



Patient Portal (PP) Provincial Implementation Guide

June 2021

TABLE OF CONTENTS

PATIENT PORTAL (PP) PROVINCIAL IMPLEMENTATION GUIDE	1
Acknowledgements	3
Disclaimer.....	3
1. Introduction.....	4
Practical Guidelines for the Implementation of Patient Portals.....	4
Figure 1: Patient Portal Components	5
Figure 2: Consumer Digital Access Channels, Levels of Maturity	5
2. Patient Portal Benefits	6
2.1 Enhanced Experience Between Patients and Providers	6
2.2 Encourages Patient Empowerment and Self-Care	6
2.3 Greater accuracy of patient information and patient records	7
3. Governance and Leadership.....	7
3.1 Determination of Governance for this Initiative	7
3.2 Product Assessment and Selection.....	7
3.3 Agreements Overview	8
4. Steps to Introducing a Patient Portal	8
5. Challenges	9
6. Training	9
7. Important Decisions.....	10
8. Privacy and Confidentiality of Health Information	10
9. Security, Registration and Authentication.....	11
10. Recommendations on Implementation Considerations.....	11
10.1 Uptake and Use of Portals	12
10.2 Records	12
10.3 Test Results	13
10.4 Access.....	13
11. Promoting Patient Portal Use.....	13

11.1 Patient Participation.....	13
12. Monitoring and Evaluation	14
13. User Support.....	14
Appendices.....	14
Appendix A : Environmental Scan of Current State Data Release Models in Ontario.....	15
Appendix B : The Patients’ Perspectives Feedback.....	16
Appendix C: Digital Release of PHI Decision Framework	18

Acknowledgements

We would like to thank the following individuals and organizations for their extensive contributions to this document.

Dale Anderson - Health Information Technology Services E-Health at Hamilton Health Sciences
 John Haywood - Health Information Technology Services E-Health at Hamilton Health Sciences
 Devi Pandya - Health Information Technology Services E-Health at Hamilton Health Sciences
 Mark Berry - Health Information Technology Services E-Health at Hamilton Health Sciences
 Marzena Cran - Health Information Technology Services E-Health at Hamilton Health Sciences
 Josh Sinclair - Health Information Technology Services E-Health at Hamilton Health Sciences

Ontario Health
 Ministry of Health

Disclaimer

This document relates to, but is not specific to, the provincial services of Ontario Health or other provincial health organizations. The standard detailed in this document is a non-normalized standard and therefore errors, omissions and revisions may occur. This document is not intended to be, nor should it be deemed, legal advice. Ontario Health encourages legal counsel be engaged as required.

Need this information in an accessible format?

1-877-280-8538, TTY 1-800-855-0511 info@ontariohealth.ca.

1. Introduction

Practical Guidelines for the Implementation of Patient Portals

Patient portals signal a change in the operation of healthcare organizations and have the potential to allow patients and clinical teams to interact in a more meaningful way. The goal of patient portals is to deepen the engagement between patients and their providers to create better patient outcomes.

Anecdotally, it seems that most patients are enthusiastic about having the opportunity to access their health records online and use services such as booking visits or requesting repeat prescriptions.

Some health professionals could be concerned that patients may be confused by medical jargon or that clinical areas might be bombarded by patients commenting or seeking additional information. Feedback from clinicians suggests portals do not increase workload. Making health information and services available online can reduce the number of phone calls and text messages between patients and providers.

Health care organizations, including Ontario Health Teams (OHTs) seeking to implement a patient portal can refer to this document to support their education and decision making prior to procuring and implementing a patient portal solution. Organizations selecting a patient portal solution should consider impacts to administrative and clinical workflows, patient experience, privacy and security, and analytics and reporting; all which this document and the complementary service standards for patient portals.

Key audiences for this document include: OHTs, health care organizations, physicians, and non-clinical users.

1.1 Purpose of This Guide

The purpose of this guide is to:

1. Increase awareness and provide information about patient portals.
2. Provide practical guidance for organizations that are keen to offer portals to their patients.
3. To complement the [Patient Portal \(PP\) Provincial Service Standards](#). Please note the standards document refers to **Mandatory** and **Recommended** standards; these are not meant to be directive in terms of what needs to be in place on Day 1 but represents what a vendor needs to be capable of providing as your journey evolves.

1.2 What is a Patient Portal?

Patient portals provide patients with online access to their personal health information in a safe and secure manner and enable them to manage aspects of their own health care.

