eReferral and Central Intake Playbook

A standardized playbook to guide regional planning, implementation, and go-live.

January 26, 2026

Version 1.0

Contents

1. Introduction and Purpose

1.1 Executive Summary:

The eReferral and Central Intake Playbook provides Ontario regions with a standardized framework for implementing and scaling eReferral and Central Intake (CI) models. The intent is to support regions in achieving consistent, patient-centered intake processes that improve access, reduce wait times, and streamline referral pathways.

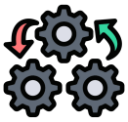
1.2 Scope & Applicability:

This playbook is designed to guide Ontario Health regions and delivery partners, such as, hospitals, health care organizations and community providers in deploying eReferral and laying the groundwork for operationalizing Central Intake in the province. It provides information to support the development of Central Intake hubs using the referral management system (RMS), setting out the foundational standards, workflows, and governance needed for future digital integration. As a practical toolkit, the playbook offers a structured approach to planning, conducting readiness assessment, and implementation. The framework is intended to be adaptable to local contexts while maintaining alignment with provincial standards and frameworks, ensuring regions are prepared for a seamless transition to eReferral and Central Intake processes in the integrated state.

This playbook is organized into **two main sections**:

Section 1: Overview of eReferral and Central Intake Tools

- Outlines the purpose of the tools, technology and their role in improving patient care
- Highlights key features that support streamlined referrals and communication
- Explains how the tools work together to enable coordinated, integrated care across providers and settings



Section 2: Central Intake Hubs Implementation Guidance

- Defines the requirements for successful implementation
- Clarifies roles and responsibilities of partners involved
- Details processes and workflows to ensure consistency across regions
- Provides supporting resources to aid adoption and sustainability

Key Benefits of using this Playbook

- Promotes consistency in how eReferral and Central Intake processes are planned and implemented
- Provides a standardized framework to support alignment across regions and programs
- Clarifies roles, expectations, and best practices to guide successful implementation
- Reduces variability in approach, helping teams avoid common pitfalls
- Supports coordinated decision-making and smoother collaboration among partners

Limitations of this document:

- Is not an in-depth technical document.
- Does not provide any guiding material regarding Middleware. Middleware providers and their requirements should be accessed on a case-by-case basis with the Hospital Integration System (HIS) provider.
- Is not a one-size-fits all; its applicability may diverge based on organizational needs and the intricacies of integration scenarios

2. Pb4P: Program Overview

Ontario Health is advancing efforts to make the referral process more efficient, transparent and coordinated across the province through initiatives like eReferral and Central Intake. These digital health solutions support providers in connecting patients to the right care faster, reducing administrative burden and improving communication between primary care providers and specialists, and more broadly, between other clinicians and sites sending and receiving referrals.

The **Patients Before Paperwork (Pb4P) initiative**, which is being led by Ontario Health and the Ministry of Health, is driving the adoption of **eReferral Ontario** that will work in conjunction with Central Intake to improve system-wide coordination and efficiency, enhance wait-time visibility, and support a more connected digital health experience for clinicians and patients.

The adoption of eReferral and Central Intake aligns with Ontario's broader health system priorities, including *the Digital First for Health Strategy* and *Your Health: A Plan for Connected and Convenient Care.* These initiatives support integrated, patient-centred care, enhance system efficiency and help clinicians spend more time with patients rather than on administrative tasks, while preserving key principles such as patient needs, physician autonomy, and receiver oversight of clinical triaging.

Central Intake and Coordinated Access, enabled through eReferral technology, gives clinicians a single, electronic point of entry to request specialty care, diagnostic imaging, mental health and addictions supports, and other services. This approach simplifies referral management, supports consistent prioritization based on urgency, and helps balance demand across multiple providers to reduce wait times. By streamlining the referral process within a Central Intake framework, patient referrals become fully traceable throughout the system, enabling timely notifications, automated communications, and greater transparency for both patients and referring providers on referral status and next steps.

Designing and configuring the Central Intake technology has been guided by feedback and recommendations of the Provincial Expert Panel on Central Intake and Coordinated Access. This panel brought together clinical leads, external partners with direct experience in central Intake, and subject matter experts with deep knowledge of referrals and forms standardization. Their collective insights have informed the foundational principles, requirements, and workflows reflected in this playbook, ensuring the technology supports best practices such as equitable access, workload balancing across providers, consistent referral quality, and system-wide visibility to enable continuous quality improvement and coordinated access across the province.

3. eReferral Ontario: Modernizing Patient Referrals

3.1 eReferral Ontario Overview

eReferral Ontario is a provincial digital platform introduced by Ontario Health in August 2025 to modernize how referrals are sent, received, and managed across the health system. By replacing paper and fax with a secure, integrated digital workflow, eReferral Ontario allows providers to submit referrals digitally, track their status in real time, and receive automated updates at key points in the referral journey. This shift improves transparency, reduces administrative burden, and creates a more predictable experience for patients and clinicians. As a cornerstone of Ontario's digital health strategy, eReferral Ontario supports referrals across primary care, specialist services, diagnostic imaging, and community programs, helping ensure patients access the right care at the right time.

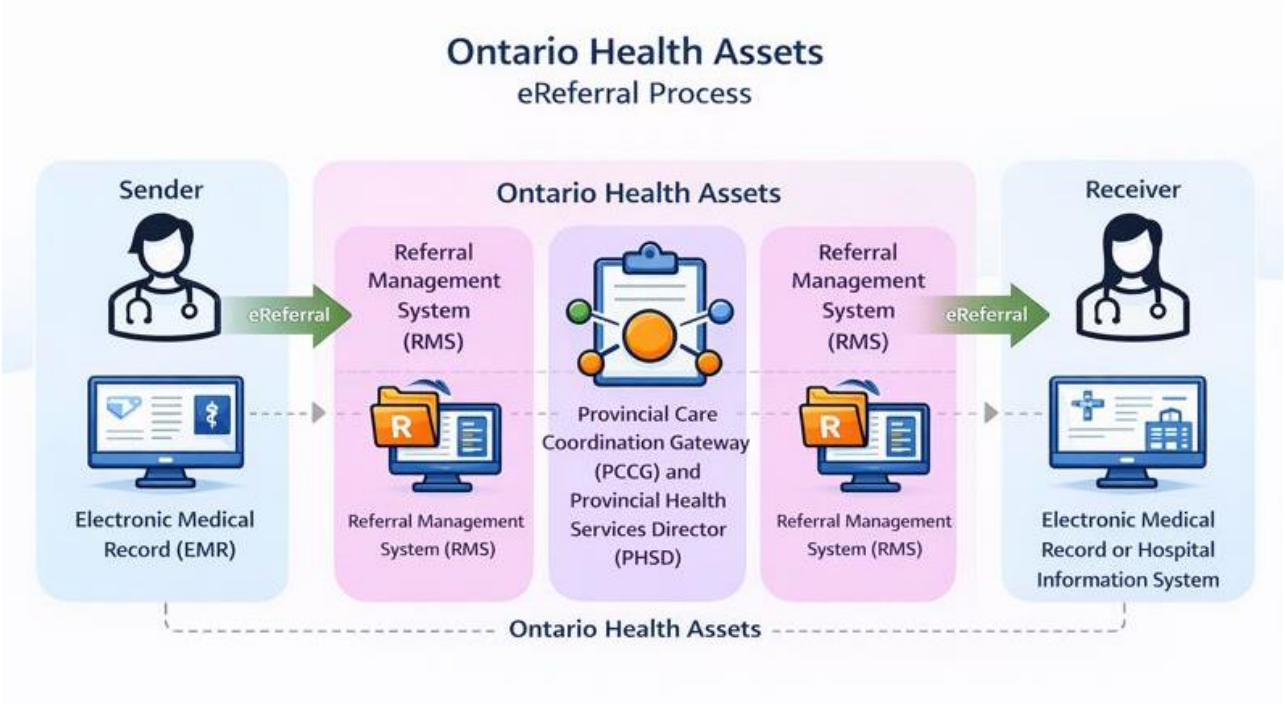
3.1.1 Ontario's Legacy eReferral Ecosystem

Ontario has already built a substantial eReferral ecosystem through years of investment and implementation across multiple regions. The new eReferral Ontario platform builds on a substantial base, including the Amplify Care Network, formerly operated by the eHealth Centre of Excellence, which onboarded more than 4,000 primary care providers and numerous specialist and community organizations. This network continues to operate in parallel with Ontario Health's recently launched network, eReferral Ontario.

3.1.2. OceanMD and the Provincial Referral Management Ecosystem

To unify these environments, Ontario Health procured OceanMD as the provincial RMS vendor following a competitive procurement process that rigorously evaluated security, privacy, workflow integration, usability and scalability. In the new provincial architecture, OceanMD connects with foundational systems such as the Provincial Care Coordination Gateway (PCCG), ONE Access Gateway (OAG), the Provincial Health Services Directory (PHSD), and the Provincial eReferral Repository. Together, these components form a connected digital infrastructure that supports referral routing, secure authentication, service directory integration, and the capture of referral data for system planning. The PCCG is a digital asset managed by Ontario Health that facilitates the routing of electronic referrals from source to destination, eliminating the need for point-to-point integration between the sending and receiving systems.

Appendix A: Digital assets within eReferral Ontario outlines the function of each of these key provincial digital assets that enable and support the eReferral Ontario network.



eReferral Ontario is designed for any health care provider involved in sending or receiving referrals. This includes clinicians who refer patients to specialists or programs, specialists and diagnostic services that accept referrals for consultations or tests such as CTs and MRIs, and hospitals whose physicians, specialists, and care teams rely on coordinated referral processes to accept, triage and manage cases efficiently. OceanMD RMS is a secure, PHIPA-compliant digital health tool that encrypts and protects patient information throughout the referral process, offering greater safeguards than traditional fax.

Access to OceanMD varies depending on the sender's practice environment. Providers using Electronic Medical Record (EMR) systems, such as those in primary care, can initiate eReferrals directly from within their EMR using provincial standardized referral forms (SRFs).

In this first stage of deployment, senders from institutional settings, such as hospitals, must submit referrals using the OceanMD RMS. The referral process begins when the provider launches the RMS, selects the appropriate service, completes the mandatory fields and submits the SRF. These forms are pre-populated with patient and provider information, and clinical documentation can be directly added as attachments, minimizing manual entry and ensuring completeness and consistency across referral pathways. Once the sender submits the SRF for certain clinical pathways, the referral is transmitted electronically to the receiving specialist, facility, or program, either directly or via a Central Intake Hub (If a CI Hub is involved, the Hub reroutes the referral to the appropriate receiver site queue for review and triage.) Once the referral is accepted by receiver site, an appointment is scheduled, and both the referring provider and patient are notified.

Access to eReferral requires signing up to eReferral Ontario by completing an Expression of Interest (EOI) form available on the Ontario Health website. Once onboarded, a regional deployment team provides training, resources, and live support to help both referring and receiving clinicians and sites. For more information on the eReferral Ontario Network, please visit: eReferral | Ontario Health.

3.1.4 Transitioning to a Unified Provincial eReferral System

Over time, Ontario Health will work to align with existing referral networks for consistent, broader, connected, and seamless experience for providers across the system. This means that once the PCCG- HIS integrations are in place, senders from institutions such as hospitals will be able to submit referrals through their HIS directly. Regardless of entry point, all digital referrals follow the same workflow: searching for a service, completing the SRF, submitting the referral electronically, and receiving updates as the referral is triaged, accepted, scheduled, and completed. As these integrations mature, both senders and receivers will benefit from a more coordinated, transparent, and efficient referral experience provincewide.

3.2 eReferral Implementation

Prior to implementing eReferral, deployment teams, including Local Delivery Groups (LDG) Lead Organizations must ensure that foundational technical, operational, and change management requirements are in place to support a seamless transition to digital referral processes. This includes confirming readiness for technology deployment, user onboarding, and adherence to data privacy and security standards. The checklist available for use in **Appendix B: eReferral Implementation Checklist** outlines key steps and checkpoints to guide regions in preparing for eReferral implementation including onboarding methods in alignment with provincial standards and best practices.

As per the **Operational Direction issued in October 14, 2025:** Local Delivery Group Expansion to support spread and scale of digital priorities, hospitals will be working with their local LDG Lead Organization and Ontario Health regional teams to onboard providers to eReferral. All other providers are requested to visit **eReferral Ontario** and follow the steps to get started. Any providers on the referral network managed by Amplify Care, will not experience any change.

4. Standardized eReferral Forms (SRFs)

4.1 Overview

Ontario has an estimated 1,400+ electronic referral (eReferral) forms on the Amplify Care Network, which creates challenges such as navigating the forms, ensuring they are completed properly, cognitive burden, administrative burden if not aligned with best practices. Standardized Referral Forms (SRFs) streamlines this process by ensuring all referral forms capture consistent, clinically relevant information essential for triage and subsequent care. This transition to SRFs in the eReferral process reduces administrative burden, improves referral routing accuracy, and supports timely access to care through standardized content and structure that enhance both clinician efficiency and system-level data quality.

There are currently 23 SRFs available in the OceanMD library, with an additional six available in January 2026. A receiver will contact their regional deployment team to be registered and onboarded to Ocean which includes a SRF and the development of a listing in OceanMD. To view a list of SRFs that are currently available for use, please visit the Amplify Care website here. More information on development of the forms process can be found in **Appendix C: Standardized eReferral Forms**

4.2 Benefits

Benefits for *referring* clinicians (clinicians who initiate/send referrals):

- Reduced cognitive load and time spent navigating multiple forms.
- Auto-completion and structured answers minimize clicks and speed up referral submission.
- Fewer refused referrals due to clear scope of practice and eligibility criteria.
- Improved information exchange for a smoother referral experience.

Benefits for *receiving* clinicians (clinicians who receive and review referrals):

- More complete referrals, reducing time needed for triage decisions.
- Improved referral appropriateness, minimizing rejected referrals. Reduced administrative burden through streamlined form processes, less back-and-forth to gather missing information, and certainty about the status of a referral.

