



# Lunchtime Webinar: Leadership Infrastructures for OHTs

## RISE Webinar

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## Today's Webinar

- Six lunchtime (12-1 pm) webinars focused on topics particularly relevant for teams invited to full application
  - Monday August 26 – Leadership infrastructure for OHTs
    - Section 4: How will your team work together
    - Section 6: Implementation planning and risk analysis
  - Tuesday September 3 – Population-health management by OHTs
  - Monday September 9 – How OHTs can approach their work with an attributed population
  - Thursday September 19 – Topic to be confirmed
  - Monday September 23 – Topic to be confirmed
  - Tuesday October 1 – Topic to be confirmed
- A [recording](#) of today's webinar will be posted on the RISE website under 'Join events'

## Today's Webinar (2)

- Many teams developed an **initial leadership infrastructure** for their team and, through the self-assessment process and now the full-application process, they are learning what's working well and what could be improved
- In this webinar we'll hear from members of the OHT community of practice
  - How two teams with very different types of locally available resources have developed their leadership infrastructure
  - How teams that share a priority population can join forces to balance standardization and local contextualization and to ensure they are aware of and considering how best to leverage relevant regional and provincial assets
  - How teams can begin to incorporate planning for broader human services within a full and coordinated continuum of care to their patients
  - How partners that serve the attributed populations of many teams are balancing their contributions to these teams with existing service needs

## Today's Webinar (3)

- Observations from members of the OHT community of practice are meant to get you thinking about what's working well and what could be improved with your own leadership infrastructure
- Please share your own observations or any questions in the chat box, and we'll return to them later in the webinar

## Developing an Initial Leadership Infrastructure

- E.g., Executive leadership group comprising CEOs and executive directors of partner organizations
  - Partnership council
  - Executive sponsor group
- E.g., Integrated operational management group comprising VPs of operations and directors of programs, plus communications
  - Oversight and coordination secretariat
  - Project management office
- E.g., Working groups focused on
  - Improving patient care & experience (#4) for year 1 priority populations
  - Other high-priority building blocks like digital health (#5) and leadership, accountability & governance (#6)
  - Special topics (e.g., home care)

## Developing an Initial Leadership Infrastructure (2)

- Terms of reference for each group
- Guiding principles for working groups focused on year 1 priority populations
  - See the summary sheet accompanying RISE briefs 6, 8 and 9
- (Possibly) Written agreement that addresses decision-making, conflict resolution, performance management, information sharing, and resource allocation

## Learning from Others

- How two teams with very different types of locally available resources have developed their leadership infrastructure
  - Lori Marshall, CEO, Chatham-Kent Alliance
  - Matthew Meyer, Population Health Lead, London Health Sciences Centre
- How teams that share a priority population can join forces to balance standardization and local contextualization and to ensure they are aware of and considering how best to leverage relevant regional and provincial assets
  - Heather Bullock, Executive Lead, RISE
- How teams can begin to incorporate planning for broader human services within a full and coordinated continuum of care to their patients
  - Paul Johnson, General Manager, Healthy and Safe Communities, City of Hamilton
- How partners that serve the attributed populations of many teams are balancing their contributions to these teams with existing service needs
  - Kyle Fitzgerald, Manager of Government Relations and Public Policy, Alzheimer Society of Ontario

## Balancing Standardization & Contextualization

- Many teams have selected one or more similar year 1 priority populations
  - E.g., Adults with mental health and substance-use problems
- While the current focus for many teams is co-designing local approaches to population-health management, over time the OHT community of practice can support teams in
  - Standardizing approaches where appropriate
  - Leveraging regional and provincial assets



## Learning from Others (2)

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  - Matthew Meyer, Population Health Lead, London Health Sciences Centre
- How teams that share a priority population can join forces to balance standardization and local contextualization and to ensure they are aware of and considering how best to leverage relevant regional and provincial assets
  - Heather Bullock, Executive Lead, RISE
- How teams can begin to incorporate planning for broader human services within a full and coordinated continuum of care to their patients
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## Incorporating Broader Human Services

- While the current focus for many teams is finding new ways to work with health-system partners, some teams have included municipal governments in their partnership planning to bring an even broader array of assets to the table
  - Healthcare services where municipal governments play a key role (e.g., emergency medical services and long-term care homes)
  - Broader human services (e.g., housing and social services)
  - Population-based strategies (e.g., municipal by-laws to address health behaviours and the broader determinants of health)

## Learning from Others (3)

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## Balancing Team Contributions & Service Needs

- Many partners serve the attributed populations of many teams
  - E.g., home-care providers that perhaps face the most direct trade-offs between contributing to these teams and meeting existing service needs (and they may want to focus their contributions on working groups that are co-designing population-health management approaches for year 1 priority populations)
  - E.g., community-based organizations, not all of which will face the same type of trade-off but which will still need to work out how best to support their staff and volunteers

## Learning from Others (4)

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  - Matthew Meyer, Population Health Lead, London Health Sciences Centre
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## Reminders About Related RISE Briefs

- RISE brief 2 about leadership infrastructure and work plans
- RISE brief 3 about collaborative governance
- RISE brief 4 about primary-care leadership and engagement
- RISE brief 6 about population-health management
  - Guiding principles for working groups focused on year 1 priority populations

## Observations? Questions?

Please remember that we're audio-recording the session  
(and we'll post the recording on the RISE website) and  
we can't answer policy questions

English: [www.OHTrise.org](http://www.OHTrise.org) | Français: [www.ESOrise.org](http://www.ESOrise.org)

## Join an Upcoming Webinar

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