The diagram shows the services that can be offered to your patients through a patient portal.

Organizations are not required to offer all services immediately. Many organizations offer a few services to a small group of patients initially and then gradually increased both the services being offered and the number of patients who could access those services.

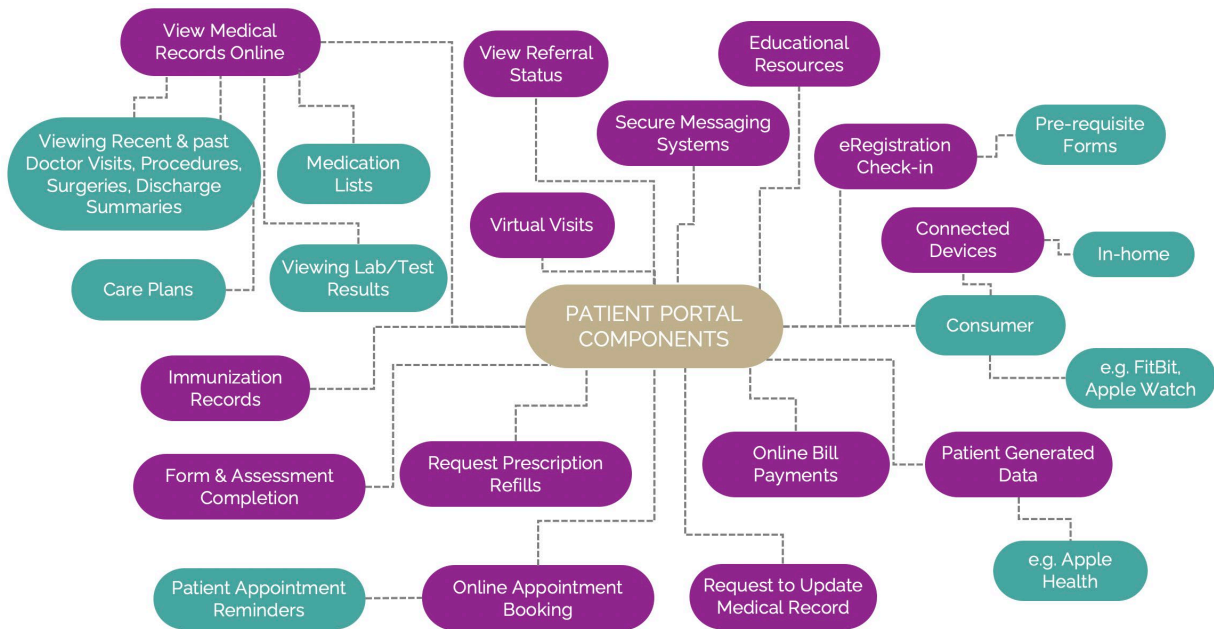


Figure 1: Patient Portal Components

Organizations are encouraged (i.e. within an Ontario Health Team (OHT) or with neighboring OHTs where patients may also receive care) to partner with an organization(s) that already have a patient portal and look to integrate data to that portal. Each organization will be at a different stage on the patient portal journey. A suggested model illustrating stages of digital access channels evolution is shown below (developed by the HITs e-Health office based on a similar HIS model developed by Influence Health), and an organization may be at one or more levels or parts of a level. The model demonstrates how a patient portal investment resembles a journey.

