Early Insights from the First Cohort of Ontario Health Team Applicants

The Future

The Ministry of Health's vision for a new population-focused integrated system of care
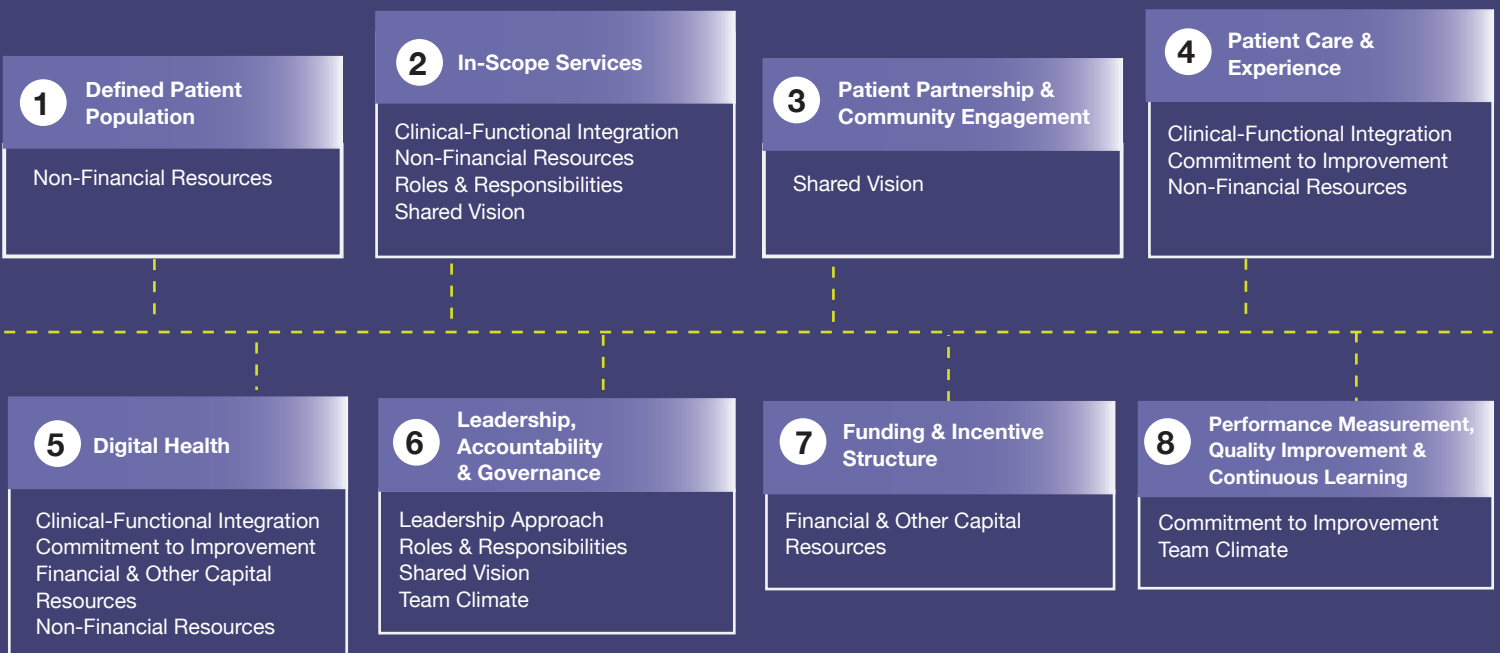
> Teams are responsible for outcomes of their population
> Clients/patients have the best experience possible
> Proactive care for higher risk patients
> 24/7 coordination and navigation
> Digital care, communication and access are the norm
> There are standard measures across sectors
> Single clinical and fiscal accountability framework
> Integrated funding envelope

The Foundation

In early 2020, Health System Performance Network undertook a detailed survey of the first cohort of 30 OHT applicants to look at their early progress on new, more integrated ways of organizing and delivering care.

In order to achieve the MOH's vision, the OHT guidance document's eight Building Blocks are considered foundational for integrated care and align with the ten domains measured in the *Organizing for Ontario Health Teams* survey.

