

Better Data

Better Care

Table of Contents

1. Introduction
4. Welcome message from the Chair and CEO
6. 2016-2017 Highlights
14. Value of digital health records
18. Building blocks of digital health
28. Moving forward
32. Leadership
34. 2016-2017 Financials

Better patient care drives digital health agenda forward

Our story is one that has evolved in lockstep with the provincial government's work to digitally transform a large and complex health care system that serves a population of nearly 14 million residents, to provide better care for Ontarians. eHealth Ontario has played a key role by building the information technology systems that make it possible to connect clinicians across the province and developing the databases necessary to store and share key patient information.

When the provincial government of the day set to work to explore how emerging technology might one day dramatically reshape the way health care is delivered in the province, the majority of Ontarians were simply using the Internet for email; however, general browsing on subjects such as health care was on the rise.

Not more than a few years out digital technology and advances in privacy and online security proved to be a game-changer, whether used at home to download music, find old friends on Facebook, or at work in industries such as travel, banking, and publishing.

But for certain fields such as health care, the challenges to go paperless appeared to be daunting. Family doctors with long-time practices who worked alone, for instance, would be hard-pressed to find the time to input data from thousands of paper patient files into new electronic medical records. Hospitals were investing in IT systems and digitizing their records, but they were choosing platforms and technologies that served their individual needs and couldn't talk to each other.

Fast-forward to 2008. eHealth Ontario's proactive engagement with diverse partners across the health spectrum sparks the beginning of a transformation from a largely disjointed paper-based health system to a digital one, where all authorized clinicians could contribute, share and access valuable information about a patient's care.

The common thread that stitches together better, safer patient care and a province-wide health system that will be sustainable for years to come is the electronic health record (EHR) system.

The past year found eHealth Ontario turning a corner in delivering a comprehensive, patient-focused, secure and private digital health information system for Ontarians.

The journey toward connecting Ontario's health care community – ever-expanding in size and scope – to stable, private, and secure networks that house billions of patient records, hasn't been without the learning curves and challenges so commonplace in the digital landscape. Like other organizations, the agency and the broader health care sector experienced some growing pains as they shifted to using modern, integrated IT systems, at the same time that technology was rapidly evolving.

But now the fundamental elements are all in place. More than 104,000 authorized health professionals have access to complete, up-to-date, and accurate digital patient records. Hospitals, community care agencies, labs and diagnostic imaging (DI) facilities are connected to each other so that clinicians can pull up key medical information whenever and wherever they need it.

The result? Better-coordinated patient care, more well-informed treatment decisions, fewer duplicate tests, and reduced wait times. Clinicians have told us patient outcomes improve when they have more time to discuss, manage, coordinate, and plan care. And faster access to important medical data leads to higher quality clinical decision-making. Ontarians deserve no less. Yet, as we harness new technologies to deliver the best possible care for patients, we know there is still work to be done. There is new data to bring in, more sites to connect, technological innovation to support, and partnerships to nurture.

Moving forward through a customer service lens, we'll build on the assets in place and continue to work with partners across Ontario to increase implementation and adoption of digital health information.

“Patients don’t always know what they had done or who they saw in another hospital. [The] ConnectingOntario [viewer] is a very useful tool for gathering and validating patient information and history.”

Dr. Dov Gandell, Physician,
Geriatric Medicine, Sunnybrook

eHealth Ontario is an independent government agency put in place by the Ministry of Health and Long-Term Care to build a system that facilitates the secure exchange of health information between a patient’s care providers.

Together with our partners, we continue to advance the adoption and use of digital health records. Ultimately, patients themselves will be able to access their personal information in a digital health record that moves with them, anytime and anywhere.

eHealth Ontario is committed to listening to those who need and use our service, building new, cooperative relationships with our partners, and responding quickly to challenges and opportunities.

Our alignment with the Ministry of Health and Long-Term Care’s Patients First agenda sets the bar high for service-delivery excellence and, as that philosophy takes root in our culture, we’ve never been more confident in our ability to help move Ontario’s digital health agenda forward in ways that will continue to generate value far in excess of the public investments made.

Welcome message from the Chair and CEO



Lorelle Taylor
Chair



Cynthia Morton
Chief Executive Officer

Roadmap to enhance electronic health record

At eHealth Ontario, we know that better information means better care. That's why we've put in place the foundational assets for a Digital Health Record system (DHR) that allows all of a patient's medical information to be safely accessed by health care clinicians within their circle of care, whenever and wherever it's needed. Having rapid access to complete, up-to-date and accurate patient information puts providers in a better position to deliver the best possible care.

The system is a cornerstone of the government's drive to transform health care by taking advantage of the power of technology. Today, millions of Ontario patients will be treated by a clinician accessing their DHR, whether in an emergency ward, a long-term home or their doctor's office. The benefits to patients and clinicians will only increase as we continue to add more records to the DHR and make it available to all health care providers across the province.

This year eHealth Ontario passed a major milestone, having completed building and integrating province-wide patient data repositories and the connected technology backbone that allows secure access and confidential sharing of health information. Working with our regional service delivery partners in South West Ontario, Northern and Eastern Ontario and the Greater Toronto Area, there are now 104,000 health care providers across the province registered to access provincial digital health records through regional clinical viewers, the eHealth portal and Electronic Medical Record (EMR) systems in doctors' offices.

In addition to the ever increasing number of registered users, we also continue to increase the amount of data in our repositories. At year end, about 92% of all provincial lab results and 97% of community lab records were captured in the Ontario Laboratories Information System, which enables providers to view lab results from anywhere in the province, no matter where the tests were taken. We will continue to work with labs across the province that use digital records and are not yet contributing, to increase the percentage of available data.

eHealth Ontario works with its partners to support four Diagnostic Imaging Repositories across the province and in 2016 12.6 million exams were added from hospitals and independent health facilities. These repositories have largely eliminated the need to share film and paper diagnostic images and have reduced the number of duplicate exams. An important milestone this year was the launch of the Diagnostic Imaging Common Service, which allows authorized providers to access images and reports from anywhere in the province, rather than just from within their region. The Service will continue to be rolled out across the province throughout 2017-18.

A key addition in 2016-17, the Digital Health Drug Repository provides clinicians with access to dispensed drug data that includes publicly funded drugs (Trillium and Ontario Drug Benefit) and pharmacy services, along with narcotics and controlled drugs. It was launched in November 2016 and by August 2017 providers across the province with access to clinical viewers will have access to this invaluable information as a tool to help avoid negative drug interactions and to support the fight against opioid abuse.

Overall, tremendous headway has been made this year as providers, and in turn patients, have realized the benefits of the DHR system. Health care providers can quickly access and share results of lab tests and diagnostic imaging exams. Emergency room clinicians can check a patient's medication. Patients are receiving better follow up care when they leave a hospital, since their discharge summaries can be shared instantly with their health care teams. And, patients are being transitioned faster to other providers in their communities.

Through continuous improvement, expanded use and tighter integration with clinician workflows across all points of care, the DHR system will continue to support improved patient care into the future. Together with our partners, we are committed to continuing to work across the health sector to integrate more sites, offer more critical data and to make it easier for our customers to connect to the system. It will become an even stronger tool in Ontario's health care transformation to ensure the patient's journey is both seamless and well informed.

