

Ministry of Health

Ministry of Health Update for Ontario Health Teams

August 5th 2020

Context and Objectives

The implementation of Ontario Health Teams (OHTs) remains a key priority within the government’s plan to modernize the health care system to make it work better for Ontarians and end hallway health care. As the province enters into a state of reopening and recovery, OHT implementation is also continuing with new momentum as a critical driving force for system integration, particularly within the context of COVID-19 response and recovery.

- We’ve heard from Ontario Health Teams that the foundations formed as part of this work enhanced their ability to rapidly and effectively respond to COVID-19 and accelerated their partnerships.
- This webinar will outline the approval of new teams and identify those teams that were invited to submit a Full Application.
- To support the resumption of OHT implementation activities within the context of COVID-19, this webinar highlights updated policy directions (reflective of the ministry’s flexible approach to implementation given current system challenges), critical success factors required for approval, and support funding to facilitate the formation of OHTs provincially.

For discussion today:

01

System Updates:

- New OHTs and a Coordinated Pandemic Response
- Lessons learned through the COVID-19 response
- Opportunities to strengthen patient-centred care

02

Policy Updates:

- Key program updates based on lessons learned from OHT implementation

03

Collaborative Decision Making:

- Guidance and requirements
- Funding eligibility and process

04

Next Steps, Questions and Answers

1. System Updates

Discussion items:

- New OHTs and a Coordinated Pandemic Response
 - *Deputy Premier and Minister of Health, the Honourable Christine Elliott*
- Leveraging Lessons Learned in the Context of COVID-19
 - *Deputy Minister Helen Angus*
- Patient-Centred Care
 - *Betty-Lou Kristy, Chair, Minister's Patient and Family Advisory Council*

New OHTs and a Coordinated Pandemic Response

- In support of the ongoing response to COVID-19 and as part of the province's plan to modernize the health care system and end hallway health care, five new Ontario Health Teams have been announced, and 17 additional teams are on a path to be the next cohort of approved OHTs.
- At maturity, these teams will deliver coordinated, integrated care to ~80% of the province's population.
- As teams who have not been approved continue to explore their OHT models and take the required steps to submit a full application, the ministry is committed to providing needed supports and tailoring resources for varying levels of readiness.
- Through partnerships that span the continuum of care, patients will experience more coordinated care and improved health outcomes, regardless of where they access care.



- OHT activities will maximize flexibility so teams can advance their models and continue their COVID-19 response efforts.
- The Ministry will continue working with and supporting all teams until full provincial coverage is achieved and everyone in Ontario is supported by an Ontario Health Team.

Leveraging Lessons Learned from COVID-19 to Support OHTs

Feedback from the field has reinforced the strength of the OHT model, and teams have indicated a desire to move forward with OHT implementation. Teams have shared the various ways in which an integrated care system enabled their COVID-19 responses:

Cross-provider partnerships and innovative methods of care delivery are critical success factors

- The formation of partnerships across sectors have been a key success factor in OHTs' ability to effectively respond to the COVID-19 pandemic and has affirmed their planned partnerships.
- New systems of delivering care were identified (e.g. virtual care supports, telemedicine, in-home care), providing alternatives to face-to-face interactions, which will be critical for ensuring that patients have a choice in how they interact with the health care system.

Resources and partnerships established through the five Regional tables will support a coordinated approach for ongoing COVID-19 response, and OHT implementation

- OHTs were able to leverage local and regional partnerships to streamline acquisition and distribution of pandemic supplies.
- Move and keep patients outside of hospitals via partnerships with home and community care and primary care providers.
- Create new care pathways and care patterns for at-risk patients.

The ministry should remain flexible with work planning in recognition of the uncertain trajectory of COVID-19, and offer implementation supports

- Reassessing shared implementation priorities in light of the ongoing pandemic response and sector capacity will be critical moving forward.
- Teams expressed the value of learning from other OHTs through formalized initiatives and suggested a virtual version of the OHT Learning and Improvement Forum or communities of practice.

