

# SCOPE

SEAMLESS CARE  
OPTIMIZING THE PATIENT EXPERIENCE

## SCOPE = Seamless Care

Transforming the Way We Work Together, Part II –  
Opening the Door to Paediatrics and Mental Health

January 16, 2019 | 5:30 – 8:00 pm

2 Mainpro+ Credits



# Agenda

5:30 – 5:40	<b>Dinner and Networking</b>
5:40 – 5:55	<b>Welcome, Introductions &amp; Recap of Working Group Activity to Improve Specialist/Primary Care Coordination</b> Dr. Pauline Pariser – Clinical Lead, Mid-West Sub-Region Dr. Michelle Naimer – Physician Lead, Sinai FHT Dr. Julie Gilmour – Endocrinology, St. Michael’s Hospital
5:55 – 6:15	<b>Transforming the Way We Work Together: Improving eConsult</b> <b>Introduction</b> – Dr. Matt Morgan, Internal Medicine, Sinai Health System <b>UHN/SHS Nephrology Service Progress Report</b> – Dr. Christopher Chan, Nephrology, UHN/Sinai Health System <b>Sinai Health System Offering</b> – Dr. Robert Wald, Cardiology, Sinai Health System <b>How to sign up for eConsult</b> – Lee-Anne Maningas, OntarioMD
6:15 – 6:35	<b>eReferral Platform</b> Lori Moran, Dr. Mohamed Alarakhia – eHealth Centre of Excellence, Waterloo Wellington
6:35 – 7:10	<b>Opening the Door to Paediatrics and Mental Health</b> Dr. Julia Orkin – LHIN Paediatric Lead, Director of Complex Care, Hospital for Sick Children Dr. Mark Palmert – Director, Ambulatory Care, Hospital for Sick Children <b>Accessing Urgent Mental Health Care</b> – Dr. Vicky Stergiopoulos, Chief of Psychiatry, CAMH; Dr. Jose Silveira, Chief of Psychiatry, St. Joseph’s Health Centre <b>Accessing Mental Health Services, Child &amp; Youth</b> – Bianca Feitelberg, Wanda Borges & Sacha Edey, EMYS
7:10 – 7:45	<b>Meet your Specialists:</b> <ul style="list-style-type: none"><li>• Paediatrics</li><li>• Psychiatry</li><li>• Medicine</li></ul>
7:45 – 7:50	<b>Update on Specialist and Community Services Directory</b> Jane Williams, Cynthia Djaja Putra – UHN Digital
7:50 – 8:00	<b>Mentoring Opportunities and Next Steps</b>

# Welcome

**Dr. Pauline Pariser**

Clinical Lead, Mid-West Sub-Region

SCOPE Physician Lead

# Transforming the Way We Work Together

## An Evening with Family Physicians & Specialists

Session Overview  
Tuesday, October 17<sup>th</sup>, 2017



# Transforming the Way We Work Together: An Evening with Family Physicians & Specialists Follow-up: 2017-2018

**Participation:** 44 Family Physicians, 14 specialists

**Generated:** Report with Actionable Recommendations  
Development of a working group:

**Membership:** Six PCPs and 6 specialists (Drs. Doyle, Erenrich, Fiala, Freedman, Naimer, Pariser and Drs. Gakhal, Gilmour, Morgan, Semple, Stergiopoulos, Wald)

**Terms of Reference:** To address actionable priorities:

Represents a willingness on the part of both primary care and specialist practitioners to grapple with barriers interfering with:

- ☐ Referral
- ☐ Follow-up
- ☐ Co-management
- ☐ Transitions of care

# Improving Specialist Access Committee

## Categories of Actionable Priorities

CATEGORIES	CHALLENGES	ACTION	STATUS
Shared knowledge base	Limited knowledge of resources and processes	Specialist Directory dissemination of access points	Directory on target – 80% satisfaction Connect: CAMH, HSC
Referral process	Range of different referral forms and processes	Standardize referral, booking and consultation process	Consider an EMR embedded solution “Referring/Triaging/Booking” standards – under discussion OCFP
Augment digital solutions	Cross-sectoral communication challenges	Enhance e-consult	Success of one prototype In progress – website
Build transactional relationships	Foster co-management	Centralized referral pathways	Centralized gyne, rheumatology, MSK
Build capacity and mentoring relationships	Advance understanding of each other’s discipline	Joint committee to address challenges Co-production of solutions	Annual Specialist/PCP event Promote collaborative networks

# ReBooT:

## Referring, Booking, & Triaging:

Created 7 standards based on:

- Review of the literature
- CMAJ guidelines
- Preliminary interviews with PCPs and Specialists

Selected initial standards based on where there was universal agreement from both the primary care and specialty perspective

# PRIMARY CARE PERSPECTIVE

	Category	Issues raised	Consequences of issues	Recommended Standard
1	Wait-time for specialist appointment notification	<p>PCP does not hear for months re. status of referral (not known if received or not)</p> <p>PCP hears &gt; 1 month after the referral was sent that the specialist does not address the referring condition</p>	<p>Wasted admin time following up on referrals, answering patient calls about appointments</p> <p>Referring to multiple specialists, creating duplication of specialty appointments</p> <p>Delay in patient receiving specialty care</p>	<p>Notification of appointment time/date should be communicated back to PCP office within 2 weeks of sending the referral</p> <p>If unable to see the patient, suggest an alternate specialist who would be better suited to see the patient</p>

# PRIMARY CARE PERSPECTIVE

	Category	Issues raised	Consequences of issues	Recommended Standard
2	Communication of specialist appointment	Sometimes appointment times given to patients directly, sometimes to family doctor to communicate to patient – and sometimes who should notify patient is unclear.	<p>Patient misses the appointment because they were not notified of the appointment</p> <p>Patient cannot attend the appointment time/date that they were provided by the PCP office</p> <p>Admin staff needs to clarify with specialist office if patient has been notified</p> <p>Admin staff needs to call patients to close the loop on referrals if they have not been notified of bookings.</p>	Specialist office should inform patient of appointment time and date and send notification to PCP office that an appointment was booked (with date/time)

# PRIMARY CARE PERSPECTIVE

	Category	Issues raised	Consequences of issues	Recommended Standard
3	Consultation note length, clarity and timeliness	<p>Unclear who is doing follow-up after consultation</p> <p>Unclear what PCP monitors</p> <p>Patient is referred to another specialist without consulting with the PCP. New specialist does not copy PCP on reports.</p> <p>Lengthy notes, or consult note not available when needed</p>	<p>Lengthy notes with no clear “impression and plan”</p> <p>Unclear follow up instructions for PCP</p> <p>Consultation note not available when patient presents for follow up</p>	<p>The consultation note should not be longer than 2-4 pages and should be legible.</p> <p>The note should clearly specify how the patient’s care will be shared and who will be responsible for different aspects of follow-up.</p> <p>PCP should receive copy of consultation note within 1 month of the appointment.</p>

# SPECIALIST PERSPECTIVE

	Category	Issues raised	Consequences of issues	Recommended Standard
4	Legibility of referral letter	<p>Referrals handwritten in “chicken scratch”</p> <p>Illegible ER notes</p>	<p>Referral not triaged properly</p> <p>Request that the referral note is re-sent from referring physician, wasted time</p>	Both referral (and consultation notes) must be clearly readable
5	Content of referral letter	<p>Question for specialist is not clear-too general (i.e. Rheum – “joint pains – please assess” Endocrine – “see for diabetes”</p> <p>Key investigations, PMH not included</p>	<p>Difficulty in accurately triaging referral</p> <p>Investigations unnecessarily repeated</p> <p>Unnecessary follow-up arranged with specialist</p>	Referral letters to contain accurate patient contact information, level of urgency of request, specific reason for referral, and background information.

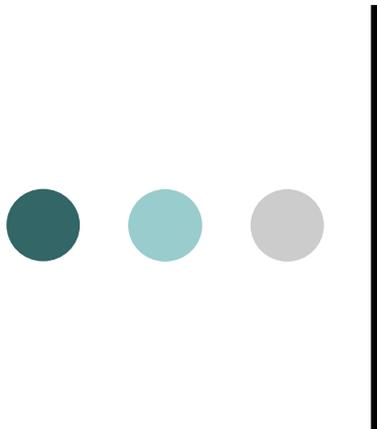
# SPECIALIST PERSPECTIVE

	Category	Issues raised	Consequences of issues	Recommended Standard
6	Telephone/secure email communication between Specialist & PCP	Difficulty communicating with specialist/PCP  “Please contact me if any concerns” with provision of the hospital’s switchboard phone number only.	Specialist/PCP waiting on “hold” for a long time or unable to reach MD/find contact number.	Provision of back-lines/secure e-communication  Challenge – where should this information be available?
7	Triaging referrals	Some specialists triage referrals themselves, and some don’t triage or have administrative staff triage referrals.	Patients may not be seen when they need to be seen.	Triaging to be done by specialist or designate with clear triage guidelines for all cases.

