Ministry of Health

OHT Provincial Learning and Improvement Forum

Establishing Shared Decision-Making Arrangements: Lessons from the field

Presentations by:

- Anne Corbett, BLG
- Anne Babcock and Sarah Downey, East Toronto Health Partners (ETHP)
- Lori Marshall, Chatham-Kent OHT (CKOHT)
- Phil Graham, Executive Lead, OHT Division, MOH

February 19-20, 2020

Ontario

OHT Provincial Learning and Improvement Forum

February 19, 2020

Presented By

Anne Corbett, Partner
416.367.6013
acorbett@blg.com

Borden Ladner Gervais

Year One Governance Considerations

- OHTs are voluntary
- The OHT has no inherent power except as given by the Team Members: this impacts decision-making principles and processes
- Focus is on operational integration for year one population but need to plan for year two and beyond and to consider future governance/decision making framework
- Need to balance inclusion with effective decision making
- Different providers will have differing levels of delegated decision making
- Some providers will have various funding sources and other accountabilities to manage
- Not all Team Members will have the same resources or capacity to participate
- Role clarity, accountability, inclusion and engagement are fundamental elements of the year one design
- Common questions:
  - How to engage primary care, specialist care, patient/client/family/caregiver participation
  - Role of the boards in early years

At Maturity Considerations

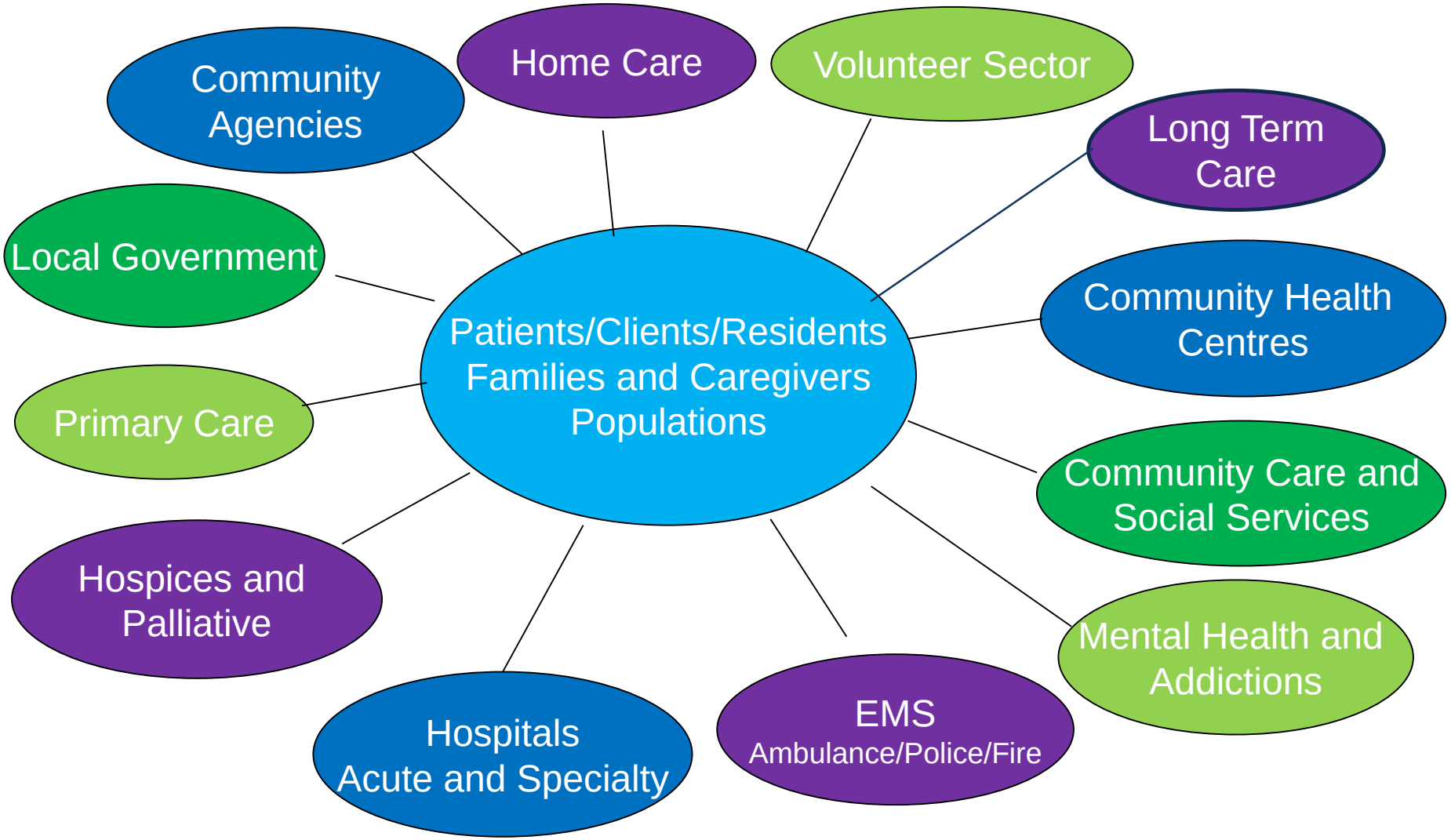
- Objectives of the end state model of decision making:
  - Stability within the Team
  - Credibility with key stakeholders
    - *Team Members*
    - *Community*
    - *Funder*
    - *Others*
  - Ability to:
    - *Create common strategic and operational plan for population*
    - *Fund against the plan*
    - *Set system wide quality and performance indicators for the OHT*
    - *Hold Team Members accountable for funding, quality and performance framework*
    - *Co-ordinate and integrate care to achieve the full continuum of services delivered in a co-ordinated and integrated manner*
    - *Be accountable to Ontario Health for a fiscal and clinical framework for integrated care*

