Formative Evaluation
for the 1st OHT Applicant Cohort

HSPN Webinar - September 22, 2020

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself
(name & OHT or other org) to <u>everyone</u> in the chat box

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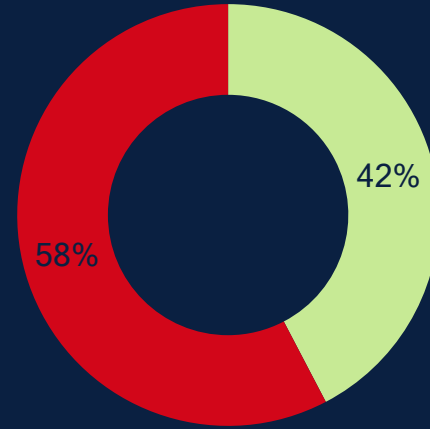
Land acknowledgement

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 most recently, the Mississaugas of the Credit River. 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.

We acknowledge that Canada is home to many diverse First Nations, Inuit and Métis peoples, and that each of you are joining us from one of those many traditional and treaty territories.

Today's event

Host

Dr. Walter Wodchis
Principal Investigator
HSPN

Presenters

Dr. Ruth Hall
Evaluation Lead
HSPN

Dr. Gaya
Embuldeniya
Cultural Anthropologist,
HSPN

Allison Costello
Director, Ontario Health
Teams Division
MOH

Lilly Whitham
Manager, Ontario Health
Teams Division
MOH

HSPN

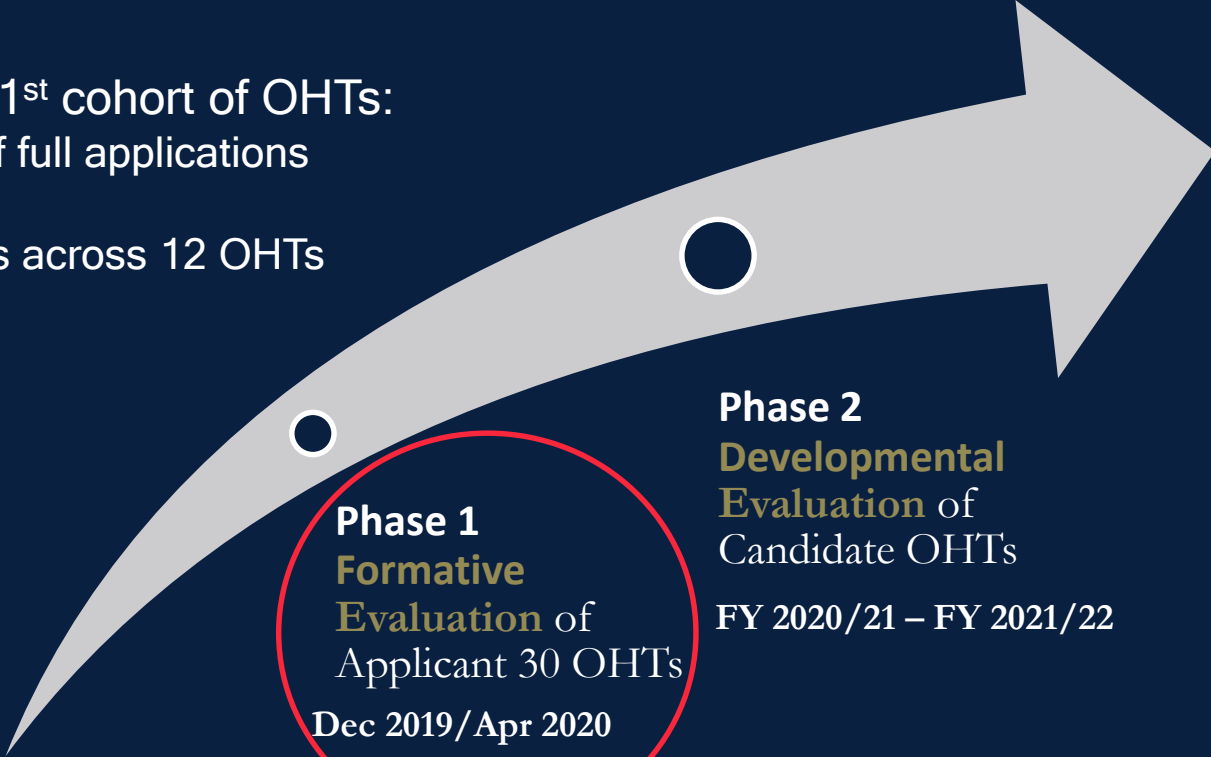# Overview

1. Review OHT Central Evaluation

2. Formative Evaluation of 1st cohort of OHT applicants

    i.   Document Analysis of Full Applications

    ii.   Leadership Survey

    iii. Leadership Interviews

3. Questions and Discussion

Overview of Central Evaluation

Central Evaluation of 1st cohort of OHTs:
- Document analysis of full applications
- Leadership survey
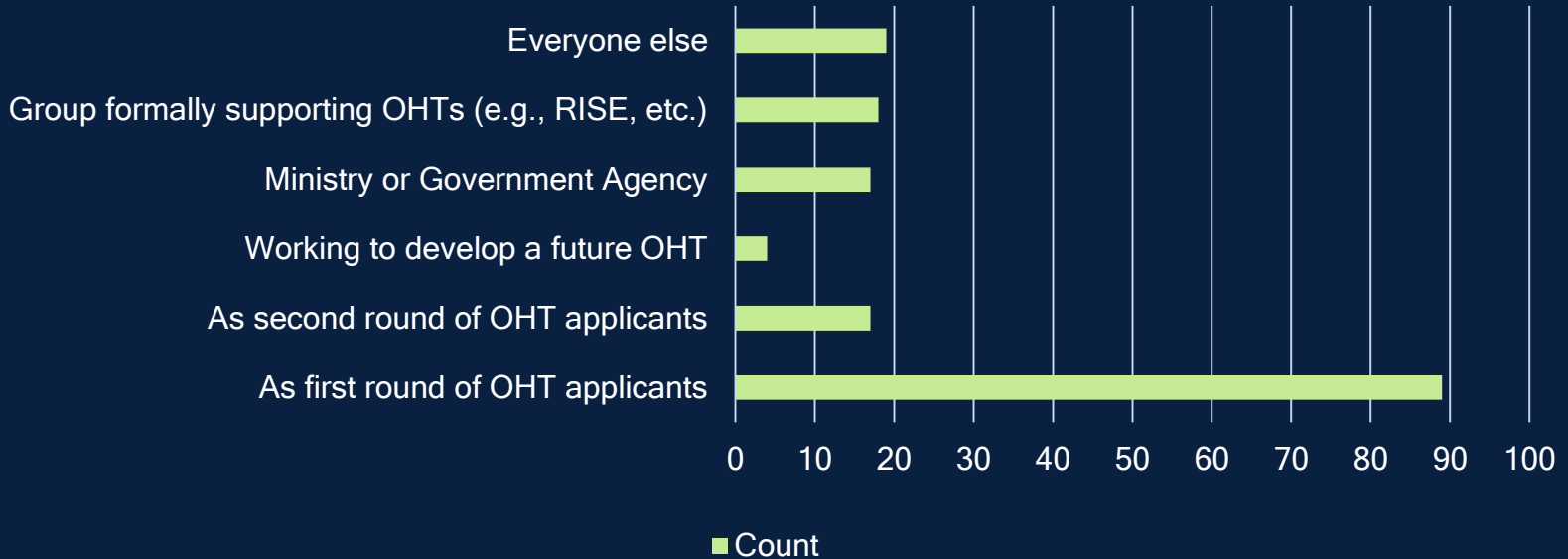- Leadership interviews across 12 OHTs

Phase 1
Formative Evaluation of Applicant 30 OHTs
Dec 2019/Apr 2020

Phase 2
Developmental Evaluation of Candidate OHTs
FY 2020/21 – FY 2021/22

Poll 2

Which category best describes your role as it relates to OHT implementation?

