# 3
# IMPLEMENTATION OF THE INTEGRATED PUBLIC HEALTH INFORMATION SYSTEM (iPHIS)

**The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, April 20, 2005, from the Commissioner of Health Services:**

## 1. RECOMMENDATION

It is recommended that:

1. Committee and Council authorize the receipt and expenditure of $34,664 in one-time 100% Ministry of Health and Long-Term Care (MOHLTC) funding for iPHIS implementation (*see Attachment 1*).

2. The Commissioner of Health Services and Medical Officer of Health be authorized to execute a Hosting Services Module (HSM) agreement with the Smart Systems for Health Agency (SSHA) of the MOHLTC necessary to implement iPHIS for York Region Health Services (YRHS).

## 2. PURPOSE

The purpose of this report is to:

- Obtain Committee and Council approval to receive and expend 100% Provincial funding to implement iPHIS
- Authorize the Commissioner of Health Services and Medical Officer of Health to execute the necessary agreement to implement iPHIS for YRHS
- Explain the MOHLTC requirements and advantages of this new disease reporting technology

## 3. BACKGROUND

On September 4, 2003, Regional Council adopted Clause No. 3 contained in Report No. 6 of the Health and Emergency Medical Services Committee entitled *Integrated Public Health Information System (iPHIS) Pilot Project*. Adoption of this report allowed YRHS to participate in the pilot testing of this infectious diseases reporting system.

The Province has amended Ontario Regulation 569 of R.R.O. 1990 under the *Health Protection and Promotion Act (HPPA)*, effective January 12, 2005, to mandate the use of iPHIS, as a replacement for the Reportable Disease Information System (RDIS), for all disease reporting to the Ministry covered by the *HPPA.* This amendment also allowed for

this continued use of RDIS during the transition period to full iPHIS implementation (*see Attachment 2*).

RDIS has been used in Ontario since 1988. It is an aging system that is severely limited when compared to currently available information technology and demands. It is based on a proprietary architecture that is no longer widely used or supported. It is a "stand-alone" system that is DOS-based and cannot be integrated with other systems. By contrast, iPHIS is a secure, web-based, integrated, client-centered case management and reporting information system designed to improve the accuracy, quality, timeliness, coordination and delivery of case management and surveillance information for reportable and emerging diseases.

As part of the provincial response to the Walker, (interim) Campbell and Naylor reports, a commitment was made to have iPHIS installed and operational in the MOHLTC, Infectious Diseases Branch, before the end of 2004 and in all public health units by the end of 2005. Once iPHIS is "rolled out" to a health unit, the use of the current RDIS for disease reporting and case management will cease.

The version of iPHIS to be installed in Ontario health units will be functional for all reportable and emerging diseases and will also be capable of managing any major outbreaks (such as SARS), including contact and quarantine management, and surveillance. A specific Ontario Outbreak Module was developed, post-SARS, to ensure that all these functions were included in this initial version. As other information systems are developed, future versions of iPHIS will be able to receive and manage electronic laboratory reports and immunization notifications, and instantly associate them with the client record. Currently, these data must be entered by hand into separate, non-integrated electronic databases.

iPHIS uses the same Smart Systems for Health Agency (SSHA) technology as the Integrated Services for Children Information System (ISCIS) used by the Healthy Babies Healthy Children program. In order to use this technology each health unit must sign a Service Level Agreement (SLA) with SSHA. Recently a master SLA has been prepared for ISCIS by SSHA for all health units that will allow for future addendums, known as Hosting Service Module agreements (HSM), to be signed as new systems and services are added; York Region signed the master SLA in April 2003. Another HSM will need to be signed before iPHIS can be used by YRHS.

iPHIS has been reviewed by the Information and Privacy Commissioner, and undergone a Provincial Privacy Impact Assessment. The results of this assessment are yet to be communicated by the Province.

## 4. ANALYSIS AND OPTIONS

Based on the Assessment Readiness Questionnaire completed for the MOHLTC in September 2004, York Region is scheduled to begin the transition to iPHIS on April 28, 2005 with a "Go Live" date (after which RDIS will no longer be used for reporting) of July 11, 2005.

In YRHS, 52 staff in the Infectious Diseases Control Division and 12 staff in the Health Protection Division, most of whom are current users of RDIS, will be users of iPHIS and require training. A smaller number of staff will also need training on a parallel system for extracting reports from the iPHIS database. Training for iPHIS will be delivered using the "train-the-trainer" model. A team of four York Region trainers will attend specialized training at the MOHLTC Toronto location in June. These York Region trainers will then provide module-specific iPHIS training to approximately 60 staff at the Region's IT training facilities in July and August. In addition to training, another major consideration is the requirement to convert and transfer all data from RDIS to iPHIS.

The MOHLTC will provide support through Rollout Teams to assist with training, change management and the transition to iPHIS.

It is important to note that in the event of a SARS-like emergency or other major outbreak in Ontario, iPHIS could be immediately rolled out to all health units simultaneously without the benefit of a training/transition period.

### 4.2 Relationship to Vision 2026

The implementation of the iPHIS system will be consistent with the Vision 2026 goal of Responding to the Needs of our Residents by Promoting Public Wellness and Meeting People's Basic Needs.

## 5. FINANCIAL IMPLICATIONS

York Region Health Services has received confirmation from the MOHLTC of $34,664 of one-time 100% funding for iPHIS implementation in 2005. A portion of this funding will be spent on additional clerical support (1,100 hours) that is required for the data conversion portion of the project. The following chart shows the details of how the 100% MOHLTC funding will be expended.

**Table 1**
Implementation of iPHIS

| | Expenditures |
|---|---|
| Additional Clerical Costs | $25,285 |
| Software/Hardware | 2,039 |
| Program Expenses (Training & Mileage) | 7,340 |
| Gross Expenditures | $34,664 |
| 100% Funding from MOHLTC | 34,664 |
| Net Tax Levy | $ 0 |

In addition to the above, staffing costs for training (5 days for 64 staff) amount to approximately $98,000 gross ($44,100 net); these costs have been included in the approved 2005 Business Plan and Budget.

## 6. LOCAL MUNICIPAL IMPACT

The implementation of iPHIS will allow for the improved tracking and capturing of data of reportable diseases for all York Region residents.

## 7. CONCLUSION

Ontario health units and the MOHLTC are in the process of adopting iPHIS, a new disease reporting and case management system for reportable diseases that is web-based and secured through SSHA technology. A Hosting Services Module agreement must be executed with SSHA in order to implement this technology. The MOHLTC has awarded York Region with $34,664 in one-time Provincial funding to implement this new system. The iPHIS system will allow for improved accuracy, quality, timelines, coordination and delivery of infectious diseases reporting.

The Senior Management Group has reviewed this report.

*(The attachments referred to in this clause were included in the agenda for the May 12, 2005 Committee meeting.)*