

HEALTH INFORMATION STANDARDS

CLINICAL & TECHNICAL PARTNERSHIPS - WHY ONE CAN'T LIVE WITHOUT THE OTHER

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Ontario

Toronto Central Local Health
Integration Network



Ontario

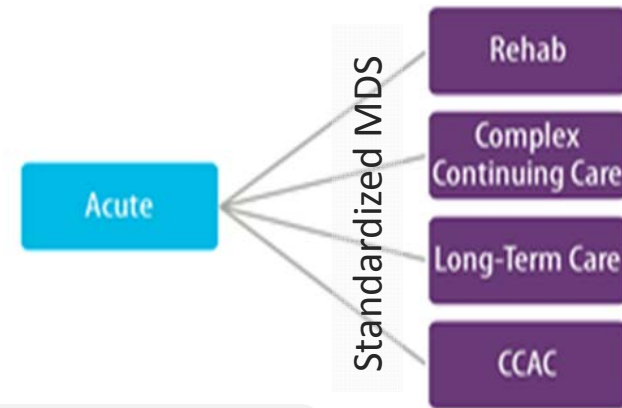
eHealth Ontario

Today's Session

- Overview of the project
- Our partnership on Referral standards
- Why standards matter to your work
- What we learned

Overview

- Ontario's referral landscape is characterized by inconsistent processes and referral data requirements – leading to challenges in transitioning patients across the care continuum
- MOHLTC Sponsored the Provincial Resource Matching & Referral Business Transformation Initiative (RM&R BTI) to develop standardized referral forms for 4 pathways



For these referral pathways, the same information and data elements are being used for all Ontarians requiring post-acute care

- Project rooted in the principle of cross-sector collaboration
- Project approach that involved centralized Provincial oversight and coordinated cluster-level delivery teams
 - Having LHIN lead was integral for the development of local champions as well as accountability for implementation
- Provincial Referral Standards are one form of Provincial Health Information Standards

Targeted Improvements

Standardized referral data helps improve access to care by supporting efficient patient transitions

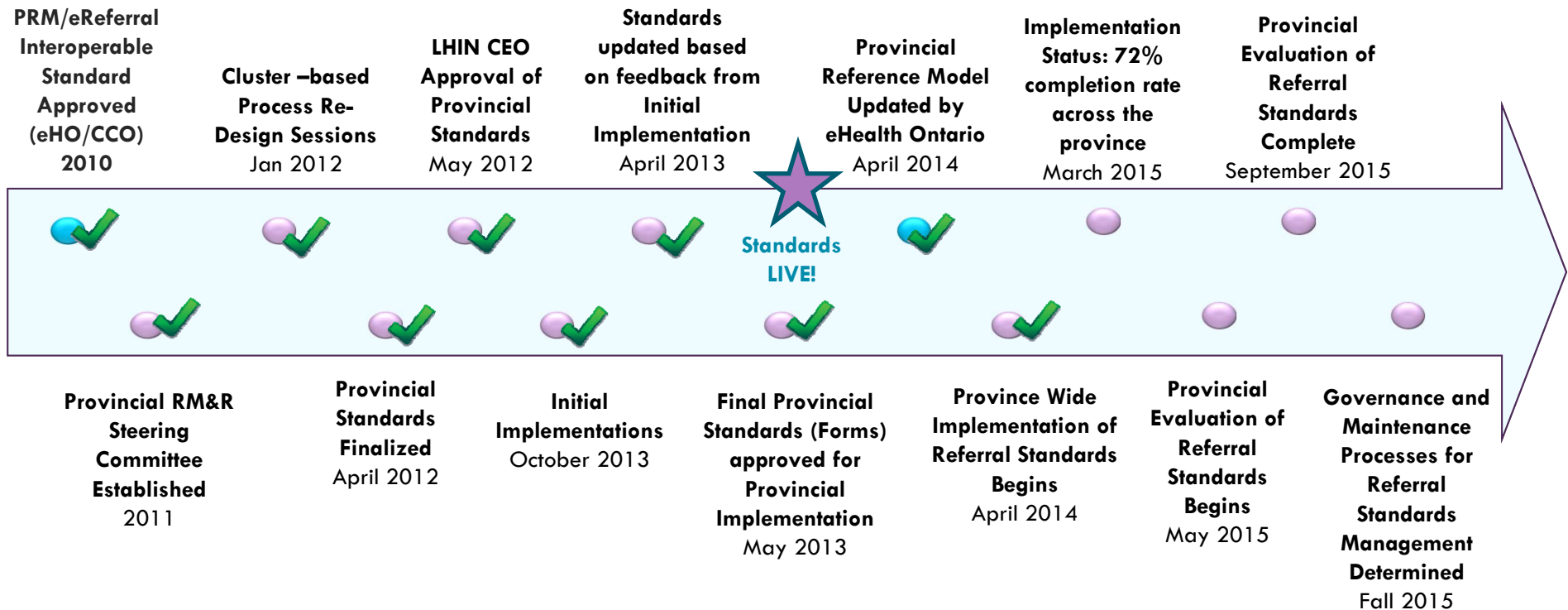
Standardized Referrals Allow For:

