CCTA Access Initiative Community of Practice

MONDAY, JUNE 9, 2025 - 3:30-4:30 PM

Ontario Health
CorHealth Ontario

Agenda

TIME	TOPIC	PURPOSE	PRESENTER
5 mins	Welcome	Information	Dr. Benjamin Chow
	Land Acknowledgement	Information	Mr. Steve Ramkissoon
5 mins	Review on CCTA Access Initiative	Information	Ms. Jana Jeffrey
10 mins	CCTA Documentation: Self-reporting in HDCS	Information	Mr. Orlando Sampat
20 mins	Regional Cardiac Program Spotlight: MGH CCTA Implementation	Information	Michael Garron Hospital
10 mins	Questions and Answers Roundtable Discussion	Discussion	Dr. Benjamin Chow

Land Acknowledgement

Review of CCTA Access Initiative

Improving Access to Safer Diagnostic Technology - CCTA

Goal

- Improve access and ensure appropriateness of Coronary computed tomography angiography (CCTA)
- Facilitate a gradual shift of appropriate patients to CCTA from Invasive Coronary Angiography (ICA)
- Balancing change in referral patterns with concurrent reduction in CCTA wait times

Update

- For FY 2024/25, Ministry of Health (MOH) provided incremental base funding for ~10,000 CT hrs, or the equivalent of ~6,667 CCTA volumes
- 2024/25 funding allocations are based on a modeled volume distribution and initially focused on hospitals with Regional Cardiac Programs (RCPs), which provide patients with a comprehensive suite of cardiac services
- We continue to work with the MOH to determine potential growth for next fiscal year

Change Management Strategies

- Provincial clinical guidance, Community of Practice (CoP), Key Performance Indicators (KPI) reporting at QPMM

CCTA Self Reporting

CCTA Documentation Requirements

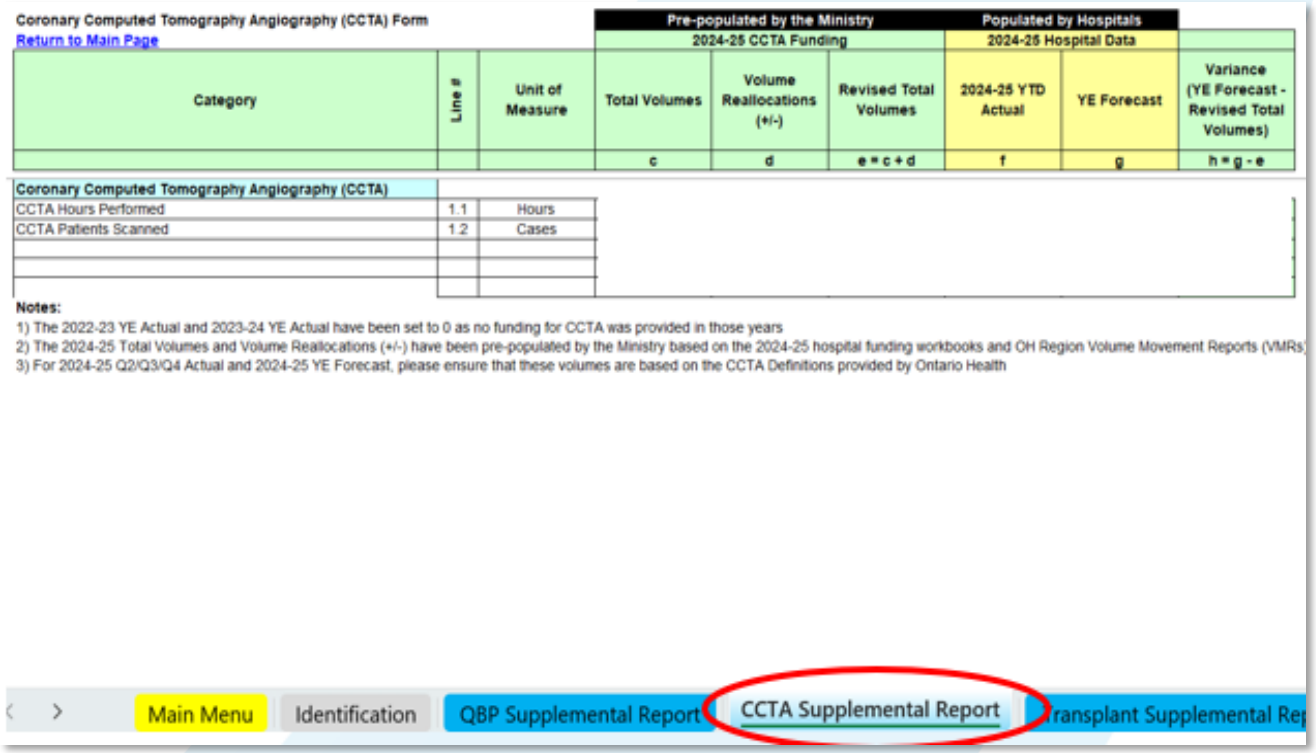
- Regional Cardiac Programs that received CCTA funding are required to report the ***hours*** utilized and equivalent ***volumes (patients)*** into the Health Data Collection Service (HDCS) each quarter (formerly SRI)
- Accurate and timely reporting is critical for system planning
- Unused hours will be reallocated to over-performing sites as part of the Q3 reallocation process*

