumer's confidentiality as central to the trusted consumer-provider relationship and promote secure solutions that reflect this priority
- **Collaborate and Coordinate** – Align strategies across providers, government, and other stakeholders and collaborate through coordinated action around a common vision
- **Assess Impact, Learn from Failures and Leverage Successes** – Measure the impact of eHealth initiatives; identify best practices across Canada and internationally; learn from previous attempts and replicate effective solutions; do not 'reinvent the wheel'.

Dealing with Data

One of the biggest challenges to tackle in developing an eHealth system is addressing data collection, exchange, and ownership issues. A starting point is agreement on a set of key data principles which support an achievable vision for eHealth in Ontario. Supporting and building from the emerging Privacy Legislation in Ontario, Figure 5 provides an initial proposed set of data principles for further discussion and development.

The Ontario Health Informatics Standards Committee (OHISC) that is working on data and technology standards can consider these principles in creating a common ground for data issues across providers.

Proposed Ontario Health Data Charter Principles

Developed by the Hospital eHealth Council, April 2002

1. **The consumer is the “owner”** of their personal health information, whether it resides in paper or electronic form. Care **providers act as “custodians”** of the consumer’s health information.
2. Many **“custodians” act independently on behalf of the consumer** to manage their personal health information.
3. Data sharing and exchange does not alter the **ownership or custodial responsibilities** that health care organizations have toward consumer information.
4. Consumer data resides in many **independent data repositories** and is maintained by distinct health care organizations. It can be shared and exchanged during the process of care delivery on a **need-to-know basis** in order to provide better care to a specific consumer.
5. Agreed upon **data exchange standards, vocabulary mapping and rules of engagement** for health care organizations will allow them to continue developing organization-based data repositories while still enabling the secure and accurate sharing of information across repositories and the consolidation of a core consumer data set.
6. Consumer information can be divided into **three categories** for the purpose of the eHealth data exchange model:
 - a. A **core set** of consumer information of such high utility that it will need to be consolidated in centralized and accessible repositories for multiple providers – for example, a universal patient identifier, a consumer encounter index, and a core set of clinical health information
 - b. A **standardized set of consumer information available on request** which can reside in organizational repositories but is available to other providers on an as-needed basis – for example, a hospital discharge summary from hospital to physician
 - c. A **detailed data set of consumer information** required to support a specific consumer encounter but which lacks broad utility and is not standardized. This data will remain within organizational repositories and does not need to be shared – for example, progress notes.
7. A **cross-provider coordination role** is required at the provincial level to establish and bring together the core set of consumer information on behalf of the consumer. No one hospital, physician, provider, or organization can play this role on behalf of the consumer.
8. It is necessary for health care organizations to **effectively collect, share, distribute or aggregate other electronic information** in addition to consumer data including provider information, health service utilization data, costing data, clinical and management decision support information, learning tools, disease management tools, and consumer health information for beneficial uses in the health care system.
9. Data provides **information needed to make better decisions in each of the five functions of health care** including: managing health, arranging care, delivering care, accounting for care, and managing the health care system. In performing these functions of health care, users of the data are held **accountable for its responsible use and sharing** for care delivery, planning, and research purposes which respect the requirements of enabling privacy legislation in Ontario.

Figure 5 *Hospital eHealth Council Proposed Data Charter*

Finding agreement across health care providers, organizations, consumers, and government around fundamental principles of eHealth vision, themes, guiding principles and data ownership and management is critical to the success in creating a more integrated and information-enabled health system.

What are our goals for enabling an Ontario eHealth System?

To address the key issues of sustainability, access, and quality of health care services through an eHealth system, the following goals can provide common direction for the system to make significant progress:

1. **Networking, physically or electronically, all points of the health care system** with which a consumer interacts to enable appropriate access to care and access to consumer and health information required for that care.
2. **Creating a link between disparate pieces of consumer information** to enable the aggregation of a useful and accurate history of relevant information when needed for care purposes.
3. **Broadly applying and enabling timely access to useful information resources and decision tools** that are integrated at the point of care to ensure quality decisions and safety for all providers and consumers.
4. **Creating a secure and trusted framework for health information exchange** which respects the privacy of consumers and enables the appropriate aggregation of health and health system information for health policy and management decision making.

There are numerous strategies which may be employed to achieve these goals. The eHealth Councils need to focus on selecting a small number of strategic priorities to focus on in the shorter term – strategies that support the evolution towards achieving a longer-term vision for eHealth in Ontario. This requires considering strategic options with some common criteria for deciding which priorities can be tackled within a manageable scope, bring early successes, and build the foundation for future development.

What criteria should we use for setting strategic priorities for action?

Common criteria for priority setting is important to enable eHealth Councils and decision makers to apply a common assessment framework for agreeing upon on **a focused, small number of priorities** to accelerate our progress towards a longer-term vision of an eHealth system. Setting priorities requires making choices. These criteria which reflect the drivers for change, principles and themes of an eHealth system, and progress made to date in Ontario described earlier can help to define the most timely and appropriate priorities for immediate, coordinated action.

1. **IMPORTANCE and IMPACT**

Does the opportunity:

- address **access, sustainability or quality issues**?
- represent a **unique or complementary initiative** that does not duplicate other efforts?
- offer **defined, achievable benefits and a value proposition** to stakeholders which may include consumers, providers, system managers, government, researchers, educators, others?
- have the potential to **improve health outcomes**, health care management, and satisfaction with the health care system?