# Tonight : What we are asking of you:

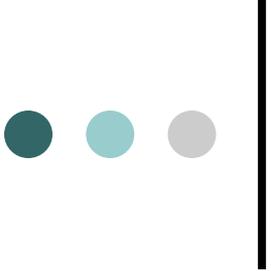
Will need to validate some of the key parameters to create a more nimble, standardized system

Please help us by signing on to participate in a short electronic survey that will be emailed to you.



***Primary Care Engagement :  
SCOPE / Nephrology eConsult  
Collaborative Update***

Dr. Christopher T Chan MD FRCPC  
Director, Division of Nephrology - UHN  
Professor of Medicine - University of Toronto  
R Fraser Elliot Chair in Home Dialysis

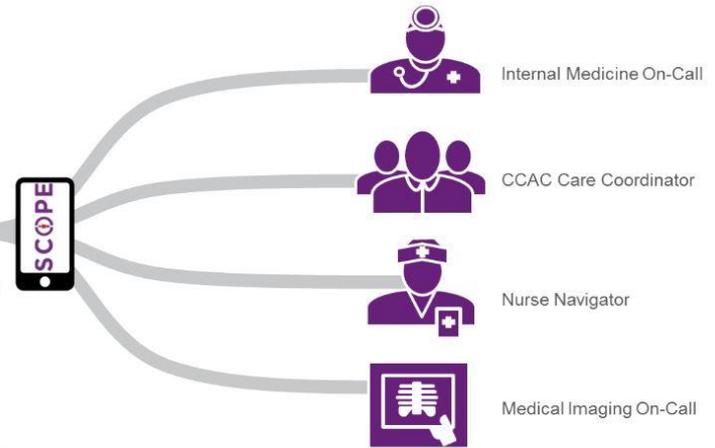
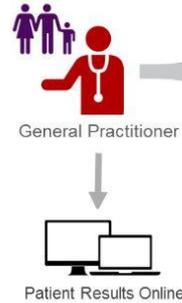


# Objectives

- Present Preliminary Data (1 year Review)
- Highlight ongoing strengths, challenges and opportunities
- Discuss future opportunities

# Project Overview

## eConsult



# Timeline

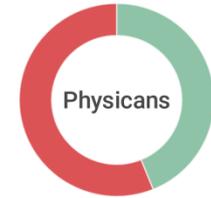


July 2017

Primary Care Physician Engagement Event

# SCOPE

SEAMLESS CARE  
OPTIMIZING THE PATIENT EXPERIENCE



August 2017

Primary Care and Nephrologists Onboard  
OTN eConsult.



digitalUHN

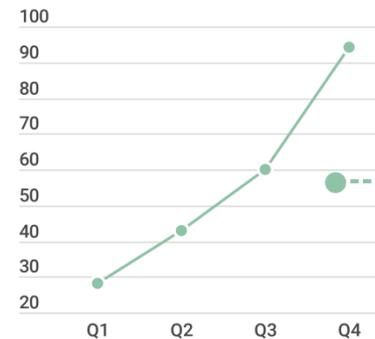
otn.  
Care. Connected.

January  
2018 Launch

OntarioMD  
Empowered Practices. Enhanced Care.



