RISE

Rapid-Improvement Support and Exchange

Lunchtime Webinar: Working with an Attributed Population

RISE Webinar

John N. Lavis, Co-lead, RISE and Director, McMaster Health Forum

Robert J. Reid, Co-lead, RISE and Chief Scientist, Institute for Better Health, Trillium Health Partners

McMaster University | HEALTH FORUM

The Ottawa Hospital RESEARCH INSTITUTE | L'Hôpital d'Ottawa INSTITUT DE RECHERCHE

Trillium Health Partners | INSTITUTE FOR BETTER HEALTH

RISE
Rapid-Improvement Support and Exchange

Today's Webinar

- Six lunchtime (12-1 pm) webinars focused on topics particularly relevant for teams invited to full application
  - Monday August 26 – Leadership infrastructures
  - Tuesday September 3 – Population-health management
  - Monday September 9 – Working with an attributed population
  - Thursday September 19 – Community engagement and communications (to be confirmed)
  - Monday September 23 – Engaging and improving care for francophone populations
  - Tuesday October 1 – Taking steps towards collaborative governance
- A recording of today's webinar will be posted on the RISE website under 'Join events'

RISE
Rapid-Improvement Support and Exchange

Overview

- Working with an attributed population
  - To identify or confirm partners → Start with your map (and adjacent maps that others teams are willing to share)
  - To consider whether, or confirm that, you have appropriate scale → Start with a workable size in attributed population
  - To identify, and prioritize your work with, year 1 priority populations → Focus on the 'biggest groups' of providers for now
  - To support care integration → Don't (yet) purchase off-the-shelf 'solutions'
  - To involve home care partners in care integration → Be pragmatic in your early work on home care

RISE
Rapid-Improvement Support and Exchange

Panelist

- For experiences in taking action based on an understanding of their attributed population
  - Robert J. Reid, Co-lead, RISE → making observations about Mississauga's attributed population