The Ontario Health Team At Maturity

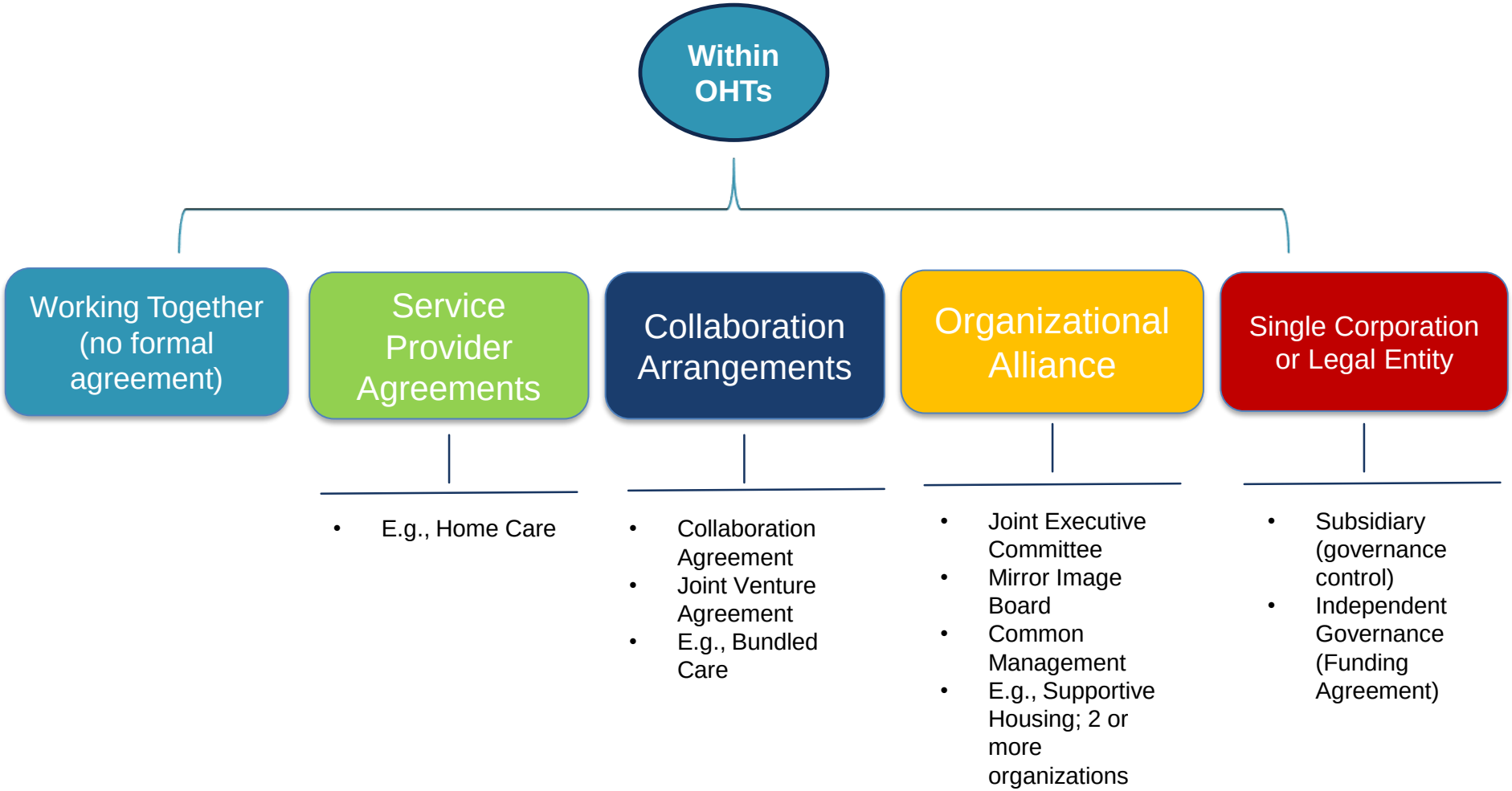
At Maturity

- What is the governance model to interlock the puzzle pieces?

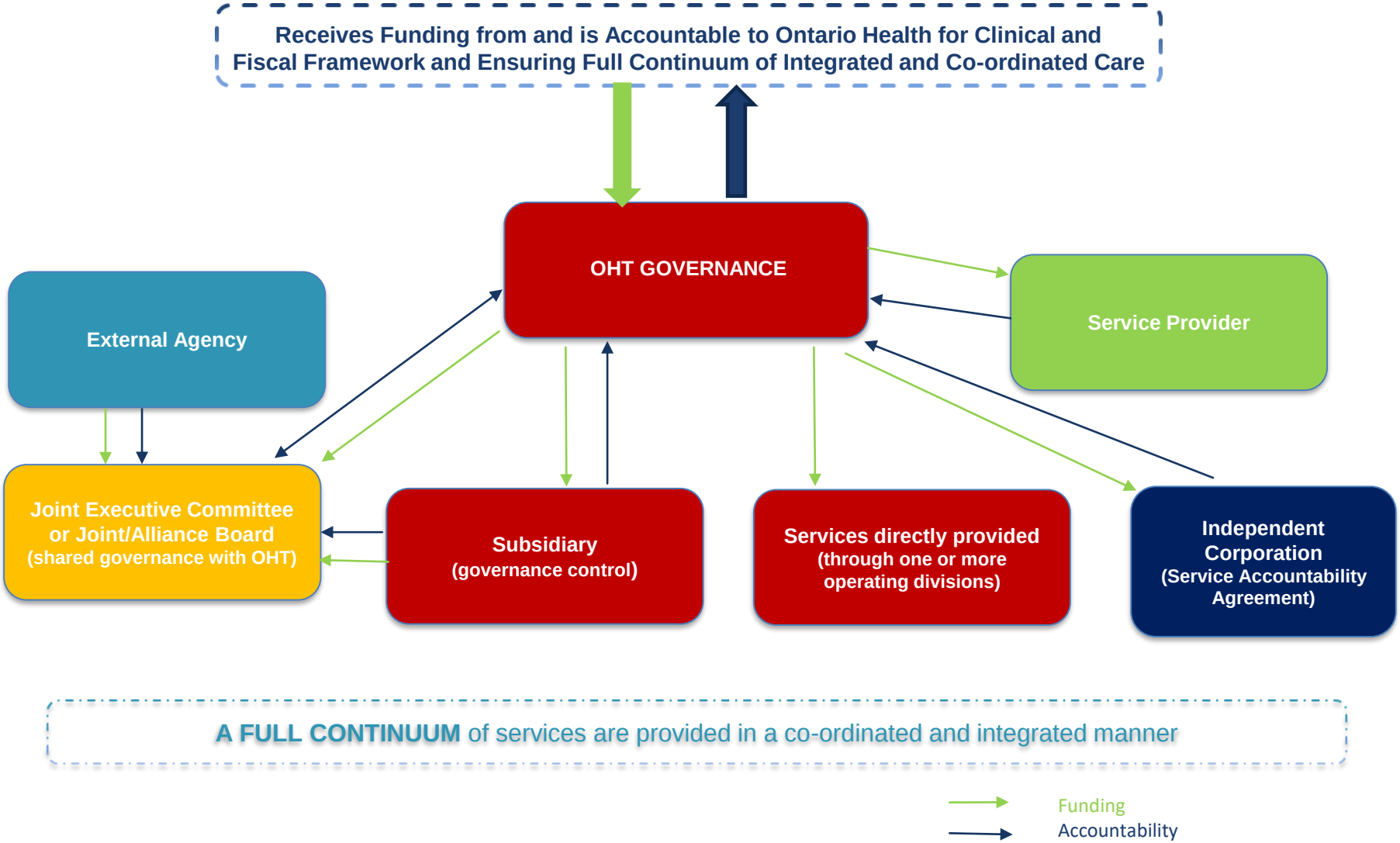
Provider-Patient/Client Relationships Today



Structures to Integrate Care in use today can be OHT Building Blocks



OHT Framework At Maturity: Sample Structure



Factors that Impact on Year One Frameworks

- Number of Team Members
- Whether there are categories of participation for Team Members
- Local organization of primary care
- Year one target population focus
- History of working together

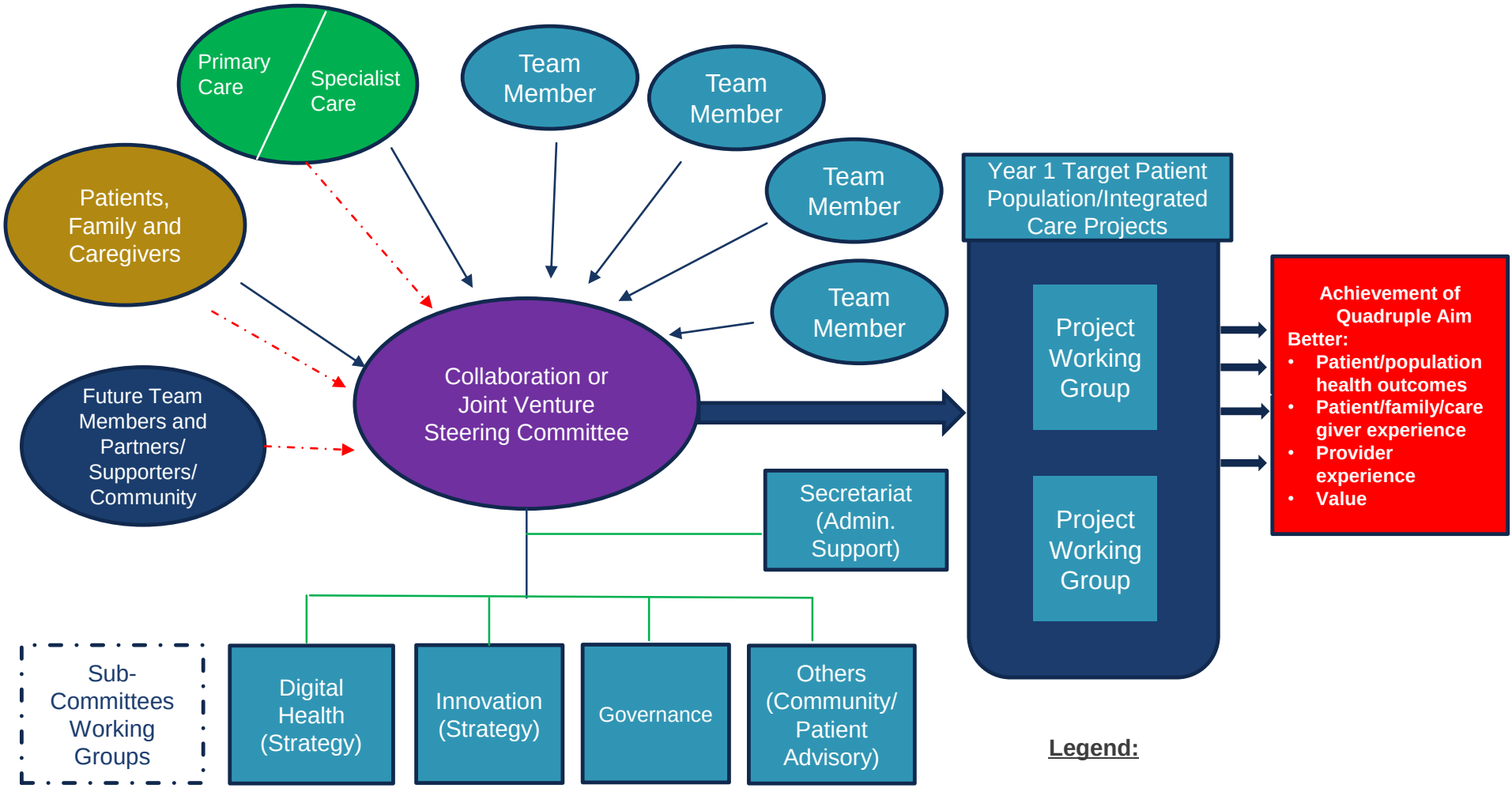
Decision-Making Framework Options in the Early Years

