

Patients before Paperwork



Reducing administrative burden and
improving patient care through
digitization

October 2023



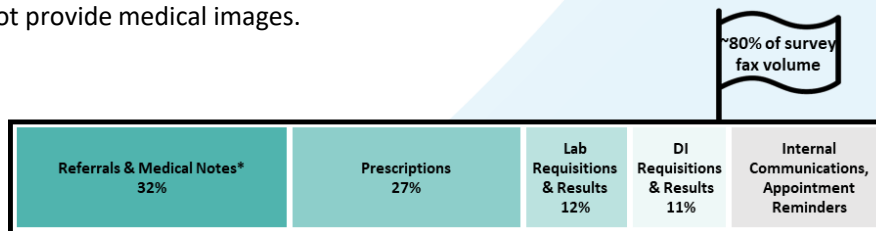
**Ontario
Health**

Opportunity: Current State

- Frontline providers, particularly in primary care, report administrative burden as one of the leading causes of burnout, worsening the **health human resource strain**, leading to more Ontarians being **unattached to primary care** and **increasing utilization of walk-in clinics and emergency departments**.
- The persistence of paper- and fax-based workflows, as well as sub-optimal digital solutions that are not evenly adopted across the system, is a significant contributor to administrative burden. This is an issue across the healthcare system and beyond.
- These outdated ways of working create additional problems, including:
 - **Privacy breaches** including misdirected faxes, which comprised 50% of the complaints about healthcare privacy breaches made to the Information and Privacy Commissioner of Ontario in 2021.
 - **Patient safety risks** posed by delays to receiving timely and appropriate care as a result of faxing errors and illegible information.
 - **Slower access to care** caused by unnecessary waits from slower processing time, fax backlog, and extra follow-ups associated with fax errors and misdirects.
- As part of the refreshed digital health and data strategy, we will make a concerted effort to leverage new and existing digital solutions, as part of a **clinically-led change program**, to make **tangible improvements** to how frontline providers work and contribute to bringing joy back to clinical practice.

4 Areas which drive 80% of Fax Usage

- **Referrals and medical notes: 66% of referral and medical note fax volume is driven by interactions between primary care providers, specialists, and hospitals.** Based on feedback from providers, referrals and medical notes were combined as referrals typically include the referral form as well as a subset of the patient's medical notes. Key entities involved in sharing referrals and medical notes are primary care physicians, hospitals, and specialists. Focus group participants indicated the need for increased engagement with primary care providers and specialists to help them understand the value of eReferral solutions, and to help them manage the change.
- **Prescriptions: 85% of prescription fax volume is between primary care and pharmacy for the purpose of prescriptions and refills.** As observed in the data, and validated by focus group participants, pharmacy appears to be driving fax use through requests for prescription renewals to primary care (54%), as compared to primary care requesting prescription fulfillment by pharmacy (31%). Rexall is currently using PrescribeIT with 1.25 million prescriptions that have been shared to date. Shoppers Drug Mart plans to leverage PrescribeIT soon. Some pharmacy providers expressed that adopting the solution may be difficult if they are required to pay a per transaction fee to use PrescribeIT in the future.
- **Lab requisitions and results: 55% of lab fax volume is observed between primary care and labs. Key entities involved include large laboratory organizations and primary care.** There are specific programs that significantly drive volumes, such as the Fecal Immunochemical Testing program run by Ontario Health and supported by LifeLabs, which receives ~43,000 faxes a week. Laboratory providers indicated that a central repository, where providers could send requisitions and pull information for results, would be a desirable solution to reduce the need to send faxes between providers.
- **Diagnostic imaging requisitions and results: 69% of imaging fax volume is driven between independent diagnostic facilities and primary care.** Primary care providers indicated pain points with the current mix of available solutions. Notably, results images can only be accessed through viewers, such as ClinicalConnect and ConnectingOntario, which are not integrated with EMRs, while HRM integrates with EMRs but only delivers text-based diagnostic imaging reports and does not provide medical images.



Program Vision



Vision

“Patients before paperwork through digitization.”

