

Next Steps for the LHIN e-Health Strategic Implementation Plan

First Steps – Developing a plan

In March 2006, the Ontario Government gave the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) the responsibility of working with local health service providers and community members to determine how best to plan, coordinate and fund the healthcare services in our region.

We immediately set out to develop a strategic plan for improving our local healthcare system. In order to do this, we had to learn from the people who know the system best — those who deliver and receive health services in our community.

From April to June 2006 we gathered input from health service providers, physicians, consumers and other community members. Based on their input and the priorities set forth by the province, we published a three-year [Integrated Health Service Plan](#) (IHSP) in December 2006.

The IHSP focused on three main strategic directions:

- Improve the health of people living in North Simcoe Muskoka
- Provide people with the right care, in the right place, at the right time
- Use our resources effectively to help ensure a sustainable health care system

Because e-health offers many opportunities to enhance each of these strategic directions, the IHSP made maximizing the benefits of e-health technology a key strategic goal of the LHIN and called for the creation of a supporting NSM LHIN e-health strategy.

Beginning in November 2006, a LHIN e-Health Advisory Committee began to construct a vision for the e-Health program that supported both the IHSP and provincial strategies. This vision, along with guiding principles and strategic directions, was published in April 2007 as the Draft NSM LHIN e-Health Strategic Implementation Plan ("Strategic Plan").

To advance each of its strategic directions, the plan outlines 24 primary initiatives, each carefully defined, prioritized and scheduled along a three-year timeline. Ten of these initiatives were launched during the first year of the timeline (April 2007 - March 2008).

Implementing this first set of initiatives has created a need for new supporting initiatives, as well as opportunities to launch extra initiatives that can further the

e-Health agenda. Consequently, several supplemental initiatives have also been launched in the past year that weren't forecasted in the Strategic Plan.

The biggest obstacle to moving all of these initiatives forward is a lack of funding. As is the case with every LHIN, our initiatives require more money than the province can allocate. For the April 2007 - March 2008 fiscal year, we requested \$400,000 for new and ongoing projects. We received \$275,000, and the funds were not provided until August.

To make up this shortfall, the North Simcoe Muskoka e-Health Lead, Rod Burns, has worked tirelessly to raise external funding and uncover resources in order to keep our agenda moving forward. As a result, even though some of our initiatives have not progressed as much as we would like, we are off to a tremendous start.

With the first year of the timeline now complete, we have put together this status report to update stakeholders and community members on the progress of the first 10 scheduled initiatives, as well as eight important supplemental initiatives. We will also examine what will be required in the coming year, both from the LHIN and the community, to ensure the long-term success of the e-Health Strategic Plan.

Next Steps – Putting the e-Health Strategic Plan in action

The following 10 initiatives were set forth in the Strategic Plan and launched during the first year of the timeline (April 2007 - March 2008).

1. Community Provider Information Technology (IT) Inventory / Electronic Health Record (EHR) Readiness Survey

Purpose: Determine the readiness of LHIN community providers to adopt new integrated healthcare technologies.

This initiative is a critical component to the success of the entire Strategic Plan. In order for the majority of our e-Health initiatives to succeed, we need first to understand the current technology environment within the LHIN, identify gaps, and then develop mitigating strategies for the Strategic Plan.

With the exception of the hospital sector, limited information currently exists regarding the technological capabilities of our local community-based health service providers. This initiative aims to generate input from physicians, community mental health agencies, long-term care homes, and other service providers to determine their current technological resources, knowledge and abilities.

It is vital that we collect as much feedback as possible so that as the LHIN's e-Health strategies move forward, none of our health service providers are left

behind.

Progress: Behind schedule. This initiative was scheduled to begin during the summer of 2007, but funding issues pushed it back until early 2008. An MBA student was recruited to draft three different surveys, which were mailed out in February 2008. The results have been tabulated as of mid-April 2008.

2. Advance Telemedicine and Tele-homecare

Purpose: Use advanced communication technologies to allow providers to deliver services and information remotely, eliminating time, distance, and geography as barriers to healthcare.

The LHIN is partnering with the [Ontario Telemedicine Network](#) (OTN) to deliver healthcare to any patient, anytime, anywhere. OTN already performs over 20,000 distance-based consultations annually and will provide the essential services and technologies for this initiative.

