Toronto Central LHIN

425 Bloor Street East, Suite 201
Toronto, ON M4W 3R4
Tel: 416 921-7453 • Fax: 416 921-0117
Toll-free: 1 866 383-5446
www.torontocentrallhin.on.ca

June 17, 2009

Dear Colleagues,

With several months gone by since the inaugural Toronto Central LHIN eHealth Forum, there has been a great deal of activity that has taken place on the eHealth front.

In February of this year, eHealth Ontario released a draft of Ontario's eHealth Strategy. Through the solicitation of feedback from the field, the strategy was revised and the final version was posted in March. The strategy is three years in scope and centres on three clinical priorities: Diabetes Management; Medication Management; and Wait Times. I encourage you to visit the eHealth Ontario website, (http://www.ehealthontario.on.ca), to download and scan through the strategy – it is an encouraging read. In reflecting on lessons learned, eHealth Ontario emphasizes the importance of a collaborative approach between the province, the LHINs and individual organizations to achieve the strategy. With this in mind, our goal is to keep you informed of eHealth activity at the provincial and LHIN levels and, where possible, directly involved in shaping next steps.

In an effort to keep you informed of recent progress, we have compiled a brief update on the various provincial or LHIN eHealth initiatives that are taking place within the Toronto Central LHIN and some of the key achievements over the last several months - most of which is attributed to your involvement in and dedication to these initiatives. To date, you will see that most of the progress has been in planning and early implementation. In the coming months we expect to be able to report on patient and provider impact as a result of these eHealth initiatives.

As always, please feel free to contact myself or the LHIN Joint eHealth Office at any time if you have any questions about eHealth directions or the initiatives described in this communication.

Best Regards,

Lydia Lee
eHealth Lead of the Toronto Central Local Health Integration Network (LHIN)

Joint eHealth Office:
Francesca Fiumara, Joint eHealth Office Lead, francesca.fiumara@lhins.on.ca
Kendyl Dobbin, eHealth Analyst, kendyl.dobbin@lhins.on.ca
Alisha Tharani, Sr. eHealth Analyst, alisha.tharani@lhins.on.ca

LHIN/REGIONAL INITIATIVES

Resource Matching and Referral

Resource Matching and Referral (RM&R) is an electronic referral system that will improve client/patient transitions from one level of care to the next most appropriate level of care, based on a standardized and transparent assessment of the client/patient need(s). RM&R started in the Toronto Central LHIN. Its approach is now a key component of the Access to Care (ATC) eHealth Ontario strategy aimed at improving utilization of system capacity in order to reduce Alternative Level of Care (ALC) and Emergency Room wait times.

The vision is that the RM&R system will be used by all Acute, Rehab/CCC hospitals, Long-Term Care (LTC) homes, mental health and addictions, community support service and the CCAC agencies.

Status:

- Medical/surgical units in 8 Acute care hospitals and inpatient units for 8 Rehab/CCC facilities are using the RM&R system to facilitate referrals from acute care to Rehab/CCC programs.
- 1 Acute care facility and 3 Rehab/CCC facilities are sending referrals to 12 of 39 LTC Homes, via the Toronto Central Community Care Access Centre. This pilot phase will be expanded to include all LTC facilities in the Toronto Central LHIN by the end of this fiscal year.
- Opportunities to explore RM&R implementation in the mental health, addictions, and community support services sectors are currently underway.

Client Access to Integrated Services and Information (CAISI)

The CAISI Project is working to enhance the quality of life for people who struggle with homelessness. CAISI is a Ministry of Health approved electronic medical record that features case and bed management tools as well and medical record capabilities tailored to meet the needs of shelters, drop-in centers, outreach teams, health clinics and hospitals working with homeless and at-risk populations.

CAISI is intended to provide real-time data that will inform decision makers, advocates and public health practitioners to help shape health care priorities, while the client's privacy remains protected.

Toronto Central LHIN has recently funded the expansion of CAISI to allow the sharing of information, improve the quality and continuity of care, all focused on ending chronic homelessness.

Status:

- 43 agencies are currently involved in the CAISI Project;
- Over 600 providers are currently accessing the CAISI system;
- Approximately 4000 client records are being accessed via CAISI;

MULTI-LHIN INITIATIVES

ConnectingGTA (formerly the Health Integration Access Layer and Provider Portal):

The Toronto Central LHIN is working together with the other four GTA LHINs (Central West LHIN, Mississauga-Halton LHIN, Central LHIN, and North Simcoe Muskoka LHIN), to design and implement a strategy to support clinical information exchange amongst health care providers within the GTA.