2. **STRATEGIC FIT and ALIGNMENT**

Does the opportunity:

- support and align with **current MOHLTC priorities**?
- leverage provincial initiatives, such as **SSH**, and **local investments** to date?
- align with federal initiatives including the **ACHI Blueprint** and **CHI Inc.** business plan?
- reflect **eHealth system themes, guiding principles** and **vision** for Ontario?
- address an **identified need** of one or more stakeholder groups?
- advance the eHealth agenda closer to achieving a **provincial vision**?

3. **COLLABORATION and STAKEHOLDER SUPPORT**

Does the opportunity:

- require **collaboration across** hospitals, providers, government, or other stakeholders?
- have the **support and buy-in of its stakeholders**?
- stand a reasonable **chance of attracting policy, funding support, or partnership opportunities** with government, CHI Inc, or private sector?

4. **FEASIBILITY and RESOURCES**

Does the opportunity:

- propose reasonable objectives that are **timely, relevant, and make progress towards eHealth system goals**?
- have a good chance of attracting the **knowledge resources, participation, and investments** among all stakeholders involved to achieve the stated objectives in both the short and long term?

5. **RISK**

- Have the **risks associated** with undertaking the project been identified and analyzed for relevant importance?
- Are the risks manageable?
- Have the **consequences of not undertaking** the project been considered?

What are the key strategic priorities for action to reach our goals?

To define a set of strategic priorities for action utilizing the criteria described earlier, the Hospital eHealth Council held interviews and visioning sessions with interested eHealth thought leaders including physicians, other providers, administrators, government, consultants, and eHealth Council members. This consultation was supported by secondary research on relevant international, national, and other provincial eHealth or ICT reports and an understanding of Ontario's progress to date in order to identify the most opportune areas for coordinated eHealth initiatives in Ontario.

As mentioned earlier, Ontario is making progress in infrastructure and collaboration initiatives towards eHealth. Smart Systems for Health and the Ministry of Health and Long Term Care have focused primarily on network infrastructure and connectivity, standards, registration services, and a small number of specific information systems. A significant gap however remains in funded projects that enable the data coordination and exchange to occur across key parts of the health system such as between hospitals, primary care physicians, and Community Care Access Centres.

To truly leverage the government's significant investments to date in networking the health system and begin integrating information and care more effectively in Ontario, the key opportunities for the Councils to consider are in how the emerging infrastructure can be utilized to further develop an eHealth system. The infrastructure, once in place, will enable cross-sectoral applications, new data, and powerful information exchange

Based on discussions with stakeholders within and beyond hospitals and applying the criteria described earlier, the Hospital eHealth Council has identified the six **eHealth strategic priorities** outlined in Figure 6 for immediate action. These six priorities are a combination of infrastructure, policy, collaboration, and application initiatives that: offer great potential to positively impact on access, quality, and costs of care; leverage current investments by the Ontario government, hospitals, and others; are critical to future progress in eHealth; strategically align with government priorities giving them a greater chance for support; and, represent opportunities for the system to work collaboratively.

1. **Develop a Common Unique Patient Identifier in Ontario (Infrastructure and Policy)**
2. **Establish Privacy and Security Requirements for eHealth (Policy)**
3. **Design an Ontario Electronic Health Record (EHR) starting with Hospital-to-Primary Care Physician Information Exchange (Collaboration)**
4. **Initiate an ePharmacy Initiative for Ontario (Collaboration and Applications)**
5. **Build on and Expand Telehealth Success and Capabilities (Applications)**
6. **Evolve a Wait List Management Initiative for Key Health Services (Applications)**

Figure 6 Hospital eHealth Council Strategic Priorities for Coordinated eHealth Action

Figure 7 illustrates these 6 strategic priorities mapped onto the Smart Systems for Health network infrastructure. The summaries that follow begin detailing the alignment, rationale, and key benefit for each strategic priority. There is an important role for each of the eHealth Council's to play in contributing to each strategic priority. To illustrate, the Hospital eHealth Council has begun outlining what the hospital action agenda could be and will work with other sectors to coordinate these action agendas together.

