Introducing the OHT Central Program of Supports

3 December 2020

John N. Lavis, MD PhD, RISE Co-lead
Director, McMaster Health Forum, McMaster University

Background to and Purpose of Webinar

- The OHT Central Program of Supports (CPS) has been designed to help OHTs make progress with
  - Using a population-health management (PHM) approach to move the needle on quadruple-aim metrics for their priority populations
  - Putting in place the eight OHT building blocks
- This webinar provides OHTs with an opportunity to learn from CPS partners about
  - Alignment of supports to a PHM approach and OHT building blocks
  - Sequencing of supports by cohort (where applicable)
  - How to access supports

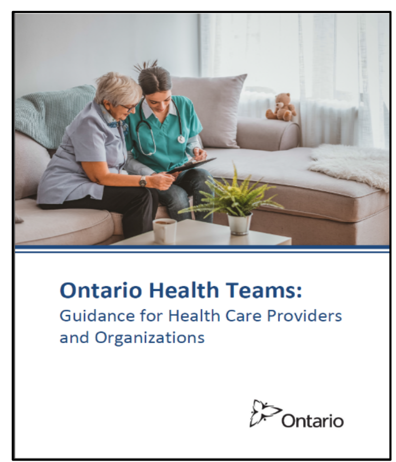
Alignment of Supports for Population-Health Mgmt

Steps in approach	Supports in addition to RISE
Segmenting population into groups with shared health and social needs	• Health System Performance Network (HSPN; Walter & Ruth)
Co-designing care pathways, in-reach and out-reach services for each population segment	• Centre for Effective Practice (Tupper) • Many health-system partners contributing to the collaboratives (one for each priority population)
Implementing the pathways and services in ways that reach and benefit all who need them	
Monitoring reach & other process measures and evaluating quadruple-aim metrics	• HSPN (Walter & Ruth) • ICES (Michael & Minnie)

Alignment of Supports to OHT Building Blocks

Building blocks	Supports in addition to RISE
1) Defined patient population	
2) In-scope services	
3) Patient partnership and community engagement	• Public and Patient Engagement Collab. (Julia)
4) Patient care and experience (which includes PHM)	• HSPN (Tupper & Ruth)
5) Digital health	• Digital Health Secretariat
6) Leadership, accountability and governance	• ADVANCE (Ross)
7) Funding and incentive solutions	
8) Performance measurement, QI, and continuous learning	• HSPN (Walter and Ruth) • ICES (Michael and Minnie) • INSPIRE-PHC for primary care (Mike) • Centre for Effective Practice, also for PC (Tupper)

Overview of OHT Central Program of Supports



Through the 2019 Guidance Document, the ministry has committed to supporting the advancement of OHTs.

The supports offered through the program will be iteratively developed and continuously improved.

The OHT Central Program of Supports is designed to assist OHTs in improving their readiness to achieve OHT implementation deliverables set out by the Ministry. The program provides a network of supports for teams at all levels of readiness through:

- **Coordinated points** of access
- Various **modalities** (e.g. information, guidance, tools, webinars, online learning communities, coaching, and facilitation)
- Delivery **partners with experience** in a defined area of expertise

Teams' Ministry Point of Contacts continue to be available for information on available supports.

Rapid Improvement Support and Exchange (RISE)

- RISE's vision is a rapid-learning health system that continually 'ups its game' in achieving the quadruple aim
- RISE's mission is to provide timely and responsive access to Ontario-base 'rapid-learning and improvement' assets
- RISE's program objectives
  - Support rapid learning and improvement among OHTs (through coaching, collaboratives, and communities of practice)
  - Deliver 'on demand' a suite of activities and products for OHTs (e.g., RISE jamboree on PC engagement, RISE briefs on PHM for priority populations, and RISE rapid synthesis on lessons learned about integrated care during COVID-19)
  - Share tools and resources with OHTs (e.g., 'one-stop' website, webinars like upcoming cohort 2 on-boarding, newsletters, Twitter)

