# The Structure of the Healthcare System and Its ITC
# From National to Institutional

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# Agenda

- How is the system organized?
- How is ehealth development organized?
- Why is this important?
- What are the issues in ICT investment and deployment?

# Canadian Health Care System

- Socialized system – "medically necessary services" are paid for by taxes
- Federal legislation provides the framework but with the exception of the military/veterans and aboriginal people Health Canada are not responsible for health care system i.e. delivery of services
- Health care delivery is a provincial responsibility
- Can incent key changes usually through investment e.g. Canada Health Infoway

# Principles of the Canada Heath Act

- Universality
- Portability
- Public Administration
- Accessibility
- Comprehensiveness

# Provincial Health Care System Components

- Public Health
- Physician services
- Laboratory services
- Community Services
  - Home Care
  - Long Term Care
  - Community health and social service programs
- Acute hospital services (hospital services may include teaching and research
- Other hospital services
- Ambulance services (funding responsibility shared with municipalities)
- Provincial Drug program
- The *Ontario Health Insurance Plan (OHIP)* was established to provide coverage for insured in-patient and out-patient hospital and health facility services. These services are governed by the *Health Insurance Act* (1990), and *Regulation 552* under that Act. *OHIP* is administered on a non-profit basis by Ontario's *Ministry of Health and Long-Term Care*

# Some Key Provincial Organizations

- Ministry of Health and Long Term Care
- Ontario Hospital Association and other provider group organizations
- Professional colleges and associations
- Organizations that have been set up between two or more of these groups e.g. Joint Policy and Planning, Physician Services committee
- LHINs –new on the scene
- Smart Systems for Health Agency

# Hospitals

- **Generally** *private corporations* usually developed under the Corporations Act. A few have been created by legislation directly.
- As corporations they have a board/governance structure with board committees
- The board usually has one employee – the chief executive office
- The board also appoints a chief of staff to take responsibility for the medical quality of care.
- *Physicians are <u>not </u>hospital employees*. The relationship of physicians and hospitals is governed by the Public Hospital's Act and includes provision for a minimum of 2 physicians on the board
- Therefore there are two/three organizational components
    - Staff structure
    - Medical departmental structure
    - Medical staff structure
- Often will have a supporting Foundation to take on fundraising and donor relations
- Often have associated Volunteers and sometimes an Auxiliary who also do supportive fundraising

# **Hospital Staff**

- Nursing
  - Registered Nurses, Registered Practical Nurses
- Allied Health Professionals
  - Occupational Therapists, Physical Therapists, Social Workers, Pharmacists, Psychologists, Technologists, Dieticians
- Other staff
  - Health Records, engineering, housekeepers, food services, IT, security, finance, clerical etc.

# Medical Staff and other credentialed staff

- Can be family practitioners and/or specialists and subspecialists
- Usually organized in medical departments each with an identified "chief" who then report to the chief of staff on the quality of medical care
- Medical staff are also required under the PHA to have a staff association with a president to represent the staff interests to the organization including the board

# How is ICT development organized?

# Canada Health Infoway

- *Infoway* was created in 2001 in response to a commitment of Canada's First Ministers to "work together to strengthen a Canada-wide health infostructure to improve quality, access and timeliness of health care for Canadians."

- *Infoway* is an independent, not-for-profit corporation, and a genuine partnership of federal, provincial, and territorial governments. Its <u>members</u> are the deputy ministers of health from across Canada.

- **Mission**
  Fostering and accelerating the development and adoption of electronic health information systems with compatible standards and communications technologies on a pan-Canadian basis with tangible benefits to Canadians. *Infoway* will build on existing initiatives and pursue collaborative relationships in pursuit of its mission.

