



Wrap Up of Day 2

OHT Forum

Toronto, ON, Canada

[John N. Lavis](#), MD PhD, [RISE Co-lead](#)

Director, McMaster Health Forum, McMaster University

[Heather Bullock](#), PhD, [RISE Executive lead](#)

Recap of Objectives for Day 2

- Receive support to get started on [using population-health management to 'move the needle' on quadruple-aim metrics for year 1 priority populations](#)
- Connect with other teams focused on the same year 1 priority populations
- Connect with resource people who can support work on population-health management for year 1 priority populations

[Please complete the evaluation](#) (it looks like many questions, but it actually takes very little time)

Recap About Available RISE Resources

- Key document
 - Questions related to developing a population-health management plan
- You've also been sent electronically
 - Updated RISE brief on population-health management
 - Four RISE briefs on year 1 priority populations (the one you're focused on and the three others just for additional background)
 - RISE brief on OHT building blocks (for additional background)

Anticipate your challenges...

- Population health thinking is **new** & **challenging** for most people.
- Operating in a **resource constrained environment**. Will need to shift efficiently shift care among partners among partners.
- **Selecting** & **transitioning** populations is **key, but tricky**.
- Building **better data** & **analytic capacity** for planning & care. But avoid paralysis.
- Holding each other **accountable** in the application of **care pathways**.
- Focusing on **clinical population health strategies first**, followed by broader population-based strategies.

Some of What We Heard

- General
 - ❑ Feeling confused, overwhelmed, nervous and/or encouraged
 - Population-health management is a journey, not a yr1 endpoint
 - ❑ Pleased to be among peers and hear about promising examples
 - ❑ Interest in participating in learning & improvement collaboratives
 - By population and/or context?
 - ❑ Tension between 'low rules' versus common, structured approaches
- Station 1: Segmenting your population into groups with shared needs
 - ❑ Many commonalities across priority populations (& some allegiance)
 - ❑ Primary care is essential across all levels in the pyramid
 - ❑ Need provincial support for access to data and 'canned reports'
 - ❑ Need balance of quant/qual data and de-identified/identified data

Some of What We Heard (2)

- Station 2: Co-designing care pathways and in-reach/out-reach services
 - Balance provincial initiatives and local contextualization
 - Keep focus on equity and patient voices
 - Complementing representation with meaningful co-design
- Station 3: Implementing pathways/services in a way that reaches and is appropriate to groups
 - Not everyone is at the point of implementation
 - Common barriers relate to data sharing and physician engagement
- Station 4: Monitoring implementation and evaluating impact
 - Common commitment to ‘moving the needle,’ including by drawing on patient and provider experiences
 - Interest in contributing to and learning from monitoring & evaluation
 - Opportunity with upcoming session on logic models

