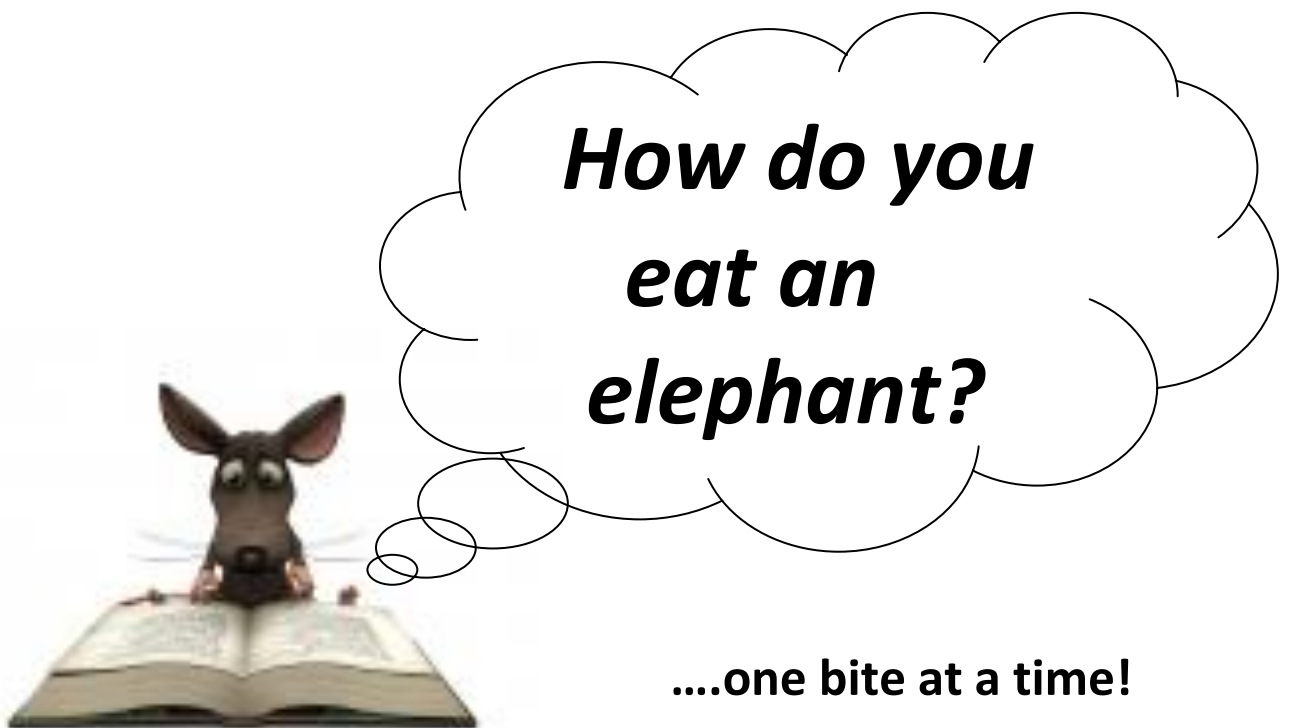


eHealth Community Consultation Task Group Recommendation Report 2010



Summary

In undertaking the task of identifying the “eHealth Needs” of the community agencies in the CE LHIN, the Community Consultation Task Group recognizes that it is a process that will be reiterative, and in short, will need to work in stages to develop the results.

The work of the eHealth Community Consultation Task Group is neither completed nor unfinished. The set of tasks undertaken are complete in that they a) complete the deliverables set out in the Task Group - Terms of Reference, and b) provide a set of recommendations to the eHealth Steering Committee on both the Strategy and specific initiatives to support those Health Care Providers. At the same time, the recommendations need to be further built out in small concepts and processes, and then continually evaluated to ensure the growth moves in the correct direction.

The information that identifies the eHealth needs of community agencies will require validation by the broader membership of each sector, and make use of ‘point in time’ verification that the suggested recommendations are feasible, cost effective, and provide sufficient impact on the delivery of health care to the patient/ client population.

Recommendations are based on the work prior to the formation of the Task Group (as a foundation for community consultation), as well as the 6 months of discussion, review of issues, needs that may be satisfied by technology and potential solutions either current or future by the eHealth Community Consultation Task Group. These identified issues have been prioritized and weighted according to importance and impact on the provider’s delivery of health care. And finally, potential solutions have been detailed as much as is available and aligned with current strategies (eHealth, CE LHIN and Provincial).