# Ontario ehealth



Governance and Accountability Framework
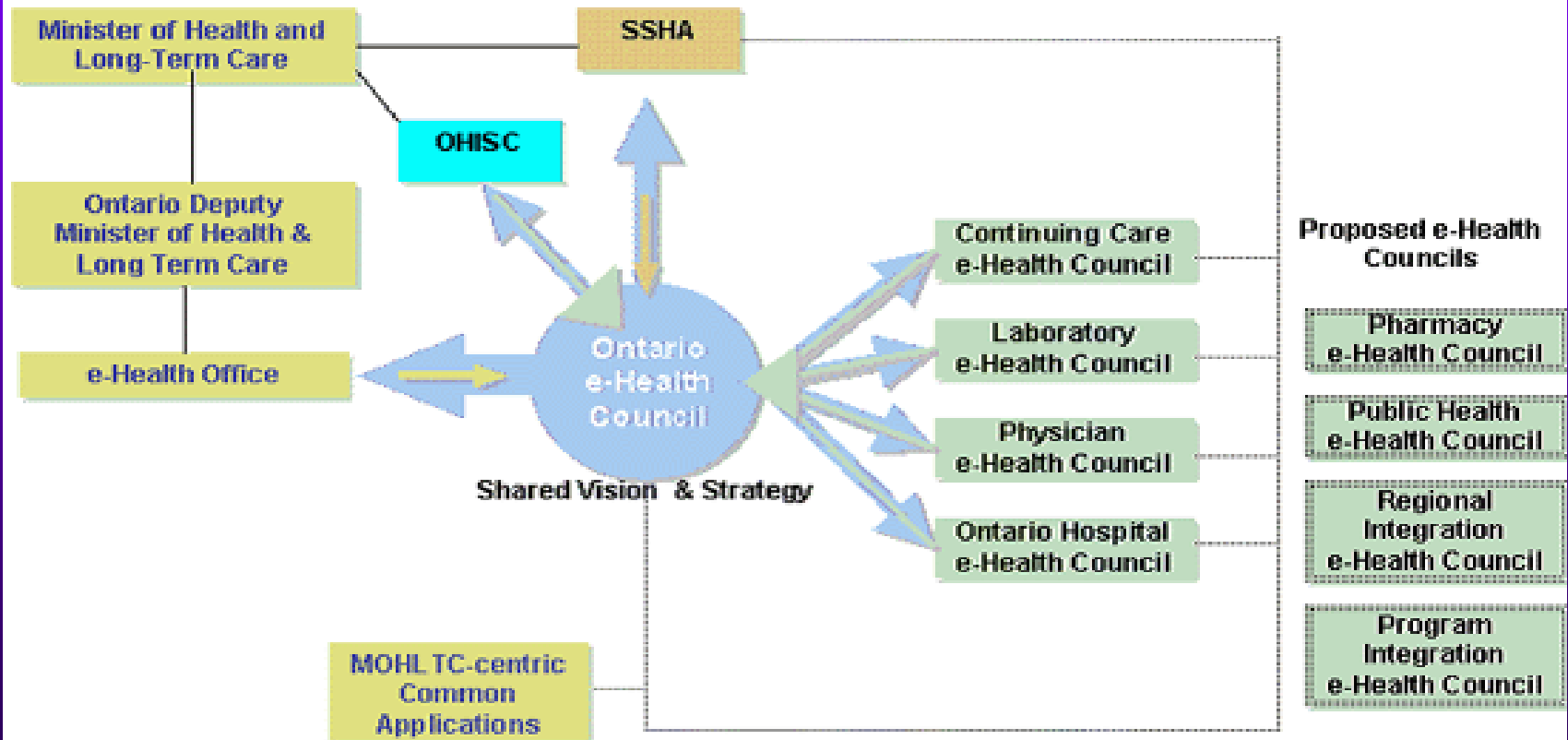
A collaborative approach is key to the successful implementation of e-Health in Ontario

# Regional ehealth

- LHIN CIO's?
- Provincial ehealth leader forums
- OHA ehealth council EHR working group reconstituted by leaders by LHIN
- Many groups working at regional level – some across LHIN's

