

Central LHIN

Toronto Central LHIN

Joint eHealth Strategy

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Ontario

Local Health Integration
Network

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Introduction

Health care is changing. The technological advances of the late-20th and early-21st centuries have created the capacity to dramatically transform and improve how health care services are managed and delivered. Just as important, they have created a widespread societal expectation that this transformation will occur, and that these improvements will be made.

Ontario, like other jurisdictions in Canada and around the world, is moving to meet that expectation. The Ministry of Health and Long-Term Care has already undertaken a significant transformation to improve the ways in which the health needs of Ontarians are being met. The creation of 14 Local Health Integration Networks (LHINs) to steer and fund the delivery of health care in communities is central to the changes underway in Ontario. LHINs lead the implementation of health care programs, including key eHealth initiatives, in a way that responds to local health care system needs and involves local health care providers and community members.

eHealth can be defined as information technology that makes integrated health information available electronically to both patients/clients and providers, across the continuum of health care, in a manner that protects patient/client privacy and security. In other words, this means that the same kind of technology that makes it possible for airlines to manage the enormous amounts of information required to book people's flights, move them on and off airplanes and across the globe safely and efficiently can now have the same effect on health care. This translates into faster and better referrals to help people get the care they need; access to more complete, current and reliable information about patients/clients; comprehensive clinical guidelines and standards; and finally, increased capacity for providers to assess their performance relative to their peers so that they can understand gaps and discover opportunities to improve.

In the fall of 2007, the Boards of the Central and Toronto Central LHINs approved the creation of a joint eHealth Strategy. The venture makes good sense both because of the geographic proximity and strong referral relationships between the two LHINs, and also the similar needs and priorities that have been identified for their populations.

The joint strategy reflects a three to five year plan, and will need to be aligned with each LHIN's Integrated Health Service Plan (IHSP) when those plans are refreshed. It borrows extensively from individual eHealth strategies developed in the past year by each of the LHINs.

This joint strategy has also been developed within the broader framework of the Ministry of Health and Long-Term Care's Provincial eHealth Strategy. That plan was released by eHealth Ontario in early February for consultation and was approved and made public in March 2009.



Health Care In Ontario – The Road Ahead

The widespread and intense focus on eHealth is a direct result of the understanding, in this province and elsewhere, of its potential to improve health services by transforming the way health care systems manage information.

Ontario's health care system is, in effect, a huge repository of information – about patients/clients, their ailments past and present, their prescription drug history, what providers they have seen and results of tests they have taken. There is information about health care providers, about hospitals, about wait lists.

Everything that happens in health care results in information, and all of that information ends up being stored. In health care, storing information has always been the easy part. Using it effectively, sharing it and linking it with other sources of information have been more difficult. Information that is accessible to a health care provider in one part of the province may not only be out of reach for a provider somewhere else, he or she may not even know it exists.

eHealth has the very real potential to make all of the information that is collected in health care identifiable, recoverable, and useful to anyone who needs it, wherever they are, whenever they need it. Physicians, nurses, pharmacists and other clinicians and health care providers, whether they be in hospitals or community-based primary care settings, stand to benefit enormously from the easy and efficient information flow enabled by eHealth, and where providers benefit, patients/clients obviously do as well.


The Ministry of Health and Long-Term Care and Ontario's Local Health Integration Networks have set priorities and drafted plans for improving the health services that are delivered to the people of Ontario. As is the case with the provincial strategy, this joint eHealth Strategy was created to support these plans. Following is a brief outline of the provincial and LHIN health care plans, all of which depend on eHealth for their success, and serve as the drivers for the Central LHIN and Toronto Central LHIN Joint eHealth Strategy outlined here.

Provincial Health Plan

The Ministry of Health and Long-Term Care has two key pillars: reducing wait times in emergency departments and improving access to family health care.

