

CCTA Access Initiative Community of Practice

FEBRUARY 23, 2026

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Ontario Health
CorHealth Ontario

Agenda

| TIME | TOPIC | PURPOSE | PRESENTER |
|---------|---|-------------|---------------------------|
| 5 mins | Welcome | Information | Dr. Benjamin Chow |
| 5 mins | Review on CCTA Access Initiative | Information | Jana Jeffrey |
| 10 mins | Provincial data trends | Slides | Jana Jeffrey |
| 5 mins | Update on CCTA data collection reminders & discussion | Information | Steve Ramkissoon |
| 10 mins | MRIT HHR Survey | Information | Rosanna Chan & Sherry Sun |
| 15 mins | Questions and Answers Roundtable Discussion | Discussion | Dr. Benjamin Chow |

Review of CCTA Access Initiative

Presenter: Jana Jeffrey

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

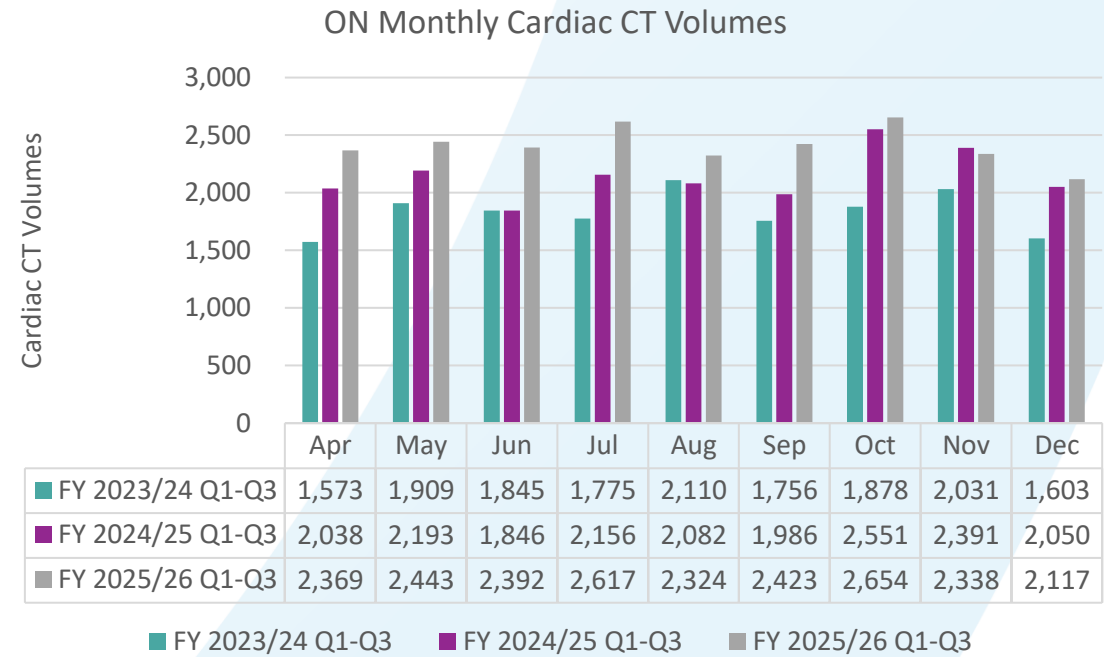
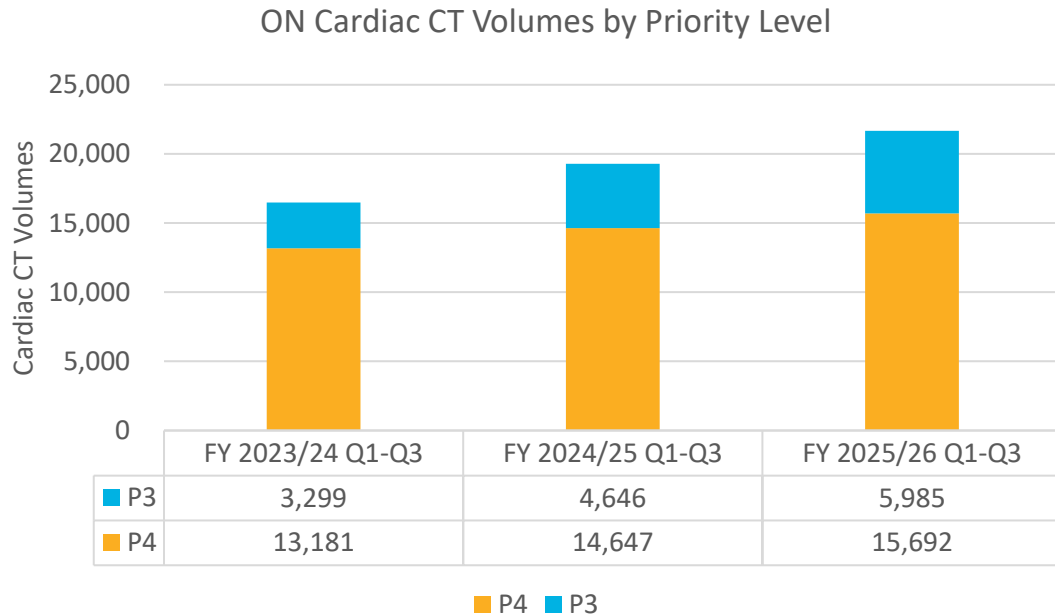
Change Management Strategies