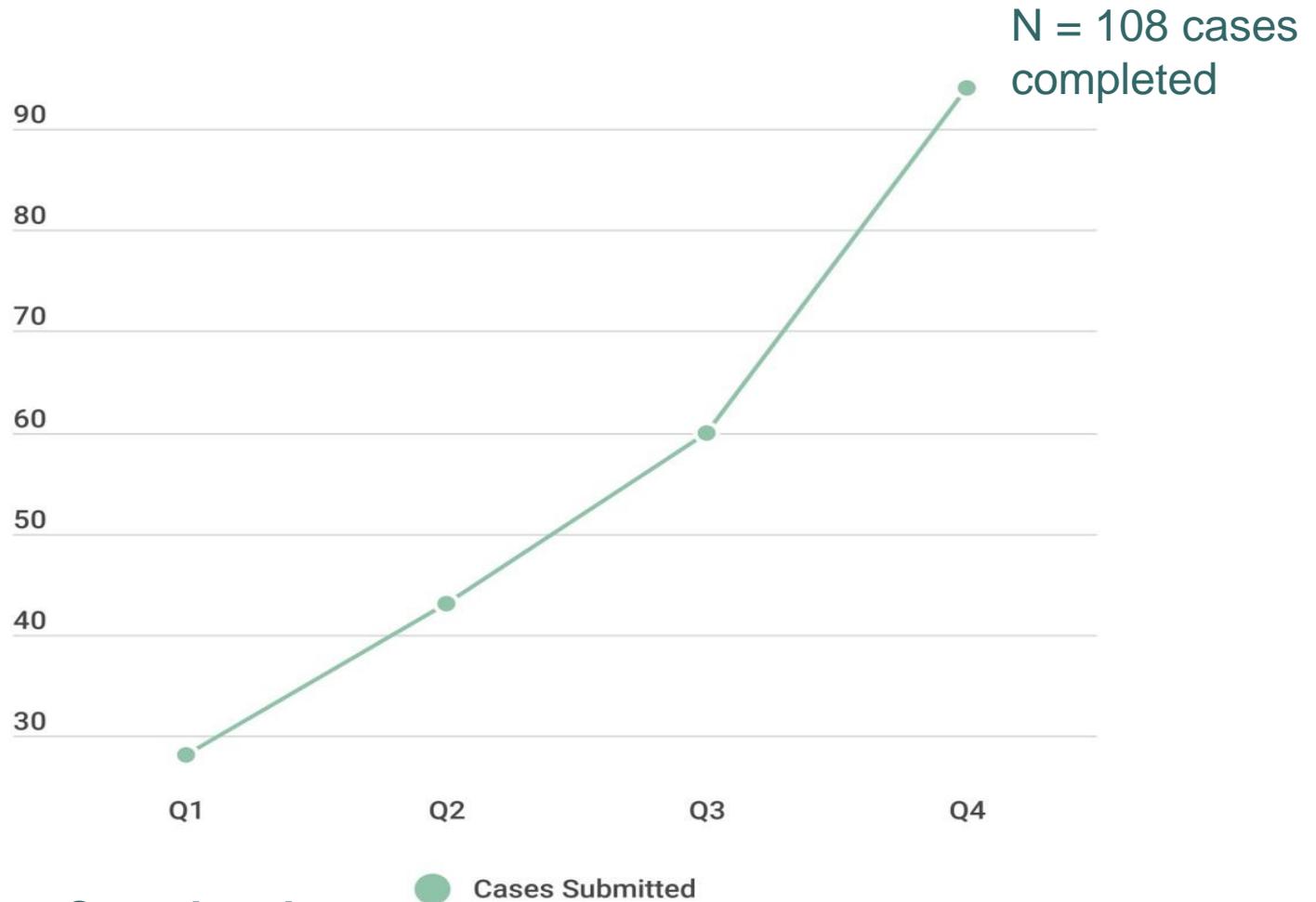
June 2018 –  
Phase 2  
SCOPE Grp



December 2018

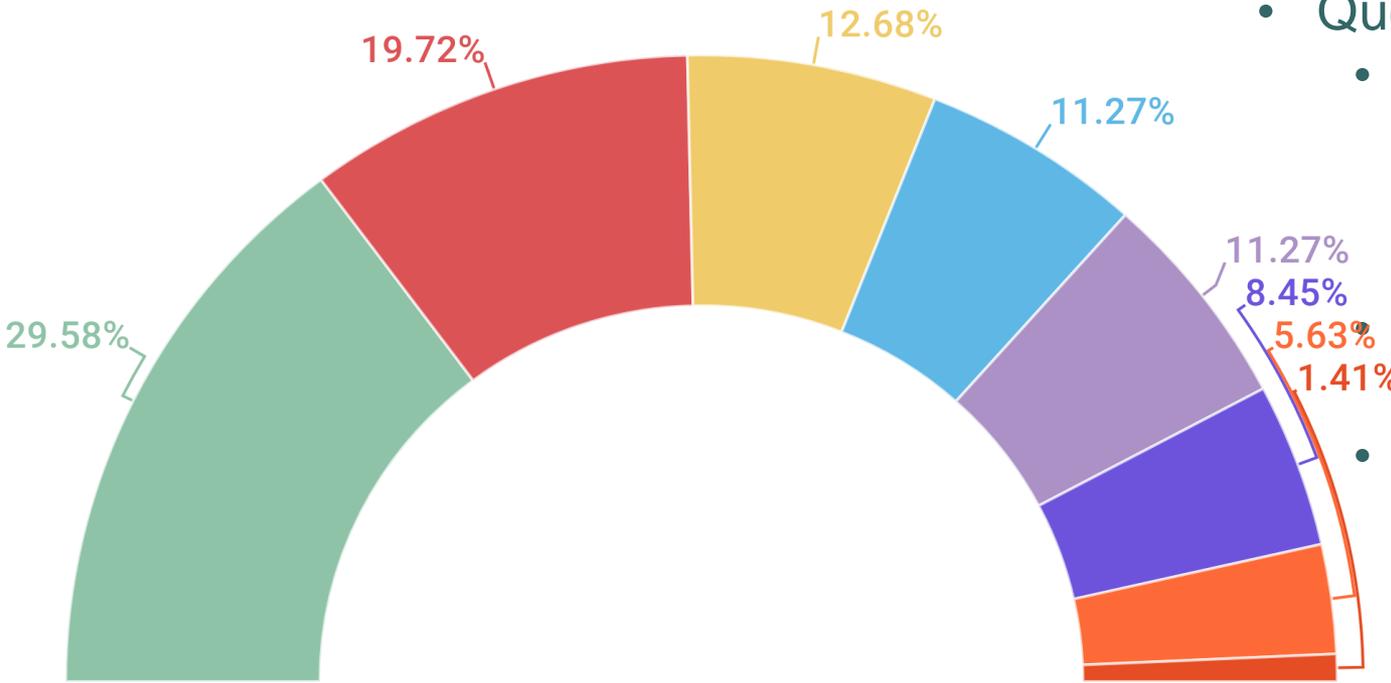


# One Year Review



**Cumulative Cases Completed:**  
January 8, 2018 to December 31, 2018

# eConsult Cumulative Data



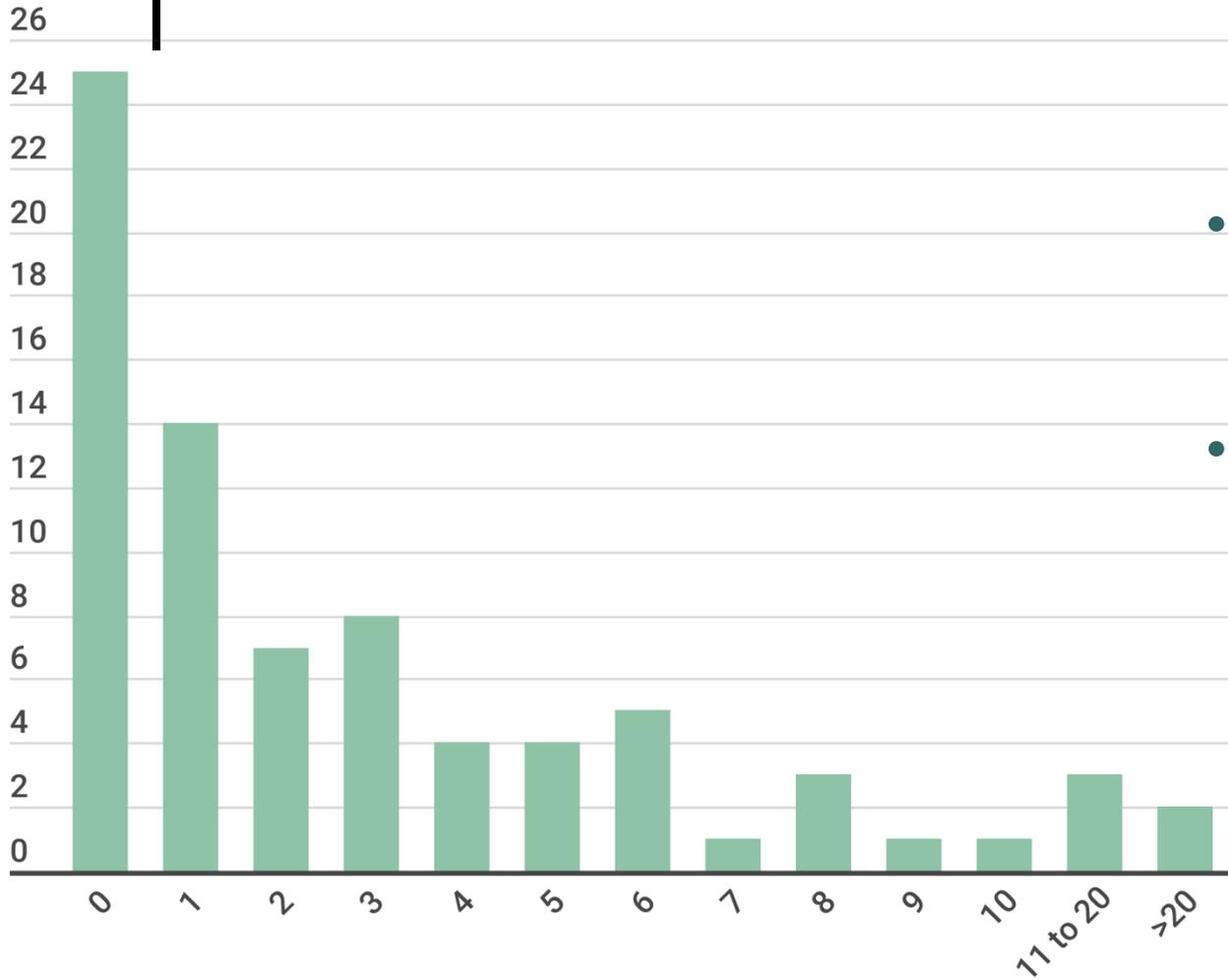
- Questions multi layered
  - Management (medication and additional monitoring, labs) ?
  - Interpretation of diagnostics ?
  - Need for referral ?

● Elevated SCr, Proteinuria ● CKD and complications

● Specialty KD (GN, HKD) ● Medication ● Transplant ● HTN

● Abnormal Electrolytes ● Dialysis

# Response Time



- 57% cases responded to within 3 days
- 25 cases average response time 2.6 hours (Same day)

Days vs. Number of Cases

# Need for Face to Face Visit?



7 cases referral needed and arranged efficiently (reduced duplicate lab tests, complete history)

93% did **NOT** need a visit with nephrologist !

● Referral Made ● Referral Suggested ● No Referral needed

# Physician Satisfaction

## Primary Care Physicians



● % Excellent

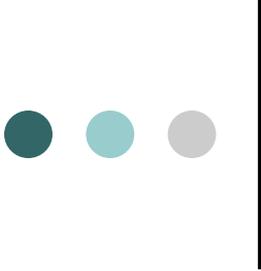
- ✓ Efficiency of service
- ✓ Quality of response
- ✓ Access to specialized service
- ✓ Expanded medical knowledge

## Nephrologists



● % Excellent

- ✓ Complete history provided
- ✓ Appropriate time spent for questions
- ✓ Expedited consultation usually done “informally”



# Comparison with Traditional Referral

## Traditional

- 220 faxed cases
- Assigned in 2 to 3 days
- Patient appointment in 6 to 7 months
- Response received with consultant's letter after appointment
- Care fragmented, not documented, inefficient

## eConsult

- 89 cases
- Assigned in 1 day
- Response 2 to 3 days
- Referral needed: 2 months appointment
- Care seamless, documented throughout whole process

# Comparison: Nephrology Wait Time



Patient Seen

Traditional Nephrology Referral

UHN Nephrology Wait Time 6 Months

Duplication of tests, lack of comprehensive notes, siloed care, increase in no show appts

Co-management with eConsult

Response Time 2.5 Days

Referral with eConsult

Wait Time Triaged eConsult 1 Month

# eConsult: Virtual Corridor

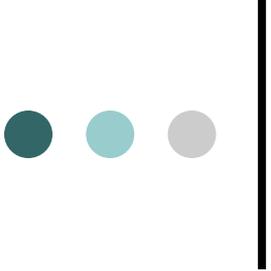


“I would highlight the **efficiency** of the system trumping all the logistics of signing on making one a more productive and effective family doctor overall”

~ PCP #3, SCOPE Network

“eConsult created a **virtual corridor bridging the individual physician cocoons**”

~ PCP #5, SCOPE Network



# Next Steps

- Challenges
  - Wider adoption of ONE ID
  - Integration with EMRs to facilitate eConsult
- Opportunities
  - Establish and sustain early adopters for increase use of eConsult model
- Questions ? Sign up ?
  - [eConsultNephrology@uhn.ca](mailto:eConsultNephrology@uhn.ca)
  - [support@ontariomd.com](mailto:support@ontariomd.com)



# Discussion

# eConsult Onboarding Process

## Step 1:

- Clinicians provide OHIP Billing #, preferred email address and confirm if they have a ONE ID credential

## Step 2:

- OTN performs due diligence and does the back end configuration for the clinician
- Once complete, OntarioMD is notified and the clinician is ready for finalization of setup

## Step 3:

- OntarioMD schedules a 30 minute meeting with the physician to finalize setup and complete training

Step 2 is completed within 2 business days. So depending on clinician availability, they can go live with eConsult in 3 business days from registration.

