ON e-Health
Ontario Northern Information Network

North East
LOCAL HEALTH INTEGRATION NETWORK
RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
du Nord-Est

FedNor
Canada

Ontario

North West
LOCAL HEALTH INTEGRATION NETWORK
RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
du Nord-Ouest

Northern Ontario eHealth
Information and Communication
Technology Project

Laura Boston, Project Manager

Presentation to:
Northern Ontario School of Medicine:
Northern Health Research Conference
June 1, 2007
Northern Ontario eHealth ICT Blueprint

Discuss:

- What is eHealth?
- How eHealth can help you – provider, consumer/patient!
- Showcase Northern Ontario leadership role in eHealth!
- We want to hear from you!
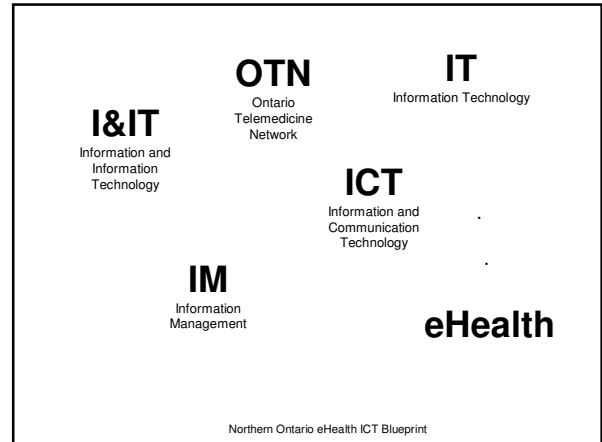- Be Part of the Solution!

Northern Ontario eHealth ICT Blueprint

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3 Questions

How did you make travel plans ten years ago?

How did you do your banking ten years ago?

How did you practice medicine 10 years ago?

Building the Case for Change

Let's improve healthcare for
patients/consumers and providers.

I&IT
Information and
Information
Technology

OTN
Ontario
Telemedicine
Network

IT
Information Technology

ICT
Information and
Communication
Technology

IM
Information
Management

eHealth

Use of Technology **+** Health Care

= eHealth

Northern Ontario eHealth Examples

- Electronic medical records
- PACs - Picture archiving communication systems
- PNOPP – Across Northern Ontario
- EMRxtra – CHI, GHC and OPA
  - Providers sharing information about patients with pharmacists
  - Reduce medical error
  - Boost patient safety
 - Improve communication among pharmacists and physicians

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eHealth Structures

- Canada Health Infoway
- North East & North West LHIN IHSP ICT plan
- MOH-LTC - eHealth program
- OMA – Ontario MD program
- ONe-Health

In Canada 2005

- 35 million Diagnostic Images
- 440 million Laboratory Tests
- 2.8 million Inpatient hospitalizations
- 382 million Prescriptions filled
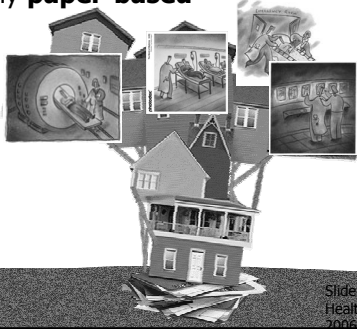- 322 million office-based physician visits - 94% resulting in handwritten paper records
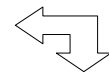
About 2,000 health care transactions per minute, many quite complex, and all requiring documentation and information flow

Information is the Lifeblood of our Healthcare System!

Slide from Canada Health Infoway, March 2006

In spite of spectacular advances in medicine, the foundation of healthcare delivery is still primarily **paper-based**

Case for Change

- Service delivery is complicated by:
- Geography
- Weather
- Dispersed populations
- Staff shortages and resources
- Northern Ontario has the highest burden of illness in Ontario

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Case for Change

- Provider information management:
- Lack of electronic tools, funding
- Silos of information due to manual processes
- Provide or ask for the same information multiple times within each organization and across the continuum of care
- Chronic diseases & self management become more important – the need for communication between service providers and users will increase

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What is Northern Ontario doing about eHealth?

