![RISE - Rapid-Improvement Support and Exchange]

Health-system partner(s)

RISE brief 33: Approaches to address and remove policy and program roadblocks to support Northern Ontario Health Teams

(Last updated 24 April 2023)

Background on Northern Ontario Health Teams and previous jamborees

There are seven Ontario Health Teams (OHTs) in the North that have have been approved:

- three teams were approved as part of the first cohort of OHTs in December 2019 or July 2020
- one team was approved as part of the second cohort of OHTs in November 2020
- three teams were approved as part of the fourth cohort of OHTs in October 2022.

An additional four teams in the North east have come together to submit a full application to become OHTs.

These Northern teams have experienced different policy and program 'roadblocks' throughout the development of the teams. We have heard from OHTs that there are roadblocks in the North at three levels:

- the first are the big, intractable-seeming problems that have challenged the governance, financial and delivery arrangements of health services in the North for many years - these are depicted as 'boulders' below
- the second are the smaller but still complex challenges that emerge as a result of piecemeal efforts to 'move' the 'boulders' – we refer to these as 'stones'
- the third are often unintended challenges that have emerged from the interaction of policy and program transformation slower and more difficult to travel, but they can be navigated.

These roadblocks, and their occurance at each of the three levels, have been highlighted at two previous jamborees that RISE has hosted related to Northern OHTs. The first, hosted in October 2021, examined ways that OHTs can meet the needs of rurally based patients community partners in mixed-urban rural and predominantly rural environments. The second, hosted in January 2023, focused on how to enhance the implementation supports available to support Northern OHTs in implementing a population-health management approach. In April 2023, RISE convened a dedicated jamboree to discuss these roadblocks and how they could be removed going forward. This RISE brief was then refined based on insights shared at the jamboree. The roadblocks that were highlighted across the three jamborees and that were the focus of the April 2023 jamboree are captured in Exhibit 1 on the next page.

> **Box 1: OHT building blocks**
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> This RISE brief primarily addresses **building block #4 and** draws on **all of the other 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**

Policy and program roadblocks experienced by Northern OHTs

Exhibit 1: Examples of policy and program roadblocks experienced by Northern OHTs

- Limited clarity in the long-term **vision** for system transformation 'in the North'
- Existing approaches to **funding** create particularly misaligned incentives in the North
- System **policies** are rarely designed for implementation 'as is' in the North
- Lack of recognition of how much time can be spent by the few available staff on 'putting out the **fire of the day**'
- Lack of recognition of the need for continued work towards **Indigenous reconciliation**, including meaningfully engaging Indigenous organizations and communities and addressing anti-Indigenous racism

- Limited flexibility to **try new approaches**, fail, and course correct
- Little movement has been made on empowering OHTs with **funding decisions**
- Dedicated resources have not been made available to support **partnerships** between Northern OHTs and Indigenous communities
- Limited discussion about intersections between **regional services** and OHTs
- Limited **data availability** for Indigenous peoples and for Northern equity-deserving populations, including francophones

- Standardized **governance** arrangements for OHTs do not align with existing partnership models and/or Indigenous models of governance (or provide alternatives if an Indigenous organization does not wish to be part of an OHT)
- One-off **funding** and limited engagement of OHTs in decisions about how funds are distributed creates challenges in planning for long-term transformations
- **Translation** services are not funded for OHTs
- Uncertainty about where to go when **told 'no'** to piloting changes

Approaches to address and remove existing policy and program roadblocks experienced by Northern OHTs

As previously mentioned, approaches to address or remove the policy and program roadblocks above will require in-depth conversations that continue beyond the jamboree. Exhibit 2 provides examples of policy and program roadblocks that have been previously identified by OHTs and how they have been (or are in the process of being) addressed.