# To Register

Primary care physicians and nurse practitioners:

Please contact your OntarioMD Practice Advisor Lee-Anne Maningas at [leanne.maningas@ontariomd.com](mailto:leanne.maningas@ontariomd.com) or [support@ontariomd.com](mailto:support@ontariomd.com) for additional information and next steps

Specialists:

Please contact the Ontario eConsult Centre of Excellence at [eConsultCOE@toh.ca](mailto:eConsultCOE@toh.ca) for additional information and next steps.

# SCA Program & Ocean eReferral – Leveraging Partnerships to Enhance Patient Care

Updated Jan 2019



# Presenters



**Mohamed Alarakhia BSC(Hons), MD, CCFP**

- Director, eHealth Centre of Excellence
- Chief Clinical Information Officer, Waterloo Wellington LHIN
- Assistant Clinical Professor, McMaster University Adjunct Professor, University of Waterloo



**Lori Moran**

- Program Manager, System Coordinated Access Program
- eHealth Centre of Excellence

# System Coordinated Access (SCA) Program

## Leading

- An innovative program to improve referral processes

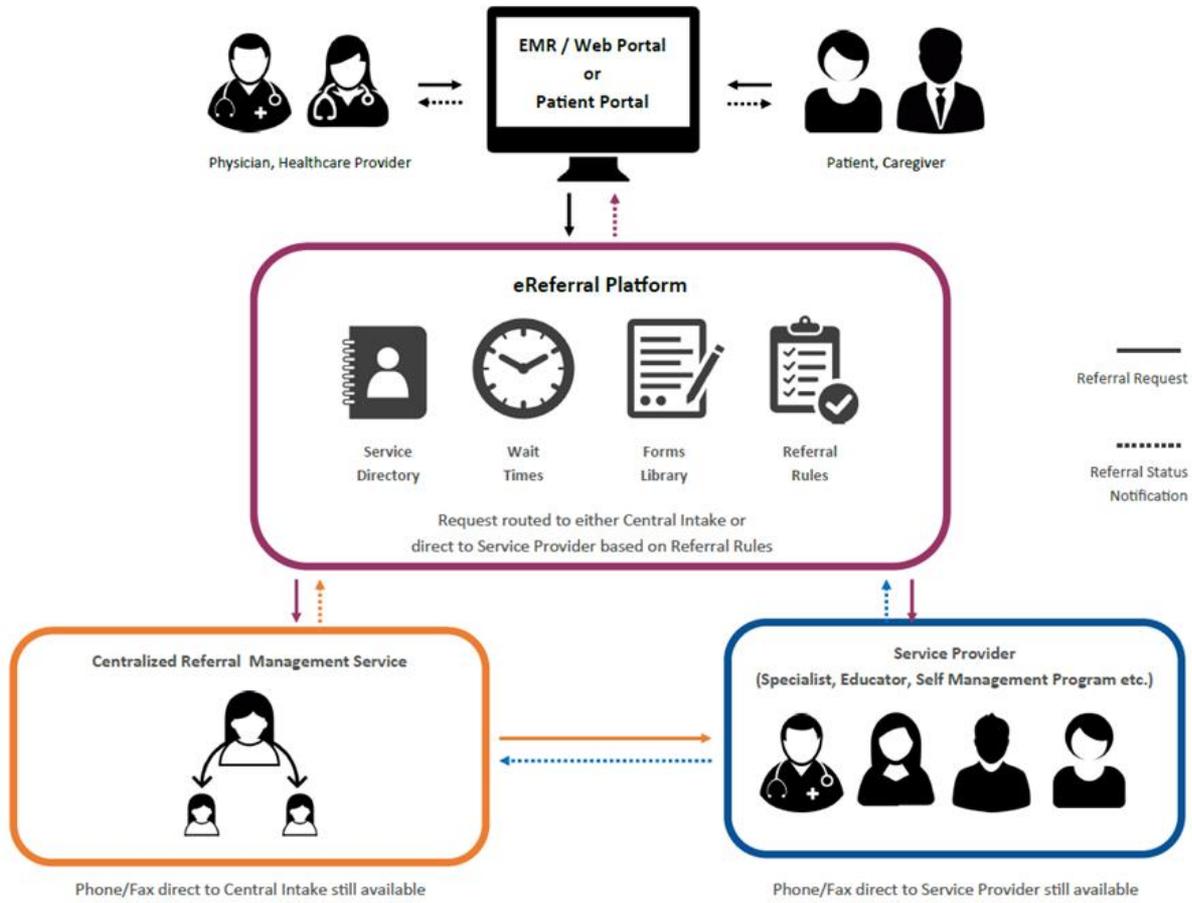
## Vision

- To support clinicians and patients with processes and technology to enable more appropriate and faster access to services
- Support groups of organizations who are seeking to improve access through standardization and coordination of services

## Goals

- Support the deployment of an eReferral solution that is designed to meet the diverse needs of clinicians and patients

**eReferral** is the secure and seamless electronic transfer of patient information from one point-of-care client management system into another, via an electronic, web-based platform





## SCA Program and eReferral

- In 2015, the SCA Program, in partnership with the WWLHIN and WW CCAC went to market for an eReferral solution
- 8 LHINs were named as participants on the RFP
- Think Research Consortium was selected to design and implement the Ocean eReferral Network for the region



# SCA – Waterloo Wellington

## Proof of Concept

(September 2016 – August 2017)

- Pathway 1 – Diabetes
- Pathway 2 – CDPM / Self-Management
- Pathway 3 – Orthopedics

## Following 2 years - POC +

- MSK (live)
- Diagnostic Imaging (live)
- Mental Health & Addiction
- Specialized Geriatric Services
- Community Support Services
- Ophthalmology

