Enabling Patients First
eHealth in Ontario

eHealthAchieve 2015

Lorelle Taylor, Assistant Deputy Minister, Health System Information Management Division
Chief Information Officer, Health Services I&IT Cluster, MOHLTC

Greg Hein, Director, eHealth Strategy and Investment Branch, MOHLTC
Agenda

• Introduction
• Overview of eHealth 2.0
  • Governance
  • Strategy Consultations
  • Hospital Information System Renewal
• Strengthening Health Information Privacy
• Information Management in the eHealth World
• Panorama: Transforming Public Health
What is the Electronic Health Record?

- The Electronic Health Record (EHR) is a longitudinal record of clinically relevant information, created from multiple data sources across the care continuum and securely shared and accessed by authorized users to support health care delivery.

Connected Backbones

Systems that share meaningful health information to support the provision of quality care

Foundational Systems

- Lab results
- Diagnostic images
- Identification and privacy management
  - Allows patients and providers to be accurately identified, while supporting privacy protection
- Drug information
- Immunizations

Point-of-Care Systems

- Electronic Medical Records
  - Solutions used by a primary care provider or a community-based specialist
- Hospital Information Systems
  - Solutions used to manage clinical and business operations in an acute care facility
- Community Systems
  - Solutions used to store information on clients treated in community care centres

Note: Assets highlighted are delivered through eHO
The components of eHealth 2.0

**eHealth 2.0 is a significant undertaking with multiple components, including:**

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>eHealth Strategy 2.0</td>
<td>Ensuring that ehealth advances health system transformation in a sustainable, measurable way, while maximizing the value of existing assets</td>
</tr>
<tr>
<td>eHealth Governance 2.0</td>
<td>Creating the conditions to develop and advance ehealth strategy through ministry leadership and collaboration with key partners</td>
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<tr>
<td>eHealth Privacy and Information Management 2.0</td>
<td>Building on the eventual passage and implementation of Bill 119, the Health Information Protection Act (HIPA)</td>
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The foundation for eHealth Governance 2.0

Clear ehealth governance in the current environment requires the following stratification

**Investment and Sustainment Strategy**
- This layer represents the senior decision making body sponsoring and monitoring Ontario’s provincial ehealth enterprise and setting priorities and funding.

**Cross-Sector Alignment**
- Entities within this layer are responsible for dealing with cross-project issues and ensuring alignment through collaboration; each committee represents a major ehealth investment for the province.

**Implementation and Execution**
- This layer represents the ehealth project/program areas that have been given a specific mandate and scope of work; issues that change their scope of work are expected to be handled by higher levels of governance.
eHealth Governance 2.0

**Investment and Sustainment Strategy**
*New*

- Minister
- eHealth Investment and Sustainment Board
  Chair: DM Dr. Bob Bell

**Cross-Sector Alignment**
*New*

- Clinician eHealth Council
- Connecting Ontario Committee
- Community Care Committee

**Implementation & Execution** (examples)

- EMR Adoption and Use
- eConsult
- Hospital Report Manager
- EMR Spec. & Data Sharing
- Primary Care Quality Improvement
- Connecting GTA
- Connecting SWO
- Connecting NEO
- Health Information Access Layer
- Health Links Care Coordination Tool
- ED Notification
- Integrated Assessment Record
- Telehomecare

**Governance Secretariat**
*New*

- Provincial Foundational Committees (time limited)
  *In Progress*

- EHR Privacy Advisory Committee*

*Mandated by the former Bill 78 (ePHIPA)*
The eHealth Investment and Sustainment Board’s mandate

1. Provide advice and recommendations to the Minister on how ehealth can best enable health system transformation

   • Advance Patients First by setting priorities and driving innovation around ehealth

2. Sponsor the development of eHealth Strategy 2.0

   • Provide strong leadership while reaching out to the health sector to hear a range of perspectives

3. Provide advice on how the ministry should allocate finite resources for ehealth

   • Manage ehealth investments and drive evidence-based advice on where to spend resources

Following the approval of eHealth Strategy 2.0 by Cabinet, the eHealth Investment and Sustainment Board will also play an increasing role in guiding the implementation of the strategy
## Members

Members attend all meetings, contributing in a decision-making capacity.

- Robert Bell, Deputy Minister, MOHLTC, Chair
- Nancy Naylor, Associate Deputy Minister, MOHLTC
- Lorelle Taylor, ADM, MOHLTC
- Cynthia Morton, CEO, eHO
- Michael Barrett, CEO, South West LHIN and LHIN Cluster Lead
- Chantale LeClerc, CEO, Champlain LHIN and LHIN Cluster Lead
- Scott McLeod, CEO, Central West LHIN and LHIN Cluster Lead

## Advisors

Advisors attend all meetings, and contribute to meaningful decision-making by providing advice based on relevant sector experience and expertise.

