



ONTARIO HOSPITAL ASSOCIATION

Building the Foundation for e-Health in Ontario

John Oliver

President, Halton Healthcare Services

Past-Chair, OHA Information and Communications Technology Advisory Committee

September 26, 2001

University of Waterloo

“Smarter Health: The Value of IT in the Health System”

Seminar Series

Outline

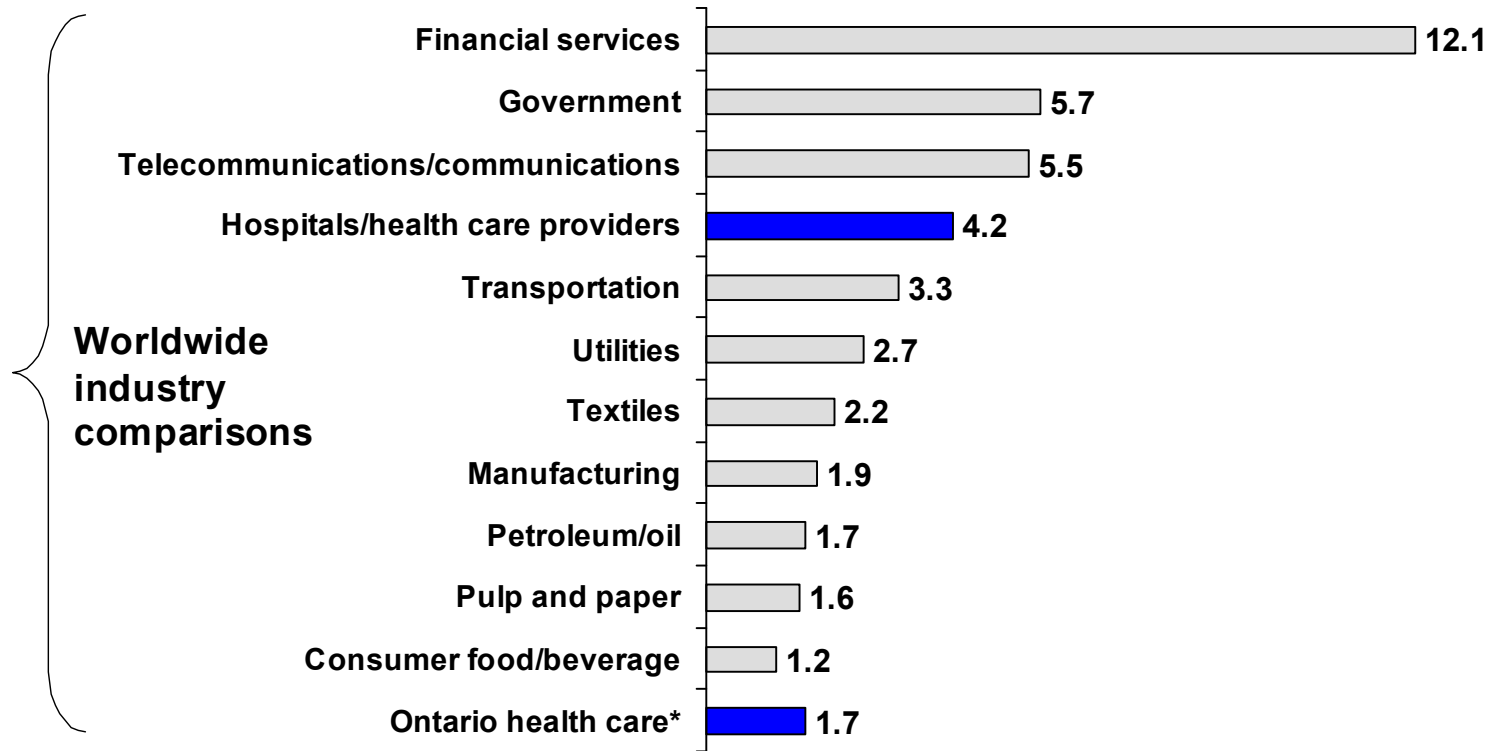
1. Current State of ICT in Hospitals
2. ICT Advisory Committee
3. Recommended Areas for Action
4. Questions