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Document Analysis

Who are the OHTs ?

PATIENT INVOLVEMENT
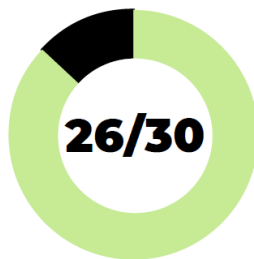
26/30 HAVE HIGH OR MEDIUM LEVELS OF PATIENT ENGAGEMENT
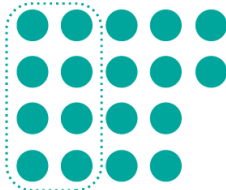
HIGH: 18   MEDIUM: 8   LOW:4

8 OHTS INCLUDED PATIENTS, FAMILY AND/OR CAREGIVERS AS SIGNATORIES ON THE APPLICATION

Primary Care Involvement

- Relatively low physician participation

- The FHO is the dominant primary care model

- **81**, mean number of primary care physicians across OHTs and varied from **20 -186**

PRIORITY POPULATIONS

OHT YEAR-1 POPULATIONS

FRAIL/COMPLEX OLDER ADULTS (16/30)

MENTAL HEALTH & ADDICTIONS (15/30)

PALLIATIVE (10/30)

COPD/CHF (7/30)

DEMENTIA (5/30)

OTHER (7/30)

MEASURING SUCCESS

THE MOST COMMON PERFORMANCE METRICS IDENTIFIED BY OHTS
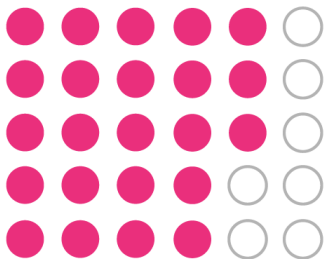
AVOIDABLE EMERGENCY DEPARTMENT VISITS (23/30)
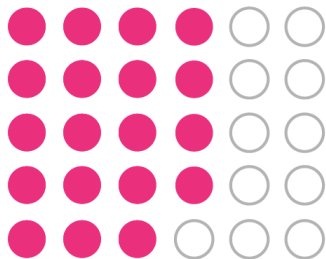
PATIENT AND PROVIDER REPORTED EXPERIENCE (19/30)
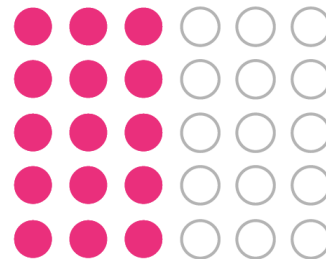
30-DAY INPATIENT READMISSION (15/30)
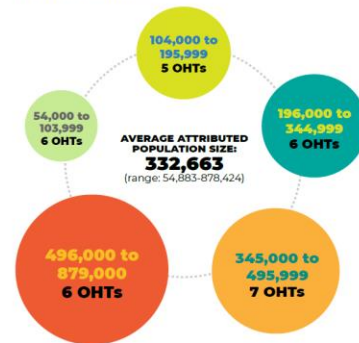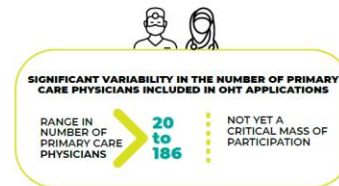
Full Report Available Online

@ hspn.ca

HSPN HEALTH SYSTEM PERFORMANCE NETWORK

Leadership Survey

Do OHTs have what they need to succeed ?

Full Report Available Online

@ hspn.ca

Ontario Health Teams Central Evaluation

Formative Evaluation: Findings from the Organizing for OHTs Survey

Ruth E. Hall
Kevin Walker
Walter P. Wodchis

March 2020

Organizing for OHT Survey

- 42 items selected from the leader and provider surveys from the Context & Capabilities for Integrated Care Toolkit, measuring 10 domains and align with the 8 Building Blocks

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

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Sample

- All organizations/individual signatories to Section 7 of OHT application:

    - Requested contact information for one representative who was "most involved in the application process" from each signatory organization.

    - Received contact information from 765 individuals

- Conducted between Dec 2019 and March 2020.

- 63% Response rate (OHT response rate 77%, range (27% to 100%))

Top 4 domains:

Commitment to Improvement (4.2/5.0)

Team Climate (4.1/5.0)

Adm & Mgmt (4.0/5.0)

Change Readiness (4.0/5.0)
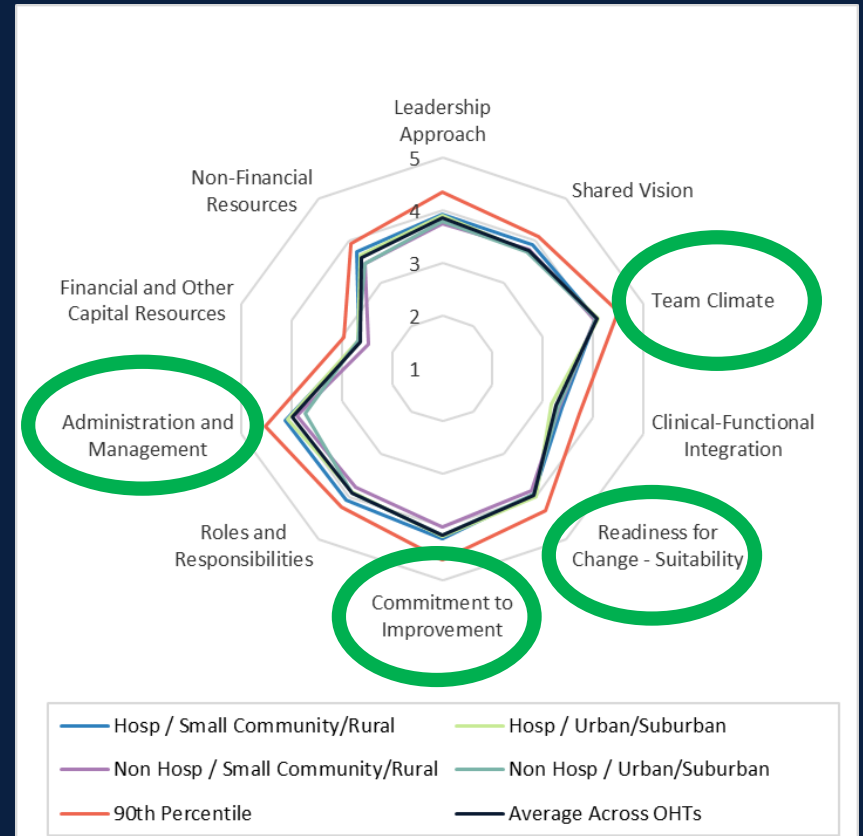
Commitment to Improvement was the *highest rated domain* (4.2/5); 19 OHTs had ≥ 80% of respondents selecting the top 2 boxes

