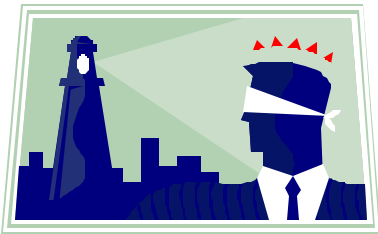

Standing on a Burning Platform: Building a Provincial Wait Time Information System



Sarah Kramer
Lead, Wait Time Information Strategy

September 28, 2005

Wait Time Strategy
Better Access to Care



Why? What?

Working Blind . . .

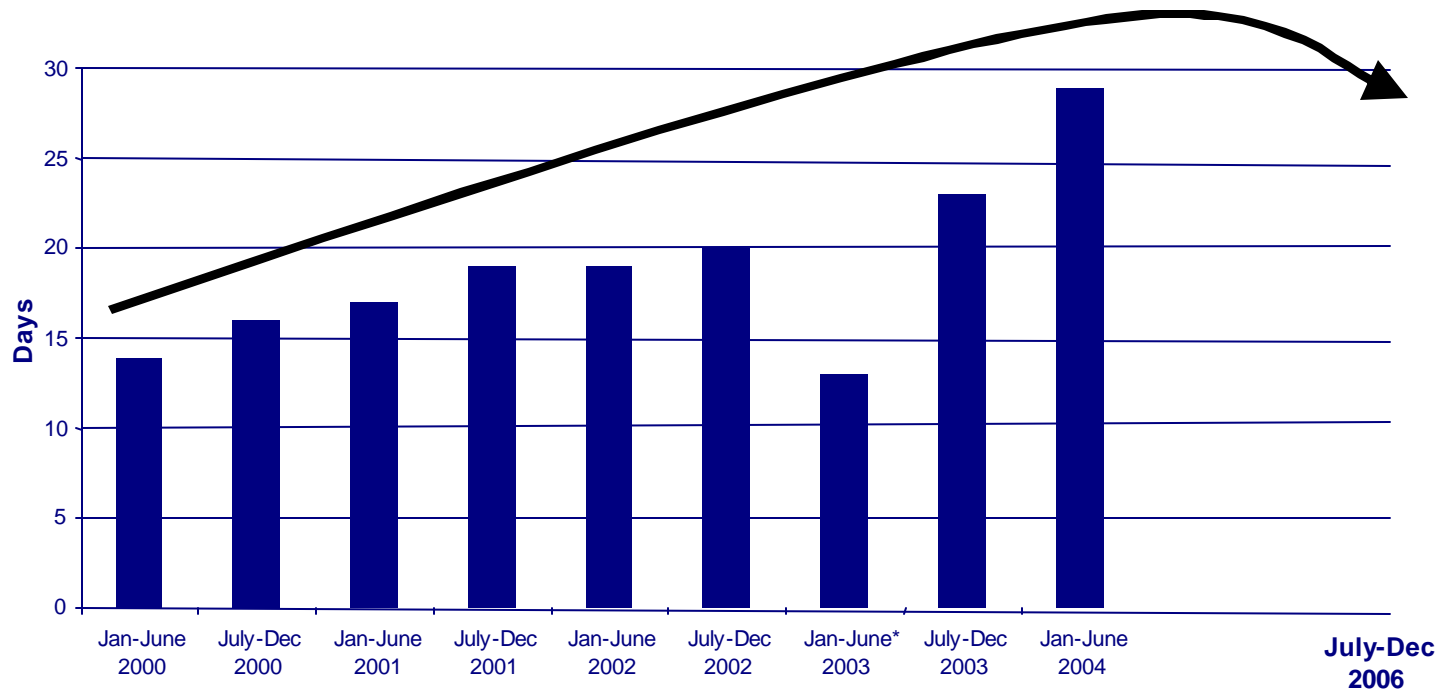
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Trend of Wait Times

Our Task: Begin Reducing Wait Times by Dec. '06

*A Case Study of cancer surgery access for colorectal cancer in Ontario
(Measuring days from patient's consult with specialist until actual surgery)*



