

Written submission to Standing Committee of the Legislature

Bill 87, Protecting Patients Act Schedule 1: Immunization of School Pupils Act - Mandatory provision of immunization information to Medical Officers of Health

On behalf of members of the Council of Ontario Medical Officers of Health (COMOH), I am writing to communicate concerns that our members have regarding the proposed amendments to the *Immunization School Pupils Act* {ISPA} (Section 10) under Bill 87, Protecting Patients Act. COMOH is made up Medical Officers of Health and Associate Medical Officers of Health who are the physician leaders of the 36 public health units in Ontario.

We are very supportive of the Government of Ontario's commitment, through its Immunization 2020 plan, to ensuring that public acceptance, availability and uptake of immunizations are improved through a high performing, integrated immunization system. We agree that immunization is one of the most successful and cost-effective health interventions available, and our members remain its most vocal advocates.

One of the proposed amendments to ISPA requires mandatory health care provider reporting of immunizations to Medical Officers of Health (MOHs). This will significantly reduce the need for individual reporting of immunization records by parents/guardians. Requiring health care providers to report immunizations to MOHs should only be fully implemented when the capability for seamless electronic reporting is in place.

We recommend that the provincial government accelerate efforts to enable full electronic reporting of vaccinations administered by physicians and other health care providers to local health units by integrating electronic medical record (EMR) systems from physicians' offices into the provincial electronic database, Panorama, to allow seamless and automatic electronic reporting of immunizations given to children 0-17 years of age for designated diseases by health care providers directly into Panorama. The changes to the Immunization School Pupils Act related to health care provider reporting of immunizations should not come into force until electronic reporting is fully integrated.

Interim solutions to mandatory physician reporting of immunizations should not be adopted. Interim solutions will be manual processes that are inefficient for the physician and MOHs. For instance, if physicians are allowed to fax immunization information to MOHs, his/her PHU will have to manually enter the information into the electronic database, Panorama. Manual entry of immunization information is time-consuming, inefficient and will result in delays in obtaining real time immunization data.

Immunization Connection Ontario (ICON) is another interim solution for physician reporting by the Ministry of Health and Long-Term Care that should not be adopted. This interim measure would require physicians to manually enter demographic and immunization information into the electronic portal, which is then uploaded to PHUs. The PHU then has to manually accept each report through a system called PHIX (Public Health Information Exchange), so it can be input into the electronic database,

Panorama. This process is time consuming for the physician and likely to result in low compliance. It is also time consuming and inefficient for PHUs, and will further burden PHUs that are operating their immunization programs at and beyond capacity.

New York City (NYC) Department of Health and Mental Hygiene has had a mandatory reporting system for immunizations for over 20 years. Since 2008, all immunizations have been reported electronically and the vast majority transmitted by automated systems through EMRs. It has excellent compliance as a result and very good immunization records, capturing 90% of immunizations administered to children aged 0 to 18 years. It initially began with paper-based reporting in 1996, and experienced challenges with accurately matching patients to its database; reconciling duplicate records; poor data quality and expensive manual data entry. The completeness and timeliness of reporting improved, when the primary method of reporting transitioned to electronic reporting from electronic health records, and the compliance for reporting became far less burdensome for providers. Ontario should learn from the experience of New York City.

In summary, we are supportive of receiving children's immunization reports directly from physicians and other health care providers because it will significantly reduce the need for individual reporting of immunization records by parents/guardians and PHU staff time for data entry.

Seamless electronic reporting through EMRs is the only solution to mandatory physician reporting of immunizations for children. It will be efficient for both the physician and MOHs. It will also be the closest Ontario has gotten to an immunization registry that has real-time immunization data for children.

We hope that you will take these recommendations into careful consideration. We look forward to doing our part to assist you in meeting the strategic framework of Immunization 2020 to better the health for all Ontarians.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'P. Sutcliffe', with a stylized, flowing script.

Dr. Penny Sutcliffe, Chair
Council of Ontario Medical Officers of Health (COMOH)

Council of Ontario Medical Officers of Health

The Chair (Mr. Monte McNaughton): We're now going to have the Council of Ontario Medical Officers of Health present next.

