Highlights and Key Messages from the Ontario Health Team Provincial Learning & Improvement Forum

February 19-20, 2020

Webinar
March 10, 2020
Rapid Improvement Support and Exchange (RISE)
Ontario Health Teams Division, Ministry of Health

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Overview and Context

- The Ontario Health Team (OHT) Provincial Learning and Improvement Forum was held February 19-20, 2020 at York University in Toronto.
- The OHT Forum was hosted by the Rapid Improvement Support & Exchange (RISE) team and the Ministry of Health (MOH).
- Attendees included a diverse range of perspectives and subject-matter expertise from OHTs, the ministry, and partners.
- The OHT Forum provided teams with an opportunity to:
    - Make connections with, and learn from, the approved and full applicant OHTs;
    - Provide feedback on barriers and needed policy and program supports; and
    - Engage with key external and internal partners who will provide the necessary supports, services, and tools required to strengthen your year 1 plans
- Day 1 was led by MOH and focused on outlining the vision for year 1 and engaging in discussion on areas of interest identified by OHTs, including: shared decision-making arrangements, home and community care, and digital health and information management.
- Day 2 was led by RISE and focused on engaging teams on planning for their year 1 populations and implementing a population-health management approach.
- This webinar will provide a summary of discussions that took place at the OHT Forum to ensure that a wider range of individuals, beyond those that attended the OHT Forum, have access to the highlights, key messages, and planned next steps.

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OHT Forum Highlights

All 30 Approved and Full Applicant OHTs gathered together for the first time, for an in-person forum, hosted by RISE and MOH.

2 **Full Days**

250+ **Participants, including Patients and Caregivers**

120+ **Health organizations represented**

40+ **Partners that will directly support OHTs participated**

7+ **Interactive sessions**

30 **Approved & Full Applicant OHTs**

Key Messages: What We Heard from OHTs

- **OHTs identified a range of supports needed** for OHTs to move forward with implementation of their year 1 plans, including: investment (funding and resources); guidance on establishing shared decision-making arrangements; clarity on parameters for home and community care; and clarity regarding year 1 expectations and start date.
- Teams enjoyed the **opportunity to interact and share information** with other teams, support partners, and the ministry.
- The **wide variety of attendees, including many patients and caregivers, enriched the dialogue**. In particular, patients and caregivers noted how engaged they felt in the development of this transformation initiative.
- The **dynamic and interactive learning approach** for Day 2 promoted cross-OHT discussions and opportunities for teams to directly engage with experts who supported discussions on their year 1 priority populations.

Day 1 Overview

February 19, 2020

Allison Costello, Director
OHT Implementation and Supports Branch
Ministry of Health

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Session #1: Shared Decision-Making Arrangements (SDMAs)

Presenters

- Expert Speaker: Anne Corbett, Partner, BLG
- OHTs: East Toronto Health Partners and Chatham-Kent OHT
- MOH: Allison Costello, Director, OHT Implementation and Supports Branch, Ontario Health Teams Division

Session Highlights

- Anne Corbett shared key decisions points/considerations and early models being developed by OHTs.
- OHTs shared their experiences to date in developing leadership structures, SDMAs, and approaches to engaging with core partners (e.g., primary care), including challenges and critical success factors.
- MOH provided overview of expectations for shared decision-making.
- Facilitated break-out discussions on challenges and opportunities encountered by teams in the development of SDMAs and what supports teams need to advance their SDMAs.

Key Themes: What we heard OHTs need

- Further guidance on minimum specifications for SDMAs and advice on structuring SDMAs for larger teams.
- Centralized resources and templates to avoid duplication across OHTs.
- Funding to support implementation and physician engagement/participation.
- Clarity regarding MOH plans and expectations for year 1 to ensure SDMAs are structured to enable the achievement of expectations.

Next Steps

- OHTs to continue local development and implementation of SDMAs.
- MOH to share guidance on SDMAs, including minimum specifications for year 1, and work with Central Program of Support partners to develop and share additional examples, leading practices, etc.