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

Provincial Data Trends

Presenter: Jana Jeffrey

Provincial Cardiac CT Volumes, FY2023 to FY 2025 (Q1-Q3)

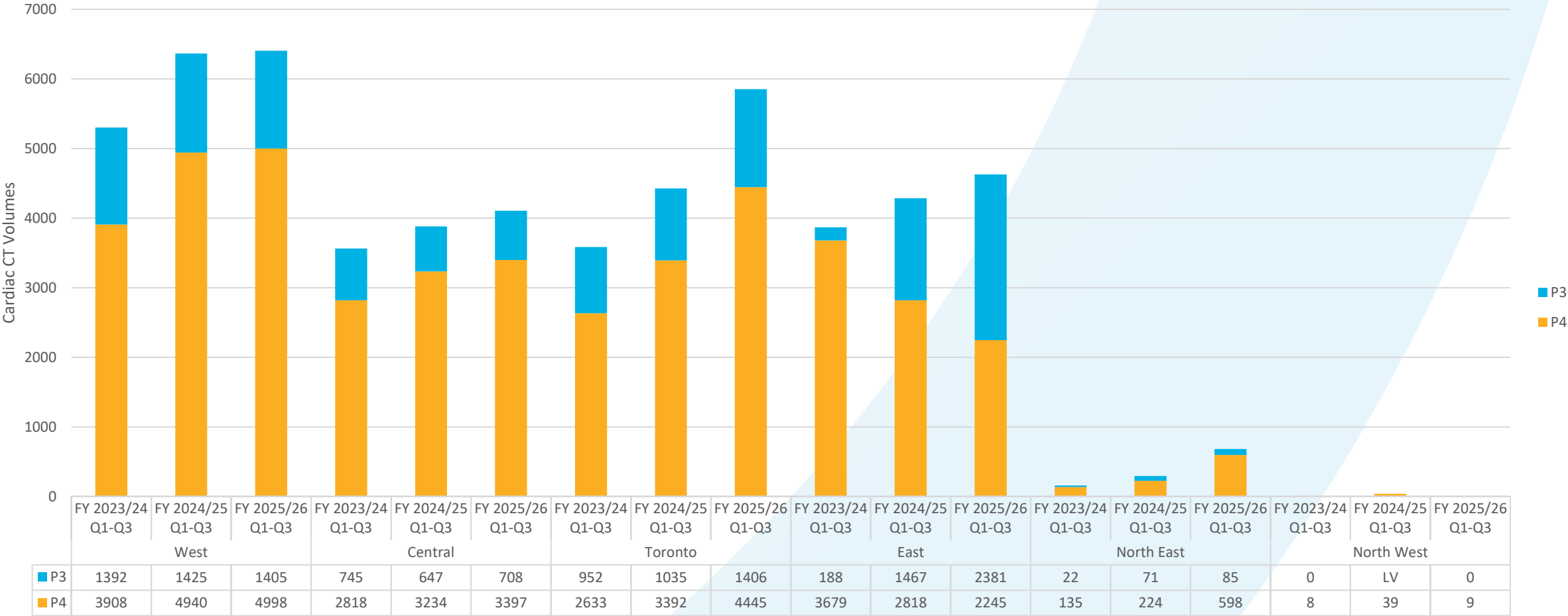


- Over the past 2 years of this project, there has been an average increase in cardiac CT volumes of 29.4%
- The volume of Priority 3 cardiac CT scans rose by 81.4%, and Priority 4 volumes rose by 19.1% when comparing FY 2023/24 to FY 2025/26.

