



Integrated Decision Support (IDS)

Enhancing Access to Integrated Health Data for Ontario's Health Care Providers

An OHA Collaborative



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Who we are

Health system integration has been a long-standing goal for both health care providers and governments alike. However, access to data has been a persistent and common challenge to integration.

Integrated Decision Support (IDS) was developed to address the frustrating data “blind spots” across the system. IDS is a data sharing platform across a host of subscribers, which today includes hospitals, home and community care, primary care, community health centres (CHCs), paramedic services, community mental health (Canadian Mental Health Association or CMHA), public health, and Ontario Health. It offers quality improvement data on shared-care patients across a continuum of health care services – not just what occurs within the purview of a single organization or provider. Over the years, IDS has evolved into Ontario’s most mature and widely used collaborative solution for sharing integrated health partner data for planning, system-wide improvements, measurement and evaluation, population health, and analytics.

What we do

Building a better health system for Ontario requires shared insight and information across the system and IDS enables this shared insight by actively collecting and linking standardized data sets for hospitals, home and community care, primary care, community health centres, CMHA, paramedic services, population census, and the Ontario Marginalization Index algorithm. When organizations across the health system have access to the same information it allows for better informed system-level collaboration.

Because patients have the right to choose where they receive care, many times crossing regional boundaries, IDS offers viable and effective tools that give providers a line of sight into the patient journey. More than just a data sharing platform, IDS makes it easy to turn data into insights through hundreds of pre-built, on-demand reports, dashboards, and tools that save analysts countless hours of data preparation work. This equips providers with greater insight into potential solutions aimed at generating efficiencies and enabling better system planning – and most importantly, improving patient outcomes by being more responsive to their needs.

How we do it

Currently, IDS links patient data for more than...