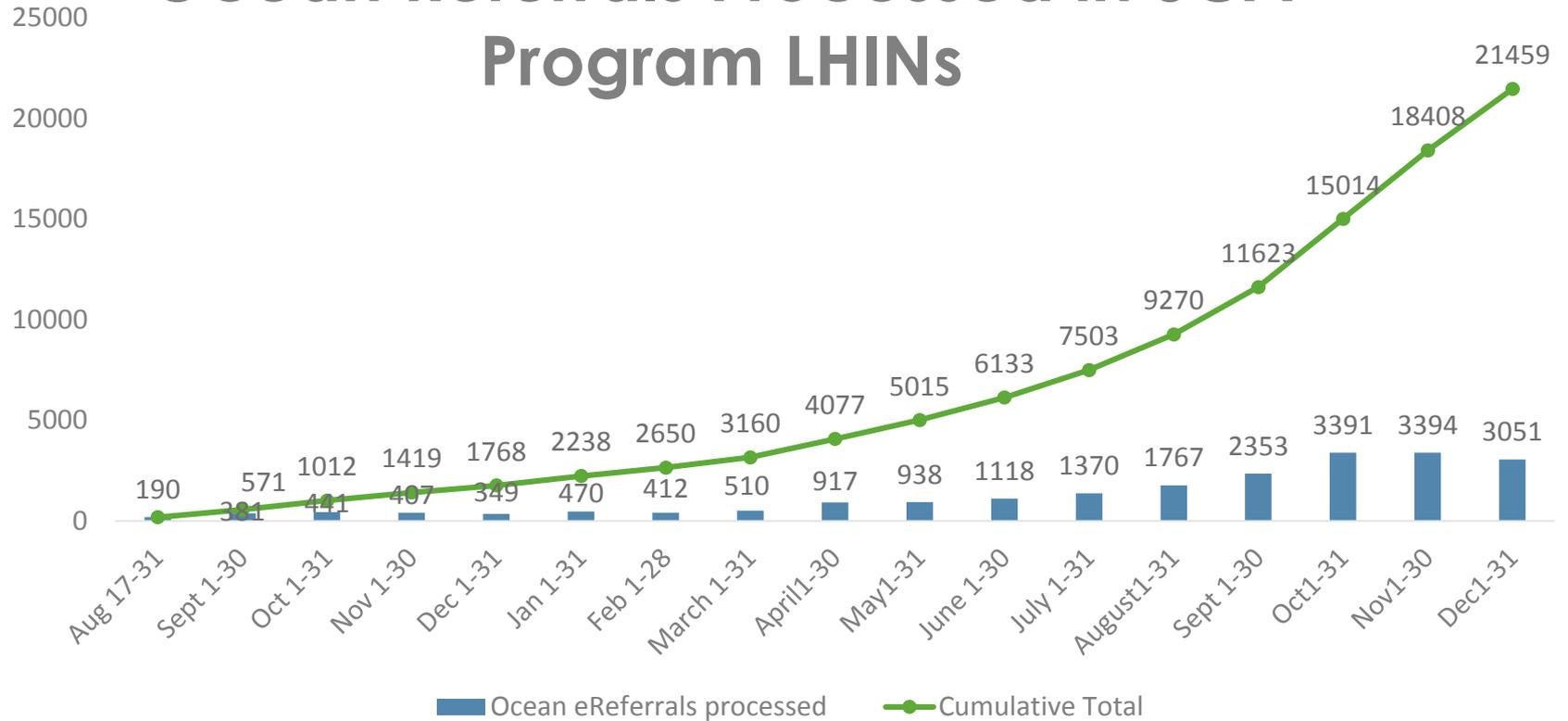


# SCA Program LHIN Expansion



- The SCA Program has been funded to support the expansion of eReferral deployment in four additional partner LHINs including ESC, Champlain, NE and SE
- Initial focus in expansion LHINs is on implementing eReferral to support MSK referral pathways
- Plans to scale and expand to additional pathways starting with Diagnostic Imaging

# Ocean Referrals Processed in SCA Program LHINs



## Improving Access to Care

### System Coordinated Access Program & eReferral

The System Coordinated Access Program is supporting patients and their clinicians with innovative processes and technology to enable more appropriate referrals and faster access to health care services.

### Improving Patient Experience

89% Patients satisfied  n=678

95% Found eReferral to be an easy process

95% Found eReferral notifications improved their experience

80% Felt more informed about their care

### Decreasing Wait Times

 **30 days** Reduced average Wait Time 1 for Orthopedics (includes: hip, knee, shoulder, ankle etc.)

WWLHIN comparison of available eReferral data from Q3 2017 and Q3 2018

#### Notes on Recent Changes

- Ocean referrals processed include eReferrals sent since Aug 14, 2017 and inbound faxes entered into Ocean with an original date of Aug 14 2017 or later.
- The "Improving Efficiency" data reported from 2017 has been removed while the SCA Program collects more up-to-date data.

## Jan 2019

**21,459** Ocean Referrals Processed Since August 2017



296 eReferral Senders



5 LHINs Live on eReferral



95 eReferral Recipients



76% Active Users

### Improving Provider Experience



85% Providers satisfied



n=43



79% Believe Ocean eReferral has improved the communication between healthcare providers



70% Found Ocean eReferral Easy to use

### Integrating Decision Support Tools



82% Providers found DI guidelines integrated into Ocean eReferral Forms extremely useful/useful n = 49



70% Providers strongly agree/agree that DI guidelines support clinical best practices n = 24

WWLHIN Only

### Decreasing Unnecessary Imaging



12% Reduction in unnecessary MRIs

WWLHIN retrospective chart review completed in 2018



# User Satisfaction



Post Training Survey: Sent to all new users of eReferral following site set up and training

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Post Adoption Survey: Sent to all users 6 months post adoption of eReferral

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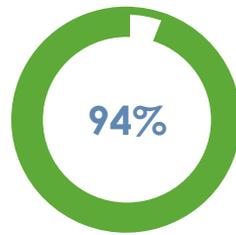
# User Satisfaction – Early Outcomes



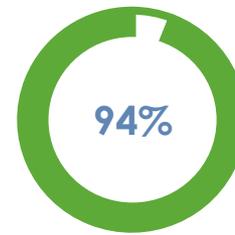
**eReferral is reliable**



**eReferral provides privacy of my information**



**eReferral provides privacy of patient information**



**eReferral system is easy to use**



**The system response time is acceptable**

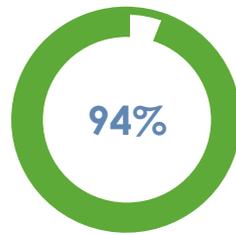
# User Satisfaction – Early Outcomes



eReferral is reliable



eReferral provides privacy of my information



eReferral provides privacy of patient information



eReferral system is easy to use



The system response time is acceptable

## Provider Feedback



Since adopting the eReferral program, our clinic has received an exponentially more expedient response time when requesting imaging appointments from the local hospitals.



Clinician, WWLHIN

## Provider Feedback



**With the eReferral system, not only do we receive a response within 12-48 hours, but there is better communication throughout the booking process, as we can send messages back and forth between institutions.**

Clinician, WWLHIN



## Provider Feedback

**I have seen several patients receive next-day appointments, as the hospitals are able to contact the patient for last-minute or cancellation spots. I believe the SCA eReferral program will be a game-changer for improving patient care.**

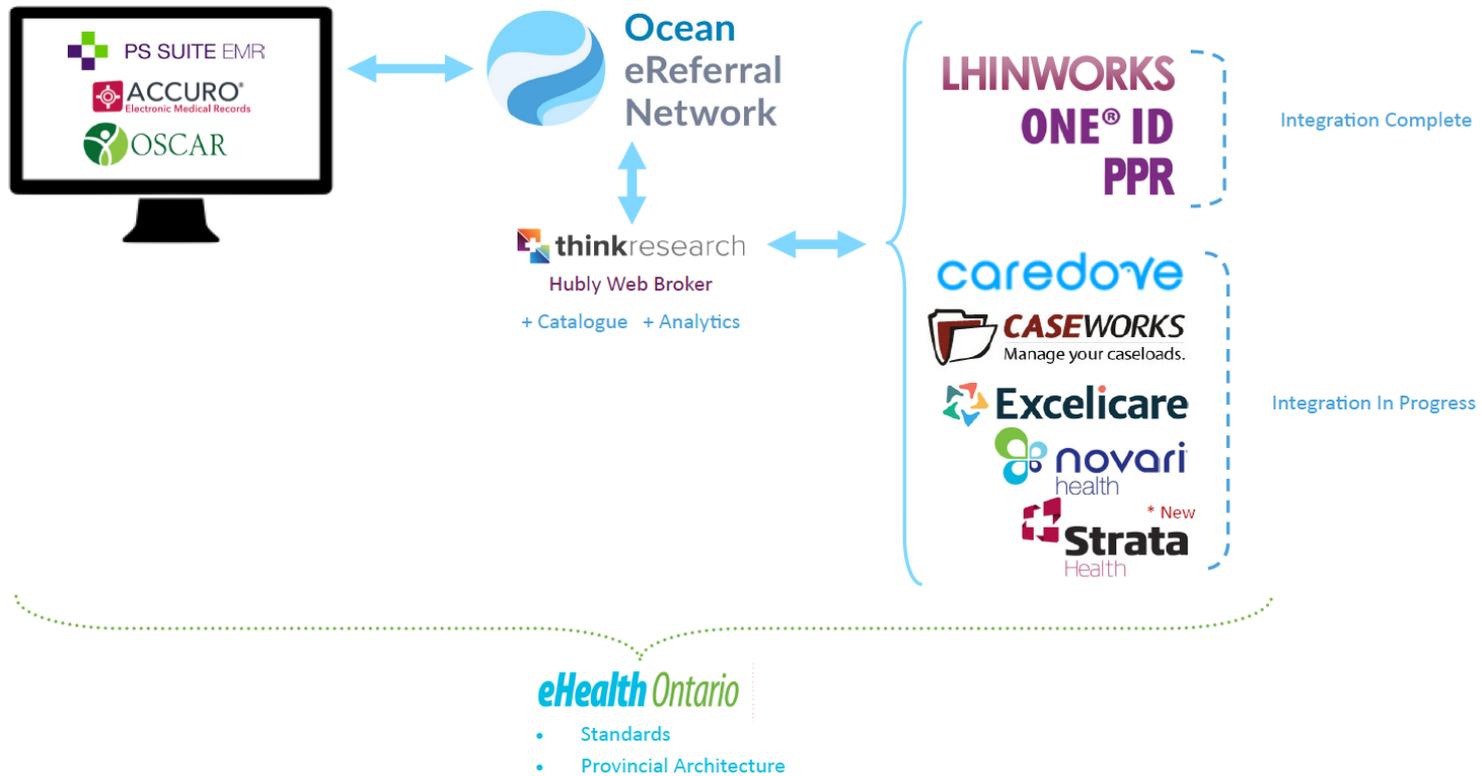
Clinician, WWLHIN

# Ocean eReferral – Key Benefits



- EMR Integrated (PSS, Accuro, Oscar)
- Provides providers with access to up-to-date information regarding service characteristics and referral status directly into EMR
- Provides secure messaging capability between clinicians
- Provides patients with up-to-date information on referral status and appointment information through automatic email notifications
- System-wide and local data analytics and reporting capabilities
- Highly integrated solution

