



eHealth in Southwestern Ontario

Adding Value to the Healthcare System

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1) Introduction

Southwestern Ontario has been an active leader in the successful identification, development, and deployment of eHealth and technology assets over the last 2 decades. A foundation of our success has been the strong leadership and decision-making structures which have been developed to coordinate and oversee this work.

The value of our eHealth investments can only be maximized if we leverage, and not duplicate, existing investments, and if we approach investment from a “system” perspective.

The patient journey does not stop when the patient leaves the physician’s office or the hospital, or enters the long-term care home – the patient journey crosses all sectors, and our eHealth investments must be guided by approach which follows the patient throughout their entire care journey.

An oversight structure has been created in Southwestern Ontario which brings partners together across the geography of four Local Health Integration Networks (LHINs). This paper will provide an overview of this structure, and identify how it is helping to maximize the value of our eHealth investments in the Province of Ontario.

In addition, this paper will also describe the accountability structures which can be used to ensure digital health direction and strategy can cascade from the province, to LHINs, to individual health service providers, and ultimately to the patients who are seeking care.

2) Background

Individual sectors (hospitals, primary care, long-term care, mental health, and home and community care) depend heavily on their sector specific systems to manage their clients/patients/residents, processes and workflows, and service delivery. These systems vary from highly sophisticated mission critical systems and infrastructures such as Hospital Information Systems (HIS) to lesser developed systems in ambulatory, primary, and home and community care.

The state of development and maturity of these systems has often been largely driven by the underlying policies and payment models to compensate providers and service delivery.

The hospital sector has been able to leverage and adapt well tested international systems to local contexts. Vendor consolidation is high with a handful of vendor systems (HIS) in this space. The functionality offered by vendors in these HIS systems have the ability/option to

extend beyond hospital based services to ambulatory, community and home care services including population management and consumer health. Cerner and Meditech are amongst the vendors with the most market share.

The Primary Care sector is perhaps the most fragmented with a number of locally developed Ontario specific EMR and practice management systems. Vendors offering ambulatory care and practice management systems have to comply with evolving EMR specifications defined by OntarioMD and the ability to integrate OHIP billing. Offerings from vendors in this space have thus been limited due to these requirements and the relatively small market of Ontario ambulatory care providers (primary care and specialists). Integration and connectivity with these systems has been the greatest challenge due to the range of EMR systems and lack of standard specifications. Telus Health has steadily acquired and maintained a number of EMR systems in this space. It has established the largest market share with its recent acquisition of Nightingale On Demand.

And just like in the hospital and primary care sectors, technology in other sectors like home and community care, long-term care, and mental health and addictions can also vary widely. From the few large organizations such as the community care access centres (CCAC) and a few others, the rest of organizations tend to be fairly small in size with some even run by volunteers in the community services space. The CCAC perhaps has the most organized arsenal of eHealth tools to manage clients and services with the CHRIS system (Client Health Registry and Information System).

This mosaic of systems and technologies has made it essential that we approach digital health from a system perspective. We must leverage existing investments and not replicate technologies already in existence. We must build on our successes and learn from our failures.

So, how do we do this? The answer lies in part with an oversight and accountability structure which encourages local innovation, learning from others, and leveraging existing investments.

3) Stakeholders and eHealth entities

Southwestern Ontario (SWO) is a very complex region, comprised of many disparate stakeholders, organizations, policies, business solutions/services, governance structures, strategic priorities and objectives, over a significant geography. However, this same geography shares many common referral patterns.