Providing Patient Centered Care:

OHT Implementation, Diverse and Vulnerable Populations, and Anti-Racism

- Ontario Health Teams are intended to redesign care in ways that best meet the needs of the diverse populations they serve, including respecting the role of Indigenous peoples, racialized communities and Francophones in the planning, design, delivery and evaluation of services for these communities.
- Teams should also plan to deliver supports and coordinated care to communities and settings in which social distancing and other infection prevention and control practices are a challenge.
- Activities that seek to include or address health care issues for specific population sub-groups (e.g., marginalized or vulnerable populations) could include, but are not limited to:



Use of virtual visits and other digital health solutions to provide equitable access to care;



Leveraging data to understand your patient population and evaluating the health of vulnerable populations



Identifying the unique health needs of vulnerable populations to support proactive engagement/outreach



Engaging a broad range of diverse patients, caregivers, and families in your OHT implementation activities

Patient Partnership and Community Engagement

- Having patient, family, and caregiver partnership as a key pillar of the Ontario Health Teams model speaks to the commitment to create a truly patient-centred health care system.
- At maturity Ontario Health Teams will uphold the principles of patient partnership, community engagement, and system co-design. They will meaningfully engage and partner with patients, families, caregivers, and communities, based on a robust patient partnership model and community engagement strategy.
- Factors that promote success:



Recognizing and respecting patients/families/caregivers as equal partners and including them early in planning, designing and implementing rather than at the end of the process.



Including patients/families/caregivers from a diverse population including vulnerable, racialized and marginalized communities.



Considering and addressing barriers to participation such as financial and logistical (time and length of meetings).



Providing patients/families/caregivers with ongoing support such as tools and resources for them to excel in their role as patient partners/advisors.



Ensuring that patient/family/caregiver advisors have the appropriate skill sets to participate at the appropriate level of engagement.

2. Lessons Learned from OHT Implementation

- Key Policy and Program Updates
– *Phil Graham and Dr. Rob Reid*

Teams Have Identified the Resources Required to Support Effective Implementation

Through the OHT Provincial Learning & Improvement Forum and engagement calls, teams provided helpful feedback and identified the supports required for the intake and assessment process and ongoing implementation activities, highlighting the need for:

- I. Guidance on establishing collaborative decision-making arrangements;
- II. Investments (funding and resources);
- III. Streamlining the intake and assessment process
- IV. Targeted supports for teams through the OHT Central Program of Supports

Based on this feedback, program changes are underway to support OHTs as they work to overcome barriers to integration and collaborative care delivery:

- I. Additional guidance on Collaborative Decision Making Arrangements has been developed for teams.
- II. One-time funding will be provided to approved teams to support OHT capacity and help build momentum for implementation. Eligibility criteria applies.
- III. The OHT Full Application has been revised in recognition of current sector capacity constraints.
- IV. Supports are being tailored to address the immediate needs of teams at all levels of readiness. These will include activities such as communities of practice, webinars, physician engagement, knowledge translation, and coaching.

Lessons Learned through OHT Implementation

Policy and Program Updates

What's changed?

The first wave of approved OHTs helped set the course for the model's implementation across the province. Although the core components of the model have not changed, feedback from these teams has informed refinements to implementation considerations. These changes support successful implementation and as such, teams are asked to:

- I. Form a breadth and variety of **partnerships**, beginning with **primary care, home and community care and hospital care**
- II. Wherever possible, align partnerships and care planning with how patients access care (**attributed patient populations**)

Teams will see these changes reflected in the streamlined Full Application. All teams should continue to solidify and expand local partnerships to meet future state priorities.

Why is this important?

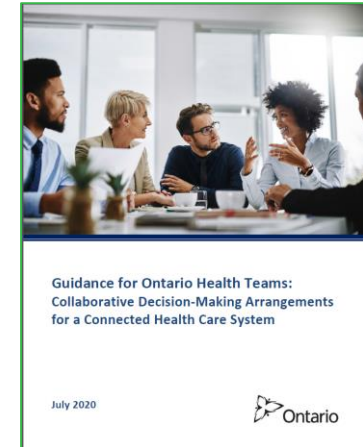
	Planning Priorities	Goals
Partnerships	The formation of partnerships across primary care, home and community care and hospital care (i.e. acute inpatient, ambulatory medical, and surgical services). Expansion efforts should be focused on long-term care, public health, and other providers that will allow teams to deliver the entire continuum of care	OHTs are able to provide the full suite of services through partnerships that allow teams to deliver the entire continuum of care for their patient populations
Patient Population	The identification of an initial population to focus care redesign and improvement efforts on. Over time, Ontario Health Teams will work to provide care to their entire attributed population	Patient choice is respected as patients are attributed to networks where they prefer to access care (based utilization)

3. Collaborative Decision Making Arrangements (CDMAs)

- Ministry CDMA Guidance Document and Central Program of Supports resources
- *Phil Graham*
- Accountability, Shared Leadership and Governance
- *Ross Baker*

Collaborative Decision-Making Arrangements (CDMAs)

