CHAT discussion from January 25, 2022: Health System Performance Network (HSPN)
Population Health Segmentation Webinar

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0:25:44	Jenn Polley:	are these sessions recorded/shared afterwards?
0:26:59	HSPN:	Please visit https://hspn.ca/evaluation/ontario-health-teams/ for more on OHTs! We will post the recording and slides, as well as relevant links, related to today's webinar on our website soon!
0:28:45	Julie Houben:	Are you able to share this article you referred to - Improving Value Means Increasing Population Health and Equity?
0:31:07	Paul Wankah:	https://pubmed.ncbi.nlm.nih.gov/32687467/

Indicator Questions

0:30:30	Melinda Wall:	Does the ED as a first point of contact for MHA only count Physician OHIP billed visits? (i.e. if someone saw an NP or a community mental health worker, but then went to ED, it would still say they went to ED as first point of contact because they didn't see a physician?). If so, this metric may not capture the breadth of MHA work occurring in the province and this will be a tough metric to move.
0:32:43	Dawn Sidenberg:	Melinda, yes physicians only via OHIP data so missing those visiting NP, SW, Nurse, et.
0:33:28	Naushaba Degani:	@Melinda - -the indicator also does not capture visits to community MHA providers and agencies
0:35:06	Margo Cameron:	So we are missing a big part of the MHA picture when we just capture the ED contact.
0:35:08	Luke Mondor:	@Melinda - correct, but CHC physician visits are included. Not just OHIP.
0:53:01	Catherine Isaacs:	This 'ED as first MHA contact' indicator does not count ANY MHA contacts in the community that do not involve physicians' billing. The work of NPs, social workers, outreach workers, psychologists etc. is not counted as a first MHA contact...

How are you segmenting your populations?

0:35:24	Martin Bauwens:	The data provided doesn't provide a good method to run a cox regression or other segmentation tools
0:35:39	Robert Barnett:	We've identified relevant age-groups, geographic breakdowns and clinical MCC as we begin to identify target groups for ALC.
0:35:52	Keith Menezes:	There are dimensions to mental health services between supply demand and access points
0:35:53	Sarangan Lingham:	Some of the conversations our groups have had are about how our priority population is frail older adults but the preventative measures may not be appropriate for them (eg. breast cancer screening after 60 years old)
0:35:53	Margery Konan:	Yes - focus on one or more neighbourhood improvement areas in Toronto (sub-population for cancer screening)

0:35:56	Karen Armstrong:	ALC - Rural population; Mammograms - women living in subsidized housing
0:36:03	Melinda Wall:	Our sub-population is unattached mental health and addictions patients who we serve through our virtual walk-in MHA clinic.
0:36:03	Melissa Sharpe-Harrigan:	Our OHT has discussed how the cQIP strategies for improvement will be grounded in equity, and may be different for those attached to physicians vs unattached patients to primary care.
0:36:06	Reham Abdelhalim:	given that screening activities are dependent on access to primary care so we are thinking about segmentation by those who are attached to PC Vs not.
0:36:33	Catherine Isaacs:	Cancer screening of unattached patients
0:37:46	Sabrina Piluso:	Yes, but finding it difficult to stratify the data provided by the ministry. For example, we've been given our performance on PAP rates, but we don't know anything about those who did not make it into the numerator. If we can't stratify, we can't segment the population in a meaningful way.
0:38:06	Ladan Dadgar:	Frail Elderly, Homeless
0:38:23	Rishma Pradhan:	we are looking at data from the Ontario Community Health Profiles for neighborhood data, how connected is this data to the HSPN data? This data stops in 2019/20
0:38:33	Monika Dalmacio:	Yes, we're anticipating challenges with cancer screening for clients who aren't connected to patient-enrolment model (PEMs) practices
0:38:42	Rita Busat:	Francophones and Indigenous population.
0:40:52	Catherine Isaacs:	I have assembled information on the cancer screening of unattached patients which I can share in the CoP

Population Segmentation using BC Health System Matrix

0:44:14	Amber Alpaugh-Bishop:	Is there an assumption that a non-user is healthy in this model?
0:45:40	Adora Chui:	I think those are the folks who haven't accessed healthcare in the previous year
0:46:17	HSPN:	@Amber we can't assume the non-users are healthy
0:46:40	Amber Alpaugh-Bishop:	@HSPN, totally agree! That's why i asked :)
0:45:18	Reham Abdelhalim:	What is meant by non-user?
0:45:59	Robert Barnett:	I take it as someone who is not represented in the base data, Rehan.
0:46:16	Christina Clarke:	From the data dictionary: Non User. BC residents who did not use publicly funded health services included in Health System Matrix.
0:46:21	Christina Clarke:	https://www2.gov.bc.ca/assets/gov/health/forms/5511datadictionary.pdf