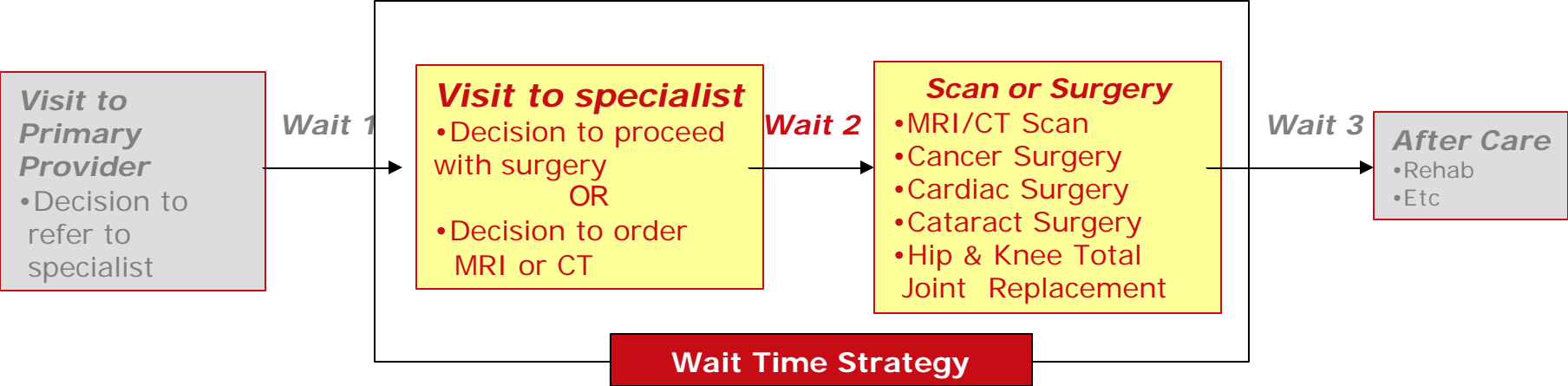
Median interval in days using OHIP data

(*note Jan-June 2003 drop due to SARS restrictions on ORs)

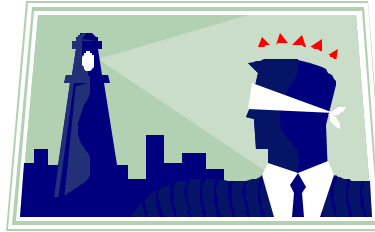
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Ontario Wait Time Strategy: Focus of the Wait

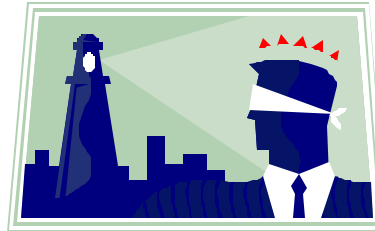


The wait times problem is an information problem



- **Surgeons maintain their own patients' queues in their offices**
- **Hospitals/surgical chiefs working blind in monitoring and managing performance with respect to access**
- **Hospitals allocate resources (OR time) with minimal if any regard to access issues**

The wait times problem is an information problem



- **Province (and eventually LHINs) allocate resources with minimal if any regard to access issues**
- **Patients and primary caregivers refer to surgeons based on relationships and hearsay**
- **Public cannot hold government and system accountable on the most critical issue of the day**

December 2004: Prospective Wait Time Reporting in Ontario

	Service Areas				
Criterion	Cancer Surgery (CCO)	Cardiac Surgery (CCN)	Hips & Knee Replacements (OJRR)	Cataracts	MRI/CT Scans
Does a Clinical Assessment Tool exist?					
Are there current targets/benchmarks?					
Is the data required to calculate 'real time' wait times currently collected?					
Is the process comprehensive (Province-wide)?					
Is the process streamlined?					
Is the business process standardized?					

Ontario's Wait Time Information System (WTIS)

Critical to the success of the Wait Time Strategy is
a solid Provincial IT solution and
a consistent method for prioritizing patients by need.

WTIS

- **Collects real time data** across five service areas, but built with flexibility to expand in scope
- Used to **publicly report wait times** by surgeon, by hospital, by Local Health Integration Network and provincially
- Equips planners, administrators and directors, physicians with tools to assess patient priority for surgical or procedural intervention and **information to support effective management of wait lists**