- Single tier model: Steering Committees, Collaboration Councils, Leadership Councils
- Two tiered models of decision making groups
  - Strategic/oversight
  - Executive Leadership/Implementation/year one strategies
- Some with a governance advisory committee or chairs/vice chairs council
- Some sector/network based models for representation at the decision-making table
- All contemplate sub committees, working groups or work streams

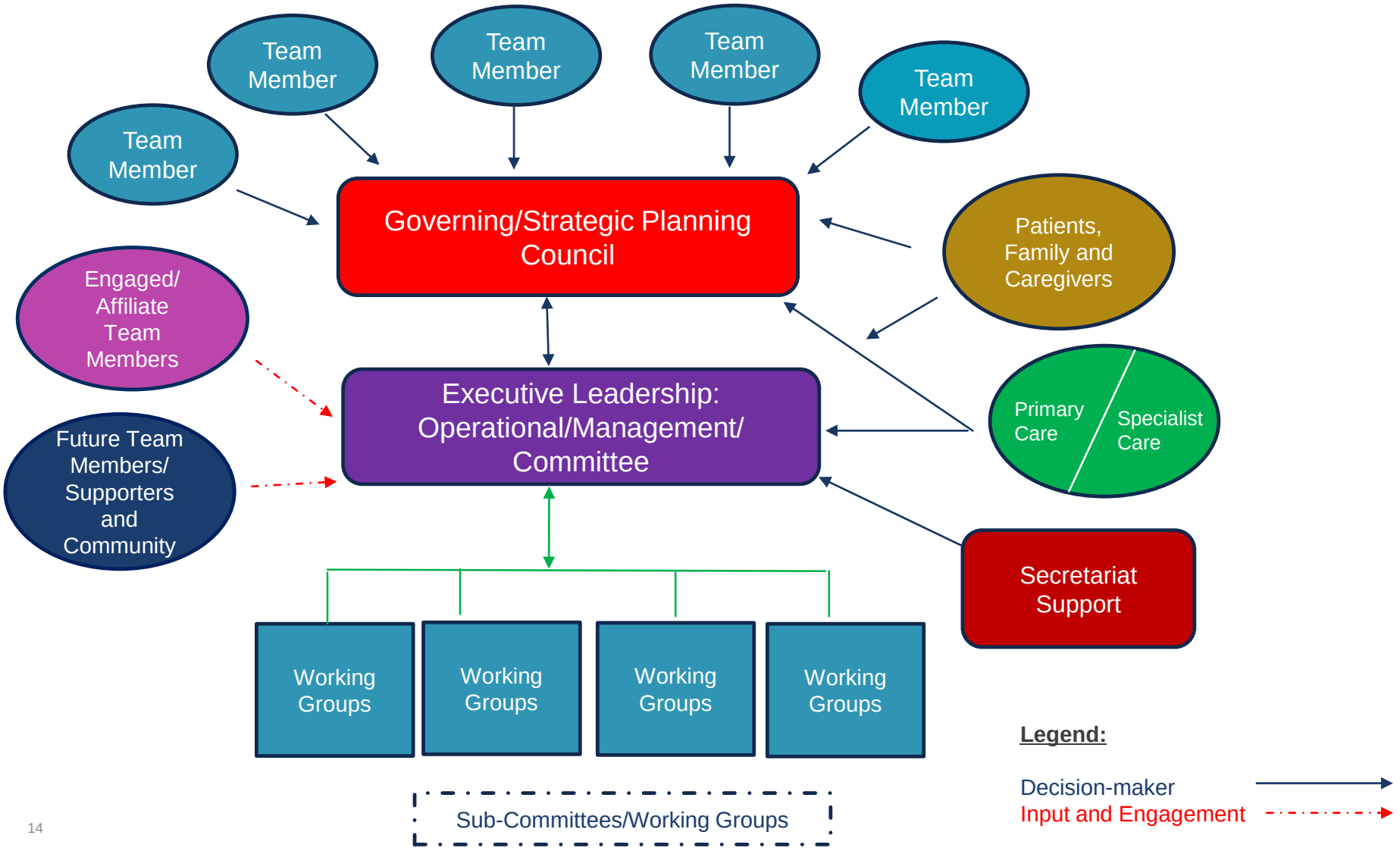
Decision-Making Framework: Common Considerations

- Level of participation: depending on Team size, the number of sector/network representatives needs to be determined
- Where the representation is by sector/network, a process is needed for selection of sector/network representatives
- Decision-makers: typically management led in year one
- Identify the Patient/Client/Family/Caregiver voice/representative: how will it be organized; where will they have input: some are establishing Patient and Family Advisory Councils (PFAC)
- Identify (or help organize primary care to bring forward) a leadership voice(s)/representative(s) for primary care: some are establishing Primary Care Councils (unincorporated association)
    - *Decide how specialist physicians will be involved*
    - *What does primary care include (nurse practitioners, midwives, etc.)?*
    - *Process for engagement and ensuring representation*
- Mechanism for broader engagement: future team members, community