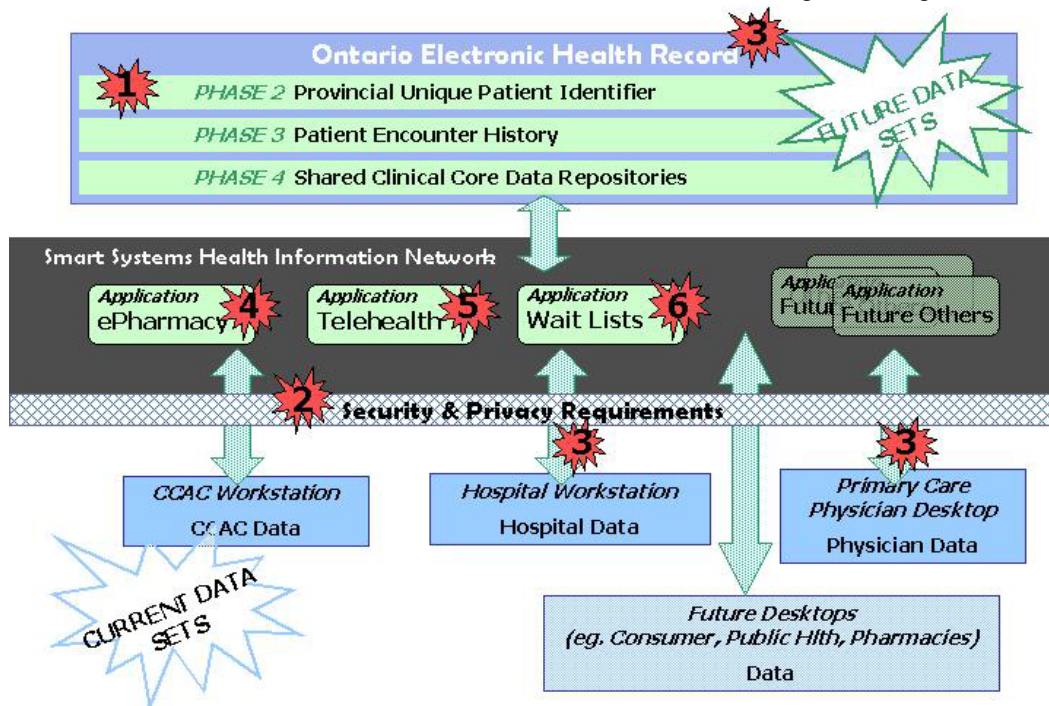


Figure 7 Proposed strategic priorities of an eHealth system mapped onto the SSH Network

As more input from other sectors of the system further develops this strategic agenda these priorities may evolve. Numerous discussions of how these priorities could be approached or governed have been proposed. The Hospital eHealth Council realizes the need for charging key working groups dedicated to these priorities to come together to further understand the current state, explore best practices across Canada and internationally, and understand the most opportune approach for Ontario to move these forward.

The following descriptions of each strategic priority are meant therefore to provide an overview of the opportunity that exists, why the identified priority requires coordinated action, what the benefits might be, and how hospitals, as an example, can play a role in moving into action in the short-term. Developing the approach, method of resourcing, collaborative model, and advocacy agenda required will be an important next step.

1. Strategic Priority → Develop a Common Unique Patient Identifier in Ontario

CURRENT STATE

Health consumers are identified in Ontario when a medical record number, usually linked in some way to the Ontario Health Number, is issued and maintained by a practitioner or organization. This number is from an organization's Master Patient Index (MPI) specific only to the issuing organization. Different provider organizations use different numbering systems. Consumers therefore have multiple Medical Record Numbers issued by each organization they receive care from. These numbers provide unique identification only within the issuing organization but do not correlate to one another. This does not enable records to be integrated or shared effectively or accurately across providers. An identifier that is unique only within a provider organization or a single enterprise is inadequate to support accurate information sharing across different providers and organizations. They must be cross-referenced in some way.

FUTURE OPPORTUNITY

Ontario's common unique patient identifier in Ontario uniquely identifies each individual who presents to the Ontario health care system and enables integration of their information across multiple organizations they interact with to manage their health and health care. It enables the linkage of a lifelong health record by applying a data standard for identification that all providers can utilize and rely on.

ALIGNMENT WITH CURRENT PROVINCIAL OR FEDERAL INITIATIVES

The **government** is currently developing a *Registration Services Project* which includes the Unique Patient Identifier (UPI) as a component but requires input, assistance, and support

RATIONALE FOR COORDINATED ACTION

- *Registration Services Project* of government is a high priority for MOHLTC but is not currently funded
- MOHLTC is looking to providers to support and participate in making the *Registration Services Project* happen and has asked for assistance and information
- Current Ontario Health Information Number (OHIN) is not adequate as a unique patient identifier. The OHIN system does not include a number for every individual that presents to the health care system (i.e. travelers and homeless do not have an OHIN) and includes a number of duplicate numbers.
- A UPI is the most critical standard and prerequisite for uniquely identifying and effectively managing consumer information across multiple organizations.
- Models we can learn from are emerging from projects which have been developing in other jurisdictions around the world to deal with the same challenge
- A UPI cannot be implemented without the collaboration and participation of all health providers. The project has a greater chance of success if providers are involved and participating in early planning.

KEY BENEFITS

Accurate identification of a consumer; identification, organization, and linkages of that consumer's information; protection of privacy and confidentiality; reduced cost through more effective consumer record management; and, enhanced health status of Ontario by enabling improved information sharing.³

ACTION AGENDA

For Hospitals

Purpose and Objectives –

1. To support the MOHLTC's Registration Services Project
2. To create the hospital system submission and recommendations for inclusion in a collaborative submission of all eHealth Councils to MOHLTC through the Ontario eHealth Council regarding the Registration Services Project.
3. To provide the hospital system with practical information to understand and prepare for implementation of a provincial UPI.
4. To build awareness, knowledge, and buy-in in the hospital system for acceptance, agreement, and participation in a UPI when launched.

Preliminary Action Plan – Continue to **advocate for funding and fast-tracking** of the Registration Services Project; identify the registration points and current patient indexing practices in hospitals; look to other jurisdictions to develop and conduct a **state of readiness assessment** of hospitals for implementing a provincial UPI; and, determine the **implications and hospital requirements** for preparing for and participating in a provincial UPI to inform both MOHTLC and the hospital sector.