Domain: Commitment to Improvement (3 items)
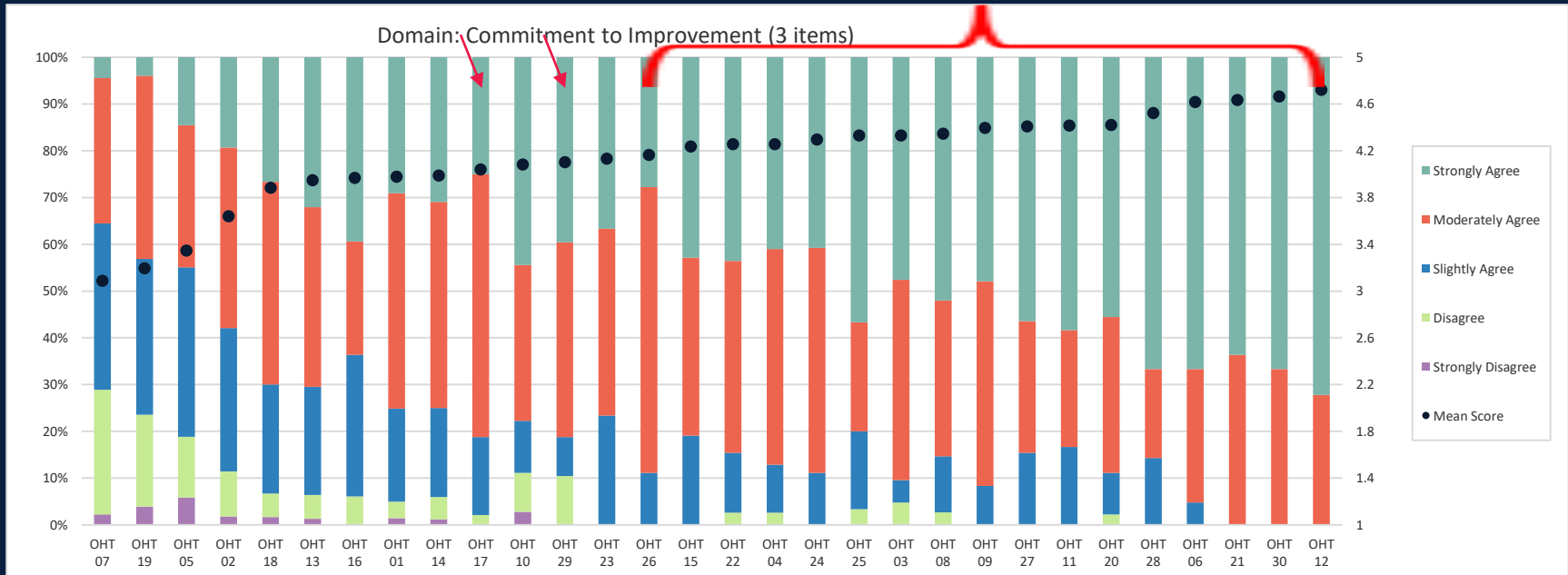
At present in this OHT:
8. We have a common vision of how to improve the integration of care
11. We have agreed to share responsibility for achieving improved patient outcomes
14. We have used data to identify the improvements for our target populations

Administration & Management = 4.0/5, 15 OHTs had ≥ 80% of respondents selecting the top 2 boxes

Domain: Administration and Management (2 items)
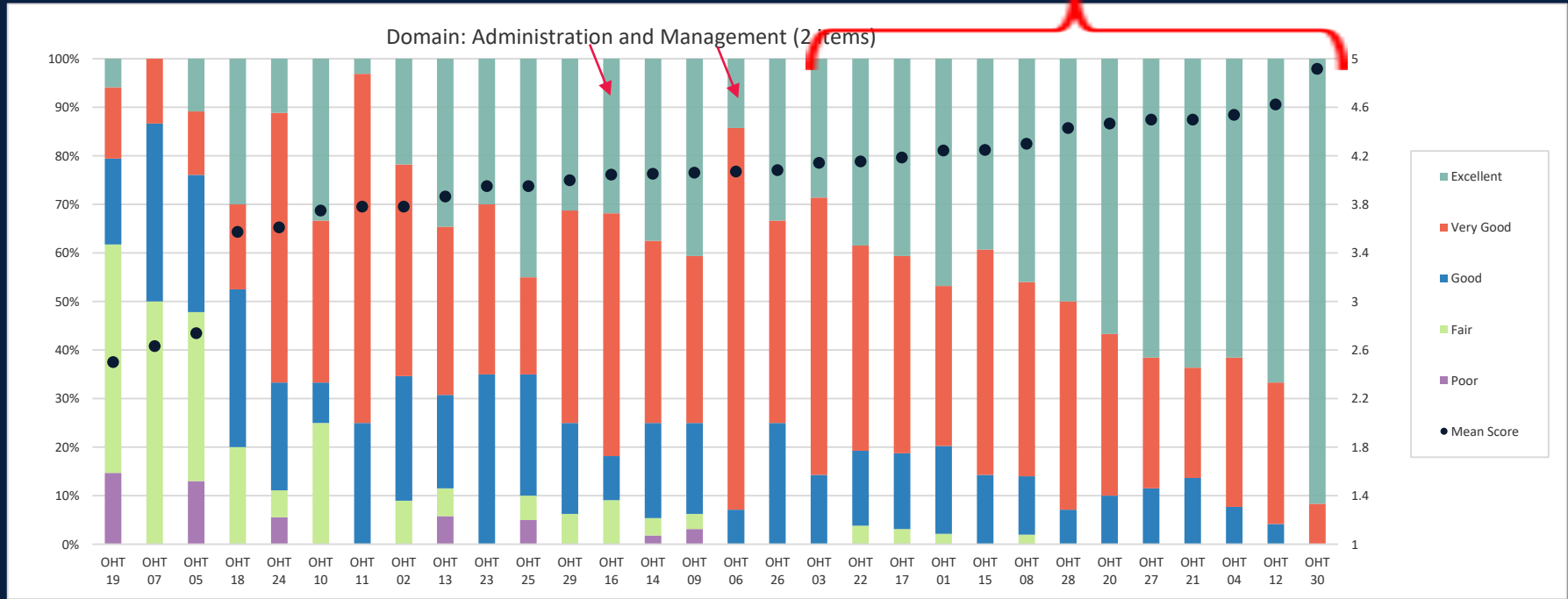
Please rate the effectiveness of your OHT in carrying out the following activities:
  23. Communicating among members
  24. Organizing OHT member activities, including meetings and projects

"*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.*"

"*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.*"

Quotes from interviews with OHT leaders

Lowest domains:

Financial & Capital Resources (2.6/5.0)

Clinical-Functional Integration (3.3/5.0)

Non-financial Resources(3.6/5.0)
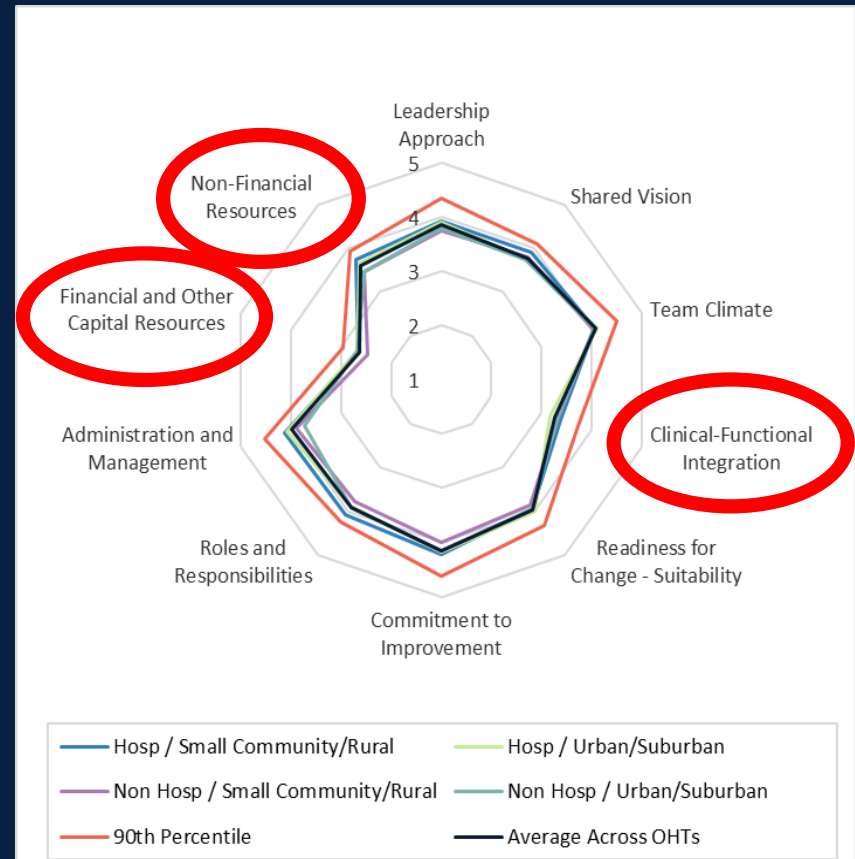
Clinical Functional - Integration *second lowest* rated domain 3.3/5; *no* OHT had ≥ 80% of respondents selecting the top 2 boxes

