RISE
Rapid-Improvement Support and Exchange

Lunchtime Webinar: Taking Steps Towards Collaborative Governance

RISE Webinar

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McMaster University | HEALTH FORUM

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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
  - Tuesday September 3 – Population-health management by OHTs
  - Monday September 9 – How OHTs can approach their work with an attributed population
  - Thursday September 19 – Community engagement and communications
  - Monday September 23 – Engaging and improving care for francophone communities
  - Tuesday October 1 – Taking steps towards collaborative governance
- A recording of today's webinar will be posted on the RISE website under 'Join events'

Questions in OHT Full Application

- 4.1 Does your team share common goals, values, and practices?
- 4.2 What are the proposed governance and leadership structures for your team?
  - How will your team be governed to make shared decisions?
  - How will your team be managed?
  - What is your plan for incorporating patients, families and caregivers in the proposed leadership and/or governance structure(s)?
  - What is your plan for engaging physicians and clinicians/clinical leads across your team's membership and for ensuring physician/provider leadership as part of the proposed leadership and/or governance structure(s)?

Collaborative Governance

- A governing arrangement in which leaders from organizations drawn from multiple sectors engage in a collective decision-making process that is deliberative, consensus-oriented and directed to the achievement of a shared goal (in this case, the quadruple aim)
- Three possible steps towards collaborative governance in year 1
  - Establish a written agreement that addresses decision-making, conflict resolution, performance management, information sharing, and resource allocation
  - Make board-level decisions that position partner organization to learn and improve rapidly in contributing to OHT efforts to: 1) design each of the eight OHT building blocks; and 2) improve care experiences and health outcomes for their year 1 priority population
  - Organize cross-board processes (and cross-organization processes more generally) that build trusted relationships among partners

Primary-Care Leadership and Engagement

- Help the full diversity of primary-care providers understand OHTs
  - E.g., Promote the outreach efforts of provincial groups that have well-established relationships with and actively support different types of providers (OCFP, OMA, NPAO, RNAO, AHC / CHO, AFHTO & IPHCC)
  - E.g., Outreach through existing local networks
- Support primary-care providers to become leaders in their OHT and help shape it
  - E.g., Aided by OCFP's Leadership in Primary Care Network, OMA's connection service & AFHTO/OCFP's Primary Care Virtual Community
- Work with these primary-care leaders to encourage the active participation of as many primary-care providers as possible in the OHT
  - E.g., Build trusted relationships & support informed decisions about signing up with a local team

Panelists

- Anne Corbett, Partner, Borden Ladner Gervais
- Terri Sparling, CEO, Huron Perth Centre for Children and Youth (Huron Perth OHT)

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BLG
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Overview

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- Context: System Perspective
- Requirements for OHT Year One and at Maturity
- Consideration for Year One Decision-Making

Importance of Good Governance & a Health System Approach

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1. Local, voluntary, independent governance continues to be important for our health system
2. Health provider organizations must each have good governance in place to have a successful OHT
3. Key success factor will be health provider organizations sharing a vision that:
   - *Quality, accessible, affordable health care requires a health system approach: Our health system will be strengthened by breaking down the silos and providing integrated care, and*
   - *Team Members have overlapping (shared) missions and accountabilities and therefore share accountability for the system; this means a broader mission/system perspective ahead of organizational protectionism*
4. OHT year one governance will evolve: there will be some ambiguity and “grey areas”
5. Initially (and maybe at maturity) current boards and funding remain in place

