

Ontario's eHealth Strategy 2009-2012

Report of the Consultations

February 26, 2009

Contents

Background	1
1. Introduction	1
2. The Stakeholders Consulted and Methods Used	1
Consultation Results	2
3. Is the Strategy to Achieve Ontario's eHealth Clinical Priorities on the Right Track? If Not, Why?	2
4. What Top Three Challenges Do You Foresee in Implementing the Strategy?	2
5. Do You Believe That the Timelines to Deliver on the Strategy are Achievable? If Not, why?	3
6. In What Ways Do You See Yourself Contributing to the Success of the Strategy?	3
7. Do You Have Any Other Specific Input?	3
Attachment A: Stakeholders	4

BACKGROUND

1. Introduction

On January 29, 2009, the Board of Directors of *eHealth Ontario* approved Ontario's eHealth Strategy in principle. As part of the validation process, the Board directed management to make the document public and consult with staff and the broader healthcare community.

eHealth Ontario initiated and conducted a stakeholder engagement process in February. The underlying principle of the process was to ensure that stakeholders be given reasonable opportunities to provide their input on the eHealth Strategy.

2. The Stakeholders Consulted and Methods Used

eHealth Ontario used a number of methods to gather input.

- The CEO of *eHealth Ontario* (or her designate) met with individuals and consulted with organizations and committees. In the larger meetings, the CEO presented background information on the organization and the Strategy, responded to questions and encouraged input from those in attendance.
- Internal and external stakeholders were invited to comment on the draft eHealth Strategy. The document and an open-ended survey were available electronically. The survey tool included five questions. The majority of respondents used the survey tool to provide their input. Fewer respondents wrote letters or made a formal submission.

A total of 441 individuals or organizations provided input on the Strategy.

Of these, 260 attended individual or group meetings and the remaining 181 people or organizations made written submissions (26 internal stakeholders; 155 external individuals or organizations). See Attachment A for a list of stakeholder who provided input.

This report summarises the results of the consultations within each question:

- Is the Strategy to achieve Ontario's eHealth Clinical Priorities on the right track? If not, why? (Chapter 3).
- What are the top three challenges do you foresee in implementing the Strategy? (Chapter 4).
- Do you believe that the timelines to deliver on the Strategy are achievable? If not why? (Chapter 5).
- In what ways do you see yourself contributing to the success of the Strategy? (Chapter 6).
- Do you have any other specific input? (Chapter 7).

CONSULTATION RESULTS

3. Is the Strategy to Achieve Ontario's eHealth Clinical Priorities on the Right Track? If Not, Why?

A majority of stakeholders supported the Strategy's clinical priorities. Comments included:

- “The identified strategy appears to target issues that highly impact the system.”
- “Not only are the three priorities highly important, they provide an opportunity to focus rather than try to tackle everything at once.”

Stakeholders who felt the Strategy was not on the right track offered various reasons for their opinion. The reasons mentioned most often were the following.

- The Strategy should have other clinical priorities such as mental health and addictions, and health promotion and disease prevention. Mentioned less often were cancer, maternal/newborn care and all of chronic disease management.
- The Strategy should address inequitable access to care in rural and remote areas, and among certain population groups such as the poor, recent immigrants and First Nations.
- The Strategy needs to empower the public and patients to take a more active role in managing their health rather than focusing mainly on the benefits for clinicians.
- There is a need to use information technology to link primary care providers into the continuum of care.
- Nursing needs to play a more prominent role in the Strategy.

4. What Top Three Challenges Do You Foresee in Implementing the Strategy?

Stakeholders identified many challenges that can impact negatively on Ontario's eHealth Strategy. The top challenge identified by *external* stakeholders was stakeholder buy-in and adoption. As one person noted, “systems may get delivered but without broad and comprehensive clinical adoption, there will be no change in clinical outcomes.” The importance of engaging patients as well as vendors was also recognised.

The other two top challenges identified by *external* stakeholders were human resource shortages and funding shortages. A number of respondents stressed the importance of sustained funding to develop and implement solutions and incentivise users. There are financial and human resource concerns about implementing the Strategy given the current state of the economy. Other challenges include the scale and complexity of the change that is required, the need to maintain a clear focus on results and accountability, competing agendas between stakeholders that will have an impact on cooperation, the need to ensure privacy of confidential health information, and the speed with which the new agency can transition from the past into the future.

