

#	Hospital Information System (HIS) Renewal Vendor Information ITAC-Health Webinar June 23, 2017 Questions and Answers
<b>Questions have been consolidated, edited for clarity and anonymized.</b>	
1	<p>On Slide 19, you state that HIS Hubs will offer the full capability required for hospitals to reach advanced maturity for quality outcomes. Can you provide more detail as to the applications and/or functions that HIS Hubs must provide?</p> <p>The intent behind this language is to convey that Hubs are expected to deliver the full suite of services necessary for a hospital that is seeking <i>HIS services</i> from the relevant vendor. It is not intended to suggest that the Hub will deliver <i>all IT services</i> a hospital may require (such as HR, financial systems etc.) The line between what will be delivered by a Hub – or more broadly by a service delivery organization – is one which will be drawn by the HIS Collaboratives as they develop their Hub models and implementation plans. The decisions will be influenced by advice and input from the provincial table. It is expected that decisions will be taken differently depending on each vendor solution and how it relies upon ancillary applications or what additional functionality is considered critical by the HIS Collaborative.</p>
2	<p>On Slide 20, you make reference to factors that will influence the initial form of the HIS Hub. Is there a desired future state for HIS Hubs related to these factors, in particular:</p> <ol style="list-style-type: none"> <li>a. Data centres &amp; hosting – is it a desired future state for a vendor-hosted data centre? If so: <ol style="list-style-type: none"> <li>i. Should full disaster recovery be assumed or should it be an option that hospitals can elect to add?</li> <li>ii. Do both data centers need to reside in Ottawa or could one reside in other Canadian provinces?</li> </ol> </li> <li>b. Application management &amp; support – is it a desired future state for vendor-owned application support?</li> </ol> <p>a. There is no desired future state that dictates a solution hosted by the HIS vendor. Slide 20 illustrates that we expect a range of options to be taken into account when choosing a service delivery model.</p> <ol style="list-style-type: none"> <li>i. Slide 19 states: “HIS Hubs will deliver mature IT services and controls (e.g. auditability, availability, reliability, integrity, serviceability, security)”. As such, disaster recovery would be a natural expectation to achieve that goal.</li> <li>ii. There is no stated expectation that data centres should reside in Ottawa – only that they may not reside outside of Canada.</li> </ol> <p>b. A deliverable of the HIS Collaboratives is a long-term governance model that can deliver ongoing application management and support amongst other services.</p>
3	<p>On Slide 21, you state that Hubs will execute MSAs with HIS vendors and include a provision to transition to provincial Hubs:</p> <ol style="list-style-type: none"> <li>a. Will you provide recommended timelines to complete a transition?</li> <li>b. Will you require organizations with existing agreements with HIS vendors to renegotiate and include this provision?</li> </ol> <p>a. At this stage there are no stated recommended timelines to complete a transition to a provincial Hub, however there is an expectation that an HIS Hub will either be operational or in advanced planning by December 2018. Transition by hospitals to the services offered by those Hubs will take considerably longer and depend on a wide range of local factors.</p> <p>b. Existing agreements were not developed with Hub services in mind. New agreements will be developed that anticipate a transition to Hub services. However, the terms and the consideration for moving from an existing agreement to a new agreement are still to be developed by the HIS Collaboratives and their vendors.</p>