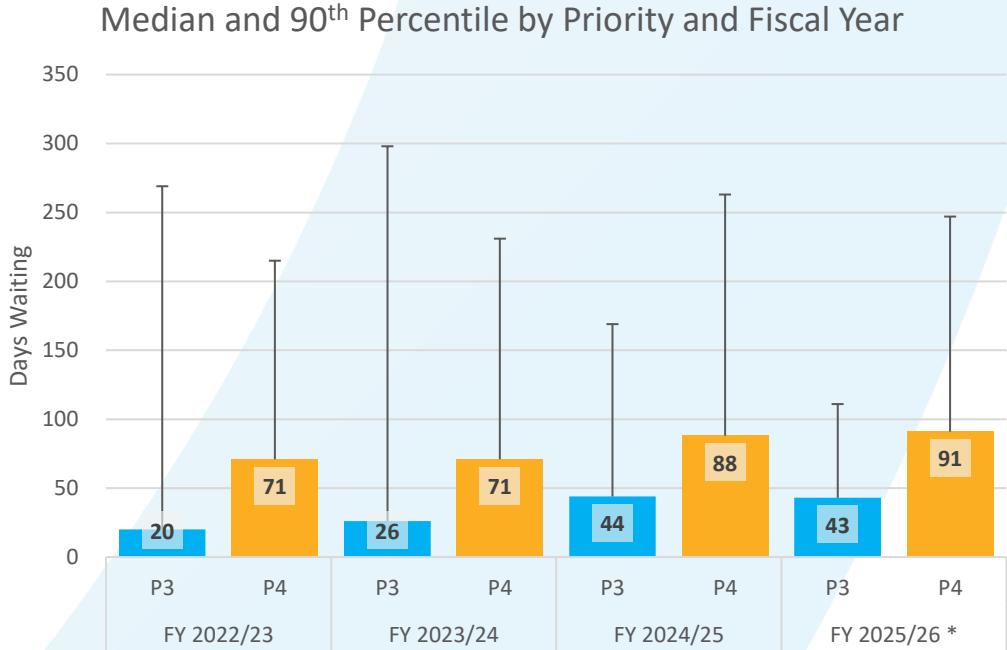
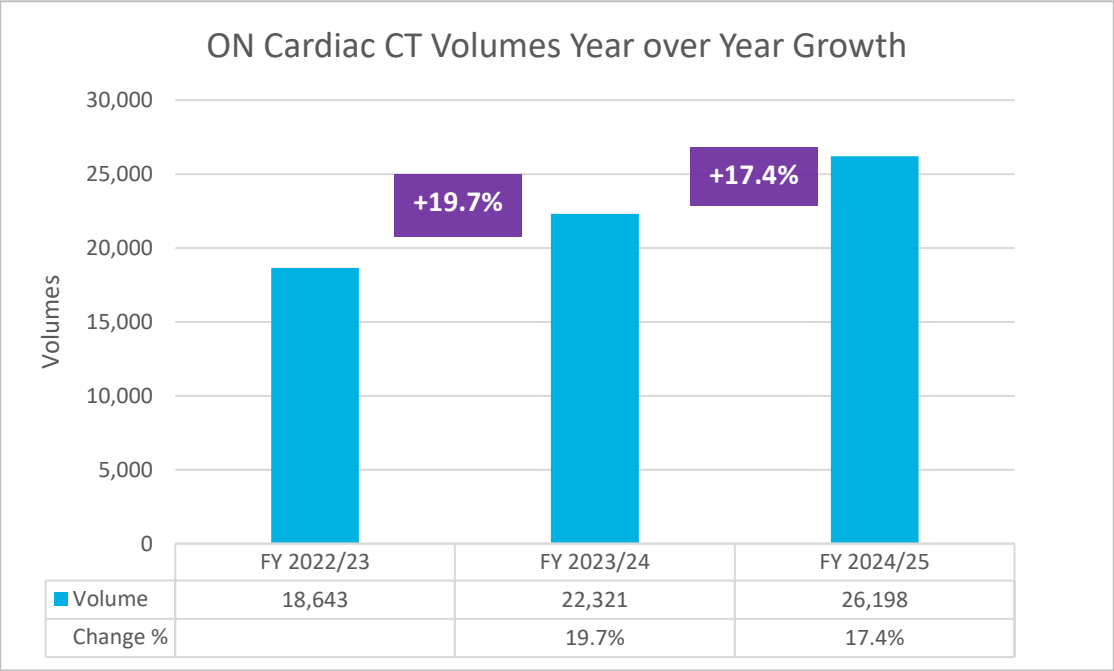
Data source: Wait Times Information System (WTIS) via iPort, retrieved October 10, 2025. Includes Priority levels 3 and 4 cases only. Note that data are for Cardiac CTs only, as WTIS does not capture CCTA specifically. CCTA volumes comprise ~90-95% of all cardiac CT volumes