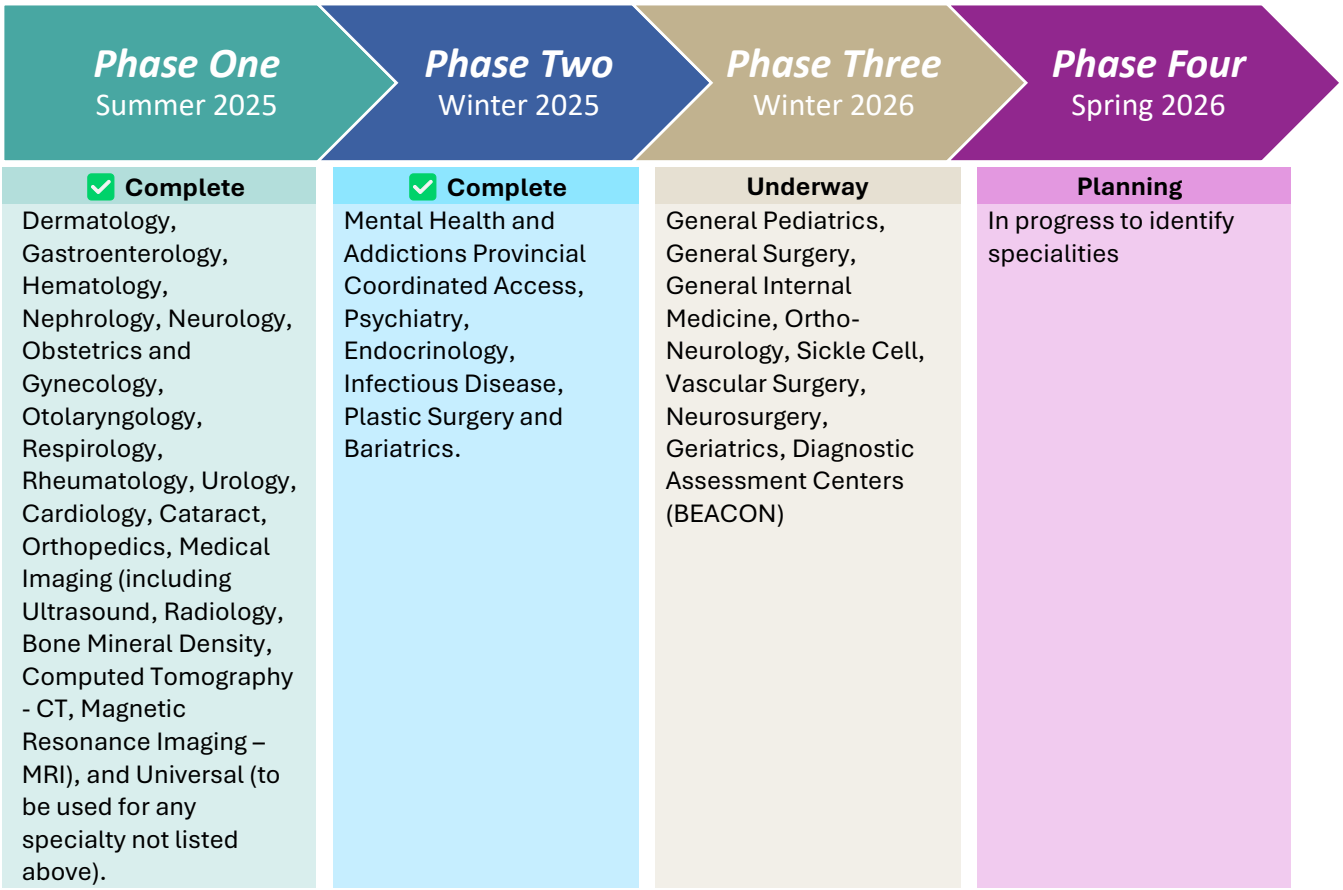
4.3 Clinical Scope

SRF clinical priorities were chosen using these key principles: addressing primary care pain points, aligning with Ontario Health eReferral priorities, focusing on provincially funded programs, analyzing referral volumes, and leveraging existing well-developed forms for quick wins.

SRF supports priority areas under Central Intake, including Diagnostic Imaging (CT and MRI) Cataract, Orthopedics, and Mental Health and Addictions (MHA) along with several other clinical specialties and a universal referral form. These forms align with standards developed based on eReferral standardization best practices for referral consistency and support accurate triaging and patient-centred care.

Publication link: Codesigned standardised referral form: simplifying the complexity.

Which SRFs have been developed to date?



For users already in the Amplify Care eReferral Network, transitioning from existing referral forms to Standardized eReferral Forms can be facilitated by contacting the local regional deployment team for guidance and support.

Central Intake: Background

Established in 2020 as part of the provincial Surgical Recovery Strategy, the Centralized Waitlist Management (CWM) program, Central Intake and Central Visibility, is focused on implementing digital health tools and clinical operating models to enable enhanced load balancing of surgical cases and lower patient wait times. Investments to date in the CWM program have supported the development of the core provincial technical infrastructure required to underpin centralized waitlist management at the provincial level. These investments also supported more than 80 regionally led projects that helped regions digitize and streamline referral pathways for the highest priority needs their communities faced. These have included projects focused on advancing the uptake of CI for priority surgical and diagnostic imaging pathways.

The multiyear expansion plan for the CWM project comprises two interconnected work streams:

1. **Centralized Visibility to Real-Time Data:** This work stream focuses on enhancing and integrating provincial digital health assets and datasets to allow for comprehensive real-time visibility into the full patient journey and into health-system capacity, thereby supporting enhanced management of patient waitlists and reductions in wait times for surgery and DI. This work stream will also support the Expansion of CI Models work stream by providing real-time visibility to data around surgical demand, capacity and provider availability (e.g., eReferral volumes, provider wait times, and surgical efficiency).

2. **Expansion of Central Intake Models:** This work stream focuses on deploying CI for priority surgical and diagnostic imaging pathways. CI involves implementing a single, centralized intake and routing point for incoming referrals for a given clinical pathway, which thereby supports load-balancing of incoming referrals by aggregating them and distributing them across eligible referral recipients (e.g., hospitals, Integrated Community Health Services Centres, and other health care providers).

Provincial Central Intake Expert Panel Recommendation:

A provincial expert panel developed a report outlining key principles and requirements to optimize the referral experience and access to specialized services in Ontario, to be achieved through the adoption of electronic referral (eReferral) and consultation (eConsult), current Central Intake (CI) initiatives, the expansion of integrated care, and structured referral pathways. The goal was to establish a provincial CI delivery model that builds on the work of various existing sub-regional CI hubs and integrates with Mental Health and Addiction (MH&A) services planning and Local Delivery Groups (LDGs). The framework included principles in three domains: (1) clinical; (2) technology; and (3) organization/operations. To view the recommendations report and framework, please refer to **Appendix D: Provincial Expert Panel Recommendations**.

6. Central Intake Hubs: A Provincial Strategy for Equitable Access

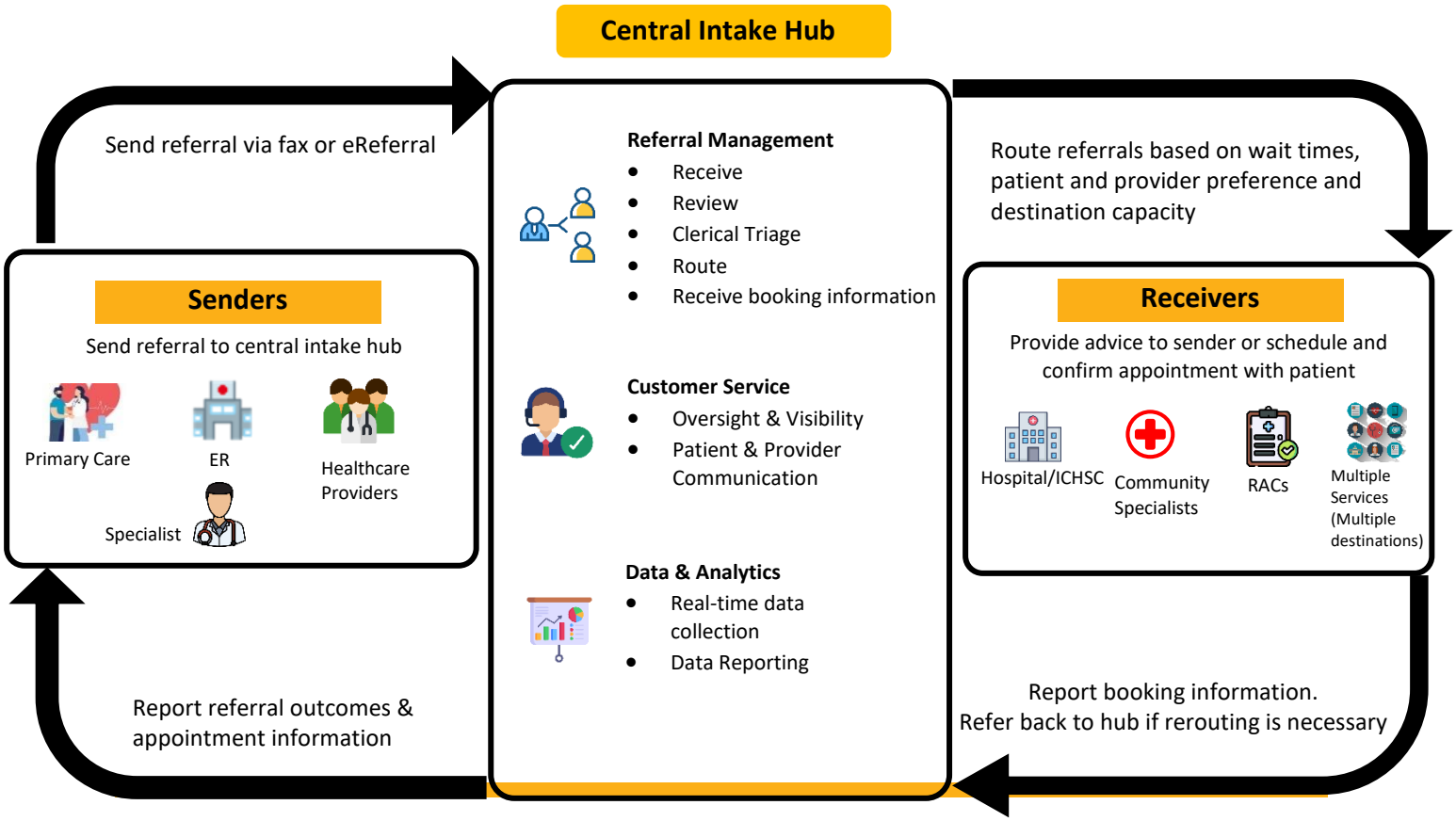
6.1 Central Intake Hub Overview

As part of Ontario Health's broader system modernization efforts, the expansion of Central Intake Hubs has been prioritized. These hubs serve as single points of entry for referrals related to clinical pathways such as orthopaedics, cataract surgery, diagnostic imaging (CT and MRI) and mental health and addictions. Referrals from clinicians are received, assessed, and triaged centrally ensuring patients are matched with the most appropriate provider, at the right time, and in the right location.

This approach delivers several system-wide benefits:

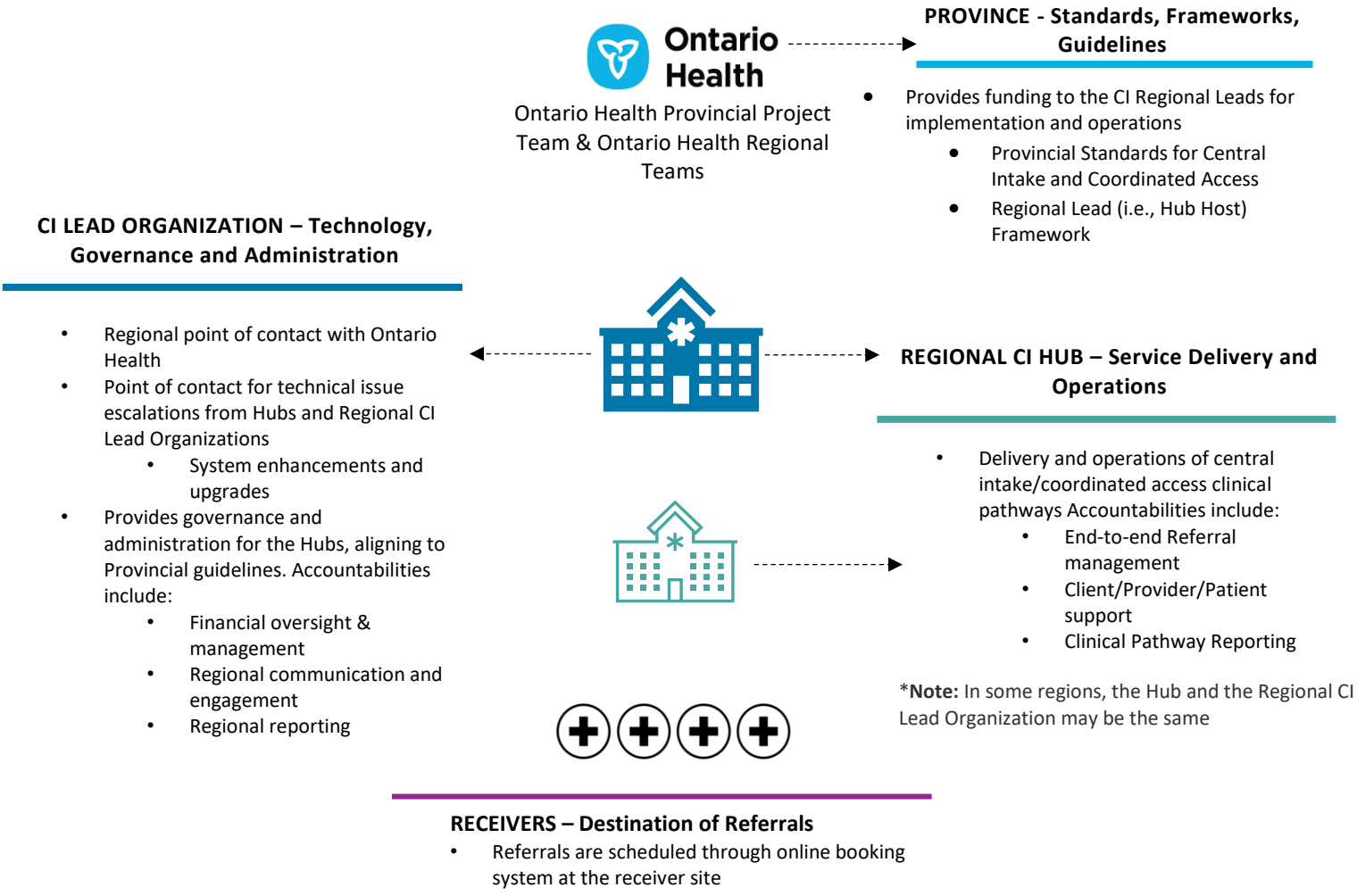
- ⏱️ **Reduced wait times** through coordinated scheduling and triage
- ⚖️ **Fair distribution of referrals** across providers and regions
- 📄 **Lower administrative burden** for referring clinicians and specialists
- 📊 **Improved oversight and accountability** via standardized referral workflows

Together, eReferral Ontario and Central Intake Hubs represent a significant step towards a more integrated, efficient, and patient-centered health system.



Central Intake is delivered through a partnership of entities including Ontario Health, Lead Delivery Group Lead Organizations, and Hubs (Diagnostic Imaging, Surgery, and Mental Health & Addictions), each with distinct roles in governance, operations, and technology stewardship.