4	Do you foresee larger groups who are already working in Local Health Integration Networks (LHINs) able to come together and have their own instance of a particular EMR or will they also join the shared service?
	The long-term view is that hospitals will no longer host a particular HIS solution for the other hospitals in a Cluster. The HIS Collaborative has a mandate to develop a service delivery model that will leverage a provincial Hub, together with a convergence plan for joining the Hub.
5	What type of governance do you anticipate with these separate hospitals coming together to share IT? Do you see each organization as continuing to have their own decision-making power over IT decisions, or will there be a governance body to make decisions for all organizations who may join?
	New governance arrangements are anticipated as hospitals come together to share IT solutions and as regions assess how best to achieve an integrated health care delivery system that puts patients first. Some local control will always be required (e.g. defining a new printer), but broader decision-making on ideas like incorporating new best practices will need to be managed by the Cluster and/or Hub governance model.
6	With a shared instance model, we would expect patient data information to flow seamlessly amongst the different providers and organizations as appropriate and not require data segmentation since we are essentially creating one patient one record for Ontario. Do you see your interoperability and data exchange laws changing to work with your requested HIS renewal plans?
	Under the Digital Health Strategy, the Ministry is committed to enabling the flow of information and data across different sectors and boundaries within the health care system. Data and interoperability standards will continue to evolve as needed to meet the current and future needs of Ontarians.
7	The product information in the August 2016 “HIS Renewal Advisory Panel – Final Report” is dated. How can vendors get it updated?
	The HIS Renewal Advisory Panel – Final Report was issued in August 2016. It is assumed that vendors will market new/enhanced product information directly to their client community.
8	Why were vendors not allowed to comment on the August 2016 “HIS Renewal Advisory Panel – Final Report”?
	Vendor consultation was not an input to the HIS Renewal Advisory Panel – Final Report. The panel recommendations were shared with ITAC-Health prior to publication and the vendor community is being encouraged to help shape the implementation of the panel’s recommendations.
9	How can we engage to bring our vision to the attention of the MOHLTC?
	The June 23, 2017 webinar sponsored by ITAC-Health outlined an opportunity for vendors to submit their top innovative ideas and feedback that can inform the planning and future approach of HIS Renewal. See question 11 for further details.
10	How can we get more information to understand all the components any new service based offering will require?
	Ongoing communications from the MOHLTC will be shared through ITAC-Health. Additionally, when Clusters or individual hospitals hold competitions to replace their existing HIS, all HIS vendors are encouraged to come forward with high quality, comprehensive, and competitively priced HIS service delivery offerings so that acquiring organizations can select the best service to meet their long-term needs, consistent with HIS Renewal.
11	What are the dates and process the Ministry will be using to engage with vendors?
	As outlined in the webinar presentation, vendors were invited to share input, comments and ideas for further discussion with the Ministry, in confidence, directly to the HIS Secretariat by July 14, 2017: <b>HISsecretariat@ontario.ca</b> The MOHLTC will communicate ongoing updates through ITAC-Health.

12	<p>How will the MOHLTC allow for emergence of innovative solutions from Ontario/Canadian-based companies? How will the MOHLTC invest in and encourage local Ontario based companies to innovate and grow their healthcare focused products within Ontario healthcare organisations?</p>
	<p>The Ministry is committed to open competitive procurement, as well as enabling vendors to be active contributors to health system renewal. The Ministry is engaging vendors – through ITAC-Health – to help shape the vision and approach for HIS Renewal. See question 11.</p>
13	<p>How can additional vendors (outside of the three established Collaboratives) bring their innovative solutions to the table for consideration?</p>
	<p>The initial HIS Collaboratives reflect the vendor footprint in the province and current procurement activity. There is significant in-flight renewal activity associated with these vendors, creating a demand within Ontario’s hospital sector for a coordinated, strategic approach.</p> <p>Ontario remains committed to an open competitive HIS marketplace and welcomes new, competitive options. When Clusters or individual hospitals hold competitions to replace their existing HIS, all HIS vendors are encouraged to come forward with high-quality, comprehensive HIS service delivery options so that acquiring organizations can select the best service to meet their long-term needs, consistent with HIS Renewal.</p>
14	<p>How can the vendor community find more information on the guidance the MOHLTC will be providing to its LHINs and hospitals concerning the appropriate “Hub” and “Cluster” investments and configurations?</p>
	<p>The “HIS Clustering Guidebook for Hospitals &amp; LHINs” was published on January 24, 2017. It provides guidance for the formation or expansion of Clusters and for the procurement of HIS solutions by Clusters. The guidebook is available on the Ontario Hospital Association (OHA) website:  <a href="https://www.oha.com/Bulletins/HIS%20Renewal%20Clustering%20Guidebook%20Release%201.0%20FINAL.pdf">https://www.oha.com/Bulletins/HIS%20Renewal%20Clustering%20Guidebook%20Release%201.0%20FINAL.pdf</a></p> <p>In addition, the Deputy Minister’s correspondence, which was sent to the sector on May 15, 2017 includes a Frequently Asked Questions section and is attached (see Attachment 1).</p>
15	<p>What mechanism will the MOHLTC put together or provide guidance so that sharing of knowledge and expertise between all Clusters and vendors is made available?</p>
	<p>As outlined in the deck presented at the webinar, optimizing benefits from HIS investments will depend on advancing maturity in three key areas in tandem: Clustering, Clinical Adoption and Outcomes, and Service Delivery. The Clinical Adoption and Outcomes maturity path includes development of a robust Community of Practice (CoP) to support continued development and sharing of standards and best practices for quality outcomes.</p> <p>The HIS Renewal Implementation Management Task Force is working to define a CoP model and sustainability recommendations, which will incorporate provincial quality standards from Health Quality Ontario.</p>
16	<p>How soon and specifically how will “The Ministry create opportunities for meaningful dialogue between hospitals and the vendor community to accelerate innovation?”</p>
	<p>See question 11.</p> <p>Those vendors for which HIS Collaboratives are being established are encouraged to engage with the Collaborative at an early stage.</p>
17	<p>How will vendors be able to participate in the proposed statement: “The OHA, with the support of the Ministry, should modify the current Health System Funding Reform Predictor Tool so that hospitals can better understand local impacts that may result from HIS investments, while also validating these impacts at a provincial level.” Found on slide 12 of the June 23 presentation.</p>
	<p>Vendors with a specific interest in the OHA Health System Funding Reform Predictor Tool are encouraged to contact the OHA directly.</p>
18	<p>What incentive will be provided to LHINs and hospitals for pursuing clinical adoption and outcomes for best practice clinical standards and best practice?</p>

