

eHealth Ontario (eHO) identified Call for Proposal in August 2009 to all LHINS:

- Opportunities for one-time funding
- Funding cover 6 – 18 month period beginning Dec 09
- Submitted Sept 19; awaiting final response (November 2009)
- Requested in 4 proposals and approx 1.7 Million in requested funds
- Projects that support the eHO strategy in 4 areas:
- We submitted 4 proposals (2 in collaboration with other LHINS), and since submission, have agreed to engage in two collective proposals
- Current state: ALC RM&R approved by eHealth, Others unclear

Funding Proposal Areas (4):

1. Integration:

Not available to CE LHIN; we are participating 5 LHIN integration project “Connecting the GTA” (formerly called HIAL)

2. Physician eHealth:

Promoting eHealth initiatives in the physician community

3. Implementation and Adoption:

Activities identified as readiness planning to implement eHO strategic priorities (i.e. Diabetes Registry, Medication Management, Wait Times)

4. Resource Matching & Referrals (RM&R):

Activities that promote resources matched to patients leaving hospital and the referral process between organizations and sectors.

Physician Leadership in eHealth Adoption:

- Submission combined two funding areas: Physician eHealth and Implementation & Adoption
- Project expectation is for 12 – 18 months (funding request 1 Million)
- Proposal reviewed by the chairs of the current CE LHIN physician committee for perspective

Objectives:

1. Build awareness of ehealth (locally and provincially) and advance provincial eHealth Strategy
2. Ensure Physician Participation in ehealth initiatives including providers collaboration
3. Recruit CMIO (Chief Physician Medical Information Officer) and Support (project management, strategist for change management and admin support to lead the project)
4. Development of infrastructure to both integrate into current clinician committee structures (Primary Care Working Group and Medical Leadership Group) and support ehealth technology adoption
5. Support Physician community (both institution and private practice) adoption of technology specifically around EMR / EHR and clinical documentation (support Ontario MD initiative).
6. Develop sustainable mechanisms, tools and techniques to enable complex change among clinicians and physicians throughout the LHIN; and provide techniques that other LHINS may leverage. Goal is re-usable framework.

Engaged Communities.
Healthy Communities.

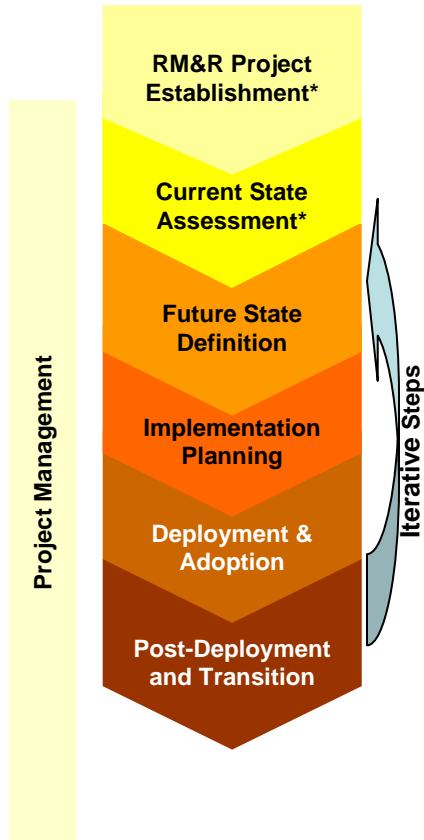
ALC – Resource Matching & Referrals (RM&R):

- Part of 7 LHINS (Central, Central East, Central West, Mississauga Halton, North Simcoe Muskoka, and South East LHIN) as collective project and funding proposal
- Focus on referral paths between: Acute or Rehab to LTC;
 - Acute or rehab to CCAC;
 - Acute to Rehab;
 - Acute to CCC
- 3 year project with total budget approx 11 Million;
- Phase 1 (to April 2010) budget 1.4 Million
- Central LHIN to provide project management and resources and project sponsor / leadership
- Part of provincial project as enabler of provincial Emergency Room/ Alternative Level of Care Strategy

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Healthy Communities.

RM&R Funding Gates for LHINs with New RM&R Initiatives

A six-step gated funding framework is proposed for allocation of funds to **new LHIN RM&R initiatives** focused on the in-scope sectors.



Objectives of the Stage

Establish the foundational processes, systems and structures required to support the execution of the RM&R project and bring together the multi-functional team that will lead the initiative.

Review and analyze the processes and systems currently used for resource matching and referral and identify key considerations for the future state.

Define and develop future state business requirements and processes that align to the Provincial Reference Model and address the gaps identified in the current state assessment.

Procure a solution and plan the activities (e.g. testing, change management) to complete in order to ensure the successful deployment and adoption of RM&R processes and systems.

Execute activities related to the phased deployment of the systems and processes to ensure user adoption.

Review and document the successes and lessons learned of the RM&R project to improve the effectiveness of future deployment efforts and share learnings with other stakeholders (e.g. other LHINs). Transition over time to full implementation of solution such that the project enters maintenance mode.

*Stage is applicable to LHINs who have not implemented an RM&R solution for the sectors in-scope for this program

The funding gates are sequential, as a result, a LHIN cannot receive funding for a stage if it has not met the criteria for prior stages.

Objectives RM&R PHASE I

1. Develop partnership documentation
 - Letter of intent
2. Establish project management functions and plan
3. Project Infrastructure (PMO)
4. Creation of Work Plan
5. Develop common tools
6. Map referral patterns in and between the seven LHINS
7. Map current state
 - In and between LHINS.

Primary Care Referrals:

- Submitted in conjunction with SE LHIN and Champlain LHINs.
- Funding area of *Physician eHealth*.
- Project will share information /successes between the three LHINS to ensure cost and resource efficiencies in development

Objectives:

1. Proposal to develop primary care referrals from Primary Care Physician to Specialist (not currently tracked for wait times)
2. Use of current technology (Microsoft SharePoint) including: a regional platform, automated improvement of current process of referral from primary care physicians to specialist; a pilot to verify the process and resourcing for the project.
3. Ensure streamlining and connection of process for opportunities of movement between LHINS

Pharmacy Engagement for ehealth Adoption

- Submitted through Implementation and Adoption (readiness) area
- Short Time Frame/ Smaller Amount (4 months - \$30,000)
- Identified a need to engage Pharmacy (hospital and community) with eHealth Strategy (specifically - Diabetes, Med Management)

Objectives:

- Engagement process with the pharmacy community (hospital and community) in CE LHIN
- Assessment / Environmental Scan to understand technology for that community
- Infrastructure to ensure continued engagement
- Model (process, tools, etc.) that can be repeated in other LHINS

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Privacy and Security in eHealth

- Many LHINS submitted proposals to address issues related to technology
- CE LHIN is already active in this work and asked to join:
 - have developed draft framework for whole HLIN,
 - working on data sharing agreements between organizations, have active CE LHIN Privacy and Security Committee; Developing for current projects (i.e. TDIS)

Objectives:

- Work with multiple LHINS to develop framework, infrastructure, processes and tools on privacy and security for eHealth (technology) that are standards and best practice.

Shared Services:

- Many LHINS submitted proposals to address issues related to technology
- CE LHIN is already active in this work and asked to join
- Shared Services include sharing of technologies, supporting technologies,
- May include (for technology):
 - Environmental scan;
 - Developed model for governance
 - Developed model for procurement
 - Developed model for support and maintenance

Objectives:

- This project is currently being redefined and the proposals rewritten into a single proposal (November 2009)