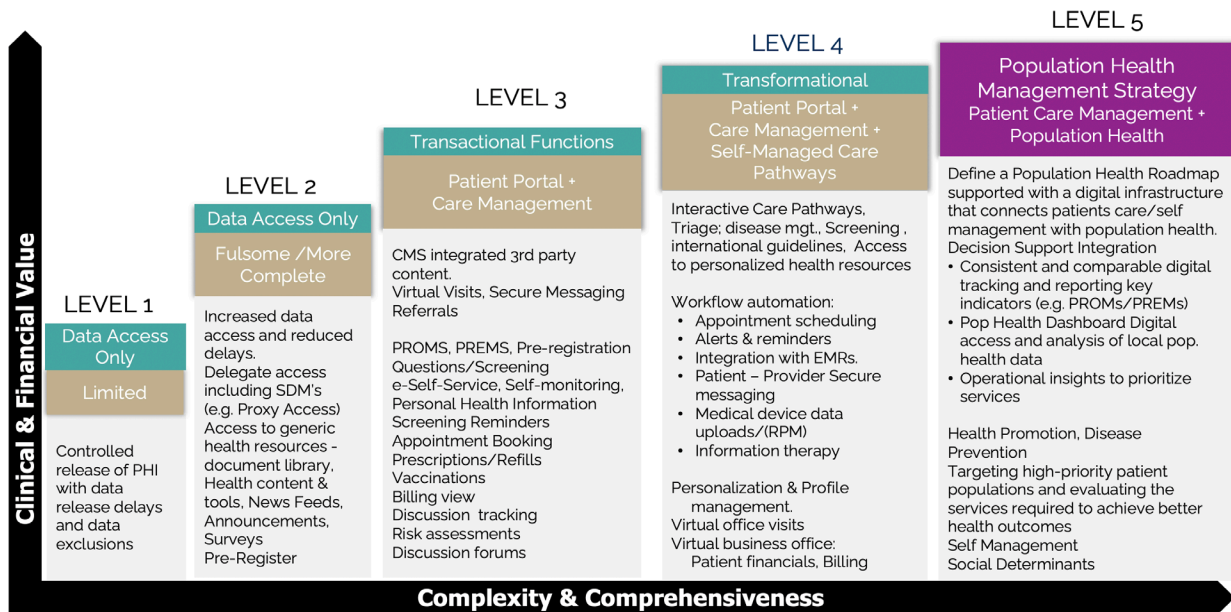


Figure 2: Consumer Digital Access Channels, Levels of Maturity

Consumer digital access channels can be measured by increasing Complexity & Comprehensiveness of digital use with relation to the clinical and financial value it offers to patients and providers at each level of maturity.

At a minimum, an organization should aim to ensure for go-live, they are at Level 1. When selecting a vendor, it is important to ensure that a vendor is aware of (and can support) and planning for the continual growth and development along this pathway.

2. Patient Portal Benefits

Patient portals depending on their maturity state (i.e. whether they offer the release of clinical information or more advanced functions such as online appointment booking (OAB) and virtual visit (VV) integration), provide the following benefits:

- Save time for staff
- Enable clinicians to focus on the patients who most need face-to-face appointments
- Reduce phone calls and phone tag
- Reduce paperwork
- Automate recalls and appointment reminders
- Improve safety by giving patients a written record of clinical instructions
- Increase patient engagement and ownership of their health through insight and educational resources
- Provide 24/7 access for patients without extending office hours
- Reduce ‘no shows’ by enabling patients to schedule appointments at a time to suit them.
- Increase patient loyalty—patients value the ability to access their records and communicate freely and directly with their providers
- Improve the accuracy of records—patients verify missing or inaccurate records
- Increase the accuracy of communication—sharing of test results

2.1 Enhanced Experience Between Patients and Providers

Many patients find a patient portal enhances their experience of their healthcare journey. Patient portals give convenient access to health information. Your patients may find it easier and faster to articulate their issues or questions in a secure message delivered through a portal than in a phone call.

2.2 Encourages Patient Empowerment and Self-Care

Portals are a proactive tool that enables your patients to play a greater role in managing their own care. Portals can start to create a patient-centric view of the patient/provider interaction.

2.3 Greater accuracy of patient information and patient records

Giving patients access to their medical records and personal information and the ability to suggest corrections can improve the accuracy of your records.

3. Governance and Leadership

3.1 Determination of Governance for this Initiative

The decision on how this initiative will be governed will guide the selection and implementation. A first step would be to identify the relevant stakeholders you may need to partner with. The key factors to consider are:

- Who are the partners in your OHT?
- Will patients also cross into neighbouring OHTs
- Is there an opportunity for a multi-OHT or regional approach?
- Is there an existing organization that currently hosts a patient portal that you may want to partner with?
- How will any funding be allocated to fund the initiative, and how will you manage operating costs?
- Ensure patient advocacy and advisory groups are represented both as part of your governance and the implementation support
- It is critical at the early stage to consider the long-term sustainability of the initiative with respect to planning and operational costs

3.2 Product Assessment and Selection

As part of the selection and procurement process please refer to the various requirements outlined under the broader public sector guidelines in concert with the service standards for patient portals, VV and OAB (depending if the VV and OAB are part of your requirements). The selection process should include all previously identified stakeholders. This includes the assessment of an in place local solution as the local solution may not meet the goals of your initiative.