Central Intake Model:



6.2 Central Intake Technology

Ontario Health issued the Request for Proposal (RFP) in January 2025, with the objective of creating MPSAs with two to four vendors. On September 5, 2025, the procurement was finalized, resulting in three vendors being awarded agreements: **Akinox, Novari Health, and Ricoh**.

To support regional adoption, the centralized intake technology selection committee was established. The committee's evaluation criteria focused on workflow alignment, user experience, regional needs, and pricing. Based on this assessment, regions selected **Novari**

Health and **Ricoh** as their vendors of record, with statements of work (SOWs) executed by December 19, 2025.

The next phase involves collaborating with regions to implement the provincially procured technology and establish six diagnostic imaging CT and MRI hubs—one in each region—by **March 31, 2026**. The CI lead Organization will hold and manage the CI technology platform, while regional hubs will receive tenant access for approved clinical pathways. CI leads are responsible for providing technical support, overseeing implementation across their regions, ensuring alignment among hubs, and serving as the single point of contact for vendor management.

6.3 Central Intake Implementation Checklist driven by Maturity Domains

Prior to implementing Central Intake Model, regions must confirm that essential governance, operational, and technical elements are established.

The **maturity domains** outline the key areas of focus to advance Central Intake Hub readiness and operations. The maturity domains include:

1. **Domain 1:** Setup Governance
   - Setup local governance in alignment with the provincial model
   - Ensure representation from all partners

2. **Domain 2:** Standardized Operations
   - Implement clinical principles
   - Use of Standardized Referral Forms (SRF)
   - Ensure appropriate staffing

3. **Domain 3:** Implement Technology
   - Onboard eReferral components (RMS, PCCG, PHSD)
   - Implement CI technology for Hubs
   - Integrate CI technology with provincial routing and triage

4. **Domain 4:** Onboarding Booking/Receiving Sites
   1. Establish booking and receiver site directory

5. **Domain 5:** Implement Communication & Change Management
   2. Leverage physician champions for leadership buy-in
   3. Develop partner engagement and communication plans
   4. Structure policies and incentives to drive adoption

6. **Domain 6:** Monitor Key Performance Indicators
   1. Track # and % of referrals received by CI Hubs
   2. Track # and % of patients meeting Wait 2 targets
   3. Additional KPIs as agreed upon

The **Appendix E: Central Intake Implementation Checklist** summarizes the core implementation planning requirements for Central Intake Lead Organization and Central Intake Hubs (read Memo: Updates on Digital Initiatives for list of lead organizations and hubs by region to support aligned governance, consistent clinical practices, and effective provincial Central Intake adoption). The checklist outlines key steps and checkpoints to guide regions in preparing for Central Intake implementation for CI lead Organizations and hubs, in alignment with provincial standards and best practices.

6.4 Mental Health and Addictions Hub Readiness Assessment

In addition, the MHA Hubs will need to complete the Readiness Assessment to ensure adherence to the provincial model as detailed in the ***MHA Provincial Coordinated Access (PCA) Standards Document Version 1.0.***

6.4.1. Central Intake Clinical Workflows - Overview

Receivers of referrals can be structured in different ways (e.g. independent specialist, medical imaging facility, rapid access clinic, specialist physician group). As the CI model matures, receivers will coordinate as a group of specialists who provide the desired type of care within a hospital or a geographic area. Receivers can triage referrals and ensure they are directed to the most appropriate provider and can balance clinical loads between providers within the group. Central Intake Lead Organizations and Central Intake Hubs should encourage receivers to organize themselves as groups or Rapid Access Clinics instead of remaining isolated physician offices that receive referrals independently.

6.4.2 Types of Receivers

1. Independent specialist office (hospital- or community based)

Most specialist physicians currently work in this model, where referrals are accepted, triaged, scheduled and managed by the office staff of solo practitioners. When referrals are sent directly to independent specialist offices (i.e., downstream from Central Intake), this model may limit the ability of Central Intake to support system-level objectives such as load balancing, referral optimization to the most appropriate specialist, and wait-time harmonization.

2. Medical imaging facility

Medical imaging facilities receive referrals (medical imaging study requests) from the Central Intake Hubs. Central Intake Hubs will distribute referrals to imaging facilities in the region based on capabilities of the different facilities (e.g. the types of tests that can be performed at the facility) and real-time information on wait times.

3. Rapid Access Clinic

Rapid Access Clinics (RACs) are a provincial initiative designed to enhance patient access to care, reduce unnecessary diagnostic imaging and specialist referrals, and shorten wait times through a coordinated intake and triage process. Following referral from a Primary Care Physician or Nurse Practitioner, patients at a RAC are assessed by a Health Care Provider with specialized training in their condition. Based on this assessment, patients receive a personalized treatment plan, which may include a surgical consult for specialties such as musculoskeletal disorders. For other areas—including Internal Medicine, Diabetes, Addictions, and Mental Health—RACs provide urgent access directly from Primary Care Providers to Consultants, thereby eliminating the need for an emergency department visit.

4. MHA Service Provider

An MHA service provider that receives the referral from the MHA Coordinated Access Hub for care delivery. Receiver MHA Service providers will accept/decline incoming referrals based on established criteria and response times. Receivers will be responsible for scheduling client appointments for care and communicating with MHA Coordinated Access Hubs and senders on the outcome of the referral. *Please refer to MHA PCA Standards Version 1.0 for more information*.

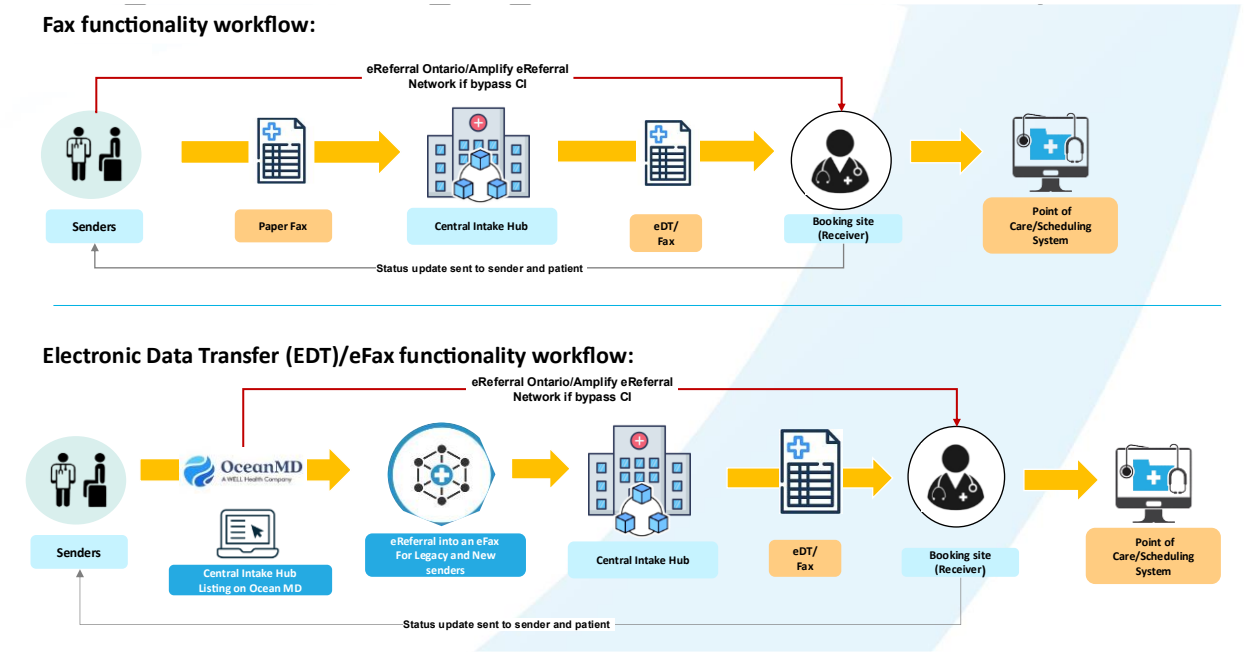
Note: Referrals to Child and Youth Mental Health (CYMH) services will follow existing pathways through Lead Agencies or the most appropriate CYMH access mechanisms.

5. Specialist Group (hospital- or sub-regionally/regionally based)

This is the preferred model for specialist services. Specialists within a hospital, sub-region or region will coordinate themselves as a group to receive referrals. Referrals are assigned to a specific specialist based on their clinical scope of practice/expertise and scheduled in the next available appointment. Clinical loads should be balanced within the receiver groups based on physician capacity, and the rules for distribution of referrals that the group creates. The specialists in the receiver group determine which specialists see which types of patients and share oversight of referral distribution (e.g. by rotating which specialist oversees the triage of referrals each week/month, sharing information on the distribution of referrals to specialists within the group). This model optimally supports Central Intake hubs, because hubs may lack detailed information on the specific types of specialized conditions that an individual consultant can treat. A specialist group that functions as a receiver of referrals from a Central Intake hub preserves capacity for sub-specialization, triage and load balancing, and ensures that all specialists only receive referrals for conditions that they have the knowledge, skill and interest to treat.

6.5 Central Intake Technology Workflow

6.5.1 Stage 1: Central Intake Implementation Interim Solution – fax/Electronic Data Transfer (eFax)



Stage 1: Go-live Q4 FY 2025/26, This stage is deliberately designed as an **interim measure**, allowing the integrated technology platform to stabilize before assuming responsibility for the full end-to-end referral workflow. Existing integrations and regional hubs will continue to operate independently and will not transition to this interim model.

Regional Hub Development:

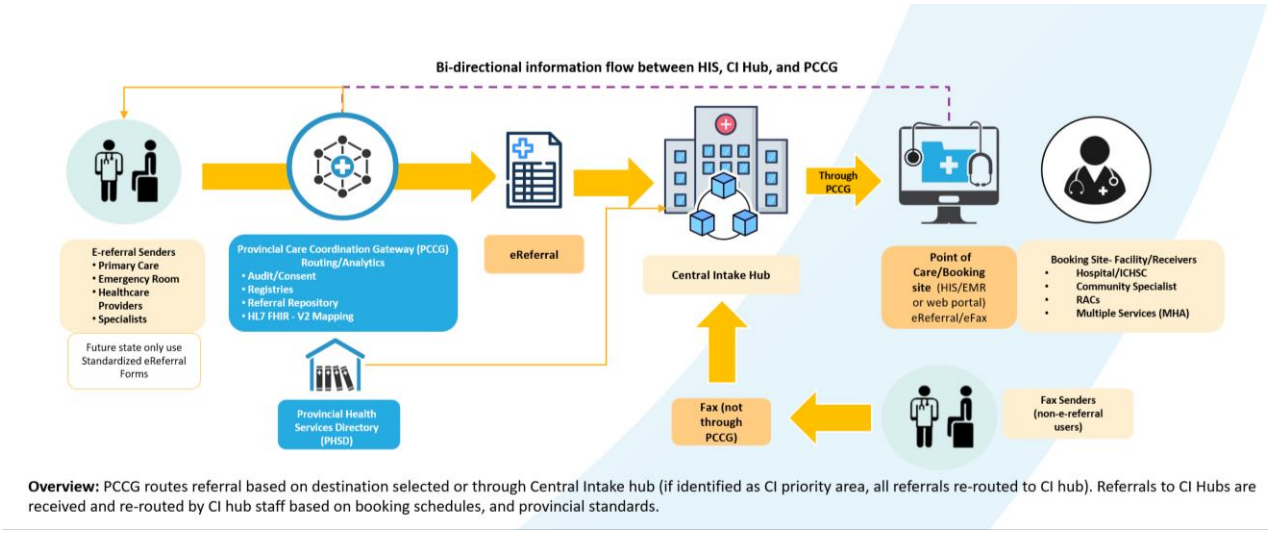
During the interim state, regions will focus on establishing net new hubs for **Diagnostic Imaging hubs** (MRI/CT) by **March 31, 2026.** Hubs (for Diagnostic Imaging) will be supported by the Central Intake Technology, enabling referrals to be received and directed to the appropriate destination sites.

Workflow Characteristics

- The system will primarily support **fax and electronic data transfer (eFax) referrals**, ensuring all regions operate under a consistent, foundational workflow aligned with clinical, operational, and pathway-specific standards.
- Healthcare providers—including **Primary Care Physicians and specialists**—will send referrals via fax/ electronic data transfer (eFax) to the Central Intake Hub.
    - Regions with established sub-regional Central Intakes may continue to operate their established workflows during stage 1.

- The Hub will process and route these referrals to the appropriate receiver as fax/ electronic data transfer (eFax) transmissions.
- Receiving sites will enter referral and booking details into their local scheduling systems and, when required, communicate booking confirmations back to the CI Hub via fax. The Hub will then relay this information to the original sender.

6.5.2 Integrated State – Integration with PCCG supporting Fax, electronic data transfer (eFax), and eReferral



Overview: PCCG routes referral based on destination selected or through Central Intake hub (if identified as CI priority area, all referrals re-routed to CI hub). Referrals to CI Hubs are received and re-routed by CI hub staff based on booking schedules, and provincial standards.

Stage 2: Due End of Q2 FY 2026/27: This phase will introduce PCCG and PHSD integration while enabling the conversion of legacy faxed referrals into fully digital eReferrals. The CI Hub vendor solution will align with the latest eReferral Implementation Guide (IG), incorporating the required structures and events to support the CI-based eReferral workflow.

Routing recommendations generated by CWM Insights will be integrated through a technical workflow, subject to IG conformance testing. Importantly, this enhancement will not alter the established triage processes within the CI Hub solution. As a direct extension of PCCG integration, PHSD integration will also be implemented within the CI Hub.

In this integrated state, the vision advances towards a fully connected provincial model, where Central Intake Technology seamlessly interoperates with Ontario Health assets—including the Provincial Care Coordination Gateway to enable secure, standardized data exchange across systems.

As integration is completed, hubs across Diagnostic Imaging, Surgery Pathways, and Mental Health & Addictions will evolve from supporting fax and electronic data transfer (eFax) referrals to managing end-to-end digital eReferrals. This enhanced connectivity will:

- Streamline referral movement between providers and services
- Establish a coordinated, province-wide intake process
- Promote equitable access and reduce variation
- Lay the foundation for a unified, digital referral ecosystem

Additional information on Central intake Architecture is available in **Appendix F: Central Intake Architecture.**

6.5.3 Ontario Health Routing Algorithm

Ontario Health is developing a standardized provincial routing algorithm to support consistent referral distribution across the system. Additional details will be shared throughout FY 2026/27 as CI Hubs begin operating with provincially procured technology and the data required to support this work is collected.

Once the provincial routing service is able to generate actionable Central Intake routing recommendations, the triage algorithm within CI Hub vendor solutions must be enhanced to incorporate these recommendations.