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Session #2: Home and Community Care

Presenters

- Expert Speaker: Dr. Samir Sinha, Director of Geriatrics, Sinai Health System and University Health Network
- OHTs: Southlake OHT and Guelph & Area OHT
- MOH: Amy Olmstead, Director, Home and Community Care, Ontario Health Teams Division

Session Highlights

- Overview of the current state of home and community care, including challenges and opportunities.
- OHTs shared their vision and plans for home and community care, including barriers and potential solutions.
- Facilitated break-out discussions regarding what guidance teams need to deliver integrated home and community care within the OHT context and advice on how to determine the right balance of flexibility and consistency.

Key Themes: What we heard OHTs need

- **Care Coordination:** OHTs are seeking flexibility regarding care coordination functions and direction on expectations regarding transfer of existing care coordination workforce to OHTs.
- **Contracts and Provider Selection:** request for updated contract templates and flexibility in the provider selection process.
- **Access and use of CHRIS:** increase access and reduce barriers for accessing CHRIS/HPG, including for all health service providers and service provider organizations; for more interoperability with CHRIS; and for data on team's attributed HCC patient populations in order to better plan for and understand patient needs.

Next Steps

- OHTs to continue the development of plans to prepare for the delivery of home and community care.
- MOH to support changes to existing legislative and regulatory barriers to enable new models of care planning and delivery within OHTs. (*Connecting People to Home and Community Care Act* was introduced February 25, 2020).
- MOH to develop and share a guidance document outlining key parameters to support OHTs in the planning and delivery of home and community care.
- MOH to work with Ontario Health to develop an implementation plan for direct access to CHRIS for OHTs.

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Session #3: Digital Health and Information Management

Presenters

- Expert Speaker: Dr. Sacha Bhatia, Chief Medical Innovation Officer and F.M. Hill Chair in Health System Solutions, Women's College Hospital
- OHTs: North York Toronto Health Partners and Huron Perth & Area OHT
- MOH: Greg Hein, Assistant Deputy Minister, Digital Health Division

Session Highlights

- Highlighted the role of digital health (DH) and information management (IM) as enablers of integrated care; how Digital First for Health enables and supports OHTs; and existing and future DH and IM supports to OHTs.
- OHTs shared their experiences to date with DH planning, including challenges and opportunities.
- Facilitated break-out discussions provided an opportunity for teams to provide feedback on the data and digital supports required to succeed, including: expanding patient digital choices; offering better, more connected provider tools, and using analytics and decision-making supports.

Key Themes: What we heard OHTs need

- **Funding and Resources:** to support DH and IM maturity.
- **Expand access to existing digital health assets:** teams would like the ministry to improve access to digital health solutions to ensure that their providers are adequately equipped with solutions that support clinical workflows and patient care needs.
- **Stronger ministry direction:** teams are open to the ministry being more prescriptive for matters concerning digital health and information management (e.g. patient access to personal health information and the development of health information standards).

Next Steps

- OHTs to continue to work collaboratively with the ministry and OH to move forward DH and IM planning.
- MOH to update and clarify direction included in the Digital Health Playbook and policy guidance documents
- MOH to release an OHT IM Guidebook and which will address the need for health information standards.

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Session #4: Demonstrating Success through Patient and Caregiver Case Studies

Presenters

- Lisa Priest, Interim Community, Patient and Stakeholder Engagement Lead, Ontario Health
- Maggie Keresteci, Caregiver Partner, North York Toronto Health Partners

Session Highlights

- Expertise and insights on leveraging case studies as an opportunity to build knowledge about what's working as the implementation of OHTs progresses.
- Fire-side chat with caregiver partner Maggie Keresteci.
- Patient and caregiver partners from a range of participating OHTs shared their experiences with case studies and storytelling and the impact patient engagement has had on their OHTs.

Key Themes: What we heard

- Teams, including patients and caregivers emphasized the importance of sharing patient stories and the impact of patient engagement.
- Patients and caregivers who spoke noted that they have never felt as engaged as they do now through the OHT initiative.