We want to acknowledge the dedication and talent of the employees at eHealth Ontario and the many partners who all play key roles in the accomplishments of the past several years. The Minister of Health's commitment to health care transformation and the advancement of a digital health strategy has also greatly enhanced our sense of purpose and future opportunities to continue to build a world class digital health system to support better patient care.

Finally, we wish to acknowledge the contributions of Raymond Hession, whose term as Board Chair expired early in 2017, after seven years at the helm. His steady leadership and commitment to making an integrated provincial digital health record system a reality has played a large role in our success and our vision for the future. We also wish to thank the agency's Board of Directors for their steady stewardship and sage advice.

Respectfully,



Lorelle Taylor
Chair



Cynthia Morton
Chief Executive Officer

Better Support

Better Community

2016-2017 HIGHLIGHTS

From the lab down the street, to your doctor's office downtown, to your local hospital, eHealth Ontario has built the system that lets your health care team securely share your digital health records to provide you with better care.

eHealth Ontario at work in your neighbourhood

Nowhere can eHealth Ontario's 2016-2017 accomplishments be better demonstrated than through the experience of clinicians across the province who use our system to enhance care and, most importantly, Ontario patients and their families who receive better care from a modernized, digital health system that puts them first.

This year marks a major milestone for the electronic health record and the network of systems that support it. The elements that form the bedrock of Ontario's private, secure and connected digital health information system are complete. eHealth Ontario has delivered on its mandate to enable a comprehensive, patient-focused, secure and private digital health record system for Ontarians. Our work to integrate the most critical of thousands of different health information systems across the province has been realized. The essential building blocks, such as lab, diagnostic imaging and drug repositories, technology to connect health care providers and clinical viewers to give access to medical records, are in use across the province.

eHealth Ontario quietly works behind the scenes in your neighbourhood, powering the system that helps laboratories connect with local home and community care services, primary care physicians to connect with hospitals, and emergency room personnel to connect with your pharmacy.

Now, when you visit a hospital, your records from that visit can be captured as part of the provincial digital health record. Hospital admission, discharge and transfer reports as well as other important information is available for other doctors and nurses in the provision of your care. That means that if you have to go to the emergency department in distress and unable to communicate, your health care providers can access important medical information from any prior visit to an emergency room and can make well-informed treatment decisions more quickly and safely. That's eHealth Ontario at work.

About 5 million people in Ontario visit the hospital each year. By the end of this year, more than 3.3 million or 66 per cent of these people will have their records captured in the provincial digital health record.

An organizational restructuring and refocused service strategy at the agency aim to make it as simple and straightforward as possible for our thousands-strong customer base to interact with us.

We work closely with our three major regional partners in south west, central, and northern and eastern Ontario, health care professionals, hospitals, community providers, Local Health Integration Networks (LHINs), Canada Health Infoway (CHI), and vendors to ensure clinicians have real-time access to complete, up-to-date and accurate medical information so they can provide the best possible care and improve patient outcomes.

Digital health in action

Faster treatment, more informed care

“ConnectingOntario [clinical viewer] allows me to review a patient’s recent lab values and eliminates the need to have family physicians reorder tests . . . This frequently means that medication administration can begin sooner. I’m currently seeing a patient who is a heavy user of our acute care system, with complex care needs, frequent hospitalizations and minimal care-giver support. Reviewing her discharge medications list, labs, and physician discharge notes allows me to reconcile her medications quickly and helps to prevent avoidable re-admissions. I would say that ConnectingOntario has revolutionized my practice.”

Seema Nayani, Pharmacist, Central-West LHIN

Getting patients back on their feet

“I use ClinicalConnect [clinical viewer] on a daily basis to look up contact information, view labs, and obtain stress test clinic notes for results and clearance from internists to start exercise. Having the capability to access contact information and necessary reports saves on duplication of services and, most importantly, speeds up the required process for cardiac rehab patients to begin a positive, long-term lifestyle change.”

*Jody Emerson, Cardiac Rehab Program,
Chatham-Kent Community Health Centres*



Key accomplishments from the year 2016-2017

104,000+

clinicians registered to access patient digital health information

- 93,000 through ConnectingOntario and ClinicalConnect viewers
- 11,000 additional users access through other channels



17.3 MILLION+
SEARCHES
FOR PATIENT
RECORDS
BY 66,000
PROFESSIONALS

2

MILLION

patient records in
the provincial
CDR from hospital
and community
services



*Provincial drug data
available for viewing via
ClinicalConnect viewer*

3.3 Billion+

results in Ontario Laboratories
Information System

92%

of total provincial lab
results captured

97%

community
lab results
captured

100%

of hospital sites can share diagnostic images and reports digitally within their region.

61,000

neuro consultations made remotely

Cost-effective EHR services continue to be delivered securely, reliably

- Overall information security improves
- IT management framework and processes put in place to ensure capacity to handle increased contribution and use

Key health ministry priorities achieved using the EHR connected backbone

- Innovation Lab expands its partnership with Mohawk College to include University Health Network; 200+ individuals from more than 100 organizations registered, and more than 8,000 test transactions conducted
- Supported OntarioMD in the integration of its eConsult and Health Report Manager via the EHR system

- Advanced the ministry's digital health strategy with solutions to better capture, store and share immunization, prescription drug, and narcotics data; 93 million immunization records securely stored

Corporate services budget less than 9% of total

- Met budget while supporting priorities, stakeholders' needs
- Restructured with a service-delivery focus based on best practices for IT organizations

Technology environment is current, supportable and meets service targets

- Three year service improvement strategy led to better performance and 98% uptime

On the record



[The] ConnectingOntario [viewer] will change the way we practice medicine. We will be able to provide the best care to our patients at the time that we see our patients because we will have access to this information right away.

*Dr. Thérèse Hodgson, Family Physician,
Connexion Family Health Team, Orleans Ontario*



The fact that my family doctor can track my medical history and have a complete picture, to me is the most important thing.

Kim Sannes, Patient

Better Records

Better Value

VALUE OF DIGITAL HEALTH RECORDS

Ontario's collection of digital health assets far exceeds the cost invested in building them. Digital health records in particular save time, improve decision making and ultimately deliver better patient care.

Benefits of digitization far exceeds public investment

eHealth Ontario is but one piece of the province's vast health care sector that is increasingly using technology to improve patient experiences and clinical outcomes.

Studies measuring the benefits of health digitalization in general, and electronic health records, specifically, are relatively new. They still only capture a portion of the benefits realized, some of which are outlined later in this chapter.

One thing is clear, however. The digital health record system in place today is creating value for Ontario taxpayers and the provincial health care system as a whole.

Canada Health Infoway (CHI), the federal agency charged with guiding and evaluating the country's digital health transformation, estimates that Ontario's digital health assets, including the EHR, resulted in \$900 million in productivity gains and savings in 2015-2016.

The province itself has accrued almost \$6 billion in cumulative savings since 2002, according to CHI, and that upward trend is expected to continue as more data is brought into the EHR and the number of clinicians using the data increases.

While we are still in the early days of measuring cost savings related to digital health, a report assessing the value and opportunities created through Ontario's eHealth initiatives shows that the benefits of digitalization far exceeds public investment.

"If we included all the benefits not counted, the extent to which benefits exceed costs would be quite large. In short, our investments in digital health have brought us to a point where the ongoing value created significantly exceeds the province's cost to maintain and grow our digital assets. This is a major milestone," said Ed Clark, in his capacity as the Ontario Premier's business advisor and chair of the advisory council on government assets.