Better patient outcomes & experience

Reduced provider burnout

Lower system cost

Faster access to care

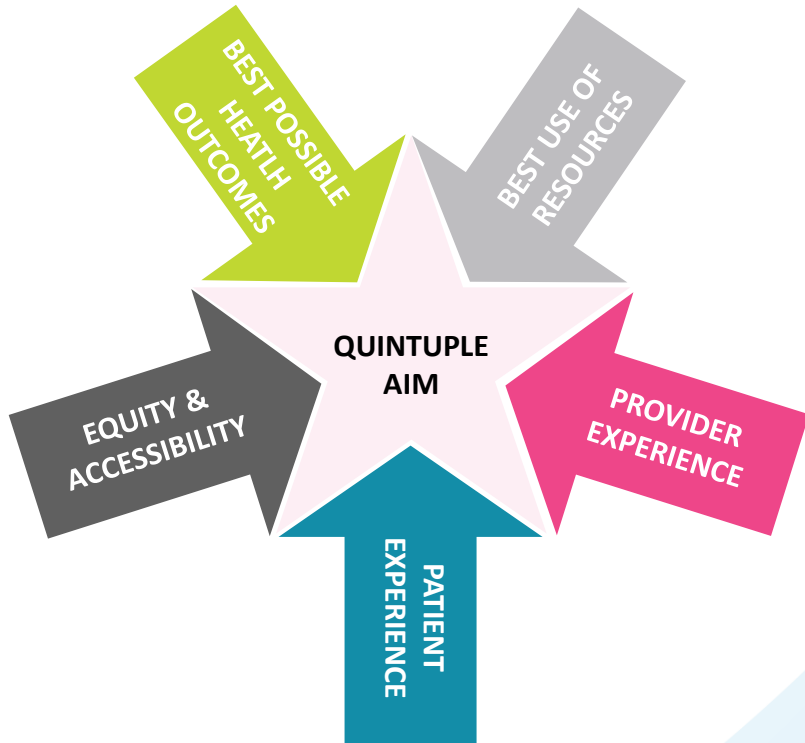
Improved equity

Better care coordination

Advancing this vision will require:

A clinically led system approach and **transformational change** to how providers communicate across the health system and are supported to provide connected and coordinated care for their patients.

Patients before Paperwork will



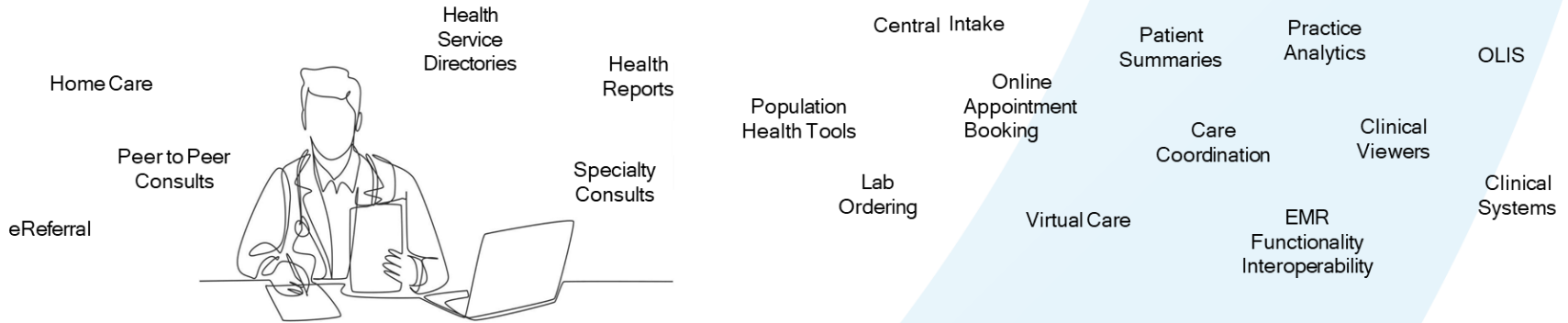
- Deliver safer, timely, and more equitable care for Ontarians
- Improve the patient experience of care and provider experience by reducing administrative burden for clinicians (primary care and specialists)
- Measurement guided by the Quintuple Aim