Next Steps

- OHTs will be asked to collect case studies at regular intervals, and in a consistent format, to support the measurement of impact of OHTs on patient experience.
- MOH to work with Ontario Health to provide tools to teams and establish process for collecting patient and caregiver case studies.
- More detail about this will be shared with teams shortly, but in the meantime, teams are encouraged to begin reflecting on how they will begin to build in the documentation of case studies.

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Next Steps

- **Share OHT Forum materials:** to be shared broadly via ministry and RISE websites so they are accessible to teams along all stages of the readiness path.
- **Examine event evaluation results:** to inform future planning and delivery of OHT supports and activities
- **Continue to support teams through the OHT Central Program of Supports, including:** ministry points of contact; OH Local Support Coordinators (LSCs); RISE; and other delivery partners

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Day 1 & 2 Overview

February 19-20, 2020

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

Heather Bullock, PhD, RISE Executive lead

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Acknowledgements and Caveats

- RISE provides evidence-based support to OHTs, using a 'rapid learning and improvement' lens, as part of the ministry's OHT Central Program of Supports
- RISE prepares both its own resources (like RISE briefs) that can support rapid learning and improvement, as well as provides a structured 'way in' to resources prepared by other partners and by the ministry
  - RISE is supported by a grant from the Ontario Ministry of Health
  - The opinions, results, and conclusions – both those conveyed in our resources and at events like this one – are those of RISE and are independent of the ministry
  - No endorsement by the ministry is intended or should be inferred

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RISE's Guide to Day 1 Materials

- Topics for the four main sessions gave OHTs a chance to explore aspects of four of the eight OHT building blocks (BBs) - see next slide
  - BB #2: In-scope services → Home and community care
  - BB #3: Patient partnership and community engagement → Patient story and patient engagement (two sessions that bracketed the day)
  - BB #5: Digital health → Digital health (and information management)
  - BB#6: Leadership, accountability and governance → Collaborative (or shared) decision-making arrangements
- Structure of each session (and hence materials) went from general to specific
  - Kick-off talks by a patient partner, health-system partner or research partner, which varied in their specificity to OHTs
  - Presentations by OHTs, which were particularly helpful when they brought to life specific challenges and workable solutions (e.g., Guelph's integrated primary-care teams)
  - Presentations by ministry staff, which then introduced small-group work