Interjections.

The Chair (Mr. Monte McNaughton): And then we're going to go to Peel Public Health after. We're reversing them, if that's okay with the committee. If you'd state your name for Hansard and then begin with your presentation. You have six minutes.

Dr. Vinita Dubey: Good afternoon. My name is Dr. Vinita Dubey. I am a public health physician and an emergency medicine physician. I'm here today in my role as an associate medical officer of health for Toronto Public Health and as a member of the Council of Ontario Medical Officers of Health, COMOHO.

COMOHO is made up medical officers of health and associate medical officers of health who are the physician leaders of the 36 public health units in Ontario. I am here to communicate concerns that our members have regarding schedule 1, the Immunization of School Pupils Act, and the mandatory provision of immunization information to medical officers of health. We are very supportive of the government's commitment, through its Immunization 2020 plan, to ensure that public acceptance, availability and uptake of immunizations are improved through a high-performing, integrated immunization system.

Mandatory health care provider reporting of immunizations to medical officers of health will significantly reduce the need for individual reporting of immunization records by parents. Right now, the onus is on parents to report their child's immunizations to their public health unit. However, requiring health care providers to report immunizations directly to medical officers of health should only be fully implemented when the capability for seamless electronic reporting is in place.

In particular, we recommend the government accelerate efforts to integrate electronic medical record (EMR) systems from physicians' offices into the provincial electronic database used by public health called Panorama; and, secondly, that the government support mandatory reporting of immunizations given by physicians and other health care providers from EMR systems directly to the medical officer of health.

This will allow seamless and automatic electronic reporting of immunizations given to children zero to 17 years of age, directly into Panorama.

Furthermore, these schedule 1 changes to the ISPA should not come into force until electronic reporting is available.

Interim solutions to mandatory physician reporting of immunizations should not be adopted, such as allowing physicians to fax immunization information, or adopting Immunization Connect Ontario, or ICON, which is an electronic portal for physicians to report immunization information to medical officers of health. These interim solutions will require manual entry or processing of immunization information by public health units. This is time-consuming and inefficient and will result in delays for real-time immunization data. Interim solutions will also be time-consuming for the physician and will likely result in low compliance.

The New York City department of health and mental hygiene has had a mandatory health-care-provider reporting system for immunizations for over 20 years. Since 2008, all immunizations have been reported electronically and the vast majority transmitted by automated systems through EMRs. As a result, it has excellent compliance and very good immunization records, capturing 90% of immunizations given to children aged zero to 18 years. The program started in 1996 with paper-based reporting, and experienced challenges with accurately matching patients to its registry, reconciling duplicate records, incomplete information, and expensive manual data entry. The completeness and timeliness of reporting improved when the primary method of reporting was automated from electronic health record systems. The compliance also improved because it was less burdensome for the health care provider to report. Ontario should learn from the experience of New York City.

Ontario already has experience integrating complex health information with EMR systems. OLIS, the Ontario Laboratory Information System, is an eHealth Ontario system to connect hospitals, community laboratories, public health laboratories and health care providers to facilitate the secure electronic exchange of laboratory test orders and results. As an integrated repository of tests and results, OLIS receives over 91% of laboratory tests performed across Ontario. In partnership with OntarioMD, eHealth Ontario has certified 11 EMR systems for access to OLIS data. To date, over 10,000 clinicians are receiving laboratory information from OLIS directly into their EMR system.

In summary, we are very supportive of receiving children's immunization reports directly from physicians and other health care providers through seamless electronic reporting by EMRs. It will be the closest Ontario has gotten to an immunization registry that has real-time data for children. We hope that you will take these recommendations into careful consideration. We look forward to doing our part to assist you in meeting the strategic framework of Immunization 2020 to better the health of all Ontarians. We agree that immunization is one of the most successful and cost-effective health interventions available, and our members remain its most vocal advocates.

The Chair (Mr. Monte McNaughton): You had one second to spare, so you did very well. We'll move to Mr. Yurek.

Mr. Jeff Yurek: Thanks, Chair. I'll take that second.