The two top challenges that were identified by *internal* stakeholders were inward focused: organizational development, and organizational performance and accountability were identified as the two top challenges to successfully implementing the eHealth Strategy. As one person noted, “management needs to empower staff and hold them accountable for the delivery of solutions.” Other challenges mentioned by internal stakeholders included stakeholder buy-in and adoption, privacy and security, human resources and the scale and complexity of the change that is required.

5. Do You Believe That the Timelines to Deliver on the Strategy are Achievable? If Not, why?

When asked whether the timelines to deliver the Strategy are achievable, about 55% of external and internal stakeholders answered “yes.” Many individuals who gave a “qualified yes,” noted that achievable deadlines depend on political will, focused teams, sufficient human and financial resources, training and support, and other factors.

Many of the respondents who felt the timelines could not be achieved identified reasons why – a poor economy, poor data and information, the complex nature of diabetes management, privacy concerns, and a lack of trust that eHealth initiatives will deliver based on past history.

A few respondents thought that the timelines were not aggressive enough.

6. In What Ways Do You See Yourself Contributing to the Success of the Strategy?

When asked how they saw themselves contributing to the success of the Strategy, individual respondents gave very personal answers based on their individual circumstances. Contributions included wanting to champion the eHealth Strategy, being involved in high-level discussions, implementing at one’s hospital, selling new technologies and products, volunteering, and building strong and healthy communities.

7. Do You Have Any Other Specific Input?

Stakeholders were encouraged to provide additional comments if they wished. Many respondents provided detailed comments about a wide range of issues related to eHealth. No discernable themes could be identified from this information.

A number of respondents noted that they were very pleased with the opportunity to read and comment on the draft Strategy. They also appreciated the openness and willingness of the *eHealth Ontario* Board and senior management to seek out input and to listen and learn.

ATTACHMENT A: STAKEHOLDERS

Meetings With Organizations and Committees

The CEO of *eHealth Ontario* (or her designate) consulted with organizations and committees that included the following:

1. Canada Health Infoway
2. Champlain Local Health Integration Network
3. Diabetes Clinical Expert Panel
4. eChild Health Network (eCHN)
5. Local Health Integration Network e-Health Leads Council (Retreat)
6. Office of the Information Privacy Commissioner
7. Ontario Association of Community Care Access Centres (Retreat on Developing an IM/IT Strategy)
8. Shared Information Management Systems Steering Committee (SIMS)
9. South West Local Health Integration Network
10. Toronto Central Local Health Integration Network Diabetes Steering Committee

Stakeholders Who Submitted Written Input on the Draft eHealth Strategy

A total of 181 people or organizations submitted written input. There were:

- 26 submissions from internal stakeholders (all remaining anonymous); and
- 155 submissions from external individuals or organizations (see below). The survey form only requested the respondent's name and email address. Generally, respondents provided more identifying information when they made a submission not using the survey form.

External Submissions	
1.	Aldis, John
2.	Alpha Global – iT (Alwyn Monteiro)
3.	Bains, Jatinder
4.	Beaton, Brian
5.	Benson, Wendy
6.	Berry, John A.
7.	Blackburn, Paul
8.	Breadner, Veronica
9.	Bryenton, Earl

External Submissions

10.	Cain, Tim
11.	Canadian Mental Health Association, Ontario (Lorne Zon)
12.	Cancer Care Ontario
13.	Cardiac Care Network (Kori Kingsbury)
14.	Carol Ann
15.	Castaneda, Gerardo
16.	Central East Local Health Integration Network (Lewis Hooper)
17.	Central Local Health Integration Network (Diane Salois-Swallow)
18.	Central West Local Health Integration Network (Andrew Hussain)
19.	Centre for Addictions and Mental Health, Toronto
20.	Chan, Ben
21.	Chiasson, Charley
22.	Children's Hospital of Eastern Ontario (Tyson Roffey)
23.	Chu, Tony
24.	College of Nurses of Ontario (Janet Anderson)
25.	College of Physicians and Surgeons of Ontario (Maureen Boon)
26.	Crivianu-Gaita, Daniela
27.	Crook, Gail
28.	Daien, David
29.	Darby, Paul
30.	Davies, Lianne
31.	Derman, Yaron
32.	Drakes, Jennifer
33.	EDS (Colin Houghton)
34.	ESRI Canada (Robert Delorme)

