December 17, 2019 Q&A

Questions	Answers
Have the 12 OHTs been notified yet that they were selected for the interviews?	Yes, we have sent out a letter to all 30 teams indicating their invitation to participate in the evaluation. Everyone was given an invitation to participate in the survey. For those who were a part of the 12 randomly selected cases, they had an additional piece in their letter mentioning that they will be participating in case studies. If they choose not to participate, the deadline to let us know if they are not interested is December 18, 2019.
How will patient and caregiver advisor representatives from the OHTs be part of the evaluation? Will they be part of the 12 interviews/OHTs?	Yes, absolutely. If patient representatives were signatories to the OHT application (Section 7), they will be included in the sample for surveys in the formative evaluation. We also have interviewers dedicated to patient and caregiver interviews across the 12 OHTs that are participating in the case study portion. Further involvement of patients and caregivers will be sought in the forthcoming developmental evaluation.
How were the team members of the central evaluation team selected?	We have an amazing team, and everybody here is associated with the Health Systems Performance Network (HSPN). Starting in the summer, recruitment took place for a very specific team that have brought additional resources as needed such as Dr. Shannon Sibbald, from the University of Western Ontario, who has great expertise in not only qualitative methods but specifically in interprofessional teams. This will be a very helpful resource to our team, as we move to the front lines in spring 2020. We have a cultural anthropologist, Dr. Gayathri Embuldeniya, who has been working with us to understand the integration activities and mechanism of approach enabling feature of the team that really allow them to develop. Dr. Ruth Hall has over 10 years of expertise with the Ontario Stroke Network and Evaluation. Other team members have experience with HSPN in interviews and surveys with patients, caregivers, providers and system leaders through past research and evaluation of integrated care efforts such as Health Links and Integrated Funding Model Evaluations.
Will there eventually be only five OHTs aligned with the five Ontario Health regions? Will these be networks allowing local variation but regional reporting?	This is a question for the Ministry of Health (MOH) to answer. In the future, we understand that the general plan for OHTs is that there are going to be far more than five. The reason we have so many is to be locally responsive. I think some of the views of the past was that prior larger regions were not able to be as nimble and, at the end of the day, health care is, ultimately, quite local. OHTs are designed to enable people to build those important local relationships with their local providers to deliver care to their local patients.
What is the timeline within which the HSPN team is hoping to loop back to teams with recommendations in Phase 1 as many teams are currently working in a rapid PDSA type process? Recommendations would be very useful as we plan and develop.	We agree. We view this as a rapid cycle evaluation as well and if we are able to close off survey at the end of the January 2020, you will hear back from us before the end of February with some preliminary information about your own teams. Interviews will not be completed within January, so the qualitative information will come later in the winter after interviews are complete. We expect some of the more nuanced information from the qualitative interview to be available closer to March or April, depending on when we are able to complete this.

Has any consideration been given to include the Francophone and Indigenous cultural and linguistic needs as part of the patient experience?	Yes. Our initial interviews will be able to accommodate Francophone participants including patients and caregivers. The developmental evaluation will be designed for both French and English participants. In the indigenous space, we are very cognisant, particularly as a few of the teams have a particular strong indigenous content. We respect the First Nations principles of Ownership, Control, Access and Possession and therefore we will be seeking the advice of teams with Indigenous participants. We understand that the approach we will undertake with the indigenous population will vary. We are going to be flexible and that is one of those areas where we will be quite flexible in how we approach it.
Will there be a "bridge" between the Health Links evaluation and this OHT evaluation?	HSPN has been very involved in Health Links evaluation and is looking to bridge the lessons learned from Health Links. This can be brought to bear for OHTs. We have a more comprehensive pre-planned approach to evaluate OHTs so that it can, hopefully, be a more timely and comprehensive evaluation.
Can you identify the 12 teams that have been approached?	The primary evaluation contact for the 12 case study sites have been informed of their selection as a case study site. We will disclose the case study sites after they have agreed. The 12 teams were randomly selected from a stratified sample and we did not preplan the selection in any way.
Are the evaluation metrics aligned with Ontario Health's Key Performance Indicators in the Ontario Health accountability agreement?	We would want to be aligned as much as possible. We are not going to be overly driven by accountability agreements if it is not a representation of the activity you are doing in the front lines. We want to be sensitive to what you are focused on, your target population, and what makes sense for you. That will drive our work in having relatively customized evaluation metrics. There will be some standardized ones across all OHTs and those will probably be more closely reflective of upcoming accountability agreements.
How does this evaluation process align with changes in the funding model and an associated accountability framework that would support integrated care and a population health approach?	We believe our work will inform the Ministry's work. We are working very closely with the Ministry on all aspects. The funding model is still some ways out at this point in time, but we would expect that our evaluation will be able to inform accountability.
For the survey being sent out on December 20th, 2019, when will this be required to be completed?	January 30th, 2020 is our intended deadline. We will start following up with you as we start to approach the end of January, individually, if we haven't heard from you.

