accessible by means of the provincial electronic health record.

Specifically, information practices that comply with the *Act* include policies and procedures with respect to:

- When, how and the purposes for which personal health information is collected, used, disclosed, retained and disposed; and
- Administrative, technical and physical safeguards and practices implemented with respect to personal health information.

Main Changes

The provisions in Bill 119 proclaimed into force include:

- A redefinition to clarify that viewing personal health information is a "use"under *PHIPA*.
- Reasonable steps to ensure personal health information is not collected without authority.
- New provisions requiring notification of "privacy breaches".
- Amendments to the provisions related to prosecution of offences under *PHIPA*.

IHFs are required to notify the IPC when theft, loss or unauthorized use or disclosure of personal health information occurs. Also, if an employee is terminated, suspended or disciplined due to mishandling of personal health information, regulatory colleges are required to be notified.

The time limit period for commencing a prosecution when an offence has occurred has been removed. And fines for offences have doubled from $50,000 to $100,000 for individuals and $250,000 to $500,000 for an organization.

Collection, Use & Disclosure

If other information will serve the purpose, personal health information is not permitted to be collected and should only be collected, used or disclosed when reasonably necessary. Individual consent, whether express or implied or assumed implied, must be obtained to collect, use or disclose personal health information. The individual giving consent must know the relevant purpose for the collection, use or disclosure of his/her information and that he/she may give or withhold their consent. The information may not be obtained by deception or coercion. Resource: *Circle of Care: Sharing Personal Health Information for Health Care Purposes* (which clarifies the circumstances in which consent may be assumed to be implied. It is available at www.ipc.on.ca).

Withholding or Withdrawing Consent

Under the *Act*, individuals have the right to withhold or withdraw consent to the collection, use or disclosure of personal health information, including for the purpose of providing health care. When an IHF is prevented from disclosing personal health information to another healthcare provider when it is believed to be reasonably necessary for the provision of health care, the other healthcare provider must be notified so that they may explore the matter with the individual and seek consent to access personal health information directly.

Without Consent Specifications

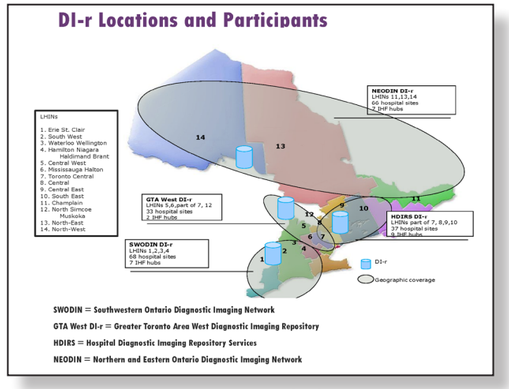
Collections of personal health information permitted without consent are set out in Section 36 of the *Act*. Similarly, uses permitted without consent are set out in Section 37 and disclosures permitted without consent are set out in Sections 38 – 48 and Section 50 of the *Act*.

Excerpt from the Office of the Information and Privacy Commissioner of Ontario presentation by Brendan Gray, Health Law Counsel, at the IDCA 2016 conference.

E-Health Report Card

To date, 25 IHF hubs, comprised of approximately 231 facilities, have been integrated into the existing four Diagnostic Imaging Repositories (DI-rs) representing 3.6M (of the more than 15M) insured services captured annually.

Although more than 80% of insured services are performed at IHF facilities that are "digitally enabled", there have been some challenges facing the further integration of the IHF community. Participation has been voluntary to date and "lean staffing" (with IT capabilities) within IHFs makes the integration process difficult for some licencees. The financial investment per IHF hub integration has been prohibitive for many. Furthermore, sustainment of IHF participation in the DI-rs may be unaffordable in light of both operational and capital costs required to maintain sustainment, which may include facilities moving locations, RIS/PACs installations, rising insured service volumes, etc. And, there is a concern regarding declining return on investment regarding the number of insured services captured per future integration.



Next Steps

The certainty, scale, scope and timing of future IHF integrations are yet to be determined. The Ministry's Patient First commitments like improving coordination across the health care system and LHIN-led transformation will require robust eHealth capacity.

eHealth Ontario's 2.0 future strategy and management will be guided by the principles and strategic objectives that support the Ministry *Patients First* commitment to provide faster access to innovative, connected and integrated care. Patients and caregivers will have tools to enhance the quality of their care and access to their health information from a fiscally sustainable public health system.

Excerpt from the eHealth presentation by Angela Lianos, Director, Provincial Accounts, at the 2016 IDCA conference.

Independent Diagnostic Clinics Association

IMAGING today

WINTER 2017

www.idca.ca

A Publication of the Independent Diagnostic Clinics Association

MESSAGE FROM THE BOARD

2016 has been a successful year for the IDCA. We were invited to participate in a number of government-sponsored initiatives that will impact our collective futures and appreciated the number of members who volunteered to share their expertise. The most significant of these was participation in the advisory committee of the Health Quality Ontario Improvement Project to build an integrated system for quality oversight in non-hospital clinics. The recommendations (as cited in the previous issue of our newsletter) are being reviewed by the government and the IDCA will continue to participate with membership on the implementation committee when it is convened to ensure the voice of community-based diagnostic imaging is being heard.