There are two main aspects to advancing telehealth. The first is working with [Smart Systems for Health Agency](#) (SSHA) to utilize the existing fiber optic provincial health network. This network provides a telehealth infrastructure that links healthcare providers and clients through the use of videoconferencing equipment, saving thousands of kilometers of travel.

The second aspect is tele-homecare, which ties into Ontario's new [Aging at Home](#) strategy. By utilizing telehealth equipment, our home nursing agencies can better manage and deliver home healthcare services to help patients stay in their own homes as long as possible.

The LHIN's role in this partnership is to identify the telehealth needs within our community and provide guidance to our community-based health service providers.

Progress: Behind schedule. Royal Victoria Hospital, the NSM Community Care Access Centre, the Canadian Mental Health Association, and Muskoka Parry Sound Mental Health are all planning or already in the process of getting equipment to engage in telehealth. In addition, the e-Health Lead is working with OTN to find two Family Health Networks willing to deploy pilot telehealth suites. The initiative is lagging in the areas of telepsychiatry and telestroke. We hope to be higher on OTN's priority list for these areas in the next fiscal year.

3. Health Outcomes for Better Information and Care (HOBIC)

Purpose: Collect and analyze standardized data and health outcome measures so that clinicians can better plan patient care and evaluate its effectiveness.

The ability to collect and compare more accurate and comprehensive information and make it available for decision-making is essential to the transformation of our health system.

The HOBIC initiative focuses on nursing-sensitive patient outcomes. The goal is to standardize outcome measures so that providers can compare data and figure out the ideal investment of nursing time in order to get the best outcome at the lowest cost.

To accomplish this, HOBIC is implementing a province-wide, standardized collection of patient health outcomes. The initiative will provide valid, reliable information that is patient-centred, evidence-based, outcome-focused and comparable across all sectors.

This data will assist nurses and other healthcare professionals in the course of their daily work. It will support decision-making about resource use and assist researchers to better understand the impact of nursing interventions and other health disciplines on patient care and health outcomes.

The initiative will focus initially on acute care, long-term care, complex continuing care and community care (home care), and subsequently will include rehabilitation, primary healthcare, mental health, and public health.

Progress: On schedule. Our LHIN was the first pilot site for HOBIC in Ontario. Deployment is still underway, but so far HOBIC has been received very positively. The next step will be targeting homecare nursing outcome measures and comparing those to the acute care measures we can already analyze through HOBIC. By using the same standard measurement system, we can compare the impact of different levels of service on patients' outcomes in order to ensure the right level of care and continually improve services. In addition, a \$247,000 research grant was awarded in February 2008 to researchers at York University by the Nursing Secretariat and Research Unit of MOHLTC. The 27-month study will examine the link between HOBIC and Best Practice Guidelines in nursing at early adopter sites in our LHIN.

4. Secure e-Mail

Purpose: Create a system for secure and timely exchange of e-Mail between healthcare professionals.

Healthcare providers need the ability to electronically share information with

one another safely and securely. To enable this, the Ontario government created the SSHA in 2003.

SSHA offers a collection of products and services to protect the personal information of patients. One of these products is a secure e-Mail service called ONE (Ontario Network for e-Health) Mail funded by the Ministry of Health and Long-Term Care (MOHLTC).

When healthcare providers send e-Mail through the ONE Mail network, their messages are given two levels of security. First, the e-Mails are routed over a secure SSHA network rather than the public Internet. In addition, each message is also encrypted. These two safeguards enhance the privacy and security of communications about personal health information between doctors, hospitals, laboratories, public health units, community care access centres and pharmacies.

Our goal is to have all of our community-based service providers using secure e-Mail over the ONE Mail network. So far, four of our six hospitals have gone live, and the remaining two are working out the final implementation details with SSHA. However, our community-based service providers have been slower to pick up on this initiative. As of 2007, secure e-Mail had only been implemented by 38% of all eligible providers.

Progress: On schedule. SSHA recently introduced an improved network that will serve as the backbone for their suite of online services. This update, known as the Network Refresh Project, provided major upgrades to the network's bandwidth and security. We are the first LHIN to complete the transfer to this new network in all of our hospitals. The e-Health Lead is now monitoring the deployment of secure e-Mail to new sites, as well as actively promoting it to the community-based service providers, many of whom were unaware of its advantages or that it is available at no cost.

5. Project Management Office (PMO)

Purpose: Create a cross-organizational, LHIN-wide office to ensure that projects are coordinated, aligned with LHIN priorities, and delivered on time, on budget and within scope.

