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Ms. Lorelle Taylor
Chair of the Board
eHealth Ontario
777 Bay Street, Suite 701
Toronto, Ontario
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Dear Ms. Taylor:

I am pleased to write to you in your capacity as Chair of the Board of eHealth Ontario.
Pursuant to the requirements of the Agencies and Appointments Directive, this letter sets
out my expectations for eHealth Ontario until the end of the 2017-18 fiscal year.

As you know, your agency is mandated under Ontario Regulation 43/02, made under the
Development Corporations Act, to provide digital health services in support of my ministry's
digital health agenda. I would like to acknowledge the effort the agency has made towards
fulfilling this mandate, particularly the agency's contribution towards building Ontario's digital
health foundation. Through the connected backbone and robust data repositories, clinicians
are now able to share integrated information about patients to improve the quality of care
delivered.

One of my top priorities for 2017-18 is the implementation of Ontario's Patients First: Digital
Health Strategy and 10-point Digital Health Action Plan. Our strategy is driven by the
priorities identified in the *Patients First: Action Plan for Health Care* and is informed by my
focus on enabling Ontarians to access and more easily navigate their health information as
well as recent reports on digital health, including Ed Clark's report on the *Value and
Opportunities Created by Ontario's Digital Health Assets,* as well as the recommendations
recently made by the Auditor General of Ontario.[1] The strategy will focus Ontario's digital
health efforts on:
- For patients and families: Opening up new ways for patients to securely access their
  health information and services;
- For providers: Strengthening quality, effectiveness and accountability; and
- For the economy: Stimulating innovation, growth and faster adoption.

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[1]For more information, Ed Clark's 2016 report on the *Value and Opportunities Created by Ontario's Digital
Health Assets* can be found at https://www.ontario.ca, and the Office of the Ontario Auditor General's 2016
annual report, *Electronic Health Records' Implementation Status* can be found at http://www.auditor.on.ca.

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The success of the strategy depends in part on fulfilling one of Ed Clark's principal recommendations that delivering even more value requires a renewed mandate for eHealth Ontario, with an explicit focus on technology service delivery. To that end, I expect the agency to focus on the following priorities:

- Completing and sustaining the delivery of the ConnectingOntario solution, which principally includes:
    - clinical data repositories (e.g. clinical documents, lab test results, diagnostic images and reports);
    - registries (e.g. information needed for client and provider identification);
    - interoperability infrastructure (e.g. the Health Information Access Layer and associated systems); and
    - channels for accessing clinical data (e.g. the ConnectingOntario viewer and Application Programming Interfaces (APIs)).

    By focusing on this important work, the agency will be doing its part in the Digital Health Strategy by ensuring that integrated patient records are available at the point of care so that clinicians can be as well-informed as possible, so that patients can receive more integrated and high-quality care, and so that our health system can be sustainable for generations to come.

- Ensuring that our digital health assets and patient information remain secure by delivering more robust security and privacy protections, which not only helps to protect patient privacy but also improves overall patient experience.

- Opening up access to provincial data assets to digital health innovators like the SPARK project, in accordance with the *Personal Health Information Protection Act* (PHIPA) and the *Freedom of Information and Protection of Privacy Act (FIPPA)*, so that patients can benefit from innovative new digital health solutions that the market is developing. Supporting digital health innovators generates value for patients by providing them access to their own health records through various digital health channels, in accordance with all applicable law – versus the agency spending its time and resources developing and offering patient-facing services.

- Enabling innovative solutions to access provincial data assets, such as standard APIs, to ensure that patient access is created in reliable, efficient, and privacy-protective ways. The agency's partnership with the Mohawk College eHealth Development and Innovation Centre (MEDIC) is an excellent example of the work that is already underway and must continue.

The Digital Health Board, which I established in 2015 and formally Chair, is the province's governing table for sponsoring and guiding the implementation of the Digital Health Strategy and providing me with a wide range of advice on digital health. The agency is a key contributor to the board and I expect that the agency will continue to bring to the board

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regular reports on its progress and any strategic issues or opportunities for consideration prior to the agency undertaking any implementation activities beyond those outlined in this letter.

I commend the agency for taking the leadership in identifying ways to refocus its mandate, and for reducing its 2017-18 capital and operating budget by 3% in recognition of the fiscal constraints facing our government.

