

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
RAPPORT

Our File/N/Réf. 03-07-98-0007
Your File/V/Réf.

DATE 29 April 1998

TO/DEST. Corporate Services and Economic Development Committee

FROM/EXP. Acting Committee Co-ordinator

SUBJECT/OBJET **FUNDING REQUEST FOR THE DEVELOPMENT OF THE
OTTAWA COMMUNITY HEALTH INFORMATION
PARTNERSHIP (OCHIP) BUSINESS PLAN**

REPORT RECOMMENDATION

For consideration by the Corporate Services and Economic Development Committee.

BACKGROUND

Attached is a proposal submitted by the Ottawa Life Sciences Council with respect to the above-noted item.

The following related documents are on file and available upon request:

1. Appendix 2 Presentation to the Community Services Committee (16 April 98);
2. Appendix 3 Terms of Reference to Develop the Business Plan for the Ottawa Community Health Information Partnership (OCHIP) (Draft for Discussion dated April 3, 1998).

This information is respectfully submitted.

M. J. Beauregard

Attach: (1)

RMOC Funding Request
for the
Development of the
Ottawa Community Health Information Partnership
(OCHIP) Business Plan

Submitted by: Ottawa Life Sciences Council
Date: April 28, 1998

The Ottawa Community Health Information Partnership's mission is:

"...to develop a secure integrated electronic patient information system for the residents of Ottawa-Carleton that links providers, educators and researchers throughout the health care delivery system."

This document and attached appendices outlines the Ottawa Community Health Information Partnership's (OCHIP) concept and plans for developing a community-based electronic patient record system for the Ottawa - Carleton community.

The \$60,000 "one time" request for funding from the Regional Municipality of Ottawa-Carleton (RMOC) will allow the Ottawa Life Sciences Council to continue to facilitate and champion the completion and promotion of the OCHIP business plan. This request was originally submitted as part of the Ottawa Life Sciences Council 1998 Budget but was unfortunately omitted from the RMOC funding estimates (see OLSC Budget Summary – appendix 1).

BACKGROUND

The OCHIP project is in response to the urgent need for a region-wide health information system. The Ontario Health Services Restructuring Commission (HSRC) Report of February 1997 describes the state of the system:

"...there has been little progress in integrating those systems so patient information from one hospital is readily available to another if that patient moves from one to the other. Further there is no evidence of these systems being readily accessible from outside the hospitals by medical staff and community agencies.

...Reinvestment in this technology will pay dividends in the longer term on both quality and efficiency aspects of care."

Following the release of HSRC's February 97' report, the OLSC convened a meeting of interested stakeholders to formulate a response. In April 1997, the stakeholders submitted their vision for an integrated health information system to the Commission and the Province. A second document outlining a proposed corporate structure was submitted in July 1997 (These documents are available on our website at www.olsc.ca).

The Ontario Health Services Restructuring Commission recognized the merits of the OCHIP partnership in their August, 1997 report, not only by citing the initiative (p. 59-60), but also by setting aside an amount "to be determined" for the reinvestment in information services. That investment would be contingent upon acceptance of a business plan.

OCHIP

OCHIP is intended to be a “not for profit” organization that will provide a single point of access to a comprehensive longitudinal electronic record. Ultimately this record will link providers, educators and researchers throughout the health care delivery system.

This electronic record will:

- ◆ Leverage information currently available in existing applications wherever possible
- ◆ Be available at the time of care delivery
- ◆ Support existing practices for patient control of consent to the medical record
- ◆ Ensure patient confidentiality
- ◆ Be easy to use for the clinicians/caregivers
- ◆ Provide useful and functional information to the clinician/caregivers
- ◆ Provide a common look and feel in the presentation of the record regardless of the location of access, where possible
- ◆ Avoid duplication of input

To date, the initiative has been shaped through the efforts of a growing working-group of stakeholders representing various organizations constituting Ottawa-Carleton’s health care system. These stakeholders have defined the following guiding principles that will be used to steer decisions in defining a solution for OCHIP:

- ◆ OCHIP will be organized as a “not for profit” corporation
- ◆ OCHIP will be economically viable
- ◆ The solution will be patient centered
- ◆ The solution will be developed with a multi-disciplinary healthcare team focus
- ◆ The solution must support outcomes-based quality care
- ◆ The solution must provide functionality in both English and French

OCHIP is working cooperatively with the Ontario Ministry of Health’s Smart Systems Program Management Office who is developing the framework, standards and necessary changes to legislation to allow integrated health networks to function more easily. OCHIP is also working cooperatively with similar initiatives across the province (Kingston, Hamilton, London and Sudbury) and other community projects including the Ottawa Community Network (OCN) which could serve as the information backbone for the project.

APPLICATIONS – FUNCTIONALITY, PHASING AND SCOPE

OCHIP has decided that an incremental phased approach will be taken in developing the electronic medical record. Our first priority is to make existing text information available. The business plan will address only the first two phases which are described in detail below. The timing for implementation of these applications may be accelerated where technologies,

information requirements and financial considerations warrant. The development of pilots and model applications will be encouraged.