Please refer to the **Standards 3.1.33-3.1.46** of the [Patient Portal \(PP\) Provincial Service Standards](#) document.

Key points are outlined below:

- Document all requirements before moving to the selection phase
- Does this product meet the standards for the aspects you are looking to implement (Patient Portal, OAB and VV)?
- Will this product perform according to the manufacturer's claims?
- Will this product be able to support the Federal and Provincial regulations regarding privacy and security?

- Will this product be able to support integration with the various provincial repositories when/if they become available (i.e. FHIR standard support)? [Note: Agreements must be in place before any integration is implemented]
- What agreements need to be in place for “go-live”

3.3 Agreements Overview

Below is an example of legal agreements that may be required. Additional agreements will be required depending on the number of organizations involved in this initiative as well as if you are connecting to provincial assets.

Data Sharing and Connection agreements are signed between the portal and the source systems and will cover what data is being shared and how the data is used.

Organizations will also need, in some cases, to obtain express consent to collect, use or disclose an individual’s personal health information. [IPC.ON.CA website on consent](https://www.ipc.on.ca/website-on-consent)

Parties	Agreements	Consent
Portal and Source Systems	Data Sharing and Connection Agreement	Express Consent
Organization as CESP (or other HICs functioning as CESPs)	Yes	Yes
Ontario Health	Agreements with OH and OHT’s for Provincial assets will be required however at the time of writing the legal framework for access to Provincial Data Assets is under review	Not applicable
Each participating hospital as a contributing HIC	Not applicable	Not applicable
Patient User of Consumer Application	Not applicable	Yes

4. Steps to Introducing a Patient Portal

Step 1: Ask your partners about its patient portal strategy and engage with your support networks.

Step 2: Decide which services the portal will offer and which patients will be invited to register.

Step 3: Negotiate a portal contract with the patient management system/portal vendor.

Step 4: Undertake a privacy impact assessment (PIA) and threat risk assessment (TRA) per privacy and security requirements.

Step 5: Map out the workflow of current services, such as ordering a repeat prescription.

Step 6: Decide which team members will receive inquiries for each service and whether to allow access

to short-term or casual staff. Access can be role-based or assigned to individual members of the team.

Step 7: Decide how to let patients know that the organization plans to introduce a portal. Create communication materials.

Step 8: Complete the technical installation of the portal—train staff.

Step 9: Recruit patients. Provide patients with instructions and guidelines.

Step 10: Review the impact of the portal on your business and decide on a strategy to expand.

A robust communication and marketing strategy is key to the success of a patient portal implementation. A suggested approach is found in the [Communications Toolkit](#).

5. Challenges

There can be challenges in introducing a patient portal into practice. The table below suggests solutions to some of the issues of concern. In addition, a well thought-out change management plan is vital. A suggested approach is described in the [Change Management Toolkit](#).

Issue	Solution
Uncertainty about how clinic workflow, concern about increased phone calls, and changes to clinical interactions will change once a portal is introduced.	Engage the stakeholders in reaching an agreement on business decisions. Review lessons learned from other deployments.
Inappropriate use of the portal by some patients (for example, over-use of the messaging function).	Early adopters have found that most patients use the portal appropriately. Rather than restricting access, organizations have chosen to deal with any inappropriate use on an individual basis. More information about secure messaging can be found at the following link Virtual Visits Solution Requirements
Interruptions to workflow while staff and patients learn to use the portal.	Ensure staff are given appropriate training on the new system and understand the processes involved in the new way of working. Setting clear terms and conditions will help to reduce unnecessary queries from patients.

6. Training

Vendors must install the patient portal software and ensure that it integrates with the data sources you have authority to share.

Additionally, organizations should discuss staff training with vendors.

Training must be reachable to all staff, including casuals and locums. This is a critical point to incorporate when introducing new electronic services.

A suggested education approach is described in the [Education and Training Toolkit](#).

7. Important Decisions

Below are some decisions associated with a particular aspect of the portal you select, and they are provided as examples only. Your organization should determine a process for each of the planned portal services and decide who will receive notifications. Please refer to the OAB, VV and Patient portal service standards during your selection process.

A suggested approach for the release of Clinical Information is outlined in [Appendix C](#).