Current State of ICT in Hospitals

- Information-intensive industry, largely paper-based
- Locally engineered ICT solutions built on varying standards
- Limited connectivity among providers and consumers
- Varying levels of technological functionality
- Fragmented and incomparable data for system planning, management, and research
- Duplication of services due to limited data capture and poor information management and sharing

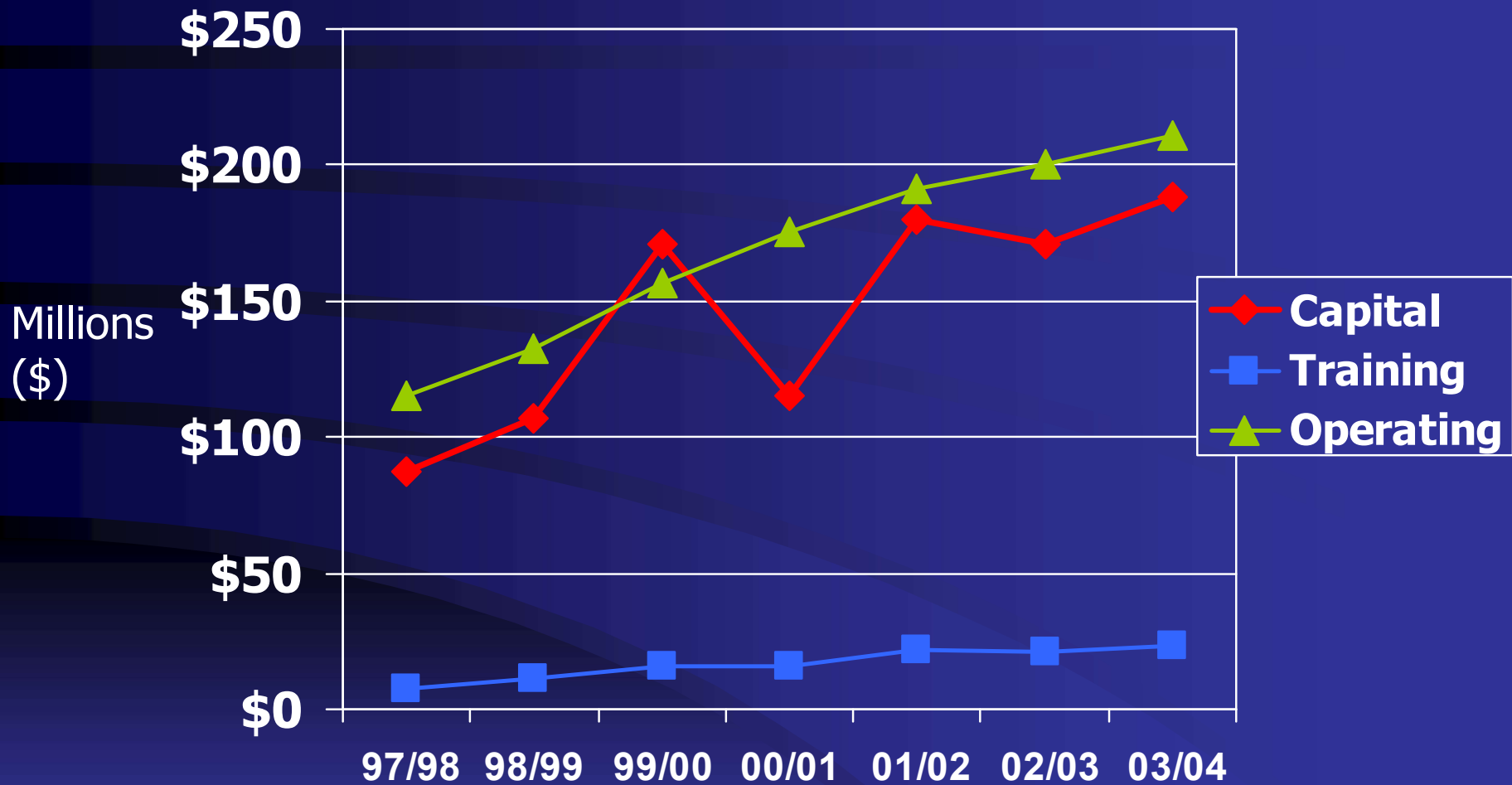
*The uncoordinated effort for embracing ICT and e-health across the hospital and health care system is unsustainable.
Collective action is required.*

