

# OHT Data Dashboard Launch Webinar

Sept 13, 2022



**Ontario  
Health**

# Land Acknowledgement



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# OHT Data Dashboard- Launch Webinar

## Participant Instructions

### Housekeeping

- Today's session **will be recorded** so it may be accessed by those who are not able to join us today
- If you have questions, please use the chat feature to ask them. If we don't get to your question, we'll do our best to respond after the session.
- Please ensure your mic is muted during the presentation
- *Thank you for your participation!*

 Recording in Progress



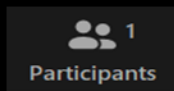
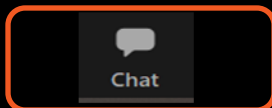
### Webinar Controls

#### Desktop Device

- click meeting controls at the top/bottom of your screen

#### Mobile Device

- Tap your screen for controls to appear



### Chat Box

From Me to **Everyone**

Great representation from all regions here today!

I would be very interested to hear how other OHTs have managed during Covid-19; any lessons learned from others would be valuable

From Me to **Host**

I am having trouble hearing the current presenter.

Is there a number I can use to dial in?





# Agenda

- Opening remarks
- Overview of topics and timelines
- OHT Data Dashboard overview
- IntelliHealth overview
- Discussion, questions and answers
- Closing remarks

# Speakers

## *Ministry of Health*

- Jillian Paul, Director of Integrated Policy & Planning, Ontario Health Teams Division
- Geoff Bannon, Manager, Health Data Branch

## *Ontario Health*

- Dov Klein, Vice-President, Value-Based Care
- Cory Russell, Director, Population Health Data Strategy and Implementation
- Karin Hohenadel, Manager, Population Health Data Strategy and Implementation



# Opening Remarks: Jillian Paul

# Better Data & Analytics for OHTs



A key goal of Ontario Health and the Ministry is to provide OHTs with data and analytics supports in the most streamlined manner possible, promoting greater accessibility to the data, flexibility in how data is presented, manipulated and used, and consistency across indicators and calculation methodologies.

## *How better data & analytics tools will support OHTs:*

- ✓ **Towards Population Health Management**: The OHT model represents **a transition to a population health model**. A key step in this transition is to understand the health, health care utilization, and health care experiences of a population across the continuum of care and beyond traditional sector boundaries.
- ✓ **Service Planning and Delivery for Attributed Populations**: At maturity, OHTs will be held clinically and fiscally accountable for delivering a full and coordinated continuum of care to a **defined patient population**. Better data will assist in planning and delivering services to that population.
- ✓ **Better Data & Analytics for OHTs**: Data and analytics are critical in supporting the planning, coordination, and delivery of services across sector boundaries. **Improved data and analytics are necessary** to understand the unique healthcare needs of the patients accessing care within your OHT.

# Understanding Attributed Populations

## What are attributed populations?

**Attributed populations are the defined patient populations for which OHTs will be held clinically and fiscally accountable at maturity.**

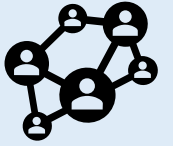
These populations are defined by a methodology which describes the natural linkages between Ontarian patients, physicians and hospitals. Each OHT's attributed population reflect how patients in Ontario access care and the relationships between providers.

## Attributed Populations and Geography

- In addition to attribution-based data, it is understood that **the health system also requires geographic data** – such as data at the level of Forward Sortation Areas (FSAs) – to support health system planning and effective health service delivery.
- Attribution is **not based on geography** or where one lives, but rather where and with who patients seek care. Accordingly, OHTs do not align to any boundaries or catchment areas.
- The data & analytics tools provided by OH and the Ministry, including map-based tools like the OHT Data Dashboard and others like IntelliHealth, are designed to **enhance all OHTs' understanding of their attributed populations.**

### Patient Attribution Methodology

The attribution methodology involves three key steps:



1. **Patients -> Physicians:** Patients are linked to a primary care physician based largely on primary care enrollment or health system use.
2. **Physicians -> Hospitals:** Primary care physicians are linked to the hospital where most of their patients are admitted.
3. **Specialists -> Hospitals:** Specialists are linked to the hospital where they perform most of their inpatient services.