What is Changing

1. Paper and fax-based Clinician workflows to digital alternatives.
2. Unique and customized tools to more standardized digital alternatives, including different or new referral patterns, and a central intake model.
3. OHTs, hospitals, and IHFs will change intake models to adopt more standardized referral pathways and, where appropriate, central intake models.
4. Sub-optimal OH Digital solutions into effective and easy to use tools with the integration of vendor solutions into OH bundled offerings and change management and adoption (CM&A) activities.
5. Siloed, product-specific methods of discovering, signing up for, and receiving digital services to a unified and modernized intake channel, creating an easy and streamlined experience for clinicians.
6. Fracture and disconnected supports via numerous partners into an integrated network, ensuring aligned and seamless support for HSPs
7. All customer data, engagement materials and delivery plans must be operated from a central repository and integrated strategy to offer a single view and control centre for provincial adoption.

This Program is not just about Digital Products

It's how they need to work together, with improved OH processes and tools, to provide an integrated and effortless solution



For clinicians, each product comes with different:

- Ways to find and learn about it
- Intake tools and eligibility criteria
- Onboarding processes
- Legal agreements
- Training
- Service and support models
- Relationship management

Which creates an inefficient, disjointed and sub-optimal experience, contributing to administrative burden and burn-out.

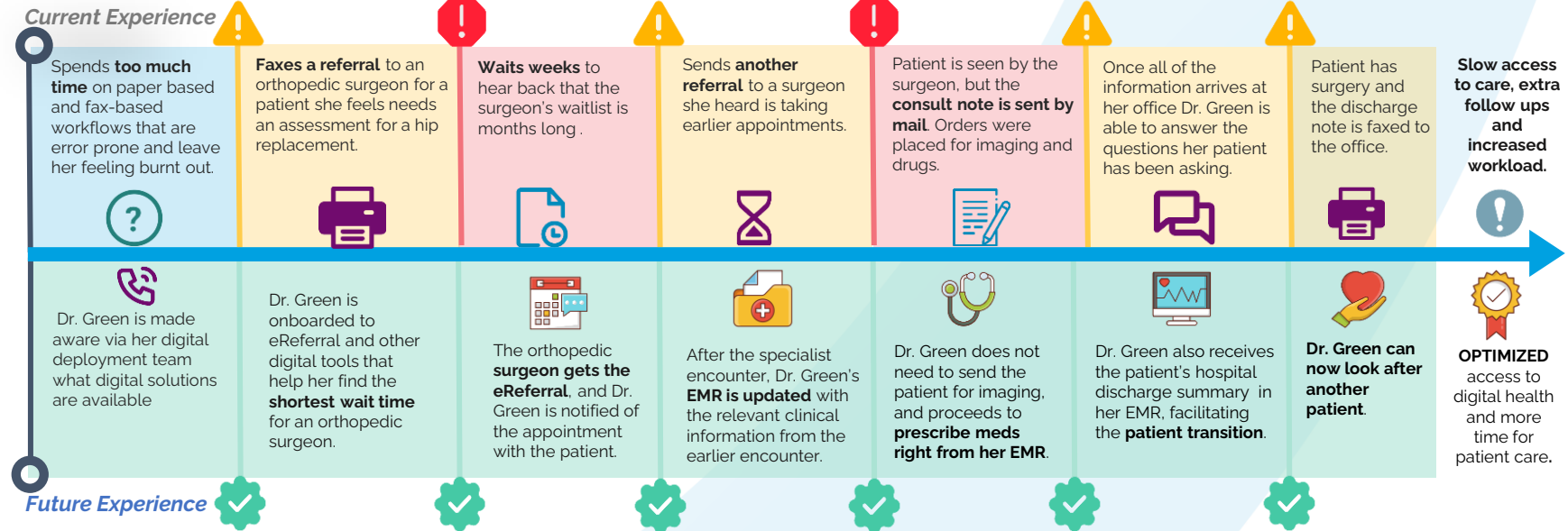
Current State vs. Future State WorkFlow and Delivery Example

