

KOTM and **OTN** in Partnership

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Making the Connection for Health

Overview of Presentation

- OTN Overview
- Relationship with KOTM
- Building an agreement general principles
- Essential elements of the agreement
- OTN Expansion



What is OTN?

 Independent & not-for-profit telemedicine network, funded by the Province of Ontario

Vision:

 For telemedicine to become a mainstream channel for health care delivery and education

Mission:

 To develop and support telemedicine solutions that enhance access and quality of health care in Ontario, and inspire adoption by health care providers, organizations, and the public



OTN Snapshot – 08/09

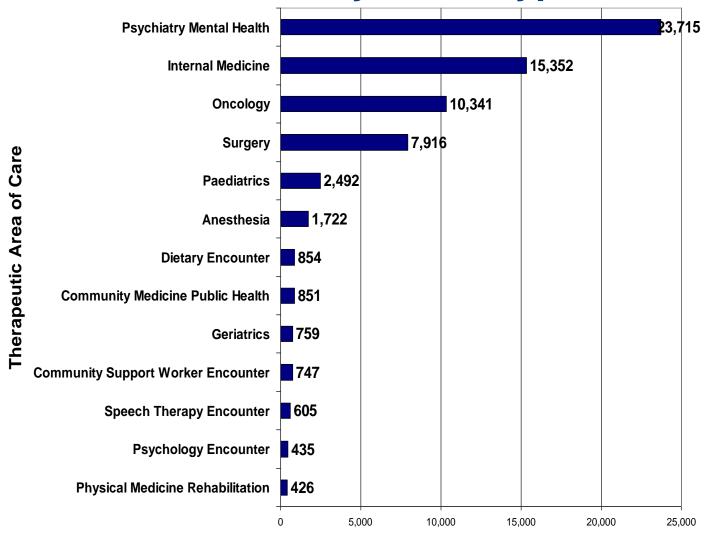
- 1,300 systems at 650 sites
- 200+ sub-specialty areas
- 2500+ HCPs including:
 - 1624 Referring Family Physicians
 - 1026 Consulting Medical Specialists
 - 240+ Consulting Allied Health Professionals
- Emergency telestroke services at 12 hospital sites
- YTD in 08/09 (11months):
 - 45,946 clinical events;
 - 8,330 educational events
 - 8,649 administrative events
- Target for year-end is 62,650 events







Utilization by Event Type



Number of events in Fiscal 2007/2008



Health Outcomes 07/08

• \$ millions avoided in Northern Health Travel Grants costs

32 million kilometers of travel avoided in Northern Ontario

 271 patients received emergency telestroke consultations in the ED and 64 received TPA



Partnership with KOTM

- KOTM and OTN (eHealth Ontario) are completely interoperable and secure for private patient information
- OTN sources, schedules and connects communities on the KOTM Network to physicians and other health professionals from across Ontario and Winnipeg to access clinical and educational services
- OTN pays physicians (administered by OHIP) who provide fee-forservice care via telemedicine to patients in communities connected by KOTM
- OTN provides second level help desk support and procurement for KOTM
- OTN and KOTM share best practices and training materials
- KOTM also engages aboriginal communities who are considering telemedicine in other parts of the province, such as Beausoleil First Nation on Christian Island and partners with OTN on provision of service



Building an agreement – general principles

The Agreement should reflect:

- The unique relationship between KOTM and OTN (not like other OTN members...more like a partnership)
- The highly collaborative and respectful nature of the relationship
- The obligations of both organizations to their respective funders
- The ongoing commitment to maintain interoperability



Essential Elements of the Agreement

- Sets the standards and documents the mutual obligations of the organizations to support the standards
- Ensures seamless inter-operability from an operational/process perspective
 - E.g. Scheduling & referral management operate according to common processes
 - Sharing of OTN's proprietary scheduling application
 - E.g. Sharing of training processes and products
- Compliance with Provincial privacy standards (PHIPA)
- The Technical Service Level Agreement (TSLA) ensures seamless inter-operability from a network/technology perspective
- Support for multi-point bridging through OTN's Service Desk

Telemedicine Expansion 2007 - 2010

| Adoption and Integration | Grow telemedicine utilization at existing sites |
|--|--|
| | Establish a web-enabled, self-service telemedicine capacity |
| | |
| Community Based Telemedicine | Connect 250 new systems in 7 priority sectors (including mental health – psychiatrists' offices, community mental health agencies, ACT teams, Schedule 1 facilities, LTC) |
| Primary Care / Family Health Teams | Provide telemedicine to 70 Family Health Teams and their most important care delivery partners for a total of 225 sites (including shared mental health care for adults and adolescents) |
| | Develop next generation videoconferencing and "store and forward" telehealth solutions |
| Emergency Telemedicine Service Delivery Model | Develop a sustainable model for emergency telemedicine at 85 sites. |
| | Expand the telestroke program and initiate emergency care to long-term care facilities |
| | |



THANK YOU

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