RISE
Rapid-Improvement Support and Exchange

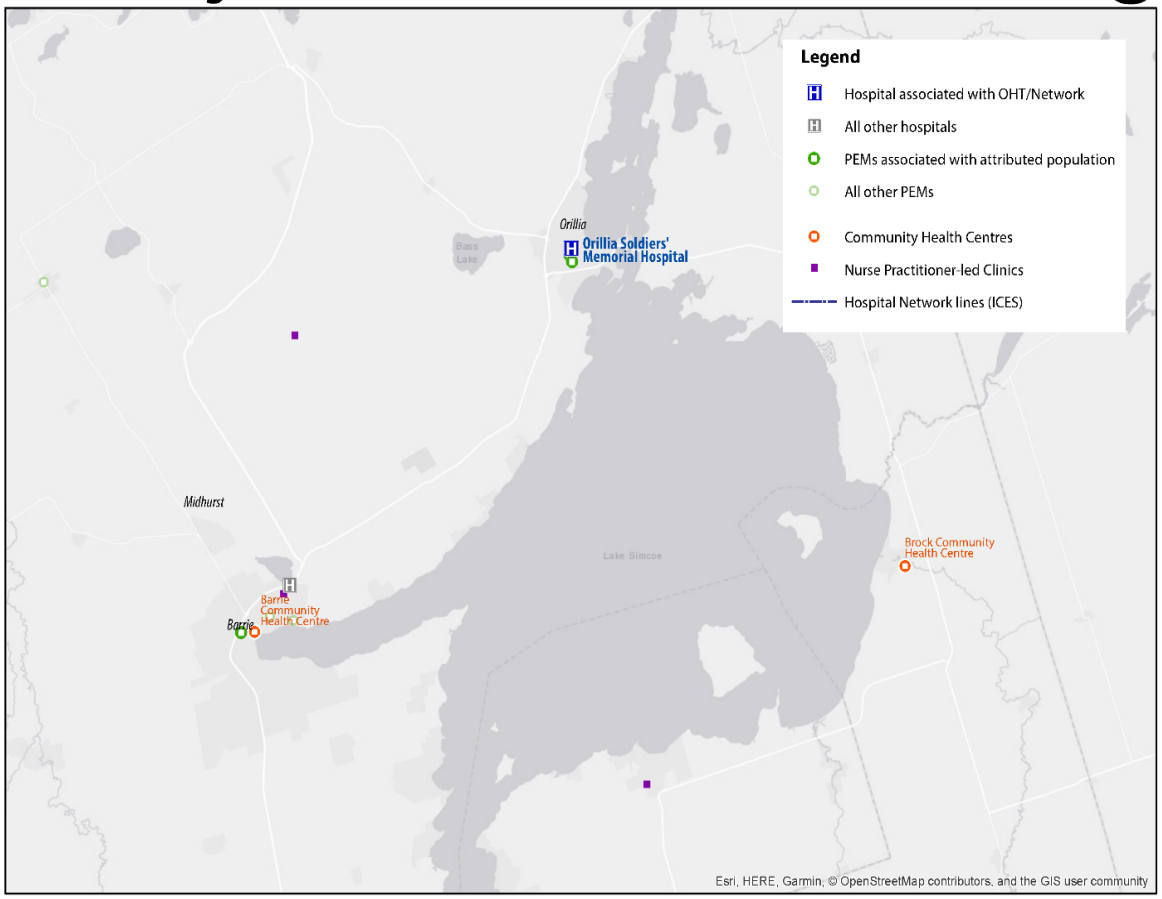
Start with Your Map

- Current and future iterations of the maps that display naturally occurring utilization and referral networks are a critical input to teams defining their target population
  - Teams invited to full application can use their map to confirm their partners
  - Teams in development will receive a map as part of their data package, which they can use to confirm whether they are or can become well aligned with a network
- Remember that there are other maps that can help you
  - Ontario Medical Association's interactive map of teams invited to full application and teams in development
  - thehealthonline.ca map of services by LHIN (which over time can be re-configured to meet the needs of teams)

RISE
Rapid-Improvement Support and Exchange

Start with Your Map (2): Couchiching OHT

Couchiching OHT **Ontario**



Notes

1) PEMs are key

2) CHCs and NP-Led Clinics have been added for illustrative purposes (and other primary-care providers, AHACs & IIPCTs could be added)

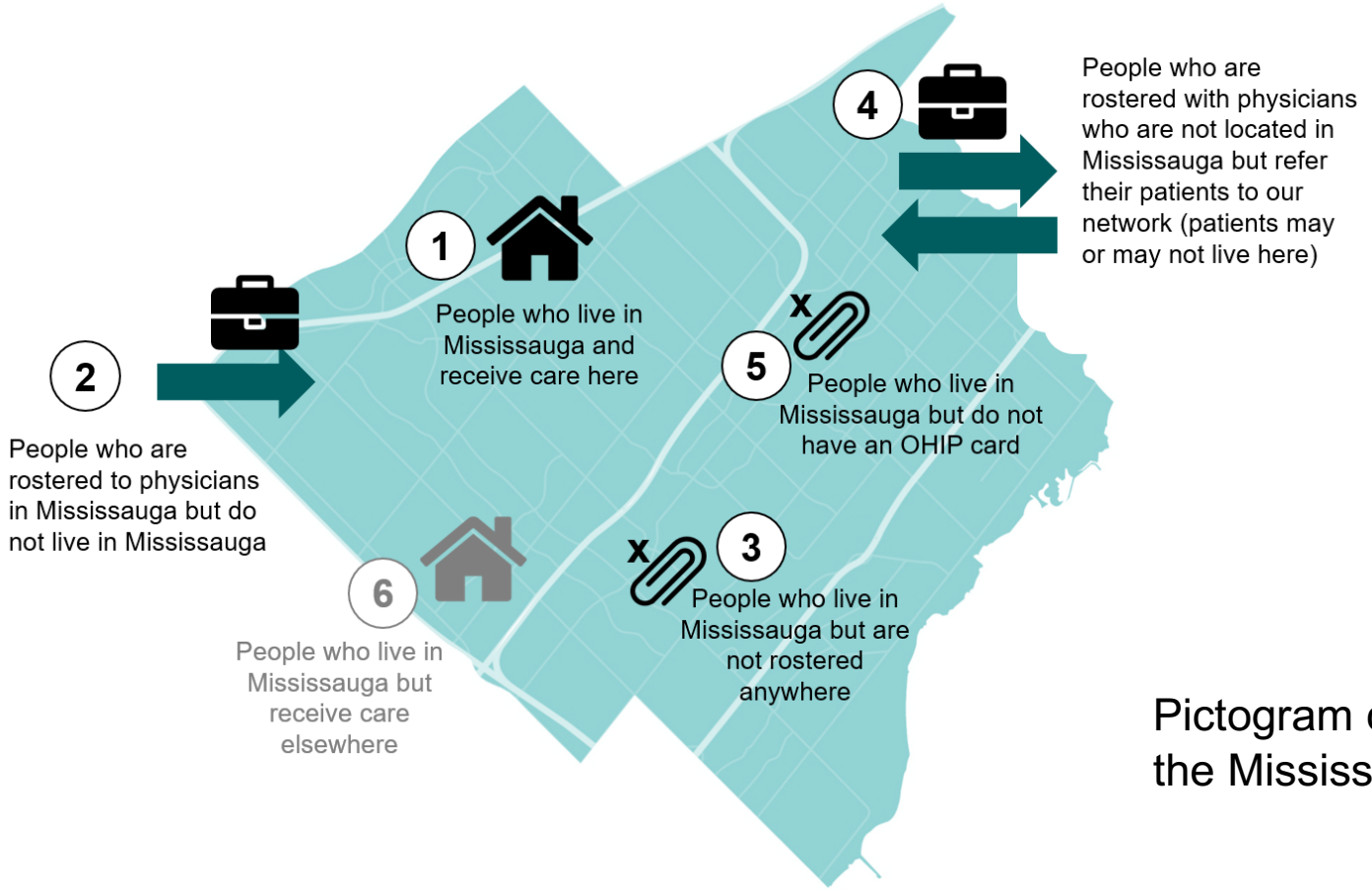
3) Home & community care providers, long-term care homes, French-language service providers, etc. could be added

