Ontario Health Teams
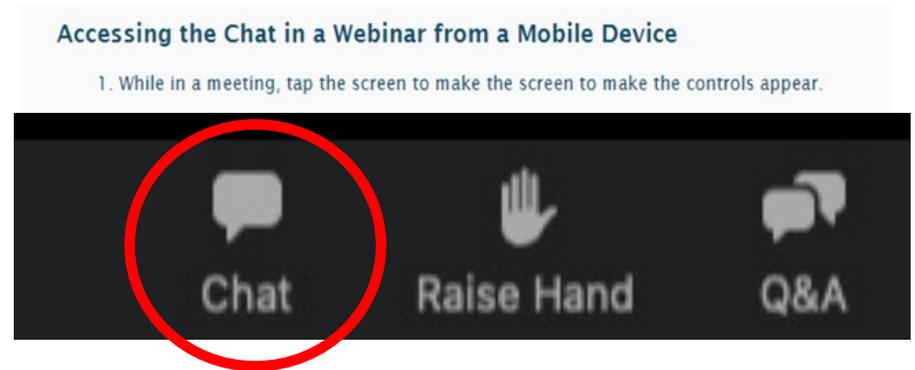# Stories from the field – Part 1

Examples from Central and Northern OHTs

HSPN OHT Webinar

October 26, 2021

Welcome & thank you for joining us!

Please let us know who you
are by introducing yourself
(name & OHT or other org)

Accessing the Chat in a Webinar from a Mobile Device

1. While in a meeting, tap the screen to make the screen to make the controls appear.

Chat   Raise Hand   Q&A

set response to all panelists and attendees

in the chat box

Land acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

Poll 1

First time ?

Poll ended | 1 question | 113 of 154 (73%) participated

1. Have you joined us for an HSPN webinar previously ? (Single Choice)
*
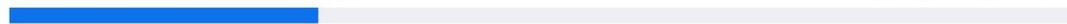
113/113 (100%) answered

Yes   (80/113) 71%

No, this is my first event   (33/113) 29%

Today's event
Stories from the Field – Part 1

Dr. Walter Wodchis
Principal Investigator
HSPN

Presenters

Ruth Hall
Co-Lead
OHT Evaluation
HSPN

Chris Archer
Couchiching OHT
Couchiching FHT

Eric Bewell
Couchiching OHT
Couchiching FHT

Colleen Neil
All Nations Health
Partners OHT
Executive Director

HSPN

Overview: October 26, 2021

1. An overview of HSPN Developmental Evaluation in Ontario Health Teams

Stories from the field – Part 1

I. Couchiching Ontario Health Team

II. All Nations Health Partners Ontario Health Team

Quick Advertisement

Health Policy
Available online 12 October 2021
In Press, Corrected Proof ⓘ

The beginnings of health system transformation:
How Ontario Health Teams are implementing
change in the context of uncertainty

Gayathri Embuldeniya [a] ⚇ ✉, Jennifer Gutberg [a, b] ✉, Shannon S. Sibbald [c] ✉, Walter P. Wodchis [a, d, e] ✉

Show more ∨

＋ Add to Mendeley   ⤳ Share   🙾 Cite

Get rights and content

HSPN ✺

OVERVIEW OF HSPN DEVELOPMENTAL EVALUATION

Developmental Evaluation

Developmental Evaluation supports innovation and development to guide adaptation to emergent and dynamic realities in complex environments. :

➢ Similar to the approach to the role of research & development in the private sector product development process - prototyping

➢ Developmental Evaluation involves real time feedback about what is emerging in complex dynamic systems as innovators seek to bring about systems change.

Where are we working?

