

# OHT Data Package Walkthrough and Information Session

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**The session will begin shortly**



Ministry of Health

# Ontario Health Teams Virtual Engagement Series

## OHT Data Package Walkthrough and Information Session

January 18, 2022

# Land Acknowledgement

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We acknowledge that this meeting is taking place virtually on the traditional territory of many nations including the Mississaugas of the Credit First Nation, the Anishinaabe, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Metis peoples.

Long before today, Indigenous peoples have been the stewards of these lands. We also acknowledge the Dish with One Spoon Treaty, an agreement to peaceably share and care for the resources around the Great Lakes. Ontario's Indigenous Peoples continue to care for this land and shape the province we live in.

We recognize that these lands, both historically and currently, have been the home and gathering place of many Indigenous people from various Nations from across Turtle Island. We are grateful for the opportunity to also live, work and meet in this territory. We show our respect to the Indigenous Peoples of this land, today and all days.

We stand in solidarity of murdered and missing women, girls, Transgender and 2 Spirited people.



# OHT Virtual Engagement Series - Webinar Participant Instructions

The *OHT Virtual Engagement Series* is an opportunity for teams to learn and ask questions about areas of common interest. We encourage active participation throughout the webinar.

Ministry of Health

## Ontario Health Teams Virtual Engagement Series

Recording...

Ontario

### Webinar Controls

#### Desktop Device

- click meeting controls at the top/bottom of your screen

#### Mobile Device

- Tap your screen for controls to appear

Chat Participants

## Chat Box

From Me to **Everyone** From Me to **Host**

Great representation from all regions here today!

I would be very interested to hear how other OHTs have managed during Covid-19; any lessons learned from others would be valuable

I am having trouble hearing the current presenter.

Is there a number I can use to dial in?

## Polling

Polling 1: Sharing Poll Results

1. In Which Region are you located?

Central

East

North

Toronto

West

**SUBMIT**

1. In Which Region are you located?

Central	(0) 0%
East	(0) 0%
North	(0) 0%
Toronto	(0) 0%
West	(0) 0%

# Today's Discussion

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## AGENDA

1

### Opening Remarks

- Today's session context and objectives

2

### Supporting OHTs with Data

- Producing and releasing data packages
- Understanding the patient attribution methodology and data gaps

3

### OHT Data Package Walkthrough

- Population, Performance, and Utilization Measures reports
- Expenses reports

4

### Questions & Answers

- An opportunity for Cohort 3 teams to ask questions about the data packages

5

### Closing Remarks:

- Today's key take-aways
- Upcoming supports activities

## 2. Supporting OHTs with Data

- Using data to understand who you are as an OHT and how to grow your partnerships.
  - *Jillian Paul, Director, Integrated Policy and Planning Branch, Ministry of Health*

# Data is Key to the OHT Model



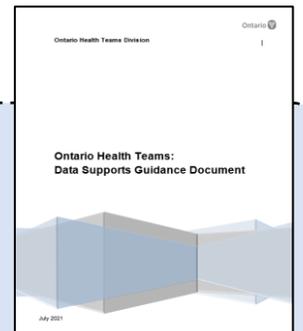
Ontario Health Teams (OHTs) are groups of providers and organizations that will be clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined population.

- **Data is fundamental** to enabling and supporting the ongoing implementation of OHTs, providing an opportunity to rethink health care delivery while monitoring performance in a new way.
- Ontario Health Teams represent **a transition to a population health model**. A key step in this transition is to understand the health, health care utilization, and health care experiences of a population across the continuum of care and beyond traditional sector boundaries.
- The data packages have been designed and produced to **enhance all OHTs' understanding of their attributed patient populations**, i.e., the population for which they will be held accountable at maturity, and aim to address the two most common questions the ministry has heard from OHTs:

? *“Who are we? What is the size and what are the characteristics of our patient population?”*

? *“If we wanted to grow our partnerships, where do we start?”*

In July 2021, the Ministry released the **Ontario Health Teams: Data Supports Guidance Document** to provide a detailed walkthrough and answer common questions on the OHT Data Packages. The **Guidance Document**, also available in French, covers the same content as today's session, in greater detail.



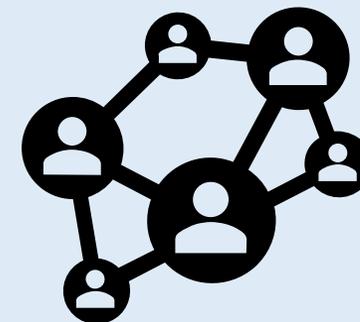
# Overview of the Attribution Methodology

The method for attributing patients to OHTs is based on a study\* first conducted by the Institute for Clinical Evaluative Sciences (IC/ES). IC/ES identified ‘networks’ in Ontario that describe the natural linkages among Ontario patients, physicians, and hospitals and reflect how patients in Ontario seek care.