Domain: Clinical-Functional Integration (2 items)
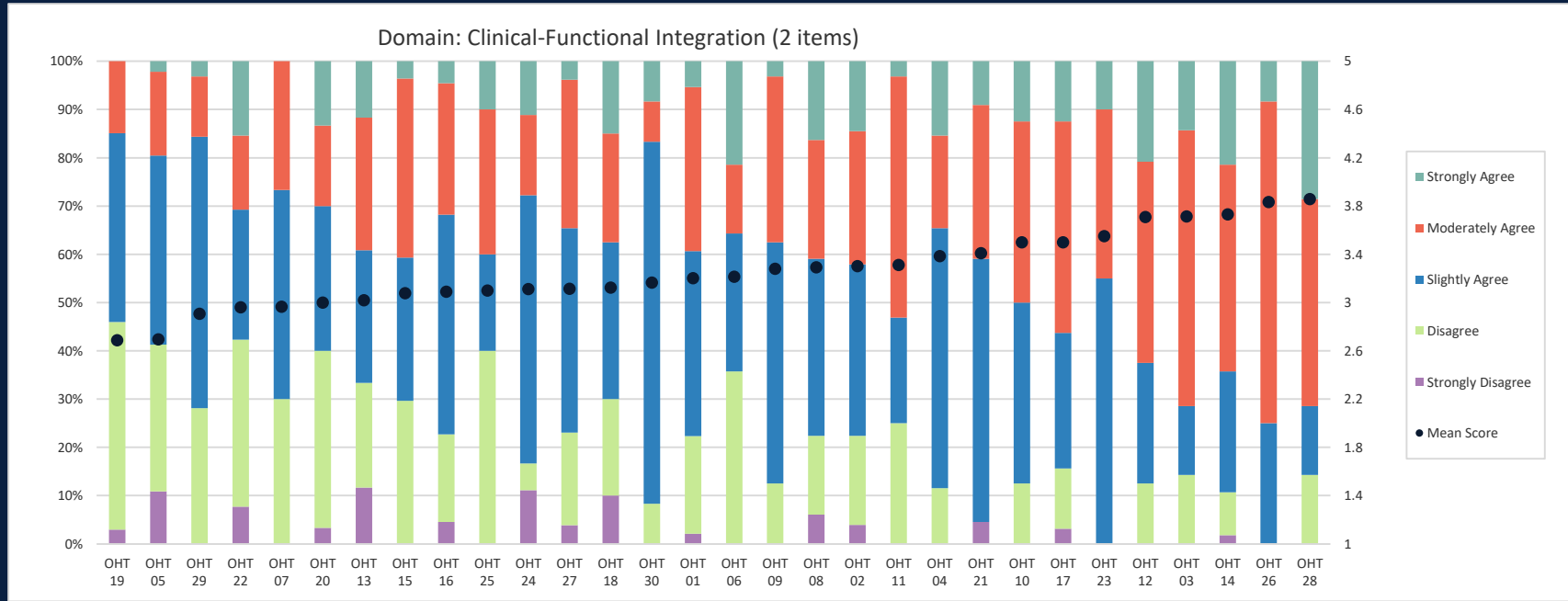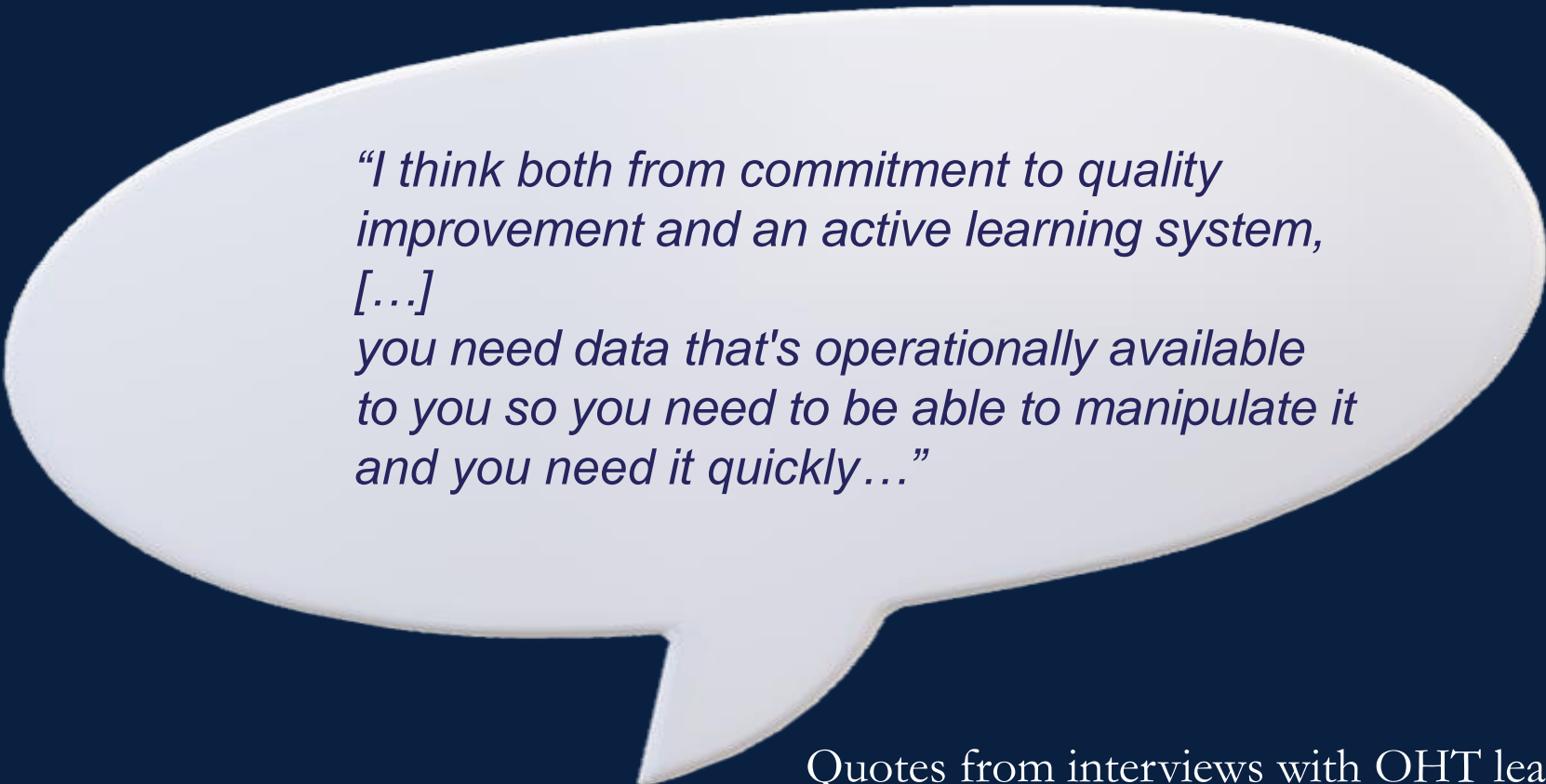
At present in this OHT:
12. We share tools for clinical coordination
13. We share clinical information across partners