- Dr. Sarah-Lynn Newbery, Family Physician, Marathon FHT and President-Elect, Ontario College of Family Physicians (Clinical Advisor – Physician)
- Elizabeth Baker, Nurse Practitioner and Provincial Nursing Lead (Clinical Advisor – Nurse)
- Murray Glendining, President and CEO, London Health Sciences (Health System Advisor – Acute Sector)
- Cathy Hecimovich, CEO, Central West CCAC (Health System Advisor – Community Sector)
- William Charnetski, Ontario Chief Health Innovation Strategist (Innovation Advisor)
Big questions we’re asking

Harness ehealth to advance the objectives of Patients First

1. How can we do more with what we have?
   
   Ontario has built the foundation of a connected health system – now we must get the most value out of these assets and sustain them.

2. How can we ensure wise investments?
   
   We must do an even better job of using evidence to make investment decisions through the life-cycle of ehealth systems to maximize benefits for Ontarians.

3. How can we equip our partners for success?
   
   We have to decide which partners are best placed to deliver the component parts of the new strategy based on a rigorous assessment of their capacity.
The Patients First Action Plan for Health Care is driving change through four key pillars:

**Access**
Ensuring that patients can get care when and where they want it – including through email, in home and community settings across Ontario

**Connect**
Enabling innovative integrated care that supports better outcomes and improves patient experience across the care continuum

**Inform**
Putting the right information in the hands of patients, providers, and public health experts to keep Ontarians healthier, longer

**Protect**
Ensuring a fiscally sustainable public health system with more efficient ways to deliver care

*Patients First*
Patients First priorities drive eHealth Strategy 2.0

1. **Access:** Invest in initiatives that use technology to improve timely access to the right care
   - Support **primary care renewal** by improving access and integration with other services
   - Enhance the **coordination of care** for patients with complex needs
   - Provide the right care for **mental health and addiction**

2. **Connect:** Ensure we have the right foundation for connectivity and integrated care
   - Deliver and operate the **electronic health record (EHR) and connected backbones** as a service
   - Provide direction to the field on **hospital information system (HIS) renewal**
   - Define a **roadmap for electronic medical records (EMRs)**
   - Advance work to **strengthen home and community care** and establish **integrated funding models** by optimizing assets that serve the sector

3. **Inform:** Open up ehealth tools and data, empowering patients and citizens to make better decisions
   - Lower barriers to **innovation in consumer ehealth**, focusing on high-potential care sectors
   - Unlock the value of data in our systems for **research and secondary use**

4. **Protect:** Ensure we are getting the most value out of every dollar we spend on ehealth
   - Improve our ability to realize a **positive return from ehealth investment**
   - Improve our capacity to **deliver ehealth successfully**
Stakeholder engagement overview

**One-day Sector Roundtable Sessions**

**Purpose:** Share overview of eHealth 2.0; learn from our partners; identify priority issues

**Participants:** eHealth delivery partners; care delivery organizations; thought-leading providers; patients

**Format:** Sector-specific roundtable sessions that align with Patients First pillars

<table>
<thead>
<tr>
<th>August - September</th>
<th>Maternal and Child (Aug 12th); Rural, Remote and Northern (Aug 19th); Mental Health and Addictions (Aug 27th); Complex Care Needs (Sept 15th)</th>
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<tbody>
<tr>
<td>October - November</td>
<td>Consumer eHealth (Oct 29th); Primary Care (Nov 4th); Home and Community Care (Nov 5th); Quality and eHealth; Future of EMRs; etc.</td>
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**Inform the Public**

**Purpose:** Inform the public and invite comments on strategy implementation plans

**Participants:** Patients and other citizens

**Format:** TBD (e.g. online feedback)

**Webinars**

**Purpose:** Share overview of eHealth 2.0 with broader audience; circle back on prior engagements for select groups

**Participants:** Broader network than roundtables

**Format:** Online webinars
Examples of what we’re hearing

• There is a rich landscape of assets and the focus should shift to maximizing their use
• Finish eHealth 1.0 inclusive of the whole sector
• Lower barriers to consumer ehealth innovation
• Scale up and extend proven, technology-enabled programs like remote monitoring or care coordination
• Get more value out of existing ehealth tools by building the right level of capacity and considering strategic consolidation
• Ensure that ehealth solutions are an integral part of integrated funding models to achieve the full benefits
Hospital Information System (HIS) Renewal
The landscape in Ontario
Creating a Hospital Information System (HIS) Renewal Advisory Panel

The board can establish advisory panels to consider critical, time-sensitive matters that fall outside the scope of the standing governance.

