

**MINISTRY OF HEALTH AND LONG-TERM CARE /
SMART SYSTEMS FOR HEALTH AGENCY**

**REFERRALS STANDARD INITIATIVE
TERMS OF REFERENCE**

**IN SUPPORT OF:
CONTINUING CARE EHEALTH ELECTRONIC REFERRALS AND WAIT LIST TRACKING**

**VERSION 3.0
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Record of Changes

Revision	Description	Issue Date
0.1	Initial Working Version distributed for comment, feedback	August 5, 2004
0.2	Updates following feedback from SSHA	August 6, 2004
1.0	Updates following feedback from CCAC Regional Reps	September 7, 2004
2.0	Updates following feedback from SSHA	September 15, 2004
3.0	Updates following feedback from CC eHealth Council	September 20, 2004

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DOCUMENT PURPOSE

The purpose of the Terms of Reference is to provide a single reference for the overall approach, and terms and conditions for a Referrals Standard Initiative responsible for stakeholder collaboration on and the development and delivery of a referrals standard for Ontario's Continuing Care sector.¹

The Terms of Reference serves to ensure clarity in roles and responsibilities and accountabilities, and describes the relationships, deliverables and tasks for individuals or stakeholder groups involved with the initiative.

The audience for whom this document is intended includes: MOHLTC Senior Management, Smart Systems for Health Agency Senior Management, CC eHealth Council Members, Ontario eHealth Council Members, Referrals Standard Initiative work groups, and community and other stakeholders.

BACKGROUND

Referrals are an integral function in delivering community and home based services – they are fundamental to assisting in the seamless provision of services to clients needing to access a complex, comprehensive health service system. In 2003-2004, hospitals and physicians referred over 400,000 individuals *to* the Continuing Care sector for health services. For these individuals, approximately 5 million further referrals or service orders were exchanged between service providers *within* the sector in order to co-ordinate the delivery of approximately 26 million units of service. Such referrals are made via hard copy, fax, phone, email, or point-to-point standalone solutions, often result in re-entry of core client and referral data, and do not use a common data standard. Consultations across the CC sector routinely indicate that referrals are the “number one pain point” due to the volumes received and the amount of data collected and exchanged on each referral.

The Continuing Care (CC) eHealth Council has identified the automation of referrals as a key priority and a critical success factor to assisting the client in seamlessly accessing needed service from a complex, comprehensive health service system.

A Referrals Standard is a key dependency for electronic referrals and for ensuring consistent data collection when receiving self-referrals from clients and their families. At an OHISC standards priority-setting meeting on March 31, 2004, referrals was one of several standards identified as critically required for the Continuing Care sector.

Automating client referrals for the Continuing Care sector will enable:

- ~~✗~~ Availability of accurate and pertinent client referral information
- ~~✗~~ Faster, more secure exchange of client information
- ~~✗~~ Consistent client access to Continuing Care services

¹ CC eHealth Sector – as defined in the *CC eHealth Business Architecture*, a working artifact as background for “Ontario eHealth For Continuing Care: A Framework for Integrated Care” (August 2004)

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~~///~~ Improvement of wait list management.

REFERRALS STANDARD INITIATIVE MANDATE

Under sponsorship of the Continuing Care (CC) eHealth Council and Standards Management and Business Integration (SSHA), the Referrals Standard Initiative shall develop a referrals standard for the Continuing Care Sector. This standard will be co-ordinated and, where relevant, aligned with other Ontario eHealth standards initiatives.

PROJECT DELIVERABLES

The Referrals Standard Initiative shall deliver a common standard or standards for the secure exchange of Continuing Care sector client referrals, specifically the definition of:

- ~~///~~ The core and supplemental data that shall be exchanged when a client is referred for health services;
- ~~///~~ The business scenarios, circumstances, and business processes under which such data shall be exchanged;
- ~~///~~ Documented business, information, security, and privacy requirements and use cases for referrals;
- ~~///~~ Electronic message formats for standard referrals (HL7 aligned);
- ~~///~~ A change management strategy for adoption and maintenance of this standard.

SCOPE

The Referrals Standard Initiative shall focus on a referrals standard as it impacts the Continuing Care sector. This will include:

- ~~///~~ *General provider referrals* - for assessment, treatment, admission and discharge. This shall include referrals:
 - *TO the CC sector* from acute (hospitals) and primary care, from other health service providers, and judicial and forensic service providers;
 - *FROM the CC sector* to acute (hospitals) and primary care, other health service providers, and judicial and forensic service providers
- ~~///~~ *Self-referrals* – referrals received in the CC sector directly from a client or client family member / representative or the general public, requesting a CC health service
- ~~///~~ *Service orders* - from client care co-ordinators within the Continuing Care sector, requesting that specific health service(s) of a specific type and duration be provided to a client
- ~~///~~ *Service linkages or referrals within the sector* – between care providers / co-ordinators in the Continuing Care sector or a care provider and a client, referring or “linking” a client to the care of another

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TIMING

Work shall commence beginning in early September 2004 with an objective of presenting a proposed standard, representing CC eHealth Council consensus and approval, to OHISC by December 2004 for recommendation on standard adoption by MOHLTC and publication of an approved standard by March 2005.