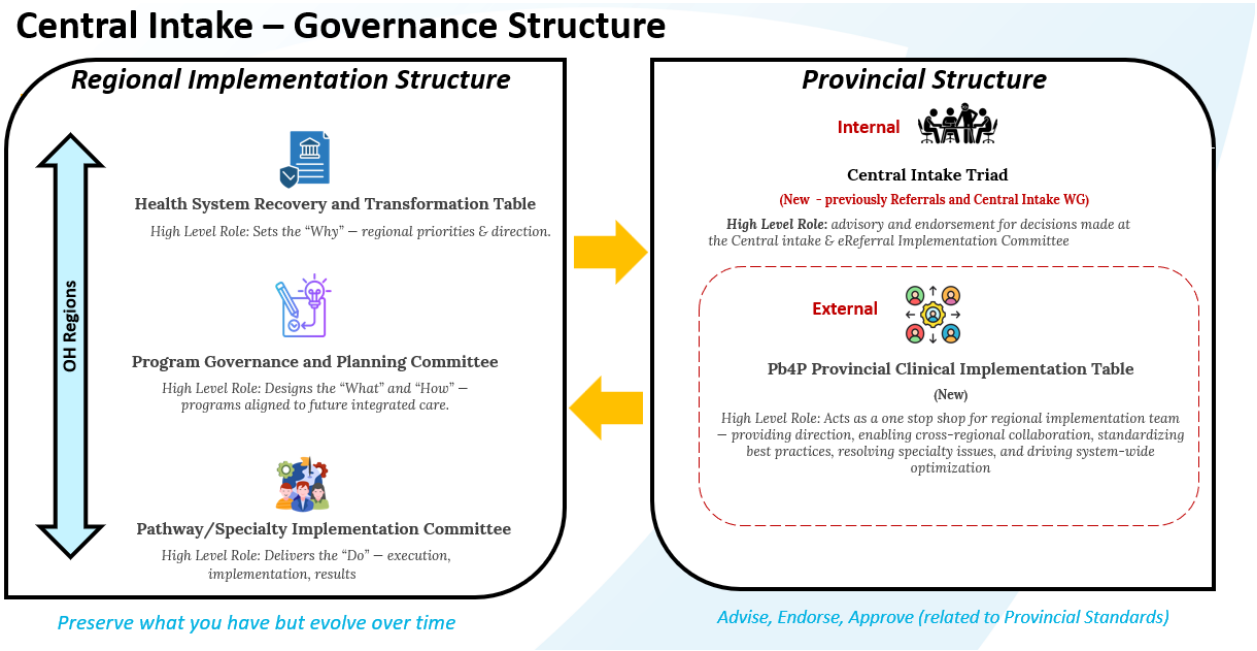
The upgraded workflow will enable CI Hub operators to either:

- **Accept** the central recommendation, or
- **Reject** it, with documented reasons.

6.6 Governance and Accountability

Effective governance and accountability are foundational to the Central Intake Model, ensuring provincial alignment, operational consistency, and continuous improvement across all regions and Central Intake Hubs. The governance structure provides clear oversight for strategic direction, performance management, communications, and system enhancement. Roles and responsibilities are defined across Ontario Health, the Central Intake Lead Organizations, and Central Intake Hubs to ensure clarity in leadership, collaboration, and operational accountability.

Ontario Health will establish a Pb4P Clinical Implementation Table to guide and support eReferral and Central Intake efforts, ensuring representation from all relevant internal and external partners. In efforts to support regional implementation teams by providing direction, enabling cross-regional collaboration, standardizing best practices, resolving specialty issues, and driving system-wide optimization.



This standardized governance approach will enable a bi-directional flow of information, foster consistency and strengthening the overall implementation of Central Intake across the province.

To ensure coherence and alignment, the three governance tables across all regions should be structured as follows:

Executive Function: Health System Recovery and Transformation Table

- Set the strategic compass: define priorities and direction to guide all downstream efforts.
- Ensure regional alignment: embed provincial/regional priorities into all programmatic work.
- Function as the voice of transformation: champion innovation and sustainability at the highest level.
- Remove macro-level barriers by leveraging authority and influence across sectors.
- Establish system-wide success measures and hold governance accountable for delivery.

Program Governance and Planning Function: Program Governance and Planning Committee

- Translate strategic intent into actionable program designs.
- Build and refine care models and pathways that enable seamless integration.
- Ensure alignment with future state vision of coordinated, patient-centered care.
- Govern execution: oversee working groups to ensure fidelity to design and consistent delivery.
- Monitor performance, risks, and benefits realization at the program level.
- Serve as the bridge between strategy and execution, ensuring two-way communication.

Pathway/Specialty Implementation Function: Pathway/Specialty Implementation Committee

- Lead hands-on implementation of pathway-specific initiatives (orthopedics, cataracts, DI, etc.)
- Manage day-to-day delivery: timelines, milestones, and stakeholder engagement.
- Apply clinical and operational expertise to adapt models into practice.
- Surface on-the-ground barriers and escalate appropriately.
- Deliver tangible outcomes and transition pathways into steady-state operations/quality oversight.
- Drive continuous improvement by embedding lessons learned back into governance and design.

Ontario Health has the following governance structure under Pb4P to support bi-directional flow of information to ensure regional alignment:

New: Central Intake Triad (previously: eReferral and Central Intake Working Group):

- With representation from Product, Business and Clinical teams - provides advisory input and endorsement for decisions made by the Central Intake & eReferral Implementation Committee.
- Operates as an internal Ontario Health table, reporting to the Pb4P Sponsors Table.
- Escalate decisions requiring further strategic guidance or leadership approval to the Executive Sponsors Table or Pb4P Steering Committee for resolution.

Pb4P Provincial Clinical Implementation Table

- **Serve as a one-stop shop** for regional implementation teams by:
    - Providing clear direction
    - Enabling cross-regional collaboration
    - Standardizing best practices
    - Resolving specialty-specific issues
    - Driving system-wide optimization

- **Support operationalization** of the **Provincial Expert Panel recommendations**.
    - Facilitate pathway-agnostic discussions with representation from both internal and external stakeholders across regions. Participants will include (but are not limited to): Clinical leads, Chief Medical Information Officers (CMIOs), Subject matter experts, regional representatives, subject matter experts.

Ensure that regional representatives bring input from their local partners back to the table, enabling alignment and consistency across all regions. Mental health and addictions representation has been incorporated into the Central Intake governance to ensure alignment and consistency across all programs and regions.

7. Resourcing and Staffing Model

7.1 Central Intake Lead Organization – Operations

Central Intake lead organizations must formalize agreements with hubs (where hubs differ from the CI Lead Organization) to ensure alignment with the CI model. Central Intake Lead organizations must serve as the main point of contact for hubs when technical issues arise, including system upgrades, maintenance, and enhancements.

They are also responsible for providing governance and administration for hubs in line with provincial guidelines. This includes managing finances, coordinating regional communication and partner engagement, escalations, change requests and preparing regional performance reports to ensure consistency and accountability across the system.

Please refer to **Appendix G: CI Lead and Hub Staffing Model** and **Appendix H: Roles and Responsibilities** for details on the potential roles and their day-to day operational and communications functions in Central Intake Lead and Hub staffing model.

CI Lead Organization - Operations	Roles and Responsibilities
Central Intake Lead	• Acts as the primary liaison between the region and the Ontario Health Regional Team • Provides regular and ongoing updates to Ontario Health on regional CI operations and performance. • Communicates Ontario Health updates to CI Hubs • Supports CI Hubs with issue management, including escalation and resolution of operational challenges
Secretariat	• Provides administrative and organizational support to the Regional CI Lead Organization • Manages meeting logistics, documentation, and communication between stakeholders to facilitate effective governance
Financial Analyst	• Monitors and manages the budgets, forecasts expenditures, and provides financial reporting for Central Intake operations at the regional level
Communications Lead	• Collaborate with CI Hubs to develop and coordinate communications related to CI. • Works with other Regional Communications Leads to align communications across common stakeholder groups.

	• Acts as a point of contact for CI Hubs, Regional Leads and Ontario Health regarding inquiries requiring regional-level communication coordination or escalation

7.2 CI Lead Organization: IT Support and Enhancement

For an LDG Organization that is also a Central Intake Lead Organization, this function is responsible for maintaining, supporting, and enhancing the Central Intake technology platforms and systems. The team ensures system reliability, addresses technical issues, and implements upgrades as needed to support operational needs. Please refer to **Appendix I: LDG Lead Organizations, CI Lead Organizations and Hubs** for the list of the LDG, CI Lead Organization and hubs per region.

CI/LDG Lead Organization – IT Support and Enhancement	Roles and Responsibilities
Technology Support	• Provides oversight of the Central Intake technology solution within the region. • Supports ongoing changes and upgrades to the build that may be required, especially as people identify opportunities to improve the system. • Troubleshoots user issues, manages user access, and coordinates with vendors for system enhancements. • Provides oversight of vendor partners. • Manages the vendor relationship on behalf of the region and acts as an escalation point for issues and risks

Navigating technical issues at the Central Intake hub(s):

Step 1: Identify the Source

- If the issue is portal-only (not involving integrated systems), contact the CI Lead Organization Help Desk.
- If the issue involves system integration (e.g., PCCG, PHSD), escalate directly to the Ontario Health Service Desk (**1-866-364-4373)**

Step 2: Escalation Path

- If the CI Lead Help Desk cannot resolve the issue, escalate to the Ontario Health Service Desk.
- If the Ontario Health Service Desk determines it is a vendor-related issue, it will be routed to CI Vendor Support or RMS Vendor Support.

Step 3: Resolution

- The assigned support team (CI Tech, CI Vendor, or RMS Vendor) will triage and resolve the issue in accordance with the SLA timelines established by Ontario Health.

Change requests and Enhancements:
Requests for Central Intake enhancements will be submitted through the CI Lead Organization to Ontario Health, where they will be prioritized and approved under the Ontario Health governance model. A template has been provided to the CI Leads to support this work.

7.3 Regional Central Intake Hub – Operations

Manages the day-to-day Central Intake and referral processes at the Hub level.

Regional Central Intake Hub – Operations	Roles and Responsibilities
Central Intake Hub Lead/Manager	• Accountable for day-to-day operations of the Central Intake Hub across all pathways • Evaluate and adjust staffing levels in response to referral volumes, service demand, and pathway complexity. • Provide operational leadership for coordinated access service models, including MHA. • Oversee financial planning, costing, budgeting, and funding deliverables. • Manage operational and patient-related escalations, including complaints, as required. • Oversee organizational health, safety, and regulatory requirements. • In collaboration with the CI Lead - Regional Communications Lead, disseminate communications to Receivers and Senders, where appropriate. • Develop and maintain partnerships with healthcare providers (specialists, primary care, OHTs, PCNs, HSPs) to support experience and adoption of Central Intake • Support quality improvement initiatives in partnership with CI Lead Organizations. • Execute change management strategy in collaboration with CI Lead Organization and Ontario Health Regional Partners
Clinical Lead (if required)	• Provides clinical support to Clerks and reviews complex referrals. • Supports the inclusion of new clinical decision-making tools into the referral forms. • Support and oversee clinical triage, screening, and service matching, as required.

	• Act as a clinical resource for problem solving complex cases and finding service coordination options in collaboration with partner HSPs, support staff onboarding and orientation, coordinate continuing education/trainings for staff to maintain competency and enhance skills, first point of contact for patient complaints and escalate as needed to manager
Data and Analytics Lead	• Collects Hub operations data for the clinical pathway and shares with the Regional CI Lead Organization. • Maintains a services directory for the clinical pathway and develops a process to ensure its accuracy. • Analyzes and monitors key performance metrics (referral patterns, referral allocation, patient/provider satisfaction)
Clerks/Customer Service Representatives *(Includes Administrative Support Functions)*	• Review, process, and manage referrals; follow up on incomplete information and redirect referrals as required - escalates referral or workflow issues. • Provide customer service and communication support to patients, caregivers, and providers, including referral status updates and supports-while-waiting • Adopt new innovations and technologies including automation. • Schedule intake/screening appointments; complete referral transcription, data entry, and data quality checks • Provide administrative and office support (staff scheduling, payroll coordination, purchasing)

7.3.1 Additional Roles that may be required for Mental Health and Addictions:

Regional Central Intake Hub – Operations	Roles and Responsibilities
PCA Clinician	• Triage, screening, & service matching, information calls, collaboration with providers, load balancing
Primary Care Champion	• Champion program model, physician engagement & change management, advise on primary care perspective
Patient Family Advisor	• Provide patient and family perspective on overall project activities, ongoing advisory engagement with Indigenous groups and priority populations

8. Key Performance Indicators (KPIs)

Central Intake Program reports Key Performance Indicators to the Ministry and the Treasury Board on a quarterly basis, to inform the impact of implementation of Central Intake Model:

CI Leads and Hubs will collaborate to report these KPIs on a quarterly basis to Ontario Health beginning Q1 FY 2026-27. There may be additional KPIs required and will be negotiated through transfer payment agreements discussions, as needed.

Key Performance Indicators
1. Total # of regional Central Intakes established for cataracts. (cumulative)
2. Total # of regional Central Intakes established for orthopedics (cumulative)
3. Total # of regional Central Intakes established for diagnostic imaging (MRT/CT) (cumulative) **4.** Total # of regional MHA Coordinated Access hubs operationalized
5. # of orthopedic referrals received by regional Central Intakes (fax/eDT (eFax) and eReferral)
6. % of orthopedic referrals received by regional Central Intakes (fax/ eDT (eFax) and eReferral)
7. # of cataract referrals received by regional Central Intakes (fax/ eDT (eFax) and eReferral)
8. % of cataract referrals received by regional Central Intakes (fax/ eDT (eFax) and eReferral)
9. # of diagnostic imaging (MRI/CT) referrals received by regional Central Intakes (fax/ eDT (eFax) and eReferral)
10. # of referrals received by MHA Coordinated Access Hubs versus expected (Monthly) (fax/ eDT (eFax) and eReferral)
11. % of referrals received by MHA Coordinated Access Hubs versus expected (Monthly) (fax/eFax and eReferral)
12. % of patients seen within access targets for MRI and CT

8.1 Performance Management and Continuous Improvement

The Performance Management and Continuous Improvement framework ensures that all Central Intake activities are consistently monitored, evaluated, and optimized to meet TPA objectives and provincial priorities. It promotes accountability, drives operational excellence, and supports continuous learning across all levels of the Central Intake model.