The Task Group asks that the recommendations be studied by the eHealth Steering Committee; that they be incorporated into the CE LHIN eHealth Strategic Plan in 2010 and in moving forward, consultation to the non-hospital sector from this task group continue after the Task Group work is finished.

This report and future consultation should still be considered as a small start with which the foundation of incorporating the community agencies into a LHIN eHealth Strategy is based.....one bite at a time.

eHealth Community Consultation Task Group

How do you eat an elephant?

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Section I – CE LHIN Community Consultation Background

1.1 Current Status

EHealth at the Central East LHIN is considered an enabler to meeting the goals of the CE LHIN Integrated Health Services Plan (IHSP) and the delivery of health care in the region. To support this, the eHealth Steering Committee was developed three years ago to facilitate these goals and support ongoing initiatives in eHealth both locally and provincially.

An eHealth Strategic Plan (2007- 2012) was developed by the CE LHIN eHealth Steering Committee as a roadmap for these goals. Currently in year 3 of its 5 year plan, it was determined that a review of the plan's currency and progress was necessary. As well, the IHSP of the CE LHIN has been refreshed and begins a new plan in April 2010, so the eHealth Strategic Plan requires adjustment to align with the new IHSP. Part of this process is always the engagement and consultation of the providers and as such, community consultation was undertaken.

1.2 Background (2008 – 2009)

There are several requirements for community consultation on eHealth. Most obvious is the need to consult the users of the technology for healthcare so as to determine how and what eHealth will be, but there are other initiatives that have a need for the engagement of providers.

The provincial body eHealth Ontario has embarked on a provincial eHealth strategy and employed the LHINS in the initiative. Consultation was identified as a “readiness activity” through their initiative of implementation and analysis of provincial strategies. Also, the new IHSP put more emphasis on involvement with non-hospital agencies to ensure the continuum of care and help achieve its aims. As well, the initial eHealth Strategic Plan was more focused on infrastructure and Acute Care organizations so the Committee agreed there was a better understanding of the hospital needs and their requirements for eHealth.

Recognizing the above, the eHealth Steering Committee determined to engage the community agency sector(s) in a consultation process to better understand and identify their needs for eHealth. Healthtech Consultants were engaged to facilitate the process.

1.3 Consultation Process

1.3.1 Phase I

In Phase I, the consultants developed a process for information gathering from the non-hospital sectors through: the CE LHIN Symposium 2008, and conversation with various LHIN groups (networks etc.). The resulting report provided in July 2009, identified that there was a need for more detail and larger consultation base.

1.3.2 Phase II

Phase II was intended to provide a larger consultation base result, target specific sectors to ensure validation of the information already gathered and again to provide further detail on eHealth needs. The following was undertaken from November, 2008 to March 31, 2009:

- A survey (online and paper) was completed that asked questions on technical needs and current technology, types of applications used, and priorities on use and development of eHealth technology; identified by sector
- Presenting and holding a dialogue with various sector and LHIN committees and tasks groups to ask similar questions (including Primary Care, Mental Health, Diabetes, Aging, Self Management, Community Support Services Forum)

At the end of March 2009, the resulting report was provided to the eHealth Steering Committee and identified the following:

- Community Consultation needs have similarities to the current eHealth strategic plan but are different in scope and environment
- There is a need for further detail to be comfortable in action on the recommended needs of community. Validation and detail on the actions was required.

1.3.3 Results – April 2009

- eHealth Steering Committee request for:
 - Task group of community agency membership
 - 6 month short term to detail needs
 - Provide recommendation to committee with goal to incorporate into eHealth Strategic Plan

1.4 Request for eHealth Community Consultation Task Group

The Terms of Reference was developed in draft by a working subcommittee of the eHealth Steering Committee (S. Donaldson, B. Hyde, Dr. V. Ho and support by K. Eskedjian). The terms of reference was used to develop an Expression of Interest (EOI) to develop the membership for the eHealth Community Consultation Task Group. The EOI was emailed to the community at large and posted onto the CE LHIN Website early in

October for submission by October 23, 2009. It was distributed to all sectors and the goal was to have even representation (i.e. 2 members from each sector) to a total of 16 members).

NOTE: There were 2 physician representatives who agreed to participate but then were unable to represent / attend. It was determined the best course of action was to remove the physician component from the consultation; identify to the steering committee and to address physician eHealth needs in a different fashion (i.e. to address through the Primary Care Working Group etc.)