Ontario's Health Care System Under-invests in Information Management Systems (Information System Spending as a Per Cent of Total Costs)

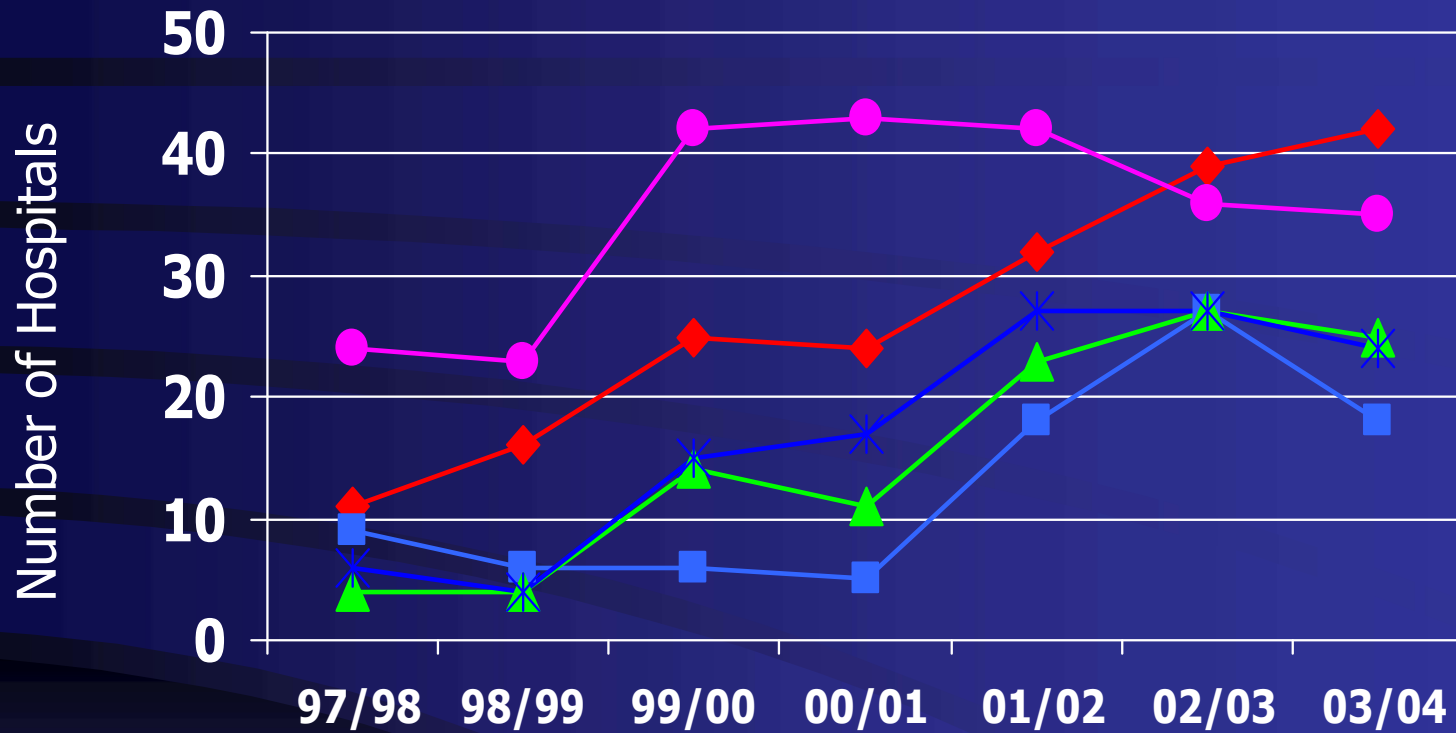


Source: Gartner Group as reported in the Health Services Restructuring Commission's report, *Ontario Health Information Management Action Plan*, June 1999.