Category	Role and Responsibilities
Ontario Health Regional Team	• Shares best practices and key learnings from other regions • Ensures alignment of CI across all regional priorities • Liaises between the Regional CI Lead Team and the provincial team to escalate issues and ensure coordinated resolution • Works with regions to monitor progress against TPA objectives, aligning on performance targets and areas for improvement • Supports regions in identifying and securing additional funding
Regional CI Lead Organization	• Tracks progress against TPA commitments through regular reporting cycles • Identifies areas of improvement for CI Hubs and creates plans to optimize operations • Provides ongoing feedback about the CI product and processes through the Voice of the Customer tools • Ensures alignment with provincial guidelines for triaging and load balancing • Reviews data shared from CI Hubs to identify performance trends and assess the effectiveness of CI operations • For regions with multiple CI Hubs, consolidates performance data from CI Hubs to develop a regional view and shares with the Ontario Health Regional Team
LDG Digital Team	• Monitors vendor service levels, system performance, and user support response times • Escalates unresolved technical or contractual issues to the Ontario Health Regional Team
CI Hub	• Collects CI Hub performance and operations data and reports to the Regional CI Lead Organization • Implements systems for managing patient data, referrals, and monitoring key performance metrics • Reviews staffing models to ensure alignment with referral volumes and operational demands • Conducts surveys with providers and patients and assesses survey data to evaluate service quality and identify opportunities for improvement

9. Compliance & Risk Management

All participating regions, programs, and vendors are expected to operate in full compliance with Ontario Health's privacy and information security standards, policies, legislative obligations, and ethical standards. All data handling must ensure confidentiality, integrity, and authorized use of personal health information. All personnel and vendors engaged in CI-related activities must uphold ethical standards, declare any potential conflicts of interest, and avoid decisions or actions that could compromise the integrity or impartiality of Ontario Health or its partners. Any suspected or confirmed non-compliance, data breach, or unethical conduct must be reported promptly through established Ontario Health reporting channels. Regions and vendors are expected to cooperate fully with investigations and implement corrective measures as directed.

10. General Support and Contacts

For general inquiries or support related to the Central Intake implementation, please contact Central Intake Program Support at ***centralintakeprogram@ontariohealth.ca***.

For users seeking eReferral deployment support, please reach out to the appropriate contact listed below. For technical support and/or escalations on any regional activities, please contact your assigned CI Lead Organizations for your respective regions.

	Deployment Team	CI Lead
Central	OH-Central_DigitalVirtual@ontariohealth.ca	*Trillium Health Partners*
Toronto	eServicesToronto@uhn.ca	*University Health Network*
East	contact@ereferralontarioeast.ca	*The Ottawa Hospital*
West	WestRegion@amplifycare.com	*Hamilton Health Sciences*
North East	eServicesnorth@ontariohealth.ca	*Health Sciences North*
North West	eServicesnorth@ontariohealth.ca	*Thunder Bay Regional Health Sciences Centre*

For more information on the eReferral Ontario and Central Intake vendors and contact information see **Appendix J: Vendor Contact and Profile**.

11. Frequently Asked Questions

1. **What will be the role of the Central Intake (CI) Lead Organization vs. Central Intake (CI) Hubs?**

   Central Intake (CI) Lead Organization:
   The CI Lead Organization provides governance, oversight and administration for the CI Hubs within a region aligning to provincial guidelines.

   There are six Central Intake Lead organizations (one per region), responsible for:
   - Financial oversight, management and planning
   - Program implementation across multiple sites
   - Leading regional reporting and consolidation of CI Hub reporting
   - Ensuring alignment with provincial guidelines
   - Leading regional change management and communications strategy

   CI Lead Organizations are selected based on their ability to facilitate large-scale implementation, financial oversight and clinical integration.

   Central Intake (CI) Hubs:
   The CI Hub is a service delivery and operational entity that receives, reviews and routes referrals based on standardized, predetermined workflows and patient preferences. CI Hub is point of contact with the regional lead organization primarily responsible for the delivery and operations of Central Intake/Coordinated Access clinical pathways including performing end-to end referral management, client/provider/patient support and Clinical Pathway Reporting.

   The receiver site (destination of referrals) is responsible for scheduling first appointment for the referrals through an online booking system and/or administrative staff. The CI Hub can receive referrals through eReferral and other methods (fax, electronic data transfer (eFax) and Health Information System (HIS) either through integration or manual entry. The CI Hub includes customer service features that keep patients and providers informed throughout the referral process and provide booking details to answer any inquiries from the sender.

2. **With the implementation of the updated CI /Model, what happens to existing hubs?**

   After the updated Central Intake Model is implemented within the regions, any existing CI Hubs will continue to operate in the interim, with plans to align them with the updated model and procured technology in the future.

3. **How will the CI model be structured across regions?**

   There will be six CI Lead Organizations - one in each region. They will work collaboratively with Local Delivery Group (LDG) lead organizations across their regions to implement CI from a clinical, operational and technology-enablement standpoint. This structure will ensure strong oversight, governance, change management and communications throughout the implementation process.

4. **How will the CI Lead Organizations and CI Hubs be funded?**

   Regional CI Implementation Plans for 2025–26, were submitted in Q1 and reviewed and approved by an evaluation committee to inform funding approvals. The regions were advised to prioritize diagnostic imaging (DI) initiatives for the current year while continuing to maintain and sustain their existing hubs.

5. **Who will hold the Central Intake TPAs within the regions? i.e. Who within the regions will receive funding for Central Intake and related activities?**

   Next year onwards, the CI Lead Organizations will hold the Transfer Payment Agreements (TPAs) for all CI-related funded activities in each region. Any funding released to other organizations, such as CI Hubs, must be done through a Memorandum of Understanding (MOU) between the CI Lead and that organization. All funding provided to the CI Lead Organization will be performance-managed through the TPAs. For any funds the CI Lead subsequently distributes to other organizations, the CI Lead remains accountable to Ontario Health for meeting the targets and plans associated with that funding.

6. **What is the role of Local Delivery Groups in CI implementation and operations?**

   Local Delivery Groups (LDGs) will collaborate with CI Lead Organizations to define Central Intake digital workflows and co-design Clinical Workflow Redesign, providing expert guidance and input on digital processes.

Standardized eReferral Forms

7. **What is an Open Clinical Review (OCR)?**
   - An OCR is a structured engagement led by the project team in partnership with key external clinical associations. Its purpose is to collect feedback on draft referral forms to ensure they are consistent, clinically relevant, and user-friendly.
   - Participants in the OCR can access the draft SRF and submit feedback via a survey linked on **Amplify Care's website.**

8. **Who Participates in the OCR?**
   - In every phase, we engage key provincial partners:
     - Ontario Primary Care Council (OPCC)
     - Nurse Practitioners' Association of Ontario (NPAO)

- Ontario Medical Association (OMA) section heads/members
- Existing Amplify Care eReferral network users
- Internal Ontario Health (OH) teams (Quality Standards, Regional Digital Leads, Clinical Vice Presidents, Regional Clinical Vice Presidents, Indigenous team, Equity and Diversity team, Digital Health Standards team, etc.)

- Additional engagements occur based on clinical specialties relevant to each phase:
  - Example: Phase 2 included Infectious Disease SRF, where we engaged OH Infectious Disease Advisory Committee. Similarly, for phase 2 included a MH&A PCA SRF, where we engaged the OH Mental Health & Addiction Provincial Coordinated Access team

9. **How many clinicians have been engaged thus far in SRF open clinical review?**

Over 30,000 Ontario clinicians have been engaged to provide feedback, along with consultations from different key clinical associations depending on the form speciality, such as, Ontario Medical Association (OMA), Nurse Practitioners' Association of Ontario (NPAO), and Ontario Primary Care Council (OPCC).

10. **How are SRFs designed, governed, and updated?**

- **Custom forms discouraged** and considered with strong clinical justification and governance approval.
- **Clinical input** gathered through:
  1. Open Clinical Reviews (OCRs)
  2. Feedback links embedded in each SRF
  3. Regional deployment escalation pathways

- **Change tiers**:
  1. **Minor**: Typos, formatting (no governance review needed)
  2. **Major**: Workflow/structure impact (requires governance review)
- Governance Group oversees all SRF decisions, ensuring alignment with clinical standards and operational needs.

11. **If I am an Amplify Care eReferral Network user and would like to transition to SRFs, how would I do so?**

- If you are using the Amplify Care eReferral network, transition to SRF is not mandatory but highly encouraged. However, Amplify Care eReferral network users can continue using existing forms for the time being**.**
- Users should contact their local deployment team (DT) to request reassignment to the SRF that fits their practice. The team will work with the user to tailor the SRF reflects the services they provide and link it to their OceanMD listing so they can begin receiving SRF referrals.

- Amplify Care eReferral Network users can also request to be onboarded to the new eReferral Ontario platform, transition to SRF will be required.

12. **Can I self onboard to eReferral and SRF?**
    - Ontario Health is developing processes to make onboarding including self-onboarding easier and more consistent. More information is available in **Appendix B: eReferral Implementation Checklist** on self onboarding. You can also reach out to your local deployment teams or **eReferral Ontario** website as they become available.

Provincial Health Services Directory

A centralized directory that lists health services, providers, and organizations in Ontario. It helps senders find the right specialists or programs by providing accurate, up-to-date service information. This is a continually updated directory of health care services, providers, and organizations across Ontario, managed and maintained by Ontario Health.

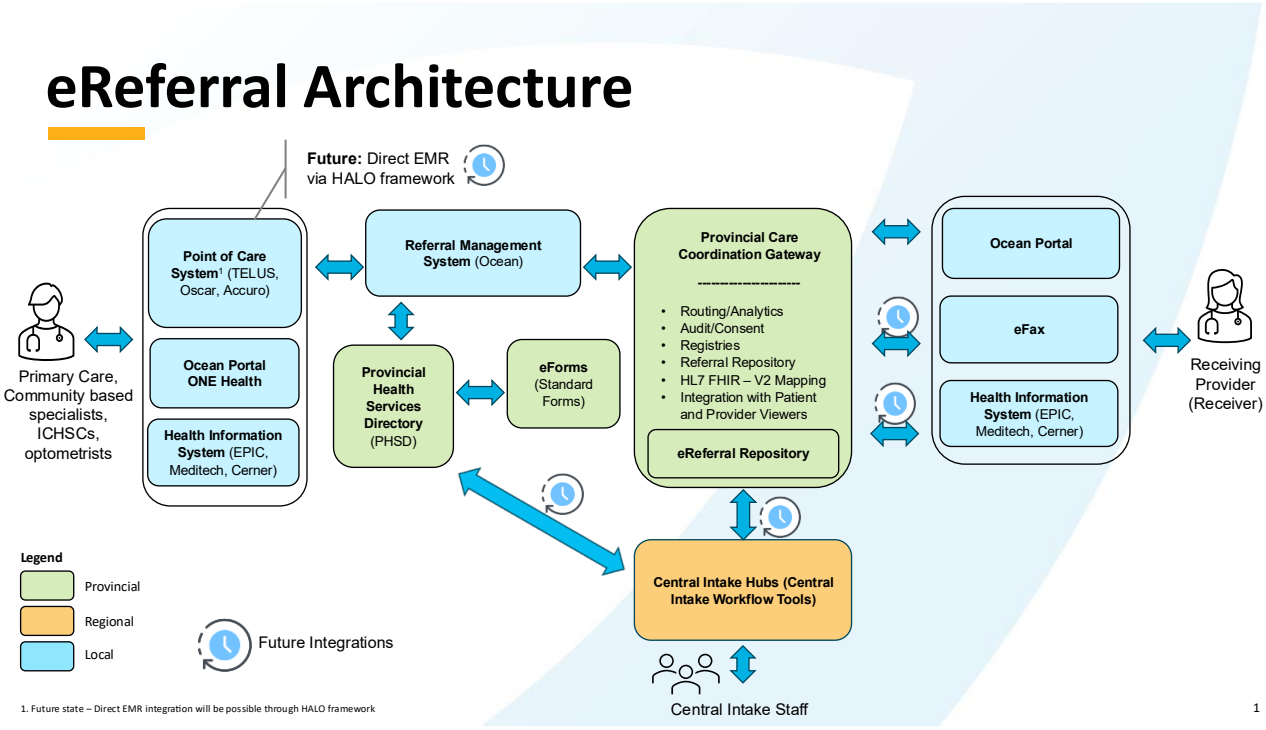
13. **How does the Provincial Health Services Directory (PHSD) support SRF use?**
    - PHSD supports referral routing and helps select the correct SRF.
    - Provider profiles will be synced through the RMS, with a user interface (UI) tool coming soon for manual updates.

14. **Where can users find training, support, or troubleshooting help for eReferral and SRFs?**

    - **Regional Deployment Teams** will:
        - Continue supporting users
        - Deliver SRF training
        - Prioritize early adopters
    - **Support contacts** by topic:
        - Clinical: ereferral@amplifycare.com
        - General: OHChangeTeam@ontariohealth.ca

Appendix A: Digital assets within eReferral Ontario

This Appendix provides a brief overview of the eReferral architecture and the key provincial digital assets that enable and support the eReferral Ontario ecosystem.



Source: eReferral Architecture.pptx

Digital assets within eReferral Ontario

eReferral Ontario includes the following Ontario Health provincial digital assets:

Provincial Care Coordination Gateway (PCCG)

The PCCG is a digital asset owned and operated by Ontario Health that supports the routing of referrals within the eReferral Network. Ontario Health operates the PCCG as a Health Information Network Provider (HINP) and/or Electronic Service Provider (ESP). This hub-and-spoke model provides a secure digital hub that routes referrals between providers and systems across the province, ensuring they reach the right place. It helps create a consistent, province-wide referral workflow and supports data sharing for planning and analysis.

ONE Access Gateway (OAG)

A single, secure sign-in and connection point for Ontario Health digital services. It allows systems to exchange information safely and reliably, supporting referral and eConsult transactions behind the scenes.

Provincial Health Services Directory (PHSD)

A centralized directory that lists health services, providers, and organizations in Ontario. It helps senders find the right specialists or programs by providing accurate, up-to-date service information. This is a continually updated directory of health care services, providers, and organizations across Ontario, managed and maintained by Ontario Health.

Provincial eReferral Repository

A provincial database that collects referral information for analysis and system planning. It receives data from RMS system like OceanMD, allowing Ontario Health to monitor referral trends and support improvement efforts.

Hub Services Layer for Amplify Care Network

An additional integration layer that connects the existing Amplify Care eReferral Network with Ontario Health's digital tools, helping to unify referral information across systems and move toward a more seamless, province-wide eReferral infrastructure

Appendix B: eReferral Implementation Checklist

The checklist added in below outlines key steps and checkpoints to guide regions in preparing for eReferral implementation in alignment with provincial standards and best practices.