**Reallocations will not affect future base funding*

CCTA Documentation in HDCS

- CCTA data is captured on the ODT QBP Supplemental Report, under the tab “CCTA Supplemental Report”

- <u>Reminder</u>: Hours utilized includes pre and post patient care



Coronary Computed Tomography Angiography (CCTA) Form

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Category	Line #	Unit of Measure	Pre-populated by the Ministry: 2024-25 CCTA Funding — Total Volumes	Volume Reallocations (+/-)	Revised Total Volumes	Populated by Hospitals: 2024-25 Hospital Data — 2024-25 YTD Actual	YE Forecast	Variance (YE Forecast - Revised Total Volumes)
			c	d	e = c + d	f	g	h = g - e
Coronary Computed Tomography Angiography (CCTA)								
CCTA Hours Performed	1.1	Hours						
CCTA Patients Scanned	1.2	Cases						

Notes:

1) The 2022-23 YE Actual and 2023-24 YE Actual have been set to 0 as no funding for CCTA was provided in those years
2) The 2024-25 Total Volumes and Volume Reallocations (+/-) have been pre-populated by the Ministry based on the 2024-25 hospital funding workbooks and OH Region Volume Movement Reports (VMRs)
3) For 2024-25 Q2/Q3/Q4 Actual and 2024-25 YE Forecast, please ensure that these volumes are based on the CCTA Definitions provided by Ontario Health

Main Menu | Identification | QBP Supplemental Report | CCTA Supplemental Report | Transplant Supplemental Rep

CCTA Documentation in HDCS

- Please remember to attach the file to complete the submission

- For technical support on HDCS submission, email: AskHealthData@ontario.ca

CCTA Documentation: Future State

- Currently, the WTIS only captures Cardiac CT scans and does not drill down to the level of CCTA
- Ontario Health is working to have CCTA specific reporting added to the Wait Times Information System (WTIS)
- There is no current timeline for this enhancement, but we will communicate updates when available

Regional Cardiac Program Spotlight

MICHAEL GARRON HOSPITAL

TORONTO EAST HEALTH NETWORK

MGH CCTA IMPLEMENTATION

June 2025

Our Vision

Great care inspired by community

MGH CCTA Overview

Project Objective:
Upgrade the CT scanner in the Imaging Department to add Coronary Computed Tomography Angiography (CCTA) capability, enabling the hospital to provide advanced cardiac CT imaging.

Timeline:
Installation:
Feb. 19, 2025
go-live date:
February 26, 2025

Project Scope

- Complete hardware and software upgrades to the existing CT scanner.
- Workflow development covering patient intake, CCTA imaging, billing, and reporting.
- Updates to eChart templates, billing forms, and hospital website information.

Project Phases and Team Members

Project Phase	Team Engaged
Phase 1: Initiation and Planning	Radiology and Cardiology Departments (to identify clinical needs), IT Department (to assess technical requirements).
Phase 2: CT scanner Upgrades	Radiology (to verify clinical specifications), PACS (to ensure system compatibility), RIS (build billing) Procurement (to oversee contract adherence and timelines).
Phase 3: Workflow and Form Development	Radiology (to define specific needs for CCTA patients), Admissions (for intake process development), Cardiology (for clinical input), IT Department (for scheduling integration).
Phase 4: Training and Preparation	Radiology and Cardiology (for clinical training), Admissions and Billing (for intake and billing procedures).
Phase 5: Go-Live and Post-Go-Live Support	Radiology and Cardiology (for clinical readiness), PACS (for system functionality), Billing (for financial processing)

Patient Flow & Care Delivery Model

CCTA (Coronary Computed Tomography Angiography) implementation plays a crucial role in optimizing patient flow and care delivery, particularly in the diagnosis and management of coronary artery disease (CAD).

Patient Flow

- **Referral:** Based on clinical guidelines
- **Scheduling:** Timely, prep with contrast & HR control
- **Imaging:** High-res, detailed coronary views
- **Follow-Up**: Informs treatment & management

Care Delivery

- **Accurate Diagnosis:** Fewer false results vs. stress tests
- **Faster Workflow:** reduced turnaround
- **Team Collaboration:** Cardiologists & radiologists aligned
- **Less Invasive:** Identifies patients who can avoid angiography

Data Capture & Documentation

Month	Cardiac CTA	CT Cardiac Calcium Score
Feb (2025)	LV*	0
Mar	9	LV*
Apr	21	LV*
May	16	LV*
Total since go-live (Feb 26, 2025)	**48**	LV*

*LV: Patient low volumes

MGH CCTA Program Success & Learnings

Success:

