



Ontario Health Teams (OHTs) are changing how healthcare is delivered in the province so that **patients receive better integrated care in their community**. The Ontario Government has tasked providers (e.g. primary care, hospitals, home care, mental health and others) to **voluntarily come together and self-organize to design and deliver a coordinated continuum of care to a defined population or group**.

## What is Expected of an OHT?

Patients receiving their care from one integrated system in a region

24/7 patient navigation support

High use of digital tools for population health

Governance is self-determined and will evolve

- × OHTs are **not** a new payment model for physicians; Physician Services Agreement remains intact
- × OHTs are **not** a replacement for existing Patient Enrollment Models

## What We Know

- At maturity, every Ontarian will have the opportunity to access care from an OHT. The Ministry of Health (MOH) will repeat its application process until full coverage.
- **158** groups applied to the 1<sup>st</sup> [Self-assessment Process](#).
- See the [MOH list](#) and the [OMA interactive map](#) of the:
  - **31** groups invited to submit a “**Full Application**”;
  - **41** groups designated as “**In Development**”.
- The [MOH website](#) has info and key dates, such as the:
  - **Fall 2019** MOH assessment of Full Applications;
  - **Dec. 4/19** deadline for 2<sup>nd</sup> round of OHT self-assessments.
- OHTs will be defined by **attributed population** rather than strict geographic boundaries. MOH will provide data to help groups prepare, with support from ICES.
- Many OHT applicants are hospital led; some are primary care and community led.

## What We Don't Know

- New performance management or QI requirements
- Effect of governance on FPs
- Level of autonomy of FPs
- Resource implications
- Change management support
- New physician accountabilities
- How FPs will be engaged
- Implications on patients not currently in OHTs

## Are OHTs Mandatory for Family Physicians (FPs)?

Currently, **OHT participation is voluntary**. Your decision to participate depends on:

- Interest**;
- Existing connections or partnerships**;
- Readiness to engage**.

### Options for Family Doctors:

1. Help lead an OHT
2. Participate in an OHT
3. Watch and wait for the time being

# Questions to Ask Yourself and Others Participating in OHTs:



1. Do I have pre-existing relationships with partners at the OHT table?
2. Am I on the same page as the other partners about the goals of care delivery?
3. Related to above, do we share a common vision?
4. Are roles and responsibilities of all partners clear? What will each contribute? What will be asked of me if I participate?
5. How is the OHT run? Are family physicians at the decision-making table?
6. How will family doctors get together as the OHT develops? How often will we meet and when?
7. How will family physicians participate in ongoing implementation?
8. If I choose not to voluntarily participate right now, does that mean my patients may not be able to access OHT resources?
9. What is being measured for family doctors? What is being measured for others?
10. Will there be resources to help with changes that may be needed in my practice?
11. If I'm in a leadership role, will my time be supported?

## Potential Benefits:

If OHTs operate as intended – **at maturity** – you should see:

- Supports for you and your patients;
- Local solutions for health system navigation;
- More timely access to specialists and community resources;
- Decreased admin. burden and paperwork, freeing up your time;
- Improved use of technology (i.e., virtual care, EMR integration).

## Potential Risks:

- How gain and risk sharing will be applied across organizations remains unclear;
- Expectations of FPs as OHTs roll out are unclear;
- Levels of interest and readiness to participate in OHTs vary among FPs;
- FPs will be asked to give more of their time, increasing risk of burnout;
- With varying levels of FP involvement, some communities will be farther ahead than others;
- Without FP voices at the table, system changes will proceed without FP perspective & expertise.

## How do I learn more?

Speak to other family physician (FP) leaders in your community about some of the activity already underway or email us at [ocfp@ocfp.on.ca](mailto:ocfp@ocfp.on.ca). You can also email our colleagues, and access the [Ministry of Health's \(MOH\) website](#) and other OHT information and supports:

- **Ontario Medical Association (OMA)** at [OMA\\_OHT@oma.org](mailto:OMA_OHT@oma.org);
- **Section on General and Family Practice, OMA**, at [OHT@sqfp.ca](mailto:OHT@sqfp.ca);
- **Association of Family Health Teams of Ontario** at [info@afhto.ca](mailto:info@afhto.ca) (if part of a FHT or want to connect a FHT);
- **Rapid-Improvement Support and Exchange (RISE)**, part of the MOH's central program of supports for OHTs. You can also contact [rise@mcmaster.ca](mailto:rise@mcmaster.ca).

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