The eHealth Community Consultation Task Group began meeting monthly in November, 2009, and completed its work in April, 2010 with this report. There has (excepting physician and pharmacy) been representation for all identified sectors.

Section 2 – Strategy and Needs

eHealth Vision: **Better eHealth = Better Health**

The eHealth Community Consultation Task Group membership identified that there should be an overarching vision or set of ideas to provide context and drive forward the findings of the Task Group and the sector(s) it represents. The Task Group strongly believes that there also is a vision to ensure the work is continued past the short term of the Task Group (i.e. 6 months). The overall strategy for eHealth support of non-hospital health care agencies is based upon both the discussion and development of eHealth needs over the last 6 months' work of the eHealth Community Consultation Task Group.

2.1 Strategy for eHealth in Community Agencies / Sectors

1. **Translate the Vision:** The vision of the CE LHIN eHealth team: Better eHealth = Better Health needs to be incorporated into all sectors of the CE LHIN, specifically to the community agency (non-hospital) sectors. eHealth initiatives must be developed to be inclusive and minimize and eliminate silos in care delivery.
2. **Develop Consistent and Continuing Communication Mechanisms** to support this vision in the Community Sectors. The connection and identification of needs in the non-hospital community sector(s) work needs to continue and there must be a process to ensure continued connection with the community sector(s) using technology and communication.
3. **Provide Communication Vehicle** (two way) between CE LHIN eHealth and Community Sectors to ensure continued work in translating the vision into the community
4. **Increase Knowledge, Awareness and Education** of eHealth and healthcare technology to the community sectors.
5. **Continually Align Community Agencies/ Sectors to Strategic Initiatives** that are undertaken from CE LHIN, CE LHIN eHealth, eHealth Ontario and related provincial agencies and the acute care facilities.
6. **Ensure Community Agencies / Sectors (inclusive) needs are incorporated** within initiatives undertaken if applicable.
7. **Ensure Support** to the Community Agencies / Sectors for technology and initiatives especially when these are required or necessary to participate in various initiatives (i.e. within the strategic plan, provincial readiness etc.)

2.2 Barriers/ Challenges

2.2.1 Barriers to Address Community Agency eHealth Needs

The non-hospital community agency sector(s) cannot translate eHealth initiatives developed for hospitals easily without alteration. These “community” sectors have different challenges and barriers to moving forward with eHealth and technology initiatives. These will have to be better understood and taken into consideration when involving the sector(s) in eHealth initiatives:

- **Sectors are diverse** and their needs are very different
- **Profit and non-profit organizations** have different requirements and interests
- **Competition** between organizations can be a reality (i.e. for funding, contracts, clients) and organizations may be hesitant to collaborate and/or integrate)
- **Technical knowledge and expertise** is diverse in range (low end to top end)
- **Funding** is often not sufficient or steady to support technology
- **Staff technology needs and understanding** is diverse in range (low end to top end)
- **Size differences** need to be recognized and addressed (all health service providers)
- **Legislative Agreements** may be barriers or raise issues based on governing legislation that is sector specific. Examples may include; differences between the hospital and mental health act, children’s mental health agencies, etc.
- **Privacy and Security requirements** will be diverse as well (i.e. sharing information between organizations, resources to support, requirements for providers)

2.2.2 Issues Identified

The eHealth Community Consultation Task Group incorporated the results that were identified from Phase I and Phase II and began with this information. Based on discussion of the membership, below is the “Issues List” identified that would answer the question: “How does eHealth support your needs to improve and support your delivery of care?” Detail on each of these issues are provided in Appendix A: Project Packages

1. Funding Availability
2. Coordination of Reporting (easier and simpler from LHINS, ministry)
3. Automated CCAC data (paper and fax elimination for data to/ from)
4. Education Tools (e-tools)
5. IT Training to Staff
6. Awareness - eHealth Initiatives projects (CE LHIN, eHealth, province, other)
7. Accreditation Support and Sharing
8. Use of Available Technology
9. Listings / Database of information to learn from
10. Training Video links
11. Security and Privacy Issues and expertise
12. HOW to Data Sharing issues
13. Protection Methods / Processes / Policy
14. Back Office Technical Support
15. IT Training to Technical Staff
16. Technical Support (Back office)
17. IT Training to Staff
18. Expert Analysis and information
19. Connectivity between offices / agencies (professional, sector, agencies)
20. Connectivity interfaces (systems to connect things)
21. Share Data
22. Shared Workspaces (collaborative spaces)
23. Connection to other applications (lab, drug, hospital)
24. Glossary of Terminology; technical, eHealth, association
25. Care Plans Coordination
26. Common Data Set
27. Enhancements to current CHC software
28. Electronic Assessment
29. Automated Forms (removal fax / paper)
30. Support of Accreditation (through automation / technology)

Section 3 – Recommendations

3.1 Conditions for Recommendations

The following are 9 recommendations based upon discussions over the six months of the task group meetings. They represent consensus of the overall needs identified by the community sector(s) represented by the membership of the Task Group (see Appendix C: Membership).