Service	Decisions
Booking appointments	<ul style="list-style-type: none"> • How many appointments will be available for online booking, and at what times? • Will there be an approval process, or will bookings be fully automated? • What will the terms and conditions for booking be? • Further guidance can be found at Online Appointment Booking (OAB) Standard.
Messages	<ul style="list-style-type: none"> • Who will receive messages? • Will patients be permitted to choose who receives their messages? • Will there be a fee based on complexity or length? • When will a message become an online consult? • How quickly will requests be responded to? • Further guidance can be found at Virtual Visits Solution Requirements.
Clinical Notes	<ul style="list-style-type: none"> • What health information will you make available to patients and from what date?
Lab results (including Pathology, genetics, microbiology)	<ul style="list-style-type: none"> • Do you need to standardize lab result comments and or provide the patient with an interpretation of comments/abbreviations? • Are there some lab results, such as HIV results, that will not be posted? • How quickly will lab results be available online?
Radiology	<ul style="list-style-type: none"> • How quickly will the results be available online? • Will images be made available?
Recalls	<ul style="list-style-type: none"> • What activities could patients be recalled for? • Under what criteria will patients be recalled?

8. Privacy and Confidentiality of Health Information

For both patients and health professionals, the privacy and confidentiality of health records must be maintained. Each OHT/network considering implementing portals will need to work through a Privacy Impact Assessment and ensure any required legal agreements with partners and or provincial agencies (in accessing provincial consumer gateways) are in place.

Please refer to **sections 5.1 and 5.2** in the [Patient Portal \(PP\) Provincial Service Standards](#).

9. Security, Registration and Authentication

Patients need to know their information is kept secure and private. Security includes technical elements and human or process elements. New products or solutions must undergo a TRA.

Organizations already have measures to ensure patients' information is held securely and accessed appropriately by the staff. Portal processes are usually the same but should be reviewed to ensure health information remains secure.

It is important to ensure that during the initial registration for a patient portal account, that the user identity is validated. This should ideally be done in-person, if using a virtual registration solution, the solution needs to be approved internally by both Privacy and Security groups within your organization.

Patients should access the portal following a secure registration process that ensures login credentials are communicated to the correctly identified and verified person.

It is imperative to have a robust system that authenticates that the right patient has access to the correct record.

An audit trail showing who has accessed the portal can provide patients certainty that only authorized staff have viewed their information.

Patients should protect their portal password in the same way they would protect an internet banking password. They can choose to authorize access or delegate access to a family member or caregiver and are responsible for what information they share and whom they share it with.

Please refer to **Standards 3.1.47-3.1.49 and 5.2.1-5.2.15** in the [Patient Portal \(PP\) Provincial Service Standards](#).

10. Recommendations on Implementation Considerations

Below is an outline of key implementation considerations for patient portals. Understanding these issues will assist you in meeting the requirements around patient portals and provide enhanced service delivery outcomes for your team and your patients.

These recommendations include guidance, suggestions and further considerations that can be taken into account to maximize engagement with the portal.

10.1 Uptake and Use of Portals

Introducing patients to patient portals

- Fully inform patients about portal use, including information security, risks, benefits and implications.
- Provide important information (such as not sharing your password and who the health information may be shared with) upfront during the registration process, with more detail available elsewhere (e.g. on a webpage/brochure).
- Inform users of the process to follow if they have security concerns about their records (e.g. someone has their password).
- Tell patients that portals are voluntary and opt-in and that they can opt-out at any time. Keep records confirming that you have given patients this information. Also, record any consent patients have given.
- Clearly advise patients that portals should not be used in an emergency. Patients who plan to use the portal for remote health monitoring should be informed of what actions to take if their biometric readings exceed the parameters – for example, if they have an excessively high blood pressure reading.

Online communication

For further information, please refer to the [Virtual Visits Solution Requirements](#).

10.2 Records

Refer to the [OpenNotes](#) movement, which promotes the effects of fully transparent communication in health care and examines evidence indicating that offering patients and families access to clinical notes improves the quality and safety of their care. Another resource is the ***Roadmap to Releasing Clinical Notes, based on [OpenNotes Implementation Toolkit](#)*** when embarking on the journey of releasing clinical notes to patients. See below for extracts from OpenNotes.

Writing Clinical Records

- The need for clinical accuracy in health professional communications may involve highly technical information. While accuracy should not be compromised, health information will be of most use to patients if it is clear and as straightforward as possible.
- Always assume the patient will have access to what you write. This is good clinical practice and applies regardless of whether the patient has access to an electronic record.