ConnectingGTA is an integral part of the provincial eHealth strategy and is aligned with eHealth Ontario's objectives to deliver clinical value to health care providers and to build a foundation for an electronic health record.

This solution includes a robust technical infrastructure to link a diverse set of patient data sources that meet the needs of GTA's clinical priorities: diabetes, mental health and addictions and seniors care (e.g. lab results, discharge summaries, drug information). A standards-based portal will allow clinicians to securely view this clinical information.

ConnectingGTA will leverage existing data sources, technology, learnings, design and functionality that are available at the provincial and local levels. As an example, the project team is working closely with the provincial Ontario Lab Information System (OLIS) team so that this information can be accessed across the continuum of care.

Status:

- Key stakeholder groups across the GTA were engaged as part of a current state assessment to inform the business, technical, and privacy requirements for the ConnectingGTA solution strategy. Over 100 representatives from 46 health service providers and community practitioners were consulted. 25 vendors, jurisdictions and related provincial/regional projects were also interviewed to gain an understanding of solution availability and provincial and regional mandates
- A three-year implementation plan has been developed to provide access to clinical data from multiple sources by implementing a scalable and standards-based platform the will promote interoperability and decrease the dependency on point-to-point integration.

For more details on cGTA, please refer to the "ConnectingGTA Executive Update – June 16, 2009" at the bottom of this document.

Greater Toronto Area (GTA) West Diagnostic Imaging Repository (DI-r)

The GTA West DI-r will enable all participating organizations to share PACS images to reduce duplicate exams and provide a more cost effective solution for storage of diagnostic images. This initiative involves over 23 organizations in the Toronto Central, Mississauga-Halton, Central West, Central, and North Simcoe Muskoka LHINs.

This initiative is supported by Canada Health Infoway (CHI), eHealth Ontario, and the Ministry of Health and Long term Care.

Status:

- Received approval for Phase II Implementation from Canada Health Infoway and eHealth Ontario;
- A Request For Proposals (RFP) was released in October, 2008 for a complete "turn key" solution for the provision and operation of a DI-r for the GTA West hospitals;
- Over the summer the immediate priority is to engage participating hospitals, prepare for the implementation phase of the project and to finalize the project details with the vendor consortium. Implementation of the GTA West DI-r is expected to commence in September 2009.

PROVINCIAL INITIATIVES

Toronto Central LHIN - Diabetes Registry Special Project

Given the Toronto Central(TC) LHIN's unique urban, multi-cultural setting, combined with a high prevalence of diabetes and at risk populations, it has been selected by eHealth Ontario to participate in year one of the Diabetes strategy. The components that the LHIN is involved in for year one are:

1. Baseline Diabetes Dataset Initiative (BDDI); and
2. Diabetes Registry.

Status:

- Established a TC LHIN Diabetes Strategy Steering Committee to advise on the BDDI and Diabetes Registry planning for the TC LHIN;
- Select primary care physicians are participating in the BDDI provincial pilot to review patient lists which will confirm accuracy and appropriateness of BDDI approach;
- Completed initial primary care engagement of family health teams, and Community Health Centres;
- Provided input to eHealth Ontario Diabetes Registry Request for Expression of Interest (RFEI) review process;
- Submitted a proposal to eHealth Ontario to continue primary care engagement.

Physician eHealth Demonstration Initiative

In January, the MOHLTC sent out a call for LHIN-based, physician eHealth demonstration initiatives, as part of a change management strategy for physician adoption of eHealth. The Central LHIN and the Toronto Central LHIN submitted a joint proposal, which was approved for funding two initiatives:

1) Expansion of Patient Results Online (PRO) to five Family Health Teams (FHT) and/or Community Health Centre (CHC) sites across the Central and Toronto Central LHINs. PRO is a web-based application that pulls patient results and information from existing sources (i.e. Hospital Information Systems), and presents providers with an integrated, single point of access to this information.

Status: As part of this initiative, 5 new sites went live with the PRO application on March 31st, including:

Toronto Central LHIN

- Bridgepoint Family Health Team;
- East End Community Health Centre;
- South East Toronto Family Heath Team;

Central LHIN

- Markham Family Health Team;
- Vaughan Community Health Centre.