- **Collaborative decision-making arrangements (CDMAs) are agreed-upon rules and processes** that enable leaders from different organizations to successfully engage in deliberative, consensus-oriented decision making to achieve shared goals, accountabilities, and opportunities for improving patient care.
- OHT member and partner **relationships have been strengthened and expanded** during the response to COVID-19, creating additional opportunities for CDMAs to support **continued pandemic responses and OHT maturation**.
- To support OHTs in **establishing and documenting effective, self-determined, and fit for purpose decision-making arrangements**, on July 24 the Ministry issued *Guidance for Ontario Health Teams: Collaborative Decision-Making Arrangements for a Connected Health Care System* (**'CDMA Guidance Document'**).
 - The CDMA Guidance Document sets out a **checklist of minimum specifications**, direction, guidance, and suggestions for teams on key elements of their CDMA design and development.
- Additional **supporting resources**, including optional agreement templates and related information, as well as access to executive coaching supports, are available through the RISE Central Program of Supports.



CDMA Checklist and Attestation

Checklist for OHT CDMA

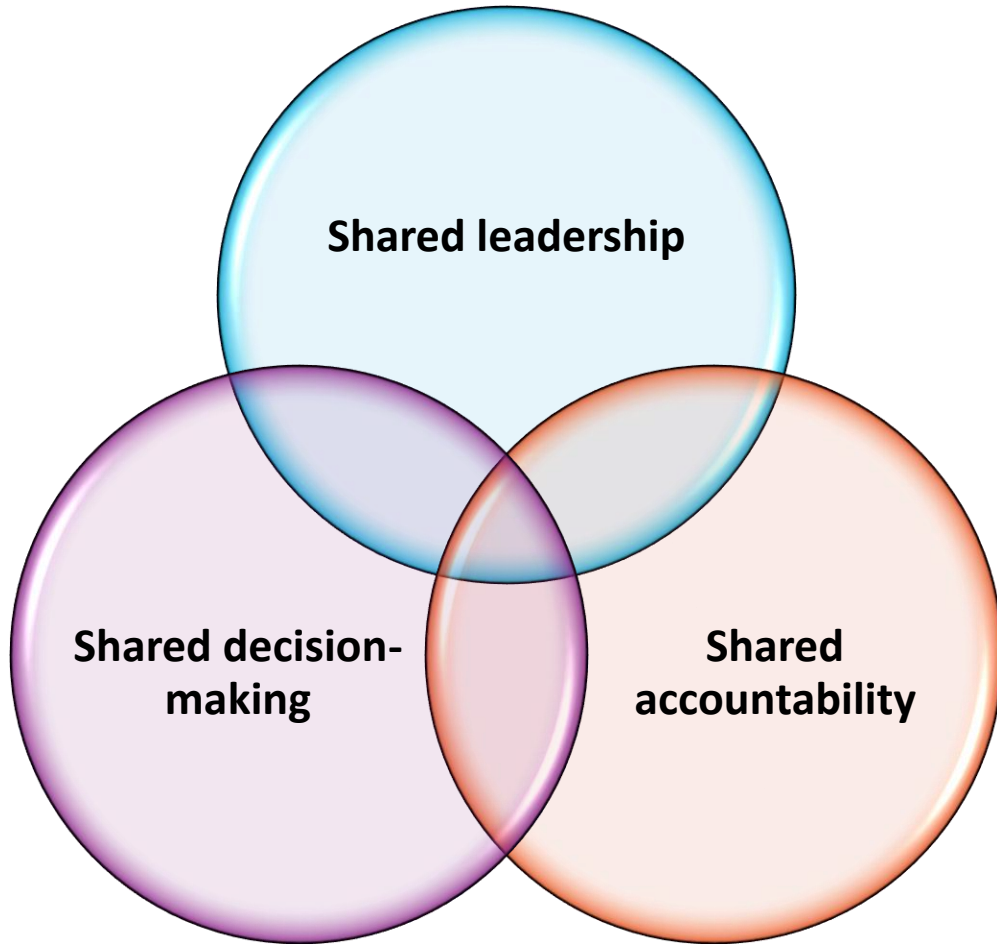
Each OHT's collaborative decision-making arrangement (CDMA) must:

- Be formalized in writing
- Be informed in its development by engagements with:
 - local communities;
 - patients, families, and caregivers; and
 - physicians and other clinicians
- Include a shared commitment to:
 - achieving the quadruple aim
 - a vision and goals for the OHT
 - working together to fulfill MOH expectations for year 1 and beyond
- Provide for direct participation in OHT decision-making by:
 - patients, families, and caregivers
 - physicians and other clinicians
- Address:
 - resource allocations (including of any implementation funds)
 - information sharing
 - financial management
 - inter-team performance discussions
 - dispute resolution
 - conflicts of interest
 - transparency
 - identifying and measuring impacts on priority populations
 - quality monitoring and improvement
 - expansion to more patients, services, and providers
- Identify a qualified entity who members agree will receive and manage any one-time implementation funds on behalf of the OHT

- As part of the implementation funding process (details in slides to follow), approved OHTs will be asked to:
 - **attest** that they have a CDMA between members that meets the **checklist** of minimum specifications from the CDMA Guidance Document
 - **identify a member** who is eligible to receive transfer payments and will **receive this implementation funding** on the OHT's behalf.
- Teams will be provided forms for their CDMA attestations and fundholder identification as part of the funding process.