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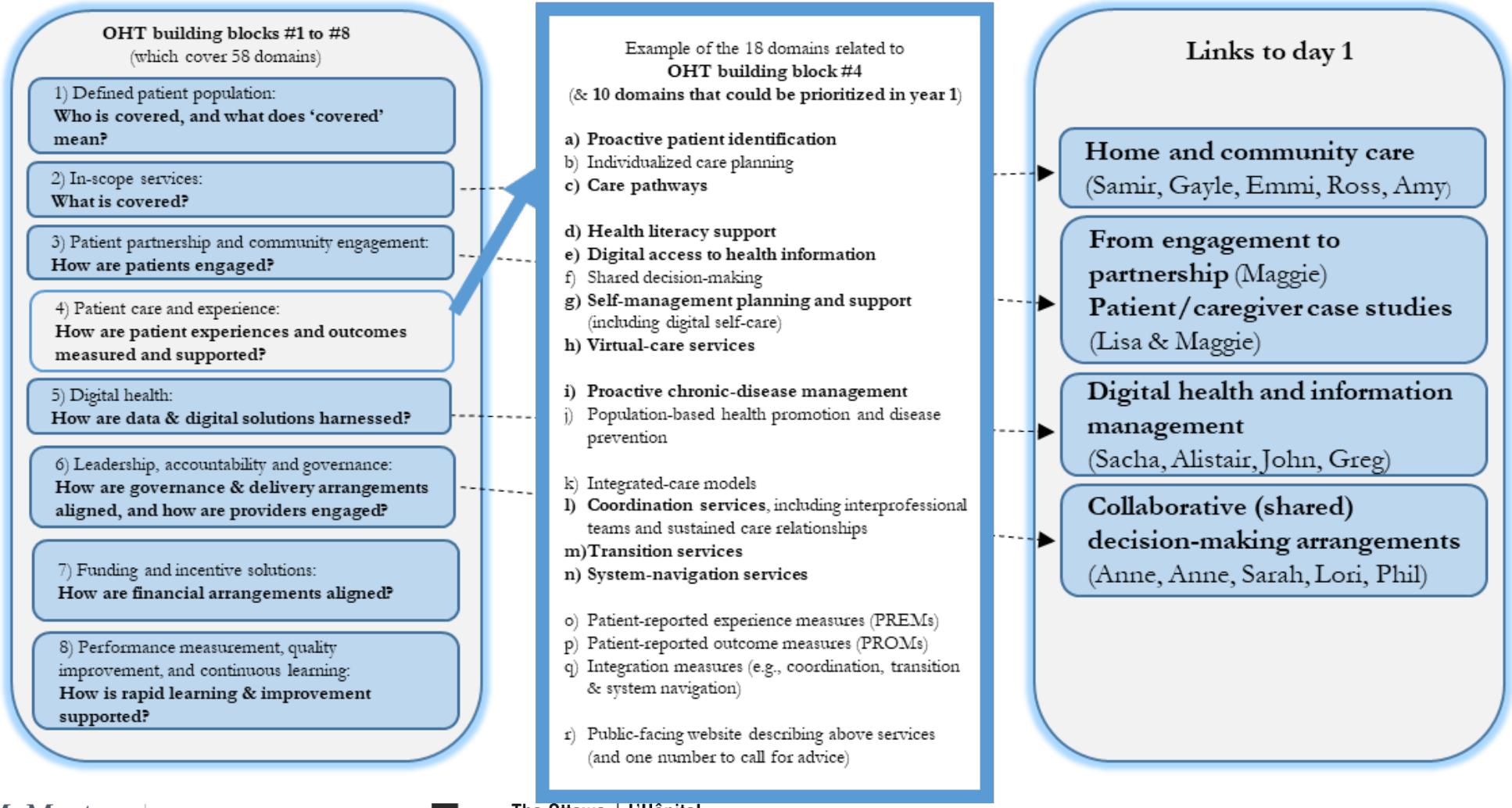
Building Blocks (& Related Domains & Day 1 Links)



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RISE's Guide to Day 1 Materials (2)

- BB #2: In-scope services → Home and community care
  - Quadruple-aim framing of strategic goals for home-care modernization, the details of which were released less than a week later
  - Focus on the first three of six priority areas for OHTs (contracts and provider selection, care coordination and access to & use of CHRIS, as well as operational support resources, service allocation, and common-assessment tools)
  - Questions about balancing flexibility and consistency and a worksheet for prioritization and feedback
- BB #3: Patient partnership and community engagement → Patient story and patient engagement
  - Rationale for, examples and suggested themes for patient engagement-related case studies, with more detail to come about when, for what, etc.

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RISE's Guide to Day 1 Materials (3)

- BB #5: Digital health → Digital health (and information management)
  - Pre-circulated document, slides and handout, with the handout distilling year 1 expectations and mature-state outcomes, as well as implementation-related questions
- BB #6: Leadership, accountability and governance → Collaborative (or shared) decision-making arrangements
  - No substantive change over past year but key point emphasized about having a qualified entity to receive and manage any one-time implementation funds, as well as having a framework for shared decision-making on the use of any such funding
  - Discussion focused on progress with collaborative decision-making arrangements (and in future it would help to have a framework and/or templates for such arrangements)

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RISE's Guide to Day 2 Materials & Follow-up