2) Coordination of a Primary Care eHealth Forum: Targeted for family physicians and nurse practitioners, particularly those working in FHTs and CHCs, the forum was focused on building general awareness about eHealth's potential and to promote physician/clinician participation in the implementation and adoption of eHealth solutions in their respective practice.

Status: Hosted on April 30, 2009, the forum was well received with over 68 people in attendance, including Physicians, Nurse Practitioners and Registered Nurses. Topics addressed at the Forum include:

- Provincial and Joint LHIN eHealth Strategies;
- Electronic Medical Records and the Primary Care Practice, lead by Ontario MD;
- Chronic Disease Management: Diabetes Registry and Colon Cancer Check Program ; and
- Overview of Privacy Legislation and how to avoid Privacy Breaches, lead by the Information and Privacy Commissioner of Ontario.

In this issue

- Project update
- Business case summary
- Benefits
- FAQs

A message from the GTA eHealth LHIN Leads…

Dear Colleague,

Following the completion of the Current State Assessment in November 2008, ConnectingGTA (formerly the GTA HIAL and Provider Portal project) has defined a solution and approach to enhance the provision of quality care in the GTA through improved information accessibility.

The ConnectingGTA (cGTA) team engaged clinical users and technical experts from the 5 GTA LHINs (Central West, Mississauga-Halton, Toronto Central, Central, Central East) to develop a solution where patients and providers will benefit from the sharing of complete, relevant and timely information across the continuum of care. cGTA has garnered strong support from eHealth Ontario and has been identified as a priority for the GTA LHINs.

Addressing the complex needs of the GTA with respect to information exchange, the cGTA solution will provide clinicians with access to data of high clinical value (e.g. lab data, discharge summaries, visit/encounter information). Working together with provincial, LHIN, and local initiatives, the cGTA Portal will offer a consolidated view designed with clinical workflow in mind.

The cGTA team has submitted a business case at the request of eHealth Ontario for presentation to the eHealth Ontario Board. cGTA is seeking funding from eHealth Ontario for the Release 1 plan (the first 18 months of the 3 year business case), which includes an initial focus on populating Ontario Lab Information System (OLIS) and providing clinicians with access to discharge summaries. After the eHealth Ontario Board completes its review, and anticipated approval is received, Health Service Providers (HSPs) will have the opportunity to actively contribute to the successful implementation of this initiative.

The ability to share information across the 5 GTA LHINs is an exciting advancement for patients and providers. Thank you for supporting the cGTA project – we look forward to working together to support Ontario's eHealth Strategy and ensuring that the delivery of quality patient care is fully supported by the timely, efficient and complete exchange of information.

