Ontario Health Teams
Virtual Engagement Series

Harmonized Information Management Plans

July 2021
We gather today virtually from many parts of what is now called Ontario.

I acknowledge I am joining this meeting from the area covered by Treaty 13, also known as the Toronto Purchase.

Traditionally, Toronto was a gathering place for many nations including the Anishnaabeg, the Haudenosaunee and the Wendat peoples.

We are grateful for the opportunity to live, meet and work on this territory and pay respects to the Mississaugas of the Credit.
Today’s Discussion

AGENDA

00 12:00-12:10
Introduction
  • Today’s session
  • Objectives

01 12:10-12:30
Harmonized Information Management Plan (HIMP) Overview
  • Overview of HIMP objectives and key components
  • Current direction to support information sharing
  • Q&A

02 12:30-12:55
OHT Spotlight Panel
  • Sharing highlights from some OHTs' early steps and lessons learned
  • Q&A

03 12:55-1:35
Breakout Sessions
  • Deeper dive into HIMP planning
    1. Information management needs
    2. Information governance and accountability
    3. Privacy considerations and plans
    4. Innovative approaches and lessons learned

04 1:35-2:00
Wrap Up
  • Breakout Session Report back
  • Wrap up
Context and Objectives

Implementation of Ontario Health Teams (OHTs) is fundamental to the government’s plan to build a modern, sustainable and integrated health care system that better connects health care providers and provides services focused on the patient/client.

How OHTs will Transform Care
OHTs will drive improvements across the Quadruple Aim:

- Better Patient and Caregiver Experiences
- Better Patient & Population Health Outcomes
- Better Value and Efficiency
- Better Provider Experiences

Developing and implementing a solid and resilient Harmonized Information Management Plan (HIMP) will help ensure emphasis on acquiring and managing the data and information required to meet the OHT’s goals of integrated care, while protecting privacy.

As COVID-19 continues to pose unprecedented challenges to health system capacity, the ministry remains committed to a flexible approach to OHT implementation.
The Digital First for Health strategy

Digital First for Health is central to the government’s efforts to transform the health care system so that it is integrated, sustainable, and patient-centred. Strong digital capabilities are critical to enable system integration and the sharing of information throughout the health care system so that patients receive seamless care.

Key Enabler: PHIPA Modernization

Legislative and regulatory changes to support the delivery of person-centred care, while respecting and maintaining privacy.

Virtual care

Improve system navigation and enable patients to see their providers from the comfort of their own home using virtual care technologies.

Online appointment booking

Allow patients to book appointments with the same ease they reserve a table at a restaurant.

Better, more connected tools for frontline providers

Connect systems in different sectors to allow for seamless sharing of information and smooth transitions of care.

Digital access for patients

Let patients review their health records online, and give providers all the information they need, wherever they need it, to deliver better, safer care.

Data integration and predictive analytics

Increase access to health data to improve population health and bend the cost curve in health care.
1. Harmonized Information Management Plan Overview

- Overview of the HIMP objectives and key components
- Highlights of considerations and updates on IM and privacy enablers
  - Christine Sham, Director, Information Management Strategy and Policy Branch, MOH
  - Andrew Drummond, Senior IM Policy Advisor, Information Management Strategy and Policy Branch, MOH
Key Take-Aways

With data as a key asset, data governance, data stewardship, and the ongoing protection of personal health information (PHI) are fundamental for OHTs to meet the objectives of the quadruple aim.

The OHT Harmonized Health Information Management Plan (HIMP) is a tool to ensure emphasis on data governance and data stewardship, for the OHT to meet the goals of integrated care, while protecting privacy.

**OHTs are to summarize their first year plans to achieve these goals in the HIMP Submission Template.** Recognizing the incredible work that OHT members are engaged in during the pandemic, the submission timeline has been extended to **September 30, 2021 for Cohort 1 and 2 Approved OHTs.**

OHT submissions will be used as part of the ongoing dialogue to understand OHT needs and priorities, identify best practices and enablers, and to determine additional supports that might be required.

This is a step in the phased approach to enhanced information sharing at the local and provincial levels.

**Save the Date! July 22nd (12 – 1pm): Data Package and Data Supports Information Session,** focused on providing Cohort 1 and 2 Approved OHTs with an opportunity to ask questions about their updated data packages. Additional information and registration details to follow shortly.
Why a “Harmonized” Information Management Plan?

Given the wide range of members within an OHT, the HIMP provides a mechanism to facilitate early discussions on shared principles, goals and priorities, data governance and accountability structures and processes, data management and data access, and maintenance of privacy.