- Widespread health system and ministry awareness
- No other provincial forum to address HIS renewal
- Poses notable risks to the health system if left unexamined
  - financial
  - delivery
  - policy
- Crucial to address through eHealth Strategy 2.0 and requires expert involvement
- Significant investment management considerations
HIS Renewal under eHealth Governance 2.0

Minister

eHealth Investment and Sustainment Board
Chair: DM Dr. Bob Bell

Clinician eHealth Council
Provincial Connectivity Committee
Community Care Committee

EMR Adoption and Use
eConsult
Hospital Report Manager
EMR Spec. & Data Sharing
Primary Care Quality Improvement

Connecting GTA
Connecting SWO
Connecting NEO
Health Information Access Layer

Health Links Care Coordination Tool
ED Notification
Integrated Assessment Record
Health Links Collaboration Space

Province Foundational Advisory Committees
- Provincial Architecture & Standards
- Provincial Benefits Realization
- Provincial Privacy
- Provincial Security

Hospital Information System Renewal
- Hospital Information
- Patient Advisory Panel
- Consumer Advisory Panel
- Provincial Advisory Panel (time limited)
- Integrated Advisory Panel (existing)

Business Advisory Panel(s)
Related Clinical Advisory Panel(s)

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<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>GTA</td>
<td>Dr. Peter Pisters</td>
<td>President and CEO, University Health Network</td>
</tr>
<tr>
<td>GTA</td>
<td>Karim Mamdani</td>
<td>President and CEO, Ontario Shores Centre for Mental Health</td>
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<tr>
<td>GTA</td>
<td>Matthew Anderson</td>
<td>President and CEO, William Osler Health System</td>
</tr>
<tr>
<td>SWO</td>
<td>Murray Glendining (Co-Chair)</td>
<td>President and CEO, London Health Sciences Centre</td>
</tr>
<tr>
<td>SWO</td>
<td>Malcom Maxwell</td>
<td>President and CEO, Grand River Hospital</td>
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<tr>
<td>SWO</td>
<td>Susan Hollis</td>
<td>VP and CFO, St. Joseph’s Healthcare Hamilton</td>
</tr>
<tr>
<td>NEO</td>
<td>Alex Munter</td>
<td>President and CEO, Children’s Hospital of Eastern Ontario</td>
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<tr>
<td>NEO</td>
<td>Jim Flett</td>
<td>EVP and COO, Kingston General Hospital</td>
</tr>
<tr>
<td>NEO</td>
<td>Dave Murray</td>
<td>President and CEO, Sioux Lookout Meno Ya Win Health Centre</td>
</tr>
<tr>
<td>Hospital Physician</td>
<td>Dr. Jeremy Theal</td>
<td>CMIO, North York General Hospital</td>
</tr>
<tr>
<td>Hospital Nurse</td>
<td>Dr. Nancy Martin-Ronson</td>
<td>VP, Chief Nursing Executive &amp; CIO, Peterborough Regional Hospital</td>
</tr>
<tr>
<td>Community Care</td>
<td>Nancy Dool-Kontio</td>
<td>Senior Director, SW CCAC</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Dr. Marcella Palad</td>
<td>Family Physician, Orangeville Family Medicine Centre</td>
</tr>
<tr>
<td>LHIN</td>
<td>Donna Cripps (Co-Chair)</td>
<td>CEO, HNHB LHIN</td>
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<tr>
<td>OPS</td>
<td>Lorelle Taylor</td>
<td>Assistant Deputy Minister and CIO, Information Management and Health Services I&amp;IT Cluster, MOHLTC</td>
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<tr>
<td>OPS</td>
<td>Melissa Farrell</td>
<td>Assistant Deputy Minister, Health System Quality and Funding Division, MOHLTC</td>
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<tr>
<td>OPS</td>
<td>Marian Macdonald</td>
<td>Assistant Deputy Minister, Supply Chain Ontario, MGCS</td>
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<tr>
<td>Panel Advisors</td>
<td></td>
<td>Regional HIS Delivery Representatives from HIS Renewal Working Group</td>
</tr>
<tr>
<td>GTA</td>
<td>Bruce Pye</td>
<td>Shared Regional CIO (RMH, HHHS, NHH, and CMH)</td>
</tr>
<tr>
<td>SWO</td>
<td>Mark Farrow</td>
<td>VP and CIO, Hamilton Health Sciences</td>
</tr>
<tr>
<td>NEO</td>
<td>Gaston Roy</td>
<td>CIO, Health Sciences North</td>
</tr>
<tr>
<td>Rural</td>
<td>Brian Allen</td>
<td>VP, Perth and Smiths Falls District Hospital</td>
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Objectives of the panel