Sincerely,

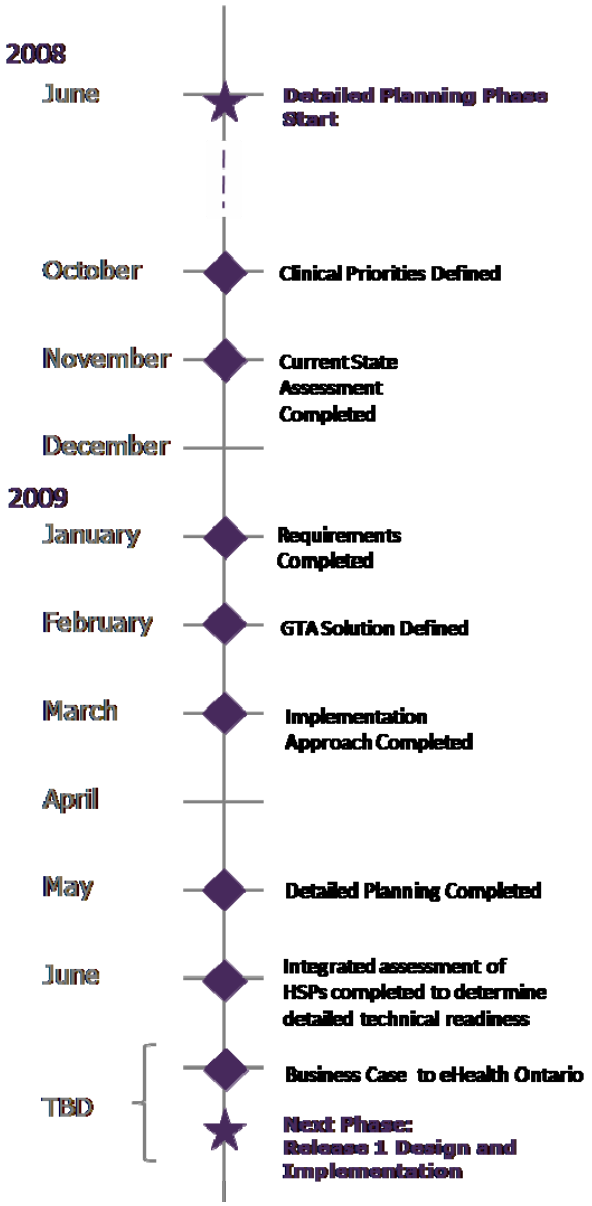
Lydia Lee
Toronto Central LHIN

Andrew Hussain
Central West LHIN
Mississauga-Halton LHIN

Diane Salois-Swallow
Central LHIN

Lewis Hooper
Central East LHIN

Project Progress



Contact us

ConnectingGTA@uhn.on.ca

Contact us
ConnectingGTA@uhn.on.ca

Improving data exchange in the GTA

Need

- All 5 Greater Toronto Area (GTA) LHINs have identified the need to seamlessly exchange patient information between multiple sources across the continuum of care to improve clinical decision making
- Several barriers to information exchange exist in the GTA, such as the number of legacy clinical information systems and their capabilities for integration
- A robust, agile and secure technology framework is required to provide clinical content and functionality across the continuum of care

Alignment with eHealth Ontario

- The cGTA solution will deliver benefits defined in the eHealth Strategy across a large group of stakeholders
- The cGTA releases align with eHealth targets and timelines to populate OLIS with diabetes indicators and to support physician access to remote lab data online
- The proposed approach will pre-enable the GTA for deployment of further eHealth initiatives such as the Drug Information System, Diabetes Registry and regional Diagnostic Imaging Repository (DI-r) solutions

Key benefits of the ConnectingGTA initiative

- Increased ability for GTA clinicians to access complete, relevant, and reliable patient data (lab data, discharge summaries, medications and visit/encounter information) from multiple sources across the care continuum
- Improved inter-professional care and collaboration through efficient information exchange between providers, resulting in a more complete picture of a patient's "circle of care"
- Reduced incidence of missing and/or lost clinical information enabling better, safer and more timely clinical decision-making, and improving patient flow
- Reduced incidence of repeated lab or diagnostic imaging tests increasing patient satisfaction
- Reduced complexity of interconnected systems

FAQs

1	**Who has submitted feedback during detailed planning?**	In addition to the contribution of the eHealth LHIN Leads and LHIN CEOs, 100+ representatives from 46 GTA health service providers and community practitioners were engaged to understand the organizational and technical readiness of GTA organizations and users; 25 jurisdictions and related provincial/regional projects were engaged to support current state findings; and 20+ clinicians were engaged to validate business requirements.
2	**Will the cGTA portal replace existing HISs and EMRs?**	No. The cGTA Portal will provide some new capabilities for access to data and functionality from multiple sources (e.g. hospitals, doctors' offices, CCACs); however, the requirements are not intended to duplicate the full set of functionality provided today by HIS or EMR.
3	**Will there be one portal in the GTA to access multi-organization data?**	Yes. The cGTA portal will be the one place where providers will seek multi-organization data and functions. Users of existing GTA multi-organization portals will be transitioned to the cGTA portal. To support clinical workflow, the cGTA portal may be launched from other standards-based portals, HISs or EMRs. At a minimum, consumers will have access to the same data they have access to today and potentially more robust services.
4	**Will the cGTA solution immediately support all data access needs?**	No. cGTA solution components will evolve to meet the business needs of GTA users and enable clinical outcomes (value) for better patient care. The endstate for GTA data exchange will be achieved over the course of three years, with initial key data elements (lab data, discharge summaries, and Drug Profile Viewer) targeted in Release 1 and additional data elements (visits/encounters, Diagnostic Imaging, ER and CCAC reports) in Release 2, 3.
5	**Will clients/patients have access to the portal?**	No. The project scope at present does not include client/patient access to information. The future state of cGTA will consider client/patient requirements.