## Patient Attribution Methodology:

The attribution methodology involves three key steps:

1. All insured Ontario residents are linked to a primary care physician based on:
  - a) Their enrollment with or utilization of primary care services,
  - b) Their utilization of health care services, or
  - c) Their postal code.
2. Primary care physicians are linked to the hospital where most of their patients are admitted.
3. Specialists are linked to the hospital where they perform most of their inpatient services.



**These steps identify provider clusters or “hubs” (acute care hospital + linked physicians + linked residents), which are aggregated to form networks. These networks reflect how patients access care and the relationships between providers.**

## Filling Additional Data Gaps



The ministry recognizes further enhancements will need to be made to close remaining data gaps so that OHTs can have a more complete picture of the comprehensive care needs of their attributed populations (e.g., proportion that are Indigenous or Francophone, NPLC and CHC data). The ministry is committed to working together with our partners to ensure such data gaps are identified and considered, in close collaboration with the impacted communities.

\*Stukel, Therese A; Glazier, Richard H; Schultz, Susan E; Guan, J; Zagorski, Brandon M; Gozdyra, P; Henry, David A. (2013). Multispecialty Physician Networks in Ontario. *Open Medicine*, 40-55.

Note: All OHT Data Package reports provided to Approved teams are based on 2019/20 data.

### 3. OHT Data Package Walkthrough

- Walkthrough of population, performance, and utilization measures reports
  - *Jennifer Bridge, Director, Health Analytics and Insights Branch, Ministry of Health*
- Walkthrough of health care expenses reports
  - *Howard Baker, Funding and Allocation Lead, Health Sector Models Branch, Ministry of Health*

# 1. Population, Performance and Utilization Measures (HTML)

This document provides an overview of health characteristics and demographic information about a team's attributed population, as well as data on performance and utilization measures.

Produced by: Health Analytics and Insights Branch, CPAD, MOH

Fiscal Year 2019/20

- **1 Population Overview**
  - 1.1 Characteristics of the OHT Population
  - 1.2 Population Characteristics of OHT Compared to Ontario
  - 1.3 Age Distribution of the Attributed Population
  - 1.4 Attributed Population by Age Group in OHT Compared to Ontario
  - 1.5 Attributed Population by Census Sub-Division (CSD)
  - 1.6 Marginalization
- **2 Population Health**
- **3 Performance Indicators**
  - 3.1 Access
  - 3.2 Effectiveness
- **4 Hospital Inpatient Care**
- **5 Hospital Ambulatory Care**
- **6 Long Term Care (LTC) and Home Care**
- **7 Primary Care**
- **8 Primary Care Patient Enrolment Models (PEMs)**
- **9 COVID-19 Indicators**
- **10 Health Conditions**
- **11 General Concepts**
- **12 Performance Indicator Notes**
- **13 Utilization Analysis Notes**

Sections 1 “Population Overview” and 2 “Population Health” summarize the **demographic and health characteristics** of your attributed population, including age, gender, births and mortality.

Section 3 “Performance Indicators” lists key performance measures for your attributed population, such as ALC days and ED wait times.

Sections 4 to 7 provide detailed breakdowns of performance and utilization measures for your attributed population.

For a walkthrough of socioeconomic analyses of your attributed populations using the **Ontario Marginalization Index (ON-Marg)**, please see a recording of the [Data Package and Data Support Information Session](#) from July

2021.

# 1a. Attributed Population by Census Sub-Division (CSD)

This table lists the top 20 communities in which the patients attributed to your OHT live, based on their postal code of residence.

Note how some patients attributed to your OHT happen to live in communities located across various municipal and public health boundaries.

- ✓ ***For a variety of reasons, some patients from outside your community may choose to access care from providers within your OHT.***
- ✓ ***Attributed populations are based on these patient access patterns and respect patient choice.***

Your team is not necessarily responsible for the entire population of these communities. Instead, people from these communities are already enrolled with and accessing care from providers in your network.