4) Municipal boundaries could be added

5) Place of residence could be added for insured patients (and potentially for non-insured)

RISE
Rapid-Improvement Support and Exchange

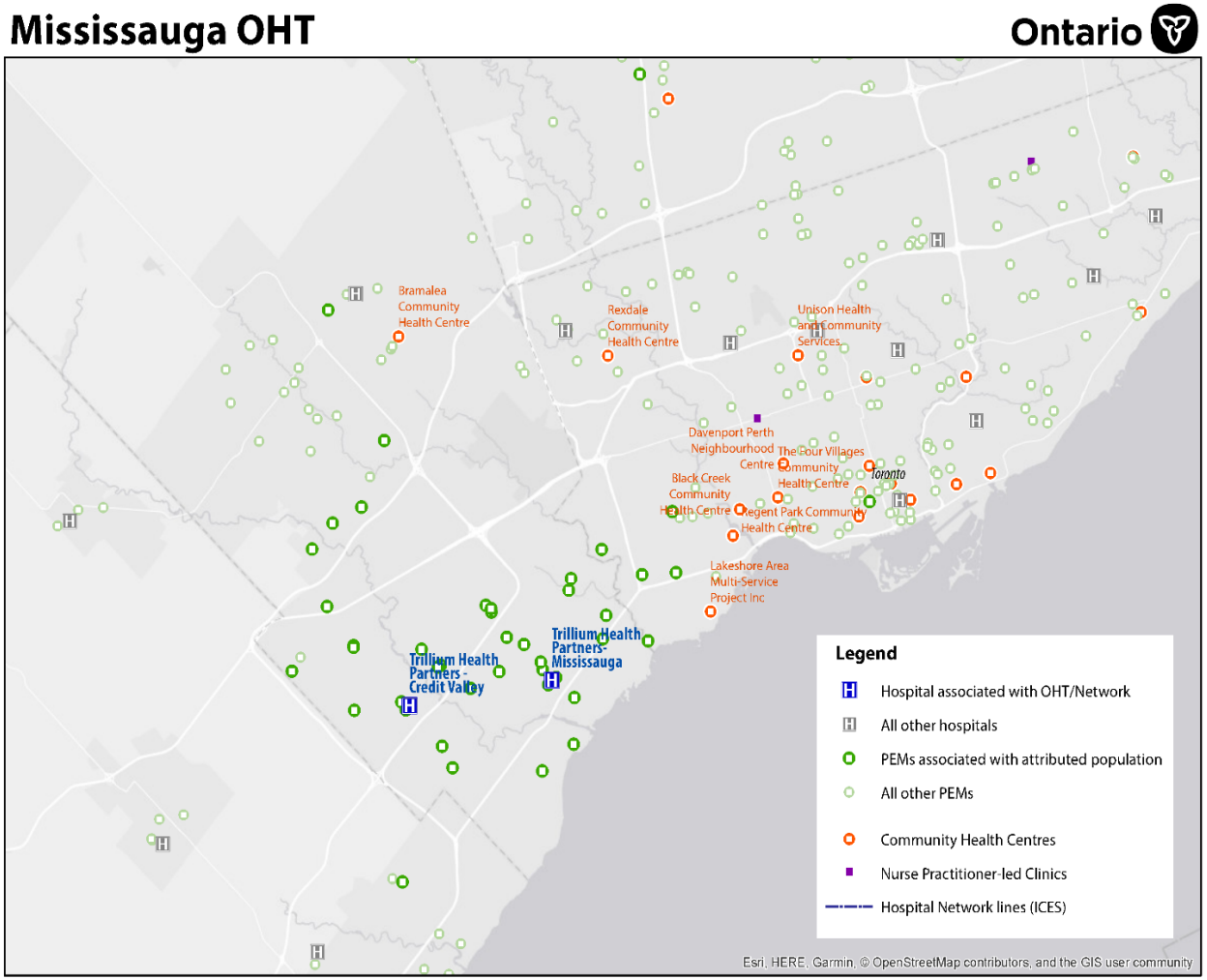
Start with Your Map (3): Mississauga OHT's Pictogram for Explaining An Attributed Population



