

RISE brief for citizens: Establishing intersections between Ontario Health Teams and specialty service lines

Context and challenges

In February 2019, the Ontario government announced a transformation in the Ontario health system. The centre piece of the transformation is the creation of Ontario Health Teams that will enable healthcare providers responsible for a given set of patients to work as one coordinated team.⁽¹⁾ This set of patients is called an ‘attributed population’. For example, more than 30 health- and social-care organizations have come together in Hamilton and surrounding communities to plan and provide care for patients who obtain their primary care from a practice in this geographic area (see Figure 1). This is just one example of 50 Ontario Health Teams across the province.

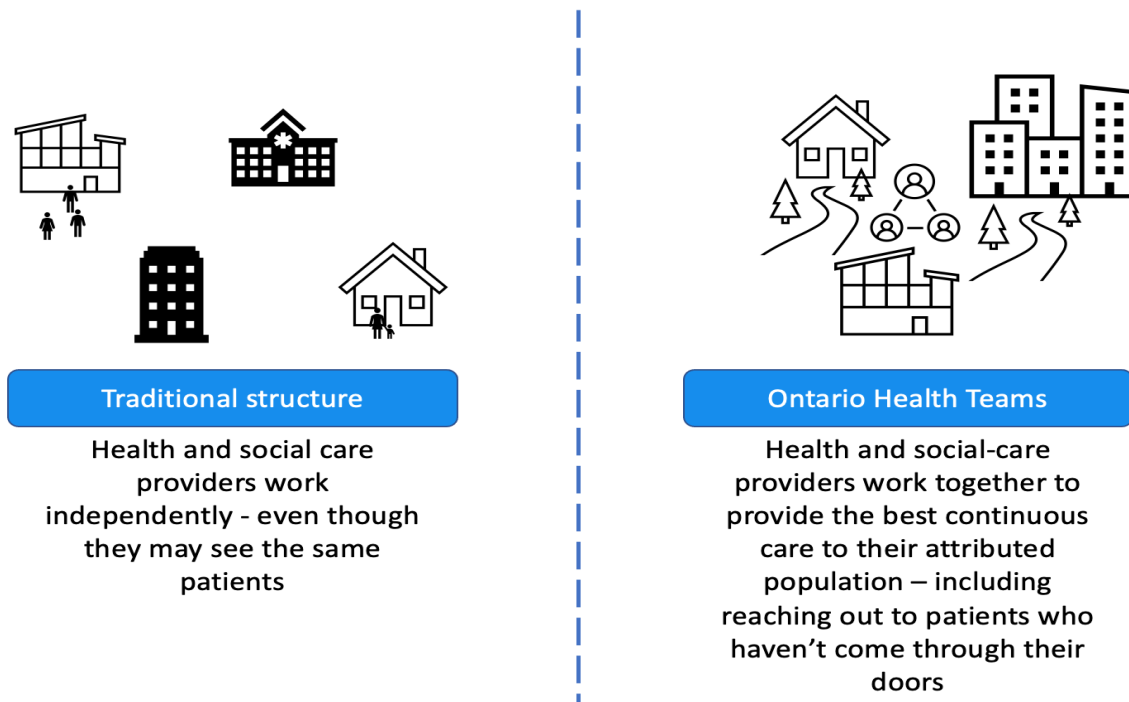
Attributed populations for Ontario Health Teams range from 800,000 residents in large urban areas to 50,000 residents in small rural communities (and possibly fewer residents in more remote parts of the province). At maturity, the already approved Ontario Health Teams will cover 92% of Ontarians. Work is underway to bring the province to 100% coverage.

What are specialty service lines?

Specialty service lines can be defined as services that address the most complex health conditions and are delivered by service providers with an exceptional degree of skill and oversight. Specialty service lines require focused expertise, extensive resources, and an adequate volume of patients to maintain quality and competence. Further, they often require regional or jurisdictional planning to ensure adequate numbers of patients. Examples of specialty service lines include renal transplantation, pediatric cardiac critical care, inpatient eating-disorder treatment, and acquired brain injury rehabilitation.

The phrase “specialty service lines” is used to highlight that these services are structured and coordinated programs of care (rather than a single intervention or the work of an individual specialist).

Figure 1. How traditional care compares to Ontario Health Teams



As part of their commitment to the population that they serve, Ontario Health Teams are required to provide a full set of coordinated services ranging from home and community care such as personal support services, to primary care, to acute care such as emergency health services as well as other in-hospital care.(1) The services provided by Ontario Health Teams include most of the care that Ontarians will need throughout their lifespan. However, there are some specialized services provided for rare or complex conditions that partner organizations in every Ontario Health Team will not be able to provide. To separate these from other types of specialty care, we refer to these as specialty service lines.

These specialty service lines include both intensive, often lifelong services for relatively rare conditions (such as those for children and adults with severe neurodevelopmental conditions, people receiving dialysis, and some people with severe and persistent mental illness) and complex forms of one-off and/or episodic care (such as cancer chemotherapy and related treatments, complex cardiac and stroke care, and transplant services). These types of services require special expertise and resources including staff with experience treating these conditions, as well as access to the right equipment and medicines.(2) These requirements mean that these specialty service lines cannot be effectively and efficiently provided within individual Ontario Health Teams. Because a single Ontario Health Team may have only a small number of patients needing a specific service, specialty service lines may offer care to everyone within a region that encompasses many Ontario Health Teams or even the province.