Correction of Records

- Portals can help ensure accurate and complete health information, which is an integral part of providing quality care.
- Patients should be advised to contact the applicable health records department if they find their notes are inaccurate or incomplete.
- Health professionals are obligated to amend incorrect information. Suppose you believe it is inappropriate to correct an inaccuracy. In that case, you must attach a note to the patient record outlining the request, the patient's view about what the correct information is and the subsequent refusal.

10.3 Test Results

Laboratory Results

- Organizations should establish a transparent process for treating laboratory results. The process should cover notifying patients of results, establishing reasonable timelines around when patients can expect to receive the information and noting how or if the information will be released to the portal.
- Whatever process is adopted, patients should be given realistic expectations about when the information will be available and when they will be able to respond.
- Health systems differ in their approach to giving patients access to their laboratory results. Different approaches include:
 - releasing information on the portal as soon as it is received,
 - releasing information on the portal after a health professional has screened it and written a note beside it ('annotate and release'), and
 - using different approaches depending on the test and the patient.

10.4 Access

Please refer to **Section 3.1** in the [Patient Portal \(PP\) Provincial Service Standards](#).

Data the health professional wishes to keep confidential

- In instances where legislation is applicable to limit access to aspects of the chart.

Child access to health records

- All individuals, including children, have the right of access to their health information
- If a child requests information, via a portal or otherwise, the organization is obliged to consider the request as they would for an adult.

Parent/guardian access to health records

- For children under the age of 12 (as used by The Hospital for Sick Children Toronto), a parent or guardian may request access to the child's health information. The portal should be able to facilitate that access using a proxy account. Considerations include:
 - as with any request for access, organizations are obliged to take reasonable precautions to ensure the person making the request is adequately authorized to obtain the information,
 - in the case of very young children, access may be granted unless there is a reason to withhold the information from a parent as a representative of the child, and
 - judgement should be exercised where older children, in particular, do not wish their parents to know sensitive personal information.

11. Promoting Patient Portal Use

11.1 Patient Participation

Patients can access a portal on devices such as smartphones, laptops, tablets or PCs. With an email

address and internet access, patients can access a portal from anywhere and anytime.

Ways to raise awareness of portals include:

- sending letters to patients
- offering flyers in the waiting areas
- displaying posters in waiting areas and offices
- Posting an update on the website.

Suggested approaches are listed in the communications section in the [Communications Toolkit](#).

12. Monitoring and Evaluation

It is vital that an organization has the ability to report the number of users who are registered to the application, are using the application, and how much use is occurring. Monitoring these metrics will allow an organization to evaluate their efforts in deploying the application, educating their users, and achieving maximum value for their efforts. There will also be additional requirements to report on platform performance/use as detailed in the Digital Health Reporting and Performance Policy section of the [Digital Health Playbook](#).

Please refer to **Standard 3.2.11** in the [Patient Portal \(PP\) Provincial Service Standards](#).

13. User Support

Patient user support encompasses two modes, and both are critical for a successful portal.

The first mode is the *technical* support of the portal through traditional Information Technology Service Management ([ITSM](#)) processes and procedures. Organizations should consider establishing a helpdesk approach for technical support, or if already in place, provide their current helpdesk with the proper training and support for the new portal. Further, organizations should consider providing patients with multiple ways of engaging with the support team, such as phone, email, text, chat applications etc.

The second mode is the *knowledge* support to patients who access and interpret the information they see within the portal. Organizations may wish to make available trained specialists who can act as a resource to support patients who have questions/concerns regarding their medical journey.

Appendices

[Change Management Toolkit](#)

[Communications Toolkit](#)

[Education and Training Toolkit](#)

[Consumer-Centric Medical Data Organization Framework and Examples](#)

[Policy Statement – Proxy Solution with Respect to Patient Portals](#)

