RISE
Rapid-Improvement Support and Exchange

Regional Session for Individuals Interested in Supporting Ontario Health Teams

North York, ON, Canada

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Agenda

- Introductions and welcome (5 minutes)
- Briefs presentations on five topics (25 minutes)
  - OHTs 101, including the OHT 'building blocks' (and links to the OHT full application form) and areas of strength and opportunities for improvement emerging from the self-assessments
  - OHT Central Program of Supports, including RISE and its website
  - Leadership and governance, including leadership infrastructure and work plans, collaborative governance, and primary-care leadership and engagement
  - Population-health management and how data analytics and research evidence can help
  - Rapid learning and improvement and how a community of practice can help
- Questions and answers (30 minutes)

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Introductions and Welcome

- Rapid-Improvement Support and Exchange (RISE)
  - John Lavis (RISE co-lead based at the McMaster Health Forum)
  - Heather Bullock (RISE executive lead)
  - Kerry Waddell (RISE focal point based at the Forum)
- CIHR Institute of Population and Public Health
  - Marisa Creatore (Assistant Director)
- Ministry of Health (to listen to what teams need to support them through the readiness path, not to answer policy questions)
  - Karen Lu, Team Lead, Ontario Health Teams program
  - Ministry points of contact & other members of the Ontario Health Teams policy/program area (in person or on Webex)

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Introductions and Welcome (2)

- Introductions and welcome (10 minutes)
  - Slides have been (or soon will be) posted on the RISE website (and the Webex recording will be posted on the RISE website)
  - Topics have been chosen based on our understanding of where teams (and those supporting them) could most benefit; we'll dive deeper in upcoming webinars (and if you are farther along the readiness path than we cover in the brief presentations or you have recommendations for additional topics, please share your experiences and recommendations during the Q&A session)
  - Please keep a list of your comments and questions so we can have a good discussion during the Q&A session (and encourage colleagues who couldn't be here today to join a future session)
  - Views 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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OHTs 101

- Ontario Health Teams (OHTs) are a new way of organizing and delivering care that involves all health providers (including home and community care providers, primary-care providers, and hospitals, among others) working together in one coordinated team to achieve the quadruple aim of improving care experiences and health outcomes at manageable per capita costs, and with positive provider experiences
- OHTs will be clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined population
- OHTs may one day be seen to be as landmark a development in Ontario's health system as the introduction of universal coverage for hospital-based and physician-provided care

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OHTs 101 (2)

- OHTs will not achieve their desired impacts on their own
  - They will need to learn rapidly from one another and from those who've succeeded (and failed) in similar work outside Ontario
  - They will also need to improve rapidly and share their successes (and failures) with others
- As part of the ministry's OHT Central Program of Supports, RISE will provide support for rapid learning and improvement by OHTs
  - 31 teams have been invited to submit an OHT full application form by 9 October
  - 41 teams are 'in development'
  - Additional teams are 'in discovery'