For Physicians, CCACs, Other Providers, Smart Systems, MOHLTC, and Other Stakeholders
To be determined

2. Strategic Priority → Establish Privacy and Security Requirements for eHealth

CURRENT STATE

There are currently few assurances for patients, providers, government and others that increasing amounts of electronic patient information will be managed and shared confidentially and securely. Emerging privacy legislation however will offer a framework for providers to follow. It will need to be understood, and its impact assessed to be able to successfully implement its requirements and enable eHealth.

FUTURE OPPORTUNITY

Electronic health information systems that include properly designed and monitored security features provide greater protection of confidentiality for individually identifiable health information than paper-based records. Electronic health information can be securely shared between providers with confidence from consumers that appropriate security is in place and privacy is being protected.

ALIGNMENT WITH CURRENT PROVINCIAL OR FEDERAL INITIATIVES

The **Ministry of Consumer and Business Services (MCBS)** has recently issued draft legislation entitled "Privacy of Personal Information Act, 2002" which will have significant impact on the health system

RATIONALE FOR COORDINATED ACTION

- There will be no consumer confidence for eHealth initiatives without assurances of privacy, security, and confidentiality of their information

³ Unique Patient Identifier. HIPAANet. <http://www.hipaonet.com/upin1.htm>

- SSH is implementing a security infrastructure for its network in consultation with provider communities to understand, lead on, and take action on the privacy agenda
- SSH network will be used for the purpose of information sharing across the Ontario health system, however, the security infrastructure has yet to be finalized
- The privacy legislation, when passed, will have extensive impact on the operations and processes in health provider facilities and interactions with consumers and families

KEY BENEFIT

Assurance for consumers, providers, government, and other relevant stakeholders that identified or anonymous consumer information will be managed responsibly in the interests of consumer confidentiality.

ACTION AGENDA

For Hospitals

Purpose and Objectives –

1. To support the development of enabling Privacy Legislation and prepare the hospital system with practical information to prepare for implementation.
2. To build knowledge and understanding in the hospital system of the requirements and implications of implementing Privacy Legislation.
3. To enable SSH to expedite implementation of the security infrastructure by providing information, guidance and feedback from the hospital system.

Preliminary Action Plan – Continue to participate, through the OHA and its Privacy Working Group, in the development of enabling privacy legislation; work with Smart Systems for Health to determine security infrastructure options and implications for hospitals; develop an eHealth Privacy & Security Working Group to **identify the eHealth-related privacy and security issues**; conduct a **state of readiness assessment** and requirements of hospitals for implementing privacy legislation, and determine the **implications and hospital requirements** for implementation of the selected security infrastructure of Smart Systems for Health.

For Physicians, CCACs, Other Providers, Smart Systems, MOHLTC, and Other Stakeholders

To be determined

3. Strategic Priority → Design and Electronic Health Record (EHR) starting with Hospital-to-Primary Care Physician Information Exchange

CURRENT STATE

Patients flow across organizations to manage their health and health care but their information required for that care does not follow them. Many hospitals, some physician offices and community agencies already maintain their own databases with detailed patient records but these are not shared. Patients do not always receive the timeliest and highest quality care possible because of a lack of information about their histories.

FUTURE OPPORTUNITY

The electronic health record facilitates access to health data stored in multiple, dispersed locations to provide complete and accurate data for continuity of care. It provides reminders and alerts, linkages with knowledge sources for decision support, and data for outcomes research and improved management of health care delivery.

ALIGNMENT WITH CURRENT PROVINCIAL OR FEDERAL INITIATIVES

- The government's *Registration Services Project* is a precursor for a shared electronic health record

- **MOHLTC** priorities through the next 5 years include Primary Care Reform with goals to “Improve access to primary health care, improve quality and continuity of care, increase patient and provider satisfaction, and increase cost effectiveness of primary health services”
- **Primary Care Reform** and ePhysician project investments are enabling eligible physicians with technology through a \$150 million fund
- **Smart Systems for Health** is providing physicians, Community Care Access Centres, and other providers with connectivity and secure email on the SSH secure network
- The **First Ministers** across Canada reached an agreement on a vision of health making electronic health records a high priority for the Federal government demonstrated by a \$500 million federal budget investment into Canada Health Infoway Inc.
- **Canada Health Infoway Inc.** was mandated to “accelerate the development and adoption of modern systems of information technology, such as electronic records, in order to provide better health care.” The focus of their first phase is on the accelerated development of a Pan Canadian EHR. Lets not also forget to align to ACHI and their working group/tactical plan on EHR.

RATIONALE FOR COORDINATED ACTION

- Physicians require a core set of current clinical data on their patients including discharge summaries with laboratory results, medication history, and radiology results from a hospital visit but can wait up to weeks or months after a consumer’s hospital visit to receive it – long after the most critical period for follow up
- Some hospitals are already providing their local physicians with the technology or access to hospital data systems – working models are emerging and can be replicated more broadly across Ontario
- An appropriate model of shared electronic data, whether centralized, distributed or a combination of both, is critical to improving health care in Ontario. It will offer high value for physicians, providers, and consumers with potential to impact health outcomes. Models are emerging for us to learn from and replicate from jurisdictions all over the world in order to find the approach that works for Ontario.
- Recent research evidence from the Ottawa Hospital and the Institute for Clinical Evaluative Sciences (ICES) shows there is a decreased risk of readmission to hospital for patients who are seen by a follow-up physician who had received a discharge summary. The data further suggest that discharge summary dissemination could decrease the risk of hospital readmission.
- Ontario hospitals have made significant investments in internal systems and organization-wide electronic health records which can be leveraged out to local health partners in the community
- As recommended in the *Federal ACHI’s Blueprint and Tactical Plan*, “the initial electronic health record implementation should be coordinated and fostered in locations that have much of the required ICT infrastructure in place and can display the required level of leadership and commitment to make the implementation a success.”
- An Ontario EHR cannot be implemented without the collaboration and participation of all health providers across Ontario. The project has a greater chance of success if providers are involved and participating in early planning.