Within each recommendation “category” are specific detailed issues that have been identified for inclusion in the recommendations and can be considered specific initiatives that could be undertaken. The following is to be noted regarding these recommendations:

- a) These issues / needs are only “current state” and may change over time due to evolving needs and initiatives
- b) All initiatives and use of eHealth / technology should be adaptive to other areas, sectors, and regions
- c) These recommendations were identified by the Task Group membership and this group requests that the recommendations be validated by the larger membership of each sector.

3.2 Recommendations

- 1) **Funding Notification:** Provide a method of identifying funding initiatives to the Community Sector(s) on an ongoing basis:
 - **Need for a Funding Link / Repository available to all HCPs on Website that includes not just LHIN funding but any funding opportunities**
- 2) **Consolidated Reporting:** Streamline and simplify reporting (required) where possible to the Community Sector(s) and make electronic (removal from paper, fax, and different methods). The concept of consolidated reporting would include standard nomenclature, consistency in field names and sizes, standardized core information, and reporting process.
 - **Need for Consolidated reporting to LHIN**
 - **Need for Consolidated reporting to other government agencies**

3) CCAC Communication Automation: Automate the communication to and from CCAC to the Community Sector(s) and move away from fax and paper information.

- **Need for Communication automated sending TO CCAC**
- **Need for Communication received FROM CCAC**

4) Build Awareness: Provide Knowledge, Training and Education on eHealth to the Community Sector(s)

- **e-Learning Tools**
- **What are the CE LHIN eHealth initiatives, strategy, updates**
- **What are the eHealth Ontario provincial initiatives, strategy, updates**
- **Databases/ Listings of information (to house results, success stories, etc)**
- **Presentations and Learning Materials on eHealth**
- **Understanding and access to technology (OTN, webinar applications, etc)**

5) Privacy and Security in eHealth: Provide knowledge and guidance on privacy and security in relation to healthcare technology and data to the Community Sector(s)

- **Methods and training on Encryption of Data for Community Sector(s)**
- **How to Do Data Sharing (through technology, including agreements, preparation etc.)**
- **Data sharing with external devices (email, websites, SharePoint etc.)**
- **Methods of Data Protection (policy, infrastructure, processes etc.)**

6) Technical Support: Provide back office and technical support, including information to technical staff to increase “readiness” of eHealth strategies, and support eHealth initiatives.

- **Shared IT Services (potentially CCAC to host)**
- **IT Technical Expertise from IMIT and IT Technical groups on solutions (i.e. analysis)**
- **Technology Training (e.g Video links for technology)**
- **Training for IT Support**
- **Hardware savings through collaboration: (DELL Agreement – cost efficiencies for hardware purchases)**
- **Software savings through collaboration: (MVLS Provider Agreement – cost efficiencies for Microsoft software)**

7) Connectivity: Use of Technology to connect various levels and promote the movement of data with the patient through the continuum of care.

- **How to – ability to share PHI information (One Mail)**

- Physical Connection between sectors / agencies / professionals for communication, and data sharing
- Support and Facilitate Access to the Secure ONE Network
- Collaborative workspaces per sector made available (social networking sites) for sharing non patient information, discussion
- Connectivity to other systems / applications (drug, lab, hospitals HIS)
- Transfer of Patient information in Care Plans

8) Standardization: Common Language, common tools, common interfaces as is appropriate to ensure simplification of processes, ease of understanding, better transfer, and ultimately better delivery of health care (i.e. Same delivery of care based on common care plan, use of same intervention scales etc.)

- Glossary of Terminology
- Common Data Set (especially for Reporting Purposes)
- Common Care Plan between Sectors
- Standard applications
- Training (centre or common training)

9) Application Enhancement and Automation: Initiatives to enhance current applications in order to improve the delivery of healthcare.