Hospital ICT Investment Needs

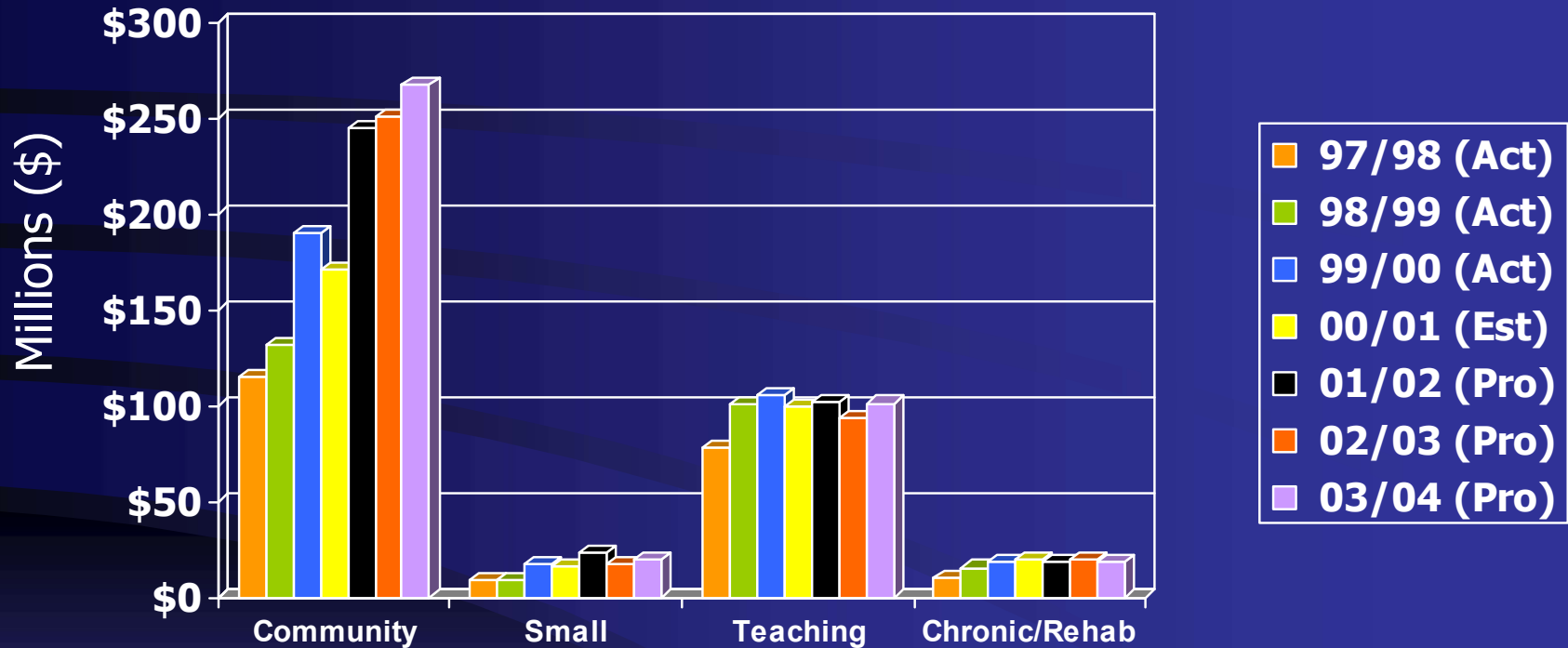


Key Hospital ICT Investments

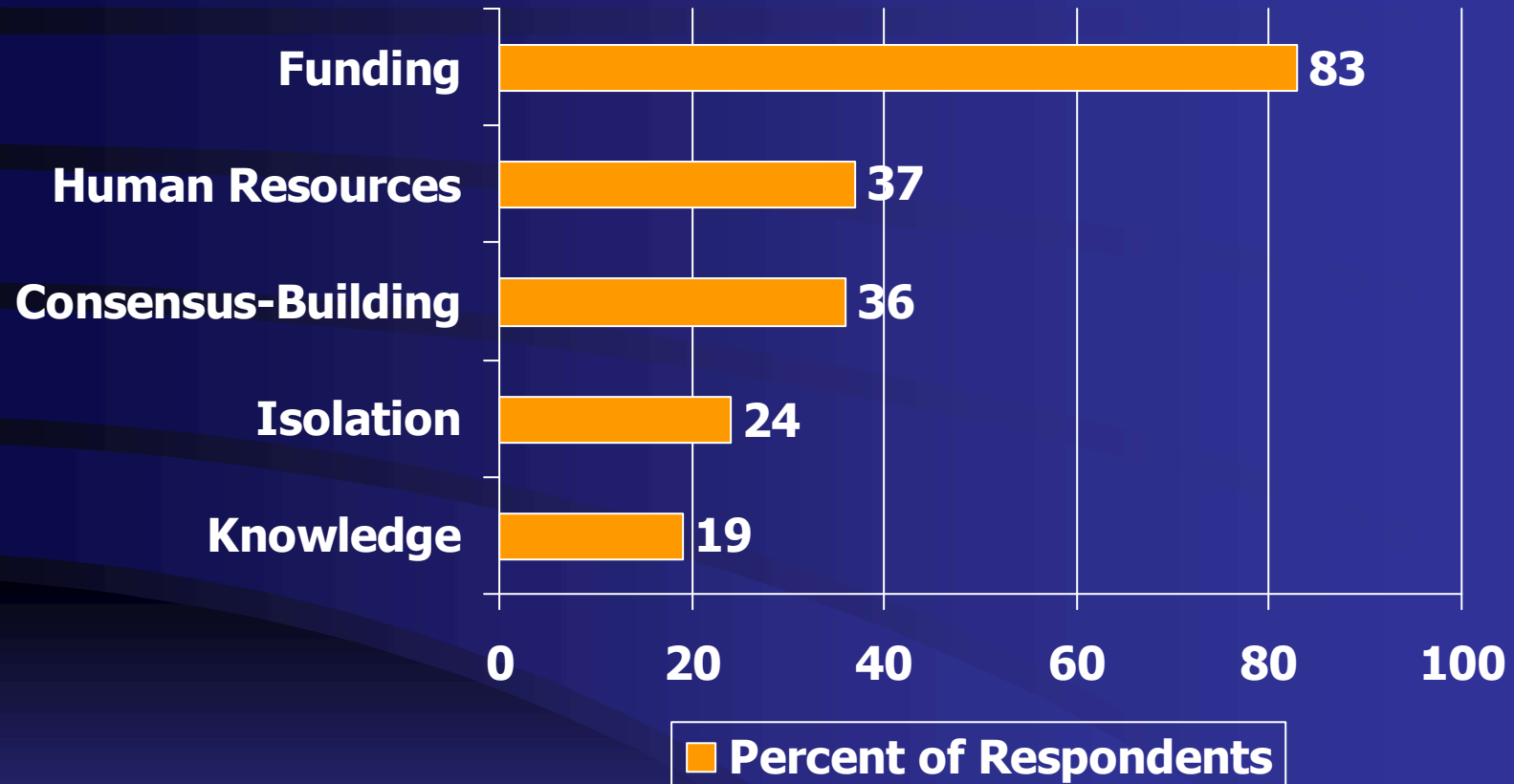


ICT Investment Needs

By type of hospital



Barriers to Addressing Organizational ICT/e-Health Issues



* Open ended question with multiple responses.

ICT Committee Background

- Established – By OHA Advocacy Committee in October 2000
- Purpose – Advise OHA on Priority Areas for Action regarding ICT in Hospitals
- Chair – John Oliver
CEO, Halton Healthcare Services, Oakville
- Representation – Hospitals, Other Care Providers, Government and the Private Sector

Committee Activities

- Two-Phased Approach –
 - Phase I – Policy Paper and Recommendations
 - Phase II – Action Plan and Implementation
- Established website –
www.teamanywhere.com/ohait
- Explored health care ICT/e-health issues and status of provincial and national initiatives
- Consulted with hospital members and government
- Prepared policy paper with specific recommendations for action