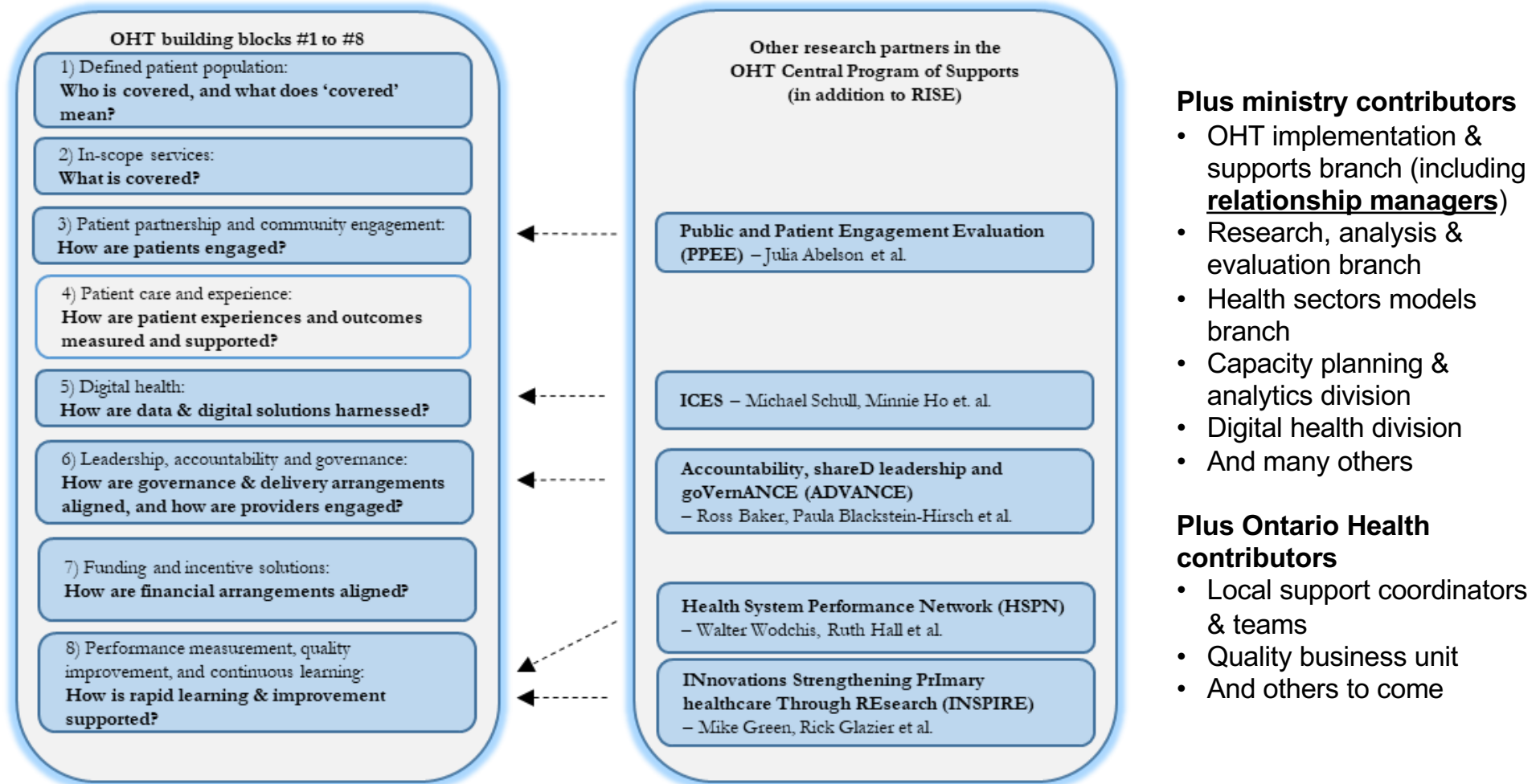
Next Steps for OHTs

- Pursue next steps for population-health management within and across your priority populations, while keeping in mind the key first question
 - Are you approaching your efforts to ‘move the needle’ on quadruple-aim metrics for your year 1 priority population in a way that lays the groundwork to become a designated OHT in future?
 - Will engage a meaningful proportion of your attributed population and meaningful number of your partners
 - Can be easily documented, spread to other populations, and later scaled to your entire attributed population
- Let us know how we can help (rise@mcmaster.ca)

Next Steps for RISE

- As part of the ministry's [OHT Central Program of Supports](#), continue [providing timely and responsive](#)
 - [Support](#) to OHTs, using a 'rapid learning and improvement' lens
 - [Access](#) to Ontario-based 'rapid-learning and improvement' assets and resources, in a way that ensures
 - OHTs have equitable access to support
 - Those with expertise (patient partners, health-system partners and research partners) have equitable opportunities to contribute to this support

OHT Central Program of Supports (with a coordination committee working to design a comprehensive suite of supports and ensure a seamless experience for OHTs)



Next Steps for RISE (2)

- Lead, enable or support communities of practice (OHT and RISE) and 'learning and improvement' collaboratives (e.g., one for each year 1 priority population depending on the input received today)
- Support as seamless an experience as possible with the coaching and other 'on-the-ground' supports becoming available through the OHT Central Program of Supports (e.g., ADVANCE)
- Co-convene more events like the OHT Forum, our upcoming citizen panel about engaging patients, families and caregivers in OHTs, and our upcoming stakeholder dialogue about support hospital-to-home transitions
- Host more webinars (day 1 insights, day 2 insights, one for each year 1 priority population, OHT Central Program of Supports, etc.)

Next Steps for RISE (3)

- Prepare or update **RISE briefs** about priority populations, building blocks (e.g., overall; data-analytics platform), and key patient partner, health-system partner and research partner resources (e.g., OHT Central Program of Supports; Ontario Health's Quality Business Unit)
- Prepare **rapid syntheses** (e.g., lessons learned from integrated-care initiatives, and from hubs and other approaches to co-locating services)
- Continue to update the **website** (www.OHTrise.org | www.ESOrise.org) and disseminate a monthly **e-newsletter** to provide a structured 'way in' and disseminate 4 types of resources
 - RISE resources (e.g., updated RISE brief on population-health management)
 - Resources prepared by other partners (e.g., HSPRN practice guides)
 - Resources prepared by the ministry (e.g., digital health playbook)
 - Systematic reviews and economic evaluations on topics for which no OHT-specific resources are yet available

Any Questions or Comments?

Please hand in your completed evaluation

Thank You For Joining Us!

Please hand in your completed evaluation