Timely Decisions	Receivers can expect consistent data and are not dependent on site specific practices to be able to understand and respond to referrals
Consistent Practices	Sending organizations do have to second guess if the information will be acceptable by the receiver or if it will result in a request for more information
Promotion of Best Practice	Reduction in verbal referrals, ability to track referrals
Better Preparedness	Standardized forms allow receivers to better prepare for patients and develop care plans prior to patient transfers

Importance of Standardized Dataset

- The current landscape of the province is a fragmented electronic environment for referral management
- As a prerequisite for sharing information electronically, the province began with the objective of identifying a common data set, developed by clinicians and front-line staff
- Standardized data collection and referral practices was seen to be the first step in order to:
 - Support the implementation of future referral solutions
 - Align with provincial assets/registries
 - Augment the Provincial Reference Model, and was due to be refreshed to account for changes in the referral landscape

The Engagement and Implementation Process



Success Factors for Adoption

- Extensive SME and front-line engagement across the province
- LHIN CEO accountability
- Change Management focus

Partnerships Are Critical

- Automation of Referral Standards was not in scope, however many organizations/LHINs were exploring electronic solutions
- In the absence of a referral solution, data standardization and alignment of this work to the Provincial Reference Model, took on greater importance
- Stakeholders became essential partners to ensure existing assets/tools reflected the provincial standards
 - eHealth Ontario, the OACCAC, the GTA Rehab Network
- These partnerships were critical because as ultimately the goal is to transmit referrals electronically
- RM&R BTI introduced a new methodology around the way the regional and provincial partners work together to support standards development and promote interoperability