Long ER wait times are a symptom of the health system as a whole not working as well as it could. While improving the processes within the emergency department and hospital are important and necessary, the ultimate solutions lie in improving and expanding the alternatives to ER services within the community and in preventing the need for ER visits and hospital admissions. To that end, the province is focusing its efforts in several areas. These are:

- ER Strategy. Ontario has a multi-pronged effort to reduce ER wait times and increase patient/client access to alternative care options in the community setting including:
 - 1) strategies to decrease demand on ER by enhancing access to primary care and other community based care and prevention,
 - 2) improving ER processes and patient/client flow through initiatives such as the ER Pay for Results, an incentive program



facilitated by the LHINs that provides hospitals with targeted funding if they meet ER performance targets and 3) increasing patient/client access to appropriate care measured by Alternate Levels of Care (ALC). This term is used for patients/clients who, for example, no longer require acute services but are waiting in acute care beds while they wait to go home or to another care setting. ALC initiatives are designed to move these patients/clients to more appropriate care settings more quickly in order to improve patient/client outcomes, increase the availability of acute care beds and reduce ER wait times.

The Aging at Home strategy, which began in 2008/09, supports initiatives that allow seniors to live independently at home or in the community and prevent admission to acute or institutional care. Increasingly, Aging at Home investments are being used for programs that transition seniors from hospitals to more appropriate levels of care and provide intensive community supports and services for the frail elderly who may be at risk for presenting in the ER in the future.

- Chronic Disease Prevention and Management, beginning with Diabetes. The comprehensive diabetes strategy is aimed at reducing diabetes related complications and primary and secondary diabetes prevention. eHealth Ontario is working with the LHINs to implement the Ontario Diabetes Registry over the next few years. This registry will identify people with diabetes so that clinicians can better manage people living with diabetes and assist them with self-care.
- Family Health Care. This strategy is designed to increase access to primary health care and multi-disciplinary comprehensive care models such as Family Health Teams and nurse practitioner-led clinics.
- Mental Health and Addictions. The Ministry of Health and Long-Term Care has begun the development of a 10-year Mental Health and Addictions Strategy.
- eHealth is a key component of these priorities. eHealth Ontario is the provincial agency responsible for leading the development and implementation of eHealth initiatives across the province working in partnership with the LHINs and other organizations.

These provincial priorities will be met more easily as eHealth programs and initiatives are implemented across the province.

LHIN Integrated Health Service Plans

The Central LHIN and Toronto Central LHIN Integrated Health Service Plans contained a number of common priorities, including chronic disease management and a focus on wait times, all of which are supported and enabled by health information and eHealth tools. These plans were critical in informing this joint strategy.



The Joint eHealth Strategy of the Central LHIN and Toronto Central LHIN

The eHealth Strategy presented here is a joint undertaking in every sense of the word. All programs and initiatives will be undertaken collaboratively, though it is understood that it may not always be feasible to proceed with implementation in both LHINs at the same time and at the same speed.

The long-term objective of this strategy is to achieve convergence of infrastructure and approaches across both LHINs. While this almost certainly cannot be achieved right away, wherever and whenever systems and processes can be aligned, the benefits reaped in terms of efficiency and quality of service delivered will be considerable.

Goal

The joint eHealth Strategy of the Central LHIN and Toronto Central LHIN is guided by the following goal statement:

Working in support of the Provincial eHealth Strategy, the joint eHealth Strategy will enable the Central LHIN and Toronto Central LHIN to improve health information management, resulting in better and more efficient care for patients/clients.

Strategic Priorities

This strategy is focused on four strategic priorities, which encompass a range of potential projects. They are:

- ***Improving the care process*** – initiatives such as chronic disease management and resource matching and referral;
- ***Improving the exchange of information across the health system*** – through initiatives like ConnectingGTA (formerly Health Integration Access Layer and Provider Portal);
- ***Supporting patient/client participation in their own health care*** – using technology such as the patient portal;
- ***Supporting provincial eHealth initiatives*** – like the Diabetes Registry, Ontario Lab Information System (OLIS), Drug Information System (DIS), and the Wait Time Information System (WTIS).

Improving the Care Process

eHealth has extraordinary potential to change and improve the ways in which patients/clients and the ailments from which they suffer are managed by the health care system. In addition, eHealth opens up a range of new ways in which diseases can be prevented and patients/clients can reduce their risk of illness and co-manage their health care together with their team of health care professionals.