KEY BENEFIT

Improved follow up and care with timely, electronic hospital discharge summaries, pharmacy, and clinical results from hospitals to the physician’s office. According to Health Canada’s report, electronic health records “*support patient care and improve its quality; enhance productivity of health care professionals and reduce the administrative costs associated with health care delivery and financing; support clinical and health service research; accommodate future developments in health care technology, policy, management and finance; and ensure patient data confidentiality at all times*”⁴.

⁴ *Towards Electronic Health Records*. January 2001. Office of Health and the Information Highway. Health Canada.
http://www.hc-sc.gc.ca/ohih-bsi/ehr/ehr_dse/index_e.html

ACTION AGENDA

For Hospitals

Purpose and Objectives –

1. To educate the hospitals on the options and best practices for enabling physician access to hospital data.
2. To encourage and support hospitals in building strong relationships with the primary care physicians or networks to enable local models of physician-hospital information sharing to be developed.
3. To advocate to SSH for the necessary security infrastructure to enable information sharing between providers.

Preliminary Action Plan – Establish which hospitals are planning to or already electronically exchanging data with local physicians and identify different models and best practices; develop a Physician-Hospital Working Group to determine the **security requirements, physician needs, implications and hospital operating requirements** for hospital-physician data sharing to inform the hospital sector, OFHN and the ePP project, Smart Systems for Health, and MOHLTC; develop a strategic framework or guidelines for hospital reporting to physicians which allows flexibility for local solutions to emerge

For Physicians, CCACs, Other Providers, Smart Systems, MOHLTC, and Other Stakeholders

To be determined

4. Strategic Priority → Initiate an ePharmacy Initiative for Ontario

CURRENT STATE

Comprehensive drug information management is now the responsibility of the consumer rather than the provider. This leads to great challenges for providers in providing informed and effective care especially in emergency situations where consumers or their relatives are often asked to recall or “go back home for a bag of pills”. At the same time, providers spend a great deal of time making numerous phone calls to other providers to piece together a consumer’s drug profile before care can be provided.

FUTURE OPPORTUNITY

A shared ePharmacy network links physicians, pharmacies and health facilities to enable the electronic exchange of medication information giving a common view of each patient’s medication profile. It provides current best-practice information for drug therapies leading to more informed decision-making and a reduction in adverse drug reactions.

ALIGNMENT WITH CURRENT PROVINCIAL OR FEDERAL INITIATIVES

- **Federal, Provincial and Territorial First Ministers** agreed in September 2001 on the need to establish a National Prescription Drug Utilization Information System which can “provide critical analyses of price, utilization, and cost trends; so that Canada's health system has more comprehensive, accurate information on how prescription drugs are being used, and sources of cost increases. In addition, doctors and pharmacists would have better information from which to provide care to patients.”
- Provincial pharmacy information networks are a priority application and already emerging in Manitoba, New Brunswick, Newfoundland, PEI, and the Western Health Collaborative (BC, Alberta, Saskatchewan, Northwest Territories, Nunavut, and Yukon) but not yet Ontario.

RATIONALE FOR COORDINATED ACTION

- Available prescription drug information is a critical piece of personal health information for providing care

- Prescription drug information is a fundamental building block to the electronic health record
- A comprehensive provincial pharmacy information network is not yet a priority of government
- Medication error rates demonstrate the need for integration of drug safety tools and clinical practice guidelines into the prescription process which can only be cost-effectively done on a system-level rather than by individual provider organizations
- Increasing awareness and attention on safety issues is calling for solutions in this area with technology positioned as a key enabler to supporting process changes
- Consumers interact with multiple providers in the health care system
- Models we can learn from are emerging in other provinces for pharmacy information systems which may be able to be replicated in Ontario

KEY BENEFITS

Greater health and safety and reduced adverse drug reactions enabled by accurate and efficient information access, decision support tools, and informed decision-making at all points at which a consumer interacts with the health system (physicians office, hospital ER, pharmacy, etc.)

ACTION AGENDA

For Hospitals

Purpose and Objectives –

1. To advocate for government support of a provincial ePharmacy Information project.
2. To create a hospital system submission and recommendations for inclusion in a collaborative submission of all eHealth Councils to MOHLTC through the Ontario eHealth Council regarding a provincial ePharmacy Information initiative.
3. Build awareness, knowledge, and buy-in in the hospital system for acceptance, agreement, and participation in a pharmacy network when launched.

Preliminary Action Plan – Create an ePharmacy Leadership Group representing all stakeholders interests including the retail pharmacies to develop the collaborative model and begin discussions around an Ontario network; conduct a **state of readiness assessment** of hospitals and their physicians for implementing a provincial ePharmacy network; and, determine the **needs, implications and hospital requirements** for preparing for and participating in a provincial ePharmacy network to inform both MOHTLC and the hospital sector.