**Patients/ Clients**
- They don’t need to tell their story over and over
- Provides reassurance that privacy is maintained, and ensures appropriate access to their PHI
- Provides transparency about how their PHI is being used and by whom
- Guides them on how to address issues, for example for access requests or in the case of a breach

**Providers**
- Enables their access to the quality information they need, when they need it, with streamlined channels for delivering services to support the delivery of care
- Ensures consistency across all providers and that they operating under common standards, such as around privacy

**Organizations**
- Helps to manage data as an asset, aligned with shared goals
- Equips OHTs with harmonized IM policies and processes with clarity around accountability and responsibilities, which allows them to focus efforts on the provision of care to patients/clients
Harmonized Information Management Plan

• The HIMP is expected to evolve over time, aligned with the OHT's goals for integrated care.
  • The initial HIMP will reflect the OHT’s **near-term objectives and tactics** in the current environment, with respect to, for example: current target populations, care re-design priorities, and the financial, legislative and regulatory landscape.
  • As the OHT matures, plans would incorporate longer-term strategies and tactics towards organizing and delivering care that is more connected to patients/clients in their local communities.
• It includes considerations for health information custodians (HICs) within an OHT to securely collect and disclose PHI to one another for the purposes of care delivery, and for data to support planning, quality improvement, and evaluation.

• Topics to be covered in the HIMP include:
  - Governance and accountability structures and processes
    Provide clarity on roles and responsibilities around data management, including privacy
  - Identification of IM priorities and needs
    Define the technical and business requirements for data that will support the OHT’s objectives
  - Plans for IM and privacy
    Tactics for IM and privacy, and security where relevant, with associated timelines and key milestones.
  - Risks and mitigations
    Identify risks associated with acquiring and managing the data, in order to avoid pitfalls and mitigate risks
Why do we need Data Management?

- To enable organizations to gain value from their data
- To ensure high-quality, reliable data that is accessible to authorized users while protected from misuse

Data Management (DM) is “the development, execution, and supervision of plans, policies, programs, and practices that deliver, control, protect, and enhance the value of data and information throughout their life cycles.”

(DAMA-DMBOK, 2017)

DM activities can be grouped into three categories:

- **Governance** – helps control data development and reduce the risk associated with the data use
- **Lifecycle** – focuses on planning and design for data, enabling its use, ensuring effective maintenance and actual data uses.
- **Foundational** – is integral to the entire data lifecycle and to the success of governance activities.
Why do we need Data Stewardship?

- To manage data effectively requires cultivating data stewardship practices

Data Stewardship (DS) is “accountability and responsibility for data and processes that ensure effective control and use of data assets.”

- As importance of data grew with the digital transformation so did the recognition of DS functions (international movement to professionalize the data steward role is underway):
  - **Accountability for the technical aspects of data management.** (Chief Information Officer (CIO))
  - **Accountability for the business aspects of data management.** Defines business needs via establishing business glossary, data structure, data meaning and expected data quality. (Chief Data Officer (CDO)/Chief Data Steward (CDS))
  - Addressing both functions would help to achieve the appropriate balance between technical aspects of data management (CIO) and governance, privacy, and ethical and authorized use (CDO/CDS)
Data Governance Capabilities

• To help health organizations get started on a data and information governance path, CIHI produced the Health data and information governance and capability framework and companion toolkits. These documents contain foundational knowledge, a checklist of capabilities and guides for performing internal and network-based assessments.

• OHTs can choose the toolkits, or components of the toolkits, that meet their needs.

• The CIHI Framework consists of 4 subject areas, each with its own set of capabilities and describes levels that range from basic to proficient.
Personal health information (PHI)

Identifying information about an individual in oral or recorded form, if the information relates to the physical or mental health of the individual, the health history of the individual’s family, the identification of an individual’s health care provider, eligibility for coverage or payment for health care, and the individual’s health number, as defined under the Personal Health Information Protection Act, 2004 (PHIPA).
Purpose of PHIPA

It’s a balancing act, in order to:

• Protect PHI by establishing rules that limit, and impose conditions on the collection, use and disclosure (“c/u/d”) of PHI by persons who have responsibility for substantial amounts of PHI; namely, “health information custodians”.

• Facilitate the provision of health care by health care providers, while still maintaining privacy.

• Give individuals a right of access and correction to their PHI – with some exceptions.

• Provide for independent review and resolution of complaints re: handling of PHI – Information and Privacy Commissioner’s role (IPC).
PHIPA - Who is covered - to various extents?