RISE's Supports for Rapid Learning & Improvement

- Coaching for population-health management (PHM)
  - One coach per 5-6 cohort 1 OHTs (with cohort 2 starting in June)
  - Targets are the lead for PHM and the clinical and operational leads for priority-population working groups in each OHT
  - Roles include facilitator (e.g., resource access), mentor (e.g., change management), and coach (e.g., empower problem-solvers)
- Collaboratives for PHM
  - Time limited, goal-directed, and supported by coaches as well (with similar proposed sequencing of cohorts 1 and 2, but open to all)
  - Monthly 60-90 minute meetings with a combination of didactic content, peer sharing and open dialogue, commitment to an action, and between-meeting action plans
- Communities of practice for OHT building blocks (BBs)
  - Open-ended and member-driven (and open to all)
  - Key current communities are focused on patient partnership (BB #3), digital health (BB #5), and performance measurement & improvement (BB #8)

How to Connect with RISE

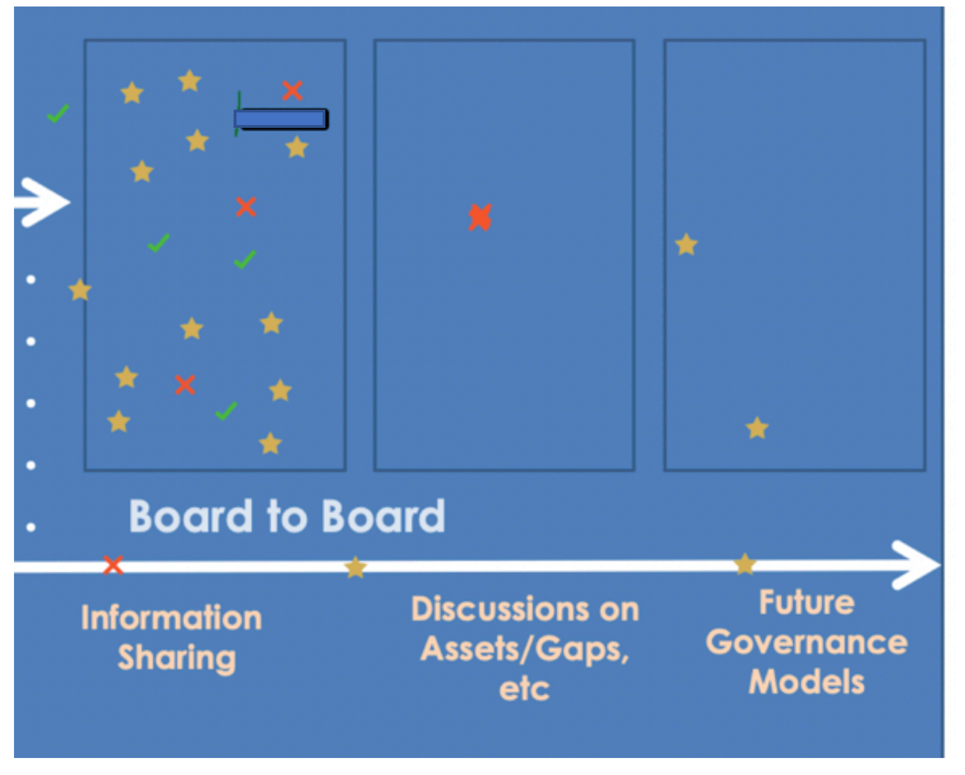
- General
  - rise@mcmaster.ca
- Focal points (aligned with OH regional focal points & soon our coaches)
  - Anna Dion (east and north), adion@ohri.ca
  - Kerry Waddell (Toronto and west), waddellk@mcmaster.ca
  - Leslie McGeoch (central), leslie.mcgeoch@thp.ca
- Website (upcoming events, webinar recordings, and other resources)
  - https://www.ohtrise.org/
  - https://www.mcmasterforum.org/rise/learn-about-rise/co-leads-and-staff
- Quorum (for collaboratives and communities of practice)
  - https://quorum.hqontario.ca/en/