The digital health record system connects health organizations and sole practitioners across the province through secure networks that allow the exchange of tremendous amounts of data and information. Having this information quickly and easily available to clinicians is critical because better data equals better care.



Feedback from clinicians and patients through targeted surveys and studies has been encouraging and suggests the following:

For patients, timely intervention leads to higher quality care

- Improved patient experience with better, coordinated care between different members of a patient’s care team, such as family doctor, emergency room, or Local Health Integration Network, and an easier transition when moving from one to another
- Reduced patient wait times

For clinicians, clinical decision-making improves

- Better clinical outcomes with faster, more informed decisions about patient care and treatment
- Improved workflows

For Ontario taxpayers, the health care system is more efficient, sustainable

- Reduced health care system costs, with fewer duplicate tests or procedures
- Opportunity to enable medical research using anonymized data that protects patients’ privacy while providing valuable insights that could help treat certain illnesses or prevent outbreaks

We continue to monitor the value of digital health records and have put in place a new framework to accurately measure the progress and performance of the system, so that moving forward it can keep pace with increased use and adoption across the province.

\$900

MILLION

Ontario’s digital health assets, including the EHR, generated annual benefits of \$900 million in 2015-2016.

“We are on the verge of unleashing significant value if we push on.”

Ed Clark, Premier’s Business Advisor and Chair of the Advisory Council on Government Assets

Better Process

Better Health

BUILDING BLOCKS OF DIGITAL HEALTH

Doctor's offices used to be filled with paper files that had to be faxed, mailed or hand delivered if they were needed by another clinician. Now records are stored electronically, and systems are in place so that they can be quickly and securely shared with your health care providers any time and from anywhere. That's digital health today.

What is an electronic health record and how does it achieve better, safer patient care?

Let's face it; we're long past the days of writing things down on scraps of paper to remember them. So is Ontario's health care system.

An electronic health record contains key medical data generated by providers over the course of a patient's lifetime, all accessible in one place. It is secure, private, and designed so that health care teams can quickly and easily access, contribute and share important data electronically to ensure their patients receive well-informed and high quality care every time.

When your information is available in the electronic health record system, your emergency room physician, Local Health Integration Network, long-term care facility and, increasingly, as we connect more primary care providers, your family doctor, have a more complete picture of your health no matter where you turn up on the continuum of care.

Information in the EHR and who can access it

Information such as emergency room visit reports, lab results, diagnostic images, hospital discharge summaries, drug information, and more, can all be added and shared in real-time by authorized providers from across more than one health care organization.

In other words, your digital health information moves with you where and when needed.

Electronic medical records (EMRs)

While eHealth Ontario is charged with building and sustaining a province-wide electronic health record system, digital records are also created and stored in family physicians' offices.

More than 85 per cent of Ontario's family physicians now use technology to document their own patients' information electronically, in what's called an Electronic Medical Record (EMR). Almost gone are the days of wall-to-wall filing cabinets stuffed with paper. You may have any number of personal electronic medical records safely stored at various clinicians' offices, such as your family doctor or a specialist's office.

93,000

Through the ConnectingOntario program, more than 93,000 health care providers can share a wide variety of patient information electronically

The data in your EMR can include your family history, diagnosis and treatment, demographics and health history with that particular practitioner. Right now, that information is only available to providers in the office where you're receiving treatment, though some primary care physicians are accessing lab results from the EHR. We are working with primary care providers to bring more EMR patient data into the EHR and grant family physicians more complete access to information in the agency's provincial digital record system.

How the EHR works

For the EHR to provide benefits to patients, clinicians, hospitals, labs and other health care providers have to contribute key data. They also have to be able to access that data when treating patients. This is accomplished with the help of the systems and databases we've put in place and the work of our regional partners in rolling out these tools in their area.

Through the ConnectingOntario program, more than 93,000 health care providers in three regions can share a wide variety of patient information electronically: through the ConnectingOntario clinical viewer in the Greater Toronto Area and the Northern and Eastern Region, and the ClinicalConnect clinical viewer in southwest Ontario. Some medical information is already available province-wide, for example lab reports and patient records from hospitals, such as discharge summaries. We are working to fully integrate the three regions so that authorized clinicians will be able to view their patient's complete medical records, no matter where in the province they receive care.

Elements of the digital health information system

The transmittal of the robust data collected and shared increasingly among clinicians is made possible by the connected backbone, or Health Information Access Layer. This system features a number of technologies that together support about eight million transactions per month within the EHR, all anchored by solid security and privacy protocols.

For this to occur, however, the patchwork of often incompatible information technology systems in use at thousands of locations had to be integrated. While many systems are now connected, there is still work to be done.



Benefits of Sharing Information

Betty Nafziger works at a long-term care home in London Ontario where the sharing of digital information has been transformative. “We would have to manually call the hospital and request information about a resident which could take a week or two to retrieve it. Now, we have access to that information right when the resident returns to our care.”

Developing and nurturing relationships with numerous health sector organizations is key to increasing meaningful clinical use of the digital health information system in order to improve patient care and outcomes. Ontario’s health care sector is complex and we need to understand the needs of, and deliver service to, 14 Local Health Integration Networks, 70 community health centres, more than 230 hospitals, 630 long-term care homes, 4,000 pharmacies, and more. Each requires high quality data to provide optimal care.

Patient safety, effectiveness, and efficiency

Here’s an example of how the EHR works today. If your child has bloodwork and an x-ray and then ends up needing emergency room care in a neighbouring town, hospital staff can access the results of those tests. There’s no need to delay treatment to repeat the test and expose your son or daughter to further radiation – their provider can begin the proper treatment more quickly, with all the facts at hand.