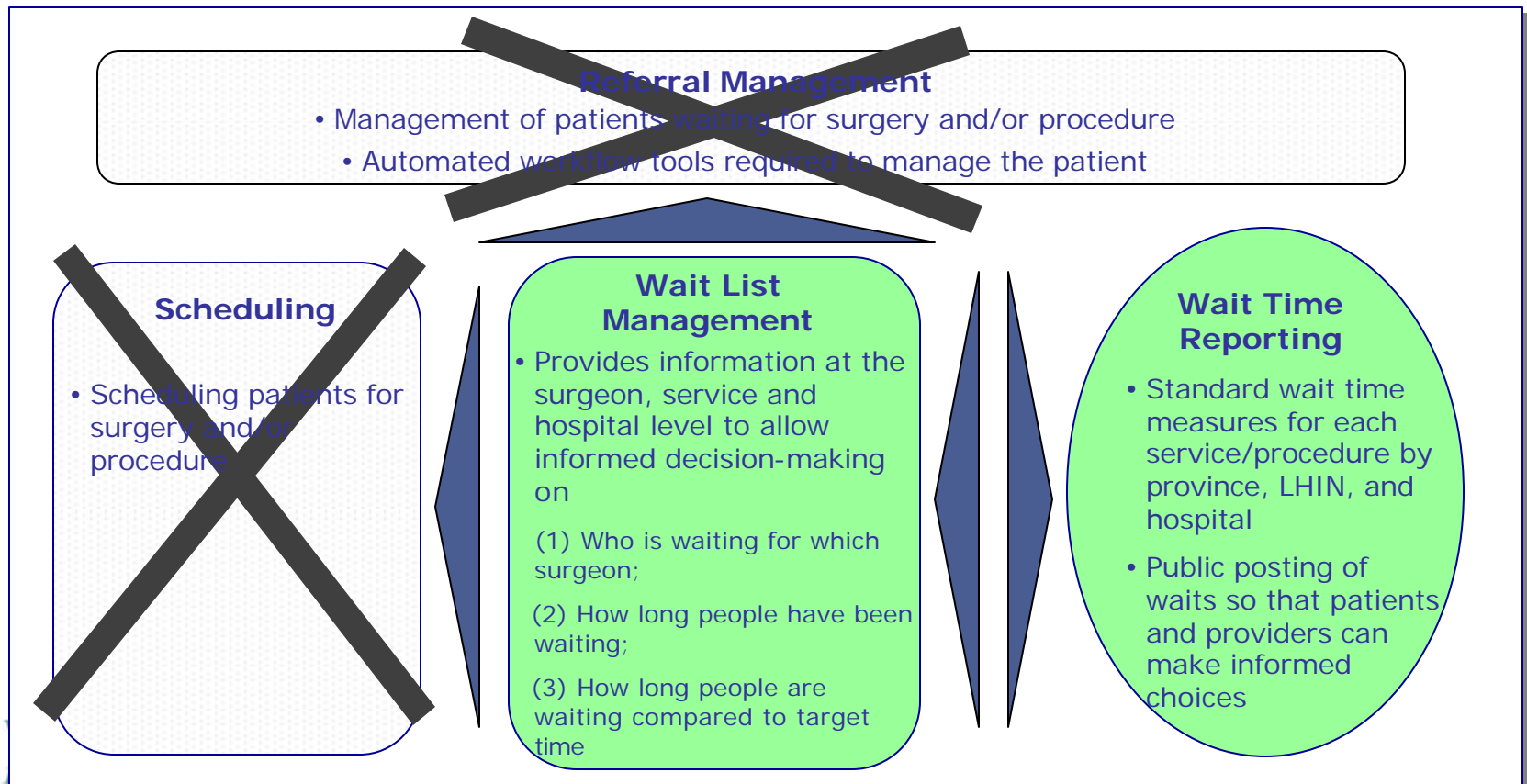
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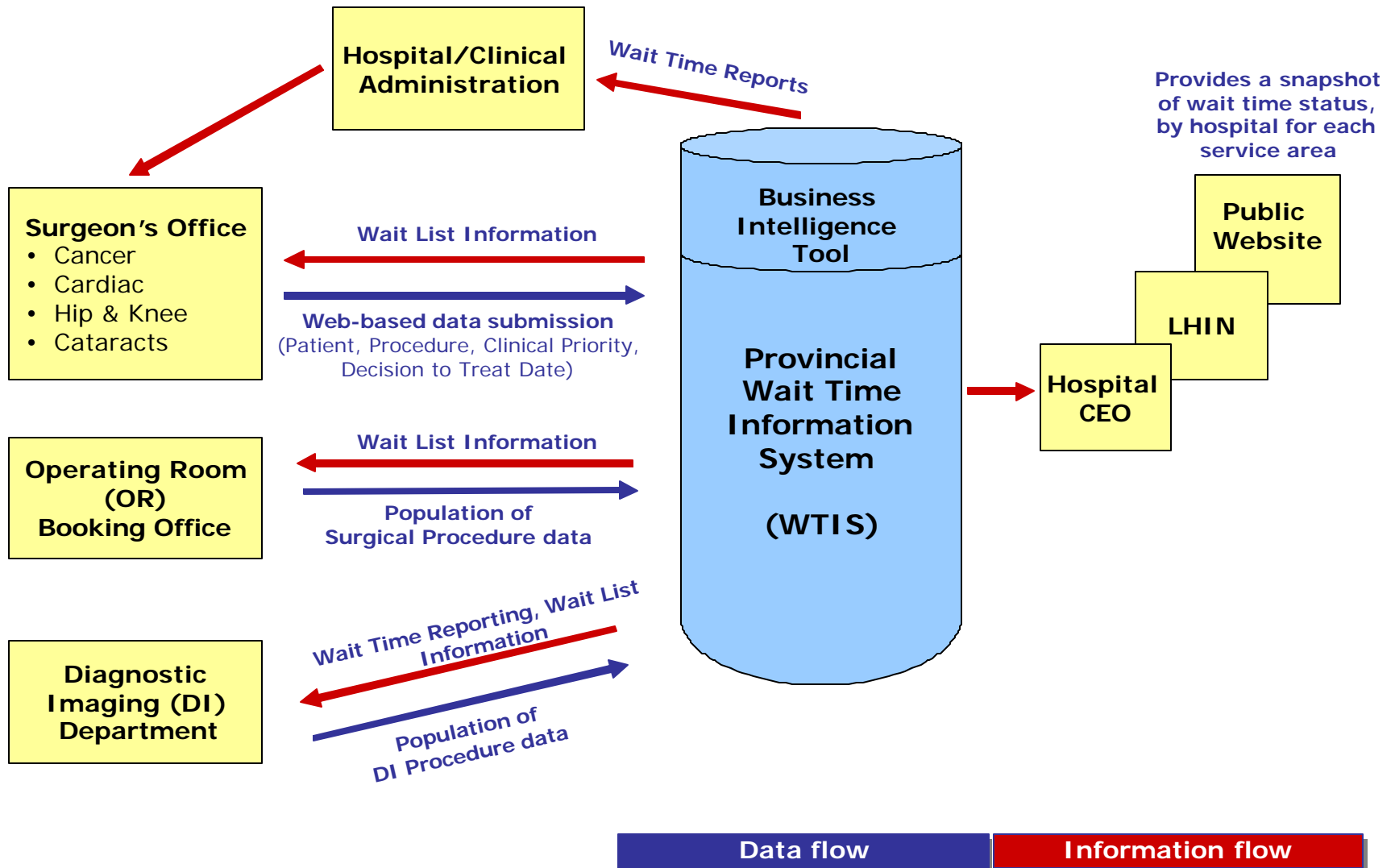