Non-financial Resources = 3.6 /5;
no OHT had ≥ 80% of respondents selecting the top 2 boxes
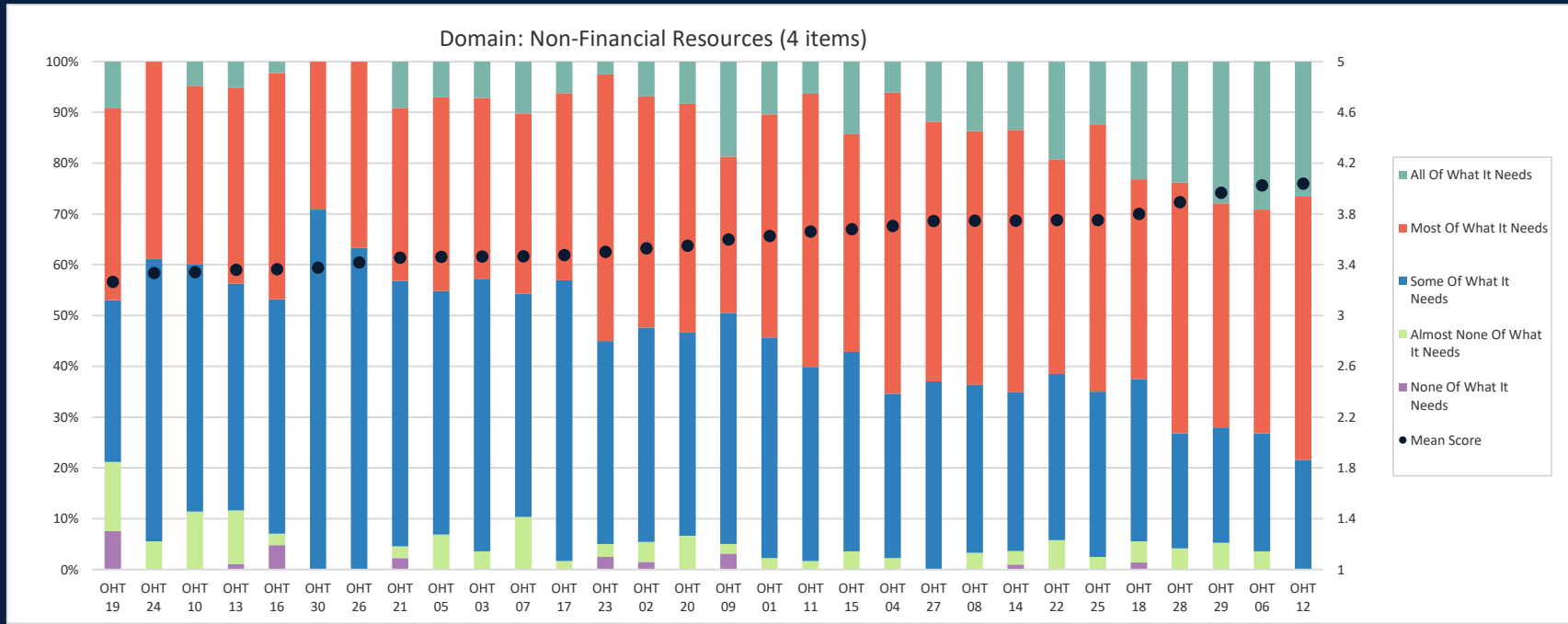
Domain: Non-Financial Resources (4 items)

For each of the following types of resources, to what extent does your OHT have what it needs to work effectively:
25. Skills and expertise
26. Data and information
27. Ability to identify target population criteria and deliver interventions
28. Connections to political decision-makers, government agencies, other organizations or groups

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"*I think both from commitment to quality improvement and an active learning system, […] you need data that's operationally available to you so you need to be able to manipulate it and you need it quickly…*"

Quotes from interviews with OHT leaders

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~ 66% of respondents felt their OHT leadership was very good or excellent at fostering TRUST and an environment where differences could be voiced

mean score = 4.0

Fostering respect, **trust** and inclusiveness amongst OHT members

Poor: 3.5, Fair: 9.2, Good: 19.6, Very good: 30.1, Excellent: 37.6

mean score = 3.9

Creating an environment where differences of opinion can be voiced

Poor: 3.3, Fair: 9.4, Good: 23.4, Very good: 30.3, Excellent: 33.6
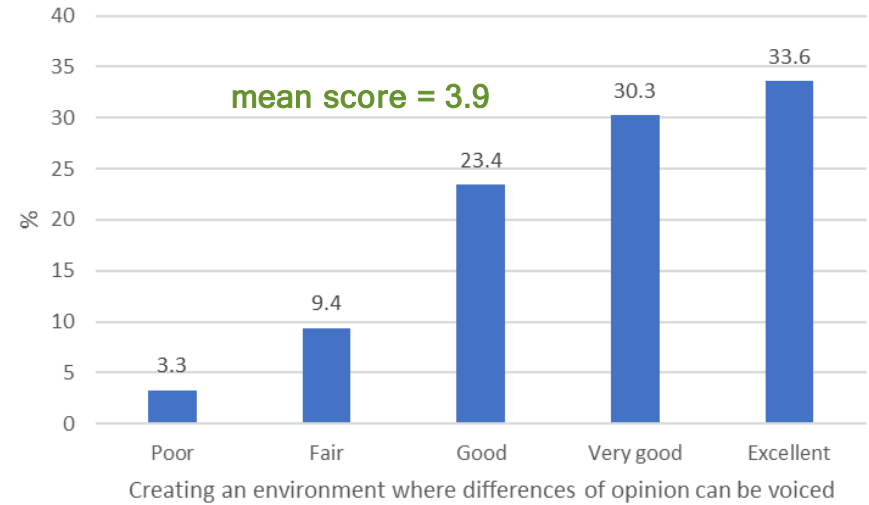
Summary

- All OHTs have room to improve, no OHT consistently ranked above the 80th percentile across all domains.

Province-wide supports are needed to enable successful integration…

- ***All OHTs*** are lacking resources (financial/non-financial) including functional integration (e.g. patient registries, clinical information, and managing resources).

- ***All OHTs*** will need support to ensure all members understand the clinical tools for coordinating care and be able to share clinical information.

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Summary

Targeted supports are needed for some teams…

- Most OHTs share a **common vision** of how to improve the integration of care and agree to share responsibility for improving patient outcomes.

- Most OHTs rate their **leadership's** ability to foster trust, respect and creating a safe environment highly.

- Most OHT rate the **administration and management** activities highly.

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Poll 3

What are the areas of focus that will be MOST important to (your) OHT in the first year of implementation? [Check all that apply]

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Sampling & Participants

30 OHTs submitted Full Application

(Stratified by Geography and Sector)

Rural/Small Community + Hospital Lead (2)	Urban/Sub-Urban + Hospital Lead (6)
Rural/Small Community + Non-Hospital Lead (2)	Urban/Sub-Urban + Non-Hospital Lead (2)

Random selection of 12 OHTs

~ 10 individuals from each OHT
- ✓ **Primary care**
- ✓ **Hospital**
- ✓ **Home and community care**
- ✓ **Specialists for Y1 target population**
- ✓ **Others**
- ✓ **Patient & caregivers**

Data Collection/Analysis

Interviews → Transcription → Thematic coding → Analysis → Manuscript writing
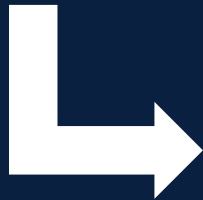
- 110 interviews (Jan - Mar 2020)
  - 65 Administrators
  - 33 Clinicians
  - 12 Patients/Family Members

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Results: Cross Case Summary

We identified five ***preliminary*** components of OHT development that resonated across participants:

1. Building on existing relationships and scaling-up programs
2. Inter-organizational collaboration
3. Primary care engagement
4. Patient and family engagement
5. Policy, resources and direction

These five key components were cited as strengths when present, challenges when absent, or the aim of strategic interventions and future plans.

