

October 28, 2016

Mr. Ed Clark
Chair, Advisory Council on Government Assets

Dear Mr. Clark:

Thank you for the opportunity to provide input on how best to leverage eHealth assets to further develop an effective digital health network in Ontario. It is a privilege to contribute.

I have attached a discussion paper with my reflections and suggestions, which I will summarize in this letter.

Overall, my belief is that there are many strong assets already in place to be built upon. Most hospitals have reasonable IT systems, albeit many are looking to upgrade. Community Care Access Centres also have some electronic capabilities. Most importantly, Primary Care Physicians have some electronic means. Home care agencies, long term care and community health agencies have various degrees of connectivity – from minimal to fully digitized organization-based systems.

In terms of where to go from here, we must first understand the business goals of what we are trying to achieve as a system. To me, put simply, we are collectively trying to move to a system that is focused on keeping people healthy and well. Consumers (patient and/or family caregiver) and primary care providers (including Primary Care Physicians) must be the focal points of this digital strategy.

Priorities include:

- **Relentless focus on the consumer:** focus on access to information and the ability to easily transact (book appointments) electronically – emphasis must be placed on virtual care models;
- **Secondary focus on primary care:** includes rationalizing the data assets in the sector and driving provider utilization of their assets by eliminating alternative options;
- **Creation of a general framework for the other health sectors:** to rationalize IT assets at their own pace, particularly hospitals, as an enabler of the strategy, not the focus.

The discussion paper contains a number of key implications with respect to next steps, of those I would highlight three that are particularly important considerations:

Communities of practice: to ensure adoption and utilization of digital systems focused on a local or regional geography. Through regional development multiple instances can be developed concurrently, reducing the risk of singular failure and avoiding “mega-projects”.

Use pre-existing tools: as large portions of the required infrastructure already exists we must purposefully avoid creating new assets until the full utility of existing assets is exploited. This may have procurement issues that need to be sorted out.

Health equity: we cannot forget that as ubiquitous as smartphones have become, there is still the risk that many Ontarians cannot participate in a digital health strategy/virtual care model. As initiatives are developed we must identify people who are at risk of being excluded, and focus effort to find solutions to address this concern in a meaningful way.

I look forward to any assistance I can provide.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew Anderson', with a long horizontal flourish extending to the right.

Matthew Anderson
President and CEO
William Osler Health System

Attachment (1)