- CHC application enhancement
- CCIM applications for HIS/ MIS
- Mental Health HIS application
- Automated RAI and enhancements
- Forms automation (removal of Paper and Fax)

3.3 Priorities, Importance and Impact

The first deliverable of the Task group was to identify the eHealth needs / issues. To adequately evaluate the “list”, review has included prioritization, issue importance and the impact on their delivery of care. In this manner the issues and their related proposed solutions can be reviewed in context of healthcare delivery as a whole. Note only 6 of the total committee information was received.

LEGEND (for table listed below):

#	= Number of Recommendation that the issue is identified within
Issue	= Identified Needs by Task Group
Importance	= 1 (highest) to 5 (lowest) Task Group ranking
Impact	= 5 (most impact on delivery of care) To 1 (least impact on delivery of care) by Task Group ranking
Detail	= Any additional information relevant to ranking of importance or impact

Rec #	Issue / Needs Identified	Importance (1-5)	Impact (1-5)
1	1. Funding Availability	1	2
2	2. Coordination of Reporting(to and from)	2	2
3	3. Automated CCAC data	3	3
4	4. Education Tools (e-tools)	4	3
4	5. IT Training to Staff	3	4
4	6. Awareness - eHealth Initiatives projects (CE LHIN, eHealth, province, other)	3	3
4	7. Accreditation Support and Sharing	4	4
4	8. Use of Available Technology	2	3
4	9. Success stories learning from	3	4
4	10. Training Video links	2	2
5	11. Security and Privacy Issues Expertise	1	2
5	12. Data Encryption Recommendations	2	2
5	13. HOW to Data Sharing issues	3	3
5	14. Protection Method/ Process / Policy	2	3
6	15. Back Office Technical Support	3	3
6	16. IT Training to Technical Staff	3	3
6	17. Shares IT Services	3	3
6	18. Expert Analysis and information	2	3
6	19. DELL Agreement (cost efficiencies)	3	3
6	20. MVLS Provider Agreement (cost efficiency)	2	3
7	21. Connectivity between offices / agencies (sector, agencies)	2	1
7	22. Connectivity interfaces (systems to connect things)	1	1
7	23. Share Data	1	3
7	24. One Mail – sharing PHI information	2	3
7	25. One Network access / use	2	2
7	26. Shared Workspaces (collab. space)	3	3
7	27. Connection to other applications (lab, drug, hospital)	2	4
8	28. Glossary of Terminology	3	3
8	29. Care Plans Coordination	2	3
8	30. Common Data Set	3	3
9	31. Enhancements to current CHC software	3	3
9	32. Electronic Assessment	3	3
9	33. Automated Forms (removal fax / paper)	3	3
9	34. CCIM Applications (MH HIS, CC HIS / MIS, RAI etc.)	3	3

3.4 Alignment

Any support of eHealth needs to the Community Agencies / Sectors should be aligned with current larger strategies: eHealth Ontario, CE LHIN, and the CE LHIN eHealth. Listed below provides a visual alignment of the identified needs to the IHSP of CE LHIN. Two other categories have been added to provide as inclusion of the building blocks needed to support the two aims: integration and infrastructure.

IHSP – Strategic Aims		
Save 1,000,000 Hours of Time Spent in CE LHIN Emergency Departments by 2013		
EHealth Strategic Plan / Current Projects	Current Projects <i>Projects in CE LHIN that are funded / being supported currently</i>	Issues / Needs in this Report <i>Each bullet is an identified issue / need that would be supported by technology</i>
<ul style="list-style-type: none"> • Self Mgmt • Support Providers in Continuum • Building eHR • Standardization / Integration 	<ul style="list-style-type: none"> • RM&R – referral project for ALC • MDS – RAI: Common Assessment Tool • TDIS Project – Discharge summaries • E-referral – Primary Care to Specialist • Telemedicine (OTN) • DVP Viewer • E-Prescribing • PACS – Diagnostic Image Repository • Scanning and Archiving • ER/ALC Wait Times Project 	<ol style="list-style-type: none"> 1. electronic learning / knowledge / information (d)
IHSP – Strategic Aims		
Reduce the impact of Vascular Disease in CE LHIN by 10% by 2013.		
<ul style="list-style-type: none"> • Self Mgmt • Support Providers in Continuum • Building eHR • Standardization / Integration 	<ul style="list-style-type: none"> • Diabetes Indicator Project • Self – Management Portal • CVDPMI project (Vascular assessment) • OLIS – Ontario Lab Information System • Healthy Living Website/ Courses / Discussion portal 	<ol style="list-style-type: none"> 1. eLearning tools 2. electronic learning / knowledge / information (d)
IHSP – Strategic Aims		
Integration		
<ul style="list-style-type: none"> • Standardization / Integration 	<ul style="list-style-type: none"> • CCIM - Back office HIS / MIS • One Mail / ONE Mail Partnered/ One Pages • One Portal • SharePoint CE LHIN • Eclipse – Project Management • One Network • Privacy / Security Framework Project • MVLS – provider and hospital • Data Centre Consolidation • Ontario MD – physician eHealth 	<ol style="list-style-type: none"> 1. Centralized area for glossary of terms that can provide knowledge and education on technology for Healthcare 2. Comparative data not consistent (unit costs admin vs unit costs) 3. Acronym Glossary (standardize as may be different between sectors) 4. LHIN Glossary / Listing for committees / terms etc. 5. Change from paper and fax to automated sending / receiving information (email / direct into system)