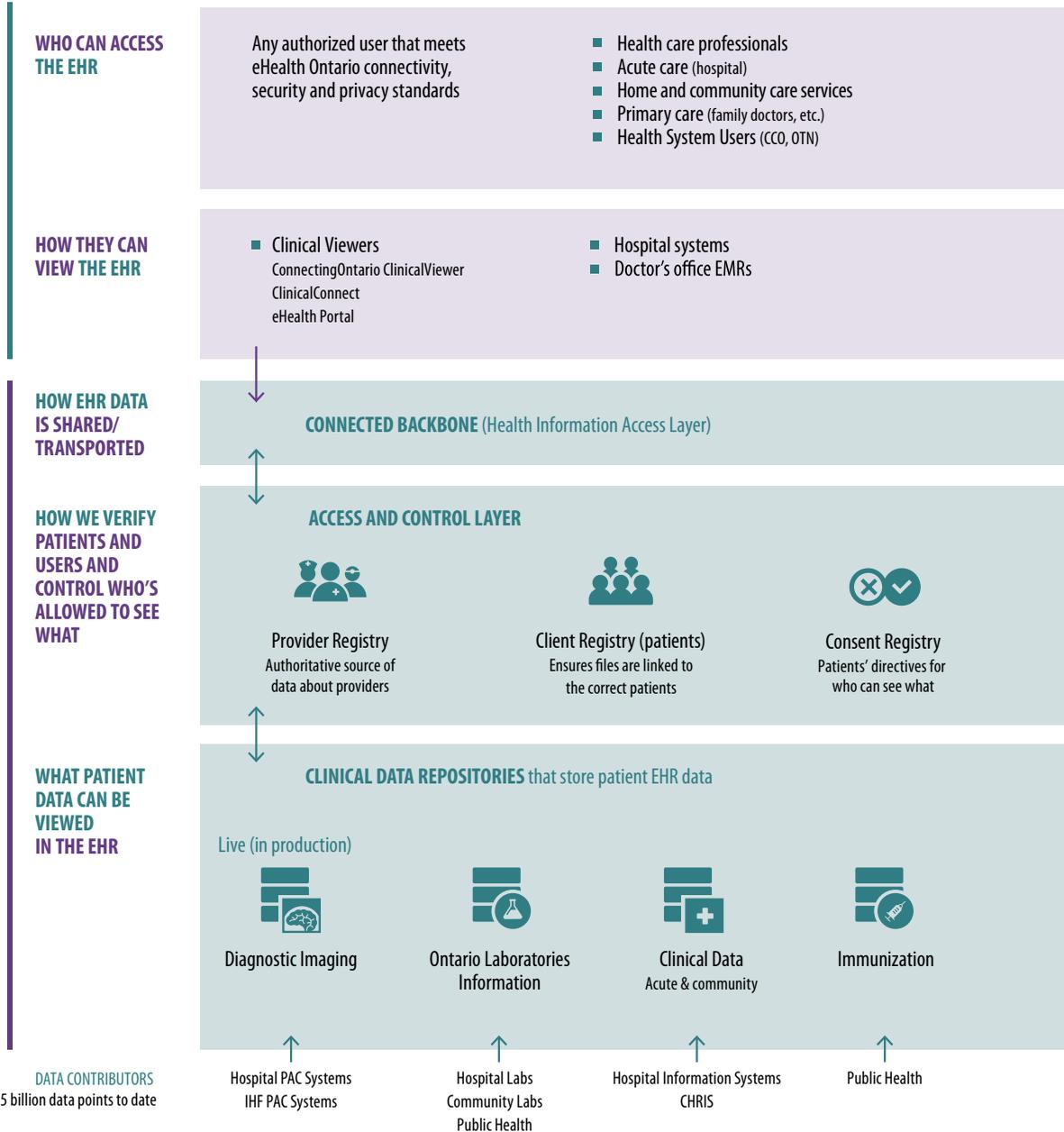
Over a recent 12-month period, there were more than 17 million searches for patient records in the provincial lab results repository alone. This demonstrates that the system is working and benefiting patients, every day.

The following foundational elements of the digital health information system have been built and are now in place:

- A private and secure network to collect and deliver data to clinicians, including an authoritative registry for a patient's unique identity that is critical to ensuring the right information gets matched to the right person;
- Databases, or repositories, that store patient data. They include:
 - ♦ 100% of hospital sites are now connected and contributing to the repositories which give providers access to reports and images from across their region. As of March 2017, there were more than 32,000 registered users and more than 2,500 active users populating the system.
 - ♦ The Diagnostic Imaging Common Service (DI-CS) now available through eHealth Ontario's web portal provides clinicians province-wide with fast, secure access to diagnostic imaging reports and images like CT scans, x-rays and ultrasounds. This service will be rolled out across the province in the coming months.
 - ♦ The Ontario Laboratories Information System (OLIS), a provincial repository that now contains more than three billion lab records from health facilities across the spectrum of care. About 92 per cent of all lab results are captured and there are almost 40,000 active clinician users.
 - ♦ The Clinical Data Repository contains clinically relevant information from hospitals such as discharge summaries, patient assessment forms, clinical notes, and more.
 - ♦ The Digital Health Immunization Repository (DHIR) contains about 93 million immunization records and enables access to immunization data and outbreaks of communicable diseases, and is available to public health officials.
 - ♦ The Digital Health Drug Repository (DHDR) was released in November 2016 and enables expanded access to drug data, including Ontario Drug Benefit claims data and information from the provincial Narcotics Monitoring System.
- Integration technology that makes it easier for clinicians to connect and add patient data without having to invest in new technology themselves;
- Identity and consent management, monitoring, and cyber-security technology to ensure only authorized clinicians have access and;
- Channels so clinicians can access and view patient records, such as regional clinical viewers and the eHealth Portal



The Digital Health Record System in Ontario



- Researchers (ICES, CIHI, HQO, etc.)
- Vendors
- Patients – future
- Innovators – future



EHR Event Monitoring
Tracks who has accessed the EHR



Identity Services
ONE ID / Single Sign On / User Registry



Digital Health Drug Repository

↑
ODB
Monitored Drugs
Community Pharmacies

In development (future)