Appendix A : Environmental Scan of Current State Data Release Models in Ontario

Organization	Solution	Data Availability	Data Omitted
Children's Hospital of Easter Ontario	MyChart (Epic)	Normal and abnormal lab results, most imaging results, Pathology tests cytology tests, Health issues list, allergies, medications, upcoming and past appointments, summary visits, surgery visit summaries, select clinical notes	Cardiology tests, Genetic testing, Audiology notes, Gastroenterology results, nephrology results, neurophysiology results, respirology tests, urology tests
Humber River Hospital	My Humber Health (Meditech)	Select test reports/results, current and previously prescribed medication, upcoming appointments, health visit history, allergies	Public health tests, all swab tests, microbiology tests, pathology tests
Lifelabs	MyResults	Lab tests	Certain imaging tests, holters, Public health tests, Specialty lab testing
Mackenzie Health	MyChart (Epic)	Normal and abnormal lab tests, pathology results, radiology reports & images, ambulatory notes, inpatient notes, clinical notes, operative notes, list of conditions, discharge summaries, medications	Mental health notes
Ontario Shores for Mental Health Sciences	MyHealth, My Way	Lab tests, visit history, test reports, allergies & conditions, immunizations, medications, upcoming appointments, appointment history	Not Applicable
Regional patient portal in South West Ontario	MyChart™ (Sunnybrook)	Allergies, in-hospital medications, radiology reports, pathology tests, genetic tests, in-hospital lab tests, microbiology results, blood bank test, inpatient discharge summaries	ECG & Echo tests, radiology images, all clinical notes
Sunnybrook Hospital	MyChart™ (Sunnybrook)	Allergies, current medications, online appointment requests, online patient questionnaires, certain clinic visit notes, radiology reports, ECG & ECHO tests, pathology reports, lab tests, microbiology results, blood bank	Certain clinical notes

Organization	Solution	Data Availability	Data Omitted
University Health Network	MyUHN	OLIS and hospital labs, appointments, pathology reports, imaging reports, clinical notes, discharge summaries	HIV results, tissue typing
Women's College Hospital	MyChart (Epic) Apple Health	Lab and blood tests including abnormal/sensitive results, pregnancy tests, HIV & tumour markers, all radiology reports, all pathology tests, clinical notes (manually released by provider)	Radiology images
St Joseph's Healthcare Hamilton	MyChart (Epic)	Not Applicable	Not Applicable

Other solutions that are fee based

Organization	Solution	Data Availability	Data Omitted
PocketHealth	Not Applicable	Images and reports	Not Applicable
DotHealth	Not Applicable	Records from providers they interact with	Not Applicable
Medchart	Not Applicable	Digitization of health information for healthcare providers, lawyers, insurance providers, and patients.	Not Applicable
MyCareCompass	Not Applicable	Lab results and book appointments at Lifelabs, in addition it has partnered with Babylon Health	Not Applicable
Dynacare Plus	Not Applicable	Provides access to laboratory tests and results.	Not Applicable