How are you planning to collect baseline data while some initiatives will be underway by February/March 2020?	We won't be able to collect baseline data from individual patients at the front lines prior to February 2020. We are beginning our data collection with our formative evaluation of the development of OHTs through the application process. There will be health administrative data that can be used in the future. Baseline survey and formative interviews will be useful baseline data that we anticipate being relevant throughout the evaluation. We do not believe that integrating care and population health management is a change where everything switches over night. This is a long journey and we will pick up people on where they are at. Some people have been working together, with their patient population, for a number of years. Others are just getting started.
How or when can we expect to get access to the Quality of Life (QOL) scale referenced?	Send our team an email at OHT.Evaluation@utoronto.ca, and we will be happy to send you this information. The EuroQOL 5D 5L is currently being used for Hip & Knee bundles and is an international standard generic measure readily available online. Please note that the implementation process for patient reported measures across these teams is still under development. Currently, we aim to initially recommend a set of measures that will be uniform across the teams from which OHTs will work out the potential for implementation at their front lines over time.
How long is the full evaluation process that is planned?	We will be involved until March 2022. This is an evolving process which will also encompass new teams as they come online. We will be releasing the evaluation plan for everyone to view in the coming months. Currently, it is out for international review and we are working with our Ministry colleagues to ensure that it aligns with the intended goals and ambition, but we are going to be on *your* team for the next couple of years.
Is there any focus on evaluating and developing digital health architecture or a vision for improved digital tools for patients and families?	We have not specified all the evaluation's components yet, and if that is going to be an important component of people's implementation of their OHTs, then it is within the scope for our work. Also, as part of HSPN, we have built and evaluated some digital health technologies over time, and we will bring in other people with a greater understanding and expertise if digital health technology becomes an important aspect of your teams and the evaluation. We do see the OHTs as primarily being a change process and less technology innovation**.** We will probably be less focused on cost effectiveness or technological evaluations, and more focused on understanding how technology enables you to do better work with each other and with your patients.
Will the HSPN evaluation teams be able to advise individual OHTs around developing performance frameworks for our specific initiatives?	Yes, we intend to work with you to develop performance measures for your specific target populations and provide advice and guidance. We are really all hands-on deck on getting our start on the formative piece at this point in time. We are however paying very close attention to OHT specific initiatives and are, in fact, doing a very specific review right now of the application documents regarding the target population and measures specified to be able to support the teams in that work. We will also be running some virtual meetings on developing logic models, performance measurement, and scenarios with expertise from the HSPN team.