Provider Journey: Using digital solutions to provide better care, more easily



Meet **Dr. Green...**

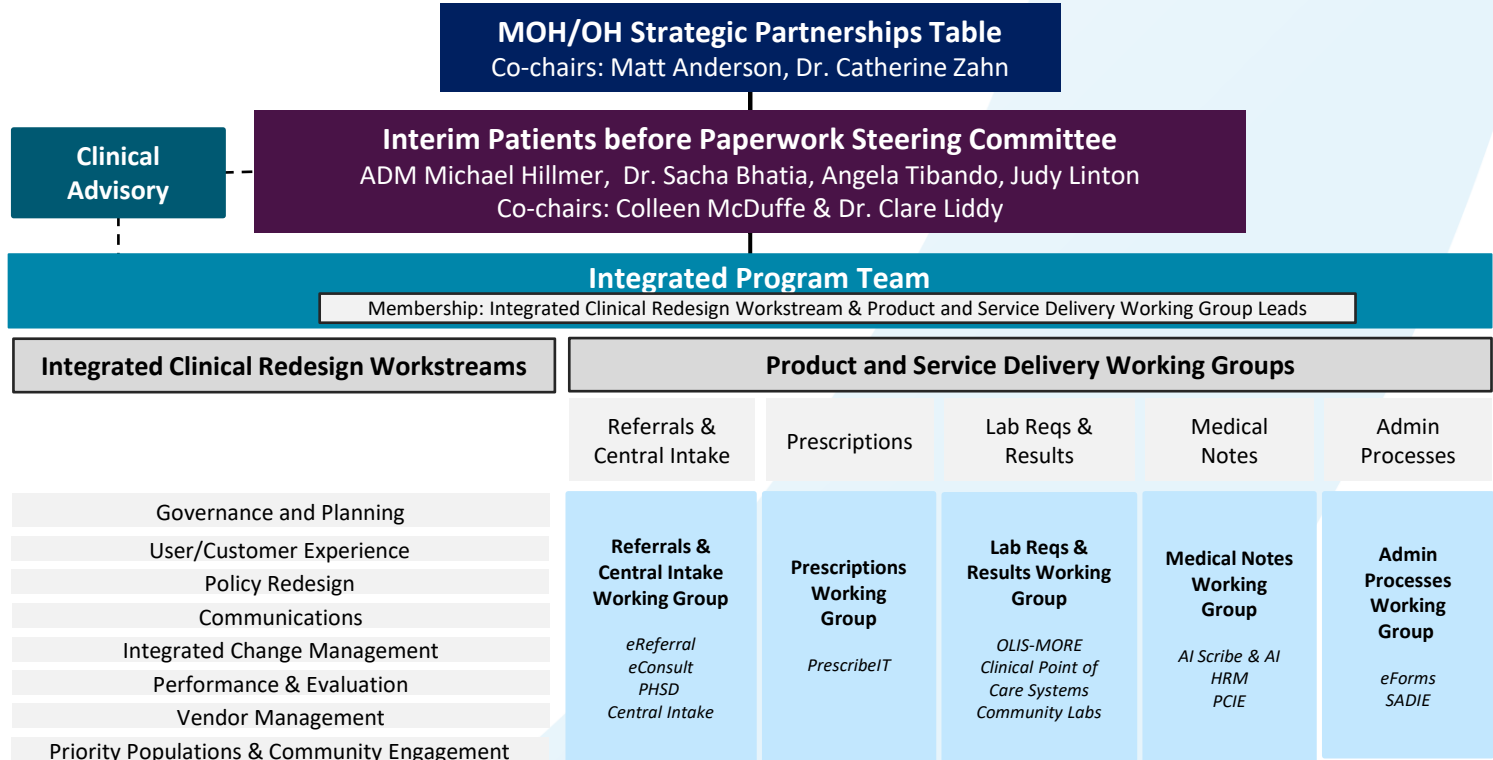
A physician providing comprehensive primary care in Collingwood. Dr. Green is **overwhelmed** by the **administrative burden** she faces on a daily basis, from filling out redundant forms to navigating a complex web of specialist referrals to failed faxes and more. She just wants to focus on being a doctor.