North/Remote/Indigenous: All Nations Health Partners

Sub/Urban/Rural: Eastern York Region and North Durham OHT
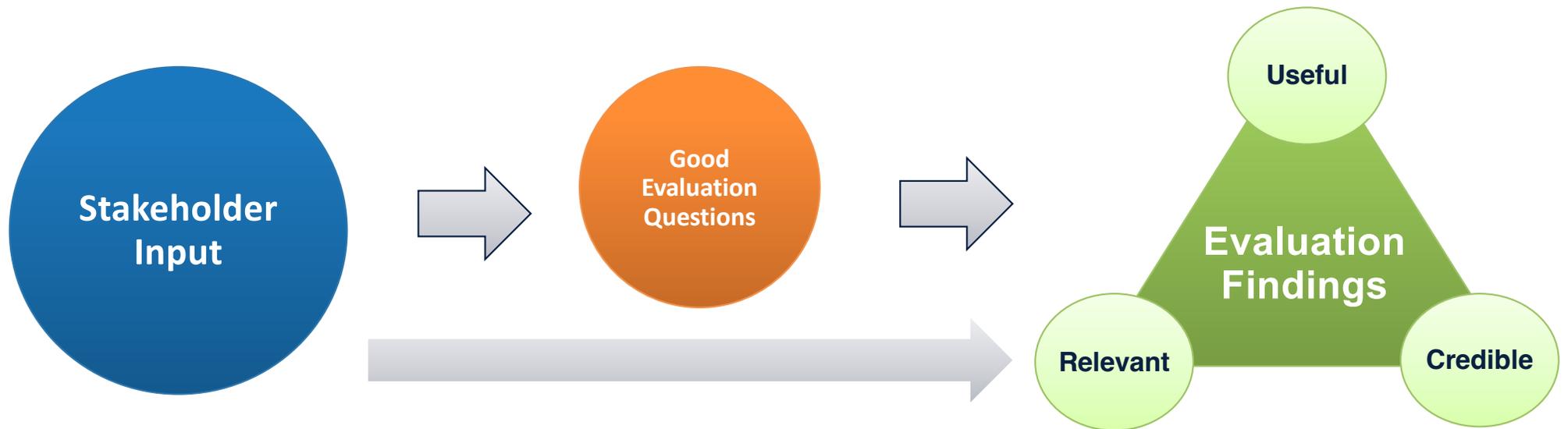
Rural: Chatham Kent & Couchiching Ontario Health Teams

Urban (Toronto) : North York Toronto Health Partners

Urban (Other): Hamilton Health Team

Selection: Consideration of diversity of settings, focus populations, other characteristics (From applications and Organizing for Ontario Health Teams Survey) + Willingness to participate

Co-designing the questions

Identifying Evaluation Questions

➢ What does success look like for _your_ OHT over the next year?

➢ What are your strengths?

➢ What do you anticipate your main challenges to be?

➢ Where would you like to focus your learning and development over the next year?

➢ How will you know you are making a difference?

➢ How can HSPN help you along your OHT development journey?

What data are collected?

Observation

Attend meetings and record field notes

Interviews

3-5 interviews quarterly

Journaling

Selected representatives respond to 2 questions periodically

Document Analysis

Review a range of existing documents

Surveys

Provider and patient experience surveys, team surveys

What to do with the data?

What are we observing for ?

Dimensions of the **Context and Capabilities for Integrating Care (CCIC)**

➤ Resources: Discussion of tangible and intangible assets

➤ Governance and accountability: Organization of activities, mechanisms to ensure people and organizations meet expectations

➤ Communication

➤ Digital Health

…. and more such as …. Leadership, Clinician engagement, Patient and family involvement, Vision/Values, Team climate/culture, Partnering, Care coordination, Performance Measurement …

CCIC Framework

Organizational and Inter-Organizational Capabilities

Basic Structures
- Physical Features
- *Resources*
- Organizational/Network Design
- Governance
- Accountability
- *Information Technology*