CSDUID	CSD Name	CSD Type	Attributed Population in CSD	% Attributed Population in CSD
3523008	Guelph	CY	114,283	50.2
3523025	Centre Wellington	TP	26,439	11.6
3523050	Wellington North	TP	12,315	5.4
3523009	Guelph/Eramosa	TP	9,456	4.2
3530013	Kitchener	CY	7,175	3.2
3523043	Minto	T	5,888	2.6
3530010	Cambridge	CY	4,924	2.2
3530033	Mapleton	TP	4,693	2.1
3530005	Hamilton	C	4,246	1.9
3530005	Toronto	C	3,155	1.4
3530035	Woolwich	TP	3,053	1.3
3530016	Waterloo	CY	2,368	1.0
3521005	Mississauga	CY	2,245	1.0
3540046	Howick	TP	2,186	1.0

# 1b. Primary Care Patient Enrolment Models (PEMs)

Some teams have asked, “If we wanted to grow our partnerships, where do we start?” The section on the **Primary Care Patient Enrolment Models (PEMs)** associated with your network aims to support your work to advance primary care partnerships.

What is a Patient Enrolment Model (PEM)?  
 PEMs are group-based family physician practices premised on patient enrolment and comprehensive care, such as Family Health Networks (FHNs), Organizations (FHOs), and Groups (FHGs).

All of the PEMs associated with an OHT’s network are listed in a table like the one below.

PEMs Associated with OHT

PEM Number	Type	Name	Address	Municipality	Family Health Team (FHT)	Some PEM patients are assigned to a different OHT
FXGQ	FHG	GLEN FHG	2 - 333 GLENASHTON DRIVE	OAKVILLE		Yes
BABE	FHO	SPEED RIVER FHO	STE 301-21 SURREY ST W	GUELPH	Guelph FHT	No
BACE	FHO	ROYAL CITY FHO	101-83 DAWSON ROAD	GUELPH	Guelph FHT	No
BACF	FHO	MINTO-MAPLETON FHO	130 MAIN ST EAST, BX 250	PALMERSTON	Minto-Mapleton FHT	No

## Why are some PEMs assigned to multiple OHTs?

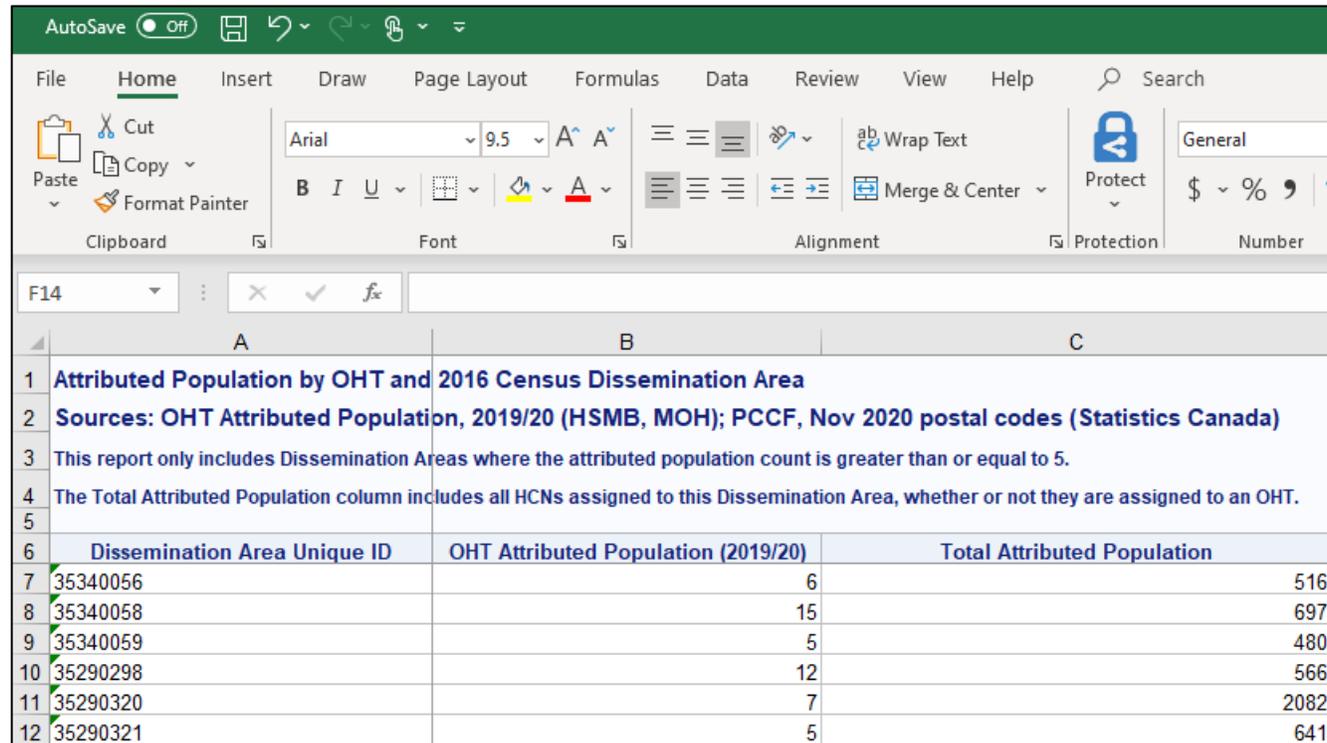
The ministry uses an **80/20 rule** to keep physicians associated with a PEM assigned to the same network.