Exhibit 2. Policy and program roadblocks that have been previously identified and how they have been addressed

Policy or program roadblock	How it was addressed (or will be addressed) and removed
Legal and technological challenges to sharing information between OHT partners	• Amendments to the Personal Health Information Protection Act to improve the ability of health information custodians to link patient records • Establishment of an interoperability regulation under the Personal Health Information Protection Act
Uncertainty with how to proceed with fit-for-purpose governance arrangements that would satisfy legal requirements	• Procurement of legal templates to complement Ministry guidance on governance arrangements, which include a collaborative agreement, decision-making framework agreement, fund holder and indemnity agreement, and a project agreement
Challenges meeting initial requirements for acceptance as an OHT (and asks for in-development teams to merge with approved OHTs)	• Procurement of support services by way of interteam facilitators to help teams prepare to strengthen and resubmit OHT applications • Procurement of inter-team coaching to support teams that were asked to merge to advance at the same pace as other OHTs
Difficulty meeting the timing of TPA reporting requirements (particularly during 2020 and 2021)	• Extension provided to OHTs for meeting and reporting on TPA requirements in 2020 and 2021 to allow for teams to focus on addressing the COVID-19 pandemic
Uncertainty navigating the digital health landscape	• Establishment of the digital playbook and digital health policies to support OHTs to make appropriate digital health decisions • Issuing specific changes (or tests of change) to allow for flexibility and innovation to address policy and procurement barriers
New approaches to implementation supports in the North	• Hands-on approach used to help understand data availability and gaps • Shared Impact Fellows across the Northwest through a partnership with the Northern Ontario School of Medicine (NOSM) • Partnership between RISE and NOSM to support population-health management implementation in the North • Hospital transformation fund in the North that has been used to support digital transformation and develop new clinical pathways

We highlight these for two reasons, the first is to acknowledge the significant work that has been put into removing roadblocks that have been brought to the attention of decision-makers. The second is to inspire solutions by considering how roadblocks have been removed in the past. In Exhibit 3, we provide examples of some of the solutions that have been put forward to remove roadblocks for OHTs in the North.

Exhibit 3: Examples of potential solutions to address and remove roadblocks in the North

🏛	Develop 'safe harbour' legislation and/or a waiver process to facilitate exceptions to regulations that block innovations needed in the North, and have a simple mechanism to approve innovations
📄	Be 'tight' on the what and the why (metrics) but 'loose' on the how
💵	Distinguish core from innovation funding, with the latter having much more flexibility
⚙	Develop and procure guidance, tools and supports made by and for Northern OHTs and Northern partners and by and for Indigenous organizations (and supplement the 'boots on the ground' supports available in the North, with an initial focus on data analytics)
👥	Consult Northern OHTs prior to issuing new requirements (so they can flag potential roadblocks), respond quickly when roadblocks are identified, and improve communication about why 'no' is the response

Avenues to ensure accountability for the removal of roadblocks and to raise awareness about future roadblocks

In addition to engaging in discussions related to policy and program roadblocks, participants in past jamborees have highlighted the importance of ensuring accountability for the removal of roadblocks once the discussion comes to an end. A range of different mechanisms could be used to ensure accountability for agreed upon changes, which include:

- formal mechanisms, including
  - legal instruments (e.g., acts and regulations)
  - economic instruments (e.g., contracts)
  - voluntary instruments (e.g., standards and guidelines, formalized partnerships or discussion tables)
  - information and education instruments (e.g., public reporting or external audit)
- informal mechanisms, such as ongoing dialogue, negotiations, or expectations.

Jamboree participants suggested a number of voluntary instruments that could be considered to support accountability for removing roadblocks, which are summarized in Exhibit 4.

🔍	Support greater transparency in accountability lines within the Ministry of Health and Ontario Health (e.g., knowing who to go to try something new)
📄	Make use of the OHT Engagement Guidance Document to help structure requests for the removal of a roadblock or to raise awareness about a roadblock as it is developing
💬	Improve communication about why a 'no' has been provided to an OHTs suggested approach
👥	Consult northern OHTs prior to issuing new requirements, so they can flag potential roadblocks
⚖️	Prioritize sustainable and equitable resource distribution and supports to enable Indigenous-led health delivery organizations to participate in broader health-system transformation efforts

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