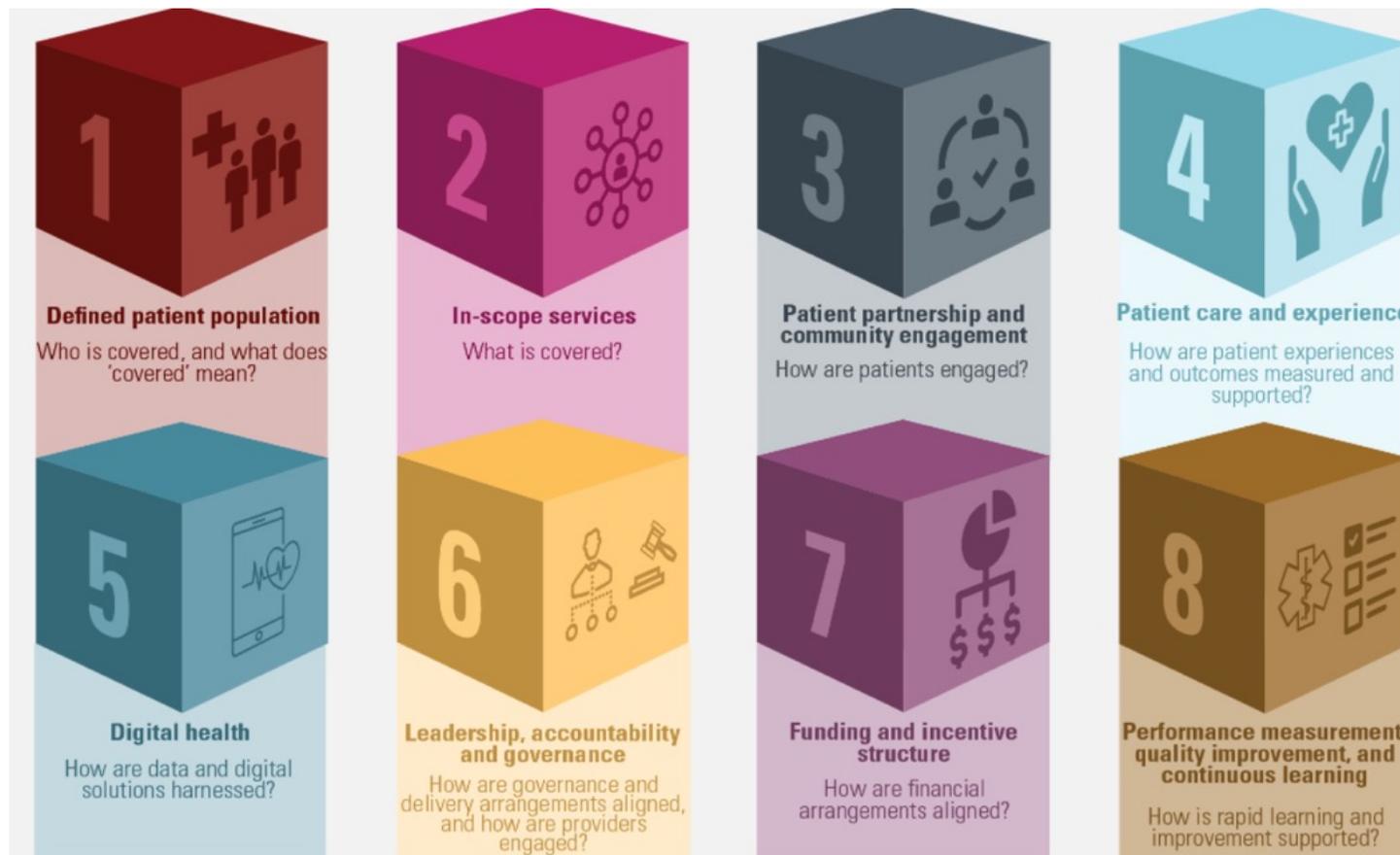**People & Values**
- *Leadership Approach*
- *Clinician Engagement & Leadership*
- *Patient-Centeredness & Engagement *
- *Organizational/Network Culture*
- Commitment to Learning
- *Readiness for Change*
- Work Environment

Key Processes
- *Partnering*
- *Delivering Care*
- Measuring Performance
- Improving Quality

Outcomes

Proximal Outcome
Organizational/network *capacity* to implement, manage and/or improve integrated care interventions

Distal Outcomes
Quality of Care
Patient Health Status
Patient Experience
Efficiency/Cost