1 Defined Patient Population

Non-Financial Resources

2 In-Scope Services

Clinical-Functional Integration
Non-Financial Resources
Roles & Responsibilities
Shared Vision

3 Patient Partnership & Community Engagement

Shared Vision

4 Patient Care & Experience

Clinical-Functional Integration
Commitment to Improvement
Non-Financial Resources

5 Digital Health

Clinical-Functional Integration
Commitment to Improvement
Financial & Other Capital Resources
Non-Financial Resources

6 Leadership, Accountability & Governance

Leadership Approach
Roles & Responsibilities
Shared Vision
Team Climate

7 Funding & Incentive Structure

Financial & Other Capital Resources

8 Performance Measurement, Quality Improvement & Continuous Learning

Commitment to Improvement
Team Climate

Who Responded

480 people (range of respondents across OHTs varied from 6 to 42)

77% average response rate across 30 OHTs (range: 27% to 100%)

~80% of respondents were in leadership roles

The majority were from Community Support Services[1] **(37%)** or Primary Health Care Practices **(31%)**

For more information describing the first cohort of OHT applicants, click here.
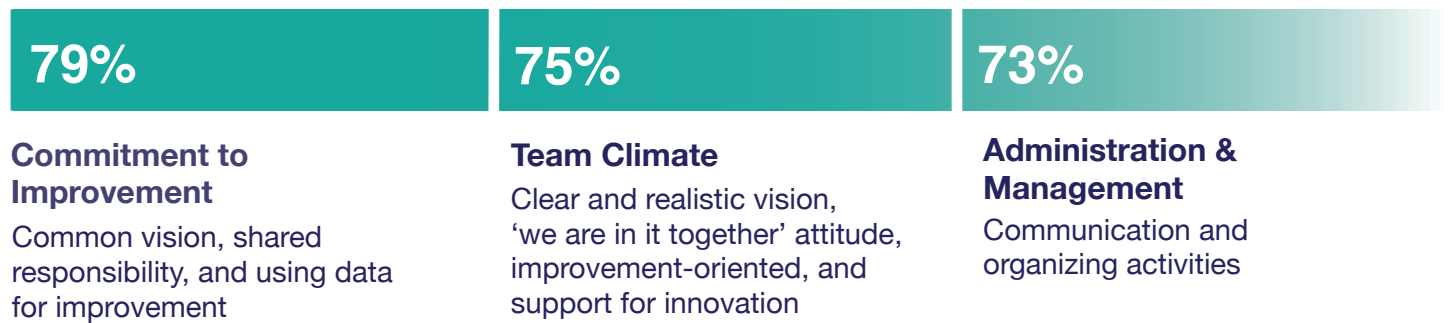
[1] Includes community mental health and addictions.

OHTs Take Stock of Their Early Progress[2]

The first cohort of OHT applicants has a strong commitment and expressed a shared responsibility for achieving their goals. However, all have room to improve, and no OHT consistently ranked above the 80th percentile across all domains.

> *"I think that the collaboration with people that we have not normally collaborated with has been wonderful [...] just the commitment and the willingness to come together and do the work has been amazing, just amazing."* [3]
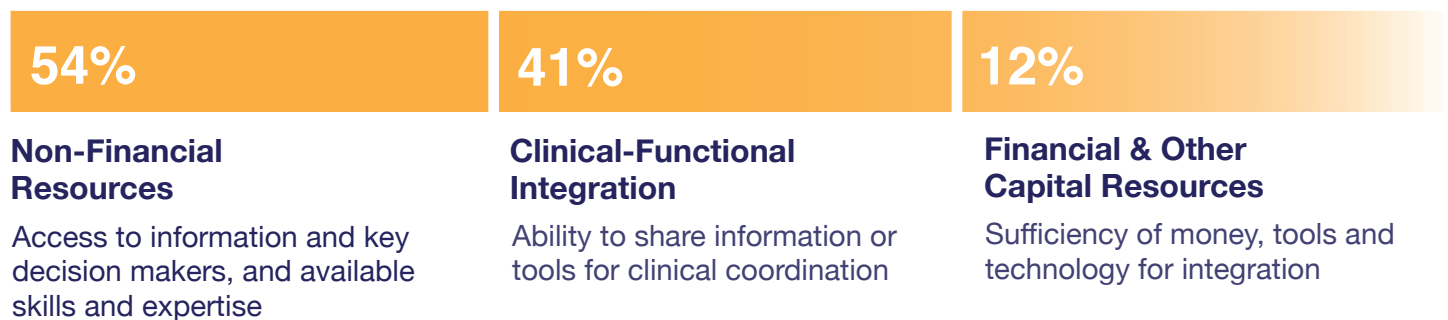
OHTs are doing better at…

79%

Commitment to Improvement
Common vision, shared responsibility, and using data for improvement

75%

Team Climate
Clear and realistic vision, 'we are in it together' attitude, improvement-oriented, and support for innovation

73%

Administration & Management
Communication and organizing activities

OHTs are doing OK at…

71%

Roles & Responsibilities
Understanding of role and responsibility in coordinated care

70%

Readiness for Change
Inclusiveness and ability to welcome new ideas, and belief in suitability and success