For Physicians, CCACs, Other Providers, Smart Systems, MOHLTC, and Other Stakeholders

To be determined

5. Strategic Priority → Build on and Expand Telehealth Success and Capabilities

CURRENT STATE

Telehealth networks have emerged across Ontario to provide network connectivity among providers but few applications have been developed to maximize the potential of these networks and the distance care they can enable.

FUTURE OPPORTUNITY

Shared telehealth applications empower providers with a broad range of tools to: collaborate on a patient's condition, manage their referrals and appointments, and provide consumers with more timely, accessible and convenient telecare including diagnosis and follow-up, distance monitoring, and treatment in either health care facilities or in their homes.

ALIGNMENT WITH CURRENT PROVINCIAL OR FEDERAL INITIATIVES

- Telehealth application networks are a priority application for the federal government as a solution to geographic barriers to care, and is one of four key priorities of Health Canada's Advisory Committee on Health Infostructure (ACHI) and a focus of the Office of Health and the Information Highway (OHIH).
- The federal government has a recent history of investments in establishing Telehealth capabilities in Canada, including the Canada Health Infostructure Partnerships (CHIPP) grant program which requested and funded proposals for telehealth and electronic health record projects across the country, the Health Infostructure Support Program (HISP), which provided funding to innovative health information technologies and applications projects developed by communities across Canada, and the Canadian Network for the Advancement of Research, Industry and Education (CANARIE) grant program. These programs have fostered a solid Telehealth foundation throughout the country, which provide significant opportunity for greater service enhancements.

RATIONALE FOR COORDINATED ACTION

- Access to specialized care for patients in remote regions has always been limited, and is now a growing problem for in urban areas as increasing patient volumes are served by a shrinking number of specialist providers.
- The delay of specialized treatment as a result of barriers to care is an important contributor to increased length of stay and unintended clinical outcomes.
- Telephone and fax referrals over established referral patterns are the primary means by which family physicians currently refer their patients to clinical specialists creating substantial opportunity for realizing benefits from ICTs.
- Telehealth is a widely accepted success story in the area of eHealth, with high levels of satisfaction amongst government, consumer and provider stakeholder groups.

KEY BENEFIT

Greater access to tertiary/quaternary services that enable early, and preventative, clinical intervention, and share patient clinical information between providers over large geographic distances in support of quality care.

ACTION AGENDA

For Hospitals

Purpose and Objectives –

1. Investigate the options in developing a further Telehealth capabilities provincially, including a referral and consult utility that would allow family physicians to electronically refer patients to and consult with clinical specialists, leveraging the SSH network to provide secure connectivity.
2. Advocate to government and Smart Systems for Health support the expansion of Telehealth capabilities in Ontario and implement the necessary infrastructure including UPI, Security and privacy standards that enable them.
3. Research and educate hospitals and physicians of Telehealth opportunities and benefits to foster greater buy-in provincially.
4. To provide the hospital system with practical information to understand and prepare for implementation of expanded Telehealth capabilities provincially.

Preliminary Action Plan – Continue to advocate for fast-tracking of the SSH network and Telehealth roll-out across the province; participate in the development of a provincial UPI and security and privacy standards to support Telehealth referrals and information sharing; advocate for additional funding federally and provincially to expand Telehealth capabilities and applications in

Ontario; and conduct an options analysis for expansion of Telehealth capabilities with a state of readiness assessment for the hospital sector.

*For Physicians, CCACs, Other Providers, Smart Systems, MOHLTC, and Other Stakeholders
To be determined*

6. Strategic Priority → Evolve a Wait List Management Initiative for Key Health Services

CURRENT STATE

Ontarians are concerned about waiting times for critical diagnostic and treatment services and want to see them reduced. A lack of useful and accurate data on wait lists limits providers and health care managers ability to manage waiting times and better coordinate health care services.

FUTURE OPPORTUNITY

Wait lists managed and accessible by providers and consumers ensure that those most in need receive timely care. Wait lists utilize measurement and analysis to inform providers, consumers, and health system decision-makers to manage access and availability of services based on facts and data.

ALIGNMENT WITH CURRENT PROVINCIAL OR FEDERAL INITIATIVES

- The Western Canada Wait List Project (WCWL), a federally funded collaboration of researchers, clinicians/practitioners, policy makers and administrators from all four western provinces was formed to address significant information gaps in the health care system with respect to waiting times and to influence the way waiting lists are structured, managed and perceived in Canada
- In Ontario, interest in developing wait list management initiatives is growing. The Joint Policy and Planning Committee has recently piloted three of the WCWL tools (MRI, Cataract Removal Surgery and General Surgery)
- Waitlist management initiatives to support, leverage and learn from are emerging in the province including the work of Cancer Care Ontario, the Ontario Joint Replacement Registry (OJRR), and Hamilton Health Sciences Centre

RATIONALE FOR COORDINATED ACTION

- Over recent years, there has been increasing public concern and media coverage on the length of time patients wait to access needed medical services. These "waiting periods" are often pointed out as a key indicator of the state of the health care system in Canada, and are a growing concern amongst politicians, system administrators, and the general public.
- In the recent Ontario Public Dialogue on Health Care, 22% of Ontarians who responded listed "Reducing waiting lists" as their most important priority and 38% made it their first or second choice.
- Providers and administrators cannot manage waiting times without consolidated, accessible and accurate information on what the wait list looks like.
- In 1998, a major study sponsored by Health Canada, *"Waiting Lists and Waiting Times for Health Care in Canada - More Management!!! More Money?"* concluded "there are no standardized sources of data currently available for compiling national information on waiting lists" and that "there is widespread interest in standardizing data and coordinating and integrating waiting lists."
- Consumers want information about their options in receiving health care services. Wait list management can provide consumers with information to make informed choices and to know what is an acceptable waiting time for services like diagnostic exams, surgeries or other treatments.