One-time funding was approved to hire a contract Project Manager for 2007/08. However, since the funds didn't arrive until August, the position was effectively reduced to a six-month contract, which proved impossible to fill.

As a result, the e-Health Lead has served as the de facto Project Manager. He has assembled a modest resource team from [Ontario MD](#) and [HealthTech](#) to accomplish some of the work that the PMO should be doing.

This is far from an ideal situation. A formal full-time Project Manager is needed immediately to work with the e-Health Lead and manage initiatives on the ground.

Progress: Behind schedule. However, we are optimistic that the 2008/09 budget will allow us to at least fill a 12-month contract, if not hire a permanent Project Manager for the PMO.

6. Standardize Acute Care Systems

Purpose: Standardize the Hospital Information Systems (HIS) in our LHIN.

We have begun by assessing the feasibility of migrating Muskoka Algonquin Healthcare and Orillia Soldiers' Memorial Hospital onto the same Meditech HIS that the other hospitals in our LHIN are using. If we could use a single system in all of our hospitals to create a regional health record, the LHIN could avoid the cost and complexity of developing interfaces between disparate systems.

Similar initiatives have been successfully implemented across Canada. Alberta's [Regional Shared Health Information Program](#) (RSHIP) resulted in 106 hospitals running on a single HIS. Approximately 23 small hospitals in the [North East Ontario Network](#) (NEON) are also running on a shared HIS, as is the entire province of New Brunswick.

Our LHIN has many of the same systems and pieces as these areas. Therefore we believe that a single standardized HIS would be viable for our region as well.

Progress: Ahead of schedule. The e-Health Lead is currently engaging the RSHIP and NEON leadership to learn from their experiences. In addition, an RFP has been issued to obtain a consultant's assessment of what would be required to accomplish this initiative.

7. Interface Hospital Systems with Physician Electronic Medical Records (EMR)

Purpose: Create an interface for sharing data between hospitals and Organized Physician Groups (OPG).

OPGs encompass the various organized groups of family healthcare providers such as Family Health Teams, Family Health Networks, Family Health Groups, and Family Health Organizations. These groups bring together doctors, nurse practitioners, nurses, and other healthcare professionals to provide better

access to care closer to home.

OPGs are receiving funding to integrate Clinical Management Systems (CMS) into their practices in order to create their own EMRs. As a result, we now need a way for these OPG physicians to interface their CMS with the hospital systems in our LHIN.

This initiative will greatly reduce the transfer time of information such as dictated notes, imaging and lab reports, referral information, and admission, discharge and transfer notifications. It will also reduce the amount of paper passed between service providers, which will save both time and money that can be put back into patient care.

This is a highly complex initiative due to the fact that our OPGs are running different CMS software, each with different specification requirements for integration to hospital systems. The key to this initiative will be standardization so that a single interface can connect any OPG CMS with any hospital in the LHIN.

Progress: On schedule, but in a very early phase. Hospitals and OPGs are in a preliminary stage of planning. In the meantime, the e-Health Lead is also working on the [Standardized Interface Specifications](#) initiative in order to reduce cost and complexity. Because there are so many stakeholders involved with this project, it is also crucial to integrate robust IT project management into this process. This is not currently in place due to budget constraints, but the 2008/09 provincial budget will provide additional funds.

8. Picture Archival and Communications Systems (PACS)

Purpose: Create a digital means of managing formerly film-based medical images.

PACS allows hospitals to digitally capture, transmit and store medical images. In this type of filmless environment, healthcare providers can view images such as X-rays and MRIs online, even if the tests were conducted at another location.

There are many benefits of developing a single PACS solution across our LHIN. PACS provides better access to services in remote communities, supports tele-diagnosis, and allows practitioners at different locations to access the same images simultaneously. Digital storage is also more efficient in terms of cost and space than film archives.

The major obstacle is the cost of implementing PACS. The hospitals in our LHIN are facing a price tag of \$2 to \$6 million (depending on their size) with an

expected payback timeframe of three to five years.

As an alternative, a new PACS system has been developed that charges on a fee-for-service basis. Rather than purchasing the PACS outright, hospitals lease it and pay according to use.

This new payment system has allowed four of the six hospitals in our LHIN to begin implementing PACS. All four will be on the same shared PACS, which means that images from any of those hospitals will be easily accessible to radiologists without the need for a separate interface to each PACS. This is a great accomplishment for our LHIN and our communities.