100+

Health service providers
across several regions

1000+

Users

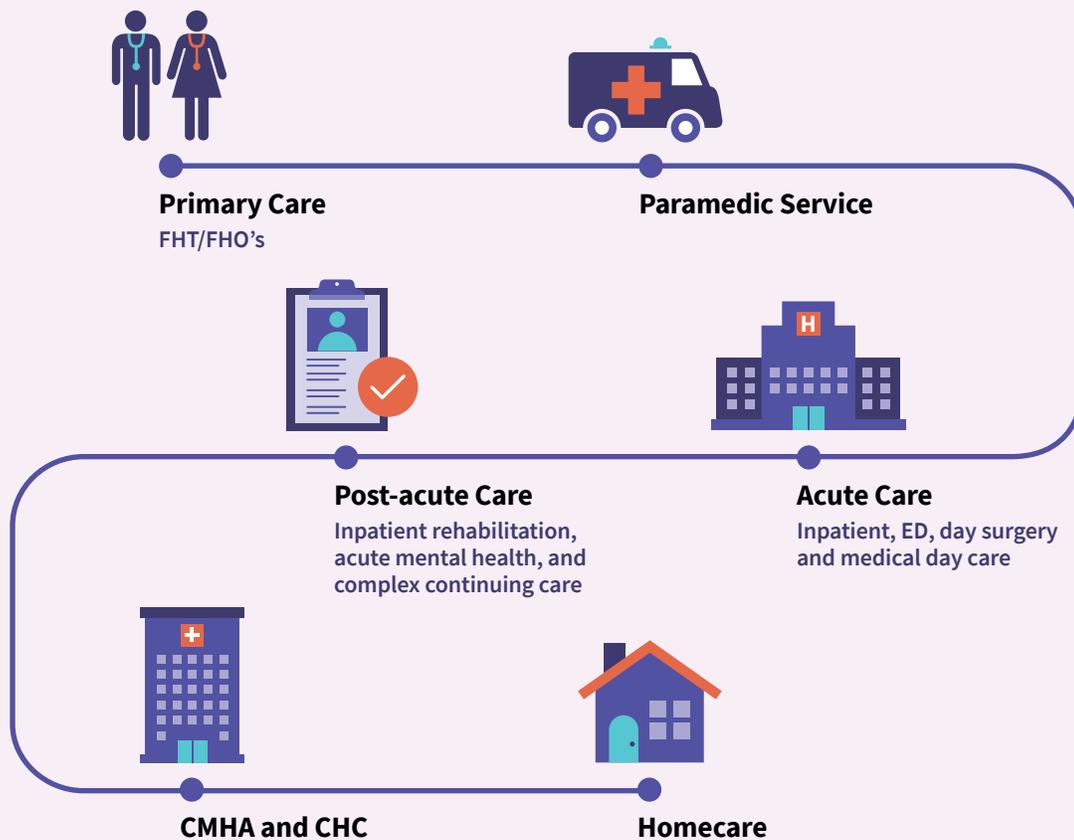
155+M

Encounters

9.5+M

Unique patients

Using a near real-time longitudinal patient record,
IDS clients can follow the patient data:



These data are used for system planning, performance management and operational efficiencies, analytics, reporting, patient transitions in care, outcome measurement and evaluation, and population health management.

IDS also integrates province-wide Statistics Canada Population Census information and has created the Ontario Marginalization Index algorithm, allowing population health equity concerns to be married with healthcare utilization data, thereby enabling a population health management approach right to the patient level.

IDS is continuously growing due to its unique ability to support Ontario Health Teams (OHTs), integration activities, and cross-sector care programs like bundled care.



What's different?

Timeliness of the data available through IDS is critical for providers' analytics, and as such, any new data, when submitted, are made available weekly in IDS, with most organizations submitting new data each month.

IDS is continuously growing due to its unique ability to support Ontario Health Teams (OHTs), integration activities, and bundled care. Continued expansion of the network to include more data sharing partners will give more OHTs the benefits enjoyed by current IDS users and provide limitless possibilities and opportunities to evaluate changes to programs and services as teams mature and bring on new partners. Exciting pilots are underway within various OHTs related to long-term care, nurse practitioner led clinics, and other community mental health providers, all of which hold significant promise with respect to additional data for IDS' longitudinal patient journey information.

As a not-for-profit collaborative solution that is provider-led and locally developed – IDS is able to be responsive to its clients' needs. This shared resource is a pathway for organizations who are looking to address data gaps which have impeded their efforts to integrate care. The more health care providers participate in the network, the richer the data available to improve health service delivery across the province. Ultimately, IDS has great potential to support the vision of an integrated and patient-focused system of care.

Benefits of IDS

Integrated Patient Data – IDS offers a comprehensive ready-to-use platform with an integrated view of patient activity. Organizations are not limited to just their current partners, but any IDS participant that your patients have encounters with

Save Analyst Time – By removing the “grunt work” of data analysis, IDS helps save much-needed time. The pre-linked data, complete with pre-defined flags, metrics, and segmentation tools, saves countless hours of data preparation. Curated tools allow analysts to easily monitor, benchmark and evaluate cross-sector interactions and performance

Economies of Scale - There is no need to build infrastructure, reports and negotiate multiple partner agreements as IDS provides a robust, pre-built platform with data governance and hundreds of pre-built solutions inspired by the active community of analyst users

Timely Access to Data – Getting access to data that is 30 to 55 days post-encounter supports rapid cycle outcome testing and performance monitoring. Plus, the IDS cubes can be made accessible to your own BI tools in addition to the tools provided within the IDS Portal

IDS can segment, cluster and stratify the population to identify ‘actionable’ patients within an integrated care risk pyramid and complementing the quadruple aim framework. Key Performance Indicators can then be applied to your cohort for tracking, trending and evaluation.



By Disease/Diagnosis/
Condition



By Utilization/Cost



By Ontario Health/
Ministry of Health
Indicators/KPIs



By Patient
Risk Score



By Geography



By Proxy Attributed
Population



By Social
Determinants
of Health



By combinations
of above

Interested to learn more? Contact:

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