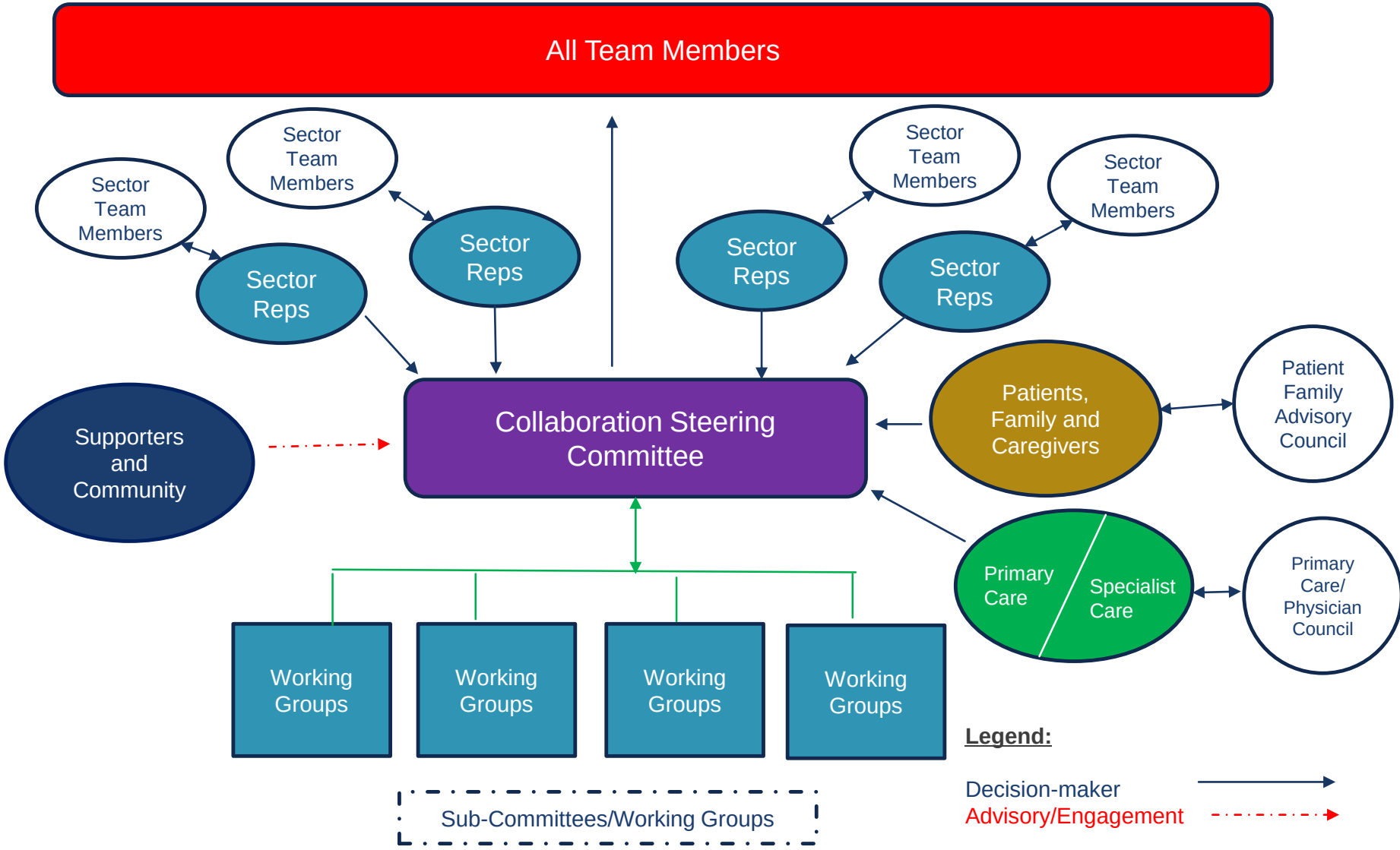
OHT Sample Year One Governance Model



OHT Year One Governance/Decision-Making Framework: Two-Tiered Governance and Leadership Model with Two Levels of Membership



OHT Year One Governance/Decision-Making Framework: Sector Representation



Resource and Implementation Considerations

- **Support for the decision-making group**:
  - Secretariat
  - In kind resources (physical, human and financial)
  - Cost sharing
- **Financial Management:** "Agent" on behalf of the Team
- **Develop Statement of Work or Project Charters or Project Agreements for each patient/client care project:**
  - **Participants** (will typically be a subset of the Team but may include others)
  - **Business plan and due diligence**
  - **Decision-making framework** (e.g. Project Implementation Committee)
  - **Financial arrangements**
  - **Reporting**
  - **Performance Measurement**
  - **Knowledge Sharing**
  - **Documentation – level of formality**

Documenting the Model

- What constitutes an Agreement among the Team Members?
- What level of documentation is required among sector or network members?
- There is a continuum of formality from formal Agreement (easier to achieve with smaller initial Team Membership) to Governance Framework adopted by Team Members
- Team Members may be signatories to an Agreement or may sign a declaration undertaking/acknowledging the Governance Framework and agreeing to specific commitments such as:
  - Accepting guiding principles
  - Supporting goals of the OHT
  - Accepting the governance framework
  - Agreeing to participate in decision making groups (including sector or network) or working groups as appropriate
  - Contributing resources

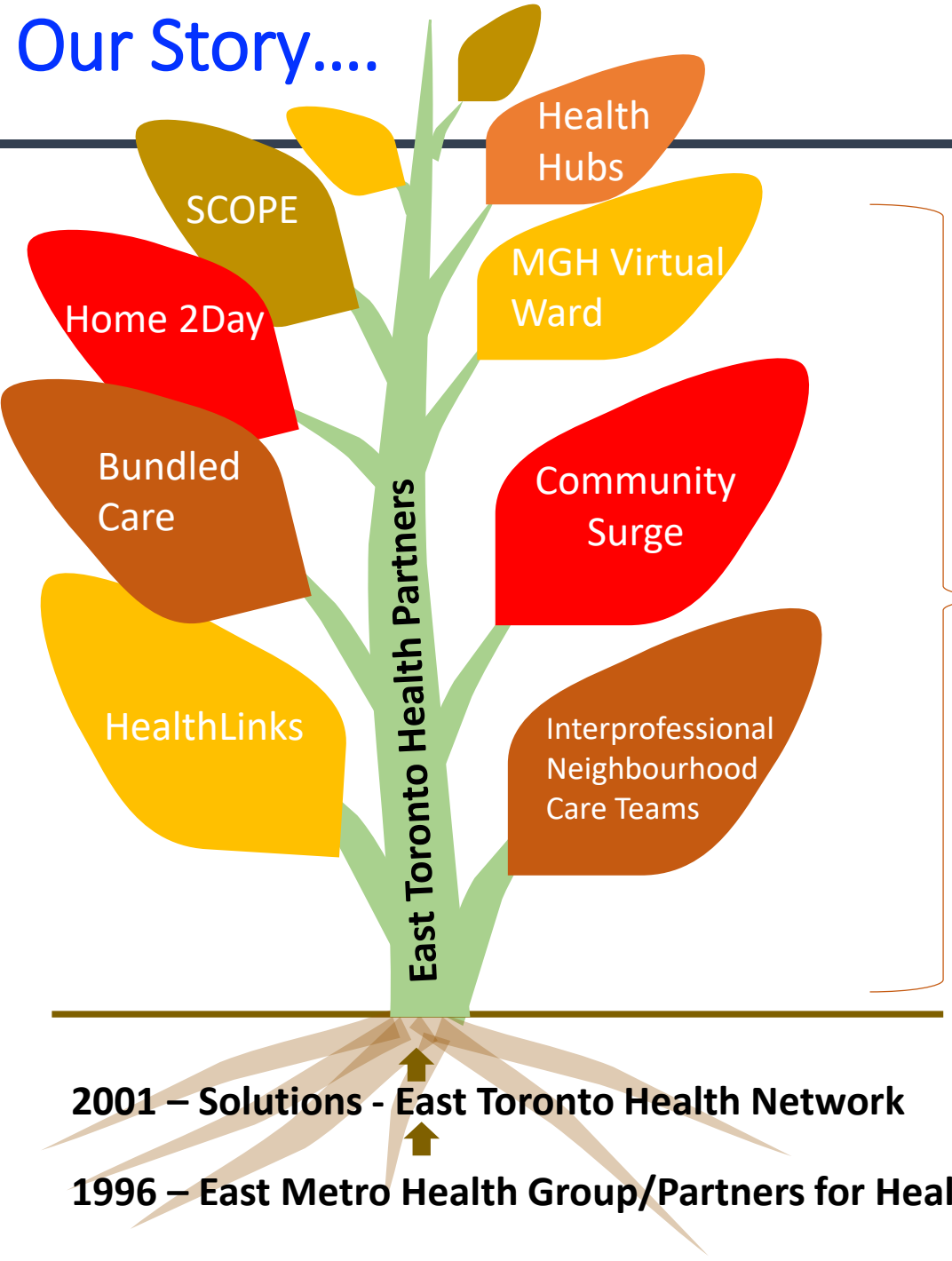
Questions?

Leadership and Governance: East Toronto Health Partners

February 19, 2020

Our Story....

