



Information Technology Considerations

The Context

This report proposes that one of the Central LHIN Strategic Priorities should be the creation of integration infrastructure. eHealth, which is the use of information and information technology to improve health and health care, is a key element of that infrastructure. It has a critical role in meeting the performance objectives of the Central LHIN.

The Ministry of Health and Long-Term Care approved an eHealth Strategy in the spring of 2008. The focus of provincial eHealth investments for the next three years is expected to include the following eHealth solutions:

- Diabetes Registry;
- ePrescribing/Drugs;
- Panorama Public Health System;
- Ontario Lab Information System (OLIS);
- Telemedicine;
- Diagnostic Imaging (DI/PACS);
- Homeless Registry;
- eHealth Portal; and
- Electronic Medical Records (EMR) for physicians.

The Central LHIN has not been selected as one of two “Early Adopters” regions where the MOHLTC will pilot some of these initiatives. However it has been selected to participate in the “Special Projects” category, in particular the development of the Health Information Access Layer (HIAL). Funding will be provided to support all LHINs with an eHealth Coordinator and PMO Office and all LHINs/Communities will participate in the provincial projects: DI/PACS, OLIS, Drug Profile Viewer, Telemedicine, EMR/Computers for Physicians.

The Strategy

The Central LHIN has joined with the Toronto Central LHIN to form a Joint eHealth Council and a Joint eHealth Strategy. The two LHINs share many consumers and providers of health care and many Central LHIN providers refer their patients to Toronto Central LHIN providers for specialty services. The decision to form an eHealth partnership with the Toronto Central LHIN reflects and supports the choice of some CLHIN residents and their providers to seek care across LHIN boundaries.

The Joint eHealth Strategy is focused on the following four strategic priorities which encompass a range of potential projects:

1. Improve the Care Process – through initiatives such as chronic disease management (beginning with diabetes), resource and referral management.
2. Support Patient Participation in Their Health Care – through initiatives such as Patient Portals.
3. Improve the Ability to Exchange Information Across The Health System – including initiatives such as the GTA-wide Health Information Access Layer (HIAL).

4. Support Implementation of Provincial eHealth Initiatives – which includes necessary infrastructure such as registries, Ontario Lab Information System (OLIS), Drug Information System (DIS), Wait Time Information System (WTIS), completing implementation of Diagnostic Imaging /PACS, Panorama Public Health System, and Telemedicine.

All of these eHealth priorities are consistent with the strategic priorities which have emerged from the Service Needs and Gap Assessment Project. However, the last two, the HIAL and the provincial projects (including a patient portal), will be driven by the Ministry of Health and Long-Term Care. The LHIN and its providers will have roles in implementing these two types of initiatives, but they will not lead them.

The focus of the LHIN should be on the first two eHealth priorities: Improving the Care Process and Supporting Patient Participation in Their Care. Some efforts are already underway in this regard. The Community Support Service agencies are on track to procure a common client information system. The hospitals and many community agencies have established connectivity to the secure private network established by the Smart Systems for Health Agency (now eHealth Ontario). Some are also implementing Secure Email to facilitate the secure communication of personal health information between providers.

These efforts highlight two important policies that the LHIN should establish in the form of explicit objectives incorporated into the Accountability Agreements. The first objective is to reduce the unnecessary duplication of information systems and move to more common systems for common functions. For example, there are several hospital patient information systems in the LHIN, and this increases the cost of maintenance and connectivity to other parts of the health system. Health service providers should not be supported in developing new information systems which are not common with other similar providers and should be expected to move to common systems when the time comes to replace their current systems. Any new system must also be capable of integration with the other systems along the continuum of care.

The second policy or objective which the LHIN could establish is that each Regional Program (recommended elsewhere in this report) must include an eHealth plan to use information and information technology to improve client service / patient care. The LHIN will establish a minimum percentage target for funding eHealth and monitor its implementation, but the focus here is on the improvement to care, either by providing better information more effectively to providers and patients or by doing so more efficiently.

The Initial Focus

In addition to the other eHealth initiatives described above, two immediate opportunities present themselves which offer early and long term benefits. The first is the implementation of a resource management and referral system to improve the transactions between levels of care. The second is connecting physicians who have EMRs to the other major information systems, beginning with hospitals.

According to an April 2008 Ontario Hospital Association (OHA) survey, 23% of all Central LHIN alternate level of care (ALC) patients were waiting for rehabilitation. However, it was reported to the consultants that rehabilitation hospitals regularly have vacancies because acute care discharge planners are not aware of the programs or vacancy status of the rehab provider. This

is one of many examples where the absence of accurate, reliable and timely information is impeding the care process and causing additional costs to the system.

The Toronto Central LHIN has been on a path to implement a Resource Matching and Referral solution, and the two LHINs have agreed to the principle of achieving convergence of infrastructure and approaches to increase coordination and efficiency. We therefore recommend that the Central LHIN leverage the Toronto Central LHIN Resource Matching and Referral solution, project management resources, and sector-specific implementation knowledge and move forward as quickly as possible on this initiative. Given the positive impact that such a system would have on hospital operations, some project contribution from the hospitals would be appropriate.

The MOHLTC through OntarioMD has been providing funds and support to convert physician office practices to electronic medical records and electronic communications. The Ministry recently reported that 2,700 physicians (out of more than 20,000) have participated but that the program is fully subscribed. Given that this program is still a stated Ministry priority, funding can be expected along with these other promised provincial eHealth initiatives:

- enhanced products with chronic disease management functionality;
- a multi-year plan for improving usability and achieving interoperability;
- an eHealth Portal providing physicians with access to an integrated view of patient health information (including lab results, medications); and
- eHealth tools (diabetes registry, ePrescribing).

Provincial support to physicians has been dependent on their participation in a primary care model such as a Family Health Team (FHT). However, the Central LHIN has among the smallest percentage of family physicians participating in FHTs.

Physician engagement is critical to achieving the health care improvements described in this and other LHIN reports and the success of eHealth initiatives in particular. Although LHINs have not been given a mandate to fund and integrate physician services, the success of their other efforts is dependent on engaging physicians as active partners.

There are physician leaders in the LHIN who are playing active roles in a number of eHealth initiatives and there are physicians with EMRs who want to connect to hospital systems to provide more integrated care. These physicians are the requisite champions for eHealth among their colleagues and their work should be supported.

The cost of integrating the most widely used EMRs with the hospital systems while not inconsequential is relatively modest compared to implementing major eHealth systems. In addition to improving the care of the patients involved, such integration provides a foundation upon which to build an eHealth physician engagement strategy for the LHIN. Physicians need to see the benefit of eHealth before investing their time and effort and the LHIN can play a role along with its large providers in demonstrating those benefits and engaging physicians as active partners in achieving all of the eHealth objectives.