Future State Governance

Health System Partners

Clinicians

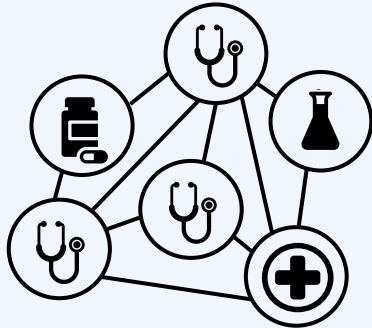


*in the matrix, there will be a squad for each workstream, members of the squad will sit across the product and service delivery working groups

Patients Before Paperwork Program Approach

1

Define detailed integrated provider experience



Current and future state workflows

2

Spread/scale existing product opportunities



eConsult,
eReferral
Central
Intake



Lab
Testing
and
Results



Prescrib
ing



Health
Report
Manager



Provincial
Health Services
Directory



MOH-
managed
transactions
(e.g., SADIE)

3

Build strategies and solutions in new areas



AI-based tools



eForms

Governance &
Oversight

Performance
Measurement

Change
Enablement

Policy Enablement

Communications



Appendix

Our Values for Change Management

Our commitment to Pb4P Change Management

- Comprehensive current state provider experience and clinical workflow mappings will be completed to validate and finetune where change is needed.
- Supports will be provided locally to help health care providers make the transition from manual to digital workflow alternatives.
- The change management approach will be guided by clinical leadership, build on top industry change management practices and framework and leverage an integrated change management framework.
- Provider assistance will range from transition/adoption guidance materials and toolkits to hands-on support, clinical workflow efficiency guidance, and peer-to-peer support from clinical champions.
- We will coordinate existing change management supports, asset deployment, and new and bundled change management assistance and resources.

Our commitment to Clinicians

- An integrated and seamless program engagement approach working with all partners, operating as a network
- An approach that doesn't unduly increase burden for providers
- A focus on system value and efficiency in alignment with program metrics
- Leverage existing trusted relationships and build on what is already working well

Product and Service Delivery Use Cases

Referrals & Central Intake	Prescriptions	Lab Reqs & Results	Medical Notes	Administrative Processes
<p>Digital Program: Customer Value & Products – Care Coordination</p> <p>Clinical Program: Primary Care (Referrals) & TBD (Central Intake)</p> <p>Products:</p> <ul style="list-style-type: none"> eReferral eConsult (multiple modalities) Provincial Health Services Directory (PHSD) Central Intake <p>Digital Services:</p> <p><u>Specific Solutions:</u></p> <ul style="list-style-type: none"> eReferral Vendor Solutions OTN eConsult Integrations with HIS/EMR for eReferral & eConsult <p><u>Provincial Services:</u></p> <ul style="list-style-type: none"> ONE ID ONE Health EHR PHSD Health 811 	<p>Digital Program: Customer Value & Products – Clinical Data</p> <p>Clinical Program: Primary Care</p> <p>Products:</p> <ul style="list-style-type: none"> PrescribeIT <p>Supporting Services:</p> <ul style="list-style-type: none"> Provider Registry (PPR) Provincial Client Registry (PCR) ONE ID (including Single Sign On /Context Management System) Digital Health Drug Repository (DHDR) 	<p>Digital Program: Customer Value & Products – Clinical Data</p> <p>Clinical Program: Primary Care</p> <p>Products:</p> <ul style="list-style-type: none"> OLIS – MORE (Mobile Order and Results Entry) Clinical Point of Care Systems (ex. EMRs) Community Labs <p>Workflows:</p> <ul style="list-style-type: none"> OLIS-MORE Integration with Point of Care Systems Lab-to-Lab Integration with OLIS to Digitize End-to-End Process <p>Supporting Services:</p> <ul style="list-style-type: none"> ONE ID (including Single Sign On /Context Management System) 	<p>Digital Program: Customer Value & Products – Clinical Data</p> <p>Clinical Program: Primary Care</p> <p>Products:</p> <ul style="list-style-type: none"> AI Scribe & AI Health Report Manager (HRM) Primary Care Information Exchange (PCIE) <p>Supporting Services:</p> <ul style="list-style-type: none"> ONE ID 	<p>Digital Program: Customer Value & Products – Care Coordination</p> <p>Clinical Program: Primary Care</p> <p>Products:</p> <ul style="list-style-type: none"> eForms Special Authorization Digital Information Exchange (SADIE) <p>Digital Services:</p> <p><u>Specific Solutions:</u></p> <ul style="list-style-type: none"> eForms Vendor Solutions SADIE <p><u>Provincial Services:</u></p> <ul style="list-style-type: none"> ONE ID ONE Health EHR PHSD