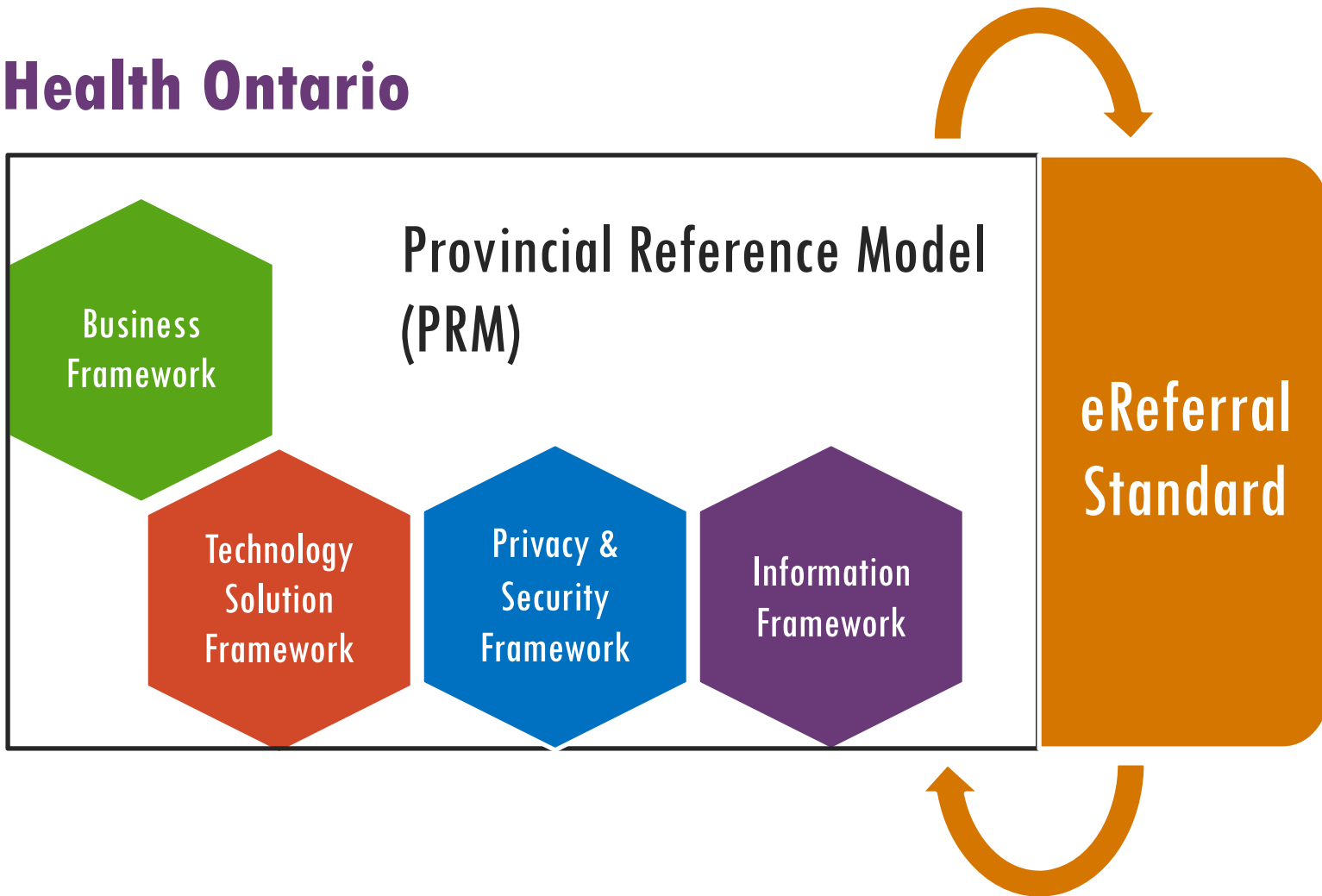


eHealth Ontario
It's working for you.

WHY STANDARDS MATTER TO YOUR WORK

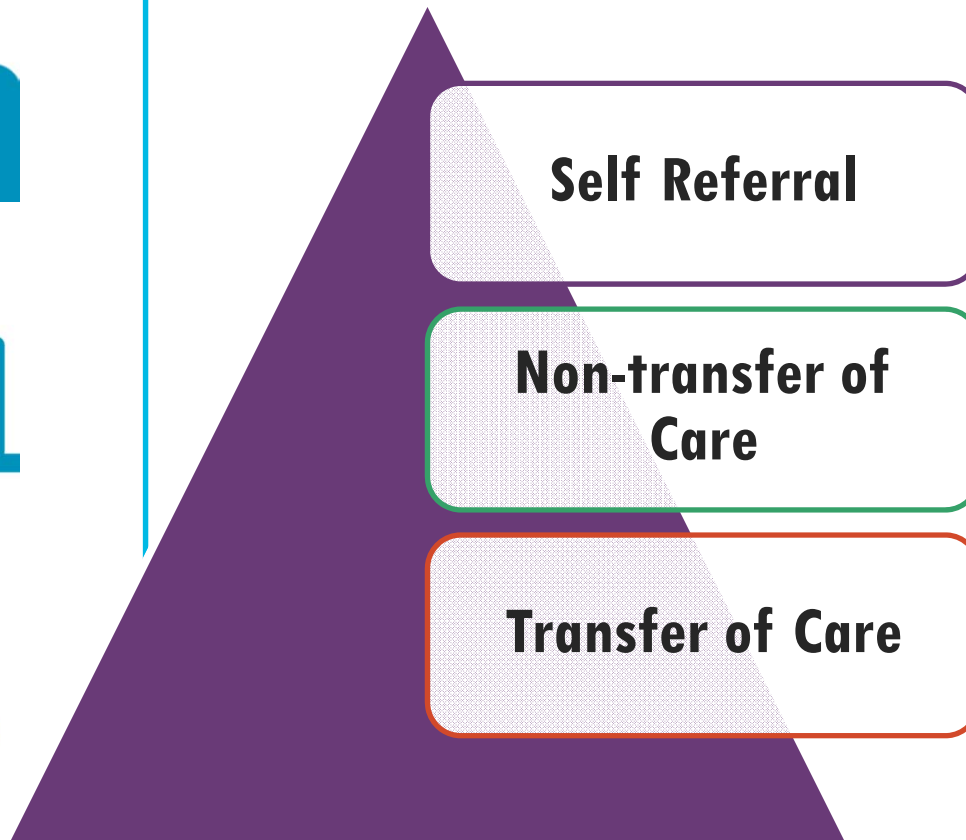
2015 eReferral Provincial Reference Model

