Message from Sarah Kramer, President and CEO

I am pleased to continue our dialogue about eHealth Ontario since its announcement in September. We are now working as quickly as possible to create the new organization that will work with you to deliver better, safer patient care by harnessing technology and innovation.

eHealth Ontario will deliver clear, measurable and transparent results for patients and will focus on excellence in customer service, which means ensuring that priority initiatives yield results for patients and that the services to support new electronic tools and information always meet customer needs.

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Telehomecare Improves Patient Care

From her work station at the Stratford Family Health Team, Marie Savelle, a telehomecare registered nurse is able to monitor the vital signs and symptom exacerbations of over 50 patients with Chronic Obstructive Pulmonary Disorder (COPD), and Congestive Heart Failure (CHF), thanks to the use of telemonitoring technology being piloted by the Ontario Telemedicine Network (OTN).

The Telehomecare Phase One Program (POP), managed by OTN and co-funded by the Government of Ontario and Canada Health Infoway, uses communications and information technology to provide remote care and in-home monitoring to patients with chronic diseases.

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Interview with Ed Brown

He is Ontario Telemedicine Network's (OTN) CEO, he's also an emergency physician, he sits on several boards and advisory committees – including the OntarioMD Board of Directors and the American Telemedicine Association Board of Directors – and he has received numerous awards for his work in telemedicine.

We spoke to Ed to get his take on the keys to the early success of OTN's Telehomecare Phase One Program (POP) – a new initiative focusing on chronic disease management and patient self management.

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OTHER STORIES

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Ontario
eHealth Ontario

Message from Sarah Kramer, President and CEO

eHealth Ontario will deliver clear, measurable and transparent results for patients and will focus on excellence in customer service, which means ensuring that priority initiatives yield results for patients and that the services to support new electronic tools and information always meet customer needs.

We have set three goals of the new organization. First, we want to provide a harmonized, consistent, integrated eHealth platform to support the government's objective of an integrated, high performing healthcare system. The second goal is to create alignment for eHealth in Ontario through a single point of accountability. Thirdly, we want to work with everyone in eHealth in such a way as to avoid fragmentation and duplication of effort.

The long-term goal of the eHealth strategy and eHealth Ontario is to create an Electronic Health Record for all Ontarians by 2015 that will give patients and providers the ability to access, share and use health information.

Currently, we are working with the Board and leadership team to develop strategic and operating plans. I will have more information about this to share in February 2009 after the Board's review. A fundamental principle guiding the direction of our future work is that electronic tools and information can only be successful if they serve clinicians who genuinely want to use them.

As a customer-oriented organization, we have already been getting input from a wide variety of stakeholders, consumers and partners – including LHIN CEOs and eHealth Leads – and so many other key leaders and innovators in eHealth. We will need to call on the best and the brightest among you to realize success in this challenging but critical agenda.

Earlier this month, I had the pleasure of visiting the Group Health Centre in Sault Ste. Marie to learn about all of their eHealth success to date and their plans for an ePrescribing pilot. Another story in this e-newsletter describes the eHealth success of Ontario Telemedicine Network's Telehomecare pilot project. There is also an update on access to care and the government's plans to reduce wait times in hospital emergency departments.

I look forward to building strong partnerships with you to define, design, and implement initiatives to improve care. I know the vision of a better, safer and modernized health care system is one we all share and, on behalf of eHealth Ontario, I am excited about working with you to make this future a reality.

In order to begin to improve service and provide additional leadership capacity to refine and implement our strategic plan, we have added new health executives and put in place our interim organization structure, which is also described in this e-newsletter.

Finally, I wish you and your families a safe and healthy holiday season. I look forward to seeing you in 2009.

Sarah Kramer
President and CEO

Telehomecare Improves Patient Care

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The Telehomecare Phase One Program (POP), managed by OTN and co-funded by the Government of Ontario and Canada Health Infoway, uses communications and information technology to provide remote care and in-home monitoring to patients with chronic diseases.

“The goal of this program is to provide effective health care closer to home through technology-enabled patient self-management that not only enhances the quality of life of patients and their caregivers but reduces the impact of chronic disease on the health system”, says Laurie Poole, Director of Telehomecare and Consumer Telehealth for the OTN.

