

CCTA Access Initiative Community of Practice (CoP) Meeting #3

TUESDAY, APRIL 8, 2025, 3:00-4:00 PM



Ontario Health
CorHealth Ontario

Agenda

TIME	TOPIC	PURPOSE	PRESENTER
5 mins	Welcome Land Acknowledgement	Information Information	Dr. Benjamin Chow Ms. Carol Chan
5 mins	Review on CCTA Access Initiative	Information	Ms. Jana Jeffrey
20 mins	Technology Advances for Cardiac CT Angiography	Information/Discussion	Dr. Glenn Wells
20 mins	CoP Survey Questions and Answers Roundtable Discussion	Discussion	Ms. Jana Jeffrey Dr. Benjamin Chow Dr. Benjamin Chow

Land Acknowledgement

Review on CCTA Access Initiative

Improving Access to Safer Diagnostic Technology - CCTA

Goal

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

Update

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

Change Management Strategies

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

Technology Advances for Cardiac CT Angiography

Dr. Glenn Wells

Questions Received

Utilizing the Community: Future Questions



If you have a question you would like to pose this community of practice (either via poll or roundtable discussion), please contact Erin McPherson at Erin.mcpherson@ontariohealth.ca.

CoP Survey

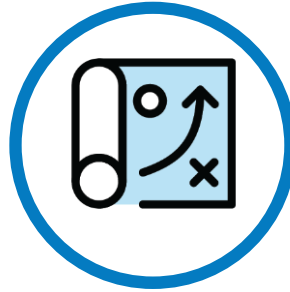
Successes with Increasing CCTA

Access



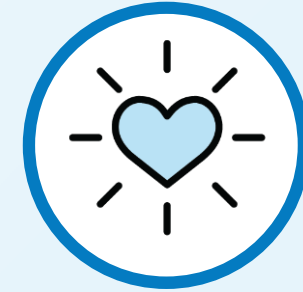
- Collaborative approach across hospital regarding access
- Increase of scan volumes
- Increase of CCTA allocated days

Operations



- Funding has supported program growth
- Optimized workflow for TAVI cases to free up time for CCTA

Clinical Impact



- Emphasis on importance of CCTA vs Cath Lab being best for patients

Challenges with Increasing CCTA

CCTA Hours



- Not enough CCTA hours based on CT availability
- Net new hours added are generally evening shifts as all day shifts are utilized

Infrastructure/ Operational Constraints



- Notification of funding came later and ramping up takes time
- Older equipment and processing software makes procedure less efficient
- Data definitions
- Cath Lab does not want to give up potential CCTA P3

Staffing Shortages



- Limited by nursing, MRT, and cardiothoracic radiologists availability

Other Challenges



- Sustainability (of the project)

Topics for next CoP Meetings

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

Are there any particular areas in which you need more information or support from Ontario Health?

1. This initiative should be regarded as a leading practice to model future technology adoption initiatives. Thank you.
2. Educational resources for family physicians to support appropriate ordering and interpretation of results.
3. Requisition management, advanced practice technologists, nursing hours
4. It is exceedingly difficult to encourage hospitals with multimillion dollar deficits to ramp up services when funding letters often come late and can change. If it was clear growth would be funded and volumes would all be covered we could grow the program. Without that, its always a budget dance...
5. Waiting time for CCTA in southern Ontario
6. CT-Fractional Flow Reserve (CT-FFR) needs to be an option funded by provincial health care plans and it would be advantageous to have advocacy on this issue form Ontario Health.
7. Approve more CTs in the province, change the schooling for MRTs back to college and not university allow cardiologists to have clinics with CT and MRI to increase availability

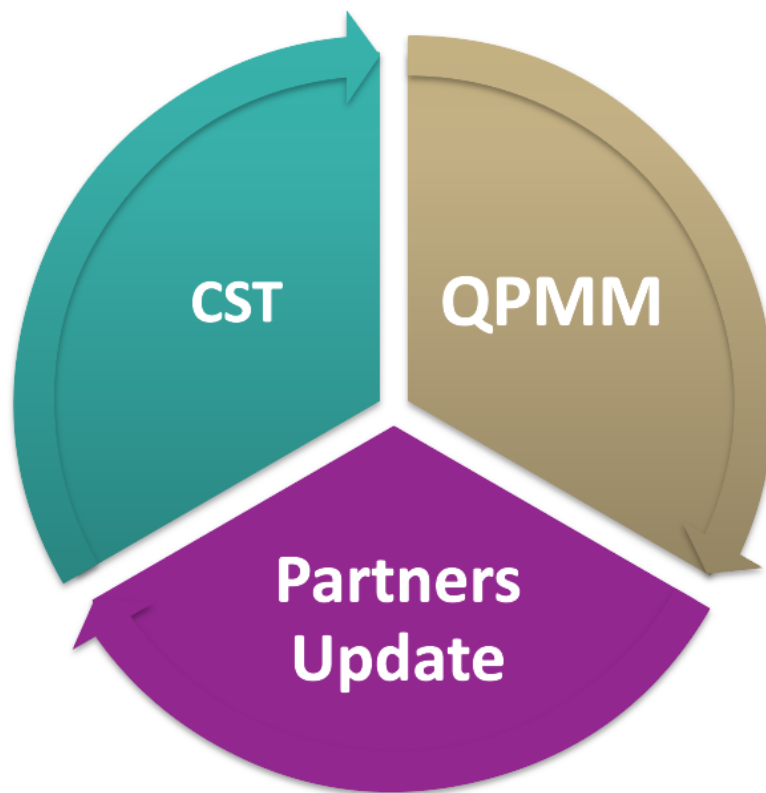
Roundtable Discussion

Cardiac Partner Engagement Cycle 2025/2026

Cardiac Services Table:

May 1, 2025

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



QPMM Check-in calls:

May 26, 28, 29, 2025

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

Cardiac Partners Update:

June 2025

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

Next Steps



- Continue to monitor uptake of the 10,000 CT hours dedicated to CCTA
- Q4 Check-ins through QPMM with the 20 regional cardiac centres scheduled for May 2025. DI colleagues are encouraged to attend and participate in discussions
- Ontario Health will continue to host CCTA Community of Practices every 2-3 months to support this initiative (September 2025)
- We welcome teams to volunteer to share their experiences at a future session
- Feedback/questions on CCTA CoP format is encouraged to Erin McPherson:
erin.mcpherson@ontariohealth.ca

Thank you