	<p>adoption</p> <ul style="list-style-type: none"> • CE LHIN SharePoint Site • Case Costing • EMPI • CGTA – Information Portal 	<p>with CCAC</p> <ol style="list-style-type: none"> 6. Training for Staff on automation 7. Training for Technical Support on Automation 8. Coordination of reporting (improve by similar data sets / naming conventions; used same areas and eliminate duplication; provide pre-population of information) 9. Reporting from paper to electronic 10. Back office Technical Support 11. Connection of offices in secure manner (different agencies; like agencies; program community) 12. Connectivity <ul style="list-style-type: none"> ○ with Physician practice offices ○ Labs / Pharmacies ○ Hospitals 13. Security and privacy issues with technology and without 14. Access to information from other care providers: <ul style="list-style-type: none"> • Drug Information • Lab information • Assessments • Care Plans 15. Care Plan coordination (technology to share information and pass information with patient; elimination of duplicate entry) 16. Better use of videoconferencing and web to connect with meetings, sessions, etc. 17. Common Data Set (standardized) part of terminology and required in reporting; could be technical and clinical
IHSP – Strategic Aims Infrastructure		
	<ul style="list-style-type: none"> • Nursing Education Website (RN / RPN) • CE LHIN eHealth Website • E-Update 	<ol style="list-style-type: none"> 1. Know where / When funding is available 2. Current information on eHealth Strategy/ initiatives 3. Current what projects are underway (able to participate or be involved) 4. Information / Space for other agencies on what they are involved in / initiatives 5. Awareness of new technology / what is available; analysis and information on how / what to choose 6. Collaboration on accreditation information / sharing of support / planning / information 7. How to access current technology – information of what and how

3.5 Broader Sector Validation

The Membership recognizes the diversity and large scale of the group identified as “non-hospital community agencies”. The sectors include

- Long Term Care
- Chronic Disease Management
- Diabetes Management
- Mental Health & Addictions
- Community Care
- Community Health Centre
- Aging for Seniors / Seniors Care
- CE LHIN eHealth Team member (Committee Support)

The task group reiterates to the Steering Committee that this report should not be taken as the endorsement of the “Entire” community and as such needs to be validated to each sector more thoroughly and fully. It is noted that this may be part of the continuous engagement and engagement recommended in the overarching principles:

“Provide Communication Vehicle (two ways) between CE LHIN eHealth and Community Sectors to ensure continued work in translating the vision into the community”.

Communication recommendations to continue this process include:

- Communication mechanism (email, survey, website etc.)
- CE LHIN Symposium
- Regular attendance / presentation at sector group forums / meetings

3.5.1 Engagement Recommendation

As an initial communication to the sectors, this group recommends an expression of interest communication along with the resulting report to determine the interest in wanting to proceed by community agencies (i.e. deciding if it is worthwhile to continue) which will provide a background or context to the community at large?

3.6 Implementation

The recommendation for implementation by this task group is as follows:

- 1) To communicate broadly to the community agency sector groups to provide background and what has been done; then to request verification of issues and identified initiatives
- 2) To focus on the top priorities (ranked by impact and importance by the task group)
- 3) To pick the “low hanging fruit” and implement quickly to provide the “quick wins” to show to the community. This may include those with no or minimal cost.
- 4) Integrate the framework and principles into the eHealth strategic plan and future initiatives
- 5) To reconvene the Task Group in September (6 months) to review the progress based upon the report.