# Why is this important?

# Hospitals have changed

## Previously

- Relatively simple care
- Different standard of care was tolerated
- Longer hospital stay
- Focus on providers – primarily physicians
- Emphasis on Service delivery

## Current

- Care is more complex
- Changing expectations of patients and providers
- Decreased use of hospital beds
- Focus on population needs
- Emphasis on Accountability

# Decreased Use of Hospital Beds
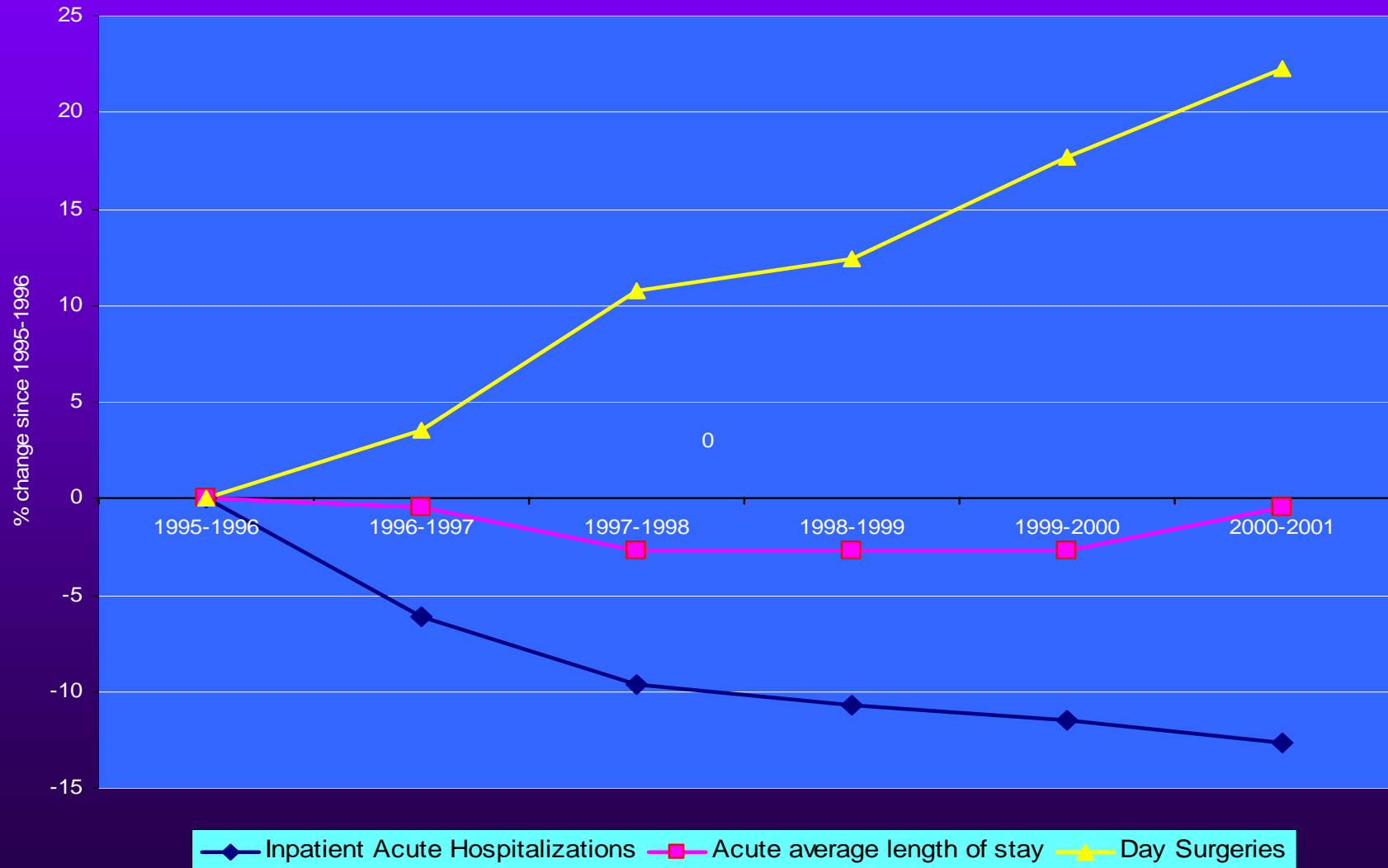
# Decreased Use of Hospital Beds pg 2

- New ways of thinking about some of diagnoses