There are several organizations that are playing key roles in identifying, deploying and/or maintaining eHealth enabling solutions. Examples include the Ministry of Health and Long Term Care, OntarioMD, eHealth Ontario, and the Ontario Telemedicine Network. We have also seen new eHealth initiatives tied to Canada Health Infoway funding and likely additional initiatives will soon come from the newly announced Health Technologies Fund from the Office

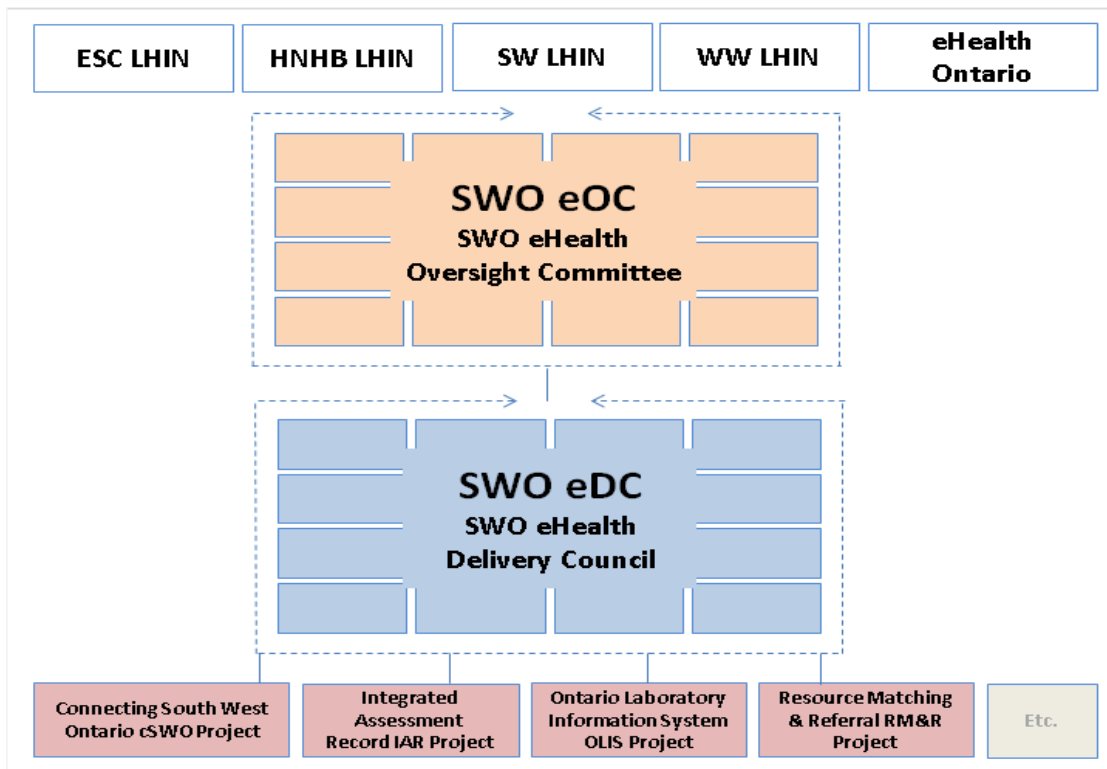
of the Chief Health Innovation Strategist. Our local health service providers in each sector (hospitals, long-term care homes, community support services, home and community care, mental health and addictions, and community health centres) are also deploying new technology solutions to enhance their business processes and improve patient care. The coordination of these many moving parts will be critical to maximize the success of enabling technology in healthcare.

The healthcare organizations within the four LHINs of SWO (Erie St. Clair – ESC, South West - SW, Waterloo Wellington – WW, and Hamilton Niagara Haldimand Brant - HNHB) have been designated as “Cluster One” for the purpose of collaborating to deliver large complex eHealth and technology projects. These initiatives are being driven by a variety of provincial and regional sponsors and as a result run the risk of being disconnected from each other. As a result, their cumulative impact on the health system and their alignment with local, regional and provincial health system priorities may not be well managed and fully understood.

The coordination of eHealth and technology initiatives is vital to the success of advancing the strategic directions of both the provincial health system and each of the four LHINs across Southwestern Ontario.

4) Governance Structure

In order to help ensure success, SWO has created a governance structure which enables joint strategic direction, collaboration and prioritization (see diagram below).