- Health information custodians ("HICs") that c/u/d PHI
- Agents of HICs, as defined in the Act
- Recipients: non-HICs who collect PHI from a HIC
- "Statutory Recipients": Researchers, Prescribed Registries and Prescribed Entities
- Non-HICs who c/u/d health numbers
- Persons who provide electronic means to HICs to handle PHI: includes Electronic Service Providers (ESPs) and Health Information Network Providers (HINPs), and Ontario Health in particular, in respect of its role as the Prescribed Organization creating and maintaining the Electronic Health Record (EHR)
PHIPA and Ontario Health Teams

- Only HICs are permitted to collect, use and disclose PHI as part of Ontario Health Teams.
  - HICs may only c/u/d PHI for the patients/clients they provide care to.
  - HICs have many obligations – not just powers – which can be seen as onerous.
- Some OHT members (for example, school boards) are not HICs under PHIPA, and, as such, information access/sharing between and among these organizations may be limited.
- Understanding the requirements in PHIPA and other legislation and regulations will be key in establishing harmonized privacy policies and procedures.
- Current PHIPA obligations and authorities continue, and agreements or a HIMP cannot alter those. For example, an agreement will not enable data sharing that would not be allowed otherwise.
- Note that one or more HICs can apply to the Minister to act as a single health information custodian.
Updates: Enhancing Data Sharing through Digital Health and Privacy Enablers

- The ministry and Ontario Health are supporting data sharing through a number of mechanisms, while encouraging OHTs in building their capacity through establishment of strong governance and data management capabilities.

### Increasing access to the EHR

- Health information custodians (HICs) may **connect to the Electronic Health Record** if the information is required to provide health care, prevent risk of harm or for a purpose under the *Health Protection and Promotion Act* or the *Immunization of School Pupils Act*.

- Since April 2021 OH has been onboarding **Ambulance Services, Home and Community Service Providers, Hospices and Community Paramedics** that meet confirmed criteria to connect.

- As of June 2021, OH received a list of **Indigenous Interprofessional Primary Care Teams** that could be onboarded for connection.

* Will make available a list of HICs with provisioned access.

### Privacy and access enablers

- Providing eServices and expanding access to Client Health and Related Information System (CHRIS) to support team-based patient care.

- Supporting **warm handoffs** between providers by modernizing the provincial Health Care Navigation Service.

- Supporting **opportunities to profile solutions** and successes of OHTs.

- PHIPA includes several provisions OHTs can leverage for information sharing, and the ministry continues to evaluate what additional statutory enablers may be needed.

### Interoperability specifications

- Changes to PHIPA regarding **Digital Health Information Exchange (DHIEX)** are now in effect as of January 1, 2021 in the Ontario Regulation 569/20, s.1.

- Provides OH the ability to define and implement the standards and requirements for use in interoperability specifications for consistent sharing of meaningful health information, thereby enabling stronger support for digital health information exchange in Ontario.

- OH will be hosting the second DHIEX Program webinar on July 20, 2021.
Examples of HIMP goals for the first year

The overall aim is to ensure timely and shared access by OHT members to quality data and information for the purposes of integrated care delivery, planning, quality improvement and evaluation.

Recognizing the uniqueness of each OHT and that they are at different stages in their journey, each OHT will have different goals and priorities for the short and medium terms.

Activities may be sequential or concurrent, and may be formalized as a project or as business operations.
Q&As Period

- Q&A Session
  - Christine Sham, Information Management Strategy and Policy Branch
  - Olive Collaco, Information Management Strategy and Policy Branch
  - Andrew Drummond, Information Management Strategy and Policy Branch
  - Barb Guiao, Information Management Strategy and Policy Branch
  - Allison Costello, OHT Implementation & Supports Branch
  - Jillian Paul, OHT Integrated Policy and Planning Branch
  - Andrew Levy, Digital Health Program Branch
2. OHT Spotlight Session

- Sharing highlights from early steps and lessons learned
  - Thodoros Topaloglou, Burlington Ontario Health Team
  - Kathy Peters, Burlington Ontario Health Team
  - Colleen Neil, All Nations Ontario Health Team
How our OHT is coming together for planning around information management and privacy:

• Assembled a Working group with membership representing all OHT partners to draft a needs-driven first version of HIMP
• Incorporated learnings from program based governance and agreements that preceded the HIMP

What lessons we learned from our experience:

• Establish a clear scope and information management needs in order to inform discussions for right governance and data stewardship
• The data governance and accountability, and data sharing frameworks are deliverables in HIMP, not the HIMP.
• Requires a few iterations to demonstrate need and value, get support, and set an implementation path

How we will apply our learnings to developing our HIMP and progressing our IM and privacy work going forward:

• Continue to learn from, educate and integrate the business partners on the benefits of the HIMP
HIMP Principles

• Purpose driven – driven by immediate OHT needs and requirements
• Leverage existing system data and tools
• Complement OHT member information management capabilities
• Collaborate with other OHTs
• Focus on integration of inter-organizational processes and system data
• Do not overburden providers and member organizations with additional workflows
• Start with simple and practical choices
• Enable population health management
• Adopt established standards (for data) where available
HIMP Overview