- Where 80% or more of patients enrolled in a PEM are referred to hospitals or specialists within an OHT’s network, all physicians in the PEM group are assigned to that network (“No” in the last column).
- Where more than 20% of patients enrolled in a PEM are referred to specialists outside an OHT’s network, the physicians of the PEM group may be associated with multiple OHT networks (“Yes” in the last column).
- **However, patients cared for by each PEM group are not attributed to multiple OHTs.**

## 2. Attributed Population by OHT and Dissemination Area (Excel)

This workbook includes the count of your attributed population in each 2016 Census **Dissemination Area (DA)**, as well as the total attributed population in each DA.

- Dissemination Areas are the smallest standard geographic unit in Canada.
- Dissemination Area Unique IDs can be linked to postal codes with Statistics Canada's *Postal Code Conversion File (PCCF)*.
- *Future Data Supports*: The Ministry and Ontario Health are exploring opportunities to provide OHTs with counts of their attributed population by Forward Sortation Area (FSA), i.e., the first three characters of each postal code, to assist in your health system planning work.



Dissemination Area Unique ID	OHT Attributed Population (2019/20)	Total Attributed Population
35340056	6	516
35340058	15	697
35340059	5	480
35290298	12	566
35290320	7	2082
35290321	5	641

### 3. Costs by Care Type and Health Profile Group (Excel)

This workbook focuses on the health care expenses of an OHT’s network, including total expenses and expenses per Health Profile Group (HPG) population.