  - Before an accepted 3 day stay may now be coded as "may not require hospitalization."
  - Development of the group of "ambulatory sensitive conditions"
- It is no longer up to the doctor alone to define how (or where) the care is to be delivered
- Linkages pre and post hospitalization are now critical and waiting is not an option.

**Focus on the Patient Experience**

# The Patient's Journey
## (CISC Report December 2001)

General Practitioner

Specialist

Diagnostics

Surgery

Radiation / Chemotherapy
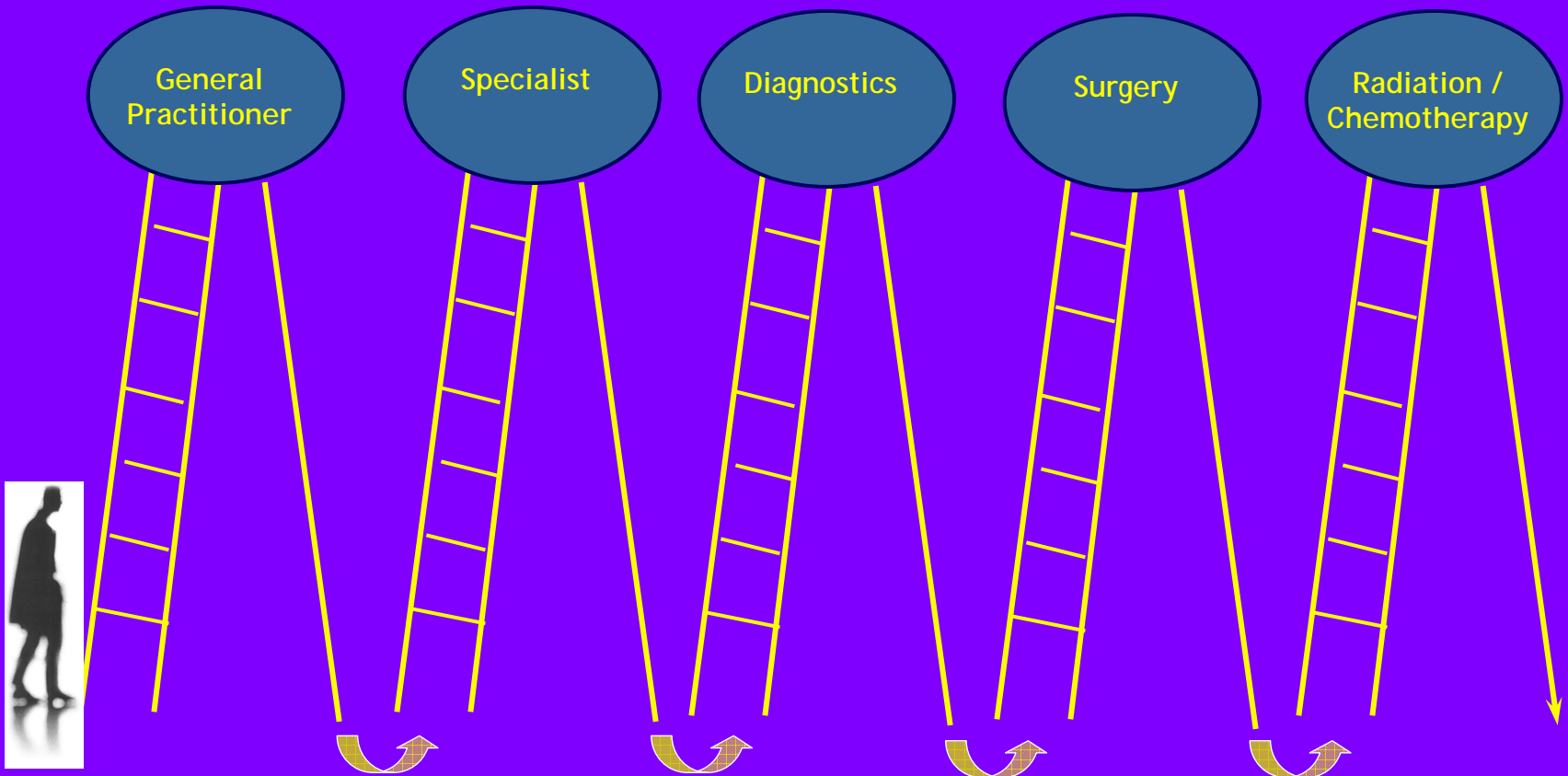
Can ICT help to make this something other than a series of waiting experiences?