eHealth Ontario



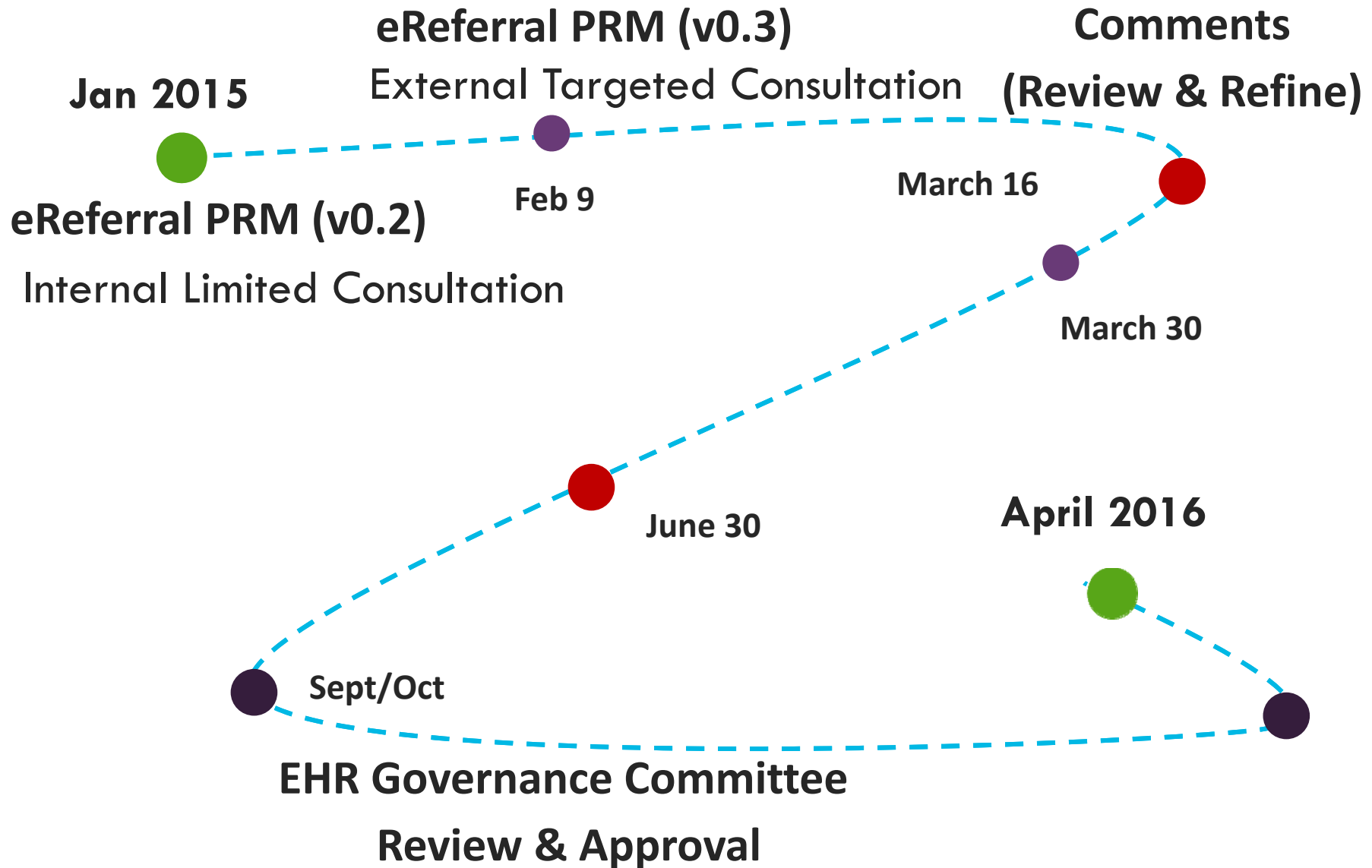
Our Revised Focus for the eReferral PRM

Provincial Perspective Patterns

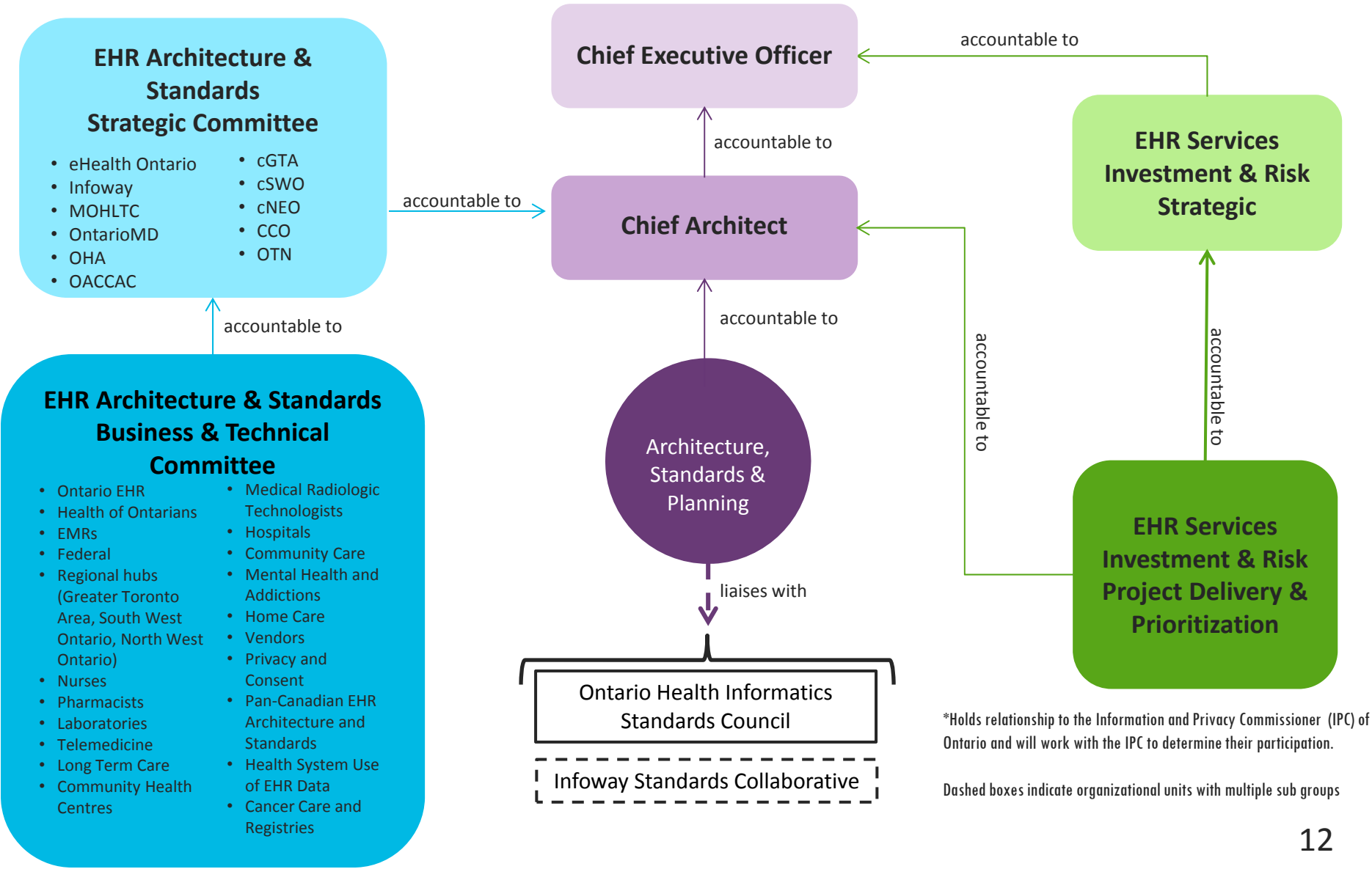


- Provincial EHR Integration Assets
- Client Registry (PCR)
 - Provider Registry
 - Consent-Service
 - Privacy Audit
 - Terminology Management
 - De-Identification Services
 - Service Registry
 - XDS Registry
 - Agreements
 - Subscriptions and Notifications
 - ONEID