Working Towards a Common Vision

“Ontario will have an **integrated health information network with an electronic consumer record at its core**. The information network rigorously protects individual privacy and confidentiality and allows the real-time capture and exchange of relevant, accurate, standardized, and consumer-oriented health information. Health information will be appropriately accessed to enable:

- **Consumers** to make better lifestyle and health care decisions
- **Health care providers** to deliver better quality, affordable health care
- **Health care system managers** to make fact-based decisions to maximize the performance of the health care system in terms of quality, accessibility, and affordability and to drive continuous improvement
- **Payors and the government** to plan and allocate resources better and improve policy decision to meet population health needs.”

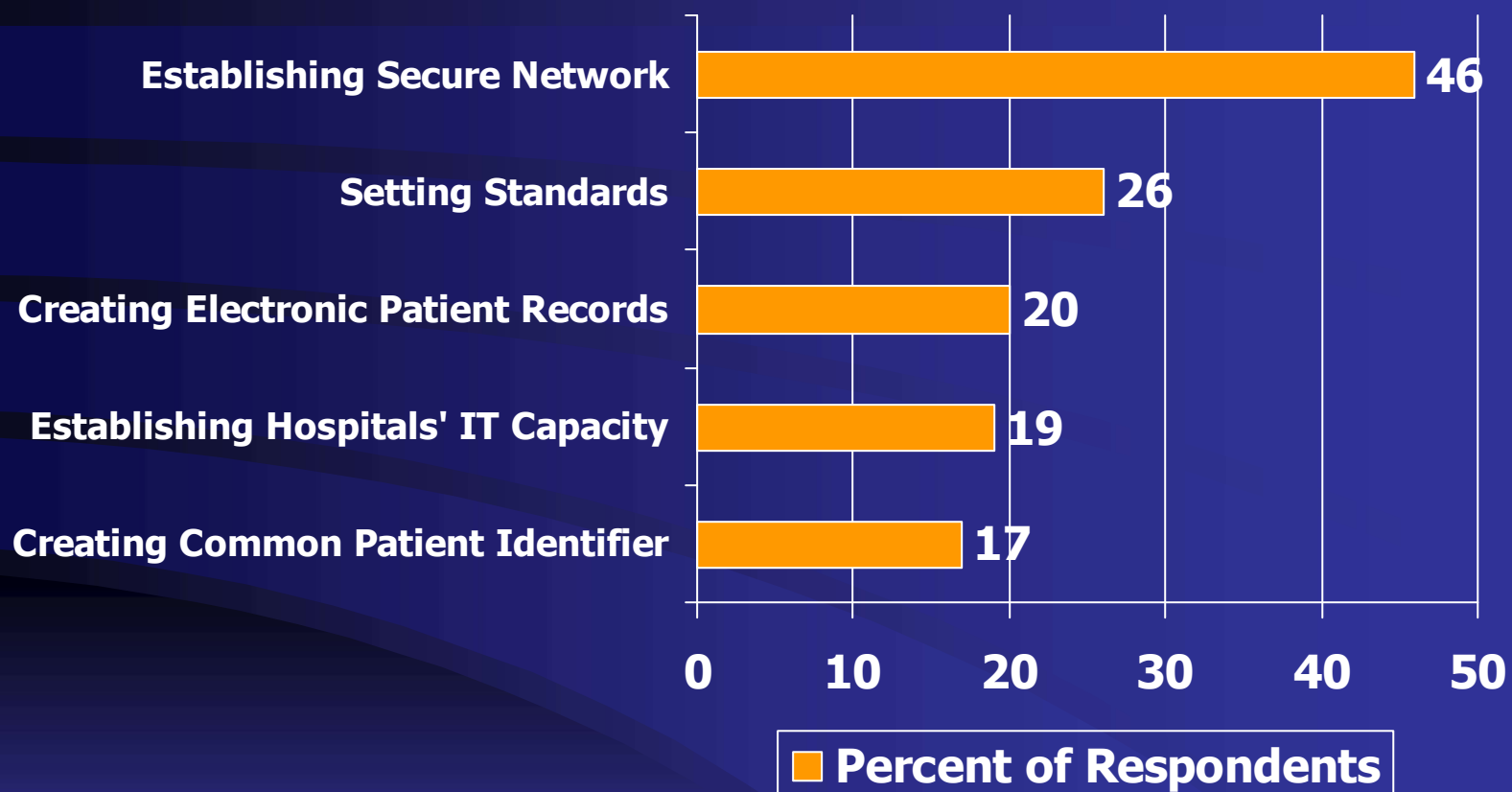
From HSRC Information Management Action Plan, 1999

What is e-Health?