PHASE I PRIORITIES

Phase I will provide access to text results for the following applications:

Application	Scope
Laboratory	Hospital to Caregivers Hospital to Hospital Community laboratory to Caregiver Community laboratory to Hospital
Imaging	Hospital to Caregivers Hospital to Hospital
Other Ancillaries (i.e EKG, EEG, etc. currently available in transcription)	Hospital to Caregivers Hospital to Hospital
Consultations and Discharge Summaries	Hospital to Caregivers Hospital to Hospital Hospital to CCAC

PHASE II PRIORITIES

Phase II will provide order entry and drug interactions (pharmacy only) for the following applications:

Application	Scope
Laboratory	Caregivers to Hospital laboratory Hospital to Hospital Caregivers to Community laboratory Hospital to Community laboratory
Imaging	Caregivers to Hospital Hospital to Hospital
Home Care	Hospital to Caregivers Hospital to Hospital Hospital to CCAC
Hospital Pharmacies	Caregivers to Hospital Hospital to Hospital

Subsequent phases of the OCHIP initiative (III and IV) will focus on expansion of this functionality to additional users throughout the community. In phases III and IV additional functionality will be added to include primary care and community health applications, multi-media and educational applications, charting standards and resource scheduling. These

applications are understood to be beyond the initial scope of the current business plan development.

OCHIP STAKEHOLDERS & PARTNERS

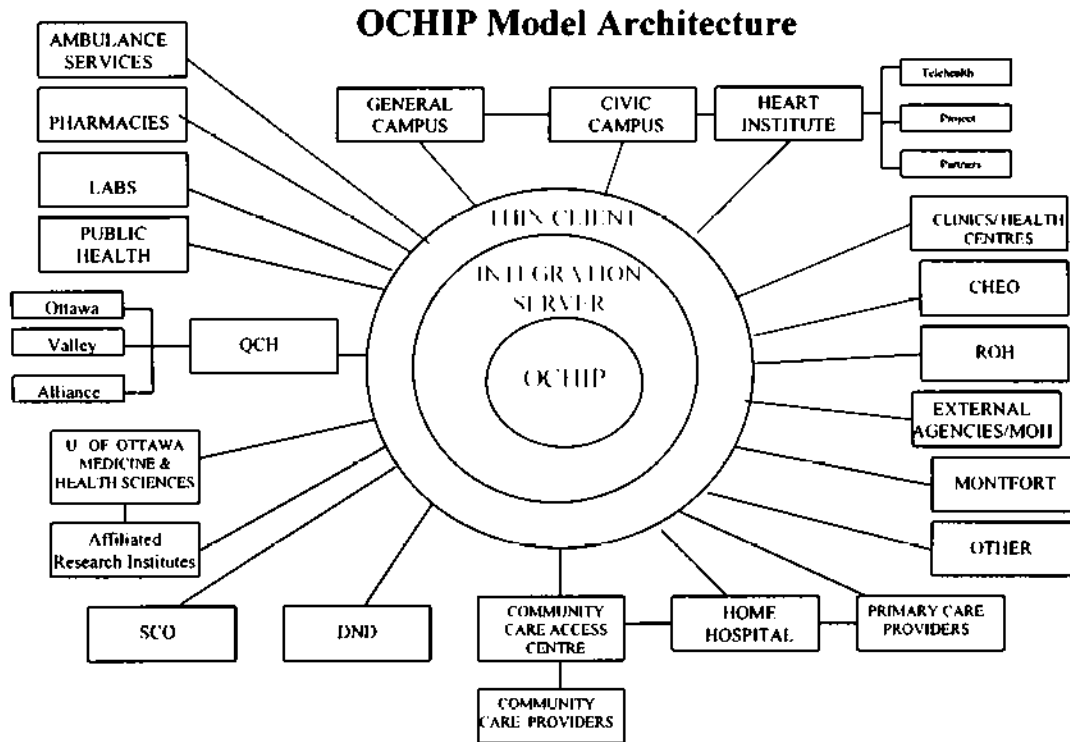
A number of organizations and specialist groups have been identified and will be invited to participate in the project. It is expected that other groups will come forward as the applications are identified and the business case developed. OCHIP's current partners include:

- Local Hospitals/Health Care Institutions
 - The Ottawa Hospital (Civic and General)
 - University of Ottawa Heart Institute
 - Royal Ottawa HealthCare Group
 - Sisters of Charity of Ottawa Health Service
 - Queensway-Carleton Hospital
 - Monfort Hospital
 - Children's Hospital of Eastern Ontario
 - Eastern Ontario Health Organizations (Prescott-Russel, Stomont-Dundas)
- ◆ Private Laboratories
 - Gamma-Dynacare Laboratories
- ◆ University of Ottawa Faculties of Medicine & Health Sciences
- ◆ CCAC
- ◆ Community Clinics and Community Health Care Centres (5)
- ◆ Department of National Defense

OCHIP ARCHITECTURE

A high level architecture model has been proposed for the system which uses a browser-like thin client and an integration server to connect data sets in different repositories. The model leverages the existing hospital information infrastructure and integrates with existing systems. OCHIP will be seeking the involvement of the private sector in both the development of the business plan and its implementation.