Advance Program Update

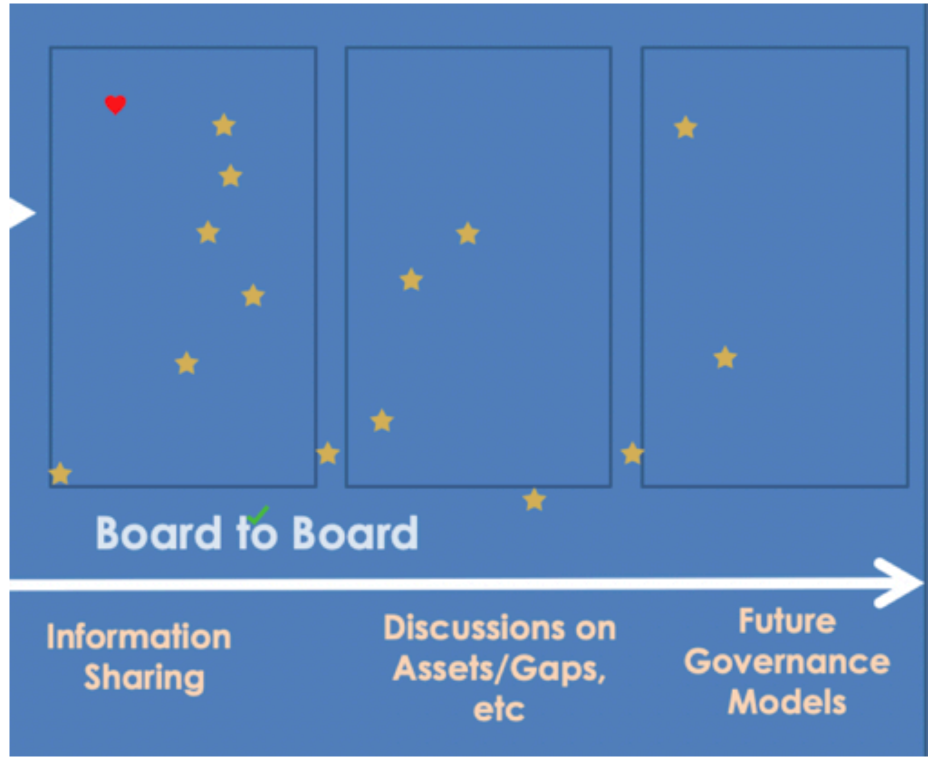
- Module 5 on Governance and Backbone delivered November 16th, 17th and 19th
- Discussion on some key governance issues for OHT leadership councils suggests that OHTs are still establishing their role vis-à-vis provider organization boards

Issues for OHT Leadership	
Agency (sufficient authority and discretion to act on behalf of their organizations)	52%
Commitment to shared goals	48%
Support of provider boards for new models of care	52%
Board support for Backbone resources	50%
Representativeness (Does Leadership Council include leaders from key organizations needed to improve services)	45%

Board to Board Discussions are Still in Early Stages



Session 1



Session 2

Coaching Academy

- 15 OHTs nominated a total of 34 coaches
- Intake interviews will be completed by next week
- Coaching curriculum will include content in:
  - OHT challenges
  - Coaching skills
  - Leading practices
  - Hot topics
- Coaches will attend Module 6 of the Leadership Workshop (Decembers 7-11) where OHT Leadership identify key steps in their "Roadmap" for improving leadership and governance
- Faculty will support coaches in their role with a series of synchronous educational sessions starting in January

Central OHT Evaluation

December 3, 2020

HSPN - Central Evaluation Team

Co-Leads

Dr. Walter Wodchis

Dr. Ruth Hall

Team Members

Dr. Gaya Embuldeniya

Dr. Shannon Sibbald

Dr. Kaileah McKellar

Jennifer Gutberg

Luke Mondor

Nusrat S. Nessa

Overview of Central Evaluation

Ontario Health Teams have:

- Varied groups of providers
- Varied first year target populations
- Varied resources, tools and approaches

Evaluation must be *flexible*
Evaluation should be *local*

Phase 1
Formative Evaluation of Applicant OHTs

FY 2019/2020

Phase 2
Developmental Evaluation of Candidate in 1st OHT cohort

FY 2020/21 – FY 2021/22

Formative Evaluation of 2nd OHT cohort

FY 2021/22

#	Building Block	HSPN - OHT Central Resources
1	Defined Patient Population	• Document Analysis of Full Application https://hspn.ca/wp-content/uploads/2020/05/HSPN-Provincial-level-OHT-Document-Analysis-Extraction-Results.pdf • Pilot Population Health Segmentation Tools
2	In-scope Services	• Practice Guides https://hspn.ca/hsprn-practice-guide-on-implementing-integrated-care/
3	Patient Partnership & Community Engagement	• Document Analysis of Full Application https://hspn.ca/wp-content/uploads/2020/05/HSPN-Provincial-level-OHT-Document-Analysis-Extraction-Results.pdf