	The HIS Renewal Advisory Panel and the HIS Implementation Task Force include broad representation from hospitals and LHINs across the province. The Patients First agenda and the recommendations of the HIS Renewal Advisory Panel have been broadly endorsed by the LHINs and the hospital sector.
19	<p>How will the MOHLTC influence the RFPs being published so that traditional models as well as traditional evaluation of solutions are not excluding new innovative and disruptive models such as HIS Hubs as defined by the MOHLTC?</p> <p>As one of the key themes of the Digital Health Strategy, the Ministry is taking a strong leadership role in enabling and adopting innovative technologies and solutions that support the <i>Patients First: Action Plan for Health Care</i> while also benefitting the wider economy. This should be a driving principle of all digital health initiatives currently being undertaken across the province, including HIS Renewal. Procurement processes are moving towards outcomes-oriented models in order to accommodate and stimulate the development of innovative solutions that best meet the needs of Ontarians. In addition, any hospital contemplating an RFP for a new HIS must do so in alignment with the recommendations of the HIS Renewal Advisory Panel and must comply with the process outlined in the “HIS Clustering Guidebook for Hospitals and LHINs” (see question 20).</p>
20	<p>How will the MOHLTC ensure that the hospitals’ Information Technology departments are not guiding decisions to safeguard their perceived domain of expertise?</p> <p>As per slide 9, HIS Renewal Advisory Panel recommendations on HIS Partnering, when undertaking HIS renewal, hospitals must form Clusters in order to maximize the value of current and future investments, with a focus on measureable patient benefits. The Ministry has endorsed these recommendations and communicated this direction to all hospitals and LHINs.</p> <p>Establishment of new Clusters and the expansion of current Clusters also requires the development of a Clustering business case which is anchored in well-defined outcomes related to enhanced patient care and health system outcomes. Further details are provided in the “HIS Clustering Guidebook for Hospitals and LHINs” available on the OHA website (see question 14). Any exemptions to these recommendations will require review by the panel and if necessary, the Digital Health Board.</p>
21	<p>Will hospitals be allowed to compete with their self-developed solutions against vendor proposed solutions? The vendor community may interpret this current practice as having an unfair subsidized advantage over normal business environments, as vendors get no direct or indirect subsidies from the MOHLTC.</p> <p>The Ministry is committed to open and transparent procurement in accordance with the Broader Public Sector (BPS) Procurement Directive.</p>
22	<p>What mechanism will the MOHLTC put in place to continually engage via ITAC and its healthcare vendor community and how often could the vendor community expect to engage with the MOHLTC?</p> <p>The Ministry engages with ITAC-Health on a regular basis through various forums, including monthly Ministry-ITAC touch point meetings, Ministry representation at ITAC meetings, conferences and events. The Ministry is also committed to keeping the vendor community informed of HIS Renewal activities through engagements via ITAC.</p>
23	<p>Have the Lead Hospitals for the three initial Collaboratives been confirmed?</p> <p>The Lead Hospitals for each of the initial HIS Collaboratives are as follows:</p> <ul style="list-style-type: none"> <li>• Cerner – London Health Sciences Centre (LHSC)</li> <li>• Epic – The Ottawa Hospital (TOH)</li> <li>• MEDITECH – Hamilton Health Sciences (HHS)</li> </ul> <p>The Lead Hospitals will facilitate the work of the Collaboratives. Selection of the Lead Hospitals does not imply any pre-determination of a Hub service delivery role.</p> <p>Ontario remains committed to an open competitive HIS marketplace and welcomes new, competitive options. Additional Collaboratives may be formed once additional vendors have significant footprint and procurement activity. See question 13.</p>