Accountability in the Health System

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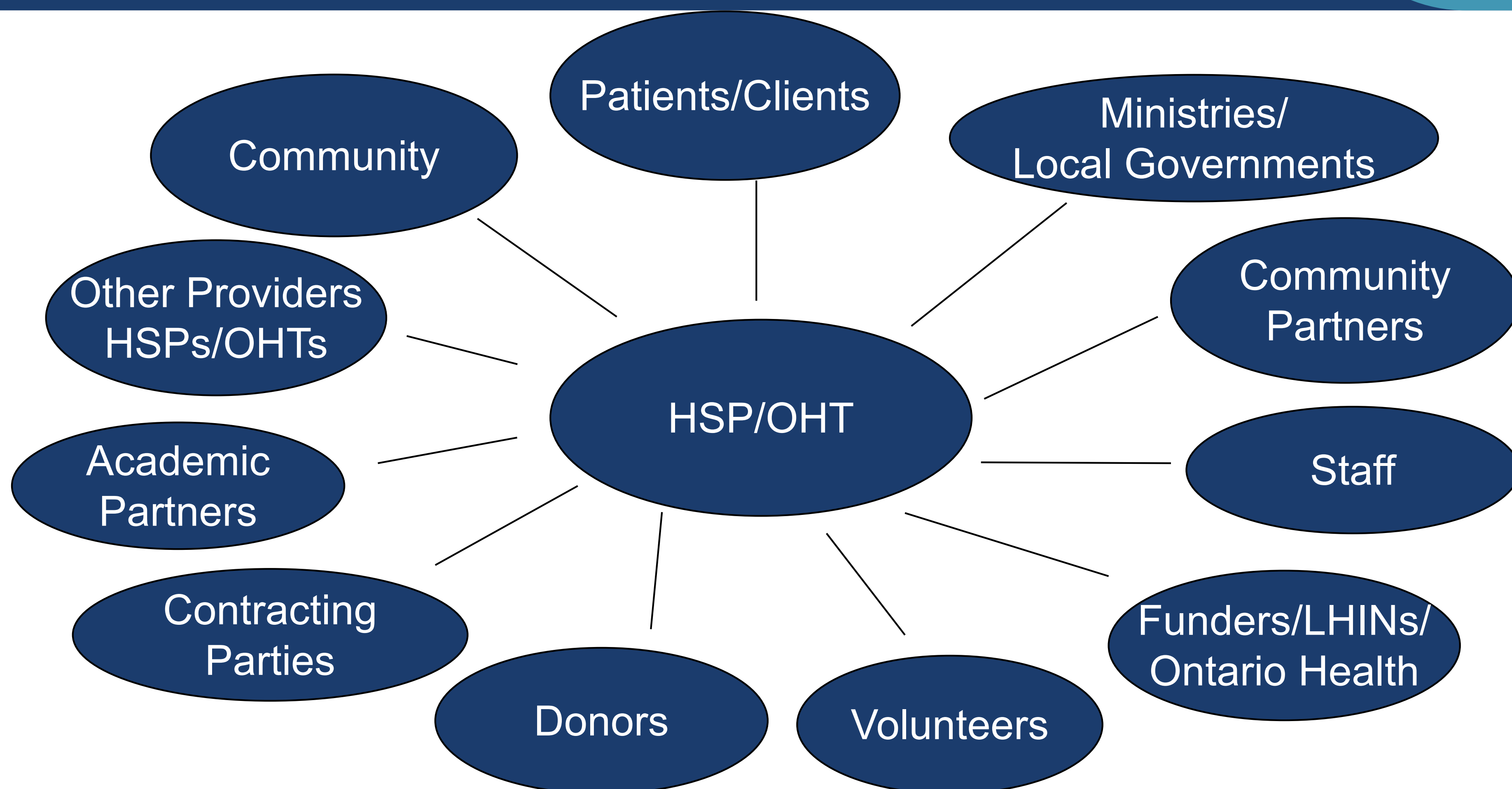

- **Mission**
- **Vision**
- **Values**
- **Accountabilities**

- **Patient/Client- centred**
- **Engagement**
- **Accountability**
- **Value for money**

System Perspective is both an Opportunity and an Obligation

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The Agency and each health service provider and integrated care delivery system [OHT] **shall** separately and **in conjunction with each other** identify opportunities to **integrate the services of the health system to provide appropriate, co-ordinated, effective and efficient services**.

Connecting Care Act, 2019, Section 30

Implications of Being an OHT

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- *Connecting Care Act* does not prescribe a governance model for OHTs
- Integrated care delivery system (OHT): Person, entity, or a group of persons or entities, as designated by Minister (delivers 3 or more of designated services)
- Treated as a HSP under the *Connecting Care Act, 2019* for purposes of:
  - Funding and accountability
  - Integration
  - Oversight
    - directives, audits, reviews, investigators, supervisors, etc.
  - Transfer order under Part V
    - transferring assets, liabilities, and employees to OHT
      - including a transfer from a LHIN

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OHT Governance: Year One

Focus should be on improving patient care and building trusting relationships: *Common understanding of patient needs should be priority*

No organization should take over other providers – for some groups, a lead organization might make sense