Can we create an advance schedule of any webinars, meetings, etc.? We are all advancing significant planning work and it would be easier for us to plan.	Yes. We extend our sincerest apologies as you all got the letter yesterday about a webinar taking place today. We did think that despite the short notice, we should reach out to you before the Christmas holidays and not wait until the new year to get things started. We know that some are already underway. The earlier we can work with you, the better. We will aim for at least one month notice on future webinars and meetings.
Will this align with Quality Improvement Plans (QIPs)?	We will seek alignment. We want people doing one thing for multiple purposes. We have not really seen what QIPs look like in OHTs yet, but we will stay very much in tune with what is happening there. We would not want you to measure things that are not really advancing your OHT programs. One example is how we worked with the integrated funding model (IFM) evaluation where we agreed that the ongoing evaluation and performance measures were the same as those required for accountability and were useful for Quality Improvement Plans as well. We worked as a group to align and consolidate down to seven metrics across all IFM teams; some teams had very specific things that they wanted, but we had agreement to a small common set which ended up being the accountability measures.
Will the questions be made in advance regarding case study questions and survey for those OHTs chosen?	If we are sending out surveys on Thursday, you can bet that we have already got those surveys absolutely 100% ready to go and pre-tested in the field. We have been working for about eight months now in preparing, and our interview guide has had many iterations with local and international advice. Generally, we do not make instruments available to survey respondents and interviewees in advance. Instruments will be available when we make our evaluation protocol available online. The interview guide is formative, and in fact, we don't ask all the questions on the interview guide. It really is an approach to interviewing that goes with information and that the interviewer is best able to provide a semi-structured approach. Following a narrative analysis, every interview will be somewhat different. It will be the interviewee driving the conversation and the interviewer will be following your thought process even as we try to bring it back to things that we will be interested in across OHTs, but in a very real sense, you will be leading the conversation. We will be trying to follow your train of thought and what's important to you.

If you can't provide the interview questions, could you give people an idea of topics that will be covered? Being sensitive particularly to patients/caregivers who are being interviewed.	Absolutely. With providers and leaders, we are focused on context and conditions to support implementation of OHT person-centred and integrated care. Our surveys and interviews will inquire about leadership, vision, communication, partner collaboration and relationships, team trust and teamwork. We have a somewhat different interview guide to be undertaken with patient and caregivers. Specifically for patients and caregivers, we will be interested in: how they came to be involved in this work?; what drove their participation?; how were they involved?; did they feel that they were able to make a difference?; what sorts of differences?; were they able to tweak the model?; and what did they feel they got out of it? Essentially, to see if they had an opportunity to make a difference and what were the differences. With the patients and caregivers, we are going to be quite careful, with additional sensitivity. As we are summarizing and descripting the teams, we are aware that that the input that comes from patients and caregivers could be identifiable within an individual team. Therefore, we expect from patients and caregivers to get a more cross-team view of patient and caregiver involvement across the teams. As we said at the beginning, we think that we can do a very good job at preserving the confidentiality of the interview subjects, just not the teams.
If there are multiple home care providers signed with an OHT, how will one be selected for interviewing?	We do ask that the OHT Point-of-Contact for Evaluation to have the team come together to decide on a lead home care participant. If there is more than one that was most involved in the process, and you think that they make different but unique contributions that we need to understand because they come from very different perspectives then we will be happy to include both perspectives. It is unique to each team and its composition.
I'm unclear what supports you will be able to provide, when? Can you specify?	From the HSPN, we are providing resources such as the practice guides. More are planned in the upcoming months and we will focus on topics you suggest, and we think will be valuable to the teams at the local level. We will be producing the knowledge coming out of the evaluation, aside from being disseminated back to individual teams, we will be characterizing teams by areas of focus and concentrations, maturity areas of teams, and the strengths of teams. We will be providing supports through ongoing presentations, guides, and communications broadly with the field. We will be involved with communities of practice meetings. Some of the products, including the data that we are collecting, will be made available, and reports will all be available in the timeliest manner possible. We are also working with a couple of other partners in the system that will help us with some of the interface and provide very user-friendly information, for example, through briefings, and infographic-type summaries of OHTs, going forward. HSPN has a component of research that will be looking at population health and you will see resources coming out related to this in the next six to nine months. The Ministry is also providing supports, and the RISE platform will also be providing supports to OHTs.