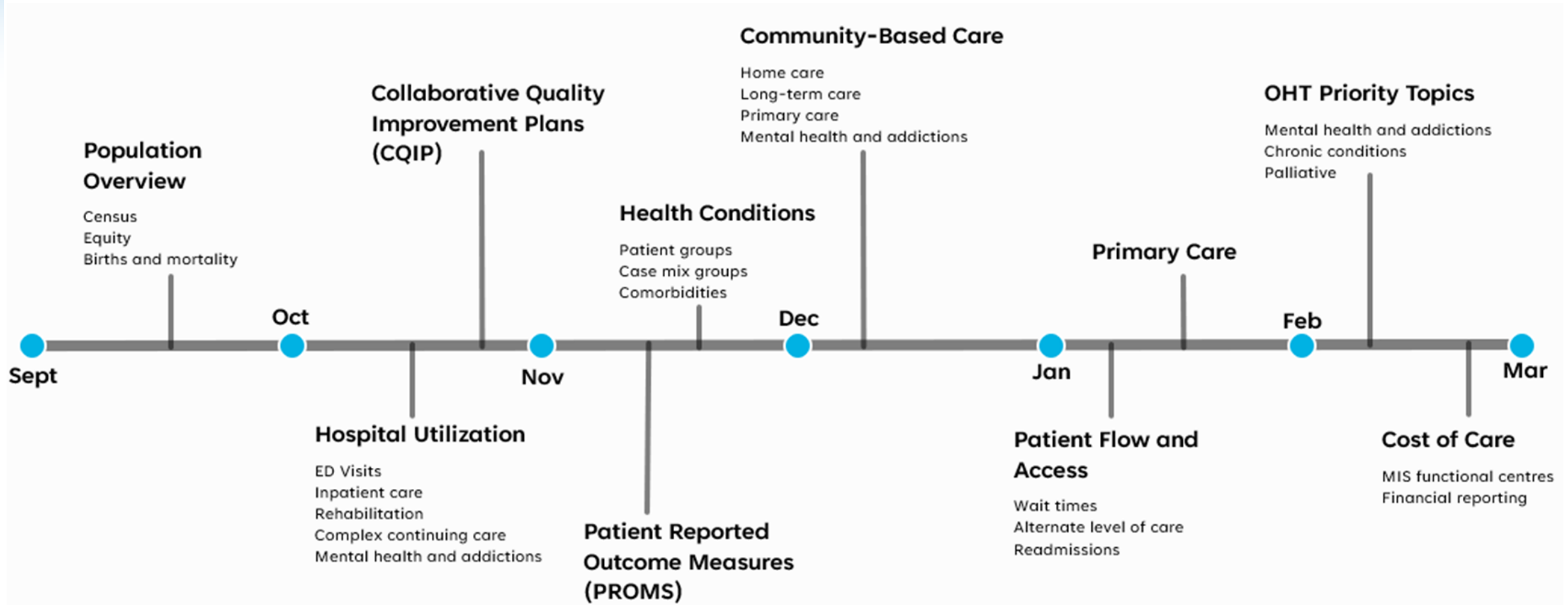


# Opening Remarks: Dov Klein



# Overview of topics and timelines: Cory Russell

# OHT Data Dashboard: Planned report releases



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# OHT Data Dashboard overview: Cory Russell



# IntelliHealth: Geoff Bannon



# IntelliHealth: Ontario Health Teams Attribution

## Data:

- OHT attribution model has been integrated with IntelliHealth
- Formal launch of OHT data within IntelliHealth is scheduled for the first week of October 2022

## Reporting:

- OHT population attribution report is available within Standard Reports and is based upon the multiple datasets used to create the attribution file:

Path: team content/IH reports/standard Reports/11 code tables/Ontario Health Teams

Dataset	OHT Population	OHT for Hospitals
Ontario Registered Person (RPDB)	Completed	N/A
Ambulatory Visits (NACRS)	Completed	Completed
Medical Services	Completed	In progress
Inpatient Discharges (DAD)	Completed	Completed
Inpatient Rehabilitation (NRS)	Completed	Completed
Complex Continuing Care (CCRS)	Completed	In progress
Long-Term Care (CCRS)	Completed	In progress
Inpatient Mental Health (OMHRS)	Completed	Completed
Home Care (HCD)	Completed	In progress
Population Grouper	In progress	N/A
Patients thru AM IP (NACRS & DAD)	In progress	In progress
Patients thru AM IP HC (NACRS & DAD & HC)	In progress	In progress
Patients thru AM IP Med Serv. (NACRS & DAD & Med Serv.)	In progress	In progress



# Discussion / Q & A: Karin Hohenadel



**Closing remarks: Dov Klein**

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