Provide recommendations to the eHealth Investment and Sustainment Board to ensure that future HIS investments improve patient care and ensure value for money, through HIS renewal activities in the following areas:

- Foster greater collaboration among hospitals to better share costs, information and expertise
- Enhance RFP and procurement processes that support collaboration and value for money
- Assess the impact of HIS investments on provincial funding allocations
Next steps on eHealth 2.0

**Summer & Fall 2015**
Roundtable sessions with key health system stakeholders

**Fall 2015 / Winter 2016**
Development of the new strategy through the eHealth Investment and Sustainment Board

**Spring 2016**
Seek approval for strategy; detailed implementation planning to occur subsequently
Strengthening Health Information Privacy in the Electronic Health Record

Alison Blair, Interim Executive Director, Information Management, Data and Analytics, Health System Information Management Division, MOHLTC
Personal Health Information Protection Act, 2004 (PHIPA)

- Came into force in 2004
- Protects the privacy of personal health information (PHI)
- Establishes rules and authorities for how PHI can be collected, used, and shared
- Does not address the unique privacy considerations of the Electronic Health Record (EHR)
Health Information Privacy Considerations in an EHR World

As health information becomes more integrated and available to treat patients across the continuum of care, the need for renewed legislation increases to enable EHR implementation and to protect privacy within a large-scale shared environment.

Data Custody and Decision Making
- Providers are responsible for the privacy of the health records in their custody
- The EHR is a shared record, with contributions from multiple providers
- No single provider has decision-making authority over the EHR

Scope and Scale
- Through shared health information systems, more providers would have access to more health data than ever before
- With a greater capacity to access and share PHI, strong privacy rules and protections are paramount to address increased new risks

Data Retention and Monitoring
- Compared to paper records, electronic data can more easily be stored and retained in greater quantities and for longer
- Greater ability to audit how data has been used, and to identify / guard against privacy breaches
Ministry engaged 50+ health stakeholders on privacy policy and legislative amendments.
- Included community health, regulatory colleges, OMA, OHA, IPC, and eHO.

Would have addressed EHR privacy, strengthened the PHIPA offence prosecution process.
- Removed from the order paper following 2014 dissolution of the Legislature.

2011-2013
EHR privacy policy development and consultation

2004
PHIPA comes into force
- Governs PHI protection.
- Recognized as a gold-standard in health information privacy protection.
- Came into force when records were mostly paper-based.

2013
Bill 78, Electronic Personal Health Information Protection Act (ePHIPA)
- Would strengthen privacy protection for all health records, including the EHR.
- Builds on PHIPA and ePHIPA foundations.

2015
Bill 119, Health Information Protection Act (HIPA)
- Introduced on September 16.
- Would strengthen EHR privacy, strengthened the PHIPA offence prosecution process.
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Drivers for Amending Privacy Legislation

**Increasing Transparency and Accountability:**
Underscored by recent high-profile privacy breaches (e.g., Rouge Valley, Peterborough Regional, Mt. Sinai).

**Strengthening Ontario’s Prosecution Process:**
Removing barriers that currently impact Ontario’s ability to pursue PHIPA prosecutions.

**Enabling EHR Information Sharing and Privacy Protections:**
Clarifying new and unique rules for health information in the shared, multi-custodian EHR.

**Improving Patient Safety and Quality of Care:**
Allowing authorized providers to see a patient’s complete drug profile.

“**We need to give Ontarians confidence that their privacy is being respected and protected. We need to do a better job, all of us, at that. That’s what this pending legislation will address.”** - Minister Hoskins, March 30, 2015

**HIPA would increase privacy breach protection, better enable prosecution of those who commit PHIPA offences, and establish privacy requirements for the shared EHR.**

**Proposes amendments to:**
1. Personal Health Information Protection Act;
2. Regulated Health Professions Act;
3. Drug Interchangeability and Dispensing Fee Act;
PHIPA – Applies to organizations with custody and control of PHI

Paper Records
- Addresses separate, unconnected health information systems
- Single custodianship of health information
- Privacy protection is responsibility of individual custodians

Stand-alone EMRs / Hospital Information Systems

Drug Profile Viewer

HIPA primarily adds a new section to PHIPA to establish an EHR Privacy Framework

Drugs

Diagnostic Imaging

Ontario Laboratories Information System

Select data from connected EMRs

HIPA also strengthens privacy protections for all records, not only EHR data

- An integrated view of a patient’s PHI.
- Multiple custodianship.
- Key privacy / security processes coordinated by a prescribed organization (e.g., audits, monitoring).
Summary of Proposed Amendments