Characteristics of the Integrated Care Intervention

Characteristics of the Patient Population

External Environment

Ministry: 8 Building Blocks of the OHT Model

Poll #2

Building Block Strength

Poll ended | 1 question | 77 of 188 (40%) participated

1. Which Building Block topic is a strength for your team (you can choose 2) (Multiple Choice) *

77/77 (100%) answered

Defined population: who is included ?   (35/77) 45%

In scope services: what is included ?   (18/77) 23%

Patient partnership & community engagement   (31/77) 40%

Patient care and experience: measured and supported   (6/77) 8%

Digital health   (14/77) 18%

Leadership, accountability and governance   (34/77) 44%

Funding and incentive structure: financial arrangements   (4/77) 5%

Performance measurement, quality improvement, continuous learning   (12/77) 16%

Poll #3

Areas for improvement

Poll ended | 1 question | 73 of 192 (38%) participated

1. Which Building Block topic do you want to improve in your OHT (you can choose 2) (Multiple Choice) *
73/73 (100%) answered

Defined population: who is included ?   (11/73) 15%

In scope services: what is included ?   (14/73) 19%

Patient partnership & community engagement   (18/73) 25%

Patient care and experience: measured and supported   (27/73) 37%

Digital health   (28/73) 38%

Leadership, accountability and governance   (11/73) 15%

Funding and incentive structure: financial arrangements   (31/73) 42%

Performance measurement, quality improvement, continuous learning   (33/73) 45%

COUCHICHING ONTARIO HEALTH TEAM: ADVANCING DIGITAL HEALTH
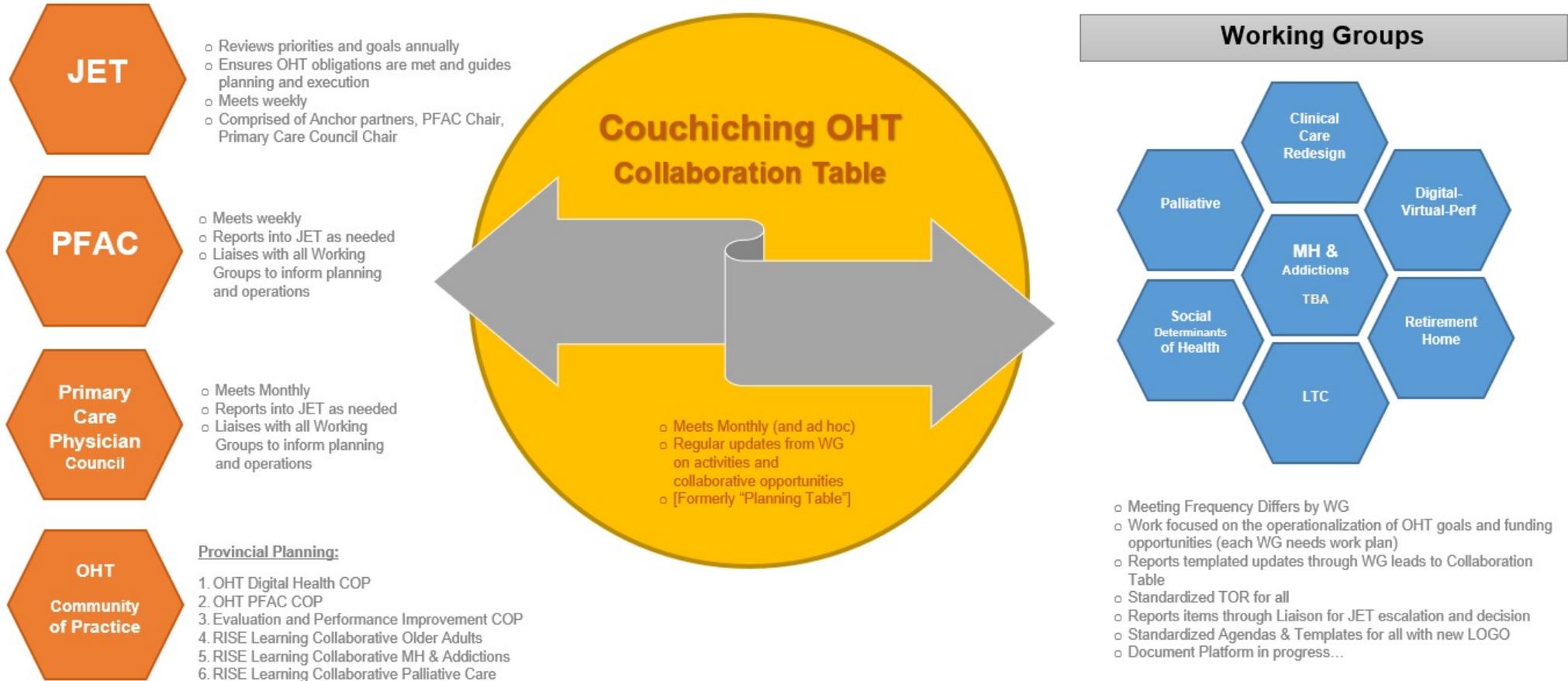
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What about Couchiching ?