Progress: On schedule. Royal Victoria Hospital and Collingwood General & Marine Hospital have already implemented PACS. Orillia Soldiers' Memorial Hospital launches in May 2008, followed by Muskoka Algonquin Healthcare and the North Simcoe Hospital Alliance in June 2008. The e-Health Lead is working to adopt standards for PACS within our LHIN and to extend the reach of PACS through the [Comprehensive Diagnostic Imaging Record](#) initiative. This complimentary initiative has already received funding from MOHLTC and [Canada Health Infoway](#).

9. Directory of Services

Purpose: Create a single source of care provider information throughout the LHIN.

The [NSM Community Care Access Centre](#) (CCAC) has built onto an existing phone service called Community Connects that allows residents to call and find out what services are available in their community.

The CCAC has incorporated the phone service database into their website at www.nsm.ccac-ont.ca/ir, making all of the service information accessible in both formats to patients and providers.

In March 2008, the CCAC added a new feature to the directory that allows users to search for services within five specific regions of the LHIN. Both phone and web users can now easily find services close to home by first specifying which region they live in.

This initiative calls for additional enhancements to the database in order to further improve access to our healthcare system.

Progress: On schedule. The LHIN is supporting the work that the CCAC is doing to continually improve their database. Plans are also being made for the [Ontario Association of CCACs](#) to create a provincial Directory of Services by

combining all of the regional directories into one master database.

10. Provincial Palliative Care Integration Project (PPCIP)

Purpose: Continuous quality improvement project for the delivery of integrated palliative care.

This initiative was originally launched in September 2006 as a one-year initiative funded by [Cancer Care Ontario](#) to look at how to improve palliative care services.

Based on the success of this initial work, the initiative received a three-year extension with an expanded scope. The new broader goals of the PPCIP include introducing evidence-based common screening and assessment tools to identify patients in need of care and the type of care they need, creating symptom management guidelines, and developing collaborative care plans for patient care. The project is targeted at cancer clinics, palliative care clinics, and even patients' homes.

In addition, there is also a new focus on creating solutions that will be sustainable in the long-term. One of the major issues in this regard is the interface between the hospitals' HIS and Cancer Care Ontario's Interactive Symptom Assessment and Collection (ISAAC) tool.

ISAAC is a standardized, electronic self-assessment tool which allows patients to describe the severity of their symptoms so that care teams can better manage them. Information is not currently shared between ISAAC and Meditech, which results in nurses having to manually enter data twice for each patient. This isn't a sustainable practice because nurses are far too busy to duplicate their work unnecessarily. A more efficient approach is needed that will allow data entered into one system to be accessible to the other.

This initiative also ties into the earlier [Standardize Acute Care Systems](#) initiative. If we can first migrate all of our hospitals over to a single shared HIS, we will only need to develop an interface between ISAAC and one HIS rather than each of the three information systems currently in use at our hospitals.

Progress: On schedule. Cancer Care Ontario is moving this project forward and working on sustainability strategies.

The following eight initiatives are key supplemental projects launched during the first year of the timeline in support of, or in addition to, the 10 scheduled initiatives described above.

1. Consolidated Data Centre Service

Purpose: Creating a regional Data Centre that can be shared by all of the service providers in our LHIN.

Many community-based service providers don't have an IT department to manage their computer equipment and applications. As a result, these smaller providers struggle to keep up with the growing number of e-Health initiatives.

A Data Centre acts as a virtual IT department for organizations by hosting and maintaining their computer equipment. This ensures that applications are always up-to-date and functioning properly.

By creating a single consolidated Data Centre that can be shared by the service providers throughout our LHIN, we can save each of these groups the time, effort and cost of creating their own.

Looking broadly, we are also examining the possibility of inter-LHIN Data Centres for hospitals. If Alberta can run 106 hospitals through a shared Data Centre on a single HIS system, it should be feasible for groups of hospitals in neighboring LHINs to do the same.

SSHA is in the process of creating a data centre hosting strategy for the province, and this initiative will help inform them on the specific needs within our region.

Progress: On schedule. A needs assessment is being created with the help of SSHA to articulate the requirements for our LHIN's Data Centre.

2. e-Referral

Purpose: Develop an automated process for referring patients between providers.

In order to improve the coordination of care in the community, it is critical that we find a faster way to transfer patients from their current health service provider to the next appropriate setting.

An e-Referral system would give service providers access to real-time information on bed availability at local agencies. This way, doctors can quickly make a more informed decision about where best to refer a discharging patient.