Engagement ~ The Path to a Provincially Validated PRM



Our Stakeholders Add Value



Our Interoperability Standards



Current Ontario Standards

Standards Selection Guide

Ontario EHR Interoperability Standards are based on pan-Canadian and international standards to ensure that the province continues to benefit from industry innovation and best practices around the world.



<p>Ambulatory Cancer Electronic Medical Record Extraction Standard Learn more about the Cancer Care Ontario's (CCO) standard for transmitting patient-level data within the cancer system.</p>	<p>Clinical Document Specification Learn more about the clinical document specification, developed to facilitate the exchange of clinical documents.</p>	<p>Consent Directives Learn more about the Ontario consent directive specification that enables the creation and management of informational consent directives.</p>
<p>Discharge Summary Standard Learn more about the Discharge Summary Specification, designed to streamline numerous discharge summary information initiatives.</p>	<p>eReferral Standard Learn more about the standard for the electronic transfer of referrals between health care providers.</p>	<p>Health Care Audit Event Standard Learn more about the Ontario health care audit event specification that targets the automated collection of audit events associated with personal health information.</p>
<p>Ontario Laboratories Information System Standard Learn more about the standard that ensures IT systems that retrieve CLIS lab data can exchange and understand all content through standardized messages and terminologies.</p>	<p>Provincial Client Registry Standard Learn more about Ontario's provincial client registry standard that helps uniquely identify individuals based on demographic information.</p>	<p>Provincial Clinical Document Architecture (CDA) Header Standard Learn more about the Provincial CDA header standard for exchanging clinical documents.</p>

Pending Review Specifications

The specifications posted here have not yet been approved by our EHR governance committees. These draft specifications are, however, available for use and will be reviewed / approved at a future date.

ConnectingOntario CDR Input Specification
Learn more about this draft specification that supports patients by providing care teams with a central point of access to an up-to-date, integrated care record.

Service Oriented Architecture Policies and Principles
Learn more about our draft service oriented architecture policies, principles, standards and guidelines that help health systems integrators consistently link interfaces using industry best practice methods and IT standards.

Our Standards Help – Interoperability

Data Exchange Standards

- Messaging Standards:
- define how common information is packaged and communicated from one party to another
 - set the language, structure and data types required for seamless integration from one system to another

Document and Data Standards

- Document Standards:
- define the common structure and semantics of data in documents
- Data Standards:
- define the guidelines for acceptable values for specified data fields – which can be structured or unstructured

Terminology Standards

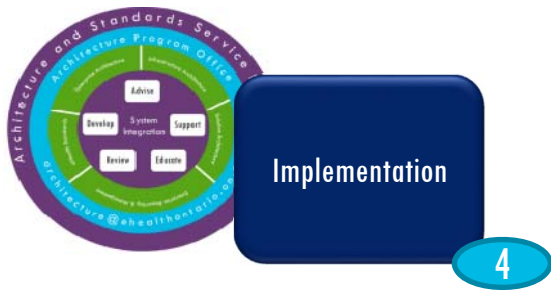
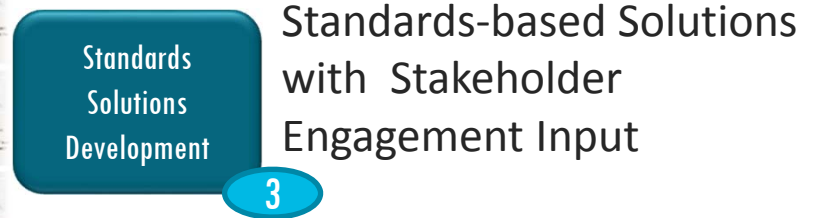
- Terminology Standards :
- formally recognized code systems describing clinical concepts, typically a code and a description defining the concept and rules for how the terminology is used