24	<p>Although clinical adoption is addressed and 'communities of practice' are mentioned, the Renewal strategy is not clear on creating and sustaining implementation and informatics skills. Although these could be at the Hub level (historically vendors have 'supported' implementations, but not delivered projects), there may be great advantage to investing at the Cluster Level. The goal would be to create implementation and clinical informatics skills that would rapidly move a hospital to high HIMSS levels, on a repeatable basis – both at the time of initial implementation as well as years of upgrades and clinical process optimization. Although there are savings related infrastructure via Hubs, the real savings and value is re-use of the implementation and informatics skills that are reusable, and key to driving clinical adoption, benefits of outcomes, and continued evolution. Please clarify the view of HIS renewal on implementation and reuse of informatics skills.</p>
	<p>The HIS Collaboratives are charged with developing a) a Hub strategy and implementation plan, and b) the development of a long-term sustainment model that can take over when the HIS Collaborative is retired after serving its purpose. In combination, these include the work to ensure that the HIS instance available through the Hub is successfully implemented and subscribing hospitals achieve the clinical adoption levels necessary – both at the time of transition and over the long-term. The model which the HIS Collaborative develops to meet this objective may vary regionally or by vendor. It is recognized that the resources necessary to support this work are scarce and that sharing will likely feature prominently in the final approach.</p>
25	<p>When a healthcare institution changes their hospital information system, they usually replace their ERP systems (financial, human resources, payroll, supply chain) at the same time since they are very tightly integrated and updated ERP can result in considerable financial savings. Does the government intend to include ERP to the scope of the Clusters?</p>
	<p>See question 1. The line between what will be delivered by a Hub – or more broadly by a service delivery organization – is one which will be drawn by the HIS Collaboratives as they develop their Hub models and implementation plans. The decisions will be influenced by advice and input from the provincial table. It is expected that decisions will be taken differently depending on each vendor solution and the degree to which it relies upon ancillary applications or what additional functionality is considered critical by the HIS Collaborative. So, a HIS Collaborative <i>may</i> decide that ERP systems (or which of these) will be included in the negotiations.</p>
26	<p>What are the rollout timelines for the Information Management Strategy?</p>
	<p>The Ministry, in consultation with stakeholders, is continuing to work on a provincial approach to leveraging information management, analytics and the secondary use of data to maximize the value of Ontario's digital health assets.</p>
27	<p>Would the Ministry consider a separate HUB for population health analytics or will this be rolled into HIS vendor solution requirements for a region/Cluster?</p>
	<p>The Ministry expects that HIS solutions would include tools to support population health analytics. Broader questions around population health analytics are being considered as part of the work being conducted on a provincial approach to information management, analytics and the secondary use of data.</p>

# HOSPITAL INFORMATION SYSTEM (HIS) Renewal Vendor Engagement FAQs – May 2017

## What is HIS Renewal?

Hospital Information System (HIS) Renewal is an opportunity to transform Ontario's HIS landscape into a platform for a high-performing, patient-centred health care system. HIS investments to date have provided hospital specific improvements in service quality and efficiency, but from an overall system perspective it has also resulted in duplication of effort and resources across hospitals, and a lack of standardization.

The Digital Health Board established the HIS Renewal Advisory Panel in August 2015 to undertake activities that would help maximize the clinical impact and value of public investment in HISs. In its first phase the panel focused on the development of key recommendations that were important to address short-term pressures around the four key pillars: partnering, clinical adoption & outcomes, procurement, and financing.