Sign-Up: Intake & Agreements 	The Legally Responsible Person (LRP) or Delegate will first complete the Ontario Health Onboarding Request Form (job aid available). Within two business days, the Ontario Health Agreements Team will reach out to the LRP with agreements.
Ocean Site Setup 	Your Regional Deployment Team (RDT) will walk you through signing up for an Ocean account and creating your Ocean site. You will then complete an Ocean Request Form, which notifies OceanMD that you have completed these steps.
Standardized Referral Form* 	For sites that will receive referrals, you will have access to Standardized Referral Forms (SRFs) to promote consistency and reduce administrative burden. These forms are available in your Ocean site. You will be guided through selecting and syncing the appropriate forms. Your RDT can support change requests to Amplify Care to hide inapplicable service offerings, as required.
Integration with EMR* 	Once OceanMD confirms that your EMR is ready to be configured, you will complete the technical steps to integrate Ocean with your Electronic Medical Record (EMR) for a seamless experience going forward. Note that it can take up to 3 weeks for your EMR vendor to complete the first steps of this process.
User Account Setup 	You can now invite additional users to your Ocean site. Your colleagues will receive an email inviting them to create an Ocean account. They will be guided to customize user settings and establish single sign-on.
Training 	Ocean eReferral users have access to on-demand, self-paced online training. Support guides and videos are available online, and your Regional Deployment Team is available to support at any time.
Go-Live 	Please notify your Regional Deployment Team that you are ready to go live. As an eReferral sender, your team can go live as soon as your setup and training are completed! Receivers of eReferrals must have their listing approved by the Regional Authority.
Check-In 	We are committed to making the onboarding process as smooth as possible. A Regional Deployment Team member will check in with you after Go-Live to provide support and receive your feedback.

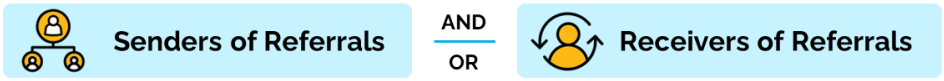
*These steps may not be applicable and are determined by the EMR used and the eReferral type (sender vs. receiver).

NOTE: Onboarding experience and process may vary from region to region.

eReferral Opportunity: Testing Self-Serve Onboarding

Ontario Health, in collaboration with Amplify Care, wants to understand how providers can use self-directed processes, resources, and tools for eReferral onboarding and training. Self-serve onboarding and training has the potential to offer providers **a more flexible and on-demand experience** by being able to adopt digital tools on your own schedule, with dedicated support only if and when needed.

We are looking for up to 50 clinicians who are...



And:

- Are primary care clinicians* or community-based specialists (physicians, nurse practitioners)
- Use an Electronic Medical Record (not Hospital Information System)
- Have not been previously onboarded or have new users to onboard to Ocean eReferral
- In solo or group practices
- Have approval to participate (from legally responsible person)

*includes optometrists as primary eye care clinicians

What are the benefits to participate?

- Early access to eReferral onboarding and training
- Dedicated supports, if and when needed
- Ability to shape the eReferral onboarding and training experience in Ontario

What is the commitment?

- Starting approximately Jan 2026 - Feb 2026
- 4-6 hours of admin/medical office assistant time and 1-3 hours of clinician time over 2 weeks, depending on your type and size of practice
- Completion of eReferral self-directed onboarding and training (including agreements)
- Participation in 1-2 hours of limited interviews or surveys to provide feedback

How do I apply?

If this is a good opportunity for your practice, complete this form and your Regional Deployment Team will be in touch to discuss this opportunity.

Appendix C: Standardized eReferral Forms

Standard Operating Procedure: Form Build and Publication

Step 1: Form Creation & Initiation

- **Content Finalization:** Amplify Care and Executive Clinical Working Group finalize form content.
- **Submission:** Amplify Care provides final form (Ocean, Axure, or eForms Designer) to Ontario Health Digital Health Standards Team.
- **SNOMED Mapping:** Standards Team supplies mappings to Amplify Care.
    - Form Development (eForms Designer):
        - Create new form from scratch.
    - Edit attributes:
        - Title using standardized naming convention:
        - Example: Hematology, Standardized Provincial Form Template
        - Attributes: Assemble = Yes; Publisher = Ontario Health & Amplify Care.
        - Add questions/library items.
- **Companion Document:** Amplify Care prepares a high-level legend of data elements.
    - Delivered with form to Central Intake via Ontario Health SRF Project Team.

Step 2: Standards Review

- Standards Team reviews form + provides SNOMED mappings.
- Feedback documented in ADO/email.
- Amplify Care revises form and requests updated mappings if needed.

Step 3: Functional QA

- Amplify Care tests rendering, flow, and logic in eForms Designer/FHIR Questionnaire.
- Verify SNOMED-CT mapping integration.
- Confirm ability to “Create a Response” and validate form.
- Track/report issues to Ontario Health Product Team.
- UX Team ensures compliance with UX/UI design guidelines.

Step 4: Sign-Off

- All partners (CWG, Amplify Care, UX, Standards, Central Intake) approve.
- Central Intake confirms readiness and coordinates publishing.

Step 5: Publishing

- Amplify Care notifies Ontario Health when form is ready.
- Ontario Health publishes to production (auto-assigns updated version number).
- Future edits made on draft → republished as new active version.
- Outdated versions archived/purged with CI Team.
- CI Team updates publishing records and communicates release.

Appendix D: Provincial Expert Panel Recommendations

1. Introduction

Background

Patients before Paperwork (Pb4P) is a 5-year initiative, co-led by the Ministry of Health (MOH) and Ontario Health, supporting innovative and creative digital solutions to make it easier for providers to deliver and connect people to care. Within a few years, digital health tools will modernize clinical pathways, such as those that are paper- or fax-based and transform information sharing across the health system.

In January 2025, with the introduction of an updated governance model, central wait list management activities, Central Intake, and eReferral have been merged under the umbrella of Patients before Paperwork. This Provincial Expert Panel on Central Intake and Coordinated Access has been established to create and confirm key principles and guidelines for Central Intake within the context of a Coordinated and Optimized Referral Experience (CORE) in Ontario.

The Expert Panel developed a report outlining key principles and requirements to optimize the referral experience and access to specialized services in Ontario, to be achieved through the adoption of electronic referral (eReferral) and consultation (eConsult), current Central Intake (CI) initiatives, the expansion of integrated care, and structured referral pathways. The goal was to establish a provincial CI delivery model that builds on the work of various existing subregional CI hubs and integrates with Mental Health and Addiction (MH&A) services planning and Local Delivery Groups
(LDGs). The framework included principles in three domains: (1) clinical; (2) technology; and (3) organization/operations. The purpose of the framework was to provide high-level standardized guidance to all Ontario regions on the adoption, implementation, and growth of centralized and coordinated models of care to facilitate improved and equitable access to specialized clinical services for the population.

Vision

In the proposed future state, Ontario Health Regions will implement systems that coordinate and enhance access to specialized health services for the populations they serve, in alignment with broad principles established by Ontario Health to ensure a reliable patient experience across Ontario. The overarching purpose is to reduce the barriers patients experience in accessing care regardless of where they live, create consistency with respect to wait times and the care experience, and minimize the burden on patients and referring providers in navigating complexities in the health system.

A Way Forward

The Expert Panel was faced with a challenging task. In Ontario, poor access to specialized health services and the unacceptable burden placed on primary care to connect patients to care is perpetuated by structural features of the health system, including:

- Direct physician-to-physician referral
- Lack of centralized and interoperable information management infrastructure
- High degree of independence of physicians
- Lack of coordination among specialist physicians
- Poor visibility into accurate, real-time wait times for health services
- Existing funding models for physicians and health care facilities
- High levels of demand for specialized health services

The Expert Panel strongly believed that the current state is unacceptable and was concerned about creating a new digital infrastructure that eliminated the use of fax communication but otherwise perpetuated the status quo. While the Expert Panel expressed an urgent need to implement Central Intake and Coordinated Access models in Ontario, there was residual disagreement about details including how models should be structured, how much independence should exist at the different levels, and what changes would be acceptable to all the participants in the health system at this time.

The ideal state that would best address the needs of the Ontario population is a Central Intake mechanism that automatically routes each patient to the next available, most appropriate provider, closest to their home; with the capability to schedule appointments directly with front-line providers to ensure the shortest wait time and maintain real-time wait time visibility. Further, specialist providers would be organized into coordinated groups that could further balance loads for downstream care such as surgical procedures, by directing patients facing long secondary wait times (e.g. Wait 2) to the next available appropriate provider who could provide the necessary health service.

While this ideal state is not practically achievable now, the Expert Panel recommended creating structures, processes, and digital infrastructure that would nevertheless permit the future implementation of a model that is well suited to address the needs of the Ontario population. The recommendations outlined in this document reflect the Expert Panel's practical judgment about system improvements that could be implemented within the current health care ecosystem, that would improve the burden on primary care providers in connecting patients to specialized services, yet still accommodate future innovations in referral management, scheduling, and flow coordination that more effectively address the extreme variability in wait times that exists in Ontario.

Ontario Health could incentivize participants in the health system to create more adaptive models of care by identifying and supporting receptive provider groups where such discretionary opportunities exist.

Risks and Strategies

The Expert Panel recognized that its mandate was to provide recommendations to enhance access to health services in Ontario and to reduce the burden on primary care providers, rather than to direct how health care providers and institution's function (e.g., by recommending clinical care accountabilities, or payment models for health services). However, the Expert Panel did recognize important risks that could threaten the ability of its recommendations to achieve their intended goals, as well as strategies that could help mitigate those risks.

1. Engagement of health system participants

Because health system participants in Ontario are highly autonomous and independent, there are few effective means of incentivizing clinicians to change how they interact with other participants in the system. While the Expert Panel felt that making recommendations about funding strategies was outside the scope of its mandate, it did recognize that as a principal funder of health services in Ontario, Ontario Health has a major influence on the behaviour of providers and institutions. Existing activity-based funding models such as Quality Based Procedures (QBP) could be structured to incentivize participation in adaptive models of care, for example through a pay-for-participation strategy whereby heath care facilities are funded preferentially for providing services that are accessed through Central Intake and Coordinated Access models rather than those accessed through direct physician-to-physician referral.

2. Hospital sustainability

There are a variety of places where health services are provided in Ontario, including hospitals, out-of-hospital premises, community surgical and diagnostic centres, and integrated community health services centres. Not all facilities require that providers have an appointment at an Ontario public hospital where providers could provide definitive treatment for complications of care arising from procedures performed at an out-of-hospital facility and could provide hospital-based emergency and consultation services as part of a roster of physicians who provide on-call services. Hospitals could lose the ability to retain the physician staff needed to provide hospital-based services, if there is no mechanism to ensure that competition for these staff by out-of-hospital facilities does not threaten the ability of public hospitals to continue to provide the full scope of health services required in a community.

3. Unique populations including Indigenous communities

There are First Nation, Métis, Inuit and urban Indigenous (FNIMUI) communities and equity deserving populations who face unique challenges when it comes to accessing health care services in Ontario. These include not only geographical/location-based challenges but also the barriers faced by FNIMUI and equity deserving populations. To ensure appropriate development, implementation and access to health care services are equitable in Ontario, engagement of FNIMUI and equity deserving partners is critical. This will support a full understanding of risks, specifically developed clinical models of care or services, current technological needs/concerns/points of entry and Indigenous governance.

2. Recommendations

Clinical

1. In a Coordinated Access model, referrals flow from a Sender to a Central Intake Hub, where they are cleared and distributed to a Receiver, which further triages referrals and schedules clinical encounters with a Provider.

Sender: The originator of a referral, e.g. a primary care or specialist physician, emergency department, optometrist, nurse practitioner, other community provider, or self-referral.

Central Intake Hub: An entity that is responsible for service delivery and operations for Central Intake of a specific clinical pathway, and receives, reviews, and distributes referrals to receivers based on standardized, predetermined workflows. It has a customer service functionality to communicate with patients and providers along their referral path and provide booking information. Hubs will be identified by, and will report directly to, the Regional Central Intake Lead Organization in that region. Hubs may operate one or more of the clinical areas (e.g. CT and MRI, mental health and addictions, surgical procedures, etc.).

Receiver: A service provider or a coordinated group of service providers that receives referrals routed by Hubs and schedules appointments. Examples of Receivers include rapid access clinics, diagnostic imaging facilities, or groups of specialist providers who provide similar types of care in a hospital or geographic area.

Provider: A clinician (or a group of clinicians working together in a team) or a program of care that provides clinical services to people who have been referred for specialized health services.

2. Insured health services[1] provided in Ontario are potentially within the scope of Central Intake and Coordinated Access, except for emergency and inpatient services which should be requested by direct referral with provider-to-provider communication.

3. Ontario Health will provide provincial direction on routing, considering patient and provider needs. Referrals cleared by the Central Intake Hub should be routed to a Receiver[2] comprised of a group of participating Providers, with clinical governance and clinical leadership by the participating Providers. The clinical scope and functions of Central Intake Hubs may vary depending on the clinical pathway.

a) In the current state, most Providers are not part of a group (Receiver). In the anticipated future state, Providers will be organized into groups that act as Receivers of referrals from Central Intake Hubs

b) The process of routing referrals from Receivers to Providers should follow a transparent process that is managed and monitored with input from the Provider(s) who constitute the Receiver, with regular reporting, accountable to the Central Intake Hub.

c) Standardized criteria and clear rules and guidelines should inform referral triage and routing decisions

d) While not all Providers in a Receiver group provide identical services, the Providers themselves have specialized knowledge and content expertise to determine who is an appropriate Provider for categories of patients with different clinical needs

e) Senders (referring physicians) should be represented in the co-design of the referral forms and processes, and should participate in the evaluation of the process of routing referrals to Receivers

4. Electronic referral documentation should contain sufficient specific clinical information to support all triage and routing decisions, including information required for standardized referral pathways

a) Referral forms should be structured to indicate that a referred patient will be preferentially directed according to (in descending order of importance):

i. The most appropriate Provider.
ii. The geographic area within which a patient is willing to receive care; and
iii. The shortest wait time to treatment.

[1] While certain services are highly suitable for coordinated models (e.g., highly prevalent conditions and routine surgical procedures), even complex and uncommon conditions and procedures are suited to coordinated access models of care. Suggested priority areas include mental health and addictions, CT/MRI, chronic pain, endoscopy, pediatric surgery, diabetes, urology, gynecology, cataract surgery, orthopedic surgery, otolaryngology, nephrology, and cancer diagnostic services.

[2] The destination of a referral (first point of care) will vary according to the nature of the anticipated evaluation, management and definitive care. Referral for specialist consultation and diagnostic imaging studies could be routed directly from a Receiver to a Provider. Referral requiring preliminary inter-disciplinary evaluation such as low back pain or hip and knee replacement rapid access clinics, comprehensive pain programs or mental health and addictions could be routed to an initial evaluation stream prior to being scheduled at a treatment program or a specific provider.

b) Referral forms should also permit the Sender to identify a specific Provider as an option, if the Sender wants the patient directed to a Provider who is not necessarily identified as the most appropriate provider, does not have the shortest wait time for treatment, or is outside the geographic area where the patient is willing to receive care.

c) Referral forms should specify the geographic area within which a patient is willing to receive care.

d) Patients may choose a different Provider if they do not want to receive care by the Provider identified by the Receiver as the most appropriate provider, with the shortest wait time to treatment.

e) Standardized referral forms should be developed, all accessed through a single point of entry, which include relevant referral criteria and pre-assessment requirements (e.g., recommended testing) as appropriate for the clinical service

f) Clinical documentation accompanying the referral form should include basic clinical information such as that included in a cumulative patient profile (e.g., medication list, allergies, medical problem list)

g) Referrals can be re-routed by the Central Intake Hub from one Receiver to another Receiver if the service is not provided by the Providers associated with the initial Receiver

h) Referrals should only be returned to the Sender if the referral is for a service that is not provided, or if additional information is required

5. Evidence-based, guideline-concordant and appropriate care is enabled through specialist physician networks where Providers accept referrals according to clearly defined and transparent triage and treatment criteria.