East Toronto Health Partners



Examples of what we've achieved together…

Home 2Day reduces LOS with same clinical outcomes and saves approx. $1,500 per patient

$1.5 M invested in community surge in 2018 and $1.8M in 2019

70% of local family physicians supporting our Family Practice Network; 100+ physicians signed to SCOPE

Shared staffing resources across the partners

Shared Learning Management Partnership recognized as an Accreditation Canada leading practice

Community Referrals to EMS started in East Toronto and spread across Ontario

Overall vision for our Ontario Health Team

East Toronto Health Partners

An East Toronto Ontario Health Team advances a shared vision for a 'System without Discharges', connected care built on early integrations

- **East Toronto Health Vision:** *A Seamless Continuum of Care that is Population Health-focused, with Programs Tailored to Local Communities*

Chronic Disease Management and Home 2 Day

Integrated Mental Health and Addictions

Coordinated Home Care

Neighbourhood Care Teams

Community Support Services

Integrated Surge Response

Streamlined Access and Navigation, Enabled by Digital and Virtual Care

Coordinated Governance, Resource and Performance Management

"The East Toronto Health Partners share a deep commitment to serve our communities better"

Our Principles for Redesigning Care and Changing Practice

East Toronto Health Partners

1. Everyone will know how to **access and navigate** health care in East Toronto

2. Every person will have **timely access** to culturally competent primary/interprofessional care when needed

3. Communities will have access **to interprofessional care teams** with **dedicated coordination**

4. Every health care provider will be **connected as part of one system of care**

5. Our leadership/governance model will reflect **shared accountability and collaboration** across partners

6. **Performance measures will reflect the quadruple aim** - and be transparent to the public

7. Providers will be **jointly committed to continuous improvement** and engaging partners to improve care across **the social determinants of health**

8. **Investment will be targeted to meeting local need**; with lower costs and high quality

Successes we foresee in the next year

East Toronto Health Partners

Seniors with Chronic Diseases and their Caregivers

Youth Mental Health and Wellness

Substance Use and Health

Create a one team approach with patients, caregivers and providers

- Establish patient navigators within existing staffing resources to support hospital to home transitions; integrate transition teams in our 2 hospitals
- Test and evaluate initiatives to modernize home care

Coordinated Care tailored to Local Neighbourhoods

- Better integrate CSS and community mental health services
- Expand Home 2Day to other chronic populations
- Expand our integrated interprofessional Neighbourhood Care Team model, to other sites, family physician practices and community partners

Evolution of our new family practice network

- Enable our EasT-FPN to deliver on its potential with funding for operations and compensation for physician involvement
- Engage physicians as partners in the design and implementation of integrated care

Streamline Access and Navigation, enabled by Digital and Virtual Care

- Advance our digital health priorities including virtual care for chronic disease management and scaling secure messaging
- Help local youth to identify a digital solution to improve access to mental health services and wellness supports

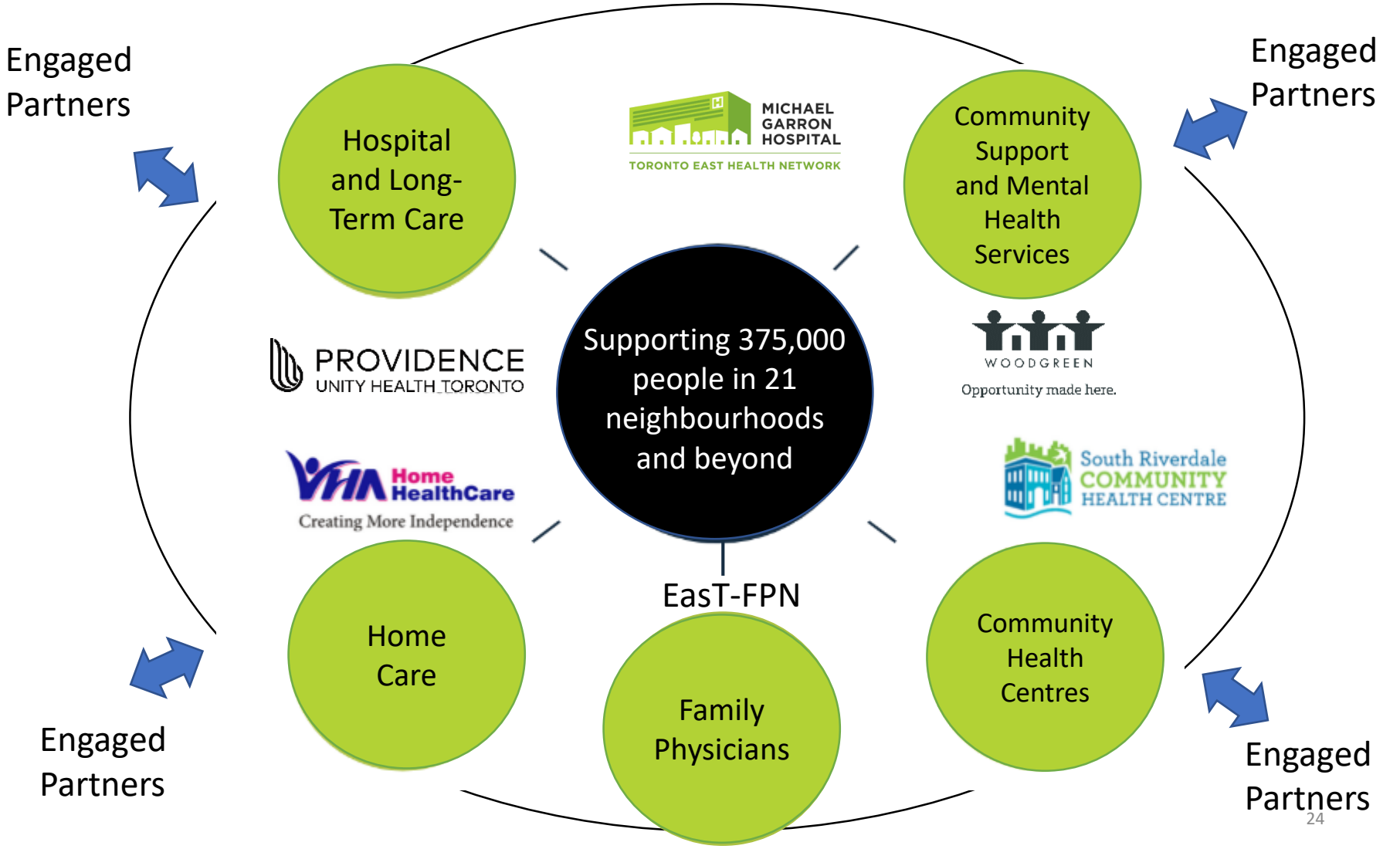
Advance population health and health equity

- Expand our community engagement work in co-creating our future
- Co-locate services in a substance use hub in Oakridge and establish 8 women's withdrawal management beds
- Test an integrated model of care in Toronto Community Housing seniors' buildings

Who We Are

East Toronto Health Partners

An Anchor Partnership model with an evolving network of health, community care and social service providers with a long history of delivering East Toronto solutions together.

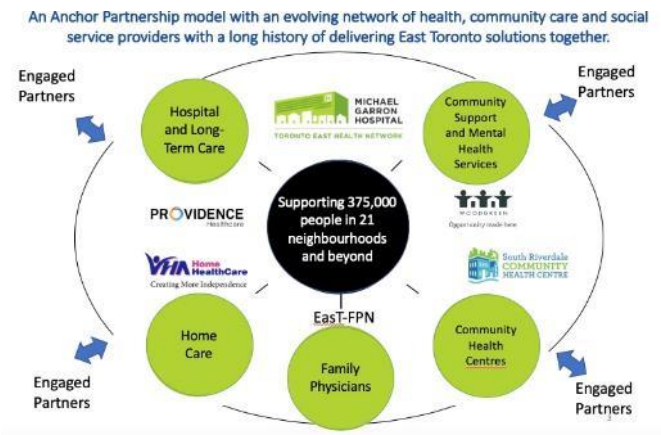


- ✓ To be the go-to voice for family practice physicians in East Toronto
- ✓ The first emerging formally organized network that captures the interests of previously unaffiliated family physicians
- ✓ 70% of family physicians (200,000 patients) in East Toronto signed a letter of support for EasT-FPN; goal is to represent all 270 local family physicians
- ✓ An equal partner in the Governance of the ETHP