67%

Leadership Approach
Empowerment, communicating the vision, and fostering respect and trust

67%

Shared Vision
Responsiveness to communities, understandable goals, and integrated program planning

OHTs need improvement and support with…

54%

Non-Financial Resources
Access to information and key decision makers, and available skills and expertise

41%

Clinical-Functional Integration
Ability to share information or tools for clinical coordination

12%

Financial & Other Capital Resources
Sufficiency of money, tools and technology for integration

[2] Proportion of respondents across OHTs selecting 4 (moderately agree, very good or very well) or 5 (strongly agree, excellent or extremely well) on a 5-point scale. OHTs above 71% were rated as doing better, 65-71% as doing ok, and less than 65% need improvement or support.

Room to improve on meaningful engagement
66% say they are doing a good job of including the views and priorities of the people affected by the OHT's work

Tools and resources are needed
61% believed that their OHT had most or all of what it needs to identify individual patients who meet target population criteria and deliver prescribed interventions

Opportunities to strengthen and make connections
54% believed that the OHT had sufficient connections to political decision makers and government agencies

> *"I think both from commitment to quality improvement and an active learning system, which is one of the commitments that come from the ministry and we certainly believe in, you need data that's operationally available to you so you need to be able to manipulate it and you need it quickly…"* [3]

[3] Quotes from signatory members of applicant OHTs selected for case studies.

Across OHTs, 5 areas were rated most favourably[4]

> *"...people really have one goal, one vision and it's really patient driven."* [3]

1 A 'we are in it together' attitude

2 Shared values compatible with those of other OHT members

3 A common vision of how to improve the integration of care

4 Members build on each other's ideas

5 A belief that they had the skills needed to make this change work

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Integration requires changes from both organizations and individuals

My organization is...

Innovative	**44%**
Open to change	**38%**
Cautious toward change	**17%**
Resistant to change	**1%**

My organization will

benefit from this change[5] **84%**

For my part...[5]

88% Said it is worthwhile for me to adopt the changes

92% Said I have the skills needed to make the changes work

> " *I'm absolutely committed to this project and this is how I plan to spend my time for as long as I can.... And I want patients to get the care they deserve.*[3]
>
> *So, there's pushback from our staff because they don't understand what's happening out there, they're more concerned with their day-to-day caseloads and day-to-day ability to manage their work....*[3] "

Commitment to Change

+ Belief in the OHT Model
Across OHTs, participants spoke of the benefits of integration and their willingness to put in many hours of work to make it successful

– Time & Resource Demands
Interviews uncovered that sectors are differentially impacted by participation in the change process, particularly primary care

+ Acknowledging Differences
Many OHTs are recognizing historic differences between sectors (e.g. funding structures or delivery models) and taking steps to facilitate participation on an equal playing field.

Attitudes and beliefs that create the conditions to do things differently[5]

73% Thought that their OHT was prepared to question the basis of what the team is doing

69% Thought that the OHT was critically appraising potential weaknesses in what the OHT is planning

64% Felt that leadership was helping the OHT be creative and look at things differently

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[4] These are the 5 questions that had the most OHTs where 100% of respondents selected 4 or 5.
[5] Proportion of respondents across OHTs selecting 4 (moderately agree) or 5 (strongly agree) on a 5-point scale.

Highlighting Opportunities for Supports

Patterns emerged around what was similar across the early experience and what was different.
The patterns may point to which supports should be province-wide and what areas need targeted support.

OHTS were similar in how they rated:

> Non-Financial Resources
> Financial and Other Capital Resources
> Clinical-Functional Integration
> Readiness for Change

Opportunity for province-wide supports

OHTs were different in how they rated:

> Leadership Approach
> Administration and Management
> Team Climate
> Commitment to Improvement

Opportunity for targeted supports

Change management needs strong leadership & communication

71% said OHT's leadership is effective at fostering respect, trust and inclusiveness among members.

On average, **73%** of respondents positively rated their internal communications and the organization of member activities, but there was wide variation across OHT responses (13% to 100%).[5]

A dedicated project lead was seen as an indispensable resource.[3]

> *"[…] He's made sure the train's run on time. And he's made it really easy for us to step up […] he's really good at moving information amongst the partners, convening meetings. He's a great listener and he really tries to support people and gives the airtime […]."* [3]

Change process requires resources

Few respondents thought their OHTs had enough:[6]

Skills & expertise	Data & information	Tools & tech. including digital health solutions	Money
66%	**38%**	**17%**	**7%**

[6] Proportion of respondents across OHTs selecting 4 (most of what it needs) or 5 (all of what it needs) on a 5-point scale.

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