Scope

- The initial focus of the Wait Time Information System will be to collect data in real time and report wait times across the five service areas
- Surgeons, Hospitals and LHINs will have access to information that will allow them to manage wait lists and improve access



WTIS – Information Flow



Making the information relevant

- **Clinical assessment tools will be used to assess urgency and appropriateness**
- **Consistent, realistic targets will be established for each service area, based on current wait times and overall system capacity.**
 - Recommendations made by 5 Clinical Expert Panels
 - Work done by ICES, WCWL and the CMA Wait Time Alliance, among others will be leveraged.

Example: Saskatchewan

Priority Levels	Scoring Range (based on clinical assessment)	Standardized benchmark and targets
Priority I	95 to 100	95% within 24 hours
Priority II	80 to 94	95% within 3 weeks
Priority III	65 to 79	90% within 6 weeks
Priority IV	50 to 64	80% within 3 months
Priority V	30 to 49	80% within 6 months
Priority VI	1 to 29	80% within 12 months
All cases		Within 18 months



How?

Leveraging the Burning Platform . . .

Expedited Provincial e-Health: A calculated experiment

- For many reasons, Ontario has a history of and a reputation for moving slowly and in a unsystematic manner on the e-Health agenda
- Implementing a single, province wide information system in 2 years both allowed for and required a different approach

How to build a system on a burning platform, without getting burned?

Expedited Provincial e-Health Initiative: A calculated experiment

Distinguishing Features of the WTIS project . . .

- *Political focus and commitment*
- *Leadership approach*
- *Managed and opportunistic scope*
- *Build on experience*
- *Accountability structures*
- *Alignment with eHealth, LHIN and Information Management strategies*

Wait Times – A *Political* Imperative

Ontario's Wait Time Strategy *Better Access to Care*



Sept. 2004

- Health Results Team Appointed.
- Development of Wait Time Strategy begins.
- Building blocks including recent investments in primary care home care, OMA negotiations, CCN, CCO, etc



Dec. 2006

- Registry 5 key services:
- Cardiac
 - Cancer surgery
 - Cataracts
 - Hip and Knee replacement
 - MRI/CT
- Hospitals ensure access management; Increased capacity and efficiency; Not at expense of other services; Wait times by hospital on public web site; IT component complete;*