- IT capacity high

- QI experience high

- Clinical Functional integration high

- Primary Care Champion

Couchiching Ontario Health Team

Couchiching OHT Organization Structure

JET
- Reviews priorities and goals annually
- Ensures OHT obligations are met and guides planning and execution
- Meets weekly
- Comprised of Anchor partners, PFAC Chair, Primary Care Council Chair

PFAC
- Meets weekly
- Reports into JET as needed
- Liaises with all Working Groups to inform planning and operations

Primary Care Physician Council
- Meets Monthly
- Reports into JET as needed
- Liaises with all Working Groups to inform planning and operations

OHT Community of Practice

Provincial Planning:

1. OHT Digital Health COP
2. OHT PFAC COP
3. Evaluation and Performance Improvement COP
4. RISE Learning Collaborative Older Adults
5. RISE Learning Collaborative MH & Addictions
6. RISE Learning Collaborative Palliative Care

Couchiching OHT Collaboration Table
- Meets Monthly (and ad hoc)
- Regular updates from WG on activities and collaborative opportunities
- [Formerly "Planning Table"]

Working Groups

- Clinical Care Redesign
- Palliative
- Digital-Virtual-Perf
- MH & Addictions TBA
- Social Determinants of Health
- Retirement Home
- LTC

- Meeting Frequency Differs by WG
- Work focused on the operationalization of OHT goals and funding opportunities (each WG needs work plan)
- Reports templated updates through WG leads to Collaboration Table
- Standardized TOR for all
- Reports items through Liaison for JET escalation and decision
- Standardized Agendas & Templates for all with new LOGO
- Document Platform in progress…

Digital Health: Couchiching OHT

Understanding current capabilities and needs

- Inventory current systems, data and agreements

- Assessing digital resource capacity

- Interviews with OHT partner organizations to identify needs/gaps

Aligning with our OHT Vision

- Digital Strategy aligned with Year One projects

- Expand access to existing solutions while planning for the future

- Embedding digital resources into Year One Projects

Developing Digital Governance

- Establishing a digital committee across anchor organizations

- Role of committee and decision making structure

Digital Health Working Group

Infrastructure | **Digitally Enabled Information Sharing** | **Digital QI** | **Digital Access** | **Digital Health Funding Envelopes** | **Other Digital Work**
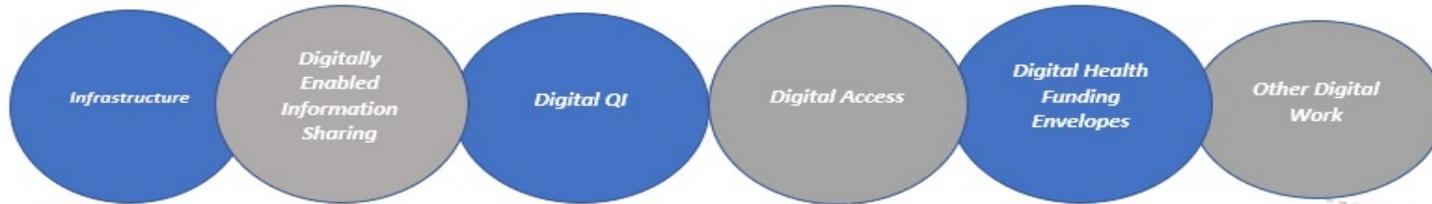
CFHT Infrastructure

Secure VPN for Staff, Network Security, Office 365 Transition, Ticketing System, UPS back-ups, High Speed Internet, Junior IT, Complex Care Team Computer Procurement.