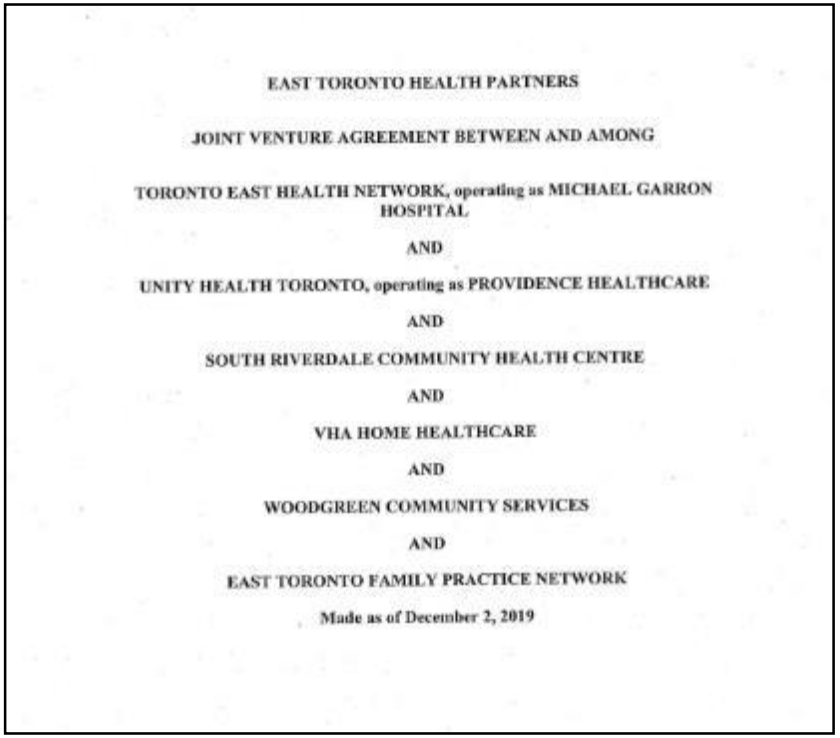
The ETHP established a Patient and Caregiver Engagement Planning Team to advise on different approaches for ongoing engagement

Patient and Caregiver Advisors are embedded at every level of our OHT work

Governance and our Joint Venture Agreement



- ✓ To be the go-to voice for family practice physicians in East Toronto
- ✓ The first emerging formally organized network that captures the interests of previously unaffiliated family physicians
- ✓ 70% of family physicians (200,000 patients) in East Toronto signed a letter of support for EasT-FPN; goal is to represent all 260 local family physicians
- ✓ An equal partner in the Governance of the ETHP



EAST TORONTO HEALTH PARTNERS

JOINT VENTURE AGREEMENT BETWEEN AND AMONG

TORONTO EAST HEALTH NETWORK, operating as MICHAEL GARRON HOSPITAL

AND

UNITY HEALTH TORONTO, operating as PROVIDENCE HEALTHCARE

AND

SOUTH RIVERDALE COMMUNITY HEALTH CENTRE

AND

VHA HOME HEALTHCARE

AND

WOODGREEN COMMUNITY SERVICES

AND

EAST TORONTO FAMILY PRACTICE NETWORK

Made as of December 2, 2019

Next Steps: Co-designing how we work with our 58 Engaged Partner Organizations

Thank you from the East Toronto Health Partners

Chatham-Kent Ontario Health Team
Who We Are – Our Partners

Thamesview Family Health Team

Chatham-Kent Family Health Team

Tilbury District Family Health Team

Chatham-Kent Community Health Centres

Centres de santé communautaire de Chatham-Kent

Chatham-Kent Health Alliance

TransForm Shared Service Organization

March of Dimes Canada / La Marche des dix sous du Canada

Erie St. Clair LHIN

Société Alzheimer Society Chatham-Kent

Municipality of Chatham-Kent
Cultivating Growth, Shore to Shore

Erie St. Clair Behavioural Supports Ontario

westover Treatment Centre

Canadian Mental Health Association Lambton Kent
Association canadienne pour la santé mentale Filiale de Lambton Kent

Chatham-Kent Hospice

St. Andrew's Residence
Active Living • Professional Care

CKOHT
Who We Are - Our Population

At maturity, the CKOHT will serve the

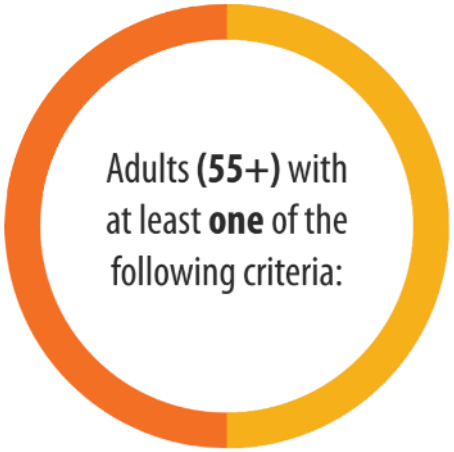
105,241

residents of Chatham-Kent, Walpole Island, and surrounding areas

82,944
patients currently enrolled

Year One Population
approximately
11,000 patients
enrolled

of all costs are attributed to **chronic conditions**




HEART FAILURE OR ANGINA


COPD

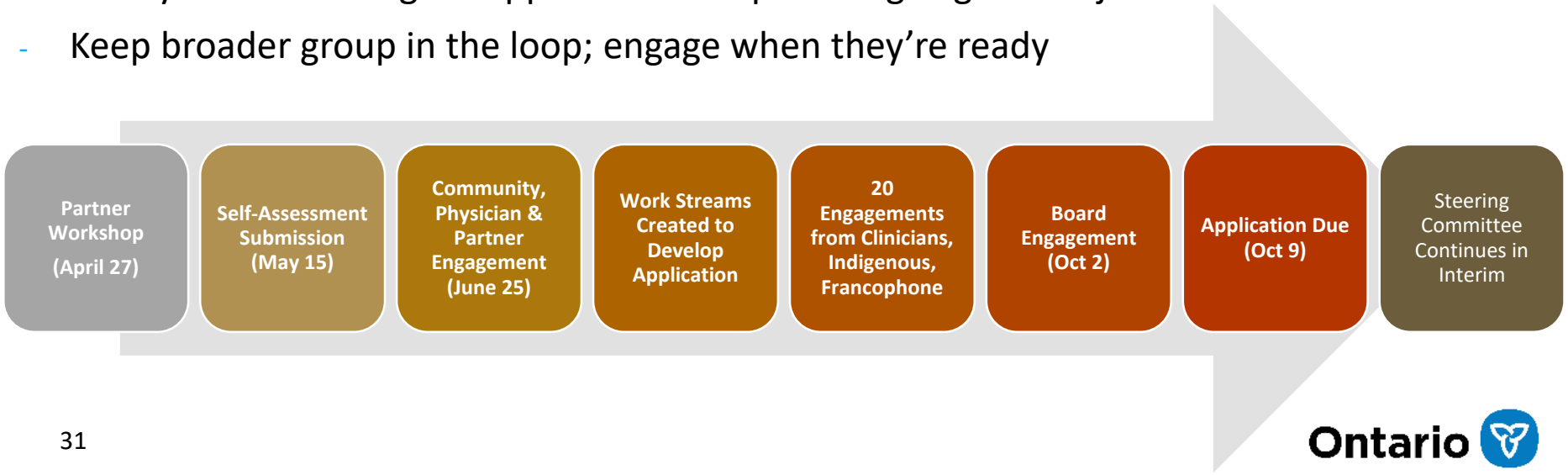

DEMENTIA


DIABETES

and/or are complex (using Health Links definition)

CKOHT: Where we've been Relationships & Engagement

- Historical Relationships e.g. Health Links
- Started with Everyone -> Signatory = Year 1 Population
- Steering Committee Co-Leadership (MD, Patient, Admin)
- Work Streams co-led by Two Steering Committee Members – everyone had/has a job to do
- >100 people involved across Work Streams including 24 Patient Advisors
- Single Board Meeting to Approve
- Do it yourself & bring in support when required e.g. legal or objective facilitation
- Keep broader group in the loop; engage when they're ready



Ontario

Where We've Been

A Cautionary Tale of: 3 Boards, 2 Sites and 1 Vote Each

The Story

- Chatham-Kent Health Alliance: formerly 3 corporations with 3 boards operating hospital services on 2 sites
- Innovative at the time of Health Services Restructuring Commission – one vote each
- Works well until there is a choice to be made and the consequences may disadvantage one partner
- In "Majority Rule" – two boards out vote one
- Led to breakdown in relationship, investigator and Ministry appointed Supervision