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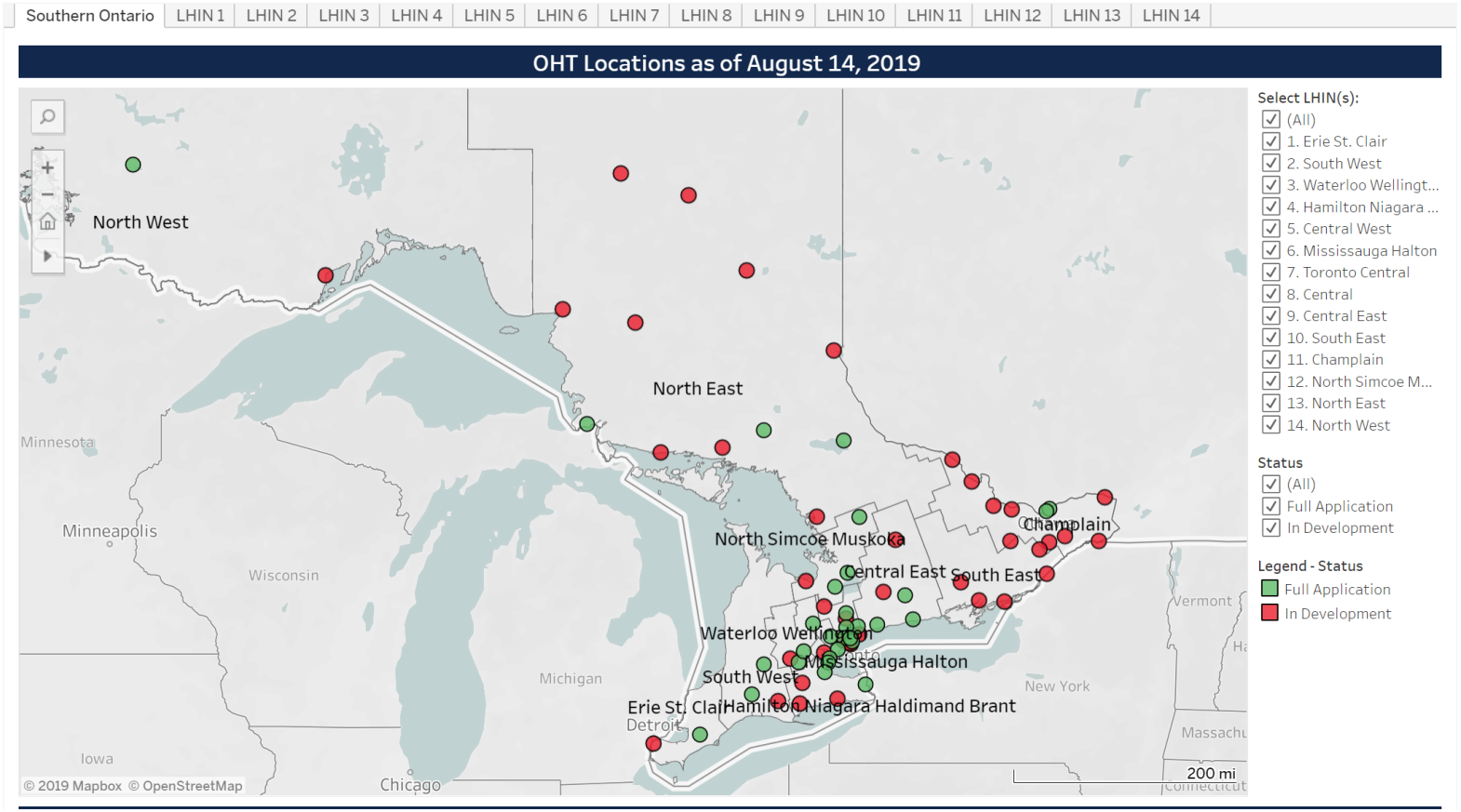
OHTs 101 (3)

- Geographic distribution of teams invited to submit a full application and teams in development (courtesy of the Ontario Medical Association)



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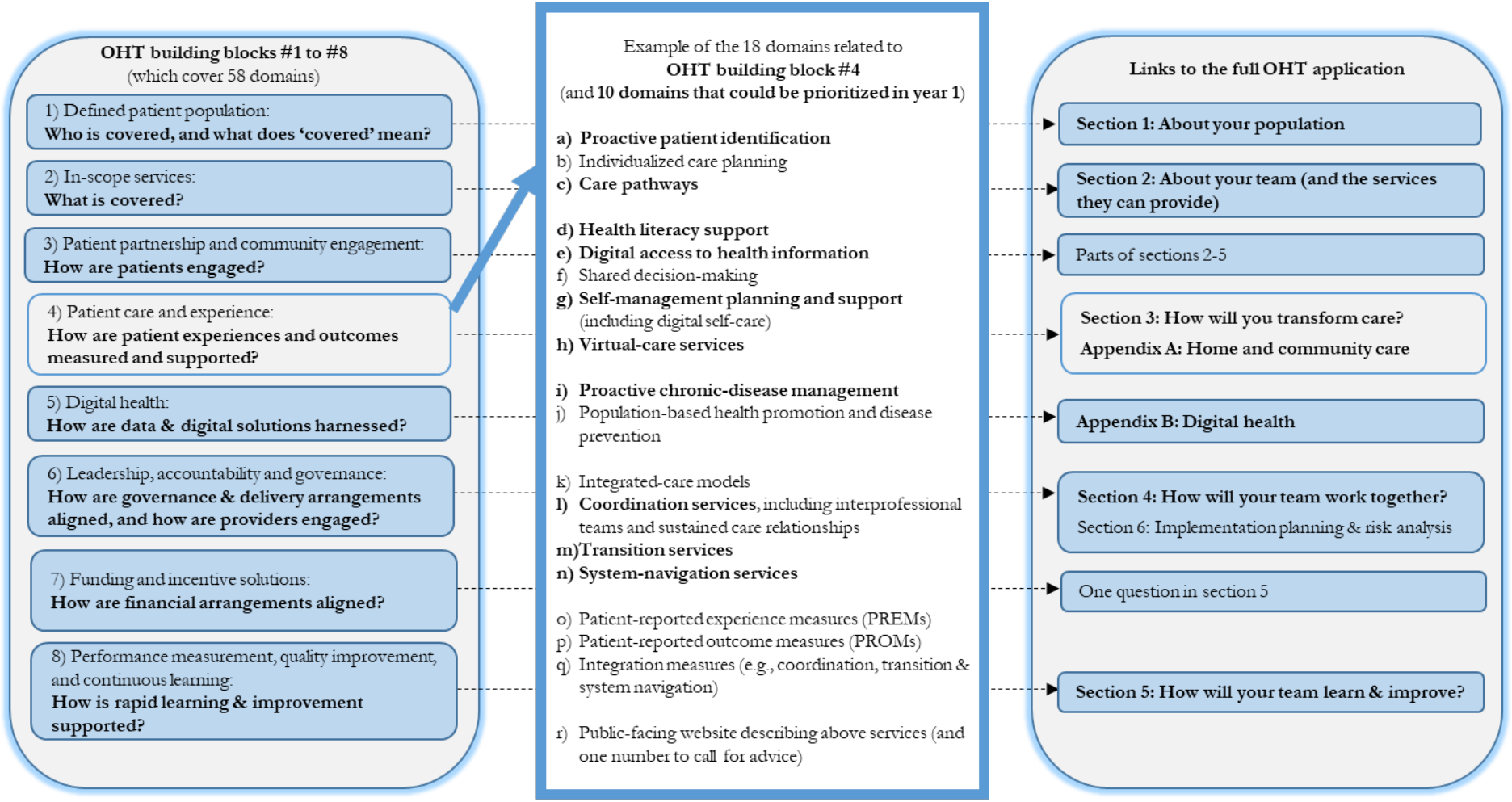
OHT Building Blocks, Domains & Application Form



