Clark Review
of the Future of eHealth
Ontario

November 7, 2016

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Assignment

The essential thrust of this report is to assist the review being conducted by Ed Clark, Chair of the Premier's Advisory Council on Government Assets and Premier's Business Advisor, concerning Ontario's digital health strategy by providing my thoughts on the future of eHealth Ontario (the Agency) and the role of the Agency with respect to the Ministry of Health and Long-Term Care (the Ministry) based on an earlier assessment.

Summary

My assessment can be summarized with three basic points and the resulting recommendations.

1) The Ministry of Health and Long-Term Care (Ministry) should be responsible for eHealth vision, strategy and the establishment of Health Information Technology (HIT) priorities.
2) The role of **eHealth Ontario** (Agency) should be redefined to focus on Connecting Ontario HIT to put patient's first as defined in the *"Connected Patient Solution"* and divest unrelated ehealth areas of HIT responsibility.
3) The original mandate of the Agency established by Ontario Regulation 43/02of the Development Corporations Act should be amended to reflect the revised roles of the Ministry and the Agency and to change the name of the Agency.

Background

Since the creation of eHealth Ontario, the road has been quite rocky and the Agency has had to deal with serious controversy, management and operational problems resulting in the transfer to the Ministry from the Agency certain of its projects and responsibilities. These events altered the original the roles of the Agency and the Ministry creating uncertainty in the health system. Notwithstanding significant progress has been made in the province. The Agency and the Ministry together, have made considerable strides in building the infrastructure with the Ontario Laboratories Information System (OLIS), Diagnostic Imaging Repositories (DIR), repositories accurately identifying patients and providers with appropriate privacy protections, portals which provide web based access to key clinical information and clinical documents and the connected backbones. Most impressive has been the adoption of EMRs in physician's offices, with over 80% having or implementing them.

There has been important progress in advancing "connected backbones".

➢ **Connecting South West Ontario (cSWO),** the most advanced, with over 38,000 registered users of which over 6,000 are actively using the system;
➢ **Connecting GTA (cGTA)** has over 42,000 registered users with 6,000 using the system;
➢ **Connecting Northern and Eastern Ontario (cNEO)** is expected to adopt the cGTA solution provided current corrections ensure effective use.

In the last two years there have been major changes in the leadership and organization at the Agency and it view best positioned to advance the *Connected Patient Solution*.

The Role of the Ministry

As the Ministry is accountable to the government of Ontario for Ontario's health care system and as HIT has become an important tool in the delivery of health care, it is logical that the

Ministry should carry the responsibility for developing the ehealth vision, policy planning and priorities. The reasons include:

> The health system is incredibly complex and for HIT to fully serve the patient, future development must engage the whole system for which Ministry is ultimately accountable;
> ehealth should be seen as a policy matter first and HIT as a tool to ensure the success of Patients First;
> Establishing the priorities for funding among competing, viable, and attractive HIT initiatives;
> The pursuit of sustainability;

While the Ministry should encourage innovation in HIT, it should survey the system to ensure that new HIT projects are tempered by a determination to ensure that growth of technology does not become undisciplined and hamper, or undermine, the pursuit of quality, access, productivity and the patient experience.

The establishment by the Ministry of the *eHealth Investment and Sustainment Board (*ISB) chaired by the Deputy Minister represents a substantial manifestation of the leadership expected from the Ministry in ehealth strategy. The ISB should review all major investments in HIT by hospitals and other funded health provider organizations to ensure there is future compatibility with system integration.

The Role of the Agency

I believe that, under the leadership of the new CEO, the Agency has addressed the validity of the past criticisms and has implemented the necessary changes since her appointment.

The changes are substantial. This internal reorganization was approached with the object to design an integrated, service oriented agency.

I am convinced that the Agency, under the new leadership, has a major leadership role to play in eHealth 2.0 but that the role must be more focused and more tightly defined through a restructuring of the Agency.

Connected Patient Solution (CPS)

The central role of the Agency should be to advance the concept of the CPS as it constitutes the most important initiative for the Agency by completing the original patient first objectives and building on the advances in infrastructure while utilizing evolving new technologies to build a connected Ontario. This would provide patients and their providers with all of the patient's appropriate health information, regardless of where they are in Ontario, to help ensure that optimal patient care decisions are made. This was described in eHealth 1.0 as the development of the **Electronic Health Record (EHR)**. *(The EHR constitutes 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)*.

CPS is the project name for advancing the EHR concept into eHealth 2.0. The CPS means that *all the appropriate health information is made readily and securely available to the individual patient and the patient's provider(s), wherever they are in Ontario, to help ensure that the optimal patient care decisions are made.*

The CPS should be the cornerstone of the Ministry eHealth 2.0 strategy, as it is crucial to the priorities of Patient First, Sustainability and System Analytics.