Business
- Integrated care focusing on early intervention and self management
- Collaborative provision of healthcare services

Workflows
- Referral management, collaborative care plan creation and access, care transitions, patient records sharing, performance management

Governance
- Committees and structures created for decision making and oversight of information management

Policies
- Policies and procedures that guide the use within and between organizations OHT related data

Systems
- Common, shared and third party systems the OHT members use in order to create, store, share and access data

Data
- Data assets, data types, data elements, data standards (e.g., terminology) in scope
Governance considerations

- Many partners/members each with their own IT systems and resources that have agreed to work together on common programs, and deliver coordinated services or bundled services
- How to buy and pay for integration, or for joint communication solutions?
- What data are separate and what data are joint?
- How accountability on joint data is shared?
BOHT HIMP Strategy

**Data Governance**
- Accountability and oversight
- Data sharing framework
- Privacy protection

**Data Team**
- People and knowledge skills to create and support HIMP
- Engagement and communication with partners

**The BOHT Data Platform**
- Platform to support OHT data and analytics operations
- Population health management

**Collaborations**
- Relationships with other OHTs and system partners
- Leadership in data standards and system interoperability
Burlington OHT

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ALL NATIONS
HEALTH PARTNERS

Northern Region – Treaty #3 Northwest- Kenora and Kenora Chiefs Advisory Service Area

Colleen Neil - Executive Lead
How our OHT is coming together for planning around information management and privacy

- Joint Privacy Committee
- Implemented an ANHP OHT joint SharePoint site for document storage and sharing
- Primary Care Data Sharing Agreement across five (5) of our partners

What Lessons We Learned from Our Experience

- Legal and formal vs. Collaborative and Innovative

How Will We Apply Our Learnings to Developing Our HIMP and Progressing Our IM and Privacy Work Going Forward

- Identifying next step for providers and patients
- Aligning what Ontario Health is working on provincially vs locally
- HIC vs non-HIC accommodations
- Each time we add a partner we make it easier for the next to join
Privacy Considerations and Implications

• Privacy authorities
• Harmonizing privacy policies
• Harmonizing practices and procedures
• Notification for breaches
• Controls and safeguards
Privacy Authorities

Joint Privacy Committee
• Agreed upon term under the data sharing agreement
• Formalized terms of reference
• Members are designated Privacy Officers within each partner member

Harmonizing Privacy Policies
• Partners policies were reviewed for alignment and areas of adjustment
• A public-facing co-branded policy statement was produced and distributed to all partners for posting
Privacy Authorities

Harmonizing Practices and Procedures
• Privacy Officers from each partner agreed to follow the same privacy audit standards monthly

Notification for Breaches
• Joint Privacy Committee members are required to notify other partners of any identified breaches that affect the other partners
• All partners remain as independent HICs and are responsible for their own compliance to the Privacy Commissioner’s Office at this time
Privacy Authorities

Controls and Safeguards

- Partners have adopted the same privacy training modules for annual training and onboarding
- Partners are required to notify other partners when new staff are onboarded or leave
- Most responsible provider is notified when their patient’s record is accessed by an outside provider
Privacy Next Steps

• ANHP is exploring the pros, cons, and process for applying to become a consolidated HIC
• Seeking advice on non-HIC data sharing
• Vetting patient portal platforms and virtual applications for privacy compliance
Primary Care Data Sharing Agreement

- Waasegiizhig Nanaandawe'iyewigamig and Sunset Country Family Health Team
- Community Outreach
- Community Equity
- Lake of the Woods District Hospital (RAAM) and Northwestern Health Unit
- Kenora Chiefs Advisory
Data Sharing Next Steps

One Community Record – One Instance
• Primary care
• Outpatient clinics
• Community nursing supports

Considerations
• EQUITY
• Connectivity
• Home and Community Care
• Mental Health and Addictions
• Non-HIC Partners
Contact Information

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Questions?
3. Breakout Session

- Discussions on HIMP planning
  1. Information management needs
  2. Information governance and accountability
  3. Privacy considerations and plans
  4. Innovative approaches and lessons learned

Considering the topic, in order to complete your OHT's HIMP:

  1. What is working well within your OHT?
  2. What are some of the challenges for your OHT?
  3. What would help your OHT be more successful...
     a) that your OHT could do?
     b) that another partner could do? (e.g., the ministry, Ontario Health, others)
4. Report Back, Wrap Up

- Breakout Session Report Back
- Wrap Up
  - Bonnie Scott, Ontario Health
  - Olive Collaco, Information Management Strategy and Policy Branch