

### Overview

For Ontario Health Teams (OHTs) to learn and improve rapidly, team members will need to have new ways of working together as system partners. They will need to do so both in the design of each of the eight OHT building blocks and in harnessing these building blocks to achieve specific targets related to the care experiences and health outcomes for a defined patient population. In other words, they will need to start to design and put in place building block #6 (leadership, accountability and governance), and make strategic choices in five domains related to this building block, while they are designing and putting in place the other seven building blocks. Two key features of building block #6 are the OHTs' initial leadership infrastructure and the work plans through which OHT leaders achieve their goals.

### Leadership infrastructure

In reviewing the experiences of five teams that prepared readiness assessments to become OHTs (including some that had embarked on care integration well before the call for OHTs), a common observation was that a leadership infrastructure is needed to support new ways of working together as system partners. This leadership infrastructure can include, for example:

- 1) an executive leadership group comprising CEOs and executive directors of partner organizations who can engage their respective boards of directors and commit their organizations accordingly (domain 46: collaborative governance);
- 2) an integrated operational management group comprising (at least in part) vice-presidents of operations and directors of programs who can develop and execute work plans; and
- 3) working groups focused on:
  - a) proactive primary-care provider engagement (which is domain 47),
  - b) proactive community engagement (as a component of domain 9: proactive patient and public engagement),
  - c) digital health (and specifically domain 40: data harmonization across organizations, sectors and systems, and domain 41: data modelling and analysis), and
  - d) communications.

These domains can be viewed in the context of related domains by expanding the relevant 'building block' menu in the ['All resources'](#) webpage.

Such a leadership infrastructure, in this or other configurations, can address three of the biggest challenges in preparing to become an OHT: 1) moving from single organization governance to collaborative governance; 2) engaging the full diversity of primary-care providers; and 3) engaging the full diversity of community members. Addressing each of these challenges is the focus of RISE briefs 3, 4 and 5, respectively, which can be viewed on the ['Key resources'](#) webpage.

### Box 1: Coverage of OHT building blocks & relevance to sections in the OHT full application form

This RISE brief primarily addresses **building block #6** and relates directly or indirectly to the other seven building blocks

- 1) defined patient population
- 2) in-scope services
- 3) patient partnership and community engagement
- 4) patient care and experience
- 5) digital health
- 6) leadership, accountability and governance**
- 7) funding and incentive structure
- 8) performance measurement, quality improvement, and continuous learning

It is relevant to **sections 4** (how will your team work together?) **and 6** (implementation planning and risk analysis) in the [OHT full application form](#).

## Work plans

The same review found that three types of work plans can assist leaders and their staff with harnessing the building blocks to achieve specific targets:

- 1) understanding who the OHT serves (building blocks #1 and #5) and what matters to these people (building blocks #2 and #3);
- 2) co-designing care that meets these needs (building blocks #3 and #4), which includes brokering discussions among partner organizations about meeting needs in a different way than they have in the past; and
- 3) supporting learning and improvement in delivering this care (building blocks #5, #7 and #8).

However, there is also value in having a different configuration of workplans:

- 1) one for each priority population, which will require harnessing each of the building blocks, to ensure year 1 targets are met;
- 2) one for each building block (or for each building block except for #6: leadership, accountability and governance) to ensure the OHT is well prepared for steadily expanding its priority populations and eventually meeting the needs of the entire population in its community; or
- 3) a combination of both (i.e., a matrix structure).

This was the approach RISE used in creating the template described below.

These work plans can address two other big challenges in preparing to become an OHT: 1) transitioning from a focus on patients to populations (i.e., from caring for the patients who have ‘walked through the door’ of any given health organization to accountability for improving health in an entire population and for proactively serving all of those who can benefit from care); and 2) harnessing a broad spectrum of data to understand who the OHT serves and how well it serves them, which includes transitioning from primarily analyzing hospital data to analyzing a broader spectrum of human-services data (including data from community-based organizations, primary-care practices, and housing and other social-service providers, as well as data about the social determinants of health). Addressing each of these challenges is the focus of RISE briefs 6 and 8, respectively. These RISE briefs can be viewed on the [‘Key resources’](#) webpage.

The work of the five teams and its documentation and review was supported by the Toronto Central Local Health Integration Network (LHIN). Many features of the work plans closely resemble features of the Accountable Care Atlas that was developed by members of the U.S.-based Accountable Care Learning Collaborative, although the latter is more explicitly focused on the competencies needed by accountable care organizations at maturity.

RISE has adapted the Excel version of the leadership infrastructure and work plan template developed by the Toronto Central LHIN and has made it [available here](#) for OHTs that would like to adapt and use it.

## References

Lockert S. Work plan. Toronto, Canada: Toronto Central LHIN; 2019.

Lavis JN. RISE brief 2: Leadership infrastructure and work plans. Hamilton, Canada: McMaster Health Forum: 2019

RISE prepares both its own resources (like this RISE brief) that can support rapid learning and improvement, as well as provides a structured ‘way in’ to resources prepared by other partners and by the ministry. RISE is supported by a grant from the Ontario Ministry of Health to the McMaster Health Forum. The opinions, results, and conclusions are those of RISE and are independent of the ministry. No endorsement by the ministry is intended or should be inferred.

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