Health Partner Gateway Onboarding

Onboarding of anchor partners to HPG. Orientation, Training

Integrated Decision Support

Orientation of JET to IDS, Approval of budget, DSA/MSA Signatures

EHealth Centre of Excellence

Embed Coordinated Care Plans in TELUS, Practice Solutions, Primary Care Access

QIP Alert Codes

Alert Code Status on Complex Clients with a care plan. Access, input and contributing members across care team.

Document Management Shared Site

Document Management Platform for uniform access to OHT related documents, files, and reporting.

Online Appointment Booking

This funding is intended to support new or expanded OAB implementations within primary care settings. Proposals for OAB implementations by other providers, such as front-line community care providers, must demonstrate how the service will be accessible to a significant number of patients.

Clinical Systems Renewal

To support innovative projects aligned with health system recovery and OHT delivery priorities. To support OHTs and in Development Teams continue to reduce fragmentation of clinical systems and make it easier to share health information between providers that are on a common clinical system. To facilitate broader benefits across OHTs or a region through information sharing and collaboration.

Remote Care Monitoring

Secure Funding for CHF Remote Monitoring, Partnership with UHN medley platform, while in hospital patient is provided RPM training and equipment, nurse point of contact, medication titration protocols. Monitoring for 30-60 days.

System Navigation

To assist with this planning, the Ministry of Health is providing one-time funding support for Ontario Health Teams who agree to complete a series of planning deliverables by March 31, 2022, in collaboration with Ontario Health's Navigation Service team.

Integrated Virtual and Urgent Care

Pilot a Virtual Integrated and Urgent Care service for our community who may require urgent medical assessment or assistance with access to information and system navigation – as an alternative to presenting to an Emergency Room in-person (where avoidable).

Remote Access for Complex Care Team

Using Data Hubs, GOT access to remote areas and patients without access to have virtual visit with their primary care provider or specialist without leaving their home.

OSMH FYI

Saviant, Novari Health, Tableau

Health Information Management Plan

Health Information Management Plan. Consult with Paula Ellison and Lynne Davies to inform plan. Bring to Digital Health for Review.

Web Design and Branding

THEY (Interview Collaboration Table partners, JET and First Nation to inform brand identity, web design and logo

COHT Digital Health Challenges/Gaps

Health Partner Gateway

- Infrastructure
- Partnerships
- Funding
- e Health Centre of Excellence
- Access to CHRIS

Digital Funding Envelopes

- Process
- Meaningful Engagement
- Strategic Alignment

Digital Health

- Questions ?

- Comments ?

- Suggestions ?

- Use Chat
  to all panelists and attendees

ALL NATIONS HEALTH PARTNERS ONTARIO HEALTH TEAM: ADVANCING MENTAL HEALTH

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What about All Nations Health Partners?

- Believed findings obtained from other OHTs might not apply to this unique case.

- Indigenous and non-health sector organization led OHT

- Mental Health and Addictions priority population for many OHTs

ALL NATIONS
HEALTH PARTNERS

About the All Nations Health Partners

The All Nations Health Partners evolved from the Kenora Area Health Care Working Group, which formed in 2015 to address a critical doctor shortage and cross-border issues.

The All Nations Health Partners (ANHP) include Indigenous, municipal and health care leaders who signed a Resolution in ceremony in 2017, to work towards the development of a seamless, patient-centred health care system. The ANHP aim to provide the right service, at the right time, in the right setting, for everyone in the Kenora region.

Cultural safety will allow the blending of traditional and mainstream medicines for wholistic healing.

In 2019, the ANHP became one of the first Ontario Health Teams, as well as the first from the North, the smallest, and the only team with full Indigenous and community partners.