# SCA Program Ecosystem



# Ocean eReferral



Katrine Murray - PSS

File Edit Style Settings Patient View Data Letter

**Roberston, Tanya MSKUATfour**  
 99 Commonwealth St  
 Kitchener ON N2E 4K8  
 519-555-1429(H)

Birthdate: Oct 7, 1956 Sex: F  
 Health #: unknown; Not Rostered  
 Last Billed: Never  
 MD: other doctor

next visit: not booked age 62 yr 329

**Select a Form**

Grand River DI eReferral  
 Grand River DI Basic Referral  
 Grand River DI eReferral  
 Grand River Freeport Site (Breast Assessment Clinic...  
 Grand River Hospital DI eReferral

**Grand River DI eReferral**  
 Keywords: eRequisition eReferral eRequest Ocean quick referral form

eReferral Launcher... v.3.3

Cancel Choose This Form

**Patient Information**  
 BMI: 0  
 Allergies: Food: Shellfish, Fish

**Patient Symptoms and History**  
 Symptoms: Difficulty Sleeping  
 Duration of Symptoms: Acute Onset  
 Treatment to Date: Bracing/Splint  
 Current Problems: Type I Diabetes  
 Obesity  
 Colon cancer  
 Hypertension  
 Asthma  
 CKD  
 Gout  
 Ulcerative colitis  
 Family History: colon cancer: father

<https://ocean.cognisantmd.com/referrals/Referral.html?ref=5cf6630e-05ec-4818-bc8f-e346e0cc814f&accessKey=b08713ef-13c0-41e1-a165-59b747812930#IhDIge+R+Q/Bp2B/WnthA==>

Patient... Prev KM Msg KM: 25 messages Next KM Msg

Ocean Healthman x Ocean Healthmap x

https://ocean.cognisantmd.com/referrals/NewReferral.html?siteNum=3044&ptRef=167

Ocean eReferral Network MRI near address or postal code SCA Test Dr. Murray

**GRAND RIVER HOSPITAL**  
Advancing Exceptional Care

**Grand River Hospital - Diagnostic Imaging**

835 King Street W  
Kitchener, ON  
N2G 1G3

Phone: 519-749-4262  
Fax: 519-749-4296  
www.grhosp.on.ca

Distance from 5 km

Services Offered: ▾

Print Referral Send eReferral

Map Error

Map data ©2019 Google Terms of Use Report a map error

**Grand River Hospital - Diagnostic Imaging**  
 835 King Street W  
 Kitchener, ON  
 N2G 1G3  
 Phone: 519-749-4262  
 Fax: 519-749-4296  
 www.grhosp.on.ca  
 Distance from: 5 km  
 Services Offered: -

**Patient Information**  
 Surname: Roberston  
 First: Tanya  
 DOB: 1956/10/07  
 HN: province health nu  
 Address: 99 Commonwealth  
 Service: Diagnostic Imaging

**Waterloo Wellington Diagnostic Imaging**  
 Patient Information  
 Referring Provider is not Primary Care  
 Height (cm): 160  
 Weight (kgs): 50  
 BMI: 19.5  
 Allergies: Food: Shellfish, Fish  
 Preferred Language: English Other  
 Patient Consents to Voicemail?  
 Motorized Wheelchair?  
 Hoyer Lift Required?  
 WSIB?  
 Other Insurance?

**Exam Request(s)**  
 Select all that apply:  
 Bone Mineral Density Requisition  
 Breast Imaging Requisition  
 CT Requisition  
 Gastric / Minor Fluoroscopic Procedure Requisition  
 General Radiography (X-ray) Requisition  
 Interventional Requisition  
 MRI Requisition

Urgency: - **Urgent** Semi-Urgent Routine

**Clinical History / Indication**  
 Reason for Exam: - worsening headache

**Select Region(s) / Organ(s) of Interest**  
 Brain  
 Head / Neck  
 MRA / Carotid Arteries  
 Soft Tissue Neck  
 Carotid Dissection  
 Brachial Plexus  
 Orbits  
 TM Joints  
 IACs  
 Nasopharynx  
 Sinus  
 Other: - worsening headache  
 Thorax  
 Abdomen  
 Pelvis  
 Spine  
 Musculoskeletal  
 Cardiac  
 Breast  
 Angiography

**Patient Safety Screening**  
 Cardiovascular: - **No** Yes

Ocean Healthmap x +

https://ocean.cognisantmd.com/referrals/NewReferral.html?siteNum=3044&ptRef=167

**GRAND RIVER HOSPITAL**  
Advancing Exceptional Care

**Grand River Hospital - Diagnostic Imaging**

835 King Street W  
Kitchener, ON  
N2G 1G3

Phone: 519-749-4262  
Fax: 519-749-4296  
www.grhosp.on.ca

Distance from 📍: 5 km

Services Offered: ▾

[Print Referral](#) [Send eReferral](#)

**eReferral Complete**

The eReferral was sent successfully.

**Summary:**  
Sent eReferral to Grand River Hospital - Diagnostic Imaging  
835 King Street W, Kitchener, ON, N2G 1G3 Phone: 519-749-4262 Fax: 519-749-4296  
Waterloo Wellington Diagnostic Imaging eReferral Form

**Patient Information**  
Height (cm): 160  
Weight (kgs): 50  
BMI: 19.5  
Allergies: Food: Shellfish, Fish  
Preferred Language: English  
Patient Consents to Voicemail? **No**  
Motorized Wheelchair? No  
Hoyer Lift Required? No  
WSIB? No  
Other Insurance? No

**MRI Requisition**  
Semi-Urgent  
Reason for Exam: worsening headache

**Specific Head / Neck MRI Exam(s) Requested**  
• Other: **worsening headache**

**Patient Safety Screening**  
Cardiac Pacemaker: No  
Implanted Cardioverter Defibrillator (ICD): No  
Leads / Electrodes / Internal Wires: No  
Cochlear Implant: No  
Metallic Stent / Filter / Coil: No  
Cerebral Aneurysm Clip: No  
Metallic Foreign Body in Eye(s)? No  
Claustrophobic? No  
Surgery in the last 6 weeks? No  
Tattoo(s) in the last 6 weeks? No

SCA Test ▾ Dr. Murray ▾

# Summary Note Added to the Patient Chart

**Katrine Murray - PSS**

File Edit Style Settings Patient View Data Letter

**^ Roberston, Tanya MSKUATfour** next visit: not booked age 62 yr 329

99 Commonwealth St  
Kitchener ON N2E 4K8  
519-555-1429(H)

Birthdate: Oct 7, 1956 Sex: F  
Health #: unknown; Not Rostered  
Last Billed: Never  
MD: other doctor

▼ Profile

**Diabetes** Visit Form **Last Visit:** **K030:** **Q040:**

**ocean** 167 Email Attach Add Form Favourite Open Portal Import Refer Available notes have been downloaded

**Palliative** Palliative?

Renal Assessment  
Kidney Problems / Disease: No  
Prior Kidney Surgery: No  
Dialysis: No  
Protein in Urine: No  
Gout: No  
High Blood Pressure: No  
Cardiovascular Disease / Stroke / TIA: No  
Past or current treatment with NSAIDs, diuretics, chemotherapy or other nephrotoxic drugs: No  
Greater than 60 years of age: No

**KM—book** Follow-up status of Ocean eReferral (MRI Head / Neck) Jan 16, 2019 16:35  
eReferral sent to Grand River Hospital - Diagnostic Imaging - MRI Head / Neck  
Appointment pending; please follow.  
For any booker (click to act on book's behalf)

<https://ocean.cognisantmd.com/referrals/Referral.html?ref=8908ddf9-78a5-4861-91c2-3749e3d7c8fa&accessKey=ef61354f-f62c-466e-8224-530e20747e15#STFv17k/luXDCOpmQbfydw==>

**Jan 16, 2019** Ocean eReferral KM

**Ocean eReferral Network** v1.57  
Grand River Hospital - Diagnostic Imaging  
MRI Head / Neck→ Sent - Not yet reviewed by Grand River Hospital - Diagnostic Imaging

Patient... Prev KM Msg KM: 25 messages Next KM Msg

# Patient Email Notification About the Referral

**An appointment has been booked for you**

Dear Nemo,

A referral was sent for you on 2018-10-23 by Dr. Olivier for **Surgery: Knee - Total Arthroplasty**:

Your appointment has been scheduled for **Oct 26, 2018 at 6:40 PM**.

