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

Accessing the Chat in a Webinar from a Mobile Device

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2. Click on **Participants**.

| Audio | Video | Share | Participants | More |

3. At the bottom of the participants list, click on **Chat**.

| Chat | Invite |

Accessing the Chat in Meeting from a Desktop Device

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| Mute | Stop Video | Invite | Manage Participants 1 | Share Screen | Chat | Record | More | End Meeting |

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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

Dr. Ruth Hall

Team Members

Dr. Gaya Embuldeniya
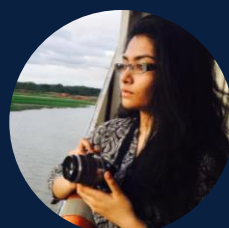
Dr. Shannon Sibbald

Amanda Everall

Jennifer Gutberg

Kevin Walker

Nusrat S. Nessa

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Dr. Ruth Hall

Ruth Hall is a member of the Health System Performance Network at the University of Toronto and Co-Lead for the MOHLTC central evaluation of the Ontario Health Team initiative. She is also an Assistant Professor at the Institute for Health Policy, Management & Evaluation in the Dalla School of Public Health at the University of Toronto and an ICES Adjunct Scientist. Prior to joining the HSPN, Ruth was the Evaluation Lead for the Ontario Stroke Network for 10 years.

Dr. Gaya Embuldeniya

Gaya Embuldeniya is a cultural anthropologist who conducts qualitative research at the Health System Performance Network, at the University of Toronto. She worked on the qualitative evaluation of the Integrated Funding Models, and is looking forward to learning about what teams think of the OHT model.

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Dr. Shannon Sibbald

Shannon Sibbald is an assistant professor at Western University and a member of the Health System Performance Network at the University of Toronto. She is a member of the qualitative evaluation teams for the Ontario Health Team initiative. Shannon has evaluated the scale and spread of several provincial and national integrated care initiatives and is currently supporting the implementation of a chronic care model for patients with COPD.
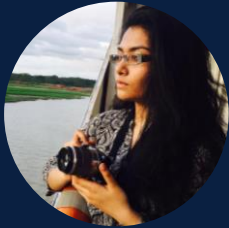
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Jennifer Gutberg

Jennifer Gutberg is a PhD Candidate at the Institute for Health Policy, Management & Evaluation in the Dalla School of Public Health at the University of Toronto, and a trainee at the Health System Performance Network. Jennifer's prior work with HSPN has focused on evaluating models of integrated care from an organizational lens, particularly through the use of qualitative methods. This has included work evaluating the implementation of provincial integrated and coordinated care efforts, including Health Links and Integrated Funding Models.

Amanda Everall

Amanda Everall is a Research Coordinator at the Leslie Dan Faculty of Pharmacy at the University of Toronto. She has experience using qualitative methods to explore stakeholder experiences with, and perceptions of, different integrated care models including Ontario's Integrated Funding Models for COPD and CHF as well as Ontario's Health Links approach to care. Amanda brings a work systems perspective to research to better understand the necessary organizational supports that facilitate better processes and outcomes.

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Nusrat S. Nessa

Nusrat Shabnam Nessa is a Research Assistant at HSPN, at the University of Toronto. She has experience managing research projects and evaluating the experiences and outcomes of patients and caregivers of programs such as Ontario's Integrated Funding Models, Home and Community Care sector and the Health Links approach. Nusrat is also the Canadian hub coordinator of the International Foundation for Integrated Care.

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

Phase 1
Formative Evaluation
of first 30 Applicant OHTs

December 2019 – April 2020

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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
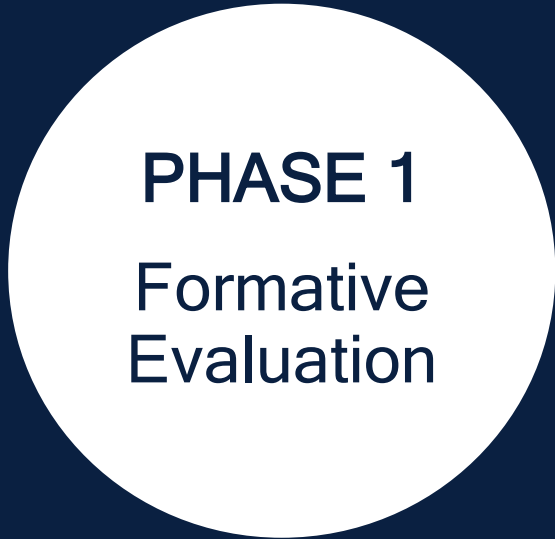
APPROACH

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.

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Surveys of Applicants
for 30 Teams

Goal of survey

Measure nature and extent of:

- Partnerships

- Collaborative leadership

- Trust

- Resources

- Common Vision

- Teamwork

- Communication

- Change Readiness

- Governance

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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

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12 Case Studies: Interviews

How were 12 OHTs selected?

- OHTs were stratified and then randomly selected based on:

  - Rural vs. urban

  - Sector of lead applicant (hospital vs. non-hospital)

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

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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.

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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!

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

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Some Implementation Resources

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

Everyone is involved!

Email: OHT.Evaluation@utoronto.ca

Thank you!

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