Pictogram courtesy of the Mississauga OHT

RISE
Rapid-Improvement Support and Exchange

Start with Your Map (4): Mississauga OHT



RISE
Rapid-Improvement Support and Exchange

Aim for a Workable Size in Attributed Population

- Teams in development and in discovery will also want to identify the factors that help them work through whether they have or can have a population size that would be workable as an OHT
  - Performance measurement (building block #8) requires quadruple-aim metrics that have a reasonably small 'confidence interval'
  - Two building blocks – leadership, accountability and governance (BB #6) and digital health, particularly data analytics (BB #5) – for such a complex undertaking require a great deal of capacity
  - There are economies of scale in designing other building blocks
    - E.g., patient partnership and community engagement (BB #3)
    - E.g., health literacy support and other domains related to improving patient care and experience (BB #4)
    - E.g., contracts and other domains related to funding and incentive structure (BB #7)
- Teams invited to full application that have very large attributable populations will also want to work through what population size is workable in year 1

RISE
Rapid-Improvement Support and Exchange

Aim for a Workable Size in Attributed Pop. (2)

- For illustration purposes
  - Median size = 219,453
  - Mean size = 298,994
  - Only five of 31 teams are between 54,000 and 100,000
  - Only five of 31 teams are larger than 500,000 (of which two are larger than 870,000)

RISE
Rapid-Improvement Support and Exchange

Focus on the Biggest 'Groups' For Now

- By the time teams move to implementation as Candidate OHTs, someone will likely have developed a population-attribution algorithm so OHTs can use their own data to regularly generate a patient register for which they're accountable
- In the meantime
  - Start with the biggest and most relevant group of providers in efforts to 'move the needle' for year 1 priority populations
    - Patients rostered to a local primary-care provider (PEMs), which account for 82% of Ontarians
  - Consider prioritizing parts of second group in year 1 when easy to identify who they are
    - Patients attributed based on frequent visits to a local primary-care provider, which account for 16% of Ontarians
- Don't prioritize for now other groups that would be very hard to identify (2% of Ontarians)

RISE
Rapid-Improvement Support and Exchange

Focus on the Biggest 'Groups' For Now (2)

- Two other observations
  - Be creative in how you can augment services for those who live locally
  - Remember that 'non-local' members of your attributed population are likely to skew healthier (e.g., working-age commuters, university-age students)

RISE
Rapid-Improvement Support and Exchange

Don't (Yet) Purchase Off-the-Shelf 'Solutions'

- By the time teams move to implementation as Candidate OHTs, someone will likely have recommended a population-health management system that works well for Ontario and/or electronic health records or hospital information systems that already contain a sophisticated population-health management system will increasingly be in widespread use
  - Such systems are needed for reminders, prompts, etc. to support the provision of in-reach and out-reach services

RISE
Rapid-Improvement Support and Exchange

Be Pragmatic in Early Work on Home Care

- Stay flexible in terms of partnerships with home care providers that can or could service your attributed population
- Focus on co-designing initial in-reach and out-reach services and care pathways that include home care and can operate within existing home care arrangements (and then put your thoughts about how this could be made even easier in appendix A of the OHT full application)

RISE
Rapid-Improvement Support and Exchange

Reminders About Related RISE Briefs

- RISE brief 6 about population-health management

RISE
Rapid-Improvement Support and Exchange

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 | Français: www.ESOrise.org

McMaster University | HEALTH FORUM
The Ottawa Hospital RESEARCH INSTITUTE | L'Hôpital d'Ottawa INSTITUT DE RECHERCHE
Trillium Health Partners | INSTITUTE FOR BETTER HEALTH

RISE
Rapid-Improvement Support and Exchange

Join an Upcoming Webinar

- Six lunchtime (12-1 pm) webinars focused on topics particularly relevant for teams invited to full application
  - Monday August 26 – Leadership infrastructures
  - Tuesday September 3 – Population-health management
  - Monday September 9 – Working with an attributed population
  - Thursday September 19 – Community engagement and communications (to be confirmed)
  - Monday September 23 – Engaging and improving care for francophone populations
  - Tuesday October 1 – Taking steps towards collaborative governance
- Registration and more details are available on the RISE website under 'Join events' (and recordings will be posted after the webinars)