Regional Cardiac CT Volumes, FY 2023 to FY 2025 (Q1-Q3)

Regional CT Volumes by Priority Level by Fiscal Period (Q1-Q3)



Provincial Cardiac CT Wait Times



*partial data

- CCTA volumes have increased year-over-year since FY 22/23
- While increasing volumes indicate an improved system capacity to deliver CCTAs, wait times remain well above priority targets for P3 (10 days) and P4 (28 days)

CCTA Data Collection

Presenter: Steve Ramkissoon

Summary of CCTA Data Submitted in HDCS

The deadline for data submission to HDCS for Q3 FY 25/26 was February 9th

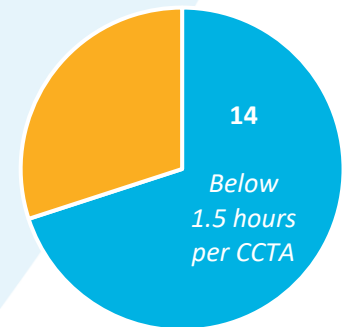
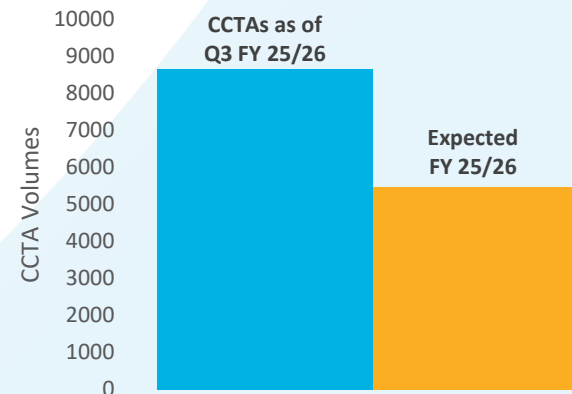
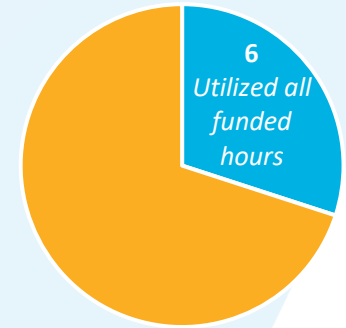
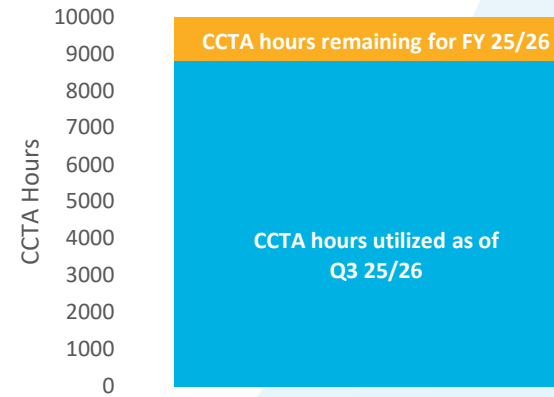
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|--|----|
| Sites that submitted to HDCS | 20 |
| Sites that completed all data elements in HDCS | 16 |

Utilization

- 8,813 CCTA hours utilized (10,000 hours allocated for FY 25/26)
- 6 sites have utilized all funded hours as of Q3

Operations

- Based on modelling of 1.5 hours per CCTA, expected volume was 5,472 CCTAs
- Across all 20 RCPs there have been 8,659 CCTAs
- Data submitted to HDCS shows that 14 hospitals are taking less than 1.5 hours per CCTA exam (i.e. completing CCTAs at greater pace than model)