The **SWO eHealth Oversight Committee** helps ensure the delivery of a regional eHealth and technology approach across the SWO cluster, and provides direction and oversight to achieve collaboration and agreement to the outcomes of regional eHealth and technology. The Committee is comprised of the following:

- eHealth Ontario Executive (co-chair)
- South West LHIN CEO (co-chair)
- Erie St. Clair LHIN CEO
- Waterloo Wellington LHIN CEO
- Hamilton Niagara Haldimand Brant LHIN CEO
- eHealth Ontario Senior Director, Regional eHealth
- SWO Delivery Council Chair
- South West LHIN PMO/eHealth Lead (South West CCAC)
- Erie St. Clair LHIN PMO/eHealth Lead (TransForm Shared Services)
- Waterloo Wellington LHIN PMO/ eHealth Lead (Centre for Family Medicine, Kitchener)
- Hamilton Niagara Haldimand Brant LHIN PMO/ eHealth Lead (Hamilton Health Sciences Centre)
- Committee Support - SWO Secretariat/PMO Lead.

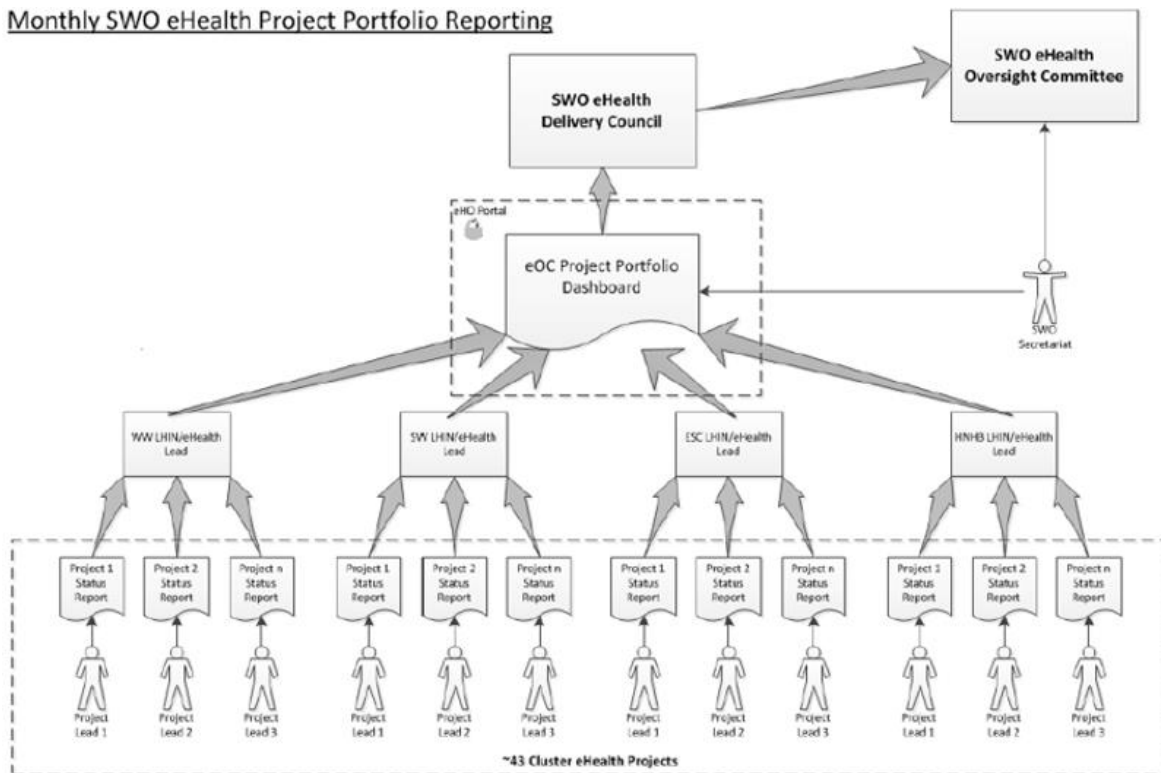
The SWO eHealth Oversight Committee has been successful in providing strategic direction to the SWO eHealth Delivery Council, and has provided strategic input and advice on issues identified by the Delivery Council. The Committee has also worked to ensure that the disparate regional organizations are jointly working and governing together to achieve overall alignment of eHealth and technology projects within regional and provincial.