STEP 1: Show Detail HPGs		STEP 2: Hide Detail HPGs		Total Expenditures by Care Type and by Health Profile for : Network <b>XXXXX</b>														Attributed Population 231,244	
Program Code	HPG Category	Total Expenses by Care Type by Health Profile Group, for Network <b>XXXX</b>																Total Expense	
		Inpatient Expense	Day Surgery Expense	ER Expense	Dialysis Expense	Oncology Expense	Other Ambulatory	Rehab Expense	CCC Expense	Mental Health Expense	LTC Expense	Home Care expense	GP Physician Fee Approved	Specialist Fee Approved	Lab Fee Approved	ODB Drug Fee Paid			
1	p. Palliative	\$16,018,423	\$112,739	\$728,824	\$414,927	\$1,306,594	\$58,158	\$160,620	\$4,125,292	\$86,357	\$3,701,085	\$3,200,449	\$1,067,946	\$3,113,852	\$53,061	\$1,407,611	\$35,555,938		
2	a. Major Acute	\$44,277,676	\$1,899,009	\$4,059,157	\$2,138,125	\$1,121,097	\$137,566	\$4,081,437	\$7,214,306	\$1,165,881	\$3,412,902	\$8,237,670	\$4,057,146	\$15,503,364	\$603,484	\$8,515,065	\$106,423,885		
3	b. Major Chronic	\$39,074,115	\$2,796,917	\$3,811,449	\$8,124,808	\$1,806,893	\$203,106	\$2,641,240	\$20,297,818	\$2,419,095	\$13,395,056	\$14,065,972	\$4,891,373	\$18,329,644	\$1,168,792	\$17,407,754	\$150,434,032		
4	c. Major Newborn	\$5,727,383	\$24,135	\$126,267	-	-	-	-	-	-	-	\$37,100	\$178,669	\$1,073,462	\$1,943	\$16,639	\$7,185,598		
5	d. Major Mental Health	\$14,106,256	\$684,172	\$3,363,492	\$359,675	\$172,027	\$118,340	\$997,289	\$7,729,959	\$17,289,924	\$25,432,109	\$10,162,459	\$4,255,594	\$11,141,068	\$521,944	\$11,581,969	\$107,916,278		
6	e. Major Cancer	\$9,916,280	\$1,638,205	\$1,066,699	\$681,919	\$9,300,408	\$510,593	\$471,069	\$350,922	\$496,689	\$445,304	\$2,546,532	\$1,635,127	\$8,291,222	\$381,886	\$7,715,067	\$45,447,923		
7	f. Moderate Acute	\$3,636,475	\$1,895,399	\$2,154,285	\$3,155	\$17,108	\$111,471	\$66,222	\$46,444	\$26,703	\$1,075	\$1,586,530	\$3,540,892	\$7,063,451	\$1,026,033	\$7,261,185	\$28,436,426		
8	g. Moderate Chronic	\$8,258,322	\$4,510,440	\$3,151,451	\$2,051	\$342,700	\$260,630	\$338,615	\$95,819	\$38,883	\$1,236,573	\$3,278,435	\$7,657,117	\$21,351,242	\$2,353,741	\$21,560,732	\$74,436,751		
9	h. Other Cancer	\$682,021	\$862,678	\$225,781	-	\$1,891,422	\$197,724	\$24,571	-	-	-	\$287,482	\$804,161	\$2,705,028	\$279,169	\$1,598,122	\$9,558,160		
10	i. Other Mental Health	\$1,165,518	\$542,059	\$1,876,206	\$204	-	\$72,984	\$9,821	-	\$423,894	-	\$657,908	\$6,298,658	\$7,606,672	\$715,417	\$4,518,352	\$23,887,692		
11	j. Obstetrics	\$7,419,629	\$213,440	\$873,186	-	-	\$39,776	\$19,781	-	\$2,922	-	\$64,390	\$1,768,027	\$6,803,853	\$488,221	\$246,441	\$17,939,666		
12	k. Minor Acute	\$1,384,726	\$2,222,545	\$4,737,663	-	\$326	\$218,601	-	-	\$1,511	-	\$1,783,553	\$9,750,620	\$13,112,532	\$2,278,707	\$3,427,781	\$38,918,565		
13	l. Minor Chronic	\$1,022,764	\$1,095,895	\$1,392,781	-	\$350	\$93,802	-	\$28,710	-	-	\$689,498	\$4,499,223	\$6,782,484	\$1,272,017	\$3,419,622	\$20,297,145		
14	m. Healthy Newborn	\$2,296,699	\$21,889	\$246,983	-	-	\$39	-	-	-	-	\$13,041	\$617,234	\$1,200,630	\$5,254	\$43,791	\$4,445,560		
15	n. User No Health Conditions	-	\$2,743	\$547	-	-	\$933	-	-	-	-	\$464,345	\$309,677	\$290,159	\$146,724	\$409,277	\$1,624,405		
16	o. Non-User	-	-	-	-	-	-	-	-	-	-	\$159,782	\$870	\$524	\$5	\$137,855	\$299,035		
17	<b>Total</b>	<b>\$154,986,285</b>	<b>\$18,522,265</b>	<b>\$27,814,771</b>	<b>\$11,724,863</b>	<b>\$15,958,924</b>	<b>\$2,023,723</b>	<b>\$8,810,668</b>	<b>\$39,889,270</b>	<b>\$21,951,859</b>	<b>\$47,624,105</b>	<b>\$47,235,146</b>	<b>\$51,332,335</b>	<b>\$124,369,186</b>	<b>\$11,296,398</b>	<b>\$89,267,263</b>	<b>\$672,807,059</b>		

### 3a. Health Profile Group (HPG) Categories

Health Profile Group (HPG) is a category into which an individual is placed based on their most complex and clinically relevant health conditions.

- HPGs are determined by the Canadian Institute for Health Information (CIHI)'s Pop Grouper methodology. **Through an HPG, we are able to assign relative health care costs to the patients attributed to each OHT.**

Program Code	HPG Category	HPG Pop
1	p. Palliative	1,069
2	a. Major Acute	6,252
3	b. Major Chronic	7,825
4	c. Major Newborn	963
5	d. Major Mental Health	4,863
6	e. Major Cancer	3,250
7	f. Moderate Acute	7,461
		27,501
		3,573
		15,489
		5,168
		84,763
		19,519
		3,009
		15,183
		21,625
		227,513

Program Code	HPG Category	HPG Pop
1	p. Palliative	1,069
S001	Palliative state (acute)	1,069
2	a. Major Acute	6,252
A006A	Stroke w/o Paraly SD w/o sig comorb	115
A007A	Stroke w/o Paraly SD w sig comorb	367
A008A	Oth cereb & spinal disrd w/o sig comorb	136

#### How do I view detailed HPGs?

- By clicking the “STEP 1: Show Detail HPGs” and “STEP 2: Hide Detail HPGs” buttons at the top, you will be able to see either a comprehensive or an abridged version of the HPGs in the workbook.
- The count of your attributed population within each HPG category is listed in the “HPG Pop” column. Your total attributed population is listed at the bottom.
- A full list of HPGs and descriptions is listed in the “Code Table” tab.