Our Standards Are Foundational to Our EHR

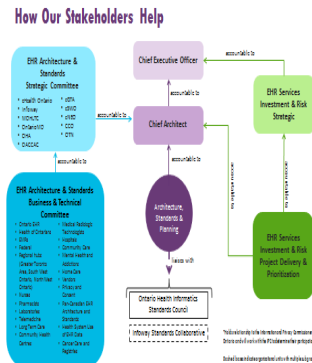
Standards Life Cycle & Services



Needs Used to Identify Options Early and Assess Best Fit from International, Pan-Canadian and Ontario Standards – Reuse



Implementation Support of Standards for Improved Adoption



Maintenance & Support of Standards Drives Evolution for Improved Alignment with Needs



How Our Standards Practices Help

HL7 Reference Information Model

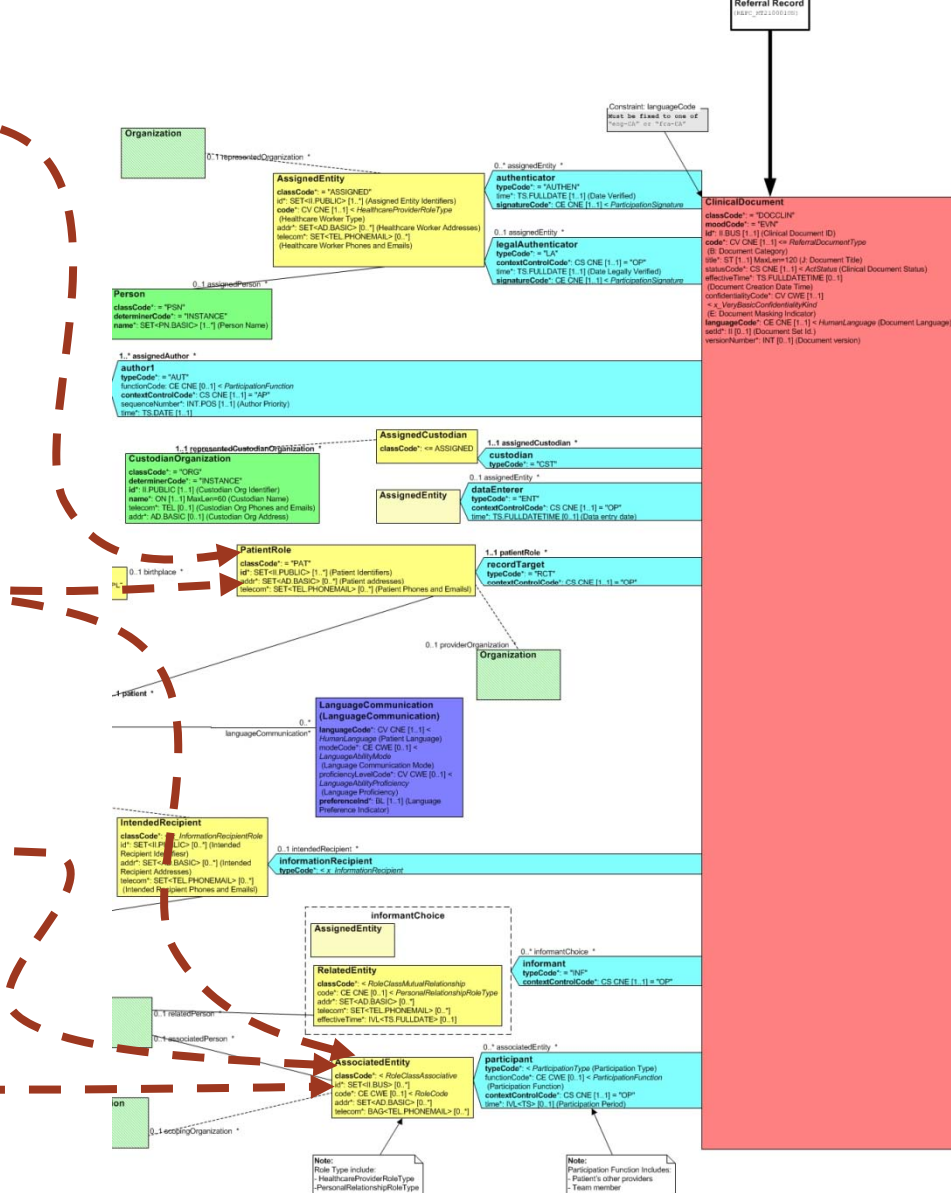
Referral Forms

Long Term Care Home: Referral/Application

If faxed, include number of pages (including cover): _____ Pages

Patient Details and Demographics	
Health Card #: _____	Version Code: _____ Province Issuing Health Card: _____
No Health Card #: <input type="checkbox"/>	No Version Code: <input type="checkbox"/>
Surname: _____	Given Name(s): _____
No Known Address: <input type="checkbox"/>	
Home Address: _____	City: _____ Province: _____
Postal Code: _____	Telephone: _____ Alternate Telephone: _____
	No Alternate Telephone: <input type="checkbox"/>
Current Location and Address (if different from Home Address): _____	City: _____ Province: _____
Ethno-Cultural Preferences: _____	
Application Type: <input type="checkbox"/> Long Stay <input type="checkbox"/> Short Stay-Respite <input type="checkbox"/> Short Stay-Interim Care <input type="checkbox"/> Short Stay-Convalescent Care	
Is the Patient Capable to Make LTC Admission Decisions: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Health Care Provider (eg. MD or NP) <input type="checkbox"/> None	Surname: _____ Given Name(s): _____

Patient Contacts	
Primary Alternate Contact Person:	Secondary Alternate Contact Person:
Relationship to Patient: <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	Relationship to Patient: <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____
Address: _____ City: _____	Address: _____ City: _____
Postal Code: _____ Province: _____	Postal Code: _____ Province: _____