December 19th, 2019 Q&A

Questions	Answers
What role do you see patient and caregiver representatives, who are members of OHT Oversight/Steering Committees, playing in this evaluation initiative?	If patient representatives were signatories to the OHT application (Section 7), they will be included in the sample for surveys in the formative evaluation. We will also have interviewers dedicated to patient and caregiver interviews across the 12 OHTs that are participating in the case study portion. Further involvement of patients and caregivers will be sought in the forthcoming developmental evaluation.
Will the results be available to us & to the public?	The individual teams will be the first people to hear ~~of~~ the results of the evaluation. You will get your team's information first as soon as we have it, next we will be providing the information in an aggregated form, across groups of OHTs by geography or other relevant characteristics, and the OHT-level (i.e., de-identified). These resources will be shared amongst all OHTs, the MOH, and publicly. We will also expect to produce summary reports and academic manuscripts for publication in peer-reviewed literature.
Can you explain how the OHT were evaluated in their capacity to provide services in French?	We defer this question to the MOH. We, at the outset of this formative phase, are not looking at how services are being provided in French because that is not where we think people are at this point; we are about the organization, the inclusion of members in the team. So. if people who are French speakers don't feel that, as an organization, they have been included in the teams and they are part of the case studies, we will know this but otherwise we think that we are interested in trust among the team members, communication, relationships, leadership, including aspects that are linguistic. As we get closer to the front-line programming, if that is important, it will be part of OHTs specific evaluation.
Why is the Provider Experience metric about "burnout" rather than "wellness" or feeling "supported"?	There are no specific clear recommendations yet on what measure we will recommend for provider experience. The measures selected will be based on literature and practice-based research on what experience is from a provider perspective, and burnout is one of the measures that is very commonly indicated as being an important measure of provider work-life experience, to date. We will be working with providers to see what is important to them. Joy of work is another aspect that one might consider, not in replacement of, but in accompaniment, and we will be working with providers to understand from social work, nurses, allied health and physicians involved in these programs delivering care at the front line what is important to them. We will be doing that work in the next six months and expect, by June or so, a recommended set of provider experience measures that are useful for evaluating OHTs.
Given that most OHTs have taken a broader view of who is engaged in the team, will you include Community Support Service leads in the interview process, or does this sector fall under "other experts"?	If there is no obvious overlap between community support services lead and the home and community care lead role, and this role has been instrumental in shaping the OHTs early formation process, we would want to hear from them. Whom we include in interviews is very much up to you. You can tell us who you think we should include. Please feel free to inform the recruitment process.

Is there any consideration to assess the cost-effectiveness and experiences of integration initiatives/activities and integration-related service changes?	Broadly, at the outset, cost effectiveness of an intervention, such as those we might undertake in a technology assessment thinking or model of care, is not front and center in our evaluation. In economic terms, we are interested in how total cost of care is being affected by the interventions and in the specific target population. We plan to be narrowing in as closely as possible on the target population that you feel your serving. That said, if you look at cost and at some of the outcome being achieved, one may be able to start to think about cost effectiveness. We also, for example, may have difficulty measuring incremental health outcomes or incremental achievement early in the developmental application just as teams are coming together which would impede a specific measurement of cost-effectiveness.
The Ministry of Health (MOH), itself, is undergoing a transformation in the complex OHT intervention. How will the dynamic between the funder and the providers be captured in the evaluation?	We think there is a very much an interplay between the transformation of Ontario health system both from the MOH and Ontario Health in terms of supports for these programs. We will be interested in understanding your interaction and your perspectives of how that is impacting the implementation of OHTs. We included aspects of MOH and Health Quality Ontario supports in the IFM evaluation. We will be interested in asking you and hearing from you what your interactions with the ministry has been like and what role the OHT will play. We are considering a possible second stage after we conduct interviews with OHT participants, perhaps a few months down the line and after speaking to the MOH itself and how this process looks like from their end. We are also considering perhaps doing some interviews with other stakeholders such as Ontario Medical Association, Ontario Hospital Association, and other associations and Ontario Health just to get different perspectives of the relationships with the funders, and other organizations. We are interested in getting into this and it is on our mind.
During the developmental evaluation phase, appreciating each OHT has its unique approach, will we be able to learn from all the OHTs to benefit from their innovations "real time" across the province?	This will be the intention of having a developmental evaluation approach to our work and we will want to identify new programs, where we see success, and how they are being enabled. A fair bit of our evaluation will not only focus on the specific activities but on what really allows them to be activated, what are the enabling approaches in the OHTs. I will also say that our colleagues at RISE also intend to be engaging in some community of practice events around particular focal areas such as mental health, palliative care, and other common populations across the province. So, we envision plans whereby those teams will be able to come together in community of practice around focal work areas and common approach.