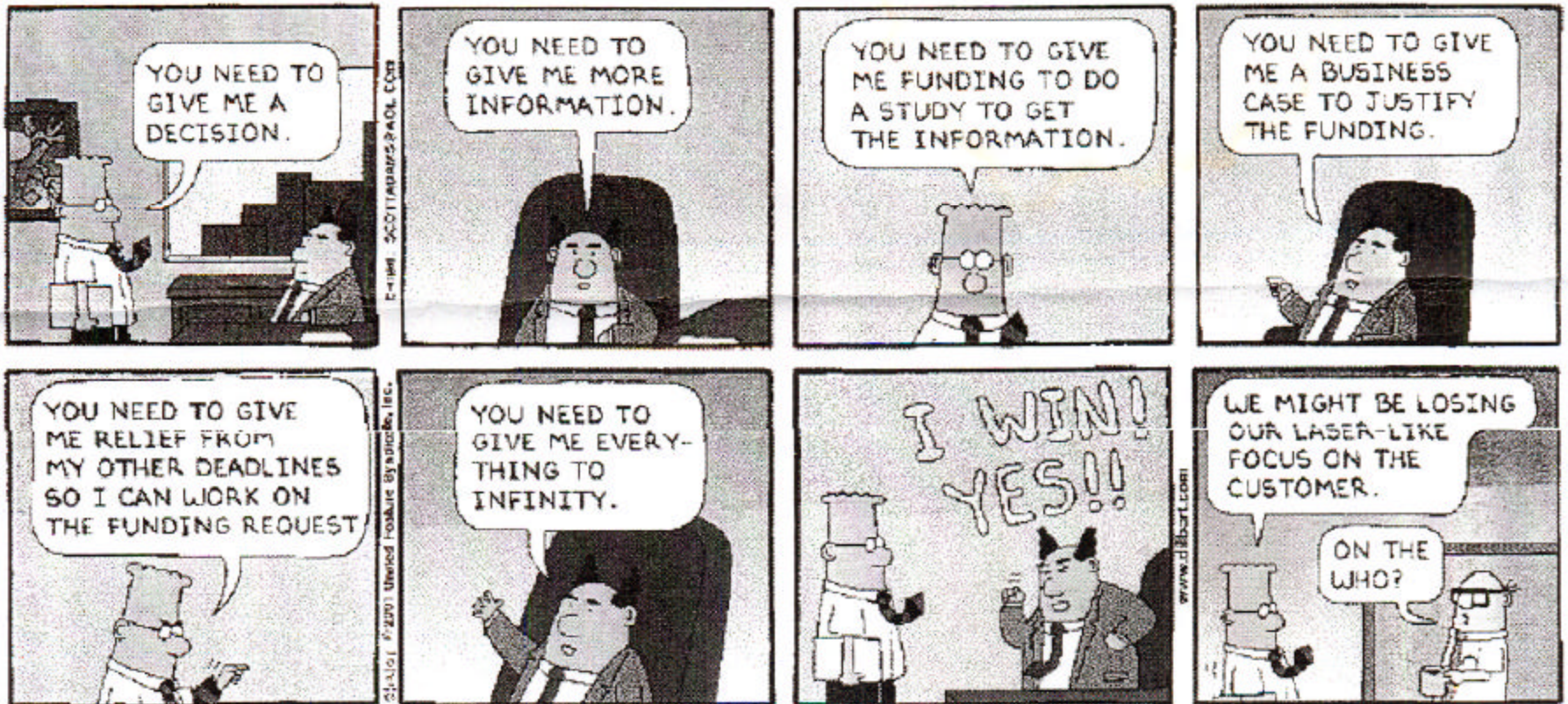


Beyond 2006

- New Provincial System
- Additional surgical services added to registry.
 - Management of access transfers from hospitals to LHINs.

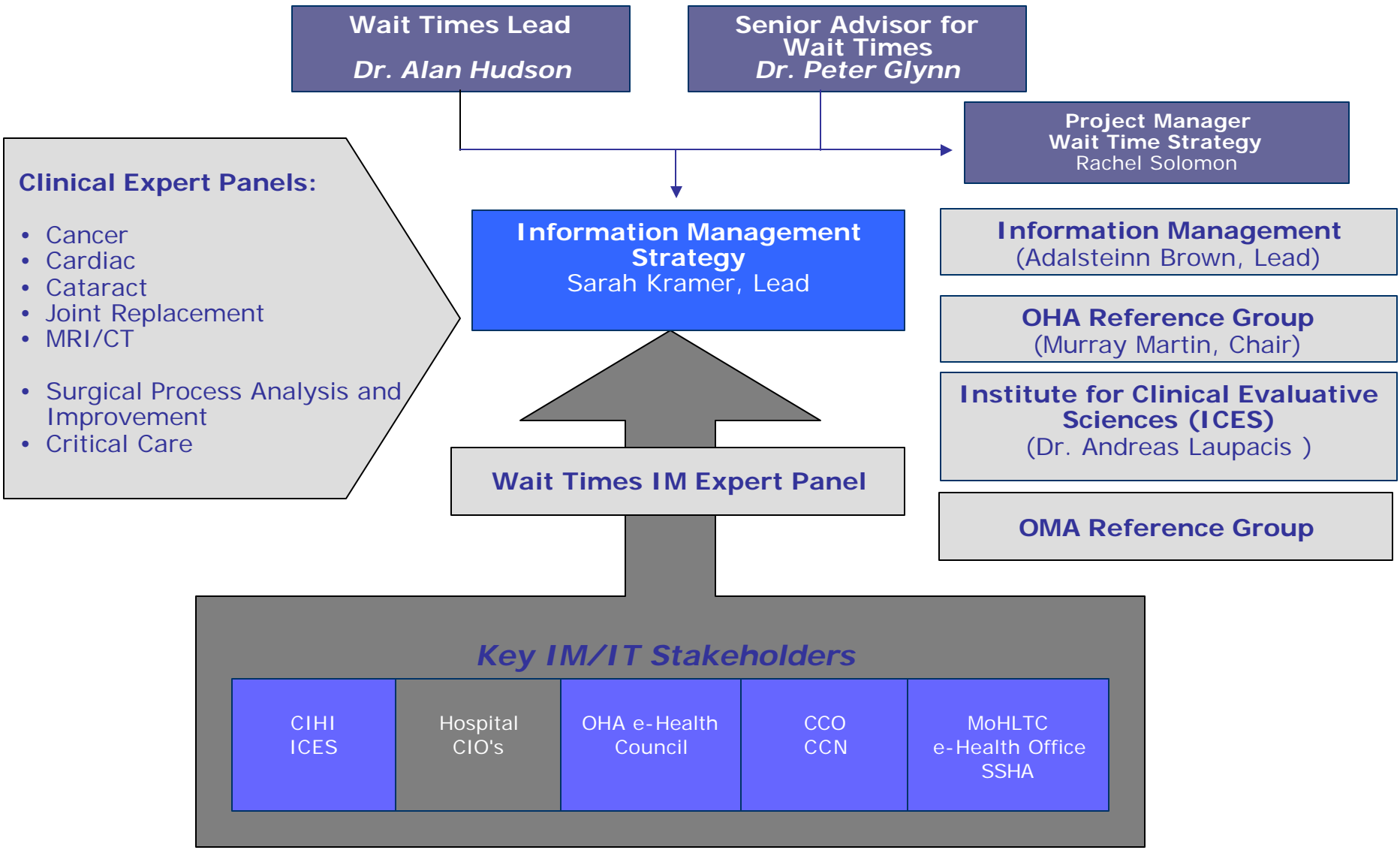
Rapid decision cycles, clarity of purpose, speed of expected results