Location:

**DEMO Waterloo Rapid Access Assessment Clinic**  
450 King St N, Waterloo  
Phone: 519-555-1234  
Fax: 519-555-2345

[Confirm this Appointment](#)

If you are unable to attend this appointment, please contact the location directly to make alternate arrangements.

**Comments:**

Parking is available in our lot. \$4 at exit (in quarters).

Katrine Murray - PSS

File Edit Style Settings Patient View Data Letter

**Donaldson, Mary MSKUATtwo** Birthdate: Feb 12, 1952 Sex: F next visit: not booked age 66 yr 327  
 14 Robert Peel Lane Health #: unknown; Not Rostered  
 Kitchener ON N2H 0B3 Last Billed: Never  
 519-655-5555(H) MD: other doctor

▼ Profile

ocean • Email Attach Add Form Favourite Open Portal Import Refer

Dec 7, 2018 KM/OCN  
 Sent eReferral to **SCA Test Site\_Katrine**  
 419 Phillip Street, Unit A, Waterloo, Ontario, N2L 3X2 Phone: 5198889999  
**Referral**  
**Reason for Referral: test**  
 Primary Problem/Area: Ankle; Side: Left

**Patient Information**  
 BMI: 0

**Patient Symptoms and History**  
 Symptoms: ROM Restrictions  
 Duration of Symptoms: Acute Onset  
 Treatment to Date: Bracing/Splinting

https://ocean.cognisantmd.com/referrals/Referral.html?ID=652034-9c73494a50cb&accessKey=338b8956-4543-4d1a-9d34-f79f5f26643f#ZjghaETw4IqUnZClS+Qd1g==

Dec 7, 2018 Ocean eReferral KM  
 SCA Test Site\_Katrine Attach Open Settings Remove  
 Surgery: Hip - Total Arthroplasty→ Booked - Appointment: Jan 23, 2019 at 12:10 PM - Appointment confirmed with patient  
 Bring money for parking

Dec 7, 2018 Pending Tests/Consults KM

Patient... Prev KM Msg KM: 25 messages Next KM Msg



## Questions and discussion

# SCOPE: Paediatrics

*January 16, 2019*

Dr Julia Orkin, TC LIHN Pediatric Lead

Dr Mark Feldman, Director Community Pediatrics

Dr Mark Palmert, Associate Chair Ambulatory Care

# Paediatrics

- Objective: Improve access and care for children requiring specialist paediatric care across the GTA
- Open to listening to you as experts
- New roles developed with a recognition of system innovation and improvement
- Increased burgeoning population of both healthy children in the downtown core as well as increased children with medical complexity



# Paediatrics in the GTA

- Locations of care
  - Office based
  - Community Hospital
  - Tertiary Hospital ie. SickKids
- Types of care
  - Primary Care
  - Consultant General Paediatric Care
  - Sub-specialty Care

# Areas of Focus

Referral to SickKids – EpicCareLink  
Psychiatry Access



# How to refer to SickKids

- EpicCareLink – recognized challenges
- Specialty services
  - Dedicated referral criteria based on clinic area
  - Triage and wait times based on clinical need
- Paediatric Medicine Consultation
  - General paediatric issues

# EpicCareLink

- Transition from ARMS to EpicCareLink
- Challenges recognized
- Single sign on from ECHN
- Development of IT referral support for community providers – Hotline
  - 1-866-883-8289

# Psychiatry Referral

- MentalHealthTO
  - <http://www.mentalhealthto.ca>
  - 1-866-585-MHTO
  - Mandate to connect <18 years to mental health services
- Urgent Access Clinics – Walk in Counselling
  - What's up Walk In – No fee, No HealthCard, No appointment
  - 6 locations
- SickKids Urgent Care Outpatient Follow up
  - For ER presentation to ensure appropriate outpatient management
- Role for consultative general paediatrics to support common psychiatric issues

# What are the issues?

- Access to ED, walk in clinic support
  - Phone, urgent access, e-consult
- Access to mental health
- Access to allied health support
- Access to Subspecialty paediatrics
- Access to Consultative general paediatrics
  - Ie. Behavior, development, school issues



# Paediatric Connections

Objective: Improve access and care for children requiring specialist paediatric care across the GTA

## Ideas for Discussion:

- Registry for referral information for consultant pediatrics and sub-specialty
- E-Consult
- Streamlined & coordinated process for referrals for acute illness and same day access



**Ontario**

Toronto Central Local Health  
Integration Network

**SickKids<sup>®</sup>**

**Thank you!**

**Questions/Next Steps Discussion**

**Access CAMH makes it easy for patients, family members, friends, physicians, and community health providers to find the help and services they need with a single phone call.**

## Access CAMH

**Telephone:** 416-535-8501 ext. 2

**Fax:** 416-979-6815

**Hours of Operation:** Monday through Friday,  
from 8:30 a.m. to 5:00 p.m.

The line is closed weekends and statutory holidays. Interpreters are available to assist callers in their language of choice.



- ❖ **For the majority of mental health services at CAMH, patients require a referral form to be completed by a physician or nurse practitioner.**
- ❖ **For addiction services at CAMH, patients can self-refer directly by calling Access CAMH.**
- ❖ **Family members and friends concerned about a loved one's mental health or substance use can call Access CAMH directly.**

**TORONTO**  
moving on mental health  
**LEAD AGENCY**



# East Metro Youth Services Lead Agency



Accredited by Canadian Centre for Accreditation  
Charity Registration No. 13056 3166 RR0001

## Vision

# Every Infant, Child and Youth in Toronto has the supports to reach their optimal mental health

By 2021, EMYS will have collaboratively created and be managing a **coordinated, responsive, and accessible** mental health system for infants, children, and youth in Toronto and their parents and caregivers.

We will strive to ensure effective pathways to service that are *timely, evidenced-informed, culturally and linguistically appropriate, and barrier-free.*

# MENTAL HEALTH T.O.

access for infants, children, youth & families

## **MENTAL HEALTH T.O.: *Access for Infants, Children, Youth & Families (MHTO):***

- Is a **free phone referral-based** service to help connect infants, children, youth up to 18 years old and their families to mental health and addiction services in their community.
- The goal is to help those in need find and get connected to mental health help as efficiently and quickly as possible.

MHTO is a collaborative effort amongst 30-plus community-based mental health agencies in Toronto, led by the Toronto Lead Agency- East Metro Youth Services.

- Developed with the goal of improving access to mental health services for infants, children, youth and families in Toronto.
- Ministry initiated and supported.

# WHO CAN BENEFIT FROM MHTO?

Anyone under the age of 18 experiencing a mental health issues.

OR

Anyone who wants to support someone under the age of 18 and wants access to mental health services can call the phoneline.

## WHAT CAN A CALLER EXPECT WHEN THEY CONTACT MHTO?

- A 30 minute brief triage process;
- A clear direction on which agency is the most appropriate service provider for the caller;
- Follow-up contact *within 5 business days* by the service provider that MHTO has referred the caller to;
- A completed intake by the service provider *within 10 business days*.

**1-866-585-MHTO (1-866-585-6486)**

**Hours of Operation: Monday to Friday, 9am – 5pm.**

**[Website: mentalhealthto.ca](http://mentalhealthto.ca)**

**Twitter: <https://twitter.com/MentalHealthTO>**

**Facebook: <https://www.facebook.com/MentalHealthTO/>**

# URBAN TELE-MENTAL HEALTH

# Tele-Mental Health

By using live video broadcasting, Tele-Mental Health connects children, youth, their families, and their mental health workers to psychiatrists and other mental health professionals. This is part of Ontario's Comprehensive Mental Health and Addictions Strategy focusing on Children and Youth

- Fast access to high quality services
- Early identification and support
- Help for vulnerable children and youth with unique mental health needs.