STAKEHOLDERS

Primary stakeholders for the CC Referrals Standard Initiative, from whom input, feedback, and approvals shall be sought, include:

- ~~/~~ CC eHealth Council
- ~~/~~ Ontario eHealth Council
- ~~/~~ Ministry of Health and Long-Term Care
- ~~/~~ Smart Systems for Health Agency
- ~~/~~ Ontario Health Informatics Standards Council (OHISC)

Secondary stakeholders, who will be consulted for input and feedback, shall include:

- ~~/~~ CC eHealth Council Association membership organizations and providers
- ~~/~~ Other Community associations, boards, providers, programs (e.g., school boards, children's services, meals on wheels, hospices, supportive housing, treatment and education centres, device / oxygen vendors, independent health facilities)
- ~~/~~ District Health Councils
- ~~/~~ CC health services other payor groups (e.g., WSIB, Veteran Affairs)
- ~~/~~ Acute Care eHealth Association members (e.g., OHA)
- ~~/~~ Primary Care eHealth Association members (e.g., OMA)
- ~~/~~ Rehabilitation, Complex Continuing Care, and Specialty care representatives
- ~~/~~ Ministry of Education
- ~~/~~ Ministry of Children and Youth Services
- ~~/~~ Ministry of the Attorney General
- ~~/~~ Canada Health Infoway

INITIATIVE WORK GROUPS

Design and implementation of a referrals standard for the Continuing Care sector is a significant undertaking and will involve many players and organizations with diverse interests and expertise. To ensure a broad representation and input, the Referrals Standard Initiative effort shall be undertaken with two work groups, as follows:

Core Analytical Team (CAT):

- ~~/~~ Responsible for detailed analysis of current / best practices, MOHLTC / SSHA and other related standards, and drafting of initial referrals standard "strawdogs" using approved standards methodologies, techniques, and formats (UML, HL7, etc).
- ~~/~~ Will provide support to consultations with Stakeholder Consultation Groups (SCG)

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☞ Team members will include:

- Lead Initiative Architect
- 1 Business Analyst, 1 Technical Analyst, 1 Data Analyst (mix of dedicated and as-required resources from MOHLTC and / or SSHA)
- Standards Subject Matter Expert(s) - consisting of 1 SSHA SME and 7 Regional CCAC SMEs (involved in monthly detailed working sessions)

Stakeholder Consultation Groups (SCG)

☞ Groups of individuals (of up to 15 per session) will be pulled together on an ad hoc basis to gather requirements for and obtain feedback on referrals standards.

☞ Each group will be brought together for a 6 hour workshop (September / October) and, generally, will be formed to represent a cross-section of the stakeholders.

☞ It is envisioned that 2-4 of these stakeholder consultation groups will be formed.

APPROACH

The Referrals Standard Initiative will use the following approach to develop a referrals standard.

- ☞ Analyze current CC sector and best practices (incl. other jurisdictions, CIHI initiatives) referrals practices;
- ☞ Develop a draft referrals standard and review and revise through focus / feedback sessions with Stakeholder Consultation Groups
- ☞ Survey CC eHealth Council member association primes to confirm final draft standard proposal using workshops, focus groups, interviews, and questionnaires – aided, as possible, by technology (web survey, web meetings);
- ☞ Present a referrals standard to OHISC for input and recommendation on standard adoption by MOHLTC
- ☞ Identify, assess and propose recommendations for referrals standard adoption.

The Referrals Standard Initiative shall act solely as an advisory body to its sponsors.

RELATED INITIATIVES

The Referrals Standard Initiative will ensure alignment with other Ontario eHealth initiatives. In particular, the work groups will assess synergies and impacts of the following initiatives:

- ☞ Common Assessment
- ☞ Client Registry and Identification Management (CRIM)
- ☞ Electronic Health Record
- ☞ Ontario Laboratories Information System (OLIS) – Electronic ordering
- ☞ NeCST – e-claims
- ☞ Mental Health & Addictions initiatives (e.g., D.A.R.T.)
- ☞ Regional / local CCAC and other provider referrals initiatives
- ☞ Wait list tracking and CC services nomenclature standards initiatives.

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GOVERNANCE

The Work Group shall report directly to the Continuing Care eHealth Council.