Definition:

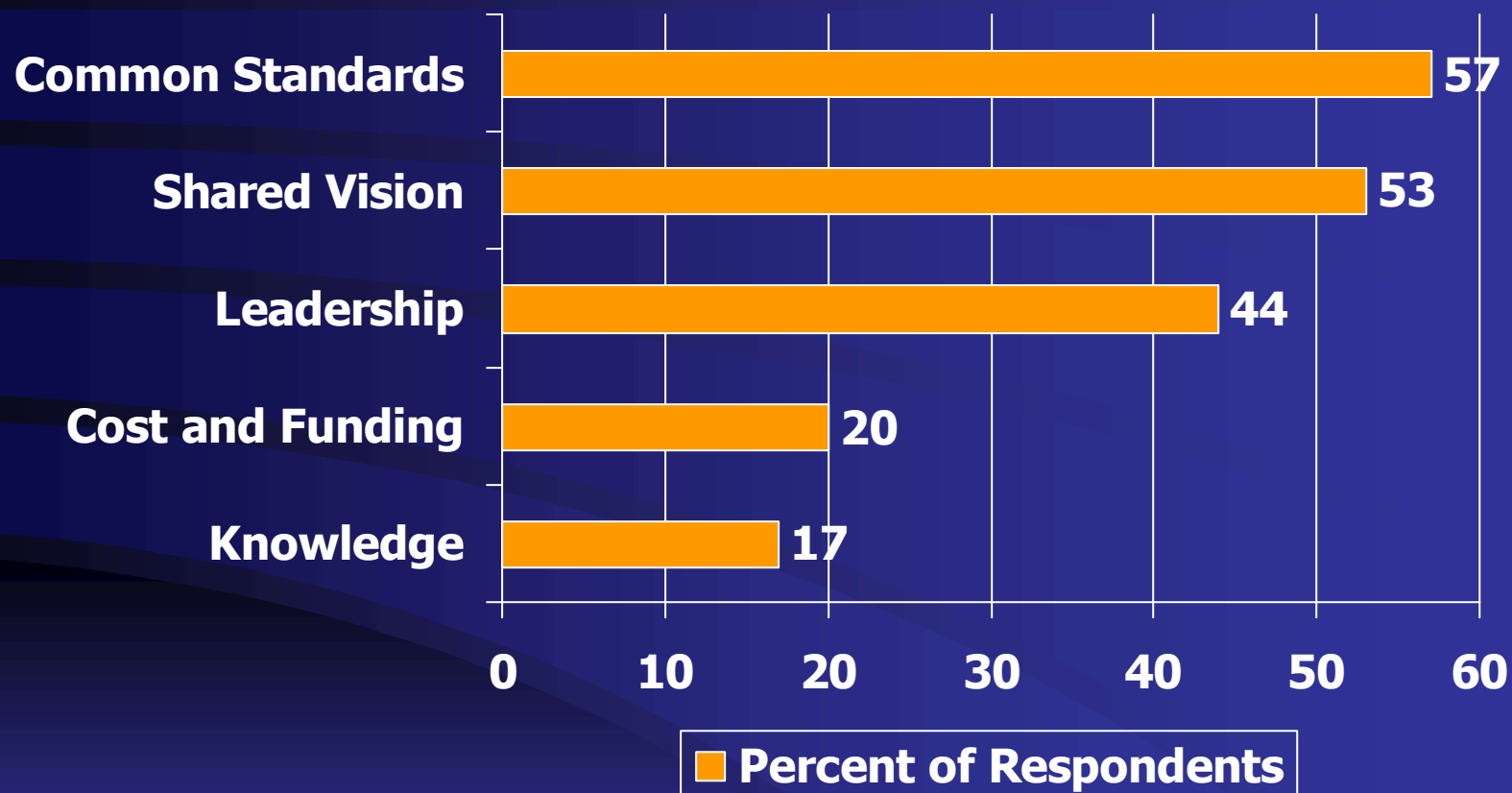
*"e-Health is the use of emerging ICTs,
especially the Internet,
to deliver health care"*