Home and community care services

↑
IAR
CCT



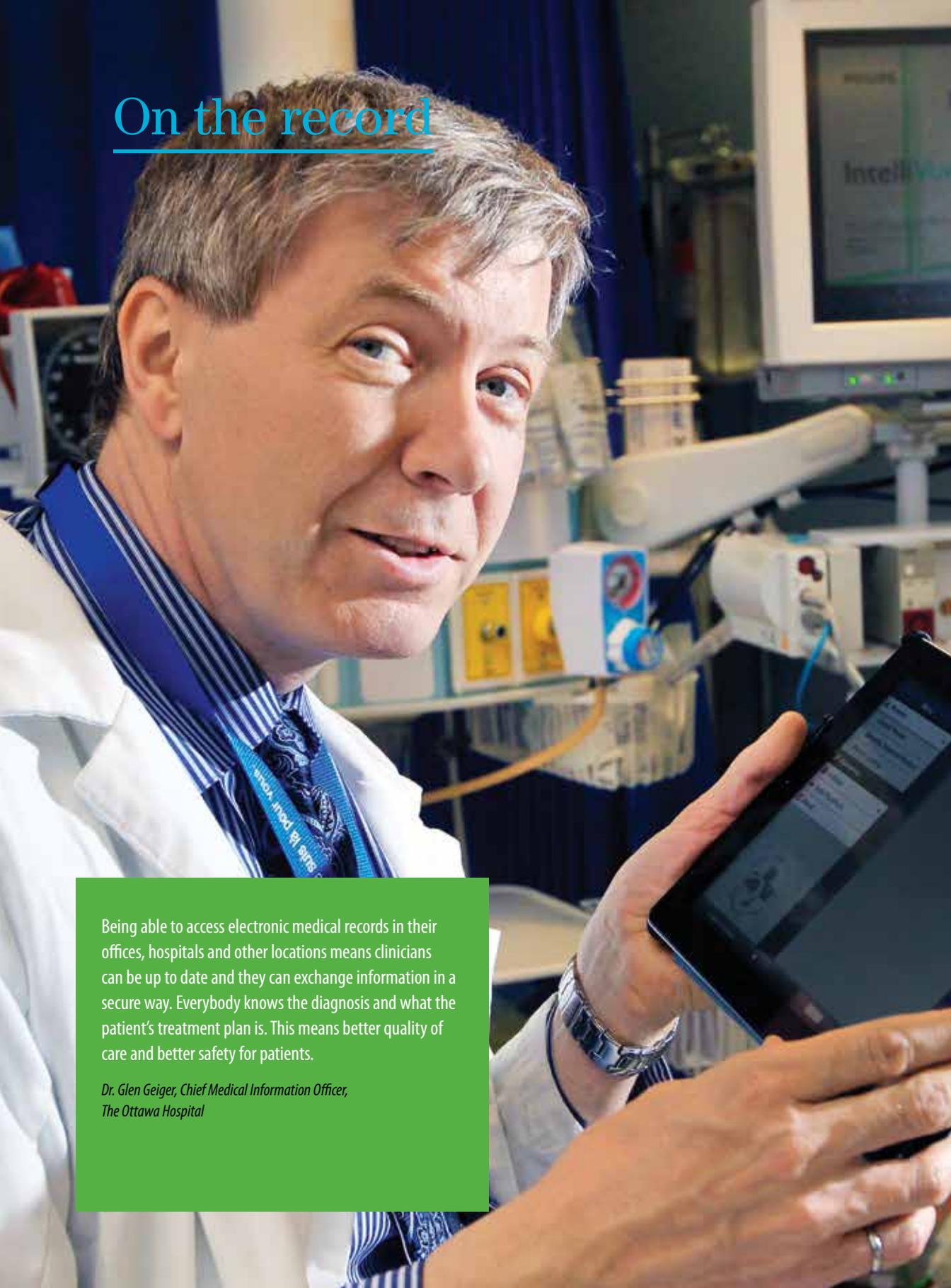
EMR Clinical Data Primary

↑
EMRs

Privacy and security

eHealth Ontario adheres to rigorous privacy standards, policies and procedures to ensure personal health information is only accessed by authorized health care providers. Canada Health Infoway surveys tell us that patients want to know that access to medical records is actively monitored to make sure only authorized providers can view their information and that, if there is a concern, appropriate action is taken. Through our consent management and audit program, patients can decide who has access to their digital health information and receive a report on who has viewed it. In addition, our identity and security protocols ensure that only authorized clinicians can secure access to the EHR and its services.

On the record



Being able to access electronic medical records in their offices, hospitals and other locations means clinicians can be up to date and they can exchange information in a secure way. Everybody knows the diagnosis and what the patient's treatment plan is. This means better quality of care and better safety for patients.

*Dr. Glen Geiger, Chief Medical Information Officer,
The Ottawa Hospital*



I have a client who has been coming to me for a year who has many medical issues. He didn't show up for one appointment. I wondered if he'd had a hospitalization and I went into the system. I found him in a local hospital, connected with the social worker assigned to him and through our detective work, learned what he was admitted for. It was great! We got a lot of help for this gentleman because of his EHR.

*Diane Aubie-Sanborn, Diabetes Educator,
WoodGreen Community Services*

Better Service

Better Future

MOVING FORWARD

Our strategic priorities for the next year will pave the way for increased adoption and use of EHRs across Ontario. The future of eHealth Ontario is about better data, better connections, better service and better health care for Ontarians.

Boosting the value of the EHR with more users, higher quality data

Now that the foundational elements of the interoperable electronic health record (EHR) are substantively in place and working, eHealth Ontario is well-positioned to continue its role as the province's digital health information service delivery provider.

What's more, the EHR has the potential to become an even more valuable digital health asset as more quality data is added from new sources, such as prescription drug information, medical records from primary care providers, and immunization data.

In alignment with the Ministry of Health and Long-Term Care's Patients First agenda, and the recommendations of the evaluation conducted by Mr. Ed Clark, we have conducted a thorough review of our core activities and the services we provide.

Key priorities emerged that will inform our work down the road, seen through the lens of ensuring ongoing value-for-money for provincial investments and faster, better care closer to home for Ontarians.

This includes strengthening the digital health information technology platform to increase operational reliability and performance while reducing operating costs, revamping our own processes to step up and simplify EHR delivery, and expanding the adoption and contribution of data among the province's clinicians. In 2017/2018, we are aiming to roll out the EHR to 15 per cent more clinicians across the broad circle of care.

This expansion around the meaningful use of the EHR will also ensure more health professionals have access to critical drug data, which we know they value greatly. The DHDR, launched in November 2016, will be available to all registered providers in acute care settings across the province by mid-year, with future plans to provide this valuable information to community and primary care providers.

At the same time, we acknowledge that today's tech-savvy consumer has much the same expectations for the provincial health care system as they do with other organizations they have dealings with, such as banks. Consumers want to be able to access information important to them online, anytime they want.

“It is imperative we adopt eHealth solutions to enable a stronger health system, advance interprofessional practice and improve health outcomes (for all).”

Maureen Charlebois, RN and co-chair of the Adopting eHealth Solutions: Implementation Strategies best practice guideline’s expert development panel

That’s why we will continue to work with the ministry to leverage digital technologies to evolve digital health information over time so that, ultimately, patients can more fully engage in their own health care with secure access to their personal health information, such as lab results.

Development of consumer-facing digital products has already begun. We are working with our partners through the University Health Network’s (UHN) SPARK initiative to help facilitate a secure pathway to key provincial data for patients and their clinicians.

An example of this kind of integration is NED, or No Evidence of Disease, an online service offered by UHN that helps patients manage prostate cancer. The application will integrate with the Ontario Laboratories Information Service (OLIS), the provincial repository that collects lab data from hospitals, community and public health labs, so patients can see their Prostate-Specific Antigen (PSA) lab results on their phones, to help them manage their care. Similarly, we are partnering with Sunnybrook Health Sciences Centre to provide access to the OLIS through the MyChart patient portal. Initiatives of this nature will help to strengthen the integration of the EHR within the broader health sector in the future.

As eHealth Ontario places renewed emphasis on being a service delivery organization, we are putting in place new processes to enhance the customer experience and better serve our growing roster of clients and stakeholders. For instance, the agency is developing standardized toolkits to make onboarding easier for new health care sites we connect. In addition, we will continue to focus on simplifying and improving our interoperability requirements, and providing the necessary tools.

To ensure there is enough capacity to handle future use of digital health information and that the system continues to deliver reliable and secure access to clinicians when they need it, we are constantly monitoring performance and making the necessary investments to improve response time. This will lay the groundwork for enhanced system reliability and reduced costs in the future.

As we carry out our mandate to deliver a comprehensive, patient-focused, secure and private digital health information system for Ontarians, eHealth Ontario will continue to work with the ministry and our partners to ensure that patients and their families receive the full benefit of the province’s connected health information network.

Upcoming priorities at a glance



- ✓ Expand EHR contribution and use across Ontario, and maximize its value by bringing in more and higher quality data from new sources.
- ✓ Transform the way we do business to accelerate and ease EHR delivery. Create access to the EHR as a service so clinicians can easily connect regardless of their technology platform.
- ✓ Strengthen the technology platform to lay the groundwork for operational reliability, performance and reduced operating costs. Ensure that the EHR is efficient, secure and available 24/7.

Come and play in the sandbox

Since its launch in April 2016, more than 200 digital health innovators have had the opportunity to build and test digital health solutions in the virtual electronic health record environment known as the Innovation Lab.

This online, open provincial platform is the result of a partnership between eHealth Ontario and Mohawk College's eHealth Development and Innovation Centre (MEDIC). By providing access to EHR services in a test environment with fabricated data (no personal health information is used) the Lab encourages experimentation to help produce innovative technologies, including apps, which are aimed at helping Ontarians live healthier lives and prevent the onset of disease.

This program allows us to engage with the private sector and developer communities to strengthen the integration of digital health information.