Part 1: Protecting Patient Privacy, Increasing Accountability and Transparency

1. Mandate reporting of certain privacy breaches (to be defined in regulation) to the IPC and to regulatory colleges

2. Remove the limitation period for a PHIPA offence prosecution, and double the maximum fines for offences (to $100,000 for individuals and $500,000 for organizations)

3. Permit PHIPA offence hearings to be brought before a Provincial Court Judge as opposed to a Justice of the Peace

4. Require the Attorney General’s consent to commence a prosecution, rather than commence a prosecution itself

5. Ensure that the IPC can continue a privacy review beyond when it suspects an offence has been committed

6. Clarify what may constitute a privacy breach: viewing a health record is considered a “collection” or “use”. A breach may involve unauthorized purposes, not limited to an unauthorized person
Summary of Proposed Amendments

Part 2: EHR Privacy

1. Establish EHR privacy requirements for providers, prescribed organization, and the ministry

2. Permit providers to use the EHR only to provide or assist in providing care or reduce risk of harm to a person/group

3. Define the EHR consent management framework (through regulation), outlining patient options to mask PHI for health care purposes, and allow masked drug information to be used in drug interaction checks

4. Clarify that a provider can override a person’s consent directive to reduce significant risk of bodily harm

5. Establish an advisory committee to make recommendations to the Minister on EHR privacy matters

6. Permit the ministry access to EHR data to fund, plan, deliver health services (de-identified), and detect fraud

7. Establish regulatory authority to mandate providers to submit data into the EHR (if needed)

8. Establish regulatory authority to require colleges to provide membership data for provider identification (if needed)
Summary of Proposed Amendments

Part 3: Narcotics and Monitored Drugs - Patient Care and Safety

1. Amend the *Narcotics Safety and Awareness Act, 2010* to permit the ministry to disclose patient drug data to health care providers (beyond the original prescriber and dispenser)

   - Improves patient safety by reducing negative drug interactions
   - Supports more informed health care decisions
   - Reduces instances of patients obtaining multiple prescriptions for monitored drugs, or multiple pharmacies filling the same prescription
Patient interface with the EHR

Patient access and contributions to the EHR are on the horizon, including remote patient monitoring and sharing patient-generated data with EMRs and the EHR.

IM focus will be to enable innovation in a privacy protective way.
The EHR is a large, rich source of electronic clinical data at the individual patient level.

Researchers, policy-makers, planners, and others will benefit from use of these data for **authorized purposes**.

EHR data for “secondary use” must be guided by effective IM governance and privacy protocols.
Panorama: Transforming Public Health

Dr. Robin Williams, Associate Chief Medical Officer of Health, Infrastructure and Systems, Public Health Division, MOHLTC

Karen McKibbin, Project Director, Ontario Public Health Integrated Solutions and Comprehensive Drug Profile Strategy, Health Services I&IT Cluster, MOHLTC
.....Build a Success Plan not just an Implementation Plan

CHANGE FOR SUCCESS
The Dreaded Old Yellow Card....

....The New and Improved e-Yellow Card
Change for Results
Right kids, Right time, Right immunization

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>Routine Schedule: Children Receiving Immunization at Entry</th>
<th>Grade 7</th>
<th>Grade 8/9 Months</th>
<th>14-15 Years</th>
<th>≥16 Years</th>
<th>≥17 Years</th>
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<td>Measles, Mumps, Rubella, Varicella</td>
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<td>Varicella</td>
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* Every year in the fall
A Measles Story

Change for One Success at a Time....

Three new cases of the measles have been reported in Ontario, bringing the total number of cases in Canada to 22.

Public health officials confirmed Saturday an unvaccinated 14-year-old girl from the Niagara region is infected, and two adults in Toronto with unknown vaccination histories. They were not identified.

The total number of cases in Ontario now stands at 11, one in Manitoba, as well as 10 in Quebec that have been linked to the Disneyland outbreak in the U.S.

Dr. Valerie Jagger, the medical officer of health for the Niagara region, said she received confirmation from the lab late Friday night that the teen contracted the contagious illness. A link has been identified with the first confirmed case in Niagara Falls earlier this month of a woman in her 20s.

Previous cases in Ontario include seven in Toronto, two children under age two and five adults from separate families, and a vaccinated adult under the age of 30 from York region.

http://www.niagarafallsreview.ca/2015/02/14/21-cases-of-measles-reported-in-canada

Photograph: mediacolor/Alamy
...Leads to a World of Change

The Polio Story