Well Earned Risk Aversion Can Impede Effective Decision Making



Rapid decision cycles, clarity of purpose, speed of expected results

Leadership: Leveraging input from experts; Strong line of accountability and authority



Accountability: Implementation Aligns with Wait Times

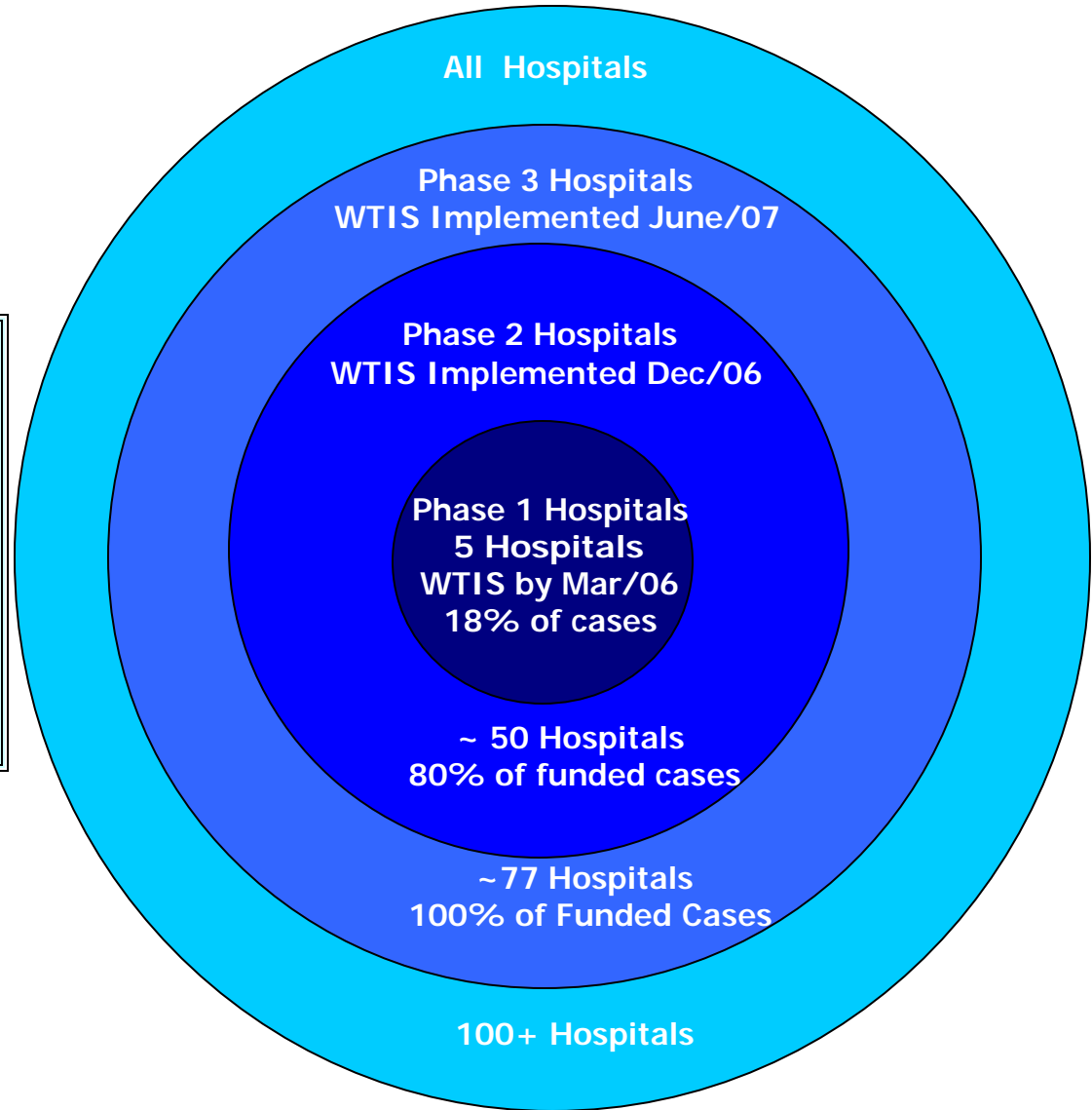
Accountability/Incentives

Phase 1: 5 hospitals by March '06

- UHN
- Hamilton Health Sciences
- Grey Bruce Health Services
- Grand River Regional
- Southlake Regional

Phase 2: ~50 hospitals by Dec '06

Phase 3: ~77 hospitals by June '07



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Opportunistic *Scope* Expansion: Building a Provincial EMPI