Thanks very much for being here. I appreciate your submission and your speech. It speaks to what I spoke about in the House. It's frustrating to see that the government has spent \$8 billion on eHealth and a couple of hundred million, I think, on Panorama, and we still don't have this technology working to make this seamless.

I can just see, with doctors' offices, pharmacies, nurses and schools doing vaccinations, that coming in via fax or mail is really going to cause some headaches, especially in large areas like Toronto and Peel and Brampton. I appreciate the fact that you're saying to hold off until it's actually working.

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From your experience that you did talk about, do you have any idea of how much person-power and money it would take to implement inputting all of this data?

Dr. Vinita Dubey: Through a manual entry process?

Mr. Jeff Yurek: Yes.

Dr. Vinita Dubey: Right now, records are manually input. They're collected at the time a child enters school, until they finish school. This legislation will require records be collected from birth and after every immunization. So, for each child, it's that many more records of data entry, and the manual data entry burdens will be significant for health units. It will also be a significant burden for health care providers to provide that in the manual process to public health units.

Mr. Jeff Yurek: Thank you. I also think, as a parent—my daughter is in grade 7 this year, so she's getting an abundance of vaccinations at school, not that she's happy about it. But when I send her to camp this year, they always want an upgraded vaccination schedule. It would be so easy if parents had access to the data instead of me having to call the health unit and to have some sort of printout. If something was misplaced, it wouldn't be up to date, and I, as a parent, have probably thrown out that receipt they sent home to tell me that she was updated.

I think moving forward with electronic medical records and allowing access from the patient side of things at the same time is going to make the system better. But I agree with you that at this time, until the government gets their act together and gets the system working, I think that needs to not place the burden on health units, doctor's offices, pharmacies and nurses.

The Chair (Mr. Monte McNaughton): Great. Did you want to comment?

Dr. Vinita Dubey: Just to say that the immunization record is a really valuable record. We consider it a keepsake. Right now it rests with the parent, but not even just when you go to camp, not when you go to school. We've seen it with outbreaks, with our current outbreaks that we have of measles in Toronto—we ask people to update their records, check their

records. Finding records can be an extremely challenging process for individuals.

The Chair (Mr. Monte McNaughton): Madame Gélinas.

M^{me} France Gélinas: My first question is: It came as a surprise that now the lab results from the health unit are available to health care providers and the community.

Dr. Vinita Dubey: Correct. The OLIS system, as I understand it, is being rolled out in different processes, but in health units, health units can also access laboratory records, as can some community providers and hospitals.

M^{me} France Gélinas: As can “some.” Okay, that’s not the focus of my question. You said we shouldn’t go ahead. How long do you figure before reporting of vaccinations could be done through the electronic medical record, and what stands in the way of having this available now?

Dr. Vinita Dubey: I think those are very good questions for the government and certainly questions that we would pose. We would certainly support having this available sooner rather than later because it would provide a very important immunization registry for all children in Ontario, which is something that public health systems have asked for and have recommendations for throughout Canada. But the timeline for the government to be able to implement that—I can’t comment.

M^{me} France Gélinas: Okay, but you’re a willing and able partner if and when this comes?

Dr. Vinita Dubey: Exactly, and we would certainly be supportive in any way to be able to spearhead this, to work as a partner, to be able to make this happen.

M^{me} France Gélinas: How well is Panorama working?

Dr. Vinita Dubey: Panorama is right now a very, very good tool. Our previous tool was a DOS-based system that was very antiquated. Panorama is a welcome tool next to that. There’s a lot more functionality in Panorama that we can probably tap into in the future, and so I think this is one example.

M^{me} France Gélinas: And so right now your only connectivity to the primary care system, let’s say, is through your lab results?

Dr. Vinita Dubey: I can comment especially for immunizations. Right now there is no electronic connectivity to immunizations and, in particular for the immunization system, it would be really valuable. But eHealth Ontario is a much broader strategy and I would not want to speak inappropriately on it.

M^{me} France Gélinas: That’s okay. My last question, and I hope you’ll have time to answer, is that we have parents that come forward and say, “Why is it that only people who object have to go through training at the health unit?” What do you answer to those parents?

Dr. Vinita Dubey: I think training is a form of informed consent. Every medical intervention has potential for harm. For vaccines, we know that they work, and we know that the benefits outweigh the risks.