A group of local Canadian and International companies (Jetform, PARJPlus Software, Oracle, Newbridge) has approached OCHIP with a solution consistent with the proposed architecture and have indicated their willingness to consider a partnership arrangement. The model architecture has also drawn interest from other regions and could become the de facto standard for other integrated health information systems in the Province.



OCHIP PROJECT CONTRIBUTIONS TO DATE

The OCHIP partners and the OLSC have invested much time and effort into preparing the way to develop the business plan (see appendix 2 - powerpoint presentation). In addition to the contributions below each of the partners will contribute significant staff and technical resources to the development and implementation of the business plan..

CONTRIBUTIONS (to March 98)

"In-kind" Contributions

Volunteer Hours (>1300)	\$78,000
Donated Consulting Services	\$15,000
Sub-total	\$93,000

Ottawa Life Sciences Council

Staff & other \$50,000

Partners Commitments

Cash (for consulting) \$85,000

Total	\$228,000
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BUSINESS PLAN

The initial phases of the consultants work (first engagement) will focus on evaluating the proposed architecture, the potential private sector partners and identifying other potential partners or solutions. If the architecture and vendors are appropriate, a partnership agreement will be developed with the selected private sector partners to finalize the business plan (second engagement). CGI/First Consulting Group has been selected as the consultants for the project. The terms of reference for the business plan are attached

BUDGET FOR PREPARATION, SUBMISSION AND PROMOTION OF OCHIP BUSINESS PLAN

Projected Costs

Consulting

1 st Engagement	\$ 60,000
2 nd Engagement	\$250,000

Ottawa Life Sciences Council

Staff & other	\$ 60,000
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Total	\$370,000
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Projected Revenues

Partners (Public)	\$ 85,000
Private Sector	\$225,000
RMOC	\$ 60,000

Total	\$370,000
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USE OF RMOC FUNDS

The \$60,000 requested from RMOC will be used by the OLSC to off-set direct expenses relating to OLSC's continued role in the preparation, submission and promotion of the business plan. All other costs will be borne by the OCHIP partners and the private sector.

CRITICAL TIME LINES

The Health Services Restructuring Commission's mandate end in March 1999. The HSRC has indicated that the window of opportunity to include the OCHIP project in their re-investment recommendations closes in the early fall. Due to the delays in RMOC budget process, RMOC funding for the OLSC is critical to ensure that OLSC can continue to support the project and complete the submission by early fall.

Schedule

OCHIP distributes charter document to final list of consultants	April 3, 1998
Consultant responses due back	April 14, 1998
OCHIP completes review of responses	April 14, 1998
OCHIP notifies partner of choice	April 20, 1998
Project initiation (1 st Engagement)	April 29, 1998
Final Report 1 st Engagement (including Partnership Agreement)	June 1, 1998
Second Engagement begins	June 8, 1998
First draft of business plan	August 20, 1998
Submission to HSRC / MOH	September 10, 1998

ANTICIPATED BENEFITS FOR RMOC

More and more health services are being delivered in the community. The need for a unified electronic patient information system at the point of care is absolute. Under municipal restructuring the RMOC is now responsible for public health, ambulance services and social services including homes for the aged. For RMOC the anticipated benefits include:

Public Health

- Better public health indicators
- Improved coordination amongst health providers
- Improved quality of care and reduced duplication

Regional Ambulance Services

- Immediate access to patient record in an emergency
- Improved coordination with health care institutions and operation efficiencies (resource scheduling)

Economic Development

- Opportunity to greatly expand our health information technologies industry and grow a new bioinformatics industry
- Attraction of major clinical trials programs, biopharmaceutical investment and companies to the Region

APPENDIX 1:

OLSC 1998 BUDGET SUBMISSION (SUMMARY)

OLSC BUDGET SUMMARY

1997 1998

Forecast Budget Estimate

EXPENSES	1997	1998
Operating	\$ 65,086	\$ 99,660
Activities & Programs	\$193,238	\$263,956
OCHIP	\$ 69,287	\$ 96,285
Reserve	\$ 15,000	\$ 10,000
Total	\$342,611	\$469,901
REVENUES		
RMOC		
Base Funding	\$142,000	\$150,000
OCHIP	\$ 0	\$ 60,000
subtotal	\$142,000	\$210,000
Other	\$152,667	\$199,750
OCHIP (Partners)	\$ 40,000	\$ 55,000
Past Year's Surplus/(Deficit)	\$ 13,349	\$ 5,445
Total	\$348,056	\$470,195
Operating Surplus/(Deficit)	\$ 5,445	\$ 2,718
		\$ 294