Though evaluation is still ongoing, early feedback from the program has shown a 68% decrease in the average number of Emergency Department visits per patient/month, a 64% decrease in the average number of hospital admissions per patient/month (from baseline to discharge) and 47% decrease in hospital length of stay (from admission to discharge). In addition, patient feedback around the program is outstanding with survey results showing a 97% satisfaction rate with the ease-of-use of equipment and a 100% satisfaction rate with the program over all.

As of August 26, 2008, the Telehomecare program successfully enrolled over 600 patients and will continue to enroll and monitor patients until March 31, 2009. While CHF and COPD were the initial disease states, diabetes monitoring and education will be a major focus as the program evolves.

Interview with Ed Brown

He is Ontario Telemedicine Network's (OTN) CEO, he's also an emergency physician, he sits on several boards and advisory committees – including the OntarioMD Board of Directors and the American Telemedicine Association Board of Directors – and he has received numerous awards for his work in telemedicine.

We spoke to Ed to get his take on the keys to the early success of OTN's Telehomecare Phase One Program (POP) – a new initiative focusing on chronic disease management and patient self management.

What is Telehomecare POP's biggest strength?

Ed Brown: It appears to be the triple play of healthcare – happier patients, better patient outcomes and lower costs to the healthcare system.

One of the most satisfying aspects is that patients feel they are getting more care and attention from providers. While this group of patients may have regular office visits with their providers, they have to deal with their illnesses 24/7. POP is a way we can support them through the tough times, and provide them with education to enable them to better manage their own care.

What are the Program's goals?

Ed Brown: There are two. The first is to provide effective healthcare closer to home through technology-enabled patient self-management that enhances quality of life for patients and their

caregivers and reduces the impact of chronic disease on the health system.

The second is to test a Family Health Team-based model of telehomecare that promotes evidence-based, interdisciplinary, integrated care and informs a broader province-wide roll-out.

Was there a secret to your success in getting the program off the ground?

Ed Brown: Provider support. We were able to bring providers along from the outset. They were interested and excited about the program, and we were able to articulate patient benefits and provided effective training on using the technology. The program started slowly, and then took off when providers realized how much their patients loved it. Some had initial concerns about comfort-levels of their more elderly patients. As it turned out, all patients found the technology simple to use.

What are next steps for Telehomecare?

Ed Brown: We would like to continue with the current momentum and build it out for patients with other chronic diseases. Currently, we are planning to build a diabetes module. We are planning the architecture and merging it to fit the province's architecture. Our idea is to use multiple vendor devices so regions and individual organizations have choices about what they use. The devices will all be able to feed into a standardized data set so the information becomes accessible to patients and their providers, wherever they may be in the province.

Interim Organizational Structure and New Executive Appointments

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It includes two executive leaders with extensive eHealth experience, namely Allaudin Merali and Donna Strating, who were part of Canada's first functioning Electronic Health Record (EHR), netCARE, at Capital Health in Edmonton, Alberta. netCARE covered a population of over one million people, 85% of whom had an EHR.

The new executives are:

Allaudin Merali, Acting Senior Vice President of Corporate Services

In addition to advising on eHealth Ontario's strategic planning effort, Allaudin is responsible for all corporate services including Corporate Communications, Finance, Human Resources, Legal, and Privacy and Security. Prior to this position, he was the Executive Vice President of Finance and Administration and the Chief Financial Officer for Capital Health in Edmonton. There, he managed an operating budget of $3.2 billion, a capital budget or $2 billion and departments representing 900 employees.

"I hope to bring the experience of large system and EHR development to eHealth Ontario. We were able to make a difference for patients with IT."

Allaudin continued: "We were rated the best healthcare system in Canada for a number of years, and that was very gratifying."

Donna Strating, Acting Senior Vice President of Operations

Donna is responsible for all operations, including Architecture, Customer Service and Deployment, Enterprise Project Management Office, IT Operations, and Solution Delivery and Management. Most recently, she

was Vice President, Information Systems & CIO for Capital Health. Since 2001, Donna led Capital Health through key system initiatives including four Canada Health Infoway projects, as well as development of netCARE, followed by its expansion across Alberta.

Donna said the following about eHealth Ontario: “The Capital Health experience has given me knowledge of the value of IT in healthcare. We learned to walk the talk on both the IT and clinical sides. We had to listen in order to deliver value, and we built a team that succeeded in achieving that.”