Governance

- There is no specified model: OHTs "**are free to determine the governance model that works for them**"
- Governance arrangements are to be "**self determined and fit for purpose**"
- Governance models may evolve over time
- Existing agreements with Ministry remain in place

Patients

- Families and caregivers to be involved in proposed leadership or governance structure

Physicians

- Need **physician and clinical engagement plan**
- Vision is for physicians to play leadership roles and function as core members of OHTs

Requirements for OHT Formation

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1. **Agreement with Ministry and OHT**
2. **Written agreement** among Team Members must include:
   - **Decision-making, conflict resolution, performance management, information sharing,** and **resource allocation**
3. **Model must enable**:
   - **Central brand**
   - **Strategic plan/direction**
   - **Physician** and **clinical engagement**
   - **Ability to add other providers**
   - **Strong financial management** and **controllership**
   - **Ability to work towards a single clinical** and **fiscal accountability framework**
   - **A plan/process to phase in the full continuum of care and meet population need at maturity (including to add primary care if not part of initial offering of services)**

Forming an OHT

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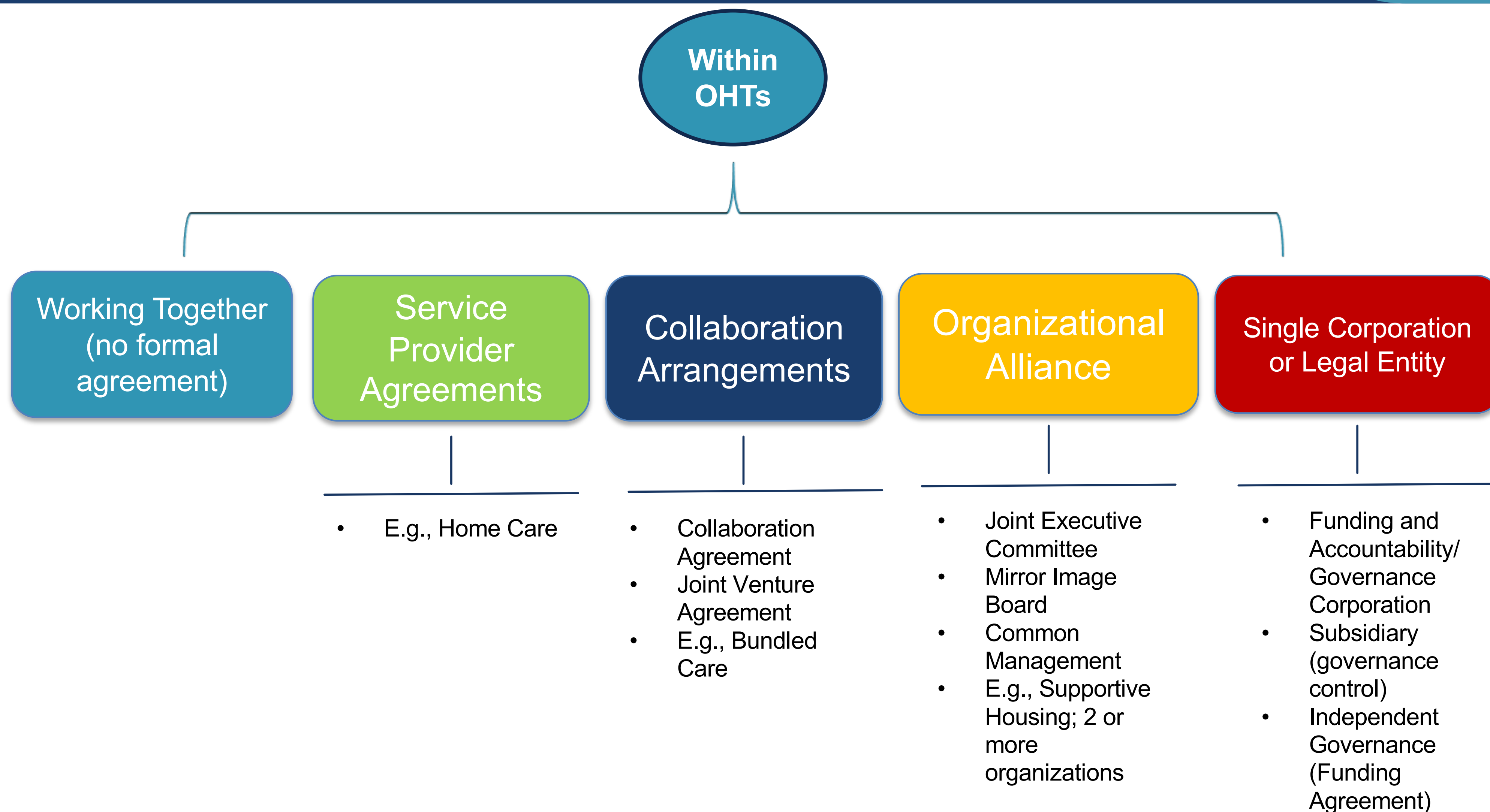
- While OHT could be a single entity if it provides 3+ of the specified services: more likely to include more than one entity with governance/contractual relationships (agreement among team members is required)
- Focus in **year one** is on **service (clinical) integration** not governance integration
- **At maturity** there may be **more than one legal entity within the "Team":** Initially and maybe at maturity team members will keep their separate legal existence: some that provide similar services may voluntarily amalgamate but no requirement to do so
- Agreements to form an OHT will fit along a continuum of formality
- Early years may require boards and organizations to get comfortable with some level of uncertainty and ambiguity
- Common challenges and questions: engaging primary care, regional resources and specialty facilities, when will funding change, how will funding be designed (risk and gain share)