Technology

1. Each Region will identify a Central Intake Lead Organization. Each of these six organizations (one per region) will contract directly with Ontario Health and will provide governance, oversight and administration for the region regarding Central Intake. These organizations will identify and oversee Central Intake Hubs and are responsible for data infrastructure and support.

2. Regional Central Intake Lead Organizations should create and oversee Central Intake Hubs. Central Intake Hubs are responsible for service delivery and operations for Central Intake of a specific clinical pathway, and receive, review, and distribute referrals to Receivers based on standardized, predetermined workflows. It has a customer service functionality to communicate with patients and providers along their referral path and provide booking information. Hubs will be identified by, and will report directly to, the Regional Central Intake Lead Organization in that region. Hubs may operate one or more of the clinical areas (e.g. CT and MRI, mental health and addictions, surgical procedures, etc.).

a) The Central Intake Hub serves as a clearing house to receive, review and distribute referrals to a secondary referral destination ("Receiver") based on standardized, predetermined workflows

b) The Central Intake Hub will ensure that referrals are complete

c) The Central Intake Hub has the capability to reroute referrals as needed (e.g., rejected by Receiver, Receiver does not have capacity to accept new referrals).

d) The Central Intake Hub will monitor service volumes and wait times and have the capability to reroute referrals as needed for load balancing to reduce wait time variation between Receivers

e) Receivers will triage and coordinate the routing of referrals to the first point of care ("Provider")[3]

3. There should be a single point of entry accessible to all Senders (referring providers) that is interoperable with and harmonized across all existing provincial and regional portals and IT infrastructure, to access standardized electronic referral forms.

a) Referral forms must be customizable for different clinical conditions, and have capability of attaching clinical documents (e.g., cumulative patient profile, diagnostic imaging reports)

b) Central Intake Hubs must have the capability to receive referrals through eReferral and other methods (Referral Management System [RMS], Health Information System [HIS]) either through integration or manual entry, with the goal of migrating towards universal eReferral technology

c) There should be no additional log-on maneuvers or multiple unique forms specific to different hospitals/programs/groupings

d) Interoperable with existing Health Information Systems and Electronic Medical Record systems and support appropriate communication between Senders and Providers

e) Existing workflows have been implemented to support unique needs of First Nation, Métis, Inuit and urban Indigenous (FNIMUI) communities in accessing health care services, such as those sending referrals who are working with a transportation logistic teams to support scheduling appointments with community members of fly-in communities. A single point entry accessible to all senders must be able to incorporate the appropriate transportation routing considerations for FNIMUI communities and their members.

4. There should be a patient-facing and provider-facing portal (capable of integration with provider health information systems) to provide updated visit status information, appointment dates, before-visit preparation information as appropriate, and to support patient self-scheduling activities.

a) Facilitate automated SMS, telephone or other electronic appointment reminders

[3] The first point of care could be a specialist consultation, diagnostic imaging test, inter-disciplinary assessment, orientation class, or patient self-management program

5. Electronic data should be structured in a format capable of supporting automated triage and routing of referrals in the future, e.g., using clinically validated AI algorithms to automate referral management
6. Data infrastructure should support real-time, direct measurement and reporting of clinical activity and wait time information for system monitoring with respect to performance benchmarks.
7. Vendors must be accountable for software improvements and reducing administrative burdens.
   a) Flexibility to permit integration with other information systems or additional applications that address future needs.
8. Information systems and vendors must comply with all legislative, regulatory, privacy and security requirements.

Organization/Operations

1. Ontario Health should create or assign a governing body to monitor key performance indicators and provide provincial oversight to the Regional Central Intake Lead Organizations.

2. There may be one or more Receivers in each region depending on the clinical pathway and the organization of care delivery
   a) Existing relationships between referring providers and specialists that develop within communities are very important
   b) Single-entry models are the most efficient referral distribution system, and arriving referrals should be routed by the Receiver to the next-available, most-appropriate Provider that is acceptable to the patient
   c) Supply and demand for services should be matched by Central Intake Hubs on a regional basis by re-directing referrals between Receivers and/or Providers as needed for load-balancing purposes and to harmonize wait times
   d) In addition to wait times, service volumes should be monitored and incorporated into load-balancing provisions between Providers to prevent Providers from becoming overwhelmed with new referrals
   e) Patients may choose to receive care from a Provider different than the one to whom they were referred

3. It is expected that the Providers who form a Receiver group will vary with respect to factors such as the nature of their clinical specialization, place of work, and hours of work. Each Receiver will create its own clinical processes, pathways and algorithms that inform how new referrals are triaged equitably and routed to Providers within the Receiver group
   a) Transparent, accountable and clear governance structures with a strong clinical voice will foster trust among Providers

4. Spread and scale should occur in a stepwise fashion and build on existing programs and centres of excellence (e.g., Ontario Bariatric Network) wherever possible. Existing successful provincial, regional and sub-regional Central Intake models should be harmonized with the emerging provincial business model.

a) Implementation should be planned according to specialty area/care type, and change should be coordinated to signal intention and timelines

5. Central Intake Hubs and/or Receivers should be responsible for routing referrals for services in all applicable delivery settings including hospitals, out-of-hospital for-profit and not-for-profit surgical centres,[4] out-of-hospital diagnostic imaging facilities, out-of-hospital physicians' offices (including "private practice"), other out-of-hospital premises, and ICHSCs[5]

6. Triage and referral processing services have historically been provided by the providers who are the receivers of referral requests. New entities that assume responsibility for referral management may require additional resources for these activities.

7. Initial implementation should not alter the distribution of resources (service volumes) between specialist physicians.[6] Future recruitment of specialist physicians in all regions should be planned, with the goal of matching resources to demand to the greatest possible extent.

3. Definitions and Concepts

- **Central Intake Hub:** An entity that is responsible for service delivery and operations for Central Intake of a specific clinical pathway, and receives, reviews, and distributes referrals to receivers based on standardized, predetermined workflows. It has a customer service functionality to communicate with patients and providers along their referral path and provide booking information. Hubs will be identified by, and will report directly to, the Regional Central Intake Lead Organization in that region. Hubs may operate one or more of the clinical areas (e.g. CT and MRI, mental health and addictions, surgical procedures, etc.).
- **Central Intake:** The process of having a single point of entry for primary care, specialists, and allied care to request specialty care (including mental health and addiction), surgery and diagnostic imaging services. Referrals are routed in an equitable, efficient, and transparent manner that supports load balancing while prioritizing patient needs.

[4] Kensington Eye Institute is an example

[5] ICHSCs are facilities licensed under the authority of the *Integrated Community Health Services Centres Act*, 2023

[6] Historical funded volumes to hospitals should be preserved, and access to clinical resources by specialist physicians should not change, to reassure specialists that clinical service volumes will not be adversely affected. Redistributing patients from providers with long wait lists to providers with short wait lists will serve to reduce wait times without altering the workload of providers

- **Central Waitlist Management (CWM):** Ontario Health program that supports Central Intake and Centralized Visibility. Central Intake Team focuses on establishing regional Central Intake processes while Centralized Visibility focuses on data and analytics that will support Central Intake process for wait time reporting and management.
- **Intake:** a process of receiving, screening, and assessment of referrals that precedes and determines routing to a program or service.
- **Oversight and Visibility:** The capability to detect incomplete referrals, detect when there is no response from a destination for booking, follow up on incomplete or unactioned referrals, and track booking turnaround times.
- **Patients before Paperwork (Pb4P):** To support the Government of Ontario's '***Your Health: A Plan for Connected and Convenient Care Opens in a new window***', the Ministry of Health and Ontario Health are collaborating on a new initiative, 'Patients Before Paperwork' (Pb4P). Pb4P is supporting innovative and creative digital solutions to make it easier for providers to deliver and connect people to care. Within a few years, digital health tools will modernize clinical pathways, such as those that are paper-or-fax-based and transform information sharing across the health system.
- **Provider:** A clinician (or a group of clinicians working together in a team) or a program of care that provides clinical services to people who have been referred for specialized health services.
- **Provincial Coordinated Access (PCA) (working definition developed by the Mental Health and Addictions Centre for Excellence and the Provincial Coordinated Access Advisory Committee):** An integrated system that utilizes standardized tools and processes to coordinate equitable and seamless access to appropriate mental health and addiction services and supports for people across their lifespan.
- **Receiver:** A service provider or a coordinated group of service providers that receives referrals routed by Hubs and schedules appointments. Examples of Receivers include rapid access clinics, diagnostic imaging facilities, or groups of specialist providers who provide similar types of care in a hospital or geographic area.
- **Receiving:** Receipt of referrals from healthcare providers (primary care, specialists, allied health) using standardized referral form. Standardized referral form includes essential criteria to triage and route cases to the most appropriate provider/destination; form should be intuitive for hubs to only accept appropriate referrals (not emergent, complete information)
- **Referral:** A request for clinical services provided at the request of a sender, such as consultations, specialized assessment and treatments, diagnostic testing, and diagnostic and therapeutic procedures such as endoscopy and surgery.
- **Report booking/scheduling information:** Referral destination books patient appointment and loops information back to the central hub for visibility; Communicates referral decision to providers and patients; Patient flow information (receives real time information from booking & scheduling systems) booking confirmed by referral destination

- **Regional Central Intake Lead Organization:** The 6 organizations (1 per region) that will contract directly with Ontario Health and will provide governance, oversight and administration for the region regarding Central Intake. These organizations will identify and oversee Hubs.
- **Review:** Assessment of referrals for completeness and appropriateness using standardized criteria. Feedback may be provided to providers for incomplete referral (returned for completion)
- **Routing:** Forwarding referrals to the most appropriate service providers or services based on the clinical needs of patients, wait times, patient and provider preference, and destination scope of care & capacity
- **Sender:** The originator of a referral, e.g. a primary care or specialist physician, emergency department, optometrist, nurse practitioner, other community provider, or self-referral.
- **Single-Entry Model:** General term used for models in healthcare that consolidate waiting lists through a Central Intake and allows patients to see the next available health care provider.
- **Triage:** A clinical process conducted by (or under the direction of) skilled clinicians to prioritize referrals based on appropriateness, urgency and risk, and to identify treatment and service needs so that a suitable Provider can be identified.

Note: For a complete copy of the report, please see eReferral and Central Intake Playbook package provided.

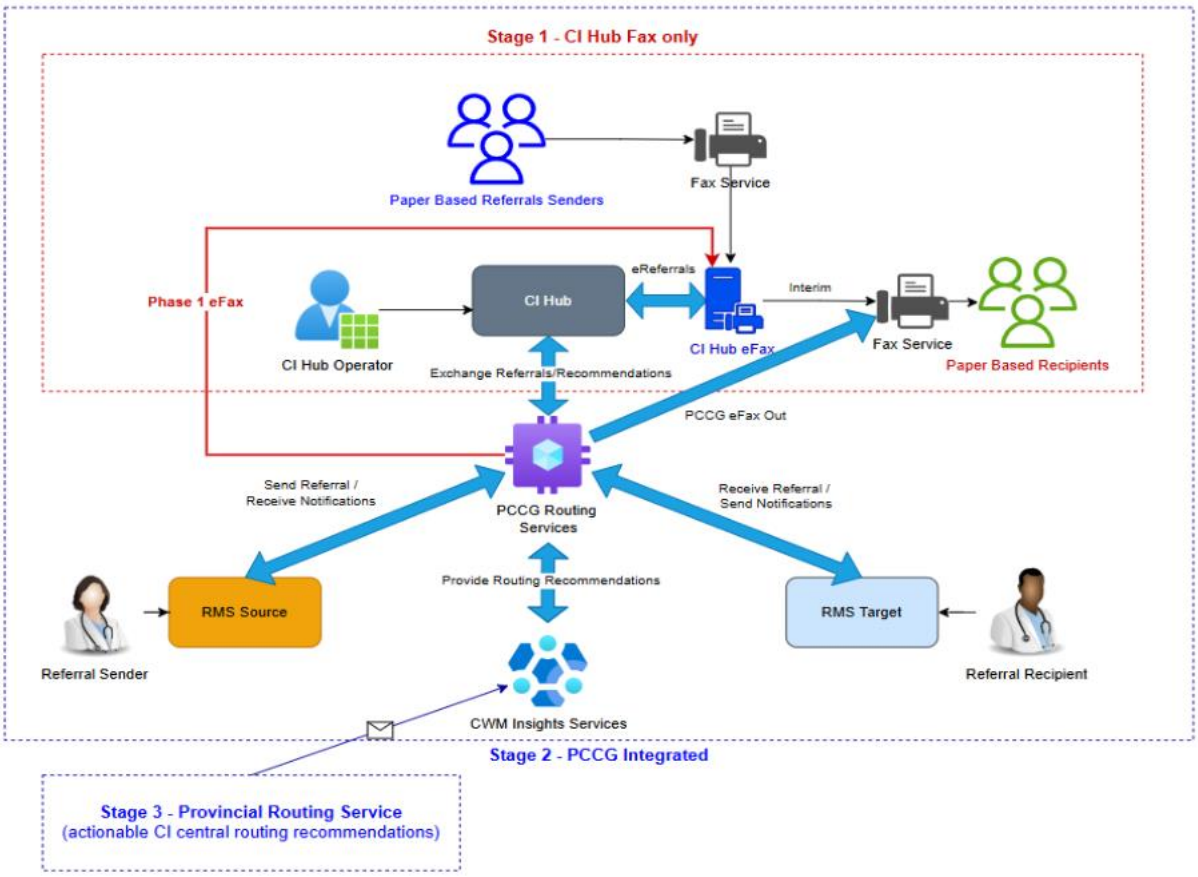
Appendix E: Central Intake Implementation Checklist