# Changing Expectations of patients

- Effect study recently released findings which established time (e.g. door to needle) benchmarks based on research.

- All providers rural, community and teaching hospitals are all expected to meet those expectations – how the standards are met can vary but meeting the standard is not optional.

# Changing expectations of providers

- Lifestyle –
  - Expect reasonable call group if covering 24/7
  - Many opting to not do hospital work because of the increased pressure of sicker patients and timely patient management
- Shortages of providers mean that people can pick and chose between offers – up to date equipment, work group fit and synergy, good physical facilities
- Approximately 21% of physicians in Ontario with hospital privileges are likely to relinquish privileges over the next 3-5 years primarily related to stress of hospital practice, remuneration, on-call and lifestyle issues

# Focus on Population Needs

- Canadian Council on Health Service Accreditation standard on Addressing Needs

- "The organization anticipates and responds to the community's changing needs and health status."

- "The organization has broad and meaningful linkages and partnerships with other organizations and with the community."

# Focus on Accountability

- Auditor general involvement
- Ontario Bill 8 and accountability agreements

- Accountability is often demonstrated though reporting. The costs of reporting must go down!!

# ICT is an important part of addressing these challenges

- Focus on the Patient experience –
  - less fragmentation,
  - data captured once,
  - more timely
- Focus on Working together for efficiency –
  - get from dual systems to one (e.g. film and electronic to film less)
  - Reporting to be a behind the scenes activity supported by more automated data capture
  - Transfer data between organizations and sites of care

# Challenges in ICT Investment and Deployment

- Uneven funding support by government to different parts of the system
- Availability of key human resources
- Capability of ehealth products

# Uneven funding support by government

- Full support of certain health sectors
- Almost no support to hospitals historically
- For profit versus non profit players
  - Pharmacies
  - Physicians
  - Labs
  - Long term care facilities

# ICT Professional capacity

- Organizational leaders to support the need for new business practices particularly across organizational boundaries
- Clinical leaders to lead the development and deployment of new business practices
- Implementers – support new business practices (CIO's, technical experts, application specialists, security specialists)
- Vendors – to develop and improve products that address real business issues
- Researchers – to pursue understanding of what is needed, what works and why and how it can be improved
- Teachers – to increase the supply of trained individuals to play roles particularly in the implementers category as ICT plays a more significant and growing role in health care

# Capability of ehealth products

- Are the products robust in applied settings i.e. readily able to be incorporated into a busy work environment? (the human and technology interface)

- Capability across a variety of settings (large to small, acute to community)

- Proprietary versus interoperable capability

# Key Health System ICT Issues

- Patient ID
- Record linkage
- Robust and usable clinical record
- Summarization of records i.e. data entered once and extracted in the background
- Infrastructure to allow transmission of data (local and remote access)
- New clinical modalities – separation between clinical and ICT increasingly blurred
- Decision support capability – "rules" "pathways etc.

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# Web Sites

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- www.ssha.on.ca

- www.oha.com
  - Programs
  - ehealth

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# Questions?