OHTs: Building Blocks



OHT Framework At Maturity: Sample Structure

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Receives Funding from and is Accountable to Ontario Health for Clinical and Fiscal Framework and Ensuring Full Continuum of Integrated and Co-ordinated Care

External Agency

OHT GOVERNING ENTITY

Service Provider

Joint Executive Committee or Joint/Alliance Board (shared governance with OHT)

Subsidiary (governance control)

Services directly provided (through one or more operating divisions)

Independent Corporation (Service Accountability Agreement)

A FULL CONTINUUM of services are provided in a co-ordinated and integrated manner

Funding

Accountability

Decision-Making Framework Options in the Early Years

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Non-exhaustive list:

- Joint Steering Committees or Working Groups
- Collaboration Agreements or Joint Venture Agreements
- Joint Executive Committee
- Corporation with Board of Directors and Members Agreement

OHT Potential Year One Governance Model

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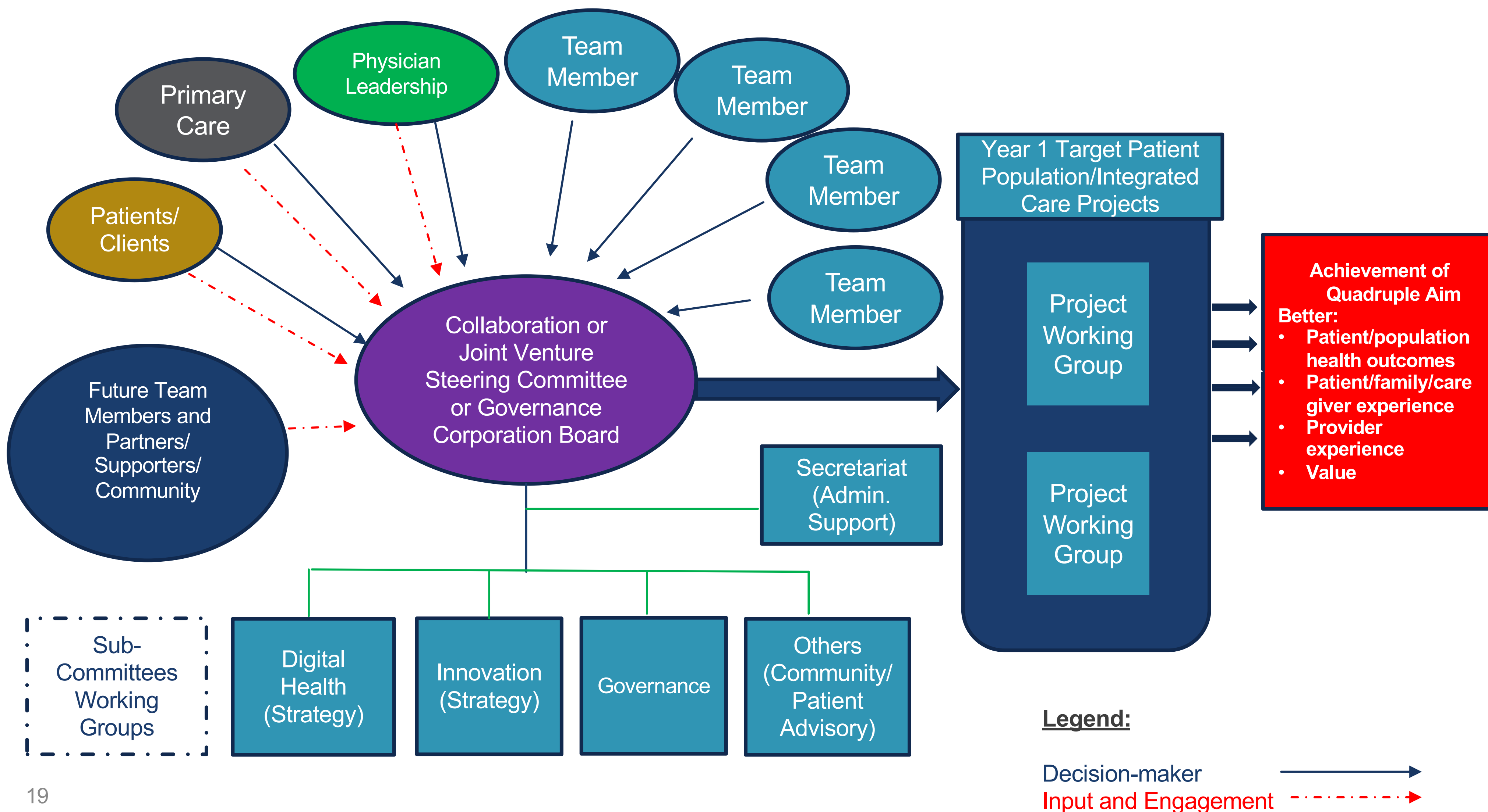