- Plenary, four stations and a 'consolidation opportunity' gave OHTs a chance to advance their population-health management plans to 'move the needle' on quadruple-aim metrics for their year 1 priority populations (as a key first step in laying the groundwork for moving the needle for their entire attributed population), which aligns directly with one of the eight OHT building blocks (BBs) - see next slide
  - BB #4: Patient care and experience → Focus on four year 1 priority populations
    - People at the end of life and/or needing palliative care
    - Older adults with greater needs, which OHTs variably defined as including 'at risk,' co-morbidities/chronic conditions, complexity, frailty, and high service users
    - People with chronic conditions, which OHTs variably defined as including congestive heart failure, chronic obstructive pulmonary disease, dementia, diabetes, and complex-care needs
    - People with mental health and addictions issues
- Significant emphasis placed on transitioning from thinking in terms of pilot projects to ensuring that every step is a step towards full scale

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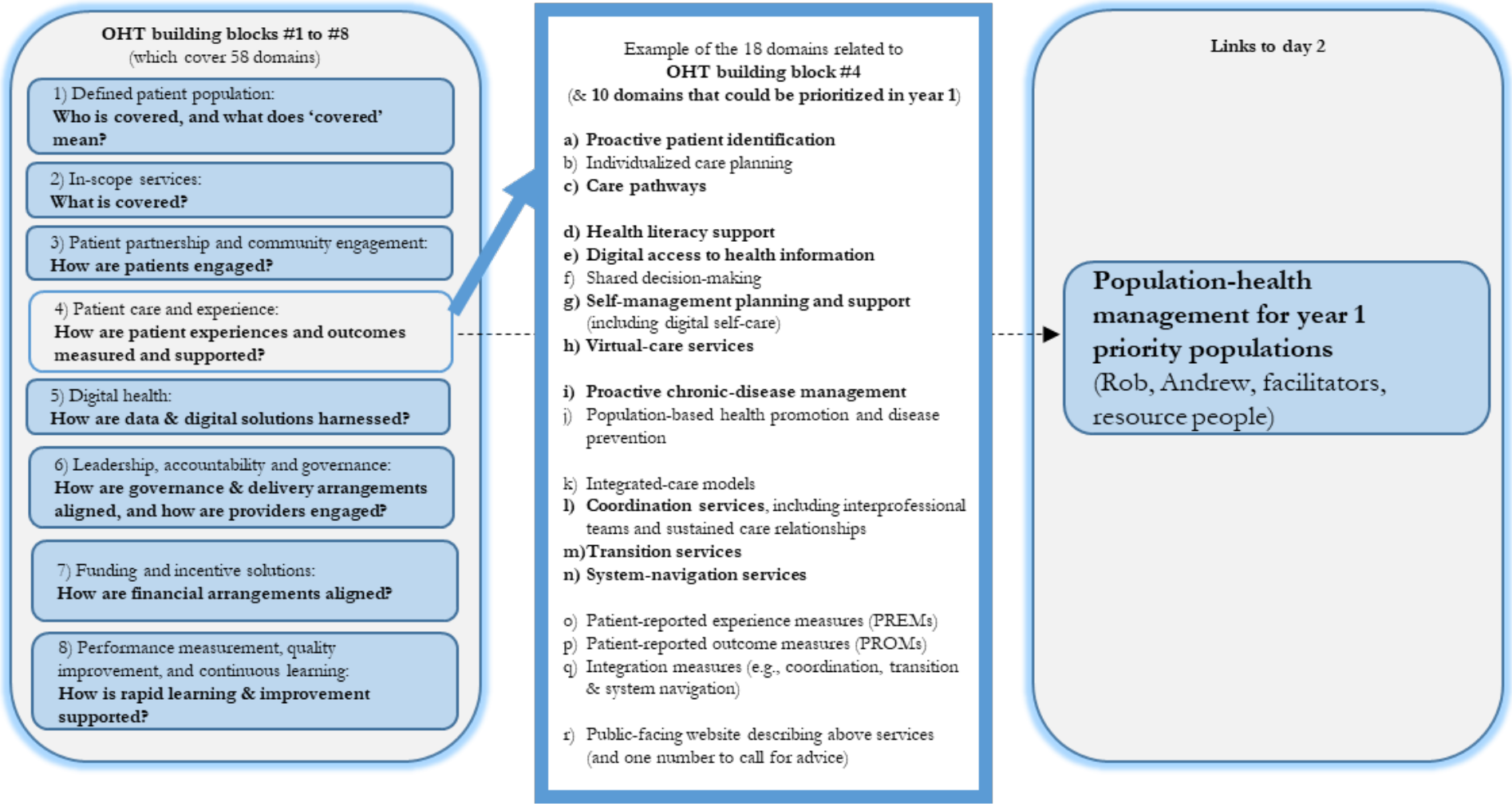
Building Blocks (& Related Domains & Day 2 Links)