Putting Patients First requires that patients and their providers have secure access to all their relevant health information so that intelligent, safe decisions and choices can be made to advance a patient's health status.

Sustainability of the delivery of health care cannot be built on ignorance of the impacts and outcomes of what we do in the system.

➢ We need to know the status of the patient's health and treatments;
➢ We need better evidence of what works and what does not;
➢ We need to know where our complex interventions are making a difference;

The CPS can provide important information that will yield valuable guidance to answering these questions.

Analytics. The benefits of having a huge body of anonymized data potentially available for patient care are massive. The ability through analysis and research to assess such matters as

➢ the long-term effectiveness of drugs;
➢ the value of surgical interventions;
➢ disease management; and
➢ prescription management

are badly needed. The availability of such information would not only benefit patients in the future but would <u>add to the attraction of Ontario as a world centre for medical research and investment.</u>

As part of the refocusing, the Agency should work with the Ministry to consider methods to divest Agency assets, not central CPS, to other public agencies or the private sector. This might include such things as merging repositories, contracting out or adopting more efficient management systems.

The Agency must, however, be provided with appropriate authority from the Minister, to drive the Connected Patient Solution including the integration of patient information in cGTA, cNEO and cSWO into the CPS. It is important that the Agency have a complete overview, understanding and role in all developments, provincial or regional, that will impact the realization of the goal of the CPS.

Project Management Responsibility (PMO)

There will be new projects coming forward some province-wide and many related to the CPS. Project management is crucial to effective, efficient and cost effective solutions. I suggest that the Agency be made responsible for taking the following steps concerning future project management:

➢ The first step is to create an eHealth Project Management Office (ehPMO) that would respond to Ministry directed priority projects by providing an environmental scan, obtaining expert advice, including outside Ontario experience, to ensure that the procurement strategies/RFPs are well designed and that appropriate guidelines are established for project oversight.

➢ The second step would be the process for actual realization of the project. The ehPMO need not be the body that manages and directly oversees the project in question. The project, guided by step 1, could be managed and overseen by the Ministry, the Agency or another entity as project sponsor.

Revised Legislative Mandate

The original mandate for the Agency established by Ontario Regulation 43/02 of the Development Corporations Act[1] should be amended to reflect the above adjustments in the roles of the Ministry and the Agency. In accordance with the strategic directions and priorities established by the Minister, the restructured Agency would be responsible to the Minister for the development, implementation and management of the CPS.

The Agency should be an operational Crown Agency as the model to provide it with more flexibility in hiring and in the decision making required to do the job effectively.

The Agency should have a fresh start. This should include:

➤ a change of name reflective of the new reality and
➤ a new, independent, skill based board.

Recommendations

1. Ontario Regulation 43/02 of the Development Corporations Act[2] should be amended to establish that:
   ➤ The Ministry is the responsible for developing the eHealth vision, policy planning and priorities;
   ➤ The Agency has a mandate to be responsible to the Minister, in accordance with the strategic directions and priorities established by the Minister, to develop, implement, and manage the ongoing operations of the CPS;
   ➤ Provide the Agency with a new name more reflective of its responsibilities.
2. The Agency should retain its new senior leadership team and the government should appoint a new, independent, skills based Board.
3. The Agency should be responsible to the Ministry for the development, implementation and management of the ongoing operations of the CPS and divest itself or be divested of all aspects of its mandate not central to that role.
4. The Agency should investigate and report to the Ministry on options that could be pursued to bring greater efficiency to the CPS, including storage of data, both from the perspective of currently existing and potentially duplicative systems and for projected future needs.
5. The Agency should establish an ehPMO that, based on priorities established by the Ministry, would provide an environmental scan, obtain expert advice, including outside Ontario experience, to ensure that the procurement strategies/RFPs are both well designed in order that the right vendors/bidders are attracted. The ehPMO would also recommend appropriate guidelines for project oversight.
6. The Agency should continue to be a Provincial Crown Agency, with a new independent Board, reporting through the Minister of Health of Health and Long Term Care.
7. The ISB should continue to advise the Minister on vision, strategy and priorities for eHealth in Ontario throughout eHealth 2.0. and provide oversight of Ontario's HIT.
8. The Assoc. DM Health System Information Management Division and Chief Information Officer (CIO) of the Health Services I&IT Cluster continue to provide the day to day oversight of the performance of the restructured Agency on behalf of the Minister and continue as a Board member of the Agency.

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[1] Development Corporations Act, Ontario Regulation 43/02
[2] ibid

9. The Ministry place the highest priority on supporting the restructured Agency to deliver a fully operational CPS.
10. The ISB should require all major investments in HIT by hospitals and other health provider organizations with HIT projects be reported to the Ministry with the object of ensuring compatibility with the CPS.
11. The ISB should review all major investments in HIT by hospitals and other funded health provider organizations to ensure there is future compatibility with system integration