By making referrals electronic, we can also begin to reduce the amount of paper and faxes that are passed between service providers, as well as

improve the efficiency of communication between healthcare sectors.

Progress: Ahead of schedule. This initiative has grown in priority because we believe it will play a critical role in enabling the key provincial strategies of the upcoming year: Aging at Home, Family Access to Care, and Chronic Disease Management.

3. Comprehensive Diagnostic Imaging (DI) Record

Purpose: Extend the PACS initiative beyond hospitals to include every imaging provider in our LHIN.

Now that the hospitals in our LHIN are making significant progress toward an all-digital imaging environment, the next step is to extend digital imaging to community-based service providers across the region, both in the public and private sector.

With the support of the MOHLTC and Canada Health Infoway, we are beginning to assess exactly what it would take to create this sort of comprehensive DI Record that can be shared by every imaging provider in the LHIN.

Progress: On schedule. We have been approved for funding from MOHLTC and Canada Health Infoway to pursue this initiative. The biggest challenge will be meeting the needs of the private radiology clinics, who are a major stakeholder in the initiative, but who also face some of the biggest obstacles.

4. Portfolio Project Management (PPM)

Purpose: Develop a system for managing and prioritizing e-Health initiatives.

In our present LHIN environment of concurrent projects and budget constraints, we need a project management system that can provide both management and prioritization tools.

With hundreds of initiatives on the go at any one time, coordination is key. As its name implies, PPM allows projects to be managed as a portfolio, similar to the way an investor would manage stocks and bonds. This enables the LHIN to take a bird's eye view of all its initiatives in order to better monitor, manage and track their progress.

We can also use this same methodology to prioritize projects. Budgets are a fact of life, and the LHIN will never have the money that it wants for all of its initiatives. Therefore we need a process for determining which projects to

spend money on now and which need to be deferred until additional funding is available. PPM provides a system for ranking projects based on the strategic imperatives of each stakeholder in our region. Therefore, when there isn't enough funding to support every initiative, there is a clear rationale for choosing one over another.

Progress: On schedule. Hospitals are beginning to integrate PPM, and there is also interest from CCAC and other service providers. Funding is an issue and options are currently being researched.

5. Drug Profile Viewer (DPV) Expansion

Purpose: Expand the use of the provincial DPV system throughout the LHIN to increase patient safety.

The DPV system is a web-enabled application used primarily in hospital emergency departments to access the drug claims history of patients who receive benefits through the Ontario Drug Benefit Program and the Trillium Drug Program. This enables healthcare providers to quickly identify and prevent harmful drug reactions and provide more informed emergency care.

This initiative focuses on expanding the use of DPVs into other areas of the hospital beyond the emergency department, as well as to community-based service providers.

DPV expansion is part of the broader All Drugs All People provincial strategy to create a comprehensive electronic drug history profile for all citizens.

Hospitals are the top priority and so far Collingwood General & Marine Hospital and Mental Health Centre Penetanguishene have deployed expanded DPV access. Beginning in April 2008, the next phase of expansion will include the remaining hospitals in the LHIN, along with initiatives to deploy DPVs to Organized Physician Groups and community-based service providers.

Progress: On schedule. Sites for the next phase of expansion are being identified and deployment planning is underway.

6. Standardized Interface Specifications

Purpose: Create a provincial standard for the HIS/CMS interface.

As described earlier in the [Interface Hospital Systems with Physician Electronic Medical Records](#) initiative, planning is underway on an interface to network HIS and CMS systems. In order to maximize the potential efficiency of

this initiative, we also need to develop a standardized set of rules that ensure that the systems will communicate quickly and effectively with each other. This will ultimately reduce the cost and complexity of the interface.

The challenge is developing a single set of specifications that will interface with all the different CMS applications available from Ontario MD-approved vendors. Our solution is to create standardized interface specifications that Ontario MD can build into their validation process for CMS vendor approval. As each vendor integrates these specifications, eventually all approved CMS applications will share a common interface point to which any HIS can more cost-effectively connect.

This initiative will be accomplished in cooperation with the [Ontario Health Informatics Standards Council](#) (OHISC), a provincial body focused on health informatics standards that improve data quality and make e-Health a reality.

Progress: On schedule. Due to the large number of stakeholders involved with this initiative, we have support all the way up to the top levels of the province. We are going to be looking at creating a pilot project in conjunction with the MOHLTC and Ontario MD, as well as the hospitals and Organized Physician Groups in our LHIN that are ready to participate.