Are any evidence-based guidelines/frameworks/ practices considering for these assessments/evaluations?	Yes. We will be posting full information about the entire approach to the evaluation, early in the new year. It is out for external expert review to get feedback and recommendations for how we might improve the plan. There are many evidence-based frameworks supporting the evaluation and we can recommend a few for people to get a sense of some of the examples of the literature. One would be the Context and Capabilities for Integrated Care (CCIC) Framework, another a case study guide to studying integrated care. See for example: ▪ https://www.ijic.org/articles/10.5334/ijic.2416/ ▪ https://www.ijic.org/articles/10.5334/ijic.2502/ ▪ https://journals.sagepub.com/doi/full/10.1177/0163278716665882 There is a compendium of instruments that have been built, used and tested around the dimension that we are interested in such as leadership, trust, relationships, etc. We have not developed any new tools. We looked at what has been used most extensively and validated in evaluating integrated care models. We are also cognizant that OHTs are not only about integrated care, there is population health and broad approaches to care. The other framework that we are building on is practically applicable to you which is the eight building blocks that has been identified by the MOH. We are aligned to ensure and support you as you develop across those eight blocks because that is locally relevant.
Will there be any funding for the evaluation on the digital integration?	We do not specifically have a mandate to evaluate digital integration, but obviously, technology and information exchange and digitization could be a very important enabler for some of the programs that are able to do that effectively, and it will come to bear in that regard.
Data are fairly fundamental to learning health systems. Audit and feedback will be important, along with effective ways to use A&F (read Brehaut, *et al.* 2016). Trust between local partners is needed for sharing data within communities. Will you be measuring data sharing activities and correlating this with team/regional trust levels? Plan to examine audit and feedback?	There are a number of really important capabilities that OHTs will need to develop in the coming years. We agree that trust among local partners is an essential supporting enabler. We do include questions at the outset about data sharing though not specific to audit and feedback. Use of data is going to be very important for OHTs. For example, for population-based management, population segmentation, and being able to identify those populations where there are great opportunities for improvement. As practices move to making change, being able to identify those people from within roster or population, and secondarily, to be able to measure outcomes in those populations and feed that back to individuals through audit and feedback is fundamental. It isn't a specific focus of the evaluation, but we will learn if people are doing it and how they are doing it. There is a lot of evaluation that can happen and HSPN can't do everything for everybody at this point in time. We will be happy to support others and collaborate with others in their work that might take evaluations that specifically focus on audit and feedback as an example of a very powerful practice that can be put in place.

Are you going to use data sharing agreements (DSAs) with each participant?	We have not yet identified all the mechanisms for sharing data. Having done other prior evaluations, if we started creating DSAs with the first 24 teams and all the many more OHTs to come, and with all the partners within those teams, we will not finish this evaluation in the next seven years. We have very rich health administrative data in Ontario at the ICES that can be leveraged and there are going to be some creative ways for us to be able to find and create registries as needed and DSAs with information flows that already exist to enable evaluation using health administrative data. We will work with site themselves as needed to have data that is in your hands in a rapid cycle and figure out which measure to pull out in a more comprehensive way through central resources across the entire province. Those details will depend on what the target populations are, how are they being identified and reported, and whether local groups are developing registries on their own and how they might be transferred. We do recommend that OHTs think about registries if they have specific target populations for their initial team activities.