Blueprints for Northern Ontario developed

Phase 1 – 2005

Phase 2 – 2007
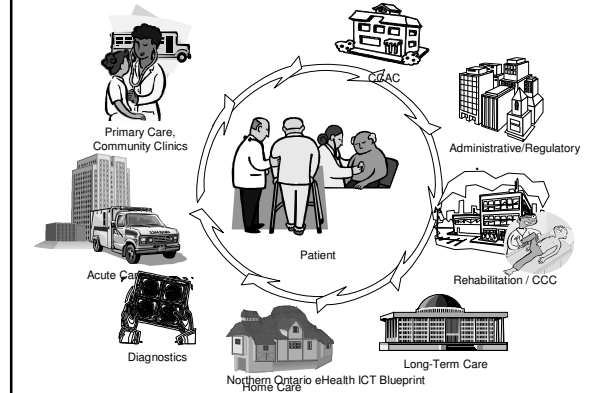
Phase 3 – 2007 – current

Phase 1 – 2005

- Phase 1 – 52 organizations participated
  - All hospitals (including acute mental health and regional cancer programs
  - 9 Community Care Access Centres
  - 6 Community Health Centres
  - The Group Health Association

Phase 1 Framework

Primary Care, Community Clinics
CCAC
Administrative/Regulatory
Patient
Acute Care
Rehabilitation / CCC
Diagnostics
Long-Term Care
Home Care

Phase 2 – 2007

- Phase 2 -
  - 400 community health organizations – addictions, children's treatment, community support service providers, independent health facilities, long term care homes, mental health, public health
  - 200 community pharmacists
  - 43 nurse practitioners
  - 28 family health teams
  - 1,100 physicians
  - Volunteers
  - Chronic disease and patient management programs

Phase 2 Framework
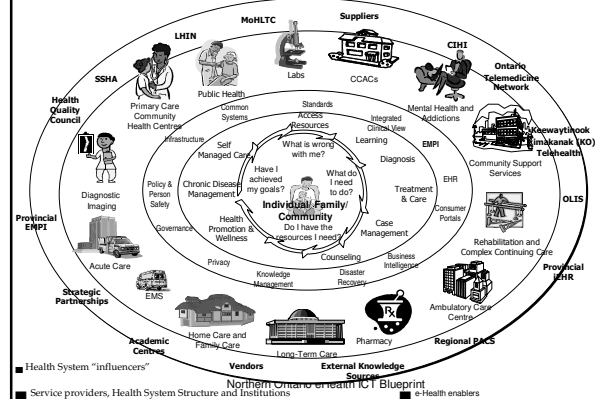
Northern Ontario ICT Vision

Information and Communication technology supports the processes of quality healthcare provision, access to health information, improvement of consumer outcomes, and the most effective use of available resources across Northern Ontario, through collaboration and sharing information amongst providers and supporting consumer-directed outcomes
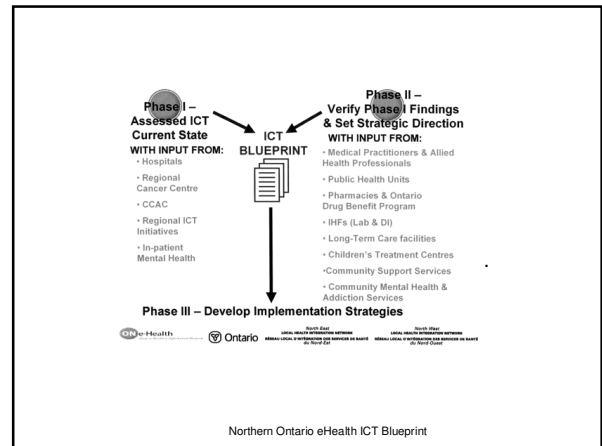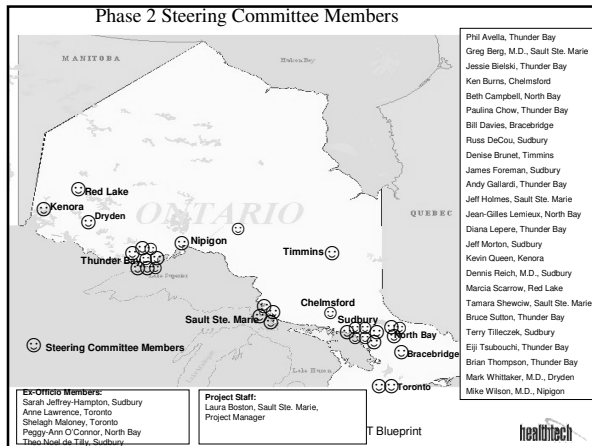
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Slide 1