The recommendations of the Hospital Information System Renewal Advisory Panel were released to the broader healthcare sector in August 2016, communicating important changes for how Ontario's hospitals will approach investments in HISs moving forward, and requiring hospitals to collaborate when renewing their HISs.

The HIS Renewal Advisory Panel continues to play a key advisory role to the Digital Health Board and the Ministry.

## What is a Hospital Cluster?

A Hospital Cluster is a group of hospitals with a patient affinity (e.g. serving a specialty or geographic referral base) coming together to provide better quality care within their shared care network. Hospital Clusters can benefit from a common HIS instance, because it provides a greater opportunity for collaboration on patient care and standardization along best-practice guidelines. In Ontario, Hospital Cluster planning is increasingly considered within the context of broader regional health system integration planning.

## What is an HIS Hub?

An HIS Hub is an IT service delivery model for a single HIS solution. An HIS Hub delivers comprehensive cloud-based HIS services to Hospital Clusters and Shared Service Organizations (SSOs) province-wide. Each HIS Hub will offer a specific HIS vendor solution that includes provincially standardized HIS services and clinical content, as well as robust and mature operational capabilities such as audit, business continuity, security, etc.

It is expected that variation across vendor offerings and their current client base will result in different paths to achieve the vision for mature HIS Hub offerings.

### What is an HIS Collaborative?

Hospitals across the province that have procured services from the same HIS vendor will work together as a HIS Collaborative. Facilitated by a lead hospital, the HIS Collaborative will engage with the HIS vendor to negotiate a master service agreement and convergence plan that will advance the provincial strategy for HIS Hubs. The aim of the master service agreement is to establish standardized terms, conditions, and pricing along with a service delivery model that will give Hospital Clusters new opportunities to meet their care delivery requirements.

### How will my hospital participate?

Each HIS Collaborative will be chaired by a lead hospital. The lead hospital will reach out to the hospitals and Hospital Clusters that use the same HIS vendor to invite participation in the HIS Collaborative. Lead hospitals will provide leadership, project management, and analytical support for the lifecycle of the HIS Collaborative. They will work within the terms of reference and governance model defined by the HIS Collaborative, ensuring appropriate breadth of participation.

The HIS Collaboratives will also be represented at a provincial leads table that will establish core principles and requirements (e.g. interoperability requirements, standards) to provide a framework for all master service agreements.

*To connect with the HIS Collaborative for your vendor, please contact: [HISsecretariat@ontario.ca](mailto:HISsecretariat@ontario.ca)*

### Why are there only three HIS Collaboratives?

The initial HIS Collaboratives – for Cerner, Epic and Meditech – reflect the current vendor footprint in the province and procurement activity. There is significant in-flight renewal activity associated with these vendors, creating a demand within Ontario's hospital sector for a coordinated, strategic approach. The Ministry is supporting these three initial HIS Collaboratives. Additional HIS Collaboratives are encouraged where hospitals using other HIS vendors have identified opportunities to work together for synergies and economies of scale.

### Will all hospitals be required to use one of these three HIS vendors in the future?

No. Ontario is committed to an open and competitive HIS marketplace. HIS vendors are encouraged to come forward with high quality, comprehensive and competitively priced HIS service delivery offering so that HIS Clusters pursuing future HIS renewal can select the best service delivery partner to meet their long-term needs.

### We are currently negotiating with our HIS vendor. How are we impacted by this provincial direction for Master Service Agreements?

The Ministry acknowledges that there are several in-flight procurements. The HIS Secretariat is working closely with those hospitals with in-flight procurements and is reaching out to the broader client base of those HIS vendors to facilitate communication for alignment of immediate and longer term objectives.

*If you are engaged in negotiations and have not heard from the HIS Secretariat, you may contact: [HISsecretariat@ontario.ca](mailto:HISsecretariat@ontario.ca)*

**What is the timing of this project?**

For HIS renewal to continue to be successful, the Ministry expects that any further activity involving contract negotiations with HIS vendors will be aligned with this provincial approach and the corresponding HIS Collaboratives. The Ministry will be advising HIS vendors of this direction shortly in order to hear their innovative ideas for achieving HIS Hubs that advance the goals of *Patients First*.

***For more information on HIS Renewal, please contact: [HISsecretariat@ontario.ca](mailto:HISsecretariat@ontario.ca)***