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Ministry Observations about the OHT Self-Assessments

- Some common opportunities for improvement
  - Defined target population (building block #1) that reflects an understanding of demographics, cost drivers, referral & utilization patterns, and barriers to equitable care
  - (Partnerships that enable a) Full continuum of in-scope services (building block #2), especially home and community care, primary care, and specialty (hospital) care (and at maturity, services for all but the most highly-specialized conditions)
  - Patient partnership and community engagement (building block #3), with the latter including a focus on Francophone populations and Indigenous communities

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Ministry Observations about the OHT Self-Assessments (2)

- Some common opportunities for improvement (continued)
  - Use of population-health management to improve key metrics related to patient care and experience (building block #4) among groups of patients for whom quadruple-aim metrics are particularly poor (which can later be segmented into sub-groups with shared needs and shared barriers to having their needs met in a coordinated way)
  - Digital health enhancements (building block #5)
  - Leadership, accountability and governance (building block #6), which includes leadership infrastructure (and work planning to support implementation), collaborative governance (including shared accountability), and primary-care capacity and partnerships to provide a full continuum of care

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OHT Central Program of Supports

The ministry is building a **central program of supports** that is:

- ✓ **Grounded in the Ontario Health Team model**
- ✓ **Built to "meet teams where they are"** on the OHT readiness / maturity journey
- ✓ **End-user centred** and co-designed where possible
- ✓ **Iteratively** developed and **continuously improved**
- ✓ **A mix of general and customized supports to teams**

The program will be **delivered:**

- ✓ Through a **coordinated mechanism** within the ministry
- ✓ **By partners with expertise and experience** in a defined area of support, working within a **collaborative network**
- ✓ Through **various modalities** (e.g., information, guidance, tools, checklists, webinars, communities of practice, online learning collaboratives)

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Need for RISE

- Teams will need to learn and improve rapidly in
  - Designing each of the 8 OHT building blocks (and making strategic choices in each of 58 domains)
  - Harnessing these building blocks to achieve specific targets related to the care experiences and health outcomes for their year 1 priority populations
    - Teams can then build on these experiences in steadily expanding their priority populations in later years
- OHTs do not need to
  - Ignore the lessons learned from technical supports to U.S. ACOs
  - Pay expensive consultants
  - 'Drink from a fire hose' (of all available information) when they can 'drink from a glass' (of information on the exact challenge they face)