#	Building Block	HSPN - OHT Central Resources
4	Patient Care & Experience	• Patient Experience Survey • Pilot population health segmentation tools
6	Leadership, Accountability & Governance	• Organizing for OHT Survey • Results from 1st cohort https://hspn.ca/evaluation/ontario-health-teams/webinars/ • Insights from Case Studies of the Early Experience in Developing OHTs http://hspn.ca/wp-content/uploads/2020/08/Insights-from-Case-Studies-of-the-Early-Experience-of-Developing-OHTs_FWS.pdf

#	Building Block	HSPN - OHT Central Resources
8	Performance Measurement, QI & Continuous Learning	▪ **Support OHTs to establish measurement management structures** • Logic model development guide http://hspn.ca/wp-content/uploads/2020/02/HSPN_OHT_Logic_Model_Development_guide.pdf • Logic model and Measurement webinars https://hspn.ca/logic-models-ohts/ ▪ **Jan 2021:** • **General** Indicators of Improvement in Integrating Care • Mental Health and Addiction Improvement Indicators • Palliative/End of Life Care Improvement Indicators • Frail Older Adult Improvement Indicators

Key dates to remember:

Dec 10th – List of representatives from signatory organization submitted to OHT.Evaluation@utoronto.ca

Everyone is involved !

Follow us on twitter : @infohspn

Email: OHT.Evaluation@utoronto.ca

Subscribe to stay informed (homepage)

Thank you!

INSPIRE-PHC
Program of supports to OHTs

Michael Green MD, MPH, CCFP, FCFP, FCAHS

A research/policy partnership addressing policy initiatives in Primary Health Care (PHC) in Ontario, aimed at ensuring all Ontarians have access to PHC and that their care is well integrated across sectors

December 3, 2020

INSPIRE-PHC support for OHTs...

1. **ICES Data specific to...**
    - Patterns of primary care during pandemic-Rick Glazier
    - Attachment to a primary care provider by OHT-Mike Green
2. **ECONSULT-** Clare Liddy
    - Ensure every OHT integrates eConsult into OHT operations
3. **ORACLE-** Primary care EMR Data Access- for OHTs
4. **Physician Provider engagement-**Judy Brown
    - Successes and challenges OHTs face in integration with PHC
5. **Access to Resources in the Community** -Simone Dahrouge
6. **PERC- Patient Engagement Resource Centre-**Rebecca Ganaan

INSPIRE-PHC OHT Supports

1. **AHRQ program** prioritizing OHT data requests
2. **Analysis of primary care data by OHT** to identify patients with uncertain access to primary care.
3. **Data to identify patients being supported by another OHT team**.
4. **Primary care Data on OHTs during pandemic**-primary care capacity and population health needs
5. Guidance on **effectively engaging primary care providers** to ensure a broad representation
6. Developing **effective primary care relationships** with providers in an OHT
7. INSPIRE guidance on **meaningful physician and team involvement** and potential participation in select topics by OHT
8. **Leadership and Engagement Table** in Primary care in OHTs (Judy Brown)
9. INSPIRE **primary care indicators** and research support to assist teams with evaluation

INSPIRE-PHC

Centre for Effective Practice

December 2020

About the CEP

The CEP is a well-established, neutral, not-for-profit organization that engages with healthcare providers to provide evidence-based, locally adaptable solutions to improve patient care.