Some of the benefits for innovators can include:

- Demonstrate interoperability with eHealth Ontario digital health information assets, using a fabricated, integrated EHR dataset
- Develop EHR-connected prototypes to support business cases and investment decisions
- Validate requirements and architectural planning ahead of investment
- Gain an understanding of the risks and costs associated with EHR asset integration during procurement cycle
- Create opportunity for companies to enter the digital health market
- Create applied research opportunities for students

eHEALTH ONTARIO LEADERSHIP

BOARD OF DIRECTORS 2016-2017

	Appointed
Lorelle Taylor, <i>Chair</i>	October 2015 to October 2018 <i>Appointed Chair February 2017</i>
Cynthia Morton (<i>non-voting</i>)	September 2014 to July 2017
Veronica S. Maidman	April 2011 to April 2018
Sue Matthews	December 2009 to January 2018
Maureen O'Neil	March 2010 to March 2018
Dr. Peter Rossos	January 2016 to January 2019
Raymond V. Hession, <i>former Chair</i>	February 2010 to January 2017
Heather Sherrard	September 2008 to September 2016
Dr. George Southey	August 2012 to August 2017
Michael Foulkes	August 2012 to August 2016

SENIOR MANAGEMENT 2016-2017

Cynthia Morton
Chief Executive Officer, until July 2017

Steve Gesner
Executive Vice President, Technology and Operations

Allan Gunn
Chief Financial Officer/Chief Administrative Officer

Samantha Liscio
Senior Vice President, Enterprise Planning and Reporting

Pamela Spencer
General Counsel & Corporate Secretary/Chief Risk and Compliance Officer

Peter A.J. Bascom
Chief Architect

Abigail Carter-Langford
Chief Privacy Officer & Vice President and Vice President Human Resources

Rob Basque
Senior Vice President, Infrastructure

David Keldson
Vice President, Solutions Delivery

Adina Saposnik
Vice President, Technology Planning and Information Security

Jim Scott
Vice President, Electronic Health Record (EHR) Services

Doug Watt
Vice President, Product Management

Ann Weir
Chief Internal Auditor

16
17

Financials

Management's responsibility for financial information

Management and the Board of Directors are responsible for the financial statements and all other information presented in the Annual Report. The financial statements have been prepared by management in accordance with Canadian public sector accounting standards and where appropriate, include amounts based on management's best estimates and judgment. Management is responsible for the integrity and objectivity of these financial statements. The financial information presented elsewhere in this Annual Report is consistent with that in the financial statements in all material respects.

eHealth Ontario is dedicated to the highest standards of integrity in its business. To safeguard the agency's assets and assure the reliability of financial information, the agency follows sound management practices and procedures, and maintains appropriate financial reporting systems and controls.

The Board of Directors ensures that management fulfills its responsibilities for financial information and internal controls. The financial statements have been reviewed by eHealth Ontario's Finance and Audit Committee and approved by the Board of Directors.

The financial statements have been examined by Ernst & Young LLP, independent external auditors appointed by the Board of Directors. The external auditors' responsibility is to examine the financial statements in accordance with Canadian generally accepted auditing standards to enable them to express their opinion on whether the financial statements are fairly presented in accordance with Canadian public sector accounting standards. The Independent Auditor's Report outlines the scope of the Auditor's examination and opinion.



Cynthia Morton
Chief Executive Officer

Financial commentary

The financial commentary describes the financial position and results of operations of eHealth Ontario (the agency) for the fiscal year ended March 31, 2017. This commentary should be read in conjunction with the financial statements and accompanying notes, which have been prepared in accordance with Canadian public sector accounting standards. Management and the Board of Directors is responsible for the information presented in the Annual Report.

Funding

eHealth Ontario receives all of its funding from the ministry. Under its establishing regulation as an operational services agency, it is prohibited from receiving funding from any other source. eHealth Ontario does not charge health care providers for any products or services.

As noted in the statement of operations and changes in net assets, and the notes to the financial statements, funding for reporting purposes has been separated into government grants and capital contributions. Capital contributions relate to the purchase of property, equipment and software that are amortized over their useful lives. For 2016-2017, the amortized expenditure was \$25.3 million compared to \$21.7 million in the prior year.

To support eHealth Ontario's general operations and projects, the agency received \$291.9 million in committed funding in 2016-2017 compared to \$300.7 million in 2015-2016.

2016-2017 Expenditures

Total expenditures, including capital expenditures, were \$299.5 million (operating expenditures – \$264.7 million; capital expenditures – \$34.8 million) in 2016-2017 compared to \$312.7 million (operating expenditures – \$280.0 million; capital expenditures – \$32.7 million) in 2015-2016.

The statement of operations and changes in net assets (see excerpt in Table 1 below) reflects the total expenses, with the exception of total capital expenditures, in the year. It includes only the portion of capital amortized within the year.

Table 1: Year ended March 31 (in millions)	2017 \$	2016 \$
Expenses		
Technology and operations	160.2	158.7
Enterprise planning and reporting	76.3	92.8
Architecture, standards and planning	9.3	9.3
Corporate offices	18.9	19.2
Operating expenditures	264.7	280.0
Amortization of capital assets	25.3	21.7
Total expenses	290.0	301.7

Cash flow and financial position

Cash provided by operating activities was \$1.9 million in 2016-2017 compared to cash used in operating activities of \$14.8 million in 2015-2016. This variance is due to the timing of ministry funding and the payment of expenditures.

Cash used to purchase capital assets was unchanged from the prior year at \$32.7 million in 2016-2017.

Significant changes in the year end balances on the statement of financial position were caused by the timing of ministry funding and the timing of project expenditures.

Independent auditors' report

To the Board of Directors of eHealth Ontario

We have audited the accompanying financial statements of eHealth Ontario, which comprise the statement of financial position as at March 31, 2017, and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

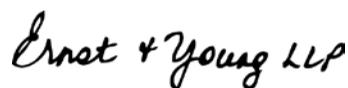
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of eHealth Ontario as at March 31, 2017 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

The logo for Ernst & Young LLP, featuring the company name in a stylized, handwritten-style script.

Toronto, Canada
June 22, 2017

Chartered Professional Accountants
Licensed Public Accountants

Statement of financial position

(in thousands of dollars)

As at March 31	2017 \$	2016 \$
ASSETS		
Current		
Cash	8,026	3,957
Prepaid expenses	12,710	9,921
Due from Ministry of Health and Long-Term Care <i>[note 3[b]]</i>	18,358	54,657
HST and other receivables <i>[note 6]</i>	4,558	2,260
Total current assets	43,652	70,795
Capital assets, net <i>[note 4]</i>	90,508	80,980
Prepaid expenses	1,463	2,666
	135,623	154,441
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities <i>[notes 6 and 7[e]]</i>	45,115	73,461
Total current liabilities	45,115	73,461
Deferred capital contributions <i>[note 5]</i>	90,508	80,980
Total liabilities	135,623	154,441
Commitments and contingencies <i>[note 7]</i>		
Net assets <i>[note 1]</i>	—	—
	135,623	154,441

See accompanying notes

On behalf of the Board:



Cynthia Morton
Chief Executive Officer



Lorelle Taylor
Chair of the Board of Directors

Statement of operations and changes in net assets

[in thousands of dollars]