1. Building on existing relationships and scaling-up programs

… we already had a model in place here with many collaborators around a table. […] And so working through the trials and tribulations of getting people to take off their own organizational hat and look through a different lens for the common good of an integrated service delivery model is something that was already worked through over several years. So it doesn't become the lynchpin of dysfunction, if you will, for this particular purpose because it's already in our rearview mirror… [24_6]

2. Inter-organizational collaboration

[Hospital leader] truly understood that in order to run the hospital well, he needed a well invested community around him. [...] You know, I'd never heard a hospital CEO, in my time, stand in front of a room and say he was 100 percent committed to making this submission about community-based investment. (Administrator, 20_6)

...we have an awful lot of power and an awful lot of influence. [...] So in this case it was, you need primary care, you need doctors to be involved with this because if the doctors aren't involved, you're sunk. So do what we say. (Physician, 01_5)

3. Primary Care Engagement

I'm trying to get off the train, to be honest, because it seems like there's a lot of demands on my time now. […] What I'm trying to do is not maybe be on as many action tables and not maybe go to every committee meeting that I could attend, and not go to all-day sessions that the Ministry puts together. […] To do what? To sit around and schmooze with other people and get their fantastic ideas? […] Well, that's just a burden. You're not supporting me. You're actually taking me out of my normal comfort zone of seeing my patients and taking care of people. (24_7)

4. Patient and Family Engagement

… having patients and families in every conversation also helps us stay true to the cause and I think it does help people just check their behaviours a little bit to say, you know […] is this coming from a place of altruism and what's best for people or is this coming from a place of protectionism. (06_1)

5. Policy, Resources and Direction

OHTs sought ministry direction and specification in regard to:

- *Home and Community Care*

- *Digital Health Solutions*

- *Other concerns* (attributable population, financial sharing, etc.)

> *… we're crying for leadership and direction, and we would love […] a singular direction and a requirement relative to where time, money, resources and energy went in...* [15_1]

Conclusions

- Building on existing relationships and ensuring patient and caregiver needs were at the centre of the model helped stakeholders transcend differences and build consensus.

- A lack of funding and direction from the MOH were key concerns; these in turn informed other concerns such as difficulties developing digital health solutions and designing care coordination functions.

- Reluctant primary care engagement was particularly challenging to overcome, given the structural changes that were required to enable physicians to feel that participating in OHT development was not at the expense of patients and pay.

- While participants were concerned that the lack of guidance, resources, and policy facilitators might slow down OHTs, many vowed "to push forward" regardless.

Everyone is involved!

Question:

What are your priority areas for development for your OHT?

Use the chat-box **<To everyone>** to enter thoughts, reflections and questions

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Formative Evaluation Key Messages

- OHTs are onboard to see this transformational change through.

- **All** OHTs need resources and supports to establish a robust health data infrastructure to support care coordination, sharing clinical information, patient registries, quality improvement, and population health management as well as to evaluate the implementation of comprehensive integrated care.

- **Targeted** supports will be needed for some OHTs in the areas of leadership, administration and management and developing a common vision of integrated care.

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Formative Evaluation Key Messages

- Primary Care Engagement is limited yet critical to the OHT model – primary care physician participation on average, <100.

- Patient/Caregiver Engagement is better and is critical for team dynamics and for designing integrated care pathways.

Ministry of Health

Through the OHT Central Program of Supports, the ministry and supports partners are working together to ensure a coordinated and streamlined delivery of supports for OHTs. These supports aim to assist OHTs in their implementation efforts and advance the vision of achieving provincial coverage for the OHT Model.

Takeaways	Existing and Planned Supports*
All **OHTs need resources and supports** to establish a robust health data infrastructure to support care coordination, sharing clinical information, patient registries, quality improvement, and population management as well as evaluate comprehensive integrated care.	✓ Population Attribution Data Packages provided to all approved and applicant teams ✓ OHT implementation funding (announced August 2020) ✓ Pilot Population Health Segmentation Tools (HSPN) ✓ Digital Health Playbook
Targeted **supports are needed** in the areas of **leadership, administration** and **management**, and developing a **common vision** of integrated care.	✓ Collaborative Decision-Making Agreement (CDMA) Guidance Document & supporting templates ✓ Training for OHT leaders, paired with on the ground coaching supports for approved OHTs (ADVANCE)
Patient / caregiver engagement is critical for **team dynamics** and for **designing integrated care pathways**.	✓ Citizen Panel on Engaging Patients, Families and Caregivers to support OHTs ✓ Collaborating with the Minister's Patient and Family Advisory Council Chair and experts to develop tools, resources & case studies.
<u>Highlight</u>: OHTs are **enthusiastic** about moving forward with this **transformational change (thank you!!)**.	

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*list is not exhaustive

Spotlight: Primary Care Engagement

Key quote: "I'm now losing remuneration to go to a meeting where I'm volunteering. But everyone else around the table is being paid at an hourly wage. […] If I get an email today that says, oh, next week at 10:00 we're going to be meeting, it's like, well, that's great, I'm in the operating room. What do you want me to do here? […] And if I'm not going, you guys are potentially going to make decisions that are without the representation you need."

What is the ministry and its partners doing to respond?
- Broad primary care engagement and meaningful physician involvement are crucial factors to the success of OHTs, evidenced by international efforts to integrate care and early best practices from local OHTs.
- Ministry is working with key internal and external partners to better understand the challenge and begin to deploy solutions. Channels for this work include:
  - A new bilateral table with the OMA focusing on physician leadership and involvement in OHTs
  - MOH Primary Care Advisory Table and MOH/OMA Primary Care Working Group
  - OHT Central Program of Supports, where several partners are conducting activities to increase primary care engagement.
  - New implementation funding can be used to remunerate physicians for OHT involvement.
  - Gathering of key primary care leaders as part of a recent RISE - CEP jamboree (held September 15th).

What is the desired outcome of these activities?
- Deepen primary care involvement in the planning and implementation of OHTs
- Increase involvement of physicians in OHT planning and development activities
- Improve physicians' experience with OHT work and cultivate greater buy-in among physician groups

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Everyone is involved!

Time for discussion and questions

Use the chat-box **<To everyone>** to enter thoughts, reflections and questions

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Key Resources Available

Teams are encouraged to access the **ministry's central program of supports** for resources and assistance to improve their readiness to implement the Ontario Health Team model wherever they are in the readiness assessment process.

Teams can access this central program through the Ministry of Health website: http://health.gov.on.ca/en/pro/programs/connectedcare/oht/default.aspx
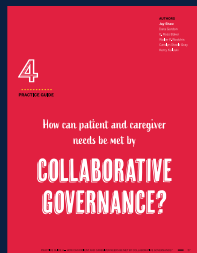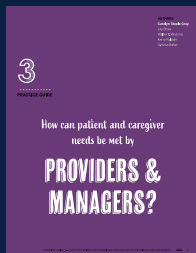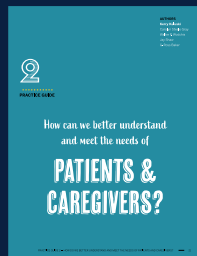
Key resources include:

- **Ontario Health Teams: Digital Health Playbook** – playbook to help understand how providers can build a digital health plan for OHTs that supports the delivery of integrated care (available at MOH website above).

- **Rapid-Improvement Support and Exchange (RISE)** – an interactive website (www.ohtrise.org) that provides access to resources, experts and assistance for potential Ontario Health Teams. Main rapid learning and supports delivery partner.