# Psychiatric Consultations

## *Professional to Professional*

- Video consultation for mental health professionals with a specialist one-on-one about a client
- **Child/youth and family not present for video consultation**
- Meeting with interdisciplinary team members to coordinate care and treatment planning & recommendations
  - Involve mental health worker/team
  - Involve school, child protection, primary care etc.
- Scenarios when this might be requested:
  - Youth/family not consenting to a direct psychiatric consultation
  - Youth/family no show for direct psychiatric consultation
- Following a direct psychiatric consultation, mental health worker may benefit from further treatment discussions (e.g. child having a difficult time with CBT exposures)



# Psychiatric Consultations- *Direct Consultation*

Psychiatric consultations related to a clinical question, **conducted with child/ youth and family in the room.**

Can provide:

- Diagnostic clarification
- Formulation
- Recommendations
- Medication review
- Recommendations for further assessment (trauma, psychological, neurological, sleep)
- Help to prioritize treatment in complex cases
- Assist in managing safety and risk
- Diagnosis, formulation
- Recommendations that consider local resources and culture



# Client Eligibility Criteria

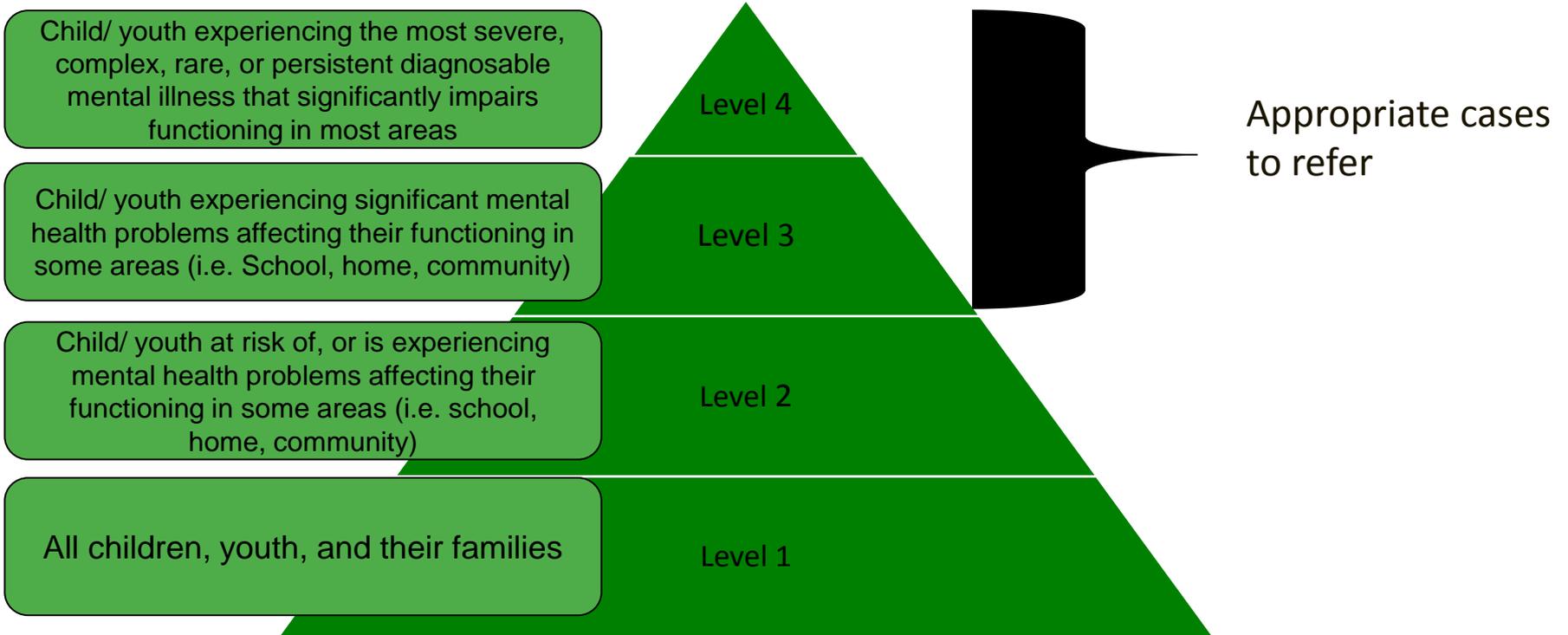
Age 0-18

Connected with a  
service provider/  
organization in  
Toronto

Presents with  
concern to be  
addressed by mental  
health services



# Severity Scale



# During the Consultation

- Typically 1.5-2 hours
- Diagnosis, formulation
- Recommendations that consider local resources and culture
- Medication review
- Recommendations for further assessment (trauma, psychological, neurological, sleep)
- Help to prioritize treatment in complex cases
- Assist in managing safety and risk



# Technology

## Guestlink access

- Access through your own computer
  - Access to internet
  - Webcam
  - Microphone
  - Speaker
- Receive email with link to test device, download Vidyo Extension, join visit
- iPads can be couriered if needed

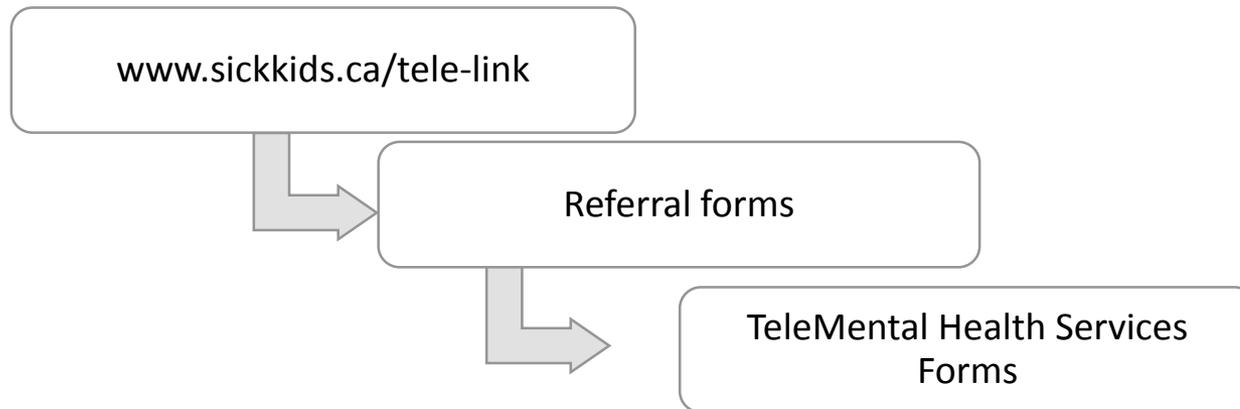
## Room-based access

- 4 sites in Toronto
  - Etobicoke Children's Centre
  - Griffin Centre
  - Yorktown Family Services
  - YouthLink
- Coordinating agency arranges logistics



# Referral Forms

**To obtain the referral forms:**



<http://www.sickkids.ca/tele-link/Referral-Forms/TeleMental-Health-Services/TeleMental-Health-Referral-Forms.html>

**Or contact:**

East Metro Youth Services, Toronto Lead Agency  
Strategy and Systems Management Team  
416-438-3697







# Breakout

# Guidelines – Break-out Groups

You will have approximately 10 minutes to circulate among the 4 tables to connect with our medicine, paediatric, psychiatry and surgical colleagues.

## Focus:

- 1. Please discuss one or two ideas to improve the referral process and/or access to services.**
- 2. Provide feedback – what CAN work, rather than what is not working**
- 3. Opportunity to look for further connections between primary and specialty care – collaboration/mentorship**

# Specialists and Community Services Directory

January 16, 2019

Prepared for: SCOPE meeting



# Project Update

## Goal

To create a sustainable web-based Directory to support primary care providers in finding comprehensive and regularly updated information on specialists and community service providers within the LHIN

## Accomplishments To Date

- ✓ Directory go-live in Summer 2018
- ✓ 80% of PCP early adopters recommends the Directory for use
- ✓ Greater focus on data quality
  - Obtained permission from TAHSN Medical Affairs Committee on leveraging CMaRS
  - Obtained specialists data contribution from 7 hospitals
- ✓ Developed a prototype for the public version of the Directory

## Next Steps

- Continue to work with hospitals with Toronto Central and Central LHINs to obtain data and Data Sharing Agreements
- Prepare for go-live in March 2019 – include feedback by early adopters and public version
- Execute plan for broader communication to providers
- Establish long-term operating and sustainability model for the Directory

# Directory Demonstration

Link: <https://directory.otn.ca/#/>

# Contact The Project Team



**Jane Williams**  
[Jane.Williams@uhn.ca](mailto:Jane.Williams@uhn.ca)



**Lamia Chowdhury**  
[Lamia.Chowdhury@uhn.ca](mailto:Lamia.Chowdhury@uhn.ca)



**Cynthia Djaja Putra**  
[Cynthia.DjajaPutra@uhn.ca](mailto:Cynthia.DjajaPutra@uhn.ca)



# **Mentoring Opportunities & Next Steps**

**Dr. Pauline Pariser**

**Thank You!**

**SCOPE**

SEAMLESS CARE  
OPTIMIZING THE PATIENT EXPERIENCE