0:45:45	Catherine Isaacs:	The model is missing unattached patients whose health status is unknown except through hospital data
0:45:51	Tara Walton:	The Ontario Palliative Care Network has developed a resource to support OHTs with segmentation focused on improving care for individuals with palliative care needs. This can help with addressing the ALC indicator. Please email me if you would like a copy of this resource: tara.walton@ontariohealth.ca
0:45:52	Sarangan Lingham:	When can we expect the reports? This will help with our planning acknowledging the cQIP is due March 31st.
0:48:17	Doulat Bibi Ali Yar:	When is this data sent to OHTs? any timeline?
		HSPN post-event comment: mid-February
0:48:17	Holly Opara:	Will we be able to see de-identified postal code level data with these reports? Or will it be reported on aggregate?
		HSPN post-event comment:- reports are in aggregate as reported here in the webinar but specific to the OHT
0:48:22	Naushaba Degani:	Can you please confirm that "non-use" is limited to use that is tracked in the administrative data. that is, if someone is accessing for example mental health or harm reduction services through a community provider or through public health only, they will not be identified as a non user.
0:51:54	HSPN:	@Nasuhaba,"non-use" is limited to use that is tracked in the administrative data. not including a community provider or through public health
0:48:49	Tamar Meyer:	I may have missed this: what is "CC" re: Low and medium?
0:49:08	Naushaba Degani:	chronic conditions
0:49:54	Joanna Sinn:	My colleague Stella Arthur was able to link home care data to predict delayed discharge (ALC) - as an example of how to link interRAI home care/CHRIS data to understand the complex & frail population: https://bmjopen.bmj.com/content/11/2/e038484?rss=1
0:50:04	Nzinga Walker:	Are we able to separate the young adult mental health stats from the general population
		HSPN post-event comment: possibly locally but the segmentation separates youth only in the acute group (not mental health)
0:50:47	Anne Wojtak:	It would also be important to understand these rates by racial background.

0:51:01	Christina Southey:	Can screening rate be shared stratified by deprivation quintiles?
0:52:41	Dawn Sidenberg:	If the system you are using can provide postal code, you can then use against Ontario Marginalization Index and quintile scores. IDS has postal code, not sure of the ability of OH/MOH datasets sharing this....
0:52:50	Holly Opara:	Will we get de-identified record-level data with these reports?
0:54:01	HSPN:	@Holly you will not get your data at the individual level, it will be at the segment level
0:55:33	Veronica Nelson:	Has screening rates been compared to unattached patient populations? I believe that is a barrier in Kawartha Lakes
0:56:06	HSPN:	@Veronica we will be reporting by Primary Care Enrollment Models
0:56:39	Sabrina Piluso:	What about CHCs?
0:57:46	Veronica Nelson:	We now have more unenrolled patients than enrolled due to PCP retirements...
0:58:20	Haranadha Puttur:	VARIATIONS???
0:58:36	Lee Donohue:	@HSPN will the reports on primary care models differentiate FHO/FHN affiliated with FHTs and those FHO/FHN not affiliated with FHTs
		HSPN post-event comment: yes
1:01:04	Lee Donohue:	Can OHTs request historical data for these indicators for BC [before COVID] ?
		HSPN post-event comment: possibly. Generally we have looked at rates in the prior years and they were fairly steady and 10% higher than in 2020/21
		Hi everyone. We are in talks with ICES to provide historical data and will keep you in the loop using the CoP. We anticipate this may be available in February.
1:02:08	Laurie Dunn:	Regards from Laurie Dunn, cQIP working group
0:58:38	Robert Barnett:	At the Ministry data meeting last week, they expressed that they are looking to get CHC and AHAC information. I'm not sure about how NPC-led clinic volumes might be captured.
1:00:05	Tara Walton:	A focus on improving access to palliative care -especially community based- can help to address the ALC indicator. Please reach out to the Ontario Palliative Care Network if you are looking for more support in this area: tara.walton@ontariohealth.ca

Time	Name	Message
1:00:10	Martin Bauwens:	When and where are the segmentation data going to be provided to the OHTs?
1:00:15	Sarangan Lingham:	When can we expect to receive this data?
1:00:20	Rishma Pradhan:	when would we get this data?
1:01:15	Jagger Smith:	Currently counting how many people are newly attached to inter-professional primary care in 2021/22 cQIP. Encouraged that this attachment may target a risk factor for cancer screening.
1:02:05	Charles Bruntz:	I mean we can action by going back to geography and approximate with the location of the Physicians but would be more effective if we had both the aggregated and individual data back - with the appropriate measures for privacy - to be able to action directly at the OHT level. I know it's not possible for now but certainly something to consider since this is not a theoretical exercise.

Individual level data availability

Time	Name	Message
1:03:52	Holly Opara:	Agree Charles - if each OHT had access to de-identified record level data, we could make our initiatives more targeted. This could be easily done by adding an OHT identifier flag to the CIHI pop grouper data set!
1:04:35	Robert Barnett:	I continue to get some use from Intellihealth in this regard, though attributed population assignement is not yet in their model.
1:05:25	Robert Barnett:	We are looking at IDS for realtime data in the futre.
1:05:57	Catherine Isaacs:	I completely agree with Charles' point re de-identified record-level data
1:05:57	Dawn Sidenberg:	Both Intellihealth and IDS has patient level/row to work on some of this detail
1:06:15	Robert Barnett:	@ Walter. If you need support for the Intellihealth Attributed Population flag, just say so!
1:05:30	Viola Zhou:	When will this slide deck to be shared first? I understand OHT specific data will be shared later.
		post-event: Slides and video from today are shared at HSPN.ca … follow the links to OHTs and webinars

implementing at the local level - Christina Clarke

What tools are you using ?