- **HSPN – Central OHT Evaluation –** evaluation of the progression of teams in discovery and in development through the readiness path, rapid cycle evaluations of implementation to inform OHT candidate's real-time decisions and adjustments, and a comparative evaluation across OHTs. (www.hspn.ca)
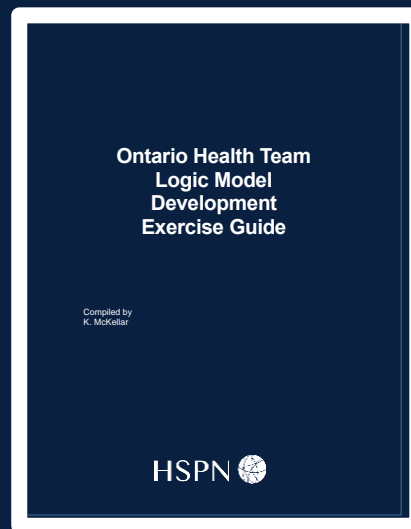
Some Implementation Resources

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

Practice Guides

Logic Model Guide & Templates

Up Next:

HSPN Webinar Series

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

Upcoming Topics:

- The Generation of Integration: Lessons Learned in Ontario

- A Focus on Measures for Local Evaluation

- Population Health Management

- HSPN Developmental Evaluation Plan

… and more.

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Everyone is involved!

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

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Email: OHT.Evaluation@utoronto.ca

Thank you!
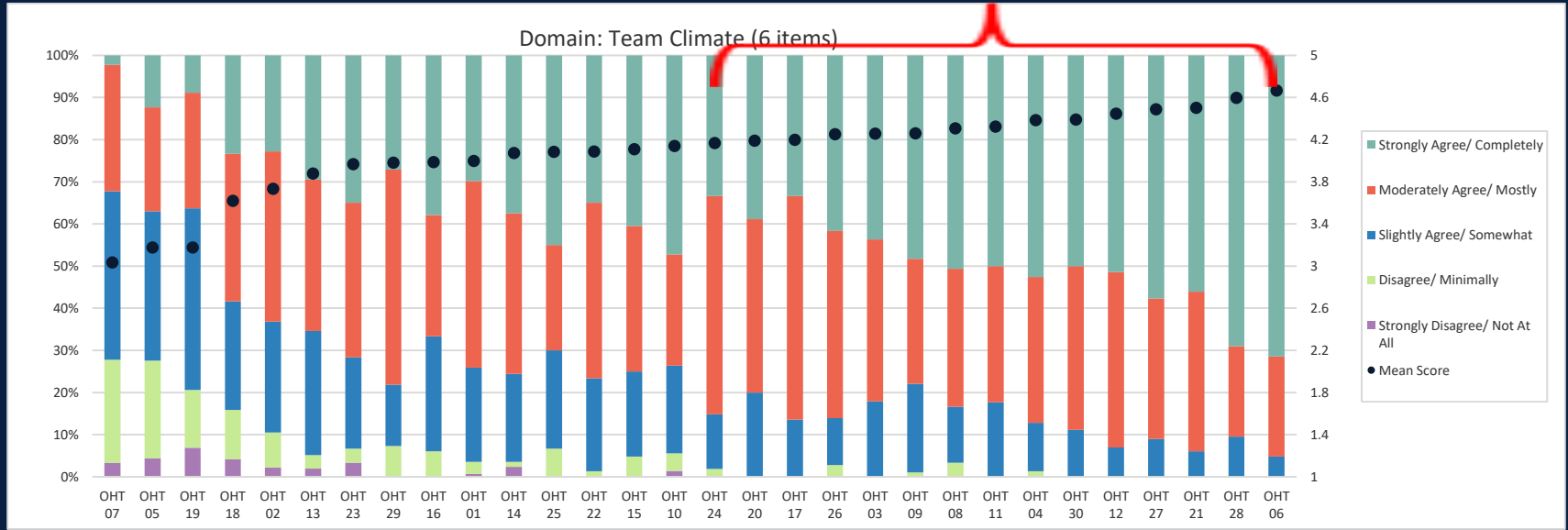
Appendix – Additional slides

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Financial and other Capital Resources was the *lowest* rated domain (2.6/5); *no* OHTs had ≥ 80% of respondents selecting the top 2 boxes
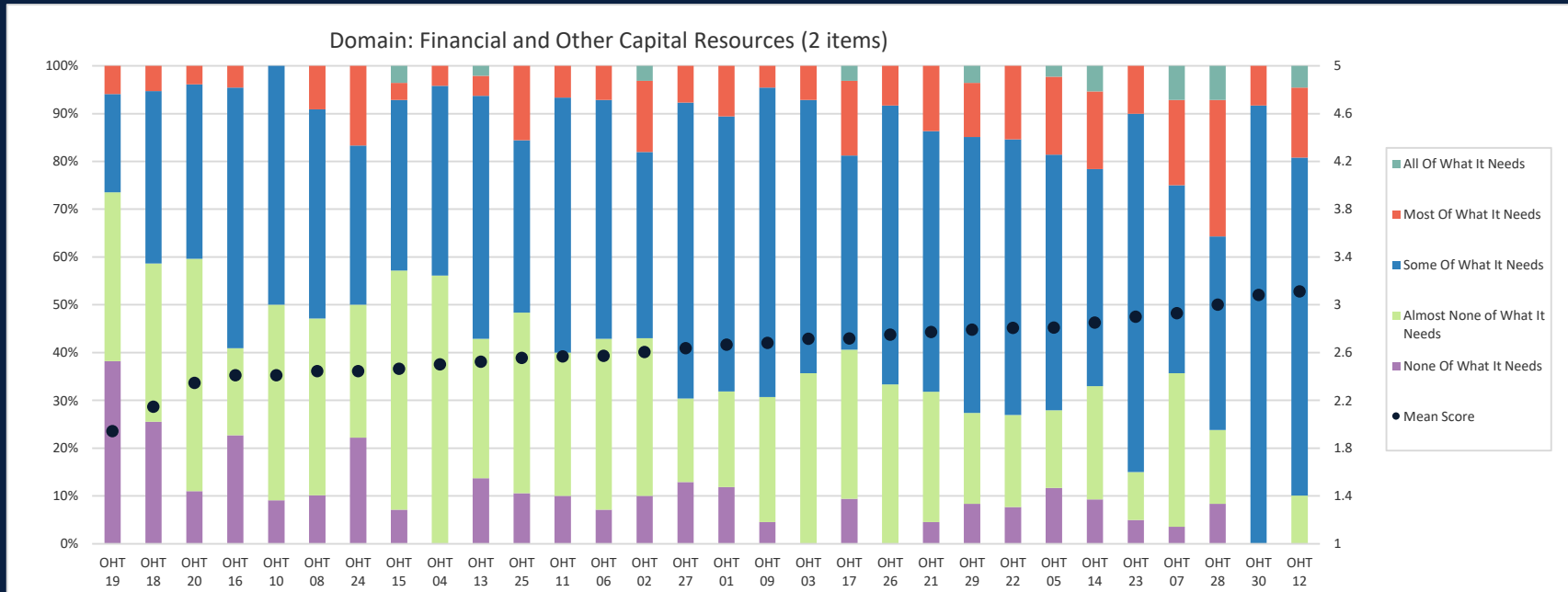
Domain: Financial and Other Capital Resources (2 items)

For each of the following types of resources, to what extent does your OHT have what it needs to work effectively:
29. Money
30. Tools and technologies

Team Climate was the *second highest* rated domain (4.1/5); 15 OHTs had ≥ 80% of respondents selecting the top 2 boxes

Domain: Team Climate (6 items)

Legend:
- Strongly Agree/ Completely
- Moderately Agree/ Mostly
- Slightly Agree/ Somewhat
- Disagree/ Minimally
- Strongly Disagree/ Not At All
- Mean Score

In this OHT:
15. We are prepared to question the basis of what the team is doing
16. We critically appraise potential weaknesses in what our OHT is planning in order to achieve the best possible outcome
17. The members of the OHT build on each other's ideas in order to achieve the best possible outcome
39. We have a 'we are in it together' attitude
40. We take the time needed to develop new ideas
41. To what extent do you think your OHT's objectives can actually be achieved