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RISE's Vision and Mission

- RISE's vision is a rapid-learning health system that continually 'ups its game' in achieving the quadruple aim of improving care experiences and health outcomes at manageable per capita costs and with positive provider experiences
- RISE's mission is to contribute to the OHTs Central Program of Supports by providing timely and responsive access to Ontario-based 'rapid-learning and improvement' assets
  - In fulfilling this mission, RISE is committed to ensuring that
    - OHTs have equitable access to support
    - those with expertise have equitable opportunities to contribute to this support

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RISE's Objectives

- Develop and iteratively improve over time packages of support that respond to evolving OHT developmental priorities
  - e.g., Regional sessions (Hamilton, London, Ottawa, Sudbury, Toronto and North York), with Webex and webinar recordings to extend the reach
  - e.g., Series of six weekly webinars on key challenge areas
- Deliver 'on demand' (or facilitate the delivery of) a suite of activities (e.g., webinars) and products (e.g., 13 RISE briefs at or shortly after launch)
- Build and engage an OHT community of practice among teams on an OHT readiness path, with a particular focus on issues emerging through the OHT application process (and over time move into a facilitation role as OHTs increasingly steer the community of practice)

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RISE's Objectives (2)

- Build and engage a RISE community of practice among those who can support local teams
- Maintain a 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., RISE brief on population-health management)
  - Resources prepared by other partners (e.g., HSPRN practice guides on implementing integrated care)
  - Resources prepared by the ministry (e.g., OHT guidance document and jurisdictional scan of integrated-delivery systems)
  - Systematic reviews and economic evaluations on topics for which no OHT-specific resources are yet available

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‘Key Resources’ Webpage Provides an Overview

RISE briefs about the ‘big picture’

- **RB1: OHT building blocks** (with Excel)
- **RB2: Leadership infrastructure & work plans** (with Excel)

RISE briefs about addressing challenges

- **RB3: Collaborative governance**
- **RB4: Primary-care leadership & engagement**
- **RB5: Community engagement**
- **RB6: Population-health management** *
- RB7: Digital health
- **RB8: Data analytics** *

RISE briefs that provide background

- **RB9: Evidence sources** *

*RBs 6, 8 & 9 share a summary sheet to support improving care experiences & health outcomes in year 1 priority populations

RISE briefs that provide background (cont’d)

- **RB10: Ontario’s health system**
- **RB11: Accountable-care organizations**
- **RB12: Rapid learning and improvement**
- **RB13: Communities of practice**

RISE briefs about specific building blocks or related domains

- **RB14: Caregiver empowerment**

Rapid syntheses (to inform RISE briefs)

- **RS1: Accountable-care organizations (updated and extended)**
- **RS2: Caregiver empowerment**

RISE briefs under consideration

- Lessons learned from evaluations of integrated-care initiatives

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A Box in each RISE Brief Identifies Content by Building Block & by Section/Question in the Full Application Form

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RISE brief 6: Population-health management
(Last updated 8 August 2019)

Overview

Ontario Health Teams (OHTs) will need to learn and improve rapidly to achieve specific targets related to the care experiences and health outcomes of their year 1 priority populations (building block #4). They can then build on these experiences in steadily expanding their priority populations (building block #1) and in-scope services (building block #2) in later years, with the goal of eventually optimizing care experiences and health outcomes for the attributed population for which they're accountable, while keeping per capita costs manageable and provider experiences positive (i.e., achieving the quadruple aim).

A key part of this learning and improvement will involve transitioning from responding reactively to the patients seeking care now from OHT partners to being proactive in meeting the needs of the broader population for which the OHT is accountable. OHTs can do this in two ways:
1) take population-health perspectives to the delivery of

Box 1: Coverage of OHT building blocks & relevance to sections in the OHT full application form

This RISE brief primarily addresses **building block #4** and secondarily **building blocks #1 and #2**:

1) **defined patient population** (secondary focus)
2) **in-scope services** (secondary focus)
3) patient partnership and community engagement
4) **patient care and experience** (primary focus)
5) digital health
6) leadership, accountability and governance
7) funding and incentive structure
8) performance measurement, quality improvement, and continuous learning

It is relevant to **section 3** (how will you transform care?) **and appendix A** (home and community care) in the OHT full application form.