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RISE's Guide to Day 2 Materials & Follow-up (2)

- Plenary presentation on population-health management
  - Slides are posted now on the RISE website, with a translated version to follow soon
  - Draft RISE brief (and appendix with questions used in stations) is posted now, with finalized and translations versions to follow soon
  - Webinar has been scheduled for Thursday 12 March from 12-1 pm
- Four learning stations each had a facilitator, several population-health management resource people, and a support staff
  1. Segmenting your population into groups with shared needs
  2. Co-designing care pathways and in-reach and out-reach services for each group
  3. Implementing pathways/services in a way that reaches and is appropriate to each group
  4. Monitoring implementation and evaluating impact

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RISE's Guide to Day 2 Materials & Follow-up (3)

- Population-focused groups cycled through the four learning stations along with their population-focused resource people
  - Four draft RISE briefs about resources to support population-health management – one for each year 1 priority population – are posted now, with finalized and translations versions to follow soon
  - Four webinars about resources to support population-health management – one for each year 1 priority population – have been scheduled
    - People who would benefit from a palliative approach to care:
      Webinar on Tuesday 17 March from 12-1 pm
    - People with mental health and addictions issues:
      Webinar on Tuesday 24 March from 12-1 pm
    - People with chronic conditions:
      Webinar on Monday 30 March from 12-1 pm
    - Older adults with greater needs
      Webinar on Tuesday 31 March from 12-1 pm

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RISE's Guide to Day 2 Materials & Follow-up (4)

- Consolidation opportunity gave OHTs a chance to re-group to
  - Discuss synergies in approaches to and next steps for population-health management across their priority populations
  - Identify at least three actions that they could now take
- They were prompted to remember the first question in the appendix to the RISE brief about population-health management
  - Are you approaching your efforts to 'move the needle' on quadruple-aim metrics for your year 1 priority population in a way that lays the groundwork to become a designated OHT in future?
    - Will engage a meaningful proportion of your attributed population and meaningful number of your partners
    - Can be easily documented, spread to other populations, and later scaled to your entire attributed population

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Some of What We Heard at the OHT Forum

- From facilitators and resource people
  - Significant variability across OHTs in understanding, readiness and realism (and networking was 'fantastic')
  - Need to manage expectations about what needles can move in year 1 (e.g., patient experiences)
  - Need to communicate messages multiple times in multiple different ways
- From OHTs
  - Feeling frustrated, confused, overwhelmed, nervous, hopeful, and/or encouraged
    - Population-health management is a journey, not a year 1 endpoint
    - Having Ontario Health local support coordinators coming online will help
  - Pleased to be among peers and hear about promising examples
  - Many commonalities across priority populations (& some allegiance to their definition)
  - Tension between 'low rules' versus common, structured approaches
  - Interest in participating in learning & improvement collaboratives
    - Give options of population and/or context (e.g., urban vs rural) and/or readiness
  - Need to address barriers and 'unlock' resources

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Some of What We Heard (2) – By Station