The Chair (Mr. Monte McNaughton): We're going to move to the government. Ms. Wong.

Ms. Soo Wong: Thank you very much, Dr. Dubey. I see that you wear both hats: Toronto Public Health and ALPHA. I was a member of both of those organizations.

I want to ask you, just further to Ms. Gélinas's question to you about the Panorama stuff: How long do you think—because in your third recommendation, you said, "The ISPA should not come into force until electronic" records are available. What timeline are we talking about?

Dr. Vinita Dubey: My understanding, in discussions with the Ministry of Health through my working groups, is that it's within 2018-19; it's not a very long horizon. I think, rather than wasting resources on interim strategies, we should put all of our resources on the final solution.

Ms. Soo Wong: Okay, so you just want us to hold for a year while this is going on. What's your opinion, coming from Toronto Public Health—because I sat on the board for a number of years—how do we deal with it while we wait? We have schools that have a 100% and 150% turnover rate. Parents keep losing their immunization records. What do you say to those parents when you tell us to wait?

Dr. Vinita Dubey: Right now, we have a very good system in process for accepting records from parents for school-aged children. If we implement this too soon, we will be getting records from physicians, parents will continue to send us records, we will get many duplicate records, and we will have very much difficulty in inputting the data and we'll be backlogged. We may actually be worse off because we will not have real-time data in our system.

Ms. Soo Wong: Okay. So in your professional opinion, do you believe that the new, improved, integrated immunization system province-wide is the right approach that the government is going to be taking?

Dr. Vinita Dubey: Exactly. If we have seamless electronic medical record input of immunization data for children directly into Panorama that is accessible to public health units with no manual touching of the data, it will be a very good system.

Ms. Soo Wong: Thank you.

The Chair (Mr. Monte McNaughton): Any other questions from the government? Thank you very much for your presentation.

Peel Public Health

The Chair (Mr. Monte McNaughton): We'll now go back and call upon Peel Public Health. Thank you very much. You have six minutes for your presentation. If you would begin with your name. The questions this time will begin with the third party when you're done.

Dr. Monica Hau: My name is Monica Hau, and I'm an associate medical officer of health at Peel Public Health, the second most populous health unit in Ontario. I'd like to thank you for the opportunity to address the committee

today to share Peel Public Health's perspective on Bill 87's proposed changes to the Immunization of School Pupils Act in schedule 1. Our health unit supports high levels of community immunization in many ways. Specific to schoolchildren, every year, our staff screens the immunization records of over 250,000 students in our region and sends out 45,000 notices of incomplete records to parents. An additional 15,000 records are submitted every year by parents for students registering for kindergarten.

We are very supportive of the proposed amendments to the Immunization of School Pupils Act under Bill 87, as requiring direct reporting from health care providers to public health units would greatly improve the current system, which requires parents to submit this information. However, we feel that the requirement for health care providers to report immunizations should only come into force once there is established and widespread digital reporting capabilities from clinic electronic medical records to Panorama, the immunization information system for the province.

Ensuring that electronic medical records, also known as EMRs, can seamlessly connect before mandating health care provider reporting will improve the timeliness and ease of reporting, achieve high data-quality standards, alleviate confusion and the burden of reporting for parents, and decrease the workload for health care providers, their staff and public health units.

Under the Immunization of School Pupils Act, students are required to receive 11 immunizations, from birth to 17 years of age, that protect against diseases such as measles, mumps and rubella, unless they have a valid exemption. Manual reporting of immunizations by our health care providers to our health unit would result in a significant burden to all concerned parties. For example, from birth up to six years of age, there are at least seven visits to health care providers for immunizations.

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In Peel, the estimated annual birth cohort is 16,000 babies. The number of reports health care providers would be required to send and subsequently received by Peel Public Health, assuming that 98% of immunizations have been taken up, over a six-year period for one birth cohort would be an estimated 110,000 reports. This high volume of records should be reported in the most efficient and effective manner possible.