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ANHP OHT Partners

COLLABORATIVE DECISION-MAKING FRAMEWORK

Our Communities
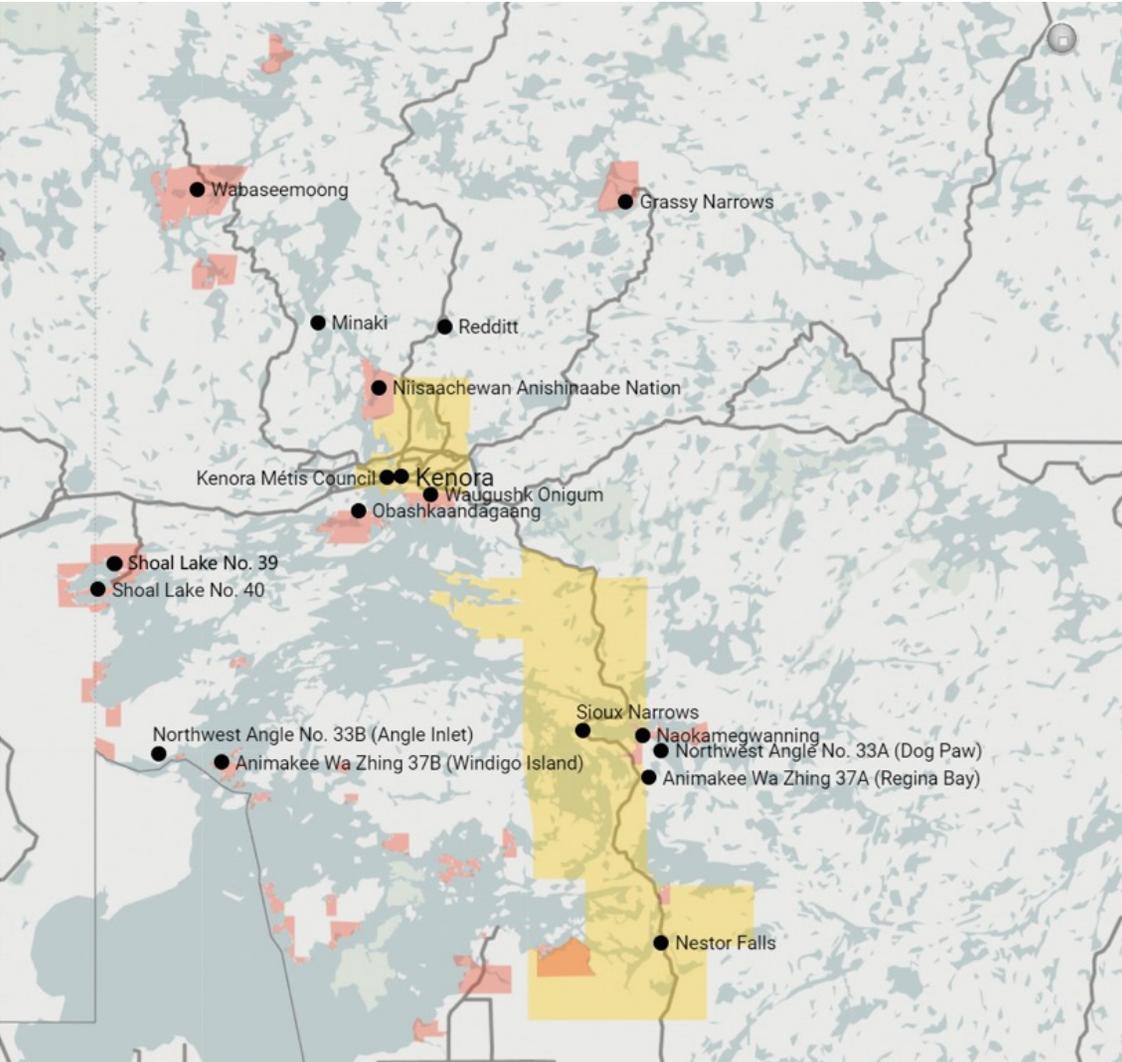
Introduction

The ANHP Mental Health & Addictions Working Group has been established to address the needs and issues of mental health and addiction service delivery and health care in the City of Kenora.