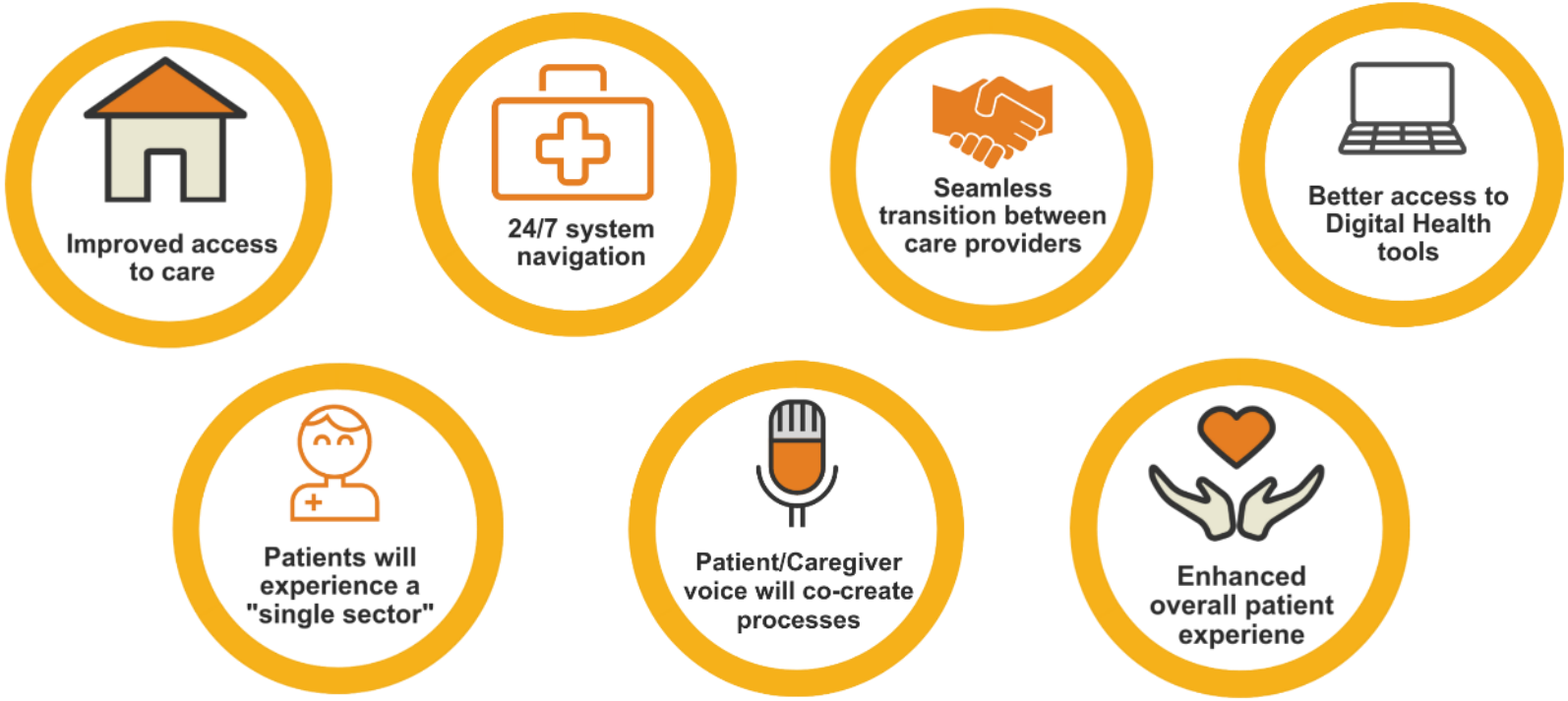
The Lessons

- Working in an Alliance can be challenging
- One vote each sounds "fair" - until it isn't
- Consensus takes more time and effort
- We respect each other and our organizations so much that we will drive to consensus

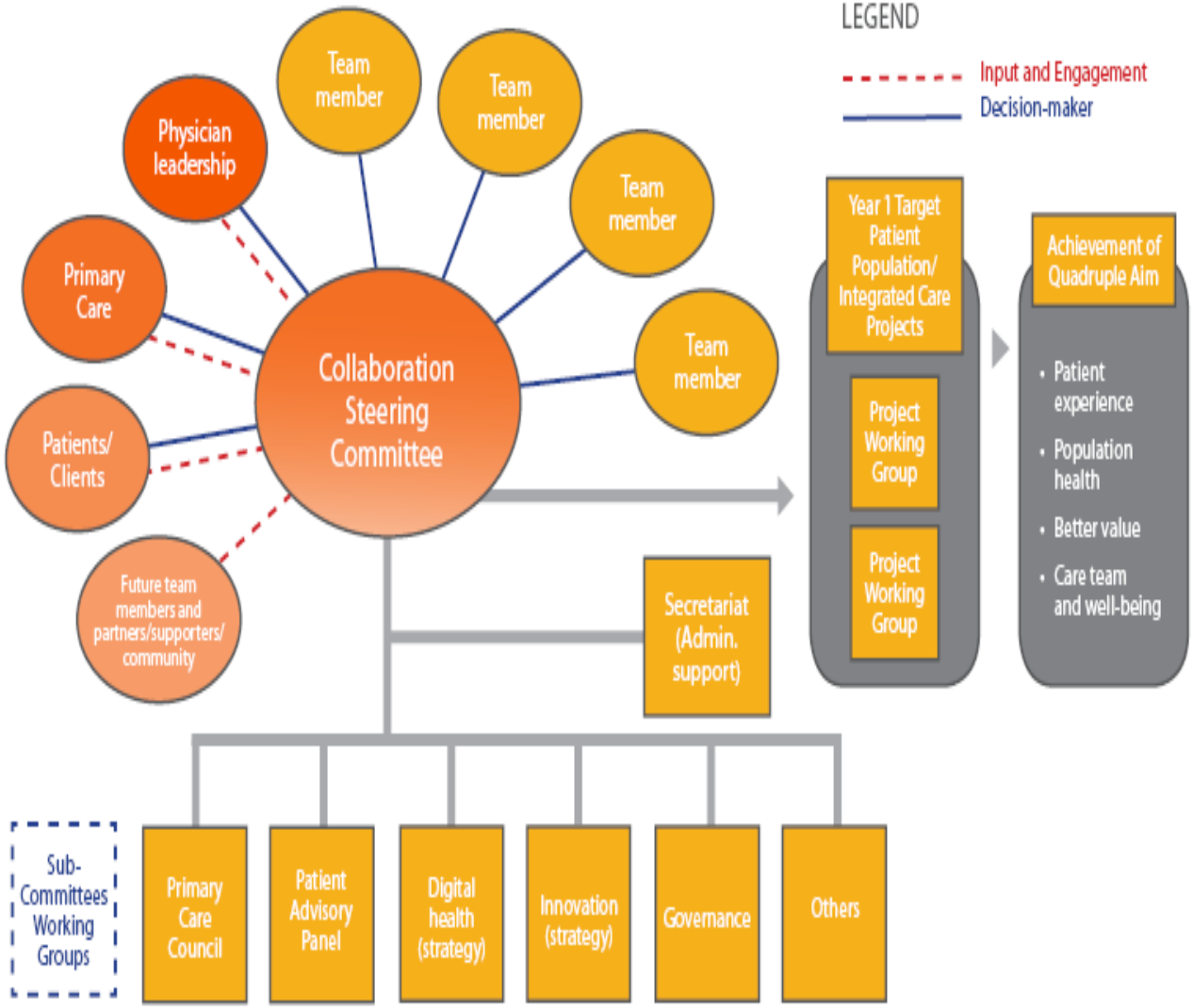
Ontario

Where we Are:

"*Achieving the best health and well-being together*



Where we Are: Shared Decision-Making



Boards to Approve by March 31, 2020:

- Collaboration Agreement
- Commitment to Year 1 Plan & holding Leadership accountable for organization & OHT deliverables
- QIP includes the top 3 improvements

Where we are – Patient Engagement

This is a journey… a road less travelled… but begun… together with trusted companions who really want to ensure the patient journey for the target population in year one and beyond is as seamless as possible."