## 3b. Understanding the Expenses Workbook

Health care expenses for your attributed population are presented in two tabs: (1) *Total Expenses* and (2) *Per HPG Population*. Both tabs are nearly identical, with the *Per HPG Population* tab presenting the average cost per person in the HPG category.

		Total Expenditures					
		Note: HPGs with volumes < 5 are suppressed, and noted with "N/A".					
Program Code	HPG Category	HPG Pop	Inpatient Expense	Day Surgery Expense	ER Expense	Dialysis Expense	Oncology Expense
1	p. Palliative	644	\$9,479,210	\$239,241	\$648,585	\$399,825	\$1,881,750
2	a. Major Acute	2,655	\$15,909,556	\$1,566,907	\$1,671,256	\$1,151,091	\$480,365
3	b. Major Chronic	3,418	\$14,017,056	\$2,009,081	\$1,666,537	\$3,618,929	\$426,643
4	c. Major Newborn	424	\$1,095,658	\$12,205	\$59,831	-	-
5	d. Major Mental Health	1,853	\$3,556,570	\$341,717	\$1,050,945	\$39,985	\$93,129
6	e. Major Cancer	1,393	\$3,565,008	\$985,111	\$393,570	\$86,661	\$5,179,813
7	f. Moderate Acute	2,745	\$1,412,834	\$1,352,952	\$813,899	-	\$32,046
8	g. Moderate Chronic	9,844	\$3,169,495	\$3,069,085	\$1,335,915	-	\$137,507
9	h. Other Cancer	1,171	\$200,890	\$382,220	\$96,106	-	\$840,434
10	i. Other Mental Health	5,988	\$557,969	\$436,428	\$952,617	-	-
11	j. Obstetrics	1,322	\$1,698,547	\$179,109	\$247,612	-	-
12	k. Minor Acute	20,840	\$425,657	\$1,069,222	\$1,666,732	-	-
13	l. Minor Chronic	5,359	\$280,430	\$578,589	\$439,889	-	-
14	m. Healthy Newborn	621	\$390,256	\$4,438	\$49,546	-	-
15	n. User No Health Conditions	4,400	-	\$21,536	\$474	-	-
16	o. Non-User	5,763	-	-	-	-	-
17	<b>Total</b>	<b>68,440</b>	<b>\$55,759,136</b>	<b>\$12,247,841</b>	<b>\$11,093,516</b>	<b>\$5,296,492</b>	<b>\$9,071,686</b>