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‘All Resources’ Webpage Curates Content by Building Block & by Section/Question in the Full Application Form

Building block #1: Defined patient population (who is covered, and what does 'covered' mean?) +
['Section 1: About your population' in the OHT full application form]

Building block #2: In-scope services (what is covered?) +
[Parts of 'Section 2: About your team' (questions 2.1, 2.2, 2.5 and 2.7-2.10) in the OHT full application form]

Building block #3: Patient partnership and community engagement (how are patients engaged?) +
[Parts of Sections 2 (question 2.10), 3 (question 3.5.2, 3.7.1-3.7.3 & 3.8), 4 (question 4.2) & 5 (question 5.3 & 5.4) in the OHT full application form]

Building block #4: Patient care and experience (how are patient experiences and outcomes measured & supported?) –
['Section 3: How will you transform care?' and 'Appendix A: Home care' in the OHT full application form]

Domain	RISE resources	Partner resources	Ministry resources	Curated searches
All or most domains	RB6: Population-health management	HSPRN practice guides on implementing integrated care	Jurisdictional scan of select integrated-care systems	
15) Proactive patient identification				Browse results
16) Individualized care planning				Browse results
17) Care pathways				Browse results
18) Health literacy support				Browse results

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RISE… For Individuals Who Can Support OHTs

- Read RISE briefs that help you understand what teams need now (and will need in future) and how to talk about how you can help from any of the following vantage points
  - Researchers who bring research knowledge
  - Patient partners, family members and caregivers who bring lived experience
  - Health-system partners who bring experiential and tacit knowledge
  - Health-system partners who bring contextual knowledge (e.g., care in north)
  - Health-system partners (e.g., associations) who bring much of the above plus delivery-mechanism capacity (e.g., coaching and communication infrastructure)
- Send OHT-targeted documents and descriptions of OHT-targeted events (both upcoming and recorded) to rise@mcmaster.ca
- Join and actively contribute to the RISE community of practice
  (see 'RISE exchange' on the RISE website)
- Join events profiled on the RISE website, including upcoming webinars

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Join an Upcoming Webinar Where We'll Dive Deeper Into Select Topics

- Six lunchtime (12-1 pm) webinars focused on topics particularly relevant for teams invited to full application
  - Monday August 26
  - Tuesday September 3
  - Monday September 9
  - Thursday September 19
  - Monday September 23
  - Tuesday October 1
- Registration and more details (plus recordings) will be available on the RISE website under 'Join events'

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  - Population-health management and how data analytics and research evidence can help
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Leadership Infrastructure and Work Plans

- A leadership infrastructure is needed to support new ways of working together as system partners
  - E.g., An executive leadership group comprising CEOs and executive directors of partner organizations
  - E.g., An integrated operational management group comprising vice-presidents of operations and directors of programs
  - E.g., Working groups focused on priorities such as
    - Primary-care leadership and engagement | Community engagement
    - Home care | Digital health | Communications
- Workplans can help
  - E.g., One for each year 1 priority population
  - E.g., One for each building block

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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

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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

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Population-Health Management

- Segment the population (in year 1, the priority sub-populations for whom quadruple-aim metrics are particularly poor) into groups (or population segments) with shared needs (and understand the barriers to having these needs met in ways that are well coordinated)
- Co-design care that meets the shared needs of, and addresses access barriers faced by, each prioritized population segment
  - In-reach services (i.e., proactively offering evidence-based services anytime they are 'seen in' or 'touched by' the health system)
  - Out-reach services (i.e., proactively connecting with those who are not seeking care now and proactively offering evidence-based services and removing barriers to accessing these services)
  - Care pathways for patients needing acute episodic or planned surgical care (as many have done in 'bundled care' initiatives)
- Stratify these services to enable their delivery by OHT partners in a manner that reaches and is appropriate to each population segment

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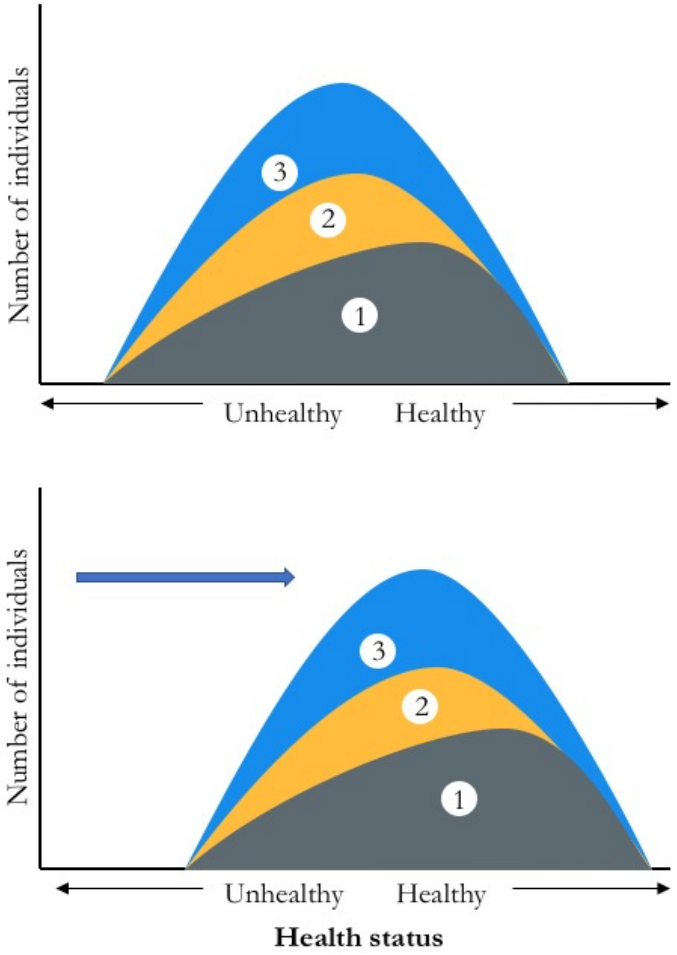
Shifting The Curve(s)