ICT/e-Health Opportunities Hospitals Should be Focusing On



* Open ended question with multiple responses.

Barriers to Addressing System-Wide ICT/e-Health Issues



* Open ended question with multiple responses.

Key Barriers to Moving Forward

- Insufficient funding
- Lack of standards
- Privacy concerns
- Lack of coordinated approach and effective management process for change

The current challenge for Ontario hospitals is in moving e-health visions, ideas, and opportunities into action in a coordinated approach to both maximize investments and achieve optimal benefits

Recommended Areas for Action

Final Report made recommendations in three key priority areas for action:

- A. e-Health System Infrastructure Requirements
- B. Strategy for Managing Change
- C. Targeting Strategic Investments

Recommendations:

A. e-Health System Infrastructure

- Develop and maintain a common patient identifier for all providers
- Quickly implement *Smart Systems for Health*
- Implement personal privacy legislation
- Develop common data standards
- Develop standardized hospital functionality

Recommendations:

B. Strategy for Managing Change

- **Support “Smart Systems for Health Agency”**
 - Provincial crown corporation (as independent as possible from government day-to-day decision making) with strong industry representation; and
 - Responsible for provincial electronic network technology and standards.
- **Fund Ontario Hospital e-Health Council**
 - Establish Council to provide industry leadership and advise Smart System on hospital issues and opportunities;
 - Members drawn from hospitals (by type and region) and other stakeholders;
 - Identify common hospital core ICT functionality.

Recommendations:

B. Strategy for Managing Change

- **Health System ICT Coordinating Body**
 - Develop overall provincial ICT strategy;
 - Advise Smart Systems for Health Agency on system infrastructure needs and priorities by type of provider and region; and
 - Identify HR needs and training requirements.
- OHA create the position of Chief E-Health Strategist
- OHA, with *Ontario Hospital E-Health Council*, hold conferences and discussion forums on e-health and ICT issues

Recommendations:

C. Targeting Strategic Investments

TABLE: Cost Estimates for ICT in Health Care

<i>Source</i>	<i>Estimate</i>	<i>Time</i>	<i>Per Year</i>	<i>Included</i>
HSRC (1999)	\$700M	Over 3 years	\$233M/ year	22 health information management initiatives, standards development, initial user set up, network hook-up, province-wide data centre for the health care system
Enterprise Canada Survey (1999)	\$1.5B	Over 5 years (99- 2003)	\$300M/ year	Costs relate to ICT capital needs of Ontario Hospitals
Canadian Medical Association (2000)**	\$4.1B	Over 5 years	\$800M/ year	Incremental ICT funding need to implement the Secure Canadian network infrastructure for health (\$320M/year for capital \$400-600M/year for related operating costs)
OHA ICT Survey* (2001)	\$1.2B	Over 3 years	\$395M/ year	Costs relate to capital, training and education, operational support, applications, FTEs \$170M/year for capital; \$25M/year for training; and \$200M/year for related operating costs

* Preliminary results to be finalized by April 2001.

** Source: *On the Road to Recovery...An Action Plan for the Federal Government to Revitalize Canada's Health Care System, September 2000*

Innovations in e-Health: The Cure is in the Hand

EveryCharge

- Physician can enter diagnoses, treatments, notes and other billing information directly into device from anywhere
- Information is forwarded to practice management system



MDeverywhere, USA

Benefits of e-Health

- Reduced physician and hospital visits
- Better and friendlier service to consumer
- Better healthcare outcomes through better information

Bottom Line:

Better service at less cost

Questions?