Supporting OHTs to ADVANCE their CDMAs

ADVANCE Program: Accountability, Shared Leadership and Governance



H. Graham & L. Mollenhauer. Shared Decision-Making for Non-Profit Governance, September 2019



Kania and Kramer, 2011; Ontario Public Health Association,

3. Implementation Funding

- Funding parameters and process
- *Lilly Whitham*

OHT Implementation Funding - details

MOH is providing implementation funding to approved OHTs to support their initial stages of development towards future integrated service funding.

Eligible teams

- approved OHTs who have attested to meeting minimum CDMA specifications

Funding amounts

- approximately \$375,000 per team in FY2020-21, starting Oct 1*
 - approximately \$750,000 per team in FY2021-22, starting April 1*
- * pro-rated based on when team is approved and submits its forms

Eligible spending

- digital health and virtual care
- physician and other clinician leadership and engagement
- patient, family, and caregiver engagement and participation
- project leadership and management
- performance measurement and quality improvement

Exclusions

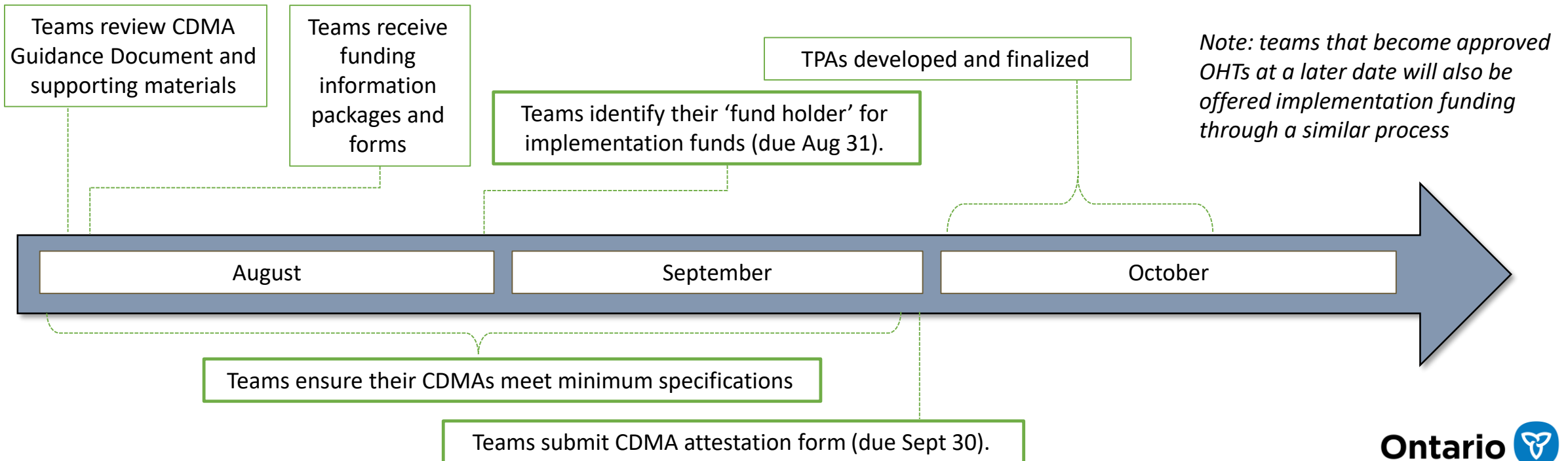
- consultant services
- items or activities available through the central program of supports
- activities, supplies, or equipment supported by other funding sources (e.g. personal protective equipment).

Key Performance Measures

- measures included will align with implementation objectives of Ontario Health Teams and the quadruple aim

OHT Implementation Funding - process

1. Teams review the CDMA Guidance Document and supporting materials, and ensure their CDMA meets the minimum specifications checklist from the Guidance Document.
2. Teams receive funding information packages and forms.
3. Team submit completed forms to (a) identify the OHT member who will be the 'transfer payment recipient' on behalf of the OHT, and (b) attest that their CDMA meets minimum specifications.
4. Transfer Payment Agreements (TPAs) are signed between MOH and each OHT's chosen fund holder member.



Questions and discussion