External Submissions

35.	Evans, J
36.	Fellinger, Barry
37.	Garg, Amit
38.	GE Healthcare Canada (Mike Clarke)
39.	Gordon, Dan
40.	Graham, Derek
41.	Greenlaw, Jack
42.	Hamilton Family Health Team (Karim Keshavjee)
43.	Harris, Jo
44.	Heart and Stroke Foundation of Ontario (William J. Thomas)
45.	Iantorno, Tony
46.	IBM Health Industry (Paul Sulkers, John Soloninka)
47.	Information and Privacy Commissioner/Ontario
48.	Intelliware e-Health (Greg McKenzie)
49.	ITAC Health
50.	James, Ernest A.
51.	Jani, Jiten
52.	Jones, Steve
53.	Juurlink, Mary Ann
54.	Kerr, Anne
55.	Kerr, Phil
56.	Kiran, Tara
57.	Knoefel, F.
58.	Kolbe, Faron
59.	Labaty, Christine

External Submissions

60.	Lai, Kevin
61.	Lawrence, Steve
62.	Maclennan, Marg
63.	MacLeod, Donna
64.	MacLeod, Janet
65.	Mamdani, Karim
66.	Mansour, Khaled
67.	McKesson Canada (Ronald L. Dunn)
68.	McLaren, Alan
69.	MEDSEEK (Curt Thornton)
70.	Millar, Michael
71.	Mississauga Halton Local Health Integration Network (Andrew Hussain)
72.	Mohawk College (Ted Scott)
73.	Monteiro, Alpha
74.	Montfort Hospital (Andre Charette, Louise McNaughton-Filion)
75.	Moore, T
76.	nD-Insight (Hans Oh)
77.	NelDaley, Neville K CHIM
78.	Nevile-Smith, Kevin
79.	Newman, Lori
80.	NexJ Systems
81.	NexJ Systems Inc. (Oz Huner)
82.	North Simcoe Muskoka Local Health Integration Network (Rodney J. Burns)
83.	Northeast Mental Health Services (Kathleen Fyfe)
84.	Nyman, Ed

External Submissions

85.	Ontario Federation of Community and Mental Health and Addiction Programs Mental Health Council (Barry Fellingner)
86.	Ontario Hospital Association (Jonker, A)
87.	Ontario Medical Association (Brian M. Forster)
88.	Ontario Telemedicine Network (Ron Riesenbach)
89.	Orillia Soldier's Memorial Hospital and Muskoka Algonquin Healthcare (Brian Thomson)
90.	Page, Dr. Aroha
91.	Palsa, Brenda
92.	Ransom, Bob
93.	Registered Nurses' Association of Ontario
94.	Renaud, Roger
95.	Ritskes, Chris
96.	Ritz, Derek
97.	Robinson, Debora
98.	Rossos, Dr. Peter G. (Chief Medical Information Officer, University Health Network and SIMS Partnership)
99.	Routliffe, Janet
100.	Royal Victoria Hospital, Barrie
101.	Salumatics (Steven Green)
102.	Sampson, Heather
103.	Sankarsingh, Brian
104.	Seeman, Neil
105.	Seidlitz, Wendy
106.	Shaw, Charmaine E
107.	SIMS Partnership
108.	Slywchuk, J.

External Submissions

109.	Southey, Dr George
110.	Spratt, Elizabeth
111.	Stewart, Starlene
112.	Suskin, Neville
113.	Sutton, Bruce
114.	Szende, Andrew
115.	Telus Health Solutions (Darren Hay)
116.	Testa, Robert and Vivian
117.	Thames Valley Hospital Planning Partnership (Dawne Russell)
118.	The Wellesley Institute (Bob Gardner)
119.	Thorpe, Robert
120.	Toronto Central Local Health Integration Network (Lydia Lee)
121.	Tracie
122.	Tremblay, Dr Michael
123.	Trillium Health Centre (Janet Davidson)
124.	Tucker, T
125.	Walmark, Brian
126.	Warren, Bill
127.	Webb, Dr. Bob
128.	Whitby Mental Health Centre (John Chen)
129.	Williams, Donna
130.	Williams, Hugh
131.	Wills, John
132.	Wilson, Dave
133.	Wolnik, Susan

External Submissions

134.	Won, Ray
135.	Wood, Shelley
	Anonymous (20 Submissions)