CEP.Health is the leading website in Ontario for primary care family physicians and nurse practitioners

CEP is 'in the primary care provider's office' like no one else

Strong formal relationships in place with provincial programs, provider groups and system partners

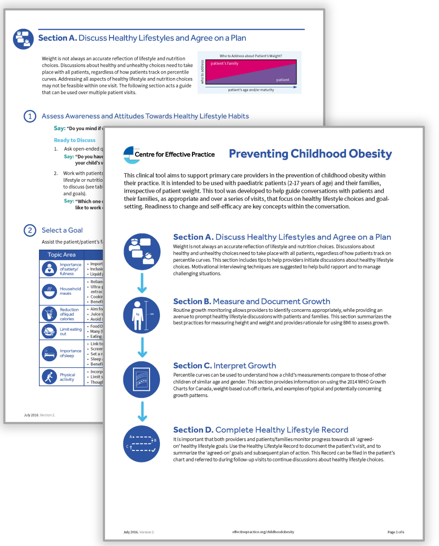
OHT offerings

Opportunities for OHT	Relationship building	Clinical effectiveness & appropriateness	Change management
Assets	• Established relationships with primary care and across the continuum of care • Strong partnerships with full range of provider associations and bodies • Active network of senior clinical expertise • Focus across the continuum of care to ensure alignment across family and specialty physicians and community providers	• CEP clinical leadership network • CEP.health platform • Clinical tools and pathways • Educational outreach service (academic detailing) • EMR integration and implementation expertise • Broader suite of interventions • Complimentary patient resources	• Existing regional infrastructure • Targeted communications • Adaptable model to meet local needs • Proven engagement model • Education and training • Support provincial coordination and integration of primary care focused activities • Support implementation of OHT programs

Driving clinical effectiveness & appropriateness

- CEP's suite of clinical tools and supports can be utilized to support priority areas identified by OHTs

- Customizable to align with OHT and provider needs, community services available and local infrastructure (enabling individual OHT success and collective province-wide impact)


Section A. Discuss Healthy Lifestyles and Agree on a Plan

Centre for Effective Practice

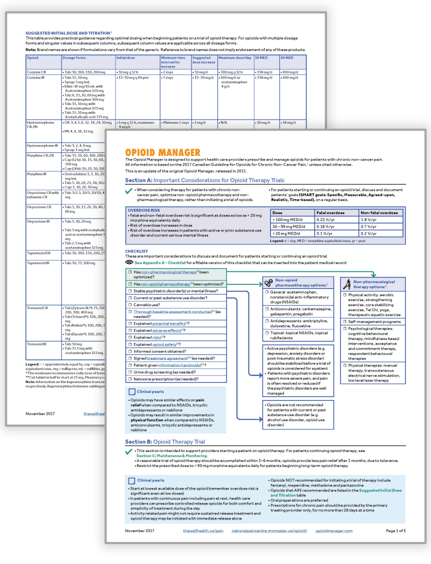
Preventing Childhood Obesity

Section A. Discuss Healthy Lifestyles and Agree on a Plan

Section B. Measure and Document Growth

Section C. Interpret Growth

Section D. Complete Healthy Lifestyle Record


OPIOID MANAGER

Section A: Important Considerations for Opioid Therapy Trials

Section B: Opioid Therapy Trial

Clinically Organized Relevant Exam (CORE) Back Tool

Section A: History

Rule Out Red Flags

Powering behaviour change

CEP’s primary care academic detailing service

Health care providers…working together to discuss…objective, balanced, evidence-informed information on best practices…based on the physician’s expressed needs…at a location and time that is convenient for the provider.

Virtual visits over webinar software (or phone) are currently available on the following topics:

- Non-pharmacological and non-opioid options for patients living with chronic non-cancer pain
- Managing opioid therapy for patients living with chronic non-cancer pain
- Caring for patients living with opioid use disorder
- Managing benzodiazepine use in older adults
- Managing primary care during COVID-19
- *NEW* Type 2 diabetes: Non-insulin therapy and managing care during COVID-19

Topics can be customized according to OHTs’ needs

Benefits of CEP's approach

Balanced, evidence-informed information

Tailored to physicians' and OHT needs

Adapted and customized for local context

Achieving better patient outcomes

Lead: Dr. Julia Abelson – abelsonj@mcmaster.ca
Staff contact: Laura Tripp – lauratripp@mcmaster.ca
Website: http://ppe.mcmaster.ca

- We support **building block #3:** Patient partnership and community engagement (how are patients engaged?)
- Objective: support the work of the Province and OHTs to develop a stronger, patient-centred health care system focused on supporting high-quality patient and community engagement programs through continuous learning and evaluation.