Chronic Disease Management

The management of chronic diseases has been identified in many jurisdictions as a critical focus for improvement, and a lynchpin for any effective health care transformation. The government of Ontario sees better chronic disease management as a testing ground for its emerging eHealth systems.

Diabetes management, already a significant area of concern in Greater Toronto Area, has been identified as a top priority for the provincial eHealth Strategy. Diabetes is associated with 32 per cent of all heart attacks, 30 per cent of strokes and 70 per cent of amputations. The number of people suffering from the disease has grown 69 per cent in the past 10 years. There are currently some 900,000 people with diabetes in the province and that number is expected to reach 1.2 million by 2010. In the Central LHIN and Toronto Central LHIN the prevalence of people living with diabetes is 9.1 per cent and 9.8 per cent, respectively, which is above the provincial prevalence of 8.4 per cent¹. Diabetes is twice as high in low income versus high income neighbourhoods.

The Toronto Central LHIN has been selected to pilot the Ontario Diabetes Registry, which over the next four years will become a critical tool in identifying people living with diabetes. The Diabetes Registry will provide physicians, nurses and other health care providers with up-to-date, critical health care information they need to manage people living with diabetes. Providers will be able to find out what drugs their patient/client has been prescribed, what allergies might exist, whether they have had appropriate tests and the results of those tests.

The Registry will also provide individuals with a range of tools and information to help them manage their own care. Ontarians living with diabetes will have access to a secure website that contains their personal health records, in addition to valuable information about their condition, steps they can take to improve their own health, and helpful community resources and programs. They will also find tools to help them better manage their disease, and they will be able to track their own progress in doing so.

The pilot project is currently in the planning stage. The Toronto Central LHIN has made recommendations to the Ministry of Health and Long-Term Care about the resources and infrastructure that will be required to measure, track and communicate clinical data using the new Registry. The project will expand to the Central and other LHINs in the months to come.

Resource Matching and Referral

The Toronto Central LHIN Resource Matching and Referral (RM&R) Program in many ways represents the next generation of the health care referral process. Efficient and timely referrals between organizations are essential to ensuring patients/clients flow through the health care system and access the most appropriate level and location of care. Without an efficient referral process, navigation of the health care system can be extremely frustrating and difficult for patients/clients and providers alike. It can also result in longer wait times and barriers to accessing appropriate care.

¹ Institute for Clinical Evaluative Sciences. Age-adjusted prevalence rate of diabetes mellitus (DM) per 100 Ontarians aged 20 years and older, by sex, 2004/05 by LHIN and for Ontario. Derived from ICES inTool [online database]. Accessed on June 24, 2009 at <http://intool.ices.on.ca/>.



Traditionally, patient/client referrals between organizations have been done through the mail, by phone call and by fax. RM&R moves the referral process online, allowing health professionals to match patients/clients to the program and service that best meets their specific health care needs. Receiving organizations can also provide a response to the referral through the electronic application. As a result, communication between the sending and receiving facilities is timely and enhanced. Clinicians can make decisions faster with all the information they need at their fingertips.

With RM&R, referrals are based on real-time transparent data rather than on existing relationships between providers and the best guesses of clinicians about the capacity at and admissions criteria of receiving provider organizations. RM&R provides unprecedented data about which patients/clients are waiting to be referred, where they are waiting and why. This will allow LHINs and providers to address service gaps and barriers as well as inconsistent referral and admissions policies across the system.

The RM&R project is currently being implemented in 8 acute care hospitals, 8 Rehab/Complex Continuing Care Hospitals (one of which is in the Central LHIN), the Toronto Central CCAC and 38 Long Term Care Homes throughout Toronto Central LHIN. In the longer term, the project will be implemented in a phased approach to the Mental Health and Addictions, Community Support Services and the Community Services sectors. The Central LHIN is currently exploring RM&R as a solution for implementation in that LHIN.

