

RISE brief 23: Resources to support OHTs in fulfilling their Transfer Payment Agreement (Last updated 14 December 2020)

Overview

In July 2020, the Ministry of Health announced a plan to invest in one-time funding to support the implementation plans of approved Ontario Health Teams (OHTs).

In particular, funding is being provided to:

- continue to respond to COVID-19 through OHT programs linking home and community care, primary care, hospitals, long-term care homes and other congregate-care settings, and other health and non-health services;
- maintain health-system capacity during the remainder of the pandemic and throughout health-system re-opening;
- maintain and expand effective, representative engagement, participation, and leadership in OHT implementation activities by a range of physicians and other clinicians working in primary care and other practice areas and settings; and
- maintain and expand effective, representative engagement and participation of patients, families and caregivers in OHT implementation activities.

Box 1: Coverage of OHT building blocks

This RISE brief addresses **all eight** 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

Receiving this funding requires approved OHTs to establish: 1) a collaborative decision-making arrangement (CDMA) based on the Ministry of Health's [CDMA guidance](#); and 2) the identification of an OHT member who will receive the implementation funding on behalf of the OHT. OHTs will be expected to meet performance expectations that have been outlined by the Ministry of Health – these include both milestones that OHTs must work towards as well as specific outputs and reporting requirements. These requirements will be confirmed through a Transfer of Payment Agreement (TPA) specific to each OHT, which the funding recipient acting on behalf of the OHT will need to sign in order to receive the funds.

To support OHTs in achieving the milestones, outputs, and reporting requirements laid out in their TPAs, we have organized them into building blocks in the table below and mapped them to resources that OHTs may find helpful when undertaking their work. We will continue to update this RISE brief as additional resources from RISE or other health-system partners are made available to support OHTs to complete their TPA requirements. In addition to the resources included below, OHTs are encouraged to use the [online collaboratives](#) to ask questions and participate in discussions related to the milestones, outputs and reporting requirements.

Table 1: TPA performance expectations and resources that can help OHTs to achieve them

Building blocks	Milestones for which OHTs should work towards for 31 March 2022	Deliverables and reporting associated with TPA	Resources
Building block #1: Defined patient population (who is covered, and what does 'covered' mean?)	<ul style="list-style-type: none"> None identified 		
Building block #2: In-scope services (what is covered?)	<ul style="list-style-type: none"> Most primary-care providers serving the OHT's priority populations are OHT partners 	<ul style="list-style-type: none"> Communication protocols to connect primary-care providers with other OHT partners OHT plan on expanding the range and volume of services provided by OHT partners in 2022-23 	RISE brief 4 on primary-care leadership and engagement Ontario College of Family Physicians tips for involving family physicians in OHTs Health Commons Solutions Lab personas: Primary-care physicians
Building block #3: Patient partnership and community engagement (how are patients engaged?)	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> Patient partnership strategy or framework Patient declaration of values, aligned to the Patient Declaration of Values for Ontario 	Ontario Health (Quality) patient-engagement framework The Change Foundation engagement and co-design inventory of resources Ontario Patient declaration of values for Ontario
Building block #4: Patient care and experience (how are patient experiences and outcomes measured and supported?)	<ul style="list-style-type: none"> Care has been re-designed for patients in the OHT's priority populations Every patient in the OHT's priority populations experiences coordinated transitions between providers (i.e., there are no 'cold hand-offs') Every patient in the OHT's priority populations has access to 24/7 coordination and system navigation services The majority of patients in the OHT's priority populations who receive a self-management plan understand the plan, and the majority who receive access to health- 	<ul style="list-style-type: none"> None identified 	RISE brief 6 on population-health management Health System Performance Network webinar on logic models that can be used in re-designing care pathways Health Commons Solutions Lab care pathways for youth that can be used in population-health management (<i>available by request</i>) Ontario Health standards playbook on transitions between hospital and home

Building blocks	Milestones for which OHTs should work towards for 31 March 2022	Deliverables and reporting associated with TPA	Resources
	literacy supports use those supports		
Building block #5: Digital health (how are data and digital solutions harnessed?)	<ul style="list-style-type: none"> • More patients in the OHT's priority populations are accessing care virtually and accessing their digital health records • Information about OHT member service offerings is readily available and accessible to the public (e.g., through a website) 	<ul style="list-style-type: none"> • Information-management elements of the harmonized information-management plan* 	
Building block #6: Leadership, accountability and governance (how are governance and delivery arrangements aligned, and how are providers engaged?)		<ul style="list-style-type: none"> • Information-governance elements of the harmonized information-management plan* 	
Building block #7: Funding and incentive structure (how are financial arrangements aligned?)		<ul style="list-style-type: none"> • Spending plan that includes descriptions of planned and in-progress projects and initiatives* 	
Building block #8: Performance measurement, quality improvement, and continuous learning (how is rapid learning and improvement supported?)	<ul style="list-style-type: none"> • Progress has been made to reduce inappropriate variation in care and implement clinical standards or best available evidence • The OHT's performance has improved on measures of access, transition, coordination of care, and integration 	<ul style="list-style-type: none"> • Quarterly reporting on three performance indicators unique to each OHT* <ul style="list-style-type: none"> ○ Methodology in the first quarterly report for each indicator and identify relevant benchmarks and targets • Collaborative quality-improvement plan that includes indicators and targets specific to the OHT's priority populations and broader system-integration indicators to be later defined by the Ministry of Health 	RISE brief 12 on rapid learning and improvement Ministry of Health's A healthy Ontario: Building a sustainable health care system (Chapter 4: Reporting progress throughout the system) Ontario Health (Quality) indicator library

*Templates will be provided by the Ministry of Health to ensure appropriate oversight and support simply, low-burden, standardized reporting of key OHT performance information

Waddell K, Bullock H, Lavis JN. RISE brief 23: Resources to support OHTs in fulfilling their transfer Payment Agreement. Hamilton: McMaster Health Forum; 2020.

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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