Year ended March 31	2017 \$	2016 \$
REVENUE		
Government grants [note 3(a)]	264,733	295,853
Amortization of deferred capital contributions [note 5]	25,312	21,711
	290,045	317,564
EXPENSES [notes 6 and 8]		
Technology and operations	160,228	158,757
Enterprise planning and reporting	76,321	92,782
Architecture, standards and planning	9,332	9,302
Corporate offices	18,852	19,205
	264,733	280,046
Amortization of capital assets [note 4]	25,312	21,711
	290,045	301,757
Excess of revenue over expenses for the year [note 1]	—	15,807
Net deficiency, beginning of year	—	(15,807)
Net assets, end of year	—	—

See accompanying notes

Statement of cash flows

[in thousands of dollars]

Year ended March 31	2017 \$	2016 \$
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	—	15,807
Add (deduct) items not involving cash		
Amortization of deferred capital contributions	(25,312)	(21,711)
Amortization of capital assets	25,312	21,711
	—	15,807
Changes in non-cash working capital balances related to operations		
Prepaid expenses	(1,586)	(4,102)
Due from Ministry of Health and Long-Term Care	36,299	(26,647)
HST and other receivables	(2,298)	2,296
Accounts payable and accrued liabilities <i>[note 10]</i>	(30,465)	(2,225)
Cash provided by (used in) operating activities	1,950	(14,871)
CAPITAL ACTIVITIES		
Purchase of capital assets <i>[note 10]</i>	(32,721)	(32,699)
Cash used in capital activities	(32,721)	(32,699)
FINANCING ACTIVITIES		
Contributions used to fund capital asset purchases	34,840	32,658
Cash provided by financing activities	34,840	32,658
Net increase (decrease) in cash during the year	4,069	(14,912)
Cash, beginning of year	3,957	18,869
Cash, end of year	8,026	3,957

See accompanying notes

Notes to financial statements

[in thousands of dollars]

1. Nature of operations

eHealth Ontario is designated as an operational service agency established under the Ontario Regulation made under the Development Corporations Act (O. Reg. 43/02). Subsection 2(3) of O. Reg. 43/02 provides that eHealth Ontario is, for all purposes, an agency of Her Majesty within the meaning of the Crown Agency Act and its powers may be exercised only as an agency of Her Majesty. Subsection 6(1) of O. Reg. 43/02 provides that the Board of Directors is composed of the members appointed by the Lieutenant-Governor in Council on the recommendation of the Minister of Health and Long-Term Care. The Lieutenant-Governor in Council can appoint up to 12 members to eHealth Ontario's Board of Directors. Pursuant to Subsection 7(1) of O. Reg. 43/02 and subject to any directions given by the Minister of Health and Long-Term Care under Section 8, the affairs of eHealth Ontario are under the management and control of the Board of Directors. Subsection 9(1) of O. Reg. 43/02 provides that the Chief Executive Officer of eHealth Ontario be appointed by the Lieutenant-Governor in Council.

The objectives of eHealth Ontario are as follows:

- [a] to provide eHealth Ontario services and related support for the effective and efficient planning, management and delivery of health care in Ontario;
- [b] to develop eHealth Ontario services strategy and operational policy; and
- [c] to protect the privacy of individuals whose personal information or personal health information is collected, transmitted, stored or exchanged by and through eHealth Ontario, in accordance with the Freedom of Information and Protection of Privacy Act, the Personal Health Information Protection Act, 2004 and any other applicable law (O. Reg. 339/08, s.4).

eHealth Ontario is funded by the Province of Ontario through the Ministry of Health and Long-Term Care [the "Ministry"]. eHealth Ontario and the Ministry entered into an Accountability Agreement effective April 1, 2015 for a three-year period ending March 31, 2018. Any excess of revenue over expenses must be repaid in the following fiscal year. Any deficiency reduces the funding allocation in the following fiscal year.

As a Crown agency, eHealth Ontario is exempt from income taxes.

2. Summary of significant accounting policies

These financial statements are prepared in accordance with the Chartered Professional Accountants of Canada Public Sector Handbook, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. eHealth Ontario has chosen to use the standards for government not-for-profit organizations that include Sections PS 4200 to PS 4270. The significant accounting policies are summarized below.

Notes to financial statements

[in thousands of dollars]

Revenue recognition

eHealth Ontario follows the deferral method of accounting for contributions. Contributions are recorded when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Contributions with respect to the purchase of capital assets are recorded as deferred capital contributions when initially recorded in the accounts and are amortized to operations on the same basis as the related asset is amortized.

Allocation of expenses

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are included in corporate offices expenses.

Capital assets

Capital assets are recorded at cost, net of accumulated amortization. Amortization is provided on a straight-line basis over the estimated useful lives of the assets as follows:

Computer hardware	3 to 5 years
Computer software	3 to 10 years
Furniture and office equipment	5 years
Leasehold improvements	Over the term of the leases

Capital assets that no longer have any long-term service potential for eHealth Ontario are written down to residual value, if any. The excess of the carrying value over the residual value of such assets is recognized as amortization in the statement of operations and changes in net assets.

Internal labour costs are capitalized in connection with the development of information technology projects.

Employee future benefits

eHealth Ontario has a defined contribution pension plan for its employees. Under the plan, eHealth Ontario contributes an equal match to employees' contributions up to a maximum of 6% of their annual earnings. eHealth Ontario's contributions to the plan are expensed on an accrual basis.

Financial assets and liabilities

eHealth Ontario initially measures its financial assets and liabilities at fair value. eHealth subsequently measures all its financial assets and liabilities at amortized cost, net of any provisions for impairment.

Financial assets and liabilities measured at amortized cost include cash, due from the Ministry of Health and Long-Term Care, HST and other receivables and accounts payable and accrued liabilities.

Notes to financial statements

[in thousands of dollars]

3. Government of Ontario

[a] Funding from the Ministry recognized as revenue is calculated as follows:

	2017 \$	2016 \$
Funding for eHealth Ontario operating/capital expenditures	228,090	221,076
Funding for transfer payments to eHealth Ontario partners	63,760	79,580
Total funding	291,850	300,656
Amounts used to fund capital assets and recorded as deferred capital contributions [note 5]	(34,840)	(32,658)
Interest earned during the year repayable to the Ministry	161	146
Funding not received recorded as due from Ministry [note 3(b)]	7,562	27,709
Amount recognized as revenue	264,733	295,853

[b] The amount due from the Ministry consists of the following:

	2017 \$	2016 \$
Due from Ministry for administered programs [note 6(f)]	12,445	11,368
Funding receivable – current year [note 3(a)]	7,562	27,709
Funding (repayable) receivable – prior years	(1,649)	15,580
	18,358	54,657

4. Capital assets

	2017		
	Cost \$	Accumulated amortization \$	Net book value \$
Computer hardware	103,693	66,750	36,943
Computer software	135,495	83,977	51,518
Furniture and office equipment	7,037	6,343	694
Leasehold improvements	6,023	5,166	857
Work-in-process	496	—	496
	252,744	162,236	90,508

Notes to financial statements

[in thousands of dollars]

	2016		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Computer hardware	75,447	59,718	15,729
Computer software	115,657	66,822	48,835
Furniture and office equipment	6,978	5,876	1,102
Leasehold improvements	5,928	4,772	1,156
Work-in-process	14,158	—	14,158
	218,168	137,188	80,980

In the current year, certain assets no longer in use with a total cost of \$264 [2016 – \$1,109], accumulated amortization of \$261 [2016 – \$1,081] and a net book value of \$3 [2016 – \$28] were written off and included in amortization of capital assets.