Supports available to OHTs and how they can be accessed and used

- What the PPE Collaborative offers OHTs:
  - Technical advice and support around patient engagement, partnership and its evaluation, including guidance on appropriate supports for, and approaches to, evaluation at different stages of maturity
  - Tools to evaluate patient engagement and partnership (e.g., the Public and Patient Engagement Evaluation Tool (PPEET))
  - Leading a province-wide Evaluation Working Group that is developing a toolkit to support evaluation of the impact of patient engagement and partnership across the Ontario health system, including OHTs

- Supports are available for <u>all</u> OHTs across the development spectrum

- Additional information and materials are available on our website: http://ppe.mcmaster.ca

ICES: Supporting Ontario Health Teams (OHTs)

RISE Webinar: Introducing the OHT Central Program of Supports

December 3, 2020
Minnie Ho
Data & Analytic Services

ICES: Ontario’s Key Data, Evidence and Evaluation Asset

Independent, not-for-profit, world-leading research organization established in 1992

Province-wide network of clinical, public health and research experts who use population-based health data to generate analysis and insights to help inform decision- and policy-makers on effective and efficient health care systems and delivery

Ontario’s trusted steward of 18 billion records for over 20 million Ontarians – including all health card holders, past and present; a global leader in secure access to data

Key provider for the MOHLTC Applied Health Research Question (AHRQ) program, delivering a valuable service to Ontario health system stakeholders as part of ICES’ core funding

Trusted provider of secure data analytics for key provincial partners

Applied Health Research Question (AHRQ)

"An AHRQ is a question posed by a health system policy maker or provider in order to obtain research evidence to inform planning, policy and program development that will benefit the entire Ontario health system."

- *Ontario Ministry of Health and Ministry of Long-Term Care (MOHLTC)*

ICES is a Research Provider that receives and adjudicates AHRQ requests from the broader health care system as it is well positioned to respond to AHRQs that directly involve the use of ICES data holdings.

Knowledge Users (AHRQ requesters) include policy development staff, planners and decision makers from across the Ontario health system including, but not limited to: Ontario ministries, Ontario Health Teams, hospitals and institutions, Indigenous communities, provincial associations and agencies.

Types of responses: rapid response, research report or technical brief, research project; depending on response requested, deliverable turnaround time ranges from 5 business days to over 8 weeks.

For more information: https://www.ices.on.ca/DAS/AHRQ

What does this mean to me as an OHT?

ICES primarily provides support as “bookends” of the OHT building blocks:
1) defined patient population
8) performance measurement, quality improvement, continuous learning

Continuous, close engagement with the MOHLTC and other organizations within in the OHT Central Program of Supports to maximize alignment and to avoid duplication in support provided from the data and analytics perspective

Support for OHTs across the development spectrum though up to this point, main activities have been focused on building block #1

Examples of completed AHRQs for OHT support:

1. Information provided about children and youth in the Champlain LHIN with mental health and addiction and complex care needs, for the purpose of guiding health services planning for the region.

2. Information provided on the seven family health organizations (FHOs) identified and their patients served by the physicians within the FHOs. This request helped to inform an application to become an Ontario Health Team.

3. Information provided about data collected in the Health Care Experience Survey (HCES) to assist a team with mapping system assets for supporting individuals living with mental health, addictions, and dementia and their caregivers in the catchment area. This was used by the OHT to develop an accessible physical and virtual points of contact to those seeking support. The evidence collected will be evaluated to assess the baseline understanding of patient experiences as they relate to access.

For a list of other completed AHRQs, please see: https://www.ices.on.ca/DAS/AHRQ/AHRQ-Projects?year=2019&page=1

Please contact us and we would be happy to have individual consultations with you!

Q&A

More from RISE

- Upcoming webinars
  - Community engagement during COVID-19 (10th December)
  - Collaborative governance (17th December)

Visit the RISE website (www.OHTrise.org) to access additional resources and register for upcoming webinars

Contact us with questions or requests for supports for OHTs (rise@mcmaster.ca)