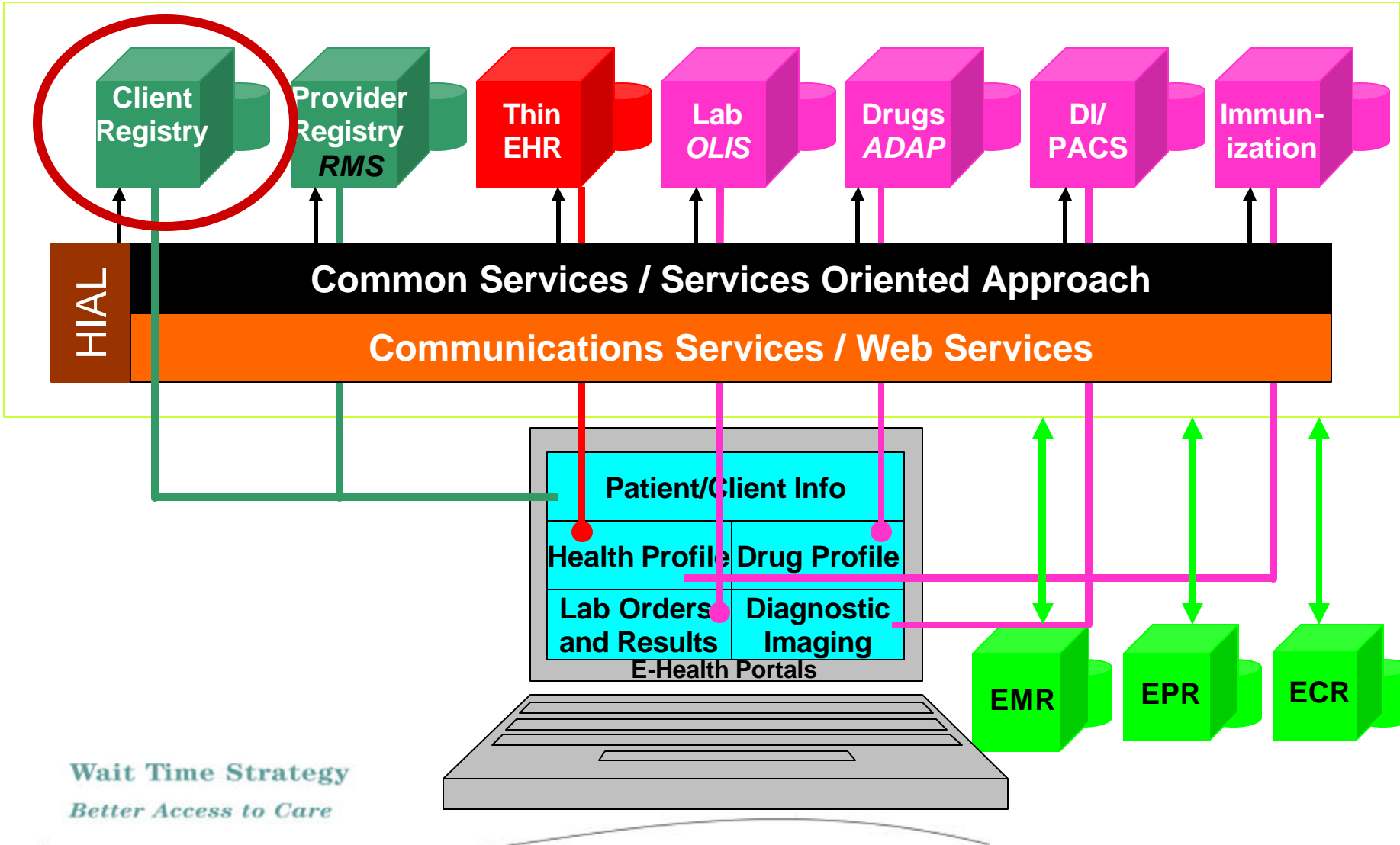
- **Client Registry or Enterprise Master Patient Index (EMPI) is a way to uniquely identify patients and match patient records between systems (EMPI)**
- **An EMPI is required for the WTIS**
 - Patient data collected by the Wait Time Information System must be accurate and of high quality
 - Patient data entered from multiple locations must be matched to a single patient identifier
 - Data entry effort must be minimized in order to ensure accuracy and maximize clinician buy-in
 - It will be costly and time-consuming to integrate the Wait Time Information System with multiple Patient Registration systems
 - A key objective of the Wait Time Strategy is to track patients who are on multiple wait lists for the same procedure
 - In the absence of an EMPI, this objective cannot be met

Wait Time Strategy

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The EMPI is a critical component of Ontario's E-Health architecture



Opportunistic Scope Expansion: Building a Provincial EMPI

Decision: Leverage the urgency, focus and requirements of the Wait Time Strategy to implement the Provincial EMPI

Delivery of a scalable Client Registry through the WTIS project structure to support the Ontario Wait Time Strategy will:

- Show value of a Client Registry sooner;
- Meet the urgent requirements of other key e-Health and projects (e.g. LHIN Integration)
- Support province-wide standardization of client registry technology; and
- Strategically accelerate the Ontario e-Health agenda.