The immediately available reporting mechanisms pose many resource and feasibility concerns. If paper-based reporting by fax is implemented, this will add an additional workload for health care providers, staff and public health units. For example, we estimate that up to an additional 50% of immunization staff, on top of existing staff levels, would be needed for manual entry.

Anticipated challenges of a manual process include accurate identification, lack of real-time data entry, and incomplete reporting information. If manual online data entry through the proposed Immunization Connect Ontario

website is used, data quality may be improved over a paper-based process, but it will still be a time-consuming task, as patient information will need to be individually entered. Subsequently, public health unit staff will still need to review and accept every report into Panorama.

Most importantly, neither of these manual reporting options would completely replace the parallel parental reporting process, since without digital reporting capabilities from EMRs, uptake by health care providers is likely to be low.

This poses an additional challenge as, once parents hear that physicians are required to report their child's immunizations, some may assume that they do not need to respond to requests to provide or update a record.

Confusion about who is responsible for reporting could lead to loss of confidence in the public health system. Parents may become frustrated that their child could face suspension from school if they thought that their health care provider was going to be the one reporting to the public health unit and they did not, indeed, report.

Furthermore, with the additional workload of processing health care provider reports simultaneously with parental reports, health units must be adequately resourced to take on additional reports in a timely manner. Data entry backlogs could lead to delays in ensuring that students have up-to-date immunizations to prevent communicable disease outbreaks.

In summary, Peel Public Health looks forward to participating in a more integrated immunization information system in partnership with health care providers. However, we ask that the provincial government learn from the experience and perspective of local public health units, and only implement health care provider reporting of immunizations when EMR interoperability with Panorama is achieved.

The Chair (Mr. Monte McNaughton): Thank you. Madame Gélinas?

M^{me} France Gélinas: I would say that you bring forward something that I hadn't thought of. Certainly, that there will be a sixfold increase in the amount of reporting that will be done to the health unit as we change the system had not entered my mind, but you certainly made it clear: 110,000 reports for 16,000 live births? That's a huge increase in anybody's caseload.

I don't know how long you've been in the business of health units, but how confident are you that an electronic solution to this reporting is fast approaching? Have we got something being tested right now? Is this something that's about to happen?

Dr. Monica Hau: My understanding is that there is an intention to move towards EMR reportability with Panorama. I am not clear on the timelines. I certainly do know the benefits from other jurisdictions, like New York City, that have implemented this for many years. The majority of their reportings from health care providers to their public health unit is through EMRs, and they achieve about a 90% information uptake based on this health care provider reporting.

M^{me} France G linas: So basically, although the system we have now is not perfect, you suggest that we keep what we have now until we're able to move to an electronic system.

Dr. Monica Hau: Yes. I suggest that we wait until the final, most efficient and effective method is available and then transition at that point.

M^{me} France G linas: Okay. My other question—the same as I asked but didn't get an answer: We have parents who come forward and ask, "Why is it that it's only the parents who oppose who have to go to the health unit and listen to the training?"

Dr. Monica Hau: I'm not sure of the complete background because it is a provincial government initiative, but I do think it is important that parents get a full understanding of the risks and benefits of vaccines. Given that there's a multitude of different information sources and misinformation that we know on the Internet, it's really important that people have a good understanding from credible sources of the benefits and risks of vaccines.

M^{me} France G linas: How does your health unit intend to provide this education?

Dr. Monica Hau: My understanding, from initial teleconferences with the ministry, is, I believe they are looking towards an online immunization education module, but I think you would need to confirm that with the ministry.

M^{me} France G linas: Thank you.

The Chair (Mr. Monte McNaughton): Thank you very much. We'll move to the government: Ms. Malhi.

Ms. Harinder Malhi: Thank you for your presentation. I wanted to ask you: With the amendments to the Immunization of School Pupils Act, it would strengthen the requirements to obtain exemptions from mandatory school vaccinations. Vaccinations prevent disease and they save lives and reduce health care costs. How do you see this amendment improving the overall health of young Ontarians?

Dr. Monica Hau: The mandate we have—I'm sorry. Could you repeat it?

Ms. Harinder Malhi: Some people will be exempt. They can exempt from certain vaccinations. So how do you think that impact the lives of young Ontarians with the exemptions being allowed?