Judy Gragtmans, Patient Advisor (Co-chair

Decision making will be guided by the **Patient Declaration of Values**:

- Respect and Dignity
- Empathy and Compassion
- Accountability
- Transparency
- Equity and Engagement

Development of a **CKOHT Patient/Client, Family and Caregiver Advisory Panel**

Two members to sit on the **Collaboration Steering Committee** to act as liaisons between the steering committee and the advisory panel

Ontario

Where We Are:
Engagement with Primary Care

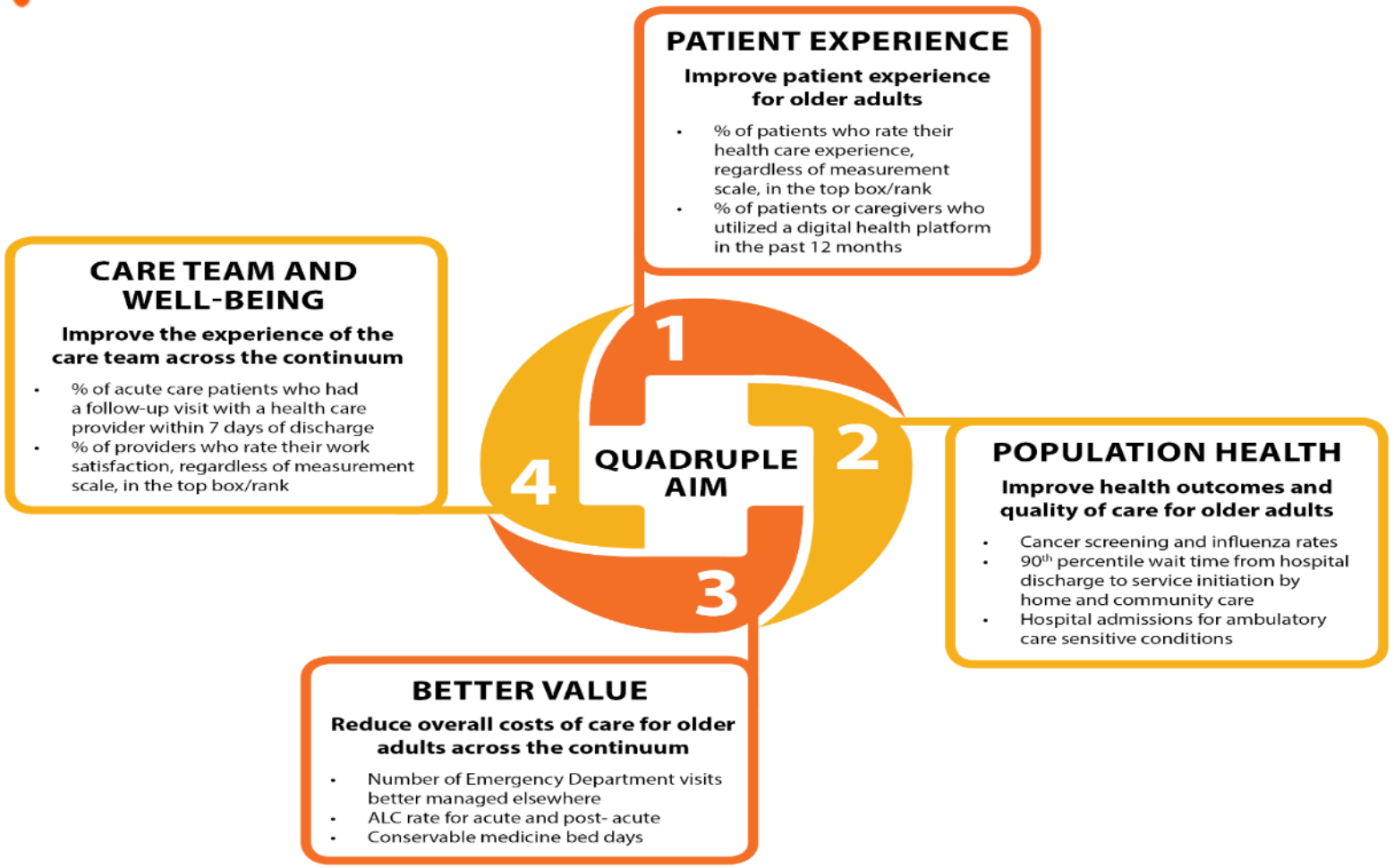
Primary Care Council to be formed with mandate to provide advice directly to the Steering Committee

The chair of the **Primary Care Council** will be appointed to the Steering Committee to **act as a liaison** and **ensure the voice** of primary care providers is represented in the steering committee

Work Underway:

- Preliminary discussions between primary care representatives
- Sessions held September- November
- More discussion required re: Role of Nurse Practitioners, Specialists, etc.

What's Ahead: Successes in Year 1



- Avoidable Emergency Department visits : Improve rate by 5% to 8.8 visits per 1,000 enrolled patients
- Rate of hospitalization for ambulatory care sensitive conditions : Improve rate by 10% to 120.6 per 100,000 population
- Adoption of Digital First approach in Service Delivery: "Percentage of CKOHT residents digitally accessing their health information" a metric in discovery

What's ahead – Challenges & Opportunities

- Move from Proposal Steering Committee to transitional governance model
- Scope CKOHT secretariat support; process to secure resources
- Conduct broad community engagement to create Strategic Plan
- Policy & Frameworks needed for real or perceived challenges e.g. Privacy, Home & Community Care
- Continued Engagement with First Nations

Ministry of Health

Ontario Health Teams: Shared Decision-Making Arrangements

Phil Graham, Executive Lead
Ontario Health Teams Division
Ministry of Health

February 19, 2020

Ontario

Developing OHT Shared Decision-Making Arrangements: Context

Shared decision-making arrangements are agreements that enable **leaders from multiple organizations**, from multiple sectors, to **successfully engage in deliberative, consensus-oriented, collective decision-making** directed to the achievement of **shared goals, accountabilities, and opportunities for improving patient care.**

- The evidence on integrated care from Ontario and other jurisdictions shows that:
  - building effective shared decision-making arrangements between providers is a critical step in system maturation
  - effective arrangements vary according to local context, and evolve over time
  - establishing them takes time, dialogue, and development of trust,
- **In these early days of OHT implementation, establishing effective shared decision-making arrangements is foundational.**

Recall: *OHTs: Guidance for Health Care Providers and Organizations (2019)*

- In 2019, the MOH released a comprehensive guidance document for providers on the establishment of OHTs.
- On the topic of establishing their governance (shared decision-making arrangements), two core principles were identified, i.e. that OHT shared decision-making arrangements are to be:
    - 1. self-determined, and
    - 2. fit for purpose

Ontario

OHT shared decision-making arrangements are to be <u>self-determined</u>

- The Ministry is not prescribing particular shared decision-making arrangements
- However, OHTs must:

– establish a **formal framework/agreement(s) between OHT members** for shared decision-making on:

  - conflict resolution 
  - performance management 
  - information sharing, and 
  - resource allocation 

– include **patients, families, and caregivers** in shared decision-making arrangements

– include **physicians and other clinical leaders** in shared decision-making arrangements and/or leadership

OHT shared decision-making arrangements must be <u>fit for purpose</u>

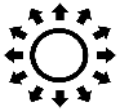
- OHT shared decision-making arrangements must **support and enable OHTs' achievement of:**

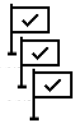

– **the quadruple aim**


– **strong financial management**


– **central branding**


– **transparency** to the public


– **expansion** to the full continuum of care and entire populations; and


– fulfillment of **accountabilities** for year 1 and beyond.

Ontario

For Consideration: Minimum Specifications for OHT Shared Decision-Making Arrangements

The Ministry has heard from you that there is a need for further guidance and clear expectations for OHT shared decision making arrangements. We are preparing the following as minimum specifications:

- A shared commitment to:
  - achieving the quadruple aim
  - a shared vision and goals for the OHT
  - develop and implement a strategic plan for the OHT
  - working together to fulfill MOH expectations for the OHT for year 1 and beyond
- Provisions for participation and engagement of:
  - patients, families, or caregivers
  - physicians and other clinical leaders
- Mechanisms for:
  - strong financial management
  - central branding, including through shared communications / public relations processes
  - transparency in decision-making
  - expanding the OHT to new patient populations, services, and providers
  - decision-making on conflict resolution, performance management, information sharing, and resource allocation
- Identification of a qualified entity who may receive and manage any one-time implementation funds, and a framework for shared decision-making on the use of any such funding.

Ontario

Break-out session
(50 minutes)

Discussion questions (15 minutes)

- How has your OHT developed its SDMAs to date?
- Reflecting on presentation, how advanced is your OHT in formalizing its SDMAs toward the proposed minimum specifications?
- What challenges and opportunities do you see as you continue to advance?
- What additional help / resources would you need to advance?

Report-backs (35 minutes / 5 tables)

We ask Tables 13, 14, 15, 16 and 17 to provide a report-back.

Ontario