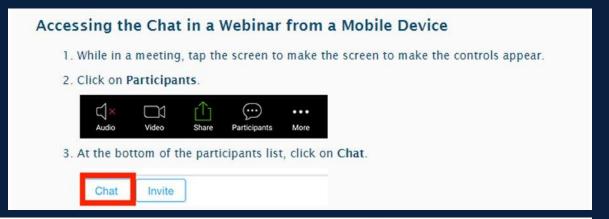# HSPN

HEALTH SYSTEM PERFORMANCE NETWORK

Central Evaluation for the 1st OHT Cohort

December 17 & 19, 2019

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself to everyone in the chat box

Webinar Overview

1. Introduction of Central Evaluation Team

2. Overview of Central Evaluation

3. Timelines

4. What will participation involve?

5. How will data be used?

6. Questions from participants

Central Evaluation Team

Co-Leads

Dr. Walter Wodchis

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Team Members

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Overview of Central Evaluation

Ontario Health Teams have:
- Varied groups of providers
- Varied first year target populations
- Varied resources, tools and approaches

Evaluation must be _flexible_
Evaluation should be _local_

Phase 1
Formative Evaluation of Applicant OHTs

FY 2019/2020

Phase 2
Developmental Evaluation of Candidate OHTs

FY 2020/21 – FY 2021/22

Formative Evaluation

Purpose	Outcomes
To improve the design of a model/program to better achieve intended outcomes. ▪ Understand the context and conditions to support implementation of OHT person-centred integrated care and population-based health management. ▪ Focus on implementation of program activities.	Descriptive ▪ Understanding key success factors and barriers to successful implementation. ▪ Recommendations for adjustment to model logic / activities.

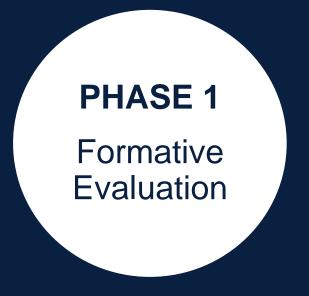# Overview of Central Evaluation

PHASE 1

Formative Evaluation

OBJECTIVE

Characterize 30 OHTs and develop understanding of essential enablers of integrated care and collective impact:

Leadership, communication, partner collaboration/relationships, team trust, teamwork and governance.

Overview of Central Evaluation

PHASE 1

Formative Evaluation

APPROACH

1. Document review

2. Survey of applicants

3. Interviews with case study participants

Document Review

Document Review

- Of 30 OHTs that submitted full applications

- Purpose:

  - To produce high-level summary of all OHT applications;

  - To compare and contrast applications across categories (i.e., supporting factors for integrating care and population-health management);

  - To inform interviews & avoid asking questions answered in application;

  - To develop baseline understanding of OHTs' plans and goals;

  - To provide context for subsequent analyses of transformation over time.

Goal of survey

Measure nature and extent of:

- Partnerships
- Collaborative leadership
- Trust
- Resources

- Common Vision
- Teamwork
- Communication
- Change Readiness

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Who will be surveyed?

- Representatives from all OHT Applicants/Organizations

- Respondents are all organizations/individual signatories to Section 7 of OHT application:

  - We have requested contact information for one representative who was "most involved in the application process" from each signatory / signatory organization.

How will the survey data be used?

- Characterize the strengths and limitations of applicant OHTs across factors supporting implementation

- Describe variation in the factors within and across Applicant OHTs

- Identify areas for improvement

12 Case Studies: Interviews

How were 12 OHTs selected?

- OHTs were stratified and then randomly selected based on:

  - Rural vs. urban

  - Sector of primary contact (hospital vs. non-hospital)

    Sample therefore represents range of OHTs invited to submit full applications, based on geography and sector of lead applicant.

Goal of interviews

1. To understand the work involved in coming together as an OHT:

- Strategies, challenges, and facilitators in fostering:
  - Partnerships
  - Common vision
  - Trusting relationships
  - Clinician and patient engagement
  - Processes, practices, & systems for care transformation

2. To provide insight into process of early OHT formation

Who will be interviewed?

- 10 interviews/OHT

- Lead OHT contacts asked to suggest 10-15 names:
  1. Hospital lead
  2. Primary care lead
  3. Home and community care lead
  4. OHT signatory lead
  5. OHT project lead (project oversight/ coordination)
  6. Primary care physician other than primary care lead
  7. Experts in relevant population focus areas
  8. Patient representative/ advisor
  9. Anyone else who has significantly shaped OHT

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What will participation involve?

- Interviews will take 1 hour

- Scheduled at participants' convenience between January 13th, 2020 and February 28th, 2020

- Conducted one-on-one by telephone or videoconference

- Will be recorded

- Individual participants will be anonymous

  - OHTs will not be identified by name, but OHT anonymity cannot be guaranteed once context is described (e.g., geography, population focus, etc.)

Developmental Evaluation

Purpose	Outcomes
Support innovation and development, data to track and monitor adjustments and changes to the model. Guide adaptation to emergent and dynamic realities in complex environment - Focus on implementation of program activities and enablers. - Are changes in activities / processes occurring? - Are changes in activities/processes related to changes in outputs/outcomes?	Evaluative - Measuring and monitoring for the purpose of learning. - Recommendations for adjustment to model logic / activities.

Developmental Evaluation Framework

Quadruple Aim:

Patient Experience **(Example measures)** - How difficult is it for you to access the health care and other non-health care services that you need to maintain your health? - How organized would you say ALL your health care is? - How well do you feel your health care providers understand your health needs?	**Provider Experience** **(Example measures)** - Overall, based on your definition of burnout, how would you rate your level of burnout? - Rate your control over your workload - I am treated with dignity and respect by everyone, every day, by everyone I encounter… - I am recognized for what I do - Do people in this team share your goals for coordinating care for patients in the OHT?
Health Outcomes **(Example measures)** - Health Status (EuroQol - EQ5D-5L) **PROXY MEASURES** - Rate of hospitalization for ambulatory care sensitive conditions 30-day inpatient readmission rate	**Cost** **(Example measures)** Total health care expenditures

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Everyone is involved!

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Key dates to remember:

December 18th:

- Notify MoH Point-of-Contact if declining case study participation
- List of representatives from signatory organizations submitted to

    OHT.Evaluation@utoronto.ca

Dec 20th:

- Email with survey link

Key Resources Available

Teams are encouraged to access the **ministry's central program of supports** for resources and assistance to improve their readiness to implement the Ontario Health Team model wherever they are in the readiness assessment process.

Teams can access this central program through the Ministry of Health website: http://health.gov.on.ca/en/pro/programs/connectedcare/oht/default.aspx

Key resources include:

- **Ontario Health Teams: Digital Health Playbook** – playbook to help understand how providers can build a digital health plan for Ontario Health Teams that supports the delivery of integrated care.

- **Rapid-Improvement Support and Exchange (RISE)** – an interactive website (www.ohtrise.org) that provides access to resources, experts and assistance for potential Ontario Health Teams. Main rapid learning and supports delivery partner.

- **HSPN – Central OHT Evaluation -** evaluation of the progression of teams in discovery and in development through the readiness path, rapid cycle evaluations of implementation to inform OHT candidate's real-time decisions and adjustments, and a comparative evaluation across OHTs. (**www.hsprn.ca**)

Some Implementation Resources

http://hsprn.ca/?p=261

Everyone is involved!

Email: OHT.Evaluation@utoronto.ca

Thank you!

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