In addition, at long last, the IDCA has been given the opportunity to present to the LHIN CEO council in early 2017. With their expanded role in the *Patients First* legislation, it is time to remind LHINs of the value of IHFs in Ontario's health care system and the importance of incorporating IHFs into community capacity planning, especially with the expanded responsibilities LHINs face.

Following a very successful conference in September of this year, the IDCA elected a new Board of Directors which represents a wealth of experience from a variety of diagnostic service modalities. Your 2016-2017 Board includes:
Gerald Hartman, President, IDCA; True North Imaging
Glenn Kayama , Danforth/Main Diagnostics
Igal Holtzer, Dialysis Management Clinics
Jason Reaney, MyHealth Centres
Dave Williams, Thunder Bay Diagnostics
Karey Hogan, Windsor Radiology Associates

Finally, we would like to take this opportunity to wish you a prosperous New Year and we look forward to you continuing to unite and represent your peers, participating in future initiatives. If there is information you need, contact the IDCA. We look forward to suggestions to help educate us all especially at our annual conference, which in 2017 will be on Friday September 8th, at the Le Parc Conference Centre in Richmond Hill. All the best in 2017!

HOLD THE DATE!
THE IDCA'S 2017 CONFERENCE WILL BE SEPTEMBER 8TH AT LE PARC CONFERENCE CENTRE IN RICHMOND HILL.

Heads Up...

INFECTION CONTROL FUNDAMENTALS

The Ministry of Health and Long-term Care's (MOHLTC) Independent Health Facilities Program (IHFP) reminds all independent health facilities (IHFs) that infection control is fundamental to ensuring patient health and safety. Please see the Public Health Ontario webpage for the latest information at http://www.publichealthontario.ca. From this webpage you can access the quick link for "PIDAC" to find a variety of documentation related to infection control.

Infection control concerns may be identified at the time of an IHF assessment through a complaint made directly to the Ministry or through a complaint made to another organization. Complaints may be investigated by the College of Physicians and Surgeons of Ontario, the Public Health Unit for the region in which the IHF is located, or by another appropriate organization.

When a concern has been noted regarding an IHF, the Director of the IHF Program, MOHLTC, is advised and updated regularly regarding the progress to address the recommendations. The Director expects that an IHF will immediately implement recommendations made as a result of an investigation and may consider licensing action based on information provided from any source that indicates a risk to patient health, safety and/or welfare. This may include failure to address infection control recommendations. If an IHF has questions regarding infection control requirements you may contact the CPSO, your local health unit or the IHF Program, MOHLTC.

Prepared by George Clarke, IHFP, MOHLTC.

Building an Integrated System for Quality Oversight in Non-hospital Medical Clinics

Key trends worldwide have been noted for the concept of quality in health care. There is a growing need for health care organizations to be more flexible and responsive to the needs of the public and patients in light of more comprehensive recommendations and standards of care. There is a growing international trend towards open government and open data with a persistent challenge to scale up and spread quality improvement.

In December 2014, the Minister of Health and Long-term Care asked Health Quality Ontario (HQO) to examine the current quality oversight programs in all non-hospital medical clinics and recommend steps to improve quality oversight in these settings. HQO set up an advisory committee of health care leaders to consider all existing quality assurance programs and relevant regulations and looked into clinics and services that were not currently subject to any form of oversight.

The advisory committee engaged the public, patients and providers to gauge current understandings and identify discrepancies between preferences, expectations and current practices. It defined quality across six dimensions: safety, effectiveness, patient-centred care, timeliness, efficiency and equity before reviewing the current state of quality oversight in the province to understand the strengths and weaknesses of the two regulatory systems for non-hospital medical premises (for IHFs and Out-of-Hospital facilities). Its goal was to make recommendations that support a system of quality oversight that would be integrated, comprehensive, consistent, transparent, future-oriented and responsive, and practical.

The resulting 12 recommendations supported better information for patients, clinicians, policy makers and regulators. Each would know more about which procedures are being performed where, by whom and under what conditions. Complexity would be reduced such that how oversight is provided could be explained in a transparent and understandable way.

Clear roles, mandates, accountabilities and authorities would be integrated in the oversight system. Program requirements would be developed in a transparent way, informed by evidence and expert opinion, to ensure a fair, consistent system.

Ultimately, we will have a transparent, patient-focused system with an enhanced centralized public reporting so patients and providers can make informed decision about their healthcare and provide feedback.

Next steps: with the Government's approval of the recommendations, implementation consultations.

Excerpt from Health Quality Ontario presentation "Quality in Ontario: better had no limits" by Michelle Rossi, Director, Policy & Strategy, at the IDCA 2016 conference.