Dr. Monica Hau: Well, that's the current system, is my understanding. Under the Immunization of School Pupils Act, there is currently an ability to achieve either a medical exemption or to file a conscientious or philosophical exemption. So that already exists, in my understanding. In our public health unit, for example, we know that the exemption rate is quite low, actually: 1.6% of parents choose to file a conscientious or a philosophical or religious exemption. While the rates are low, we want to ensure that we have a high immunization rate in our schools, which is why it's important to continue the screening process on an annual basis.

Ms. Harinder Malhi: Okay. Thank you.

The Chair (Mr. Monte McNaughton): Mr. Fraser.

Mr. John Fraser: How much time do I have?

The Chair (Mr. Monte McNaughton): About a minute and a half.

Mr. John Fraser: How familiar are you as an organization with BORN Ontario?

Dr. Monica Hau: I am responsible for the communicable disease division, so I do understand that BORN is an electronic registry as well for—

Mr. John Fraser: Is it Better Outcomes Registry and Network?

Dr. Monica Hau: Yes.

Mr. John Fraser: Every newborn in the province of Ontario—I think they had their millionth child. In Ottawa, they've developed an application, immunize.ca. Are you using that—

Dr. Monica Hau: CANImmunize.

Mr. John Fraser: Yes, which is a new product which is a better interface, but it would seem to me that there's an interesting opportunity there that exists with BORN as they're kind of a centralized network. They're essentially public health. They're population health; right?

Dr. Monica Hau: Yes.

Mr. John Fraser: I just wanted to ask you that question because I think there's great potential inside both of those things for immunization.

Dr. Monica Hau: Absolutely. The CANImmunize app enables parents to document their own immunization records so that they have it stored. There are currently pilot projects, I understand, with Ottawa Public Health, to try to transmit that information directly into Panorama. I think that's fantastic work and should continue.

The Chair (Mr. Monte McNaughton): Great. Any further questions? We'll move to the official opposition: Mr. Yurek.

Mr. Jeff Yurek: Thank you for being here. Yes, I think you raise valid points of ensuring that patient records aren't lost and duplications don't occur if we wait until the electronic portion is functional.

You mentioned 98%. You're saying that 2% of the population basically doesn't get vaccinated. That's just a number you said.

Dr. Monica Hau: Yes, that's an estimate, because we know that our exemption rate is quite low. It's about 1.6% for the conscientious or philosophical exemptions that we get.

Mr. Jeff Yurek: Okay. That brings up part of my next question. I come from Elgin–Middlesex–London. We have the Elgin St. Thomas Public Health Unit. We also have the London health unit in mine, but I'll focus on the Elgin St. Thomas Public Health Unit. The amount of reports you do in a year is more than the population of my area. I don't think we'll be overwhelmed too much with reports. Mind you, they probably have fewer staff to deal with it. Your concern is that you're going to be overwhelmed with the paperwork, which is going to make it really difficult. At the same time, in speaking with the ministry about the educational program, they said they're going to probably do it

online. Well, there's a huge segment of my area that doesn't have high-speed Internet. I think it's taken for granted in Toronto that you're blessed that you can have Internet anywhere and everywhere you want to be.

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Dr. Monica Hau: Right.

Mr. Jeff Yurek: And I'm sure northern Ontario is the same. Small health units are going to struggle to deliver the education program that they're mandated to do and people have to go to, and the large health units are going to be inundated with paperwork, which may cause patient problems down the road. Your thoughts? Maybe we should slow down on pressing this bill through in the next week or two weeks? It seems to be plowing through the Legislature here.

Dr. Monica Hau: Certainly, our recommendations today are—we're very supportive of the move to do this reporting. We do think that it is an improvement over the current process, which expects parents to be the ones to report. We are in support of that. We just ask that this particular section not come into force until the technological capabilities are in place for the physician-reporting component.

As to the provisions for the vaccine education modules, I believe that those are still in progress, so I can't speak to the final delivery mechanisms.

Mr. Jeff Yurek: Okay. Thanks very much.

The Chair (Mr. Monte McNaughton): Thank you very much. Thanks for your presentation.

Dr. Monica Hau: Thank you.