Phase 2 Steering Committee Members

Phil Avella, Thunder Bay
Greg Berg, M.D., Sault Ste. Marie
Jessie Bielski, Thunder Bay
Ken Burns, Chelmsford
Beth Campbell, North Bay
Paulina Chow, Thunder Bay
Bill Davies, Bracebridge
Russ DeCou, Sudbury
Denise Brunet, Timmins
James Foreman, Sudbury
Andy Gallardi, Thunder Bay
Jeff Holmes, Sault Ste. Marie
Jean-Gilles Lemieux, North Bay
Diana Lepere, Thunder Bay
Jeff Morton, Sudbury
Kevin Queen, Kenora
Dennis Reich, M.D., Sudbury
Marcia Scarrow, Red Lake
Tamara Shewciw, Sault Ste. Marie
Bruce Sutton, Thunder Bay
Terry Tilleczek, Sudbury
Eiji Tsubouchi, Thunder Bay
Brian Thompson, Thunder Bay
Mark Whittaker, M.D., Dryden
Mike Wilson, M.D., Nipigon

Ex-Officio Members:
Sarah Jeffrey-Hampton, Sudbury
Anne Lawrence, Toronto
Shelagh Maloney, Toronto
Peggy-Ann O'Connor, North Bay
Theo Noel de Tilly, Sudbury

Project Staff:
Laura Boston, Sault Ste. Marie,
Project Manager

T Blueprint   healthtech

Slide 2

Northern Ontario eHealth ICT Blueprint

Slide 3

What we have learned:

- Consumer-centric system

- Ease of and access to information

- Effective use of health human resources and quality of work life

- Standards for privacy, security and consent

- Alignment with eHealth initiatives across the province and Canada

Northern Ontario eHealth ICT Blueprint

Slide 4

What we have learned: Circles of Care

Northern Ontario eHealth ICT Blueprint

Slide 5

What we have learned: Circles of Care

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Slide 6

% Electronic Records

Northern Ontario eHealth ICT Blueprint

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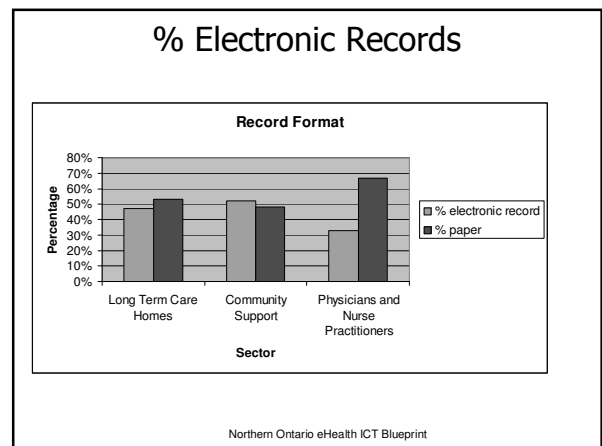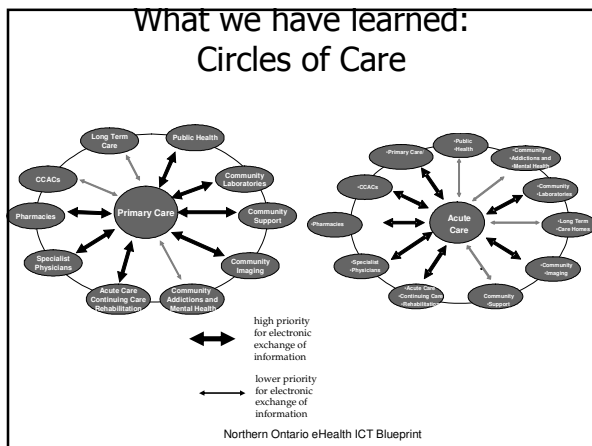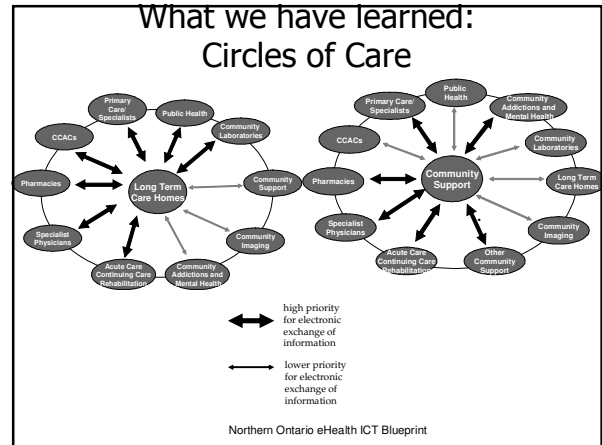
The Blueprint identifies the roadmap of attaining our goals.