Domain	Implementation Planning for CILO	Implementation Planning for Hubs
Governance & Partner Alignment	☐ Set up and align to Provincial Central Intake governance model ☐ Develop and support escalation processes in regions ☐ Ensure representation from Indigenous partners, Patient and Family advisors and other equity deserving partners.	☐ Work with CILO to support CI governance and alignment to Provincial Central Intake governance model ☐ Support the development and execution of regional escalation pathways in collaboration with CILO
Provincial Clinical Principles and Processes	☐ Implement Provincial Expert Panel recommendations	☐ Work with CILO to implement Provincial Expert Panel recommendations
Standardize Operations: Standardized Referral Form	☐ Develop plans for adoption and utilization of the standardized referral form and processes	☐ Adoption of the standardized referral form and processes ☐ Utilization of the standardized referral form and processes
Staffing/Resourcing Model	☐ Identify regional resource needs and contribute to planning for staffing, technology, and operational supports in alignment with provincial resourcing and operational model based on standardized roles and responsibilities	☐ Work with CILO to align resourcing and operational model based on standardized roles and responsibilities
Onboard: Central Intake Technology	☐ Participate in user acceptance testing (UAT) to confirm that workflows, routing rules, and triage processes function as intended ☐ Triaging onboarding issues and end user support ☐ Track onboarding progress and readiness across sites to ensure a coordinated and consistent rollout ☐ Develop processes that adhere to provincial standards for digital workflows, documentation, and data entry ☐ Onboarding and Training resources at the hub	☐ Participate in user acceptance testing (UAT) to confirm that workflows, routing rules, and triage processes function as intended ☐ Work with CILO and vendor on pathway specific workflow to CI hub ☐ Monitor early adoption and identify technical or workflow issues that may require escalation to CILO or the vendor ☐ Maintain communication channels with booking sites and providers to ensure timely updates on system changes, enhancements, or known issues ☐ Adopt Triage considerations and routing principles and processes guided by Ontario Health
Implementation: Central Intake Technology	☐ Roll out of CI technology and Implementing technology for CI Hubs ☐ Ensure all required PIAs and TRAs are completed and approved to support the CI technology rollout.	☐ Work with CILO to support CI technology Implementation ☐ Ensure all required PIAs and TRAs are completed and approved to support the CI technology rollout. ☐ Integrate with the Provincial routing service (when available), recommendation for next available

	☐ Integrate with the Provincial routing service (when available), recommendation for next available	☐ Complete a Health Equity Impact Assessment to support triage and routing
Onboard Booking Sites/Receivers	☐ Establish booking sites/receiver's directory to support routing processes ☐ Communicate provincial updates, decisions, and changes that impact booking site onboarding or routing processes ☐ Analyze booking site feedback collected by hubs to identify risk and issues, trends, or opportunities for improvement	☐ Update booking sites/receiver's directory to support routing processes ☐ Engage booking sites early in planning to ensure readiness, alignment with provincial standards, and understanding of Central Intake processes ☐ Coordinate with CILO to ensure booking site feedback and operational needs are captured and addressed ☐ Identify gaps or challenges for CILO to support continuous improvement
Physician Champions/Leadership Buy-in	☐ Leverage champion network to create buy-in among the clinicians within the regions across pathways ☐ Provide champions with clear, consistent messaging and materials to help them advocate for adoption within their networks in collaboration with Ontario Health ☐ Promote awareness of Central Intake benefits, processes, and expectations among regional partners	☐ Work with CILO to identify clinical champions to create buy-in among the clinicians within the regions across pathways ☐ Support CILO by capturing and sharing success stories, early wins, and clinical impact data to reinforce buy-in and sustain momentum
Communication Plan	☐ Identify partners to support Central Intake planning, implementation and tracking ☐ Develop Partner Engagement plans. ☐ Tailor provincial communication materials for regional use while maintaining alignment with provincial standards	☐ Identify partners to support Central Intake planning, implementation and tracking ☐ Develop Partner Engagement plans in collaboration with CLIO ☐ Facilitate regular communication with booking sites, clinicians, and community partners to share updates, timelines, and expectations
Policy & Incentives	☐ Ensure processes align with policies and develop incentive structures to increase adoption and utilization	☐ Work with CILO to promote processes in align with policies and develop incentive structures to support adoption and utilization
Monitor Key Performance Indicators	☐ Develop processes and CI dashboard to track and report on key performance indicators ☐ Support quality improvement initiatives by using KPI insights to inform changes in operations, staffing, or provider engagement	☐ Monitor referral volumes, wait times, routing accuracy, and other CI performance indicators to identify trends and emerging issues. ☐ Support CILO to report on key performance indicators.

Appendix F: Central Intake Architecture

This Appendix provides a brief overview of the Central Intake architecture and the key provincial digital assets that enable and support Central Intake rollout



CI Implementation - two stage approach

Stage 1:

- The CI solution vendors selected through the CI RFP process will provide CI technology solutions for each Ontario Health region (one distinct hub per region)
- The non-Ocean/paper-based senders will use SRFs developed by Ontario Health to send referrals to the regional CI Hub. This activity will extend into Stage 2 for those not yet onboarded to eReferral
- Ocean senders will send referrals to PCCG (as currently implemented) using the SRFs. However, Ocean HealthMap will be configured with CI Hub destinations targeted for electronic data transfer (eFax) delivery (for Stage 1 only). When PCCG receives the eReferral flow from Ocean detects the eFax configuration and will send the eReferral into the CI Hub fax server queue (rather than using integration to CI Hub solution that is only available in Stage 2).
- The CI Hub converts all faxes (paper based and eDT/eFax from Ocean/PCCG) into electronic records and presents them into a single queue to CI Hub operator for routing decisions.

- Using local directory available in the CI technology, the CI Hub operator assigns queued referral request to receiving destinations based on a set criterion.
- The CI Hub solution will the CI assigned referral to eDT/eFax and send it to the intended receiver fax number.

Stage 2: The CI Hub solution deployed in Stage 1 will continue to operate in Stage 2. The key enhancement is that it now fully complies with the Ontario eReferral specification and is integrated with both PCCG and PHSD.

- Ocean senders will be able to submit referrals directly to CI Hub destinations configured for eReferral (eliminating the Stage 1 eDT/eFax process). They will also benefit from a fully bi-directional eReferral workflow, including visibility into notifications from assigned recipients.
- Paper-based, non-Ocean senders will continue to fax SRFs to regional CI Hubs until they transition to eReferral at a later stage.
- As in Stage 1, the CI Hub solution will convert inbound faxes into eReferrals and display them in a single queue for CI Hub operators to prioritize and route.
- New in Stage 2, the CI Hub solution is integrated with PHSD to leverage a shared, standardized directory of recipient destinations.
- Once a CI Hub operator assigns a prioritized referral, the CI Hub solution will transmit the assignment back to PCCG.
- PCCG will determine whether the recipient is configured for eReferral and route the referral to the appropriate endpoint (either an Ocean recipient or an HIS integration endpoint).
- If the recipient is configured as an eFax destination which will still be the case for many hospitals in Stage 2, PCCG will use its eFax capability to send the eReferral to the PHSD-configured fax number.

The CI Hub digital support includes solutions designed to facilitate the implementation of CI Hub regional models. This includes all activities contributing to an efficient flow of information exchange between RMS, CI Hubs and Ontario Health systems that enhance the CI interoperability. This workstream is also dependent on the Standardized Referral Forms working group which oversees the implementation of referral forms for CI.

The CI Visibility addresses the operational needs of CI with providing digital tools to monitor and manage the patient flow through CI Hubs from two perspective:

- System Planning (aka Executive view): this sub-stream addresses system planners needs to report on the patient flow and performance of CI Hub implementations and assist with predictable models for new CI pathways.
- CI Hub operator dashboard: sub-stream designed to help CI Hub implementations with their daily operational needs, such as KPI for managing referral queues.

The vendor must interoperate with relevant Ontario Health assets such as the PHSD, ONE ID, and the PCCG. The technical integration is expected to be via the ONE Access Gateway (OAG). The CI Hub solution can receive Referrals from both electronic and non-electronic methods through fax and eDT/eFax as an Interim solution using the Referral Management System and Health Information System (HIS) either through integration and/or manual entry, enabling

Central Intake hub staff to fulfill the functions of receiving, reviewing, triaging and distributing referrals based on standardized, predetermined workflows and patient preference.

Appendix G: CI Lead and Hub Staffing Model

Central Intake Model Staffing
The Central Intake staffing model ensures operational alignment across Ontario Health regions while supporting continuous improvement, system integration, and consistent service delivery.
Central Intake - Lead Organization Operations

This function provides overall leadership and governance for the Central Intake Hubs and ensures alignment with the Ontario Health Central Intake mandate, oversees day-to-day operations, manages stakeholder relationships, monitors performance, and derives continuous improvement for Central Intake services.

Potential roles within Central Intake - regional lead operations include:

- **Central Intake Lead/Manager:** Acts as the primary liaison between the region and the Ontario Health Regional Team. Provides regular and ongoing updates to Ontario Health on regional CI operations and performance, communicates Ontario Health updates to CI Hubs, and supports CI Hubs with issue management, including escalation and resolution of operational challenges.
- **Secretariat:** Provides administrative and organizational support to the Regional CI Lead Organization. Manages meeting logistics, documentation, and communication between stakeholders to facilitate effective governance.
- **Financial Analyst:** Monitors and manages the budgets, forecasts expenditures, and provides financial reporting for Central Intake operations at the regional level.
- **Data and Analytics Lead:** Oversees the collection, analysis, and reporting of performance metrics at the regional level. Develops dashboards and provides actionable insights to inform decision-making and operational improvements.
- **Communications Lead:** Collaborates with CI Hubs to develop and coordinate communications related to CI. Works with other Regional Communications Leads to align communications across common stakeholder groups, and acts as a point of contact for CI Hubs, Regional Leads, and Ontario Health regarding inquiries requiring regional-level communication coordination or escalation.

Central Intake - Hub Operations

This function manages the day-to-day Central Intake and referral processes at the Hub level. Potential roles within Central Intake - hub operations include:

- **Central Intake Hub Lead/Manager:** Responsible for day-to-day operations for the CI Hub. Evaluates staffing periodically to support changes in referral volumes and the scope of services offered by the Hub. In collaboration with the CI Regional Communications Lead, disseminates communications to Receivers and Senders where appropriate. Develops partnerships with healthcare providers (e.g., specialists, primary care) to support their experience and adoption of CI.
- **Clinical Lead:** Provides clinical support to Clerks and reviews complex referrals. Supports the inclusion of new clinical decision-making tools into the referral forms.
- **Financial Analyst:** Provides financial management for Hub operations and shares updates with the Regional CI Lead Organization. Works with the Regional CI Lead Organization to conduct financial planning and cost modelling for Hub operations.
- **Data and Analytics Lead:** Collects Hub operations data for the clinical pathway and shares with the Regional CI Lead Organization. Maintains a services directory for the clinical pathway and develops a process to ensure its accuracy. Analyzes and monitors key performance metrics (referral patterns, referral allocation, patient/provider satisfaction).
- **Clerks/Customer Service Representatives:** Responsible for reviewing and managing referrals. Support communication and customer service by following up on incomplete referrals, redirecting referrals as required, and engaging with patients and providers. Escalate referral or workflow issues.
- **Central Intake IT Support and Enhancement:** This function is responsible for maintaining, supporting, and enhancing the Central Intake technology platforms and systems. The team ensures system reliability, addresses technical issues, and implements upgrades as needed to support operational needs.
- **Technology Support:** Provides oversight of the Central Intake technology solution within the region. Supports ongoing changes and upgrades to the build that may be required, especially as people identify opportunities to improve the system. Troubleshoots user issues, manages user access, and coordinates with vendors for system enhancements. Provides oversight of vendor partners and manages the vendor relationship on behalf of the region, acting as an escalation point for issues

Note: The resourcing and costing model developed by Ontario Health is intended to help guide interim workplans and resource alignment during the transition to more automated solutions. Please note that the volumes called out in the model are to be used as a baseline and may not be accurate representation of actual regional volumes.

Appendix H: Roles and Responsibilities

The Communications function ensures consistent, coordinated, and timely information sharing across all Central Intake partners. It supports transparency, engagement, and alignment with Ontario Health's communication standards and key messages at both regional and Hub levels.

Category	Role and Responsibilities
Ontario Health Regional Team	• Ensures regional Central Intake communications align with provincial guidelines and key messages • Reviews CI communications and overall communication strategy
Regional CI Lead Team (LDG Lead Organization)	• Acts as the primary point of contact with referrers (e.g. referring provider) • Coordinates communications between CI Hubs and Ontario Health • Establishes a regional communications strategy in collaboration with the Hub(s) to ensure a streamlined approach • Develops and distributes key updates and communication related to CI
LDG Digital Team	• Provides input and reviews CI communications where applicable
CI Hub	• Collaborates with the Regional CI Lead to develop a communications strategy for the Hub(s) and aligns on the roles and responsibilities between the teams • Disseminates communications where appropriate

Appendix I: LDG Lead Organizations, CI Lead Organizations and Hubs

REGION	LOCAL DELIVERY GROUP (LDG)	LEAD ORGANIZATION	CENTRAL INTAKE LEAD ORGANIZATION	DIAGNOSTIC IMAGING (MRI/CT) HUB	SURGERY (CATARACT/ORTHOPEDICS) HUB
North West	North West LDG	Thunder Bay Regional Health Sciences Centre	Thunder Bay Regional Health Sciences Centre	Thunder Bay Regional Health Sciences Centre	Thunder Bay Regional Health Sciences Centre (Ortho and Cataract)
North East	North East LDG	Health Sciences North	Health Sciences North	Health Sciences North	TBD
East	East of the East LDG	The Ottawa Hospital	The Ottawa Hospital	The Ottawa Hospital	TBD
	Central East LDG	Scarborough Health Network			
Central	Central North LDG	Royal Victoria Regional Health Centre	Trillium Health Partners	Mackenzie Health	Halton Healthcare (Ortho)
	Central South LDG	Trillium Health Partners			
Toronto	Toronto LDG	University Health Network	University Health Network	University Health Network	TBD
West	South West LDG	London Health Sciences Centre	Hamilton Health Sciences	Hamilton Health Sciences	TBD
	Hamilton Niagara Region LDG	Hamilton Health Sciences			
Provincial	Home and Community Care LDG	Ontario Health at Home			

Appendix J: Vendor Contact and Profile

For vendor-related inquiries, please contact the representatives listed below.

eReferral Ontario:

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Central Intake:

Name:	**David Mosher**	**Peter Sorrento**
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Appendix K: Glossary

Acronym	Definition
CI Hub	Central Intake Hub
CI	Central Intake
CILO	Central Intake Lead Organization
CMS	Change Management Specialist
CWM	Centralized Waitlist Management
DI	Diagnostic Imaging
DT	Deployment Team
EMR	Electronic Medical Record
EOI	Expression of Interest
HIC	Health Information Custodian
HIS	Hospital Information System
KTE	Knowledge Translation and Evaluation
LDG	Local Delivery Group
MHA PCA	Mental Health and Addictions Provincial Coordinated Access
OceanMD	OceanMD is Canada's leading provider of integrated solutions designed to connect patients, providers, and healthcare systems through the secure exchange of healthcare data.
ORF	Onboarding Request Form
Pb4P	Patients Before Paperwork
PCCG	Provincial Care Coordination Gateway
PHSD	Provincial Health Services Directory

RAC	Rapid Access Clinic
RMS	Referral Management System
SRF	Standardized Referral Form
TPA	Transfer Payment Agreement
UAT	User Acceptance Test