Quality in non-hospital clinics defined

Domain	What it means in non-hospital settings
Safe	• Clinicians practice within the scope of their certification and experience • Best practices in infection control and prevention are employed • Critical incidents and adverse events are reported and investigated, with protocols in place for communicating with patients • Facilities meet accessibility standards • Consistent oversight is in place, with clear definitions of roles (within both the facility and the regulatory environment). • Program standards and inspection protocols are designed to support enhanced patient safety.
Effective	• The right services are provided to the right patients, with full transparency around the merits of add-on services that may be offered. • Procedures are performed competently and according to current best practices. • Referrals are appropriately provided.
Patient-centred	• Patient values inform all clinical decisions • Patients have access to information that helps them make informed choices • Patients receive accurate and timely information about their procedure and aftercare • Facilities are clean and offer a consistent experience • There is a defined and transparent complaint resolution process in place • Patients are treated respectfully.
Timely	• Wait times for procedures are tracked • Facilities provide timely turnaround of reports to referring clinicians
Efficient	• Facilities make best use of their public funding • Data is collected that enables robust performance management of both quality and finances and informed policy-making • Accountabilities are clearly defined and are based on a common set of standards and priorities.
Equitable	• Ontarians who seek insured services are not subject to additional fees. • Upgrading of services or devices is never a condition of accessing an insured service.

Panel Observations: the current system

SRENGTHS
- Strong legacy of inspections and assessments in IHFs
- Robust program design in the OHPIP
- Good standards development process for both programs
- Start on public reporting
- Ability to conduct direct observation of physicians during their practice.

OPPORTUNITIES
- Potential for combining regimes into one "best of" program
- Reforming what is made available to the public
- Putting additional provisions into place to curb extra-billing and "upselling"
- Building quality improvement mechanisms (e.g. QIPs) and capacity in sector
- Current initiatives to define minimum data sets for standardized provincial reporting in outpatient physiotherapy clinics and community-based specialty clinics present opportunities to dovetail proposed new IHF-OHP reporting requirements as part of larger non-hospital facility reporting strategy.

THREATS
- Risk level (anaesthesia) insufficient
- Fragmentation presents possibility for gaps in oversight
- Rapid growth of both insured and non-insured services in non- hospital facilities.

WEAKNESSES
- Artificial distinction between IHFs and OHPs – to providers and the public they are basically the same
- Complexity and inefficiency from having two quality programs
- Differing enforcement ability
- Lack of formal communication, connection and role clarity between public health, CPSO and MOHLTC
- Public reporting provides insufficient information
- "Conditional pass" designation not understandable to the public
- Poor regulatory flexibility for responding to new or changing procedures and associated risks
- Standard 5 year inspection timeline requires flexibility
- Lack of quality improvement protocols (e.g. Quality Improvement Plans) and capacity in sector
- Little facility-level reporting or patient-level activity data, hinders quality measurement, policy-making
- Quality oversight standards do not apply to procedures performed in clinic that are not included in program
- Current programs do not fully oversee all interdisciplinary providers
- Potential for this sector to remain isolated although integrated care is an enabler of higher quality for patients.

Milestone Reached with Release of Mammography QMP Reports

The Mammography Quality Management Program (QMP) reports were emailed to all mammography facilities in Ontario in late November. These reports contribute to an understanding of mammography quality at the facility, regional and provincial levels and are valuable tools for driving conservations about quality and quality improvement.

The reports contain information on select recommendations and indicators. For example, the Mammography Expert Advisory Panel recommended that all facilities participate in the Ontario Breast Screening Program (OBSP); reports show that as of April 2016, 91/120 IHFs (76%) and 100/120 hospitals (83%) participated. Facilities that participated in the OBSP in 2013-2014 can also see their facility performance for aggregated radiologist outcomes and wait times (with important caveats noted on the report cover page). Between November 2016 and March 2017, QMP regional leads will be hosting events about QMP reports for all facilities in their region. IHF leads will be invited to these events and should follow-up with their regional leads for more information.

Going forward, the Partnership is planning to release facility-, regional-, and provincial-level reports with updated data in Spring 2017 and has begun planning for physician-level reporting in 2018-2019. The Mammography QMP Provincial Quality Committee met recently and has started to work on expanding mammography data collection, developing standardized mammography report templates, and providing quality improvement resources.

For more information, please visit www.qmpontario.ca, or email: info@qmpontario.ca if you have questions about the reports or your regional lead.

Submitted by Kathleen Sibley, People, Strategy and Communications, Cancer Care Ontario.

IDCA Independent Diagnostic Clinics Association

Transparency of Information Practices

All health information custodians such as independent health facilities (IHFs) must have and make available a written public statement that describes the organization's information practices, a designated contact person authorized by the organization, the procedure to obtain access to information and how to request a correction of his or her records of personal health information. Also, instructions as to how a person may make a complaint to the IHF and to the Information and Privacy Commissioner (IPC)/Ontario must be cited.

On June 3, 2016, all provisions of Bill 119, the Health Information Protection Act 2015, relating to the Personal Health Information Protection Act (PHIPA) 2004, were proclaimed into force with the exception of Part V.1. which relates to the provincial electronic health record. Although regulations required by the Bill have not been made as yet, the provisions proclaimed apply to all personal health information not simply that which is