Time	Name	Message
1:22:42	Christine Olsen:	Co-designing those ideal enablers and prioritizing the quick wins and breaking down the higher impact/return items into smaller tests of change
1:22:58	Rachel Labonte:	Collect/understand patient experience - map it to their journey. This will likely help identify where things are breaking down and perhaps some quick wins
1:23:53	Martin Bauwens:	We don't have access to appropriate data. If data were available we'd use a backwards elimination model and cox regression
1:24:30	Karen Armstrong:	Utilizing FHT data analysis work and evidence informed practice literature
1:24:34	Robert Barnett:	@Martin. We're looking at something like that...with available information.
1:24:37	Christine Olsen:	Value stream mapping, co-designing ideal patient journey
1:25:08	Christine Olsen:	Tools to reduce variation or shift the target
1:25:14	Margo Cameron:	Co-design and mapping with clients and stakeholders. 5 Why's?
1:25:41	Sabrina Piluso:	VSM, SIPOC, Voice of the Clien, 5 Why's
1:25:45	Christina Southey:	There are some awesome process maps and fishbone diagrams out there!
1:25:47	Walter Wodchis:	This type of work is very much involving co-design, patients, community and providers ! Exactly the next steps in applying segmentation !
1:30:14	Rachel Labonte:	theoretically this makes total sense (has for many years). in the reality of a practice, with clinicians, it's not so clear cut. We have had to build trusting relationships before clinicians have even wanted to look at their data... identify areas for improvement. Each clinic is a totally unique environment and cookie cutter approaches don't work. We have had to make sure approaches and value propositions meet each group needs. Q: How are you engaging clinicians in this work? How are ways you are bringing clinicians that are hesitant into the work?
1:30:49	Dawn Sidenberg:	Rob/Martin, connect with me re some of the data you might find useful
1:30:51	Margaret Millward:	How to access the Ontario Health CoP 1. Visit the OHT Shared Space https://quorum.hqontario.ca/oht-collaboratives/en-us and click , "SIGN UP" to create your account 2. Visit the cQIP Community of Practice (CoP) https://quorum.hqontario.ca/oht-collaboratives/en-us/Home/Groups/Activity/groupid/176 and click the "JOIN GROUP" button. You will receive an email notification when you've been accepted into the group. 3. Don't forget to click on the "Subscribe to Updates" button once you've been accepted into you CoP! Contact qip@ontariohealth.ca for more information

ways to advance Population Health Management

1:34:12	diana raymond-watts:	working with our coach
1:34:15	Ladan Dadgar:	Access to integrated data
1:34:16	Reham Abdelhalim:	data
1:34:19	Alison Baxter:	further training
1:34:20	Rita Busat:	Hoping our RISE Coach will help
1:34:25	Maritza Robertson:	further training
1:34:28	Munro Ross:	I'm not (yet) sure our OHT has access to the data we need
1:34:32	Mulugeta Chala:	I think working with stakeholders who know the patient population well
1:34:35	Robert Barnett:	More data. :)
1:34:36	Alison Baxter:	Access to data
1:34:38	Holly Opara:	Access to record level patient data of our OHT population!
1:34:39	Catherine Isaacs:	More detailed attributed population data
1:34:57	Catherine Isaacs:	I agree with Holly
1:35:23	Martin Bauwens:	Data, data and data! Data too!
1:35:45	Rachel Labonte:	coaching at a practice level needs to be priority not just at an OHT level.
1:35:46	Charles Bruntz:	data in 1 word
1:36:01	Ladan Dadgar:	IDS is ready to support , when they know what we need exactly.
1:36:41	Leslie McGeoch:	If you're leading priority population/population-health management (PHM) work at your OHT and would like a RISE PHM coach you can contact me leslie.mcgeoch@thp.ca
1:38:55	Daniel Sirivar:	Very much agreed. Shared understanding, interpretation and buy-in
1:39:04	Naushaba Degani:	thanks for another great webinar HSPN team!
1:39:06	Christian Ogbonna:	Any chance we can get the slides from today's presentation ?
1:39:22	HSPN:	Please visit https://hspn.ca/evaluation/ontario-health-teams/ for more on OHTs! We will post the recording and slides, as well as relevant links, related to today's webinar on our website soon!

1:39:28	Leslie McGeoch:	We also share resources on PHM (including segmentation) in each of the collaboratives below. https://quorum.hqontario.ca/oht-collaboratives/en-us/Home/Groups?tags=PHM%20Collaboratives
1:42:21	Tara Walton:	for OHTs that are planning and/or implementing Palliative Care Quality Improvement initiatives, there is an existing CoP to provide support: https://quorum.hqontario.ca/en/Home/Community/Groups/Activity/groupid/112
1:39:40	Sharada Weir:	Could you also share the chat from today? Lot's of great info