Although the cSWO (connecting Southwest Ontario) program is significantly larger and more complex than other eHealth initiatives currently underway in the cluster and has its own separate governance model, it is one of several areas of focus for the Oversight Committee. It should be noted that the cSWO governance model also includes oversight and responsibility outside of the SWO eHealth Oversight Committee.

The SWO governance structure provides a mechanism to bring different initiatives together, providing opportunities to strategically align or influence if needed. It is not uncommon for health service providers to implement an enabling technology to improve a specific scope of work, with little consideration of opportunities for the solution to broaden its scope beyond the initial need identified.

The SWO eHealth Oversight Committee also recognizes the challenge of coordinating and prioritizing eHealth initiatives across such a large diverse group of health service providers. For example, one LHIN in the cluster may have mental health & addictions providers at a state of readiness to choose and deploy an enabling technology, however in another LHIN, the providers may be at a different state of readiness and have not even recognized the need for an enabling technology. The Oversight Committee uses a monthly reporting process to assist in the coordination of efforts, and the identification of issues and risks that is reported up to the SWO eHealth Oversight Committee (see diagram below). Strategies to mitigate risk or escalate issues are then deployed as necessary.

Monthly SWO eHealth Project Portfolio Reporting



5) Innovation vs. Provincial Direction

With eHealth and technology, there is an ongoing tension between local autonomy and provincial direction. Local innovation in eHealth is a key driver for improving care for patients – but this innovation must be framed in a structure which allows the benefit to grow beyond the original organization and community.

Clinical Connect was created in the HNH B LHN, and is now rolling out to all providers across the SWO cluster through the cSWO initiative. The South West LHN created the SPIRE (Southwest Physicians Interface with Regional EMRs) project which allowed the electronic transfer of information directly from hospitals to primary care EMRs. SPIRE was then implemented in the ESC LHN, and has now led to the creation of a provincial solution through the Hospital Report Manager (HRM) initiative. The SPIRE project is a great example of a locally grown solution that provided value for 8 years until the provincial system (HRM) was ready and available for implementation in our region.

The SWO Oversight Committee has provided a structure which has allowed local innovation to spread beyond its original zone of influence, and at the same time assisted in preventing duplication of initiatives across the geography of the cluster.

6) Conclusion

To maximize the value of our eHealth investments, and bring the greatest benefit to patients/clients/residents, an oversight structure is required which crosses the entire health care system. A structure is needed that ensures that existing investments are leveraged, and initiatives which already exist are not duplicated, but rather replicated when successful. The SWO Oversight Committee has taken on this important role in Southwestern Ontario.

LHINs have the responsibility for planning, funding, and integrated health services across a variety of sectors – and the breadth of health service providers under LHIN responsibility is proposed to increase under the Patients First Act. Because of the leadership role which LHINs play in the Oversight Committee, there can be assurance that a broad systems approach is undertaken in assessing eHealth initiatives across our geography.

And with the ministry now taking a more active role in setting the strategic direction for eHealth through the creation of the Digital Health Board, the Oversight Committee provides the provincial government with a vehicle to advance this direction, and seize the opportunity to drive health system performance through its eHealth assets.

Finally, there is an opportunity to leverage the Oversight Committee and its membership of LHINs to improve system performance through a cascade of accountability measures. In its accountability agreement with the 14 LHINs, the ministry can specify its requirements and expectations for eHealth and technology. In turn, the LHINs can then include these accountability provisions in the accountability agreements with its health service providers, and in the sub-regions which are being created under the Patients First Act.

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