eHealth ICT Goals

1. Improve consumer access to health information to support informed decision-making
2. Improve communication among service providers
3. Improve care delivery
4. Improve care delivery management
5. Support IM for evaluation & accountability
6. Commit to research, education & knowledge transfer
7. Maximize available funding
8. Ensure a planned & coordinated approach to eHealth and ICT in Northern Ontario

Northern Ontario eHealth ICT Blueprint

eHealth ICT Strategies

1. Establish the Electronic Record within individual organizations
2. Establish capability to share information among electronic records to facilitate information integration
3. Use technologies to promote service provider communication
4. Use technologies **to support consumers to achieve improved health outcomes**
5. Build on existing provincial initiatives – WTIS/EMPI, OTN, PACS, OLIS
6. Develop system-wide decision support capability, **facilitating evidence-based** decisions
7. Support work effectiveness
8. Support research and education
9. Develop technical **and support** infrastructure and utilize new technologies to match requirements
10. Maximize available **resources**

Northern Ontario eHealth ICT Blueprint

Blueprint Identifies Potential Projects, Implementation Timelines, Costs

Projects Identified:

Project Management Office
Necessary technical and support infrastructure/integration framework
SSHA Connectivity
SSHA ONE Mail
Access to telehealth
Catalogue of Services
Clinical/Provider Portal
eReferrals
ePhysician strategy
Expand ODB Viewer
Leverage EMPI
EHR content
OLIS alignment
Consumer portal
PNOPP
Administrative systems (finance, HR, supply chain)

Phase 3 Tactical Plan
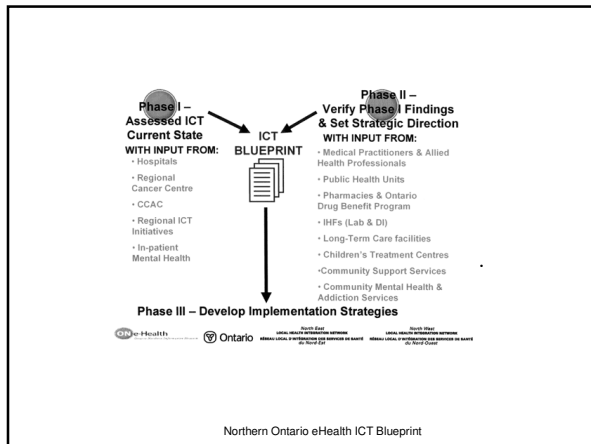
Tactical Plan – Phase 3

• Brings together Phase 1 & 2 priorities and members

• Tactical Plan will provide a roadmap with specific projects, implementation plan, capital and operating cost estimates

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Physician/NP/Pharmacist Feedback Phase 3

• Need to invest in physician office systems
• Electronic linkage between offices and hospital
• Link systems for laboratory, drug and diagnostic imaging reports/view images
• Pharmacy systems can communicate with other systems
• Align with OMA's Ontario MD program
• Set up a database of current physician office automation
• Assist physicians to select systems or replace those that they have as part of a vendor minimization approach
• SSHA Network and ONE mail
• Establishing physician e-communities
• Adequate support to implement and maintain systems

Service Provider Feedback Phase 3

• Vendor minimization approach needed: Work with sector-based working groups to determine the best vendor approach – minimize the number of vendors or select one that would meet the needs of most
• Standardization
• SSHA connectivity, ONE mail
• Consent, privacy and security issues need to be dealt with
• Technical support from larger IT departments in the region, e.g. Thunder Bay, local hospital

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Consumer Feedback Phase 3

• "We are ready to use technology"
• "While we do not want every service provider in Ontario to have access to our information, we expect that those who are caring for us should"
• "We are concerned about the elderly, and those who do not have access to computers or have literacy, "compute racy" and disability barriers to using computers"
• "Some people will never use computers and computers do not replace personal contact with service providers"
• "Can you make computers available in the community, e.g. public library, community centre, community health centre, my doctor's office?"
• "I don't use computers; put it on the phone"

NEXT STEPS & THANK YOU!

• Wrap up Tactical Plan – Phase 3 July
• Get involved!
• Be part of the solution!

QUESTIONS?

North East LHIN IHSP ICT & IM 2006
http://www.nelhin.on.ca/reports-ihsp.asp

North West LHIN IHSP ICT Background Paper 2006
http://www.northwestlhin.on.ca/en/integrated.htm

ONe-Health and ICT Project Information:
http://one-health.ca/portal/
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Northern Ontario eHealth ICT Blueprint