Improving the Exchange of Information across the Health System

Improving the exchange of information is the very essence of the eHealth agenda. The more efficiently that relevant and appropriate patient/client information can be exchanged between multiple providers and organizations, the better the care that is delivered, and the more sustainable the system becomes.

ConnectingGTA (Health Integration Access Layer and Provider Portal)

ConnectingGTA involves a Health Integration Access Layer (HIAL), which is an information technology that links different systems, applications and data repositories such as patient/client or disease registries, lab results and drug information. In effect, the HIAL system retrieves information from almost anywhere in the health care system. The Provider Portal is a tool that allows health care providers to view the information gathered by HIAL. Together, HIAL and the Provider Portal constitute a single point of access for an extraordinary amount of critical health care information.

The Central LHIN and Toronto Central LHIN are working with the other GTA LHINs (Central East LHIN, Central West LHIN, Mississauga-Halton LHIN) in identifying the business, technical, privacy and governance requirements associated with the ConnectingGTA initiative. A three-year implementation period is set to begin in 2009/2010.





Supporting Patient/Client Participation in their Health Care

Patient Portal

The Patient Portal will allow patients/clients to access their personal health information whenever they need it. People living with diabetes will be able to access various monitoring and support tools using the Diabetes Registry. All Ontario patients/clients will have access to reliable health promotion, disease and treatment information, and get help locating appropriate resources and support in their community. They will also be able to communicate with health care providers through designated online channels.

Organizations in the Central LHIN are currently investigating a collaboration with Sunnybrook Health Sciences Centre to determine the feasibility of expanding the use of that facility's MyChart™ Patient Portal.

Supporting Provincial eHealth Initiatives

The province has been moving forward on various eHealth initiatives for several years. These initiatives have been folded into the provincial eHealth plan, and they will also be supported in the plans put forward by the province's LHINs.

Ontario Laboratories Information System (OLIS)

The Ontario Laboratories Information System (OLIS) is a system that will electronically connect medical labs and link them with the practitioners who ordered the tests and require the results. In this way, important test results and other laboratory information will be immediately available to authorized health care providers, and they will be able to diagnose and begin treating their patients/clients much more quickly.

OLIS is being gradually implemented across the province, with a small group of Hospitals and community laboratories – called Foundation Adopters – beginning to feed information into the system. In the Toronto Central LHIN, the University Health Network (UHN) is one such Foundation Adopter.

Drug Profile Viewer

The Drug Profile Viewer (DPV) gives health care providers access to the drug claim histories of 2.3 million Ontario Drug Benefit (ODB) recipients. This improves the quality and efficiency of care by eliminating the need for patients/clients to give their drug information to different providers, reducing the time needed for diagnosis and lowering the risk of adverse drug reactions. DPV has been live in hospital emergency departments since 2007.

The DPV is being expanded beyond emergency departments at 237 hospital sites across the province. To date, 11 hospital sites in the Central LHIN and 26 hospital sites in the Toronto Central LHIN are live with DPV.

Wait Time Information System

The Wait Time Information System (WTIS) is a key part of the provincial Wait Time Strategy. The WTIS has been implemented in 82 hospitals that receive funding to reduce wait times. It is used to collect and analyze accurate, standardized wait time data that is used by



clinicians to manage wait lists and reported to the public on a website. Work is underway to enhance this system to track wait times for all surgical procedures in Ontario. By spring 2011, the WTIS will be expanded to capture ALC patients/clients waiting in acute care beds, rehab, complex continuing care beds, and mental health beds across the province. All acute care organizations in the Central and Toronto Central LHINs have participated in and continue to use the WTIS.

Emergency Department Reporting System

In addition, as part of the government's ER Strategy, the Emergency Department Reporting System (EDRS) was developed to collect information about how long patients/clients were spending in Emergency Rooms across Ontario. The EDRS has been implemented in 128 hospital sites capturing information on approximately 90 per cent of ER visits throughout the province (based on interim 2008/2009 data from the National Ambulatory Care Reporting System, NACRS). ER wait time performance is now publicly reported on the province's wait time web site. The website provides valuable information on ER performance within each hospital and by LHIN against provincial targets developed by the Ministry of Health and Long-Term Care with the advice of clinical experts, providers and the LHINs.