As you know, over the past several months, ministry and agency staff, working collaboratively together, have begun an evidence-based review of the agency's assets and services with a view to identifying those assets and services that the agency no longer needs to deliver in order to fulfil the mandate I have described above. This work is of critical importance to the agency's ability to effectively deliver on its commitments under the Digital Health Strategy, and it should continue apace. Subject to the completion of the evidence-based review that is underway, I expect that this year there will be alignment on opportunities to:

- Better leverage shared services (e.g. either through the OPS or a third party service provider) for the provision of common technology offerings such as email, data centres, and other infrastructure;

- Discontinue assets that are no longer required by clinicians in the health system (e.g. ONE Portal); and

- Transition to other partners those activities that are not strictly required for the provision of technology services (e.g. maintaining an independent clinical advisory council, or funding evaluation and change management).

To monitor the agency's progress and performance in its new role, enhanced reporting will be required, which is something that will be expected of the ministry itself and all the province's digital health partners. In this regard, my ministry has provided below, a list of requested changes for the agency to consider.

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1) Budget, costs and business planning:

- Additional budget / expenditure data incorporated into existing agency reports including but not limited to cost per transaction by, service, delivery partners, and vendors including funding clearly aligned to the Digital Health Strategy and governance;
- Reporting on agency resources including but not limited to staffing levels, and a new annual agency board skills assessment;
- Data provided to conduct value for money assessments such as but not limited to cost per transaction linked to utilization data;
- Roadmaps for each eHealth Ontario asset and service; and
- Transfer payments:
    - Data mapped to each eHealth Ontario project or programs, with links to specific milestones and targets (e.g. numerical targets included for output and outcome indicators, including at a minimum the relevant indicators in the scorecard);
    - Reported using a standard structure to link specific objectives, deliverables, performance targets and budgets; and
    - Standardized, and regularly reported to the ministry (with select reports shared with LHINs), including the submission of evidence on outcome targets achieved.

2) Service delivery:

- Appropriate key performance indicators (KPIs) based on ITIL (Information Technology Infrastructure Library), with some additions:
    - Problem and incident management;
    - Capacity and availability management;
    - Security management;
    - Customer relations management and customer satisfaction;
    - Release management;
    - Time and effort for interoperability / integration including but not limited to ease of integration with various data sources or channels; and
    - Data quality management.

3) Adoption and deployment:

- Adoption and deployment metrics on all major programs (e.g. the ConnectingOntario programs) and products (e.g. OLIS) overseen by the agency including but not limited to:
    - Number or percentage of participating sites by status, geography, and health service provider type;
    - Number or percentage of registered users and active users (per Canada Health Infoway definition);
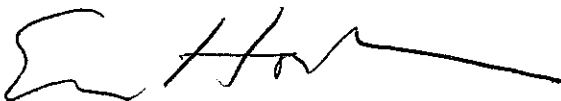
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- Number or percentage of clients, records, transactions and other volume-based indicators by site, geography and health service provider type;
- For consideration - in collaboration with relevant partner organizations, reporting on clinical / patient benefits; and
- Number or percentage of clients, records, transactions and other volume-based indicators by site, geography and health service provider type.

I ask that the agency table its enhanced reports with the agency board then table those board-approved reports with my ministry.

Last, I would like to confirm that O. Reg. 43/02 will need to be amended to provide the agency with stability throughout its transition to a more focused role, and to clearly align the agency's corporate objects with the agency's new role. My ministry believes that O. Reg. 43/02 should be amended to, among other things, extend the regulation for another two years to allow the agency the time to transition into its new role and further demonstrate that it can succeed in its new capacity.

In closing, I would like to reiterate our collective mission to implement Ontario's Digital Health Strategy so that we can keep Ontario at the leading edge of modern, integrated and accessible publicly-funded health systems. The agency plays a critical role in our strategy as the entity entrusted with the backbone of digital information sharing in our health system. I look forward to working with you and the other members of eHealth Ontario's board on shaping the focus and direction in the agency's contribution to advancing digital health for Ontario's patients.

Sincerely,

Dr. Eric Hoskins
Minister

cc: Dr. Robert Bell, Deputy Minister of Health and Long-Term Care (MOHLTC)
Cindy Morton, President and CEO, eHealth Ontario
Greg Hein, Interim Assistant Deputy Minister, Digital Health Secretariat, MOHLTC