Common Considerations

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- Identify team members and levels of participation
- Agree on guiding principles and vision
- Design a decision-making “table” comprised of core team members
- Ensure a process to engage:
  - Patients/clients
  - Primary care and physician leadership
  - Other team members (and potential team members)
  - Boards
- Decide mandate and scope of authority to bind entities or make recommendations back to boards
- Decision-making principles and dispute resolution:
  - Consensus, all or subsets of those involved, mediation, escalation of disputes to Boards, off and on ramps, etc.

Common Considerations

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- Mandate for decision-making group might include:
  - Ability to create subcommittees for areas such as digital, innovation, patient engagement, primary care engagement, governance, engagement with supporters/resource partners/observers etc.
  - Identify areas for integration patient/client care and develop implementation plans that may involve a subset of team members (including year two patient populations)
  - Ensure:
    - *patient and client engagement*
    - *engagement with primary care*
    - *engagement with future team members and the community*
  - Enable the development of a strategic plan and common brand
  - Develop model to add additional team members
  - Facilitate “Board to Board” interactions and trust building among team members and potential team embers
  - Develop plans for evolving governance to single fiscal and accountability framework

Common Considerations

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- **Support for the decision-making group**:
  - Secretariat
  - Other resources (physical, human and financial)
  - Cost sharing
- **Develop Statement of Work or Project Charters for each patient/client care project:**
  - Participants (will typically be a subset of the Team but may include others)
  - Business plan and due diligence for each Project: cost and resource sharing, tax implications, human resource considerations, risk and mitigation strategies (insurance), term and termination, reporting and knowledge sharing, protecting privacy and sharing patient/client information among Project team members
  - Decision-making framework (e.g. Project Implementation Committee)

Other considerations

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- Different levels of participation at different stages of development: adding team members
- Role of the volunteer sector
- Impact on Foundations and fundraising
- Participation in more than one OHT

Panelists

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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

Related Resources

- RISE brief 3 about collaborative governance
- RISE brief 4 about primary-care leadership and engagement
- Health system partner resources
  - Organizing an Ontario Health Team: Considerations when Creating a Governance Framework [BLG Bulletin]
  - Primary-care governance models [East Toronto Health Partners]

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Next steps

- Last webinar in the series with the recording up later this week
- Keep an eye out on the ‘Join Events’ and ‘Resources’ page
- Sign up for our monthly newsletter
- Join our communities of practice

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