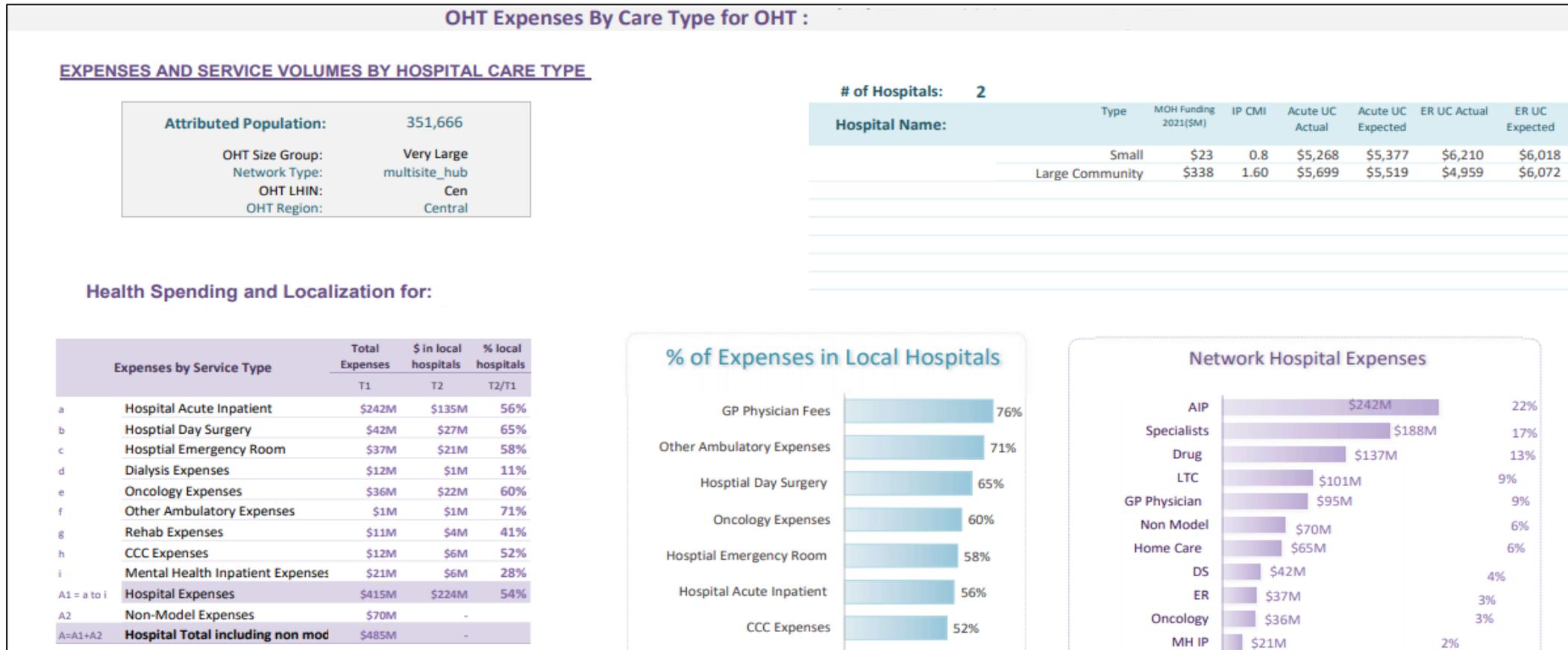
*Total Expenses* are presented here. Costs in the *Per HPG Pop* tab are divided by the HPG Population count, and therefore (not pictured here) show the average cost per person in the HPG category.

**Note that certain expenses are listed under HPGs that may not seem relevant to the HPG.**

- For example, there are often oncology expenses listed under HPGs that are not related to cancer.
- As another example, as soon as a patient was determined to be palliative, all of their patient costs were rolled up into the palliative HPG.
- **CIHI's Pop Grouper categorizes patients by their most clinically relevant HPG and all of a patient's expenses are rolled-up into that HPG.** As a result, additional seemingly unrelated expenses may be listed.

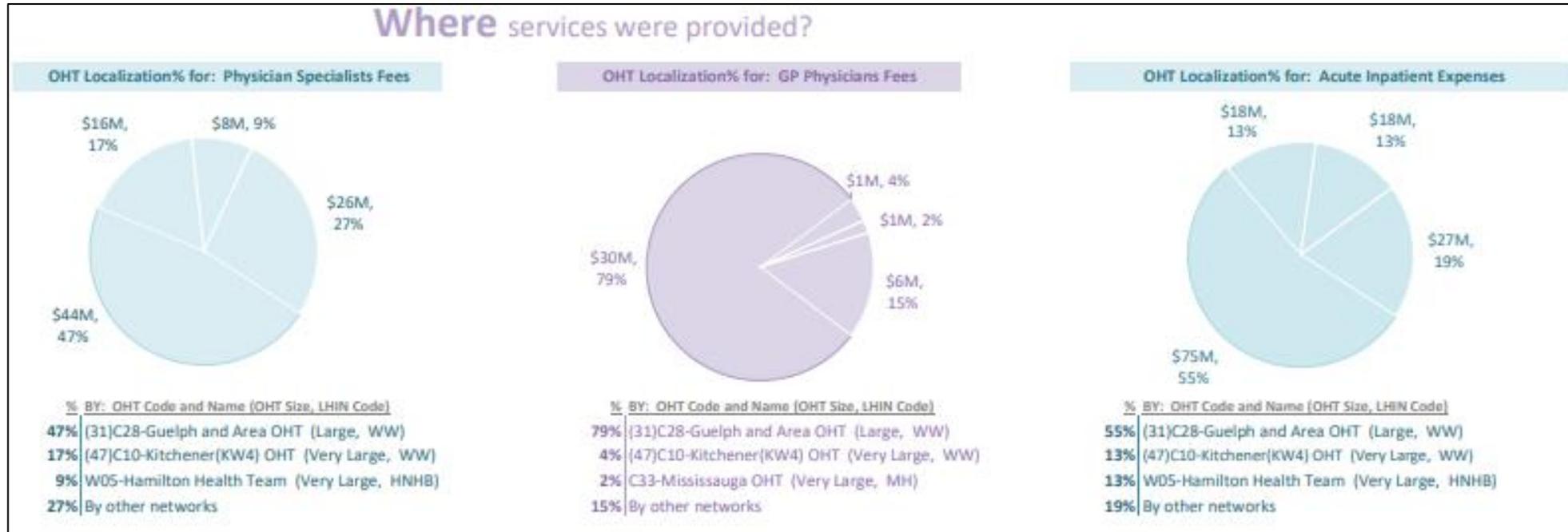
# 4. Expenses (PDF)

This two-page document provides information on expenses and service volumes stratified by hospital care types, as well as information on the cost of providing care to each HPG, in the form of bar graphs and pie charts.