Appendix B : The Patients' Perspectives Feedback

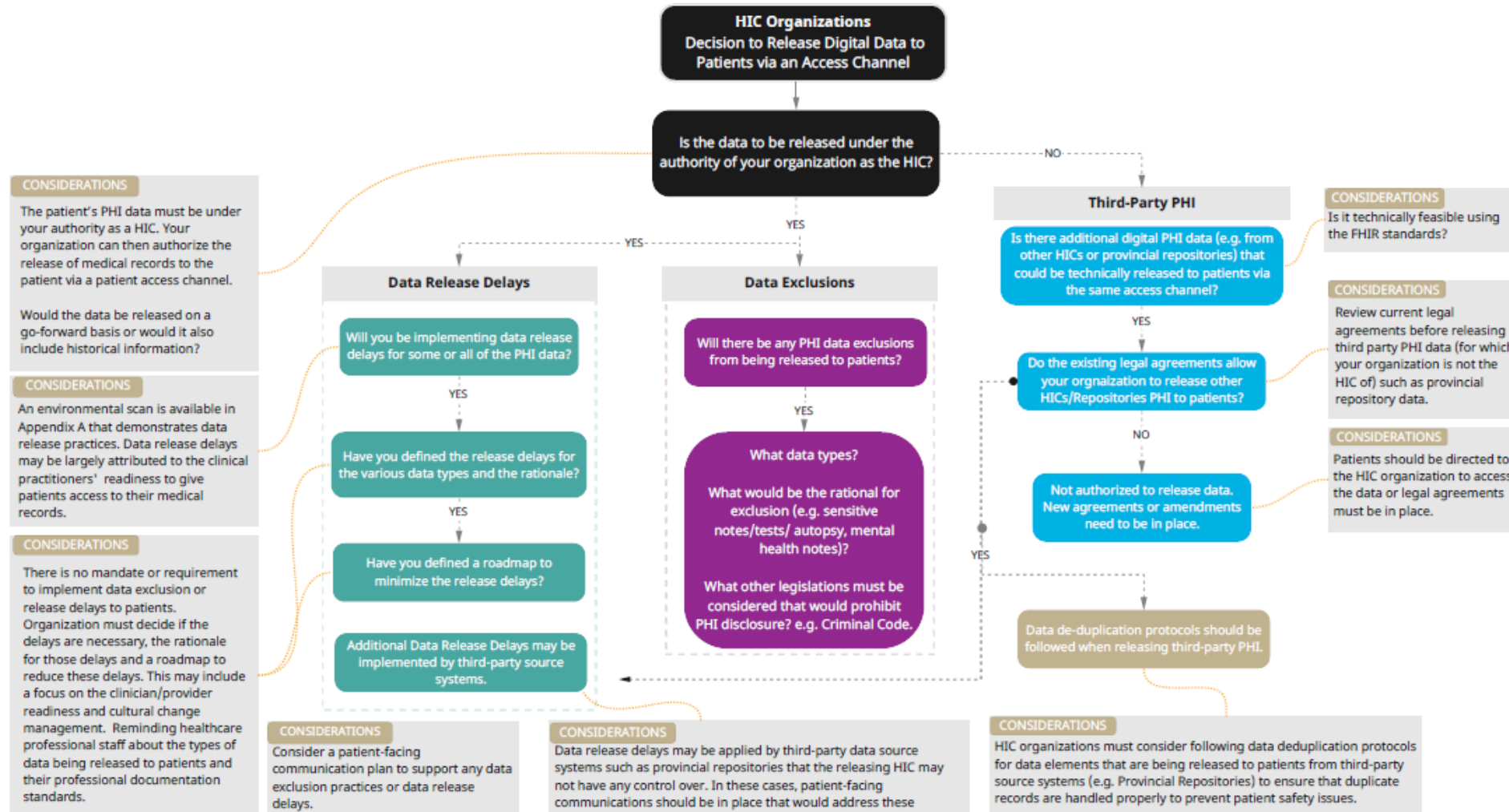
Patient Feedback Obtained Throughout the Lifespan of the Regional Patient Portal Project:

- Would like access to all information- images, reports, results interpretations, treatment options and medical advice.
- Without all data available including tests from private clinics, the whole experience is incomplete.
- Platform must have GP and specialist visit comments included otherwise it is useless.
- Clinical notes should be available to prevent patients from having to return to the hospital to ask for the report, thus defeating the purpose of a portal platform. All reports should willingly be provided to patients without patients having to ask.
- Would like to see specialists notes in order to better prepare for the next clinical visit (E.g. whether concerns were acknowledged, whether everything that was shared was understood).

- Access to my own records does not mean that I will avoid a clinical visit. Perhaps including health teaching resources would encourage more use of the platform.
- Would like to see clinical notes included. Would also like to see abnormal blood results highlighted.
- Having clinical notes to review what the Dr. said after you leave your visit would be helpful.
- Having blood work, bone marrow biopsies and tests available has helped to understand the Multiple Myeloma numbers and follow the disease more closely. This information gives us peace of mind when reviewing imaging results.
- I'd expect to view the majority of my medical records like lab results, diagnostic reports, everything.
- Should make access to portals more available from all hospitals across the province. People tend to move around a lot, doctors have a higher turn around time than in the past- it would be helpful to see all results for patients, and especially helpful when people on vacation need medical care.
- Seems to be a real fear from clinicians to promote a portal because they are afraid that patients will ask questions about their health based on information that they never had before.
- As a patient, I want to be information with all of my results.

Appendix C: Digital Release of PHI Decision Framework

The following flowchart outlines the suggested approach for sharing data with patients, and the various decisions that should be considered.



Definitions of Terms Used in Figure

Data Exclusions: this refers to the practice of applying exclusion criteria to specific data from being released to patients via digital channels by healthcare organizations.

Data Release Delays: this refers to the practice of applying delays to specific data types or categories before they are released to patients via digital channels by healthcare organizations.

Patient Portal Service Standard Components for Consideration

- Alignment with clinical practice guidelines for documentation.
- Alignment with patient safety guidelines as referenced in PHIPA.
- Digital identity, authentication and authorization (IAA) requirements.
- Requirements for integration with Ontario Health's (OH's) consumer gateway and connecting provincial digital health assets (e.g. OLIS).
- Policies for account or record delegation (Security & Proxy guidelines).

Information release and update guidelines to ensure consistency for access across the patient portal ecosystem.