Terms of Reference

- The role of the Mental Health & Addictions Working Group (MHA-WG) is to oversee the development of an integrated and responsive network of services that will support children, adolescents, and adults experiencing a mental health crisis in the Kenora area.

- The scope of work includes the development of several indicators to measure, assess, and enhance the impact of the mental health and addictions services.

- The MHA-WG will work collectively to establish workplan priorities, deliverables, and milestones.
Approved workplans will be shared with the All Nations Health Partners.

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- The MHA-WG will work by consensus and will be governed by a culture of ethical conduct embodied in the Seven Sacred Teachings:

Honesty	Speak openly and truthfully always.
Truth	Focus on facts; be prepared to accept information you may not want to hear.
Respect	Everyone has value, and should be treated with respect. Being on time, listening, and speaking humbly, and respecting personal boundaries are all ways in which respect is demonstrated.
Bravery	Take risks; move toward your vision despite fears and unknowns. Have the courage to engage in sensitive or difficult conversations.
Love	Love describes the good life – minobimaadiziwin. It is given and received through life, earth, people, choices and opinions.
Humility	No one person or community is more important than another; we are all equal. Everyone has a voice, and all contributions have value. We all have gifts as well as limitations.
Wisdom	We constantly learn by listening, hearing, and applying what we learn – especially from our elders – in a never-ending process.

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Achievements to Date

Goals and Objectives

- Established **Intentions** for the group and how we will work together

- Identified **Goals and Objectives**, focusing on the ideal outcomes

- Discussed:
  - Inclusion – what groups and individuals need to be included in the process
  - Timing & Flow – determining appropriate timeframes and steps required and scheduling of facilitated meetings
  - Needs vs. Wants – identifying the overall objectives and the priorities. Determining the critical elements and the best sources of information

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Achievements to Date

Inputs and Insights

- Gathered Inputs and Insights from the group on:
  - The System
  - Those with Lived Experience
  - Obstacles and Challenges
  - Our assumptions about the system and those we serve
  - The ideal system and its impact on those we serve

Now what? Let's make it real…

- *Pick a collaborative impactful task*

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So far:

- In response to the Call for Proposals, ANHP supported two separate applications under different funding streams:
    - **Cultural and Community Hub + Spoke model for Substance Abuse and Addictions Support**
    - **Mobile Mental Health & Addictions Clinics (MMHAC)**

    Next up: Detox?

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HEALTH PARTNERS

MH&A Contact Information

- Executive Lead: **Colleen Neil**, SCFHT
- MH&A WG Co-Chair: **Jennifer Dreaver**, Kenora Chiefs Advisory
- MH&A WG Co-Chair: **Sara Dias**, CMHA Kenora

info@anhp.net

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@AllNationsHealthPartnersOHT

@anhpoht

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@All Nations Health Partners - Ontario Health Team

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HEALTH PARTNERS

What is your context for Mental Health ?

- What population are you focused on improving care outcomes and experience for ?

- What is your context for resources ?

- What is your context for connections amongst existing providers?

Use the chat **to** ==**all panelists and attendees**== *to respond to this and ask questions*

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Discussion and Q & A:

What is the focus for your OHT in the coming year?

(Governance? Clinical design? eHealth? Strategy? Patient Involvement?)

Do you have other questions of our panel today ?

Use the chat **to** *all panelists and attendees to respond to this and ask questions*

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Up Next:

HSPN Webinar Series

- 4th Tuesday of the Month: 12:00 – 1:30pm

Upcoming Topic for November

- **Stories from the Field** – Part 2– *Live talks led by real OHTs*
  - Governance
  - Patient and Caregiver/Family Engagement
  - Strategic Planning

… and more.

HSPN ✦

Everyone is involved !

Twitter: @infohspn

Email: OHT.Evaluation@utoronto.ca

https://hspn.ca/evaluation/ontario-health-teams

Subscribe on YouTube !

Thank you!