Impairment charges of \$711 [2016 – nil] related to the write down of computer software in connection with a project that was redefined were also recognized during the year and included in amortization of capital assets.

5. Deferred capital contributions

	2017	2016
	\$	\$
Balance, beginning of year	80,980	70,033
Contributions used to fund capital asset purchases [note 3(a)]	34,840	32,658
Amortization	(25,312)	(21,711)
Balance, end of year	90,508	80,980

6. Related party transactions

eHealth Ontario is controlled by the Province of Ontario through the Ministry and is therefore a related party to other organizations that are controlled by or subject to significant influence by the Province of Ontario. Transactions with related parties are outlined below.

All related party transactions were measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

Notes to financial statements

[in thousands of dollars]

[a] eHealth Ontario has entered into transfer payment agreements with various related parties. Under these agreements, eHealth Ontario makes payments to these parties once defined eligibility requirements have been met.

Expenses for the year include transfer payments to related parties as follows:

	2017 \$	2016 \$
Enterprise planning and reporting expenses:		
Hospitals	51,452	55,924
Other health sector agencies and organizations	—	494
	51,452	56,418
Technology and operations expenses:		
Hospitals	70	—
Other health sector agencies and organizations	—	29
	51,522	56,447

At March 31, 2017, accounts payable and accrued liabilities include nil [2016 – \$18,496] payable to related parties and HST and other receivables includes \$1,113 [2016 – nil] repayable to eHealth Ontario from a related party under these agreements.

[b] eHealth Ontario has entered into a service provider agreement with an Ontario hospital for the provision of support services in connection with one of its applications. Technology and operations expenses includes \$1,389 [2016 – \$6,829] in connection with this agreement. At March 31, 2017, accounts payable and accrued liabilities includes \$488 [2016 – \$2,549] payable to the hospital.

[c] During the year Hydro One charged eHealth Ontario \$30,174 [2016 – \$30,160] for network services. This amount is included in technology and operations expenses. At March 31, 2017, accounts payable and accrued liabilities includes \$1,911 [2016 – \$5,665] payable to Hydro One.

[d] Technology and operations expenses includes \$2,614 [2016 – \$3,241] and corporate offices expenses includes \$12 [2016 – \$11] for the rental of office space and other facility related expenses from the Ministry of Government Services. Corporate offices expenses also includes \$5,342 [2016 – \$4,964] for the rental of office space and other facility related expenses from Infrastructure Ontario. At March 31, 2017 accounts payable and accrued liabilities include \$1,314 [2016 – \$2,071] and \$2,947 [2016 – \$1,680] payable to the Ministry of Government Services and Infrastructure Ontario respectively.

Notes to financial statements

[in thousands of dollars]

- [e] Technology and operations expenses includes \$412 [2016 – \$372] and corporate offices expenses includes \$177 [2016 – \$204] for the provision of administrative and other support services from the Ministry of Government Services, Treasury Board Secretariat, the Ontario Ministry of Labour, the Ministry of Finance and the Ministry of the Attorney General. At March 31, 2017 accounts payable and accrued liabilities include \$448 [2016 – \$391] in respect of these services.
- [f] During the year, eHealth Ontario spent \$12,566 [2016 – \$11,368] on programs that it administers on behalf of the Ministry of Health and Long-Term Care. Amounts spent on these programs are recoverable from the Ministry [note 3[b)]. Amounts are recorded net of recoveries and included in technology & operations expenses.
- [g] Under an arrangement with an Ontario college, eHealth Ontario spent \$294 [2016 – \$171] to develop prototypes and proof of concepts for the organization’s electronic health record infrastructure. These costs are included in architecture, standards & planning expenses. At March 31, 2017, accounts payable and accrued liabilities include \$184 [2016 – \$51].

7. Commitments and contingencies

- [a] eHealth Ontario has various multi-year contractual commitments for services. Payments required on these commitments are as follows:

	\$
2018	48,084
2019	33,527
2020	26,945
2021	21,750
2022	20,195
	150,501

Commitments above include \$106,209 payable to Hydro One under a network services contract and \$8,583 payable to the Ministry of Government Service for facility related costs.

Notes to financial statements

[in thousands of dollars]

- [b] Ontario Realty Corporation, a Crown Corporation of the Province of Ontario, holds leases on the office space occupied by eHealth Ontario. eHealth Ontario is responsible for all of the operating lease payments. The payments required to the date of expiry are as follows:

	\$
2018	5,123
2019	5,139
2020	5,139
2021	5,139
2022	2,986
2023 and thereafter	5,471
	28,997

- [c] eHealth Ontario has entered into transfer payment agreements with eHealth Ontario partners that require future payments once defined eligibility requirements have been met. Work has begun under many of these arrangements and progress against the eligibility requirements is monitored regularly. Total future payments in connection with these contracts are approximately \$75.5 million, of which \$63.9 million will be paid to related parties as described in note 6[a]. These payments are payable over the period ending December 31, 2019. Approximately \$42.0 million of total future payments is expected to be paid in fiscal 2018.

- [d] eHealth Ontario participates in the Healthcare Insurance Reciprocal of Canada ["HIROC"]. HIROC is a pooling of the public liability insurance risks of its members who are all Canadian not-for-profit health care organizations. All members of the HIROC pool pay annual premiums that are actuarially determined. All members are subject to assessment for losses, if any, experienced by the pool for the years in which they are members. No assessments have been made for the year ended March 31, 2017.

- [e] In the normal course of operations, eHealth Ontario is subject to various claims and potential claims. Management has recorded its best estimate of the potential liability related to these claims where potential liability is likely and able to be estimated. In other cases, the ultimate outcome of the claims cannot be determined at this time.

Any additional losses related to claims will be recorded in the year during which the liability is able to be estimated or adjustments to any amount recorded are determined to be required.

Notes to financial statements

[in thousands of dollars]

8. Employee future benefits

eHealth Ontario has a defined contribution pension plan for its employees. eHealth Ontario's contributions to this plan during the year amounted to \$3,836 [2016 – \$3,796].

9. Board remuneration

Total remuneration paid to members of the Board of Directors during the year was \$62 [2016 – \$54]. Salary paid to members of the Board of Directors who are employees of the Government of Ontario are disclosed on the “Public Sector Salary Disclosure” listing on the Government of Ontario website.

10. Supplemental cash flow information

The change in accounts payable and accrued liabilities related to the purchase of capital assets for the year ended March 31, 2017 of \$2,119 [2016 – \$41] has been excluded from the statement of cash flows.

11. Financial instruments

Credit risk

eHealth Ontario is exposed to credit risk in connection with its accounts receivable because of the risk that one party to the financial instrument may cause a financial loss for the other party by failing to discharge an obligation.

eHealth Ontario manages and controls credit risk with respect to accounts receivable by only dealing with recognized, creditworthy third parties. In addition, receivable balances are monitored on an ongoing basis. As at March 31, 2017, there were no significant amounts that are past due or impaired.

Liquidity risk

eHealth Ontario is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. eHealth Ontario derives all of its operating revenue from the Government of Ontario with no firm commitment of funding in future years. To manage liquidity risk, eHealth Ontario keeps sufficient resources readily available to meet its obligations.

Accounts payable mature within six months.

12. Comparative financial statements

Certain comparative figures have been reclassified from statements previously presented to conform to the presentation of the 2017 financial statements.

eHealth Ontario

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