7. Bed Registry

Purpose: Develop a database of available beds within the LHIN.

In November 2007, the Mental Health Centre Penetanguishene successfully launched a registry of acute mental health and addiction beds at hospitals within our LHIN, along with crisis beds in the community. The bed registry is a database accessible through web-based software that allows referring clinicians to determine instantly where beds are available in the region.

In addition to the bed location function, the bed registry application also provides referral management and tools for data collection and evaluation. This framework will greatly assist service planning and future development.

Now that we have seen how effective bed registries can be in a mental health setting, we want to expand this tool into other areas of care and encourage healthcare providers to begin thinking regionally.

Progress: On schedule. Bed registries have been successfully implemented in a mental health setting, and expansion into complex continuing care is now being considered.

8. Management Information System (MIS)

Purpose: Standardize data definitions in order to better report and analyze organizational activity and results.

MIS Standards were developed by the [Canadian Institute for Health Information](#) (CIHI) as a national framework for collecting and reporting financial and statistical data on health service organizations. In Ontario, these standards have been mandated as part of the Ontario Healthcare Reporting Standards (OHRS).

Use of the MIS Standards provides integrated, long-term financial and statistical information that is reliable, accurate and consistent across the continuum of health service providers. Consistent standards allow our service providers to better measure the use of resources in relation to activity, and to improve the timeliness and comparability of information being collected for management purposes.

These standards now need to be adopted by all of the service providers in our region. The LHIN is facilitating this process, and we are fortunate to have the assistance of Trevor Clark, Senior Director of Corporate Services at the NSM CCAC, who was part of the team that originally developed these standards for the province.

Progress: On schedule. Resources have been secured to purchase MIS software for all community support service agencies. The LHIN is now facilitating the deployment of MIS standards throughout these agencies a full year before they will be mandated by the province.

Future Steps - What's next for the e-Health Strategic Implementation Plan

Looking back over the first year of the Strategic Plan timeline, we have much to be proud of within our LHIN. Despite our funding challenges, we were able to take advantage of the resources we had available to make many of our initiatives a reality. We also benefited from the investments of our local service providers, many of whom worked together to further the e-Health agenda.

We also know that e-Health is a 10-to-30-year journey. Even though the first year was a success, we still need to adjust our Strategic Plan regularly based on the availability of funds, the progress of our initiatives, and changes in priorities.

What the LHIN needs to do

Moving forward into the second year of the implementation timeline, the LHIN's

goal is to advance our agenda by attracting as much funding as possible and taking advantage of all the support we can get from the province, while still meeting our local needs.

To accomplish this, we need to reassess the e-Health Strategic Implementation Plan based on our allocation from the 2008/09 provincial budget, as well as any new provincial e-health initiatives for which funding is provided. We also need to continue evaluating and prioritizing new initiatives so that we know which to act on first when funding becomes available. We should also treat the Strategic Plan as a rolling three-year plan and extend it for an additional year so that we do not lose sight of the big picture.

We also need your help

The LHIN does not operate in a vacuum. We also need the support and involvement of the community in order to accomplish our goals.

In the short term, it is critical that we receive as much feedback as possible from our [Community Provider IT Inventory and EHR Readiness Survey](#). With all of the e-Health initiatives being deployed in our LHIN, we need to have a clear understanding of the readiness of our community-based service providers in terms of resources, understanding, and current conditions. If they are not ready, we need to make the case for the LHIN's e-Health strategy and show them how it is beneficial to their practice. Many of our health service providers have not yet even taken advantage of provincially sponsored services like ONE Mail, SSHA networking, and Internet services. We believe that one of the keys to getting these groups on board is better communication and involvement.

In the long term, we plan to implement an improved communication strategy that will include direct contact with service providers, more timely updates to our website, and regular progress reports like this one. In return, we need to know about the priorities, questions and challenges facing our local service providers, particularly the smaller ones. This is a very important facet of the LHIN's long-term planning. In order to realize our goal of a fully integrated regional electronic health record, we need to ensure that no group is left behind.

This relationship between the LHIN and its service providers is important because together we can work to fulfill a common goal. A successful e-Health program creates a more efficient healthcare system, which reduces costs for service providers, allowing for higher quality of care and ultimately improving the overall health of the community.

And at the end of the day, improved health is what we are all striving for.