- Station 1: Segmenting your population into groups with shared needs
  - Variability in understanding the core concepts and, across groups, in where challenges lie (e.g., where to start with palliative care, single vs cross chronic conditions, mental and physical health)
  - Need a RISE brief on population segmentation (which can be adapted when HSPN's review has been completed)
  - Need provincial support for access to data and 'canned reports'
  - Need help with 'social complexity' needs
  - Primary care is essential across all levels in the pyramid
  - Need balance of quantitative/qualitative data and de-identified/identified data
- Station 2: Co-designing care pathways and in-reach/out-reach services
  - Variability in capacity for and experience with patient partnership
  - Balance provincial initiatives and local contextualization → Need to brief provincial partners
  - Complementing representation with meaningful co-design 'on the ground'
  - Keep focus on equity and patient voices
  - Add self-management supports

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Some of What We Heard (3) – By Station

- Station 3: Implementing pathways/services in a way that reaches and is appropriate to groups
  - Not everyone is at the point of implementation
  - Common barriers relate to physician engagement and data sharing
- Station 4: Monitoring implementation and evaluating impact
  - Need for local engagement in selecting common outcome measures (and for sharing what data are available, as well as logic models, performance metrics, and evaluation tools)
  - Common commitment to 'moving the needle,' especially with patient and provider experiences
  - Opportunity with upcoming session on logic models

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Some of What We Heard (4) – By Population

- People at the end of life and/or needing palliative care
  - Many not aware of existing resources that are already fit-for-purpose
  - Need to work through who provides it and models of shared care
  - Need for education
- Older adults with greater needs
  - Some 'push back' on population segmentation as an approach
  - Tension between 'low rules' versus common, structured approaches
- People with chronic conditions
  - Need for a balance between outcomes measures that work across chronic conditions and that capture easy wins with single conditions
  - Overlap with other priority populations, especially older adults
- People with mental health and addictions issues
  - Tension between 'low rules' versus common, structured approaches that have not yet come online through centre for excellence (with structured psychotherapy being a good test case)
  - Need for common outcomes, comparative data (including for PREMS and PROMS), shift towards high-value data collection → Need to brief provincial partners

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Next Steps for RISE (Building on What We Heard)

- Lead, enable or support communities of practice (OHT and RISE) and 'learning and improvement' collaboratives (e.g., one for each year 1 priority population and possibly one for those in rural & remote areas and/or those earlier in their readiness for population-health management)
- Support as seamless an experience as possible with the coaching and other 'on-the-ground' supports becoming available through the OHT Central Program of Supports (e.g., ADVANCE and possibly inter-team coaching through RISE)
- Co-convene more events like the upcoming citizen panel about engaging patients, families and caregivers in OHTs, and upcoming stakeholder dialogue about supporting hospital-to-home transitions

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Next Steps for RISE (2)

- Host more webinars (in addition to those broadening the OHT Forum's reach)
  - OHT Central Program of Supports: Tuesday 7 April from 12-1 pm
  - Primary-care physician engagement: Tuesday 14 April from 12-1 pm
  - Data sharing within existing rules: Tuesday 21 April from 12-1 pm
  - Insights for provincial health-system partners about balancing provincial guidance and local contextualization and transitioning to high-value data collection: Tuesday 28 April from 12-1 pm
- Prepare or update RISE briefs about population-health management, four priority populations, and building blocks (e.g., overall; data-analytics platform; population segmentation), and key patient partner, health-system partner and research partner resources (e.g., OHT Central Program of Supports; OH's Quality Business Unit)

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Next Steps for RISE (3)

- Prepare more rapid syntheses
  - e.g., lessons learned from integrated-care initiatives (HealthLinks, bundled payment, rural health hubs, etc.)
  - e.g., lessons learned from hubs and other approaches to co-locating services
- Continue to update the website (www.OHTrise.org | www.ESOrise.org) and disseminate a monthly e-newsletter to provide a structured 'way in' and disseminate 4 types of resources
  - RISE resources (e.g., updated RISE brief on population-health management)
  - Resources prepared by other partners (e.g., HSPRN practice guides)
  - Resources prepared by the ministry (e.g., digital health playbook)
  - Systematic reviews and economic evaluations on topics for which no OHT-specific resources are yet available

Questions?

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