Though many Ontarians receive timely, high-quality care from specialty service lines each year, there are existing challenges within Ontario's health system that affect patients' ability to receive the specialized care they need. Some of these include:

- long wait times for certain procedures and services (for example, cancer surgeries, transplants, or intensive child and youth mental health care)
- lack of coordination between primary care and specialty service lines, leading to delayed referral and treatment as well as inefficient communication
- geographical inequities in access to certain services
- lack of coverage for the cost of take-home drugs for certain conditions, such as cancer, which may result in treatment deferral or extended hospital stays
- insufficient mental health and social services to support patients during and following care provided by specialty service lines.(3-5)

The introduction of Ontario Health Teams also presents some new challenges for accessing needed care through specialty service lines, including:

- lack of a defined list stating which services will be provided by all Ontario Health Teams, and which services will be provided by specialty service lines
- inconsistencies among Ontario Health Teams with respect to the services their partners are able to provide (for example, some OHTs have partnerships with large hospital networks that are able to deliver specialty service lines such as chemotherapy and other cancer treatments, while others may be partnered with community hospitals which do not have the infrastructure and expertise to deliver those services)
- varying degrees of commitment to the Ontario Health Team model by different providers
- uncertainty of future funding arrangements for Ontario Health Teams and what the interim and final versions of these arrangements will mean for how specialty service lines operate in future.(1; 6)

In addition, specific populations within the province, such as rural, Francophone, Indigenous, and select marginalized populations, have unique challenges accessing the care they need due to historical and current inequities within the existing health system. Issues including lower socio-economic status, language barriers, care interactions that are not culturally sensitive, and differences in clinical decision-making can result in unfair differences in health outcomes for these populations.(7-11)

Box 1. Questions related to the context and challenges

- What has been your experience seeking care from specialty services lines?
- Are there additional challenges not mentioned in the list above that you have experienced when seeking or receiving care from a specialty service line?
- Given what we have described about Ontario Health Teams, what do you see as the biggest challenges facing Ontario Health Teams with respect to specialty service lines?

What have we learned from the experiences of others?

Ontario is not the first jurisdiction to face the challenges outlined in the previous section. Many other countries as well as other provinces and territories in Canada have experience with transformations similar to Ontario Health Teams. Though these examples are not direct parallels to the Ontario Health Team model, they share many common features. By examining the experiences of other jurisdictions, we can learn about how they plan for and provide specialty service lines to ensure that patients and families get the care they need, when they need it. We can use these experiences to identify solutions that would be right for Ontario and how they may need to be adjusted.

To understand the experiences of other jurisdictions, we reviewed available reports describing five models for how specialty service lines could intersect with Ontario Health Teams. These models were implemented in British Columbia, Ontario, the U.S., and the U.K. In the table below, we have described the five models as well as information related to the outcomes when tried elsewhere and considerations for their use in Ontario. For any of these models to work, we know that certain essential elements must be in place, including:

- patient, family and caregiver engagement related to both the specialty service lines and their intersections with Ontario Health Teams
- seamless coordination between Ontario Health Teams and those organizations providing specialty service lines
- common digital health tools that allow for the safe and efficient sharing of patient information.

When reading through the table and answering the questions below, it is important to remember that a single model does not need to be used for all types of specialty service lines. For example, one of these models may make more sense for intensive, often lifelong services such as dialysis or ongoing intensive mental health supports, while another may be preferred for one-off and/or episodic service lines such as transplantation. During the panel discussion, feel free to pick and choose different elements that you think could be successful.

Box 2. Questions related to what we learned from the experiences of others

- Based on your experience and what you know about Ontario Health Teams, which of the model or model(s) from table 1 could inform the approach to specialty service lines in Ontario?
- Based on your experience and the panel discussion so far, what do you think are some additional essential elements to include in the model or model(s) that are put in place?

Table 1. Models for intersections with specialty service lines that may be relevant to Ontario Health Teams

Model for intersections between Ontario Health Teams and specialty service lines	Evidence and considerations
<p>Condition-specific teams</p> <ul style="list-style-type: none"> • Separate Ontario Health Teams could be created to provide care for people with a particular condition • Under this model, individuals with a particular condition would be ‘taken out of’ their existing Ontario Health Team and matched to one based on the specialty service line they need • The team would provide all types of care from primary to specialty service lines, and treat both the condition common to those being served by the team as well as any comorbidities • These teams would be made up of providers that decide to work together, and to share a budget (meaning that any cost savings or extra expenses affect all the organizations involved) • For example, individuals with end-stage renal disease could have their own health team which would provide care for all of their needs including primary, home and community care as well as dialysis and kidney disease treatment 	<ul style="list-style-type: none"> • In the U.S., this model has been used alongside initiatives like Ontario Health Teams, but has had mixed results dependent on the condition and how the model was implemented (12-14) • Condition-specific teams may be difficult to coordinate across large geographic areas with smaller populations (15)
<p>Contractual arrangements</p> <ul style="list-style-type: none"> • Ontario Health Teams could contract with providers who can deliver specialty service lines for their patients when partners in the Ontario Health Team are unable to do so • The contracts could specify how referrals will work, what services will be provided, the volume of patients they are able to treat, what quality targets the services will have to meet, and how much the Ontario Health Team will pay for the service 	<ul style="list-style-type: none"> • In the U.S., teams’ use of contractual arrangements had no effect on access to care for those with serious mental illness, however it did reduce access to care for those with mild to moderate mental illness and access to specialists compared to when mental health specialty service lines were included in their health team (16) • Also in the U.S., the use of contractual arrangements has allowed planners to better estimate the cost of care (17)