- Seamless interface management between Radiology and Cardiology
- Proper cross organizational training for super users
- Project execution on schedule and on budget
- Avoiding downtime during the installation

Learnings:

- How to accommodate new CCTA patients with limited resource and schedule availability.
- Booking system with seamless coordination between departments

Q & A

Roundtable Discussion

Next Steps

Next Steps

- Continue to monitor data trends in CCTA hours and volumes completed
- Host a CCTA Community of Practices every 3 months to support this initiative (September 2025)
  - ➢ We welcome teams to volunteer to share their experiences at a future session
- Feedback/questions on CCTA CoP format is encouraged to Erin McPherson: erin.mcpherson@ontariohealth.ca

Topics for future CoP Meetings

Rank	Topic
1	CCTA clinical workflows/protocols at other facilities
2	Health Human Resources (HHR) challenges and opportunities
3	Strategies for prioritization of CCTA among facility-wide CT demand
4	Provincial goals for increasing CCTA access
5	Provincial planning process for CCTA volume

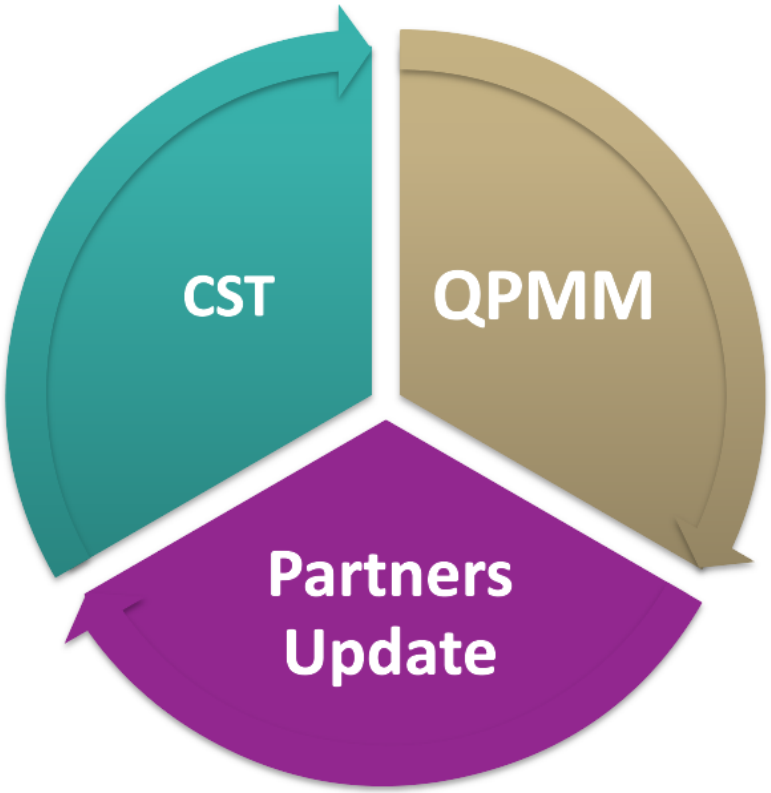
Thank you

Cardiac Partner Engagement Cycle 2025/2026

Cardiac Services Table:

September 25, 2025

- Purpose: Provide strategic leadership and advice to define priorities that promote integrated care for cardiac patients and guide, monitor and lead initiatives to improve the delivery of high -quality cardiac care in Ontario
- Attendees:
  - Clinical Expertise from across Ontario
  - Hospital Leadership
  - Ontario Health Regions & the Ministry of Health



QPMM Check-in calls:

Oct 27, 28, 29, 2025

- Purpose: Quarterly outreach to facilitate a bi-directional conversation with cardiac centers to review volumes, provide updates on provincial initiatives and discuss facility needs and concerns
- Attendees:
  - Operations Director of the Cardiac Program (HA)
  - Executive VP – Cardiology Program
  - Medical Director of the cardiac program
  - Head of Cath Lab / Head of CV Surgery
  - Head of DI/Medical Imaging
  - Finance / Decision support staff
  - Quality leads

Cardiac Partners Update:

Late July 2025

- Purpose: Provide updates on key priorities/initiatives underway to improve the delivery of high-quality cardiac care in Ontario
- Attendees: Cardiac clinical community in Ontario

Appendix

Ontario Health Privacy Reminder

- Users of Ontario Health services and products, including the DCIS, are subject to the privacy policies of their respective facility, as well as their terms and conditions. Hospitals are responsible for ensuring that their processes, policies, and practices are in adherence to PHIPA.
- As per PHIPA, personal health information (PHI) must be communicated in a secure manner, which *does not* include email, message or voice mail.
- PHI includes any identifying information about an individual's health/health care history OR information that can be used in combination to identify an individual.
- Examples of PHI include demographic information (e.g., name, date of birth, location), personal identifiers (health card number, MRN) and combinations of the following information can be used to potentially identify an individual, and procedural information (e.g., name of healthcare provider, type of procedure, procedure details).
- In addition, ***volumes of five or less are considered to be PHI.***