Medical Radiation and Imaging Technologists HHR Survey

Presenters: Rosanna Chan & Sherry Sun

MRIT HHR Survey

| Goals | Areas of Focus | Scope (Specialty: Service Area) |
|---|---|---|
| Understanding the scope and scale of HHR challenges to inform forecasting and analytics to advise the Ministry of Health on possible supports for DI workforce. | HHR Current State <ul style="list-style-type: none"> Current staffing levels (head count, FTE) Cross-utilization practices Vacancy rates MRIT workforce challenges | <ul style="list-style-type: none"> Radiology including CT MRI Nuclear Medicine (including PET) |
| Examine existing operational models to assess impact on efficiency and support informed HHR planning aligned with current/future service demand | Operational Model <ul style="list-style-type: none"> Current MRT staffing models Use of non-MRT personnel (e.g., TA, RPN) Opportunities for improved efficiency | <ul style="list-style-type: none"> CT MRI Nuclear Medicine (including PET) |
| Capture the variation of imaging service availability in the Emergency Department and identify opportunities to improve ED MI wait times | ED Imaging Services <ul style="list-style-type: none"> Available DI services (on-site vs. on-call) Dedicated ED scanners If applicable, the causes for delays to imaging | <ul style="list-style-type: none"> CT IR Ultrasound MRI |

Recipients

- Hospitals

Next Steps

- Privacy Review** (in progress)
- Survey circulation** (February)

Future Considerations:

- Ultrasound (Sonographers)
- Radiologists
- ICHSC engagement

Roundtable Discussion

Next Steps

Next Steps

- Continue to monitor data trends in CCTA hours and volumes completed
- Next CCTA Community of Practice: May/June 2026 (TBD)
- Opportunity for teams to volunteer to share their experiences at a future session
- Feedback/questions on CCTA CoP format is encouraged to Erin McPherson: erin.mcpherson@ontariohealth.ca

Topics for future CoP Meetings

| Rank | Topic |
|------|---|
| 1 | Clinical workflows/protocols at other facilities |
| 2 | Strategies for prioritization of CCTA among facility-wide CT demand |
| 3 | CCTA data collection/reporting process at other facilities |
| 4 | Provincial goals for increasing CCTA access |
| 5 | Creative space utilization for scanners |

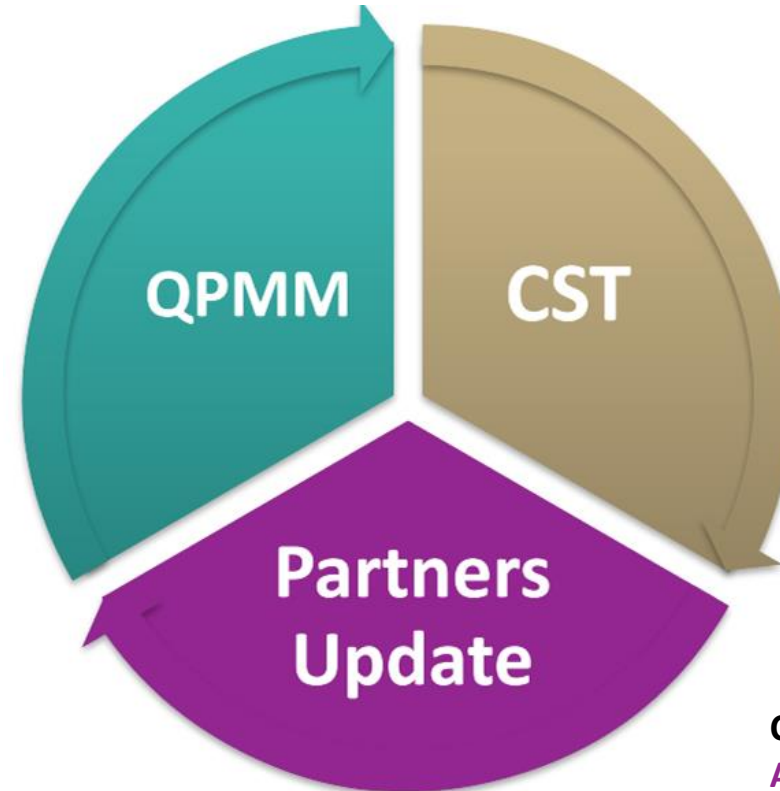
Thank you

Cardiac Partner Engagement Cycle

QPMM Q4 Check-in calls:

June 1, 3, 4, 2026

- Purpose: Support 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 Services Table:

April 28, 2026

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

Cardiac Partners Update:

April / May 2026

Purpose: Provide updates on key priorities and initiatives underway to improve the delivery of high-quality cardiac care in Ontario

- Attendees: Cardiac clinical community in Ontario

Appendix

Ontario Health Privacy Reminder

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