- Wait list initiatives like the work of Cancer Care Ontario require support and coordination from providers across the health system to be successful and offer critical learning opportunities to replicate best practice models for other key services in Ontario.

KEY BENEFIT

Reduced waiting time for receiving priority medical services through improved data, information, and communication capabilities for family physicians, specialists, and coordinating agencies in order to improve access to care.

ACTION AGENDA

For Hospitals

Purpose and Objectives –

1. Advocate to government to build upon the work already underway provincially and nationally, and support the continued development of a coordinated wait list management initiatives for priority services in the Ontario.
2. Conduct research to educate government, hospitals, agencies and physicians on best practices occurring nationally, and in other jurisdictions, in the area of wait list management and the role hospitals, and ICTs, in their development.
3. Advocate for further development of health care data standards that support the tracking and monitoring of wait times for priority services in the province.

Preliminary Action Plan – Develop an eHealth Waiting List Management working group to provide ICT leadership and coordination amongst waiting list projects and agencies already underway within the province; investigate best practice from other jurisdictions in the area of waiting lists management through information management technologies; participate in the development of a health information standards that support the tracking and monitoring of patients awaiting priority services.

For Physicians, CCACs, Other Providers, Smart Systems, MOHLTC, and Other Stakeholders
To be determined

What are the next steps?

This Blueprint and Strategic Agenda are being presented by the Hospital eHealth Council for consideration by the Ontario eHealth Council and other eHealth Councils. As the Councils agree on how to proceed with a common strategy, the ideas included here should be further developed to reflect their contributions.

The criteria for priority setting and strategic priorities proposed will have to be carefully considered and discussed to ensure feasible, coordinated and achievable action plans are developed by each stakeholder within the context of a common direction.

In the case of the hospital sector role, a next step is to bring working groups of interested participants from within and beyond the hospital community together to build and carry forward action plans around each strategic priority.

Each sector of the system, hospitals, physicians, CCACs and other stakeholders, will need to ensure that sufficient capacity and plans are established to move their piece of the strategic agenda forward. Each will need to allocate and apply resources and ensure they are contributing in the areas where they can add the

most value. The other Councils are encouraged to share this emerging strategy and consider ways to evolve an action agenda with their respective constituents for input, buy-in and support.

A critical role for the Ontario eHealth Council will be to act as a central point of coordination, communication, and evaluation on the collective progress of the respective Councils and their stakeholders in working on common strategic priorities and building an approach for each that ensures action and results.

As the action agendas for strategic priorities are further developed and groups of stakeholders are brought together to begin working on projects and research under a common strategy, the Councils will consider how to approach government and funding bodies for support.

One common strategy supported by a true spirit of collaboration across the health sectors is a stronger message to government that the system is ready and organized for change.

Appendix 1 Hospital eHealth Council

MISSION

The Hospital eHealth Council was established to:

Provide hospital industry leadership in eHealth and support the implementation of eHealth solutions which can improve health outcomes and the management and delivery of care across the entire health system.

Through the active participation of its hospitals, other providers, private sector, and government representatives, the Hospital eHealth Council serves as a sponsor and facilitator for research, advocacy and information sharing as well for results-based, strategic, health system-level projects.

The Hospital eHealth Council deploys the expertise, resources and knowledge of hospitals, other organizations and individuals to identify and facilitate project action towards significant, measurable results. It seeks to disseminate the results of its foundation and project activities to achieve replication and further application of learnings and best practices as they emerge.

The Hospital eHealth Council will actively create communities of interest, learning, and practice to support decision-making in provider organizations and in government towards an eHealth system.

HOSPITAL EHEALTH COUNCIL GUIDING PRINCIPLES

The Hospital eHealth Council's guiding principles for action are:

- **Strategic Direction and Alignment** – Participate in a coordinated approach for vision and priority-setting and take action on an agreed upon strategic plan that is aligned with relevant provincial and national initiatives
- **Value** – Take action where value propositions to stakeholders can be clearly defined
- **Flexibility and Variety** – Select a small mix of flexible and responsive strategic projects to ensure a range of identified high-priority needs and opportunities are supported
- **Facilitation** – Act as a catalyst to create and support opportunities
- **Stakeholder Support** – Provide or develop a critical mass of support and participation from necessary stakeholders to foster action towards achievable project outcomes
- **Partnership** – Drive partnerships and increase dialogue among hospitals, physicians, other providers, government, private sector, and consumers where appropriate
- **Sustainability** – Support activities and projects which enable sustainable, positive change
- **Accountability and Transparency** – Demonstrate accountability to all stakeholders by operating within a transparent and performance-driven framework, highlighting the value proposition of the Council's actions and strategic projects to each stakeholder group

HOSPITAL EHEALTH COUNCIL GOALS

The strategic goals of the Hospital eHealth Council are:

1. To participate in the development of a **common vision** for eHealth in Ontario in collaboration with hospitals, physicians, other eHealth Councils, Smart Systems for Health, and the Ministry of Health and Long Term Care and other key stakeholders

2. To identify and implement a **well-defined short and long-term strategic projects** based on the common eHealth vision where hospitals can provide leadership and offer value to stakeholders
3. To ensure the necessary **technology infrastructure and standards** required for system-wide eHealth initiatives are established
4. To advocate for and secure necessary **one-time and ongoing investments** on behalf of the hospital and broader health sector where appropriate to enable eHealth
5. To empower hospitals with **information** and build **relationships** among eHealth champions to enhance **eHealth leadership** and coordinated action in Ontario hospitals.