Wait Time Strategy

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Expediting a Provincial EMPI: A Managed Risk

Speed

- Moving quickly with no firm overarching architecture/
Ontario-built business specs
 - Build what is required, ensure flexibility to meet architecture req'ts once determined
 - Include key players/long term business leads in project structure
 - Leverage work of Infoway and 7 other provinces
- Asynchronous alignment with eHealth, LHIN and Information Management strategies

Wait Time Strategy

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Expediting a Provincial EMPI: A Managed Risk

Capacity

- Leverage regional capacity and interest

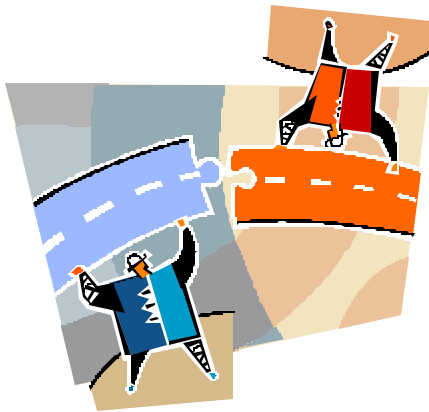
Exclusive Focus on Hospitals

- Clear accountability/link to WT strategy
- Build on existing infrastructure
- Meet concrete vs theoretical business requirements
- Connect with other sectors

Wait Time Strategy

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What Next?

Forging ahead . . .

What next . . .?

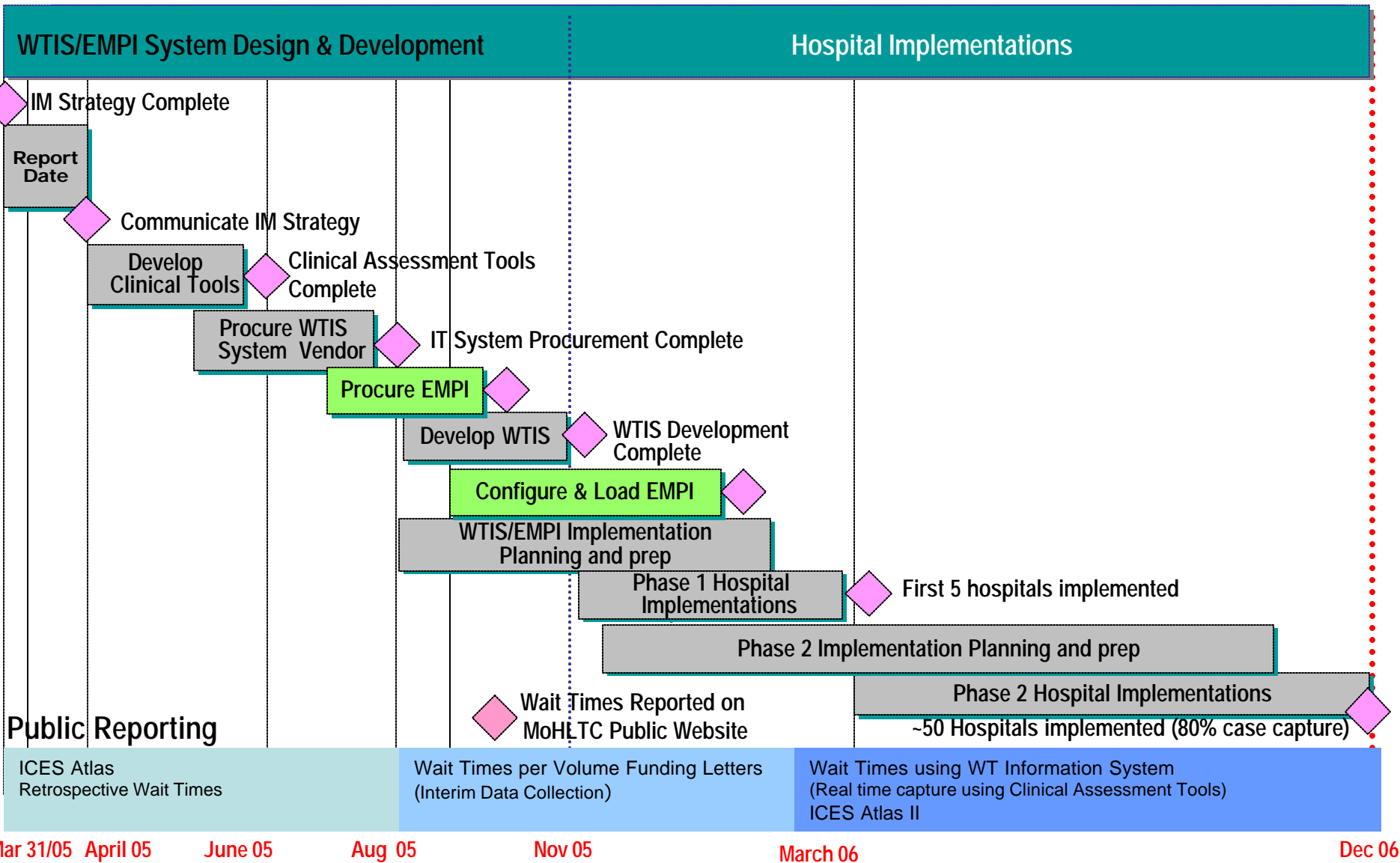
- Deliver on time and on budget
 - Expect and communicate expectation of mistakes/problems with the approach
 - Apply learnings/course correction as we proceed
 - Remain mindful of, but not restricted by, what others are doing
 - Continuous feedback loop

Wait Time Strategy

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What next . . . ?



What next . . . ?

Sustainability of impact when the embers die . . .