1. Patients seeking care from OHT partners
2. OHT population that is the focus of in-reach and out-reach approaches
3. Entire population of the community that would be affected by population-based approaches

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How Data Analytics & Research Evidence Help

Steps	Data analytics	Research evidence
Identify problem & its causes (or identify goal & barriers to achieving it)	Essential to identify a priority population, segment it, and profile patients	
Co-design a solution		Essential in understanding likely benefits, harms & cost-effectiveness of sol'n (in-reach, out-reach & care pathways)
Implement the plan	Essential in monitoring implementation of sol'n	
Evaluate to identify what does/doesn't work	Essential in evaluations of local impact of sol'n	

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Guiding Principles Can Also Help

- Focus on improving care experiences and health outcomes (i.e., the first two parts of the quadruple aim), and do so in ways that actively engage patients as partners in co-design processes and that respect the Patient Declaration of Values
- Draw on all relevant resources from participating OHT partners, not just those that have historically been part of the care circle, while being attentive to keeping per capita costs manageable (the third part of the quadruple aim)
- Be open to new and different roles among participating partners, without being bound by the way past contracts have been structured, but recognizing that change can be stressful and improving provider experiences is also a key goal (the fourth part of the quadruple aim)
- Identify the 'rules' (e.g., government legislation and organizational procedures) that need to be changed to get things right

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Guiding Principles Can Also Help (2)

- Build on what's already working well and leverage OHT partners' wealth of experience in designing care and support in ways that work well
- Push for more and better data to understand existing problems and their causes, and to monitor the implementation of new approaches
- Build on existing approaches that are evidence-based, look for evidence about possible new approaches, and help to build the evidence base when trying out new approaches that haven't yet been evaluated
- Undertake improvements to the care experiences and health outcomes of priority populations in ways that contribute to or draw on OHT building blocks and that make it easy to scale the approach to other populations in future

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- Questions and answers (30 minutes)

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Rapid Learning and Improvement

- OHTs will need to learn and improve rapidly in
  - Designing each of the eight OHT building blocks
  - Harnessing these building blocks to achieve specific targets related to the care experiences & health outcomes for their year 1 priority populations
- Rapid learning and improvement involves six steps:
  - Identifying a problem (or goal) through an internal and external review
  - Designing a solution based on data and evidence generated locally and elsewhere
  - Implementing the plan (possibly in pilot and control settings)
  - Evaluating to identify what does and does not work
  - Adjusting, with continuous improvement based on what was learned from the evaluation (and from other OHTs' evaluations)
  - Disseminating the results to improve the coverage of effective solutions across the health system

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How a Community of Practice Can Help

- A community of practice can help OHTs learn from one another and from those with relevant research, experiential & contextual knowledge
- To participate in the OHT community of practice, where the initial focus will be learning needs related to completing the full application
  - Create a profile for the online platform by going to 'Exchange with OHTs' on the RISE website and clicking on the link
  - After creating your profile, start engaging with other teams members
    - On a general topic (first tile)
    - On a building block-specific topic (remaining tiles)
    - En français (button in top left)
    - In a regional or other sub-group (email rise@mcmaster.ca to set up a private folder)

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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

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For Those Present (After We Close Webex)

- Please introduce yourself briefly
  - Your name
  - Your role and organization (if applicable)
  - Type(s) of expertise you can bring to OHTs
- Later, please consider introducing yourself to members of other teams