Privacy and Confidentiality

Implementation of the Central LHIN and Toronto Central LHIN joint eHealth Strategy will adhere to the Personal Health Information and Privacy Act (PHIPA). PHIPA has ten underlying principles:

• Accountability	• Identifying purposes
• Consent	• Limiting Collection
• Limiting use, Disclosure and Retention	• Accuracy
• Safeguards	• Openness
• Access	• Challenging Compliance

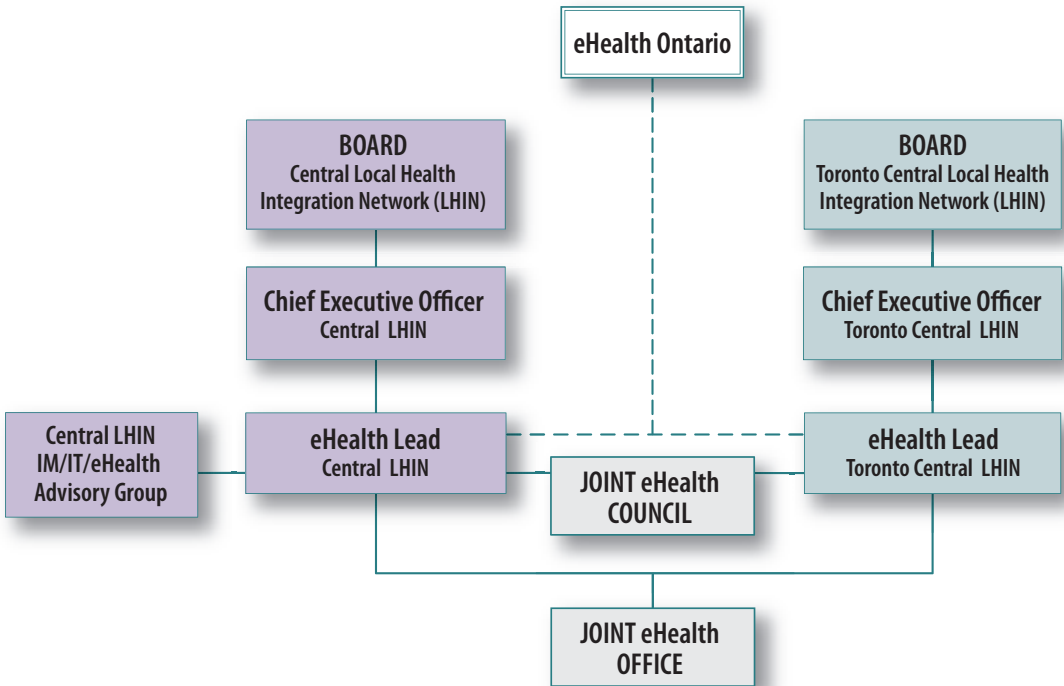
Most eHealth initiatives will need to undergo Privacy Impact Assessments and/or Threat Risk Assessments. As required, the joint eHealth Council will establish a privacy and confidentiality working group to advise on and oversee these issues.

eHealth Governance

The Central LHIN and Toronto Central LHIN have established a joint eHealth Council that is co-chaired by the eHealth Leads of the two LHINs and whose members are drawn from clinical and senior management leadership across the two LHINs.

The Council is charged with conducting joint eHealth planning and making recommendations to the Boards of the two LHINs. It will develop a common set of eHealth priorities and an annual work plan, and will conduct joint procurement of eHealth products and services where appropriate. It created and will revise/update this eHealth Strategy when necessary.

Central LHIN and Toronto Central LHIN eHealth Governance



Conclusion

The journey towards a fully electronic health care system in Ontario is a long way from being complete. However, progress has been and continues to be made. LHINs also have made eHealth a top priority, supporting the provincial strategy with initiatives of their own. This joint eHealth Strategy put forward by the Central LHIN and Toronto Central LHIN is an important step forward, as Ontario moves towards a completely electronic health care system that will be more efficient and sustainable, and will above all else result in better care for patients/clients.

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