Tel # (Home): _____	Tel # (Work): _____
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibility: (Please Check All Applicable Boxes) <input type="checkbox"/> Substitute Decision Maker <input type="checkbox"/> Other legal oversight <input type="checkbox"/> Durable Power of Attorney (Personal Care) (Jointly/Jointly and Severally) <input type="checkbox"/> Durable Power of Attorney (Property) (Jointly/ Jointly and Severally) <input type="checkbox"/> Public Guardian Trustee	Responsibility: (Please Check All Applicable Boxes) <input type="checkbox"/> Substitute Decision Maker <input type="checkbox"/> Other legal oversight <input type="checkbox"/> Durable Power of Attorney (Personal Care) (Jointly/Jointly and Severally) <input type="checkbox"/> Durable Power of Attorney (Property) (Jointly/ Jointly and Severally) <input type="checkbox"/> Public Guardian Trustee

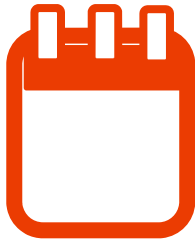


Your Take Away for Today . . .



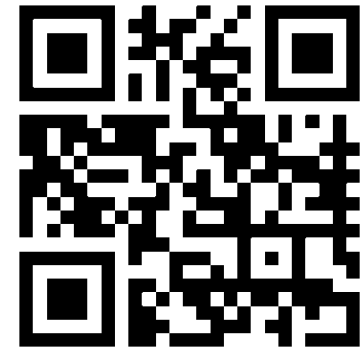
- Collaborate with technical and clinical experts together – these partnerships are important to overall use of health information standards and interoperability of the EHR.
- Implementation informs – use the lessons from this work from the LHIN and eHealth Ontario perspectives in the future work.
- National/international health information standards exist – leverage what you can to minimize effort for development and maintenance.
- Look for opportunities to adopt standards as digital systems are being implemented or updated – forms contain data with potential for sharing.

Let's Connect



Book an appointment with us today and discover how we can help you develop your ehealth solutions

architecture@ehealthontario.on.ca



Explore the blueprint online or download:

- www.ehealthblueprint.com
- www.ehealthontario.on.ca/en/architecture/blueprint



Sign up for our newsletter (Blueprint Bulletin) – and if you haven't already discovered Ontario's Ehealth Blueprint – it is now available online.