<ul style="list-style-type: none"> • For example, if no service provider within the Ontario Health Team can deliver chemotherapy services, the Ontario Health Team would contract with a nearby hospital to which all patients from the Ontario Health Team needing chemotherapy would be referred 	<ul style="list-style-type: none"> • There is a risk of people ‘falling between the cracks’ or experiencing poor communication when transitioning between their Ontario Health Team and contracted service providers • Organizing contracts for specialty service lines would add administrative work for the Ontario Health Team
<p>Regional networks</p> <ul style="list-style-type: none"> • Regional networks could be made up of providers in a region (one of the five regions that the province currently recognizes) that choose to come together to provide specialty service lines in a standardized way • Each regional network could provide services to patients of multiple OHTs • The network could also work closely with OHTs in the region to help providers care for people with related but milder concerns • For example, services in the Hamilton-Niagara-Haldimand-Brant area that provide eating-disorder treatment could work together to: <ul style="list-style-type: none"> ○ provide standardized inpatient care for patients of the Hamilton, Niagara, and Brantford-Brant OHTs ○ work with OHTs on how primary care and community providers can care for people at risk of eating disorders and refer to the specialty service line as needed 	<ul style="list-style-type: none"> • In England, regional networks helped people get care closer to home more consistently (18) • We do not know if networks in England affected the quality of care that people received • In Ontario, some regional networks are already working with OHTs, including: <ul style="list-style-type: none"> ○ a network focused on children’s health in the Ottawa region ○ a network focused on mental health and complex needs in central Ontario • Networks would need to coordinate with multiple OHTs • Networks may need to look different for different conditions and in different regions
<p>Provincial programs</p> <ul style="list-style-type: none"> • Provincial programs create standard approaches that specialty service lines are required to follow, so that everyone across the province who needs that service gets similar care 	<ul style="list-style-type: none"> • We do not know whether provincial programs affect the quality of care

<ul style="list-style-type: none"> ● Existing provincial programs oversee and provide specialty service lines for conditions where a small number of facilities provide care across the whole province ● Provincial programs could also create and share guidelines to help providers in OHTs provide high-quality care for people with milder but related concerns ● For example, a single provincial program for transplantation: <ul style="list-style-type: none"> ○ oversees the six hospitals in Ontario that provide transplantation services ○ informs providers about best practices in transplantation 	<ul style="list-style-type: none"> ● Ontario already has several provincial programs, including Cancer Care Ontario for cancer, Ontario Renal Network, Trillium Gift of Life for transplants ● Each provincial program would need to coordinate with all OHTs ● Provincial programs may need to look different for different types of conditions
<p>Blended approaches</p> <ul style="list-style-type: none"> ● Two or more of the models above could be combined ● For example, there could be three different levels: <ul style="list-style-type: none"> ○ very common services planned and delivered locally within an Ontario Health Team ○ services that require more expertise and resources planned and delivered regionally using regional networks ○ the most expertise and resource-intensive services planned and delivered provincially using provincial programs 	<ul style="list-style-type: none"> ● We do not know whether blended approaches affect the quality of care ● Blended approaches would require clear definitions of what services are coordinated and provided at what level ● Blended programs would require coordination across multiple levels ● Blended programs may require a lot of administration and management to oversee

How could we use this to help Ontario Health Teams?

It is important to consider what might help or hinder efforts to put these models into place. From those initiatives and from the development of Ontario Health Teams so far, we know that barriers to putting these approaches into place could include:

- lack of agreement on what services should be considered specialty service lines and who should be responsible for planning, coordinating and delivering these services;
- inconsistencies among Ontario Health Teams with respect to the services their partners are able to provide;
- inadequate planning for patient transitions to and from specialty service lines;
- inadequate patient, family and caregiver engagement in designing the intersections between Ontario Health Teams and specialty service lines;
- limited common digital-health tools; and
- uncertainty around new financial arrangements and their implications for specialty service lines.

However, we also know that there are also factors that can help with putting these approaches into place. These factors may include:

- previous experience working with these models, in the case of regional networks and provincial programs; and
- strong commitment and expertise from those providing specialty service lines.

Box 3. Questions related to implementation in Ontario Health Teams

- What do you think are the biggest barriers to establishing intersections between Ontario Health Teams and speciality service lines?
- What do you think are the biggest opportunities for Ontario Health Teams and specialty service lines?

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