## 4a. Where Services were Provided

A foundational element of the OHT model is that patients can continue to access care anywhere in the province, regardless of which OHT they've been attributed to. **It is entirely appropriate for a patient to travel outside your OHT to receive the care they need.**



The pie charts at the bottom of the first page illustrate **OHT localization data** for specialist visits, primary care visits, and hospital visits, i.e., the top three OHTs where patients attributed to your OHT received each type of care.

- For example, 47% of Guelph Wellington OHT's attributed patients received specialist care from providers assigned to their network, 17% received care from Kitchener, Waterloo, Wilmot, Woolwich, and Wellesley OHT, 9% from the Greater Hamilton Health Network, and 27% from other OHTs.

## 4. Questions & Answers

- An opportunity to ask the ministry team any questions about the data packages.
  - *Andrea Monahan, Team Lead, Integrated Policy and Planning Branch, Ministry of Health*
  - *Nicholas Overgaard, Senior Policy Consultant, Integrated Policy and Planning Branch, Ministry of Health*



**Please submit questions in the Chat Box**



**Please submit questions in the Chat Box**

## 5. Closing Remarks

- Summary of key take-aways and highlights of upcoming Central Program of Supports activities
  - *Jillian Paul, Director, Integrated Policy and Planning Branch, Ministry of Health*

# Key Take-Aways

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Data is an essential part of enabling and supporting the implementation of OHTs and measuring the success of the OHT model.

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The ministry is responding to OHT needs by filling data gaps and developing new resources for OHTs, including the *Ontario Health Teams: Data Supports Guidance Document*, that enhance teams' understanding of their patient population.

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Any questions and comments about the specific data provided to your OHT can be brought to your ministry point of contact, who will work with you to provide a response.



# OHT Central Program of Supports: Upcoming Activities

The OHT Central Program of Supports provides OHTs at all stages of implementation with resources, guidance and tools to successfully implement and advance the OHT model. Supports are delivered by partners with expertise in integrated care delivery and population health.

The ministry and supports partners are working together to ensure direct supports are offered in a flexible manner to meet the needs of OHTs and take into account capacity constraints during the COVID-19 pandemic.

### Targeted Supports Offerings

Delivered by the ministry and partners to build OHT capacity in population health management and across the 8 OHT building blocks.

- 1. Defined Patient Population Towards Population Health Management
- 2. In-Scope Services
- 3. Patient Partnership, Community Engagement & Equity
- 4. Patient Care and Experience and Service Delivery
- 5. Digital Health and Information Sharing
- 6. Leadership, Accountability and Governance
- 7. Funding and Incentive Structure
- 8. Performance Measurement, Quality Improvement, and Continuous Learning

### OHT Shared Space

Brings together OHTs and experts across the province to share resources and experiences.

Includes communities of practice (CoPs) on topics such as palliative care; mental health and addictions; older adults and chronic disease; digital health; evaluation and measurement improvement; patient engagement; and more.

All OHTs are encouraged to [join](#) and actively participate in the OHT Shared Space.

### OHT Supports Events Calendar

Provides one central location for information on events offered through the OHT Central Program of Supports.

All OHT members and partners are encouraged to [sign up](#) for regular updates.

## Upcoming Events

- **Using Segmentation to Support Quality Improvement:** January 25 (12-1:30pm) – Health System Performance Network (HSPN)
- **Introduction to the Engage with Impact Toolkit:** February 3 (12-1pm) – Public and Patient Engagement Collaborative (PPEC)
- **Supporting OHTs to meet their requirements under the French Language Services Act:** February 10 (12-1pm) – Rapid Improvement Support and Exchange (RISE)
  - **Review of OHT Data & Analytics Landscape:** Early February (date TBC) – Ontario Health and Deloitte

## Wrap up and Next Steps

# Survey

Please take a few moments to complete the survey that follows. Your feedback will help inform how best the ministry and partners can support you in your OHT work.

**Thank you for joining us today!**