HOSPITAL EHEALTH COUNCIL STRATEGIES

The strategies the Hospital eHealth Council will use to reach its goals include:

- VISIONING & STRATEGIC DIRECTION – Establish, promote, and build consensus around a **common vision and action plan** for eHealth across all sectors
- INFORMATION GATHERING & ANALYSIS – Dialogue with hospitals and other stakeholders in order to **gather intelligence**, demonstrate the success of hospital ICT investments to date, **assess ongoing needs** and opportunities for hospitals to successfully participate in an eHealth system, and enable **evidence-based planning** and decision-making
- STAKEHOLDER ENGAGEMENT – **Dialogue with and educate** the hospital and broader health care sector on eHealth opportunities, challenges, and progress and **work collaboratively with industry champions** and through strategic alliances to accelerate the implementation of eHealth in Ontario
- ADVOCACY – **Advise government**, Smart Systems for Health Agency, other eHealth Councils, and other providers on hospital eHealth needs, priorities and opportunities and **identify and secure federal, provincial, or other funding** to assist hospitals and the broader health system in **developing the operational means** to effectively test and implement eHealth initiatives
- STRATEGIC PRIORITY IDENTIFICATION & ACTION – **Identify key hospital and health system eHealth priorities** in collaboration with other providers and stakeholders and take action seeking government support for system initiatives
- INVESTMENT & PARTNERSHIP – to consider all options for investment, contribution and participation from public and private sectors towards mutually beneficial partnerships
- MARKETING & COMMUNICATIONS – establish the Council as a **credible resource for up-to-date information** on eHealth progress and initiatives in Ontario and share information, research, and project results as they evolve
- OPERATIONS – **Develop a feasible work plan** that supports the mandate and strategic agenda of the Council and identifies sub-committees that will focus on strategic projects as they evolve

Appendix 2 Ontario eHealth Council

The **Ontario eHealth Council** was launched by the Ministry of Health and Long Term Care in March 2002 and plays a coordinating role between the existing eHealth Councils in Ontario. It provides advice to the Smart Systems for Health Agency and the Ministry of Health and Long Care on strategic priorities acting as a vehicle for coordinated leadership and health system direction on eHealth in Ontario. Its members include representatives from the other established eHealth Councils including the Physician eHealth Council, the Community Care Access eHealth Council and the Hospital eHealth Council.

Appendix 3 Contributors

Hospital eHealth Council Members

- Tom Closson, Chair, Hospital eHealth Council and Chief Executive Officer, University Health Network
- Sam Marafioti, Vice Chair, Hospital eHealth Council and Vice President, eHealth and Chief Technology Officer, Sunnybrook and Women's College Health Sciences Centre
- Diane Beattie, Vice President and Chief Information officer, London Health Sciences Centre and St. Joseph's Hospital – London
- Ian Brunskill, Senior Vice President, Planning and Administration, Cancer Care Ontario
- Scott Campbell, D. Scott Campbell & Associates
- Mike Connolly, Chief Executive Lead, Smart Systems for Health
- Vas Georgiou, St. Joseph's Health Centre
- Peter Humphries, Chief Information Officer, Royal Ottawa Health Care Group
- Teddene Long, OHA Board Member and Trustee, York Central Hospital
- Bill MacDonald, Vice President, Finance and Information Systems
- Dr. Jim MacLean, President and Chief Executive Officer, Markham Stouffville Hospital
- Gale Murray, President and CEO, The Change Foundation
- Scott Murray, Director, Information Systems, Canadian Institute for Health Information Randy Penny, Chief Executive Officer, Renfrew Victoria Hospital and St. Francis Memorial
- Burt Napier, President, Napier & Associates Consulting Inc.
- Dr. Brian Schwartz, Director, Division of Prehospital Care, Sunnybrook and Women's College Health Sciences Centre
- Lorelle Taylor, Chief Information Officer, Human Services I & IT Cluster, Ontario Ministry of Health and Long Term Care
- Gail Ure, Executive Director, Health Care Programs, Ontario Ministry of Health and Long Term Care

Ontario Hospital Association eHealth Team

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- Sarah Vanderputten, OHA

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- Mariana Catz, Chief Advisor eHealth, Health Canada and Chief Information Officer, Baycrest Centre
- Dr. Tim Cheung, Chief Information Officer and Assistant Professor (Division of Cardiac Surgery), University of Ottawa Heart Institute
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- Ron Gagnon, Vice President Finance, Sault Area Hospitals
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- Ken McGeorge, CEO, Red Lake Margaret Cochenour Memorial Hospital
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