She continued: “We certainly learned a lot and now I hope to use those learnings to contribute to achieving our goals at eHealth Ontario.”

ePrescribing: A Way to Reduce Prescription Errors and Adverse Drug Events

Group Health Centre in Sault Ste. Marie and Georgian Bay Family Health Team in Collingwood will be participating in the Ministry of Health and Long-Term Care, eHealth Program's ePrescribing demonstration project. ePrescribing is the electronic generation, authorization (signature) and transmission of prescriptions from doctors / prescribers to pharmacists / dispensers. Both locations are looking towards full deployment by April 2009.

Dr. James Lane of the GBFHT says: "We are excited to be participating in the Early Adopters ePrescribing Project. It will insert local pharmacies and pharmacists into the circle of care and allow electronic communication of prescriptions between prescribers and pharmacists. The beneficiaries will be patients and families who will have access to better services sooner."

Sarah Kramer, CEO and President of eHealth Ontario recently visited the ePrescribing pilot in Sault Ste. Marie. Left to right: Sarah Kramer; Lucy Fronzi, Project manager EMRxtra,

Group Health Centre (GHC); Marisa DeRubeis, Pharmacist, GHC Pharmacy; Lewis O'Brien, GHC family physician; Ron Deluco, GHC Pharmacy owner

With ePrescribing, drug prescriptions are no longer hand-written by physicians, decreasing the chance of problems associated with legibility and manual data entry. This lowers the potential for dispensing errors, which can easily result in adverse drug reactions, unnecessary hospitalization and even death. In addition, pharmacists won't need to retype paper prescriptions, eliminating another potential source for human error. As an added benefit, electronic delivery of prescriptions to pharmacists means less wait time for patients, since prescriptions may be filled before the patient even gets to the pharmacy.

Informing a Provincial Solution and Regulatory Standards

Each site is implementing a different solution based on their existing technology. The results and lessons learned particularly the impact of electronic prescribing on physicians, pharmacists and patients, will be assessed and used to inform Ontario's provincial ePrescribing solution.

In addition, regulatory colleges such as the College of Physicians and Surgeons of Ontario, the Ontario College of Pharmacists and the College of Nurses of Ontario, are being engaged to ensure participating physicians, pharmacists and nurse practitioners are able to meet their professional requirements. The findings will be shared to help determine whether any changes to professional practice regulations, standards and guidelines are needed.

A provincial ePrescribing solution will dramatically reduce the 400,000 preventable reactions to medication estimated to occur each year in Ontario, 4,000 of which result in death.

Find out more about Group Health Centre at www.ghc.on.ca and Georgian Bay Family Health Team or visit their website at www.gbfht.ca.

Reducing Wait Times in Hospital Emergency Departments

The Access to Care Expert Panel, under the leadership of Sarah Kramer, tabled its Information Strategy to support the ER/ALC (Emergency Room/Alternate Level of Care) Wait Time Strategy to the government – which has approved them, along with the required funding.

The six recommendations, which make up the Strategy, are:

- Emergency Department Reporting System (EDRS) – enhance the provincial Emergency Department Reporting System to improve the timeliness of ED data reporting and to enable linkages with other data sets to track system performance
- Wait Time Information System – expand the provincial wait time information system (WTIS) to capture ALC data in near real-time on patients who are waiting for a more appropriate level of care, including where they are waiting and what they are waiting for
- ALC Definition Working Group – establish a working group to develop a comprehensive, standard, provincial definition of ALC
- Client Profile Database – leverage data from the existing Client Profile Database to analyze and report on people waiting for long-term care placement in the community

- ED/CCAC Notification Solution – expand the ED/CCAC Notification system to high volume EDs across the province to reduce unnecessary inpatient admissions

- e-Referral and Resource Matching Solutions – create provincial data and business process standards for e-Referral and Resource matching solutions, to the point of RFQ, and provide funding to LHINs to implement local solutions that meet provincial standards

Cancer Care Ontario's Access to Care Program will take responsibility for implementing key parts of the Strategy, including the ED Reporting System enhancements and expansion of WTIS under the leadership of Sarah Kramer.

Other delivery organizations will be asked to take responsibility for implementing other components of the Strategy.

Over the next few months, the Access to Care team will develop detailed plans to implement the Strategy. Recognizing the importance of building on existing expertise, the team will engage stakeholders from across the hospital, broader healthcare and information management communities.