Readiness for Change = 4.0/5 (suitability), 4 OHTs had ≥ 80% of respondents selecting the top 2 boxes

Domain: Readiness for Change - Suitability (3 items)

Legend: Strongly Agree, Moderately Agree, Slightly Agree, Disagree, Strongly Disagree, Mean Score

OHT order: OHT 19, OHT 07, OHT 05, OHT 17, OHT 14, OHT 18, OHT 10, OHT 21, OHT 09, OHT 01, OHT 23, OHT 24, OHT 02, OHT 04, OHT 20, OHT 13, OHT 29, OHT 22, OHT 25, OHT 08, OHT 27, OHT 15, OHT 16, OHT 12, OHT 28, OHT 11, OHT 06, OHT 30, OHT 26, OHT 03
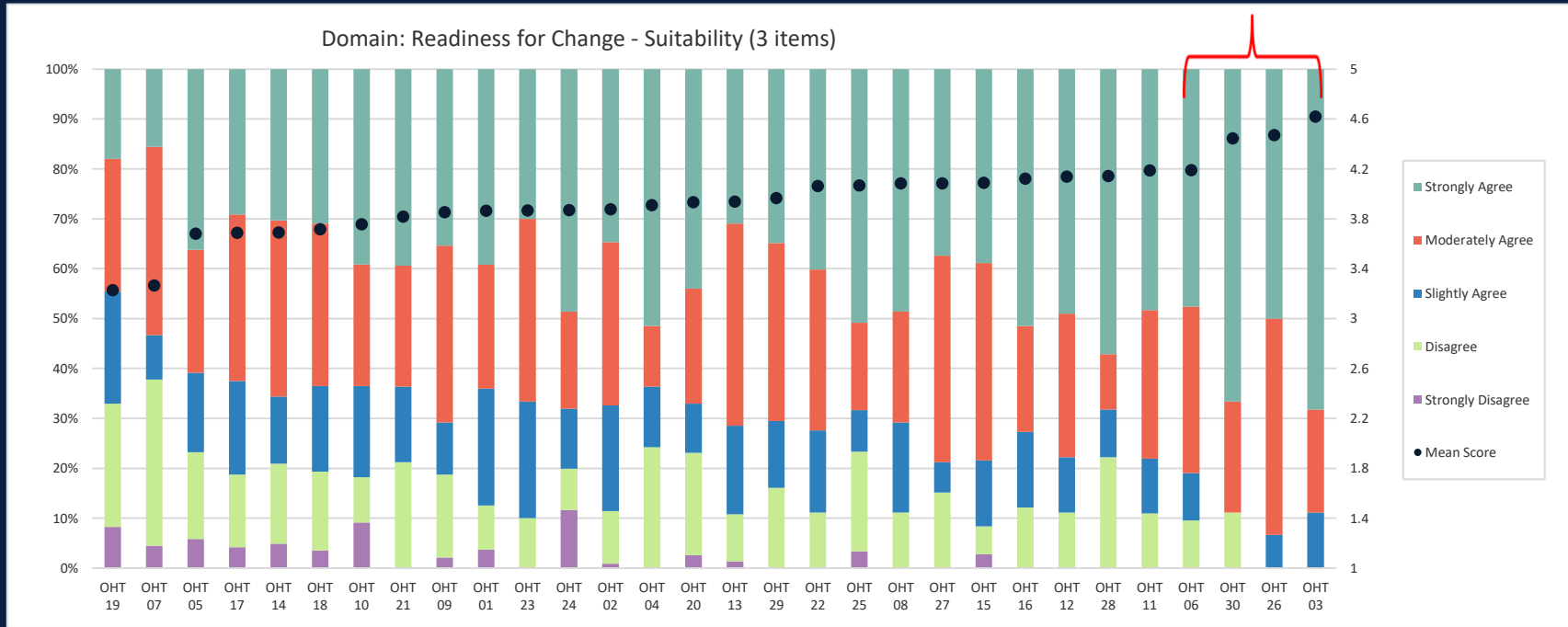
Please think about the changes involved in creating your OHT. To what extent do you agree with the following statements:

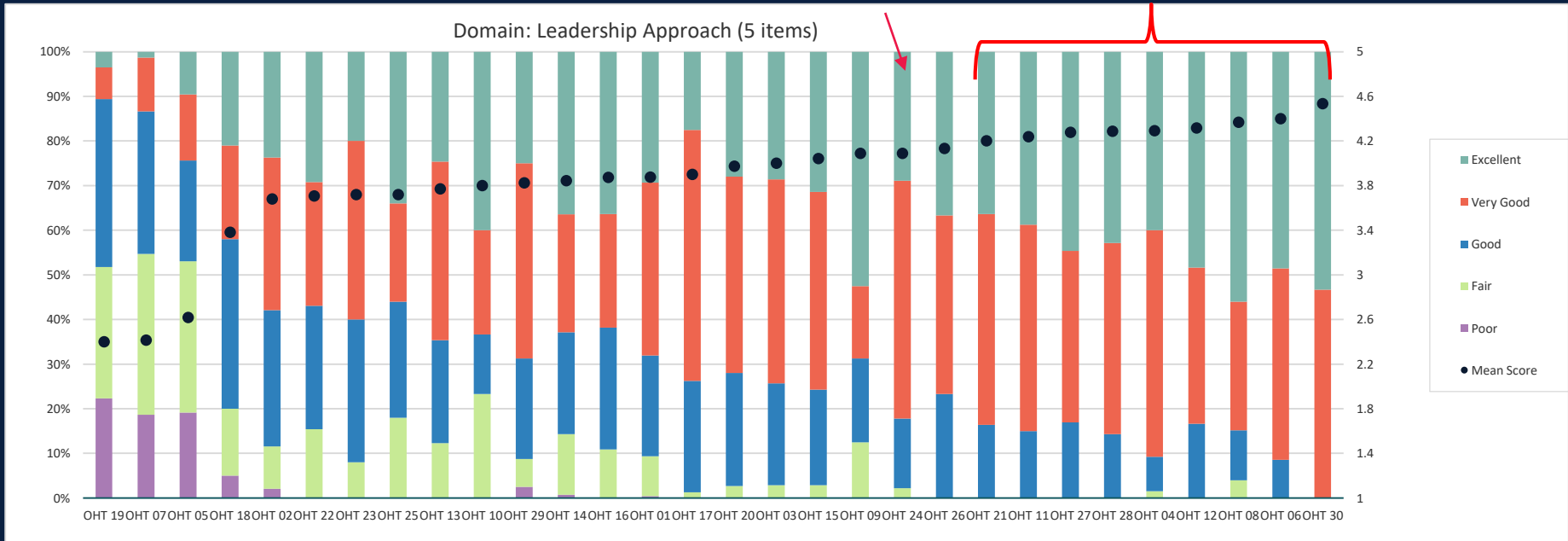| 34 | I think that my organization/practice setting will benefit from this change |
| 35 | This change will make my role easier |
| 36 | In the long run, I feel it is worthwhile for me that the organization adopted this change |

Leadership Effectiveness = 3.9/5, 10 OHTs had ≥80% of respondents selecting the top 2 boxes

Domain: Leadership Approach (5 items)

Survey Items - Please rate the total effectiveness of your OHT's leadership in each of the following areas:
18. Empowering people/members involved in the OHT
19. Communicating the vision of the OHT
20. *Creating an environment where differences of opinion can be voiced*
21. Helping the OHT to be creative and look at things differently
22. *Fostering respect, trust and inclusiveness amongst OHT members*

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Roles and Responsibilities = 3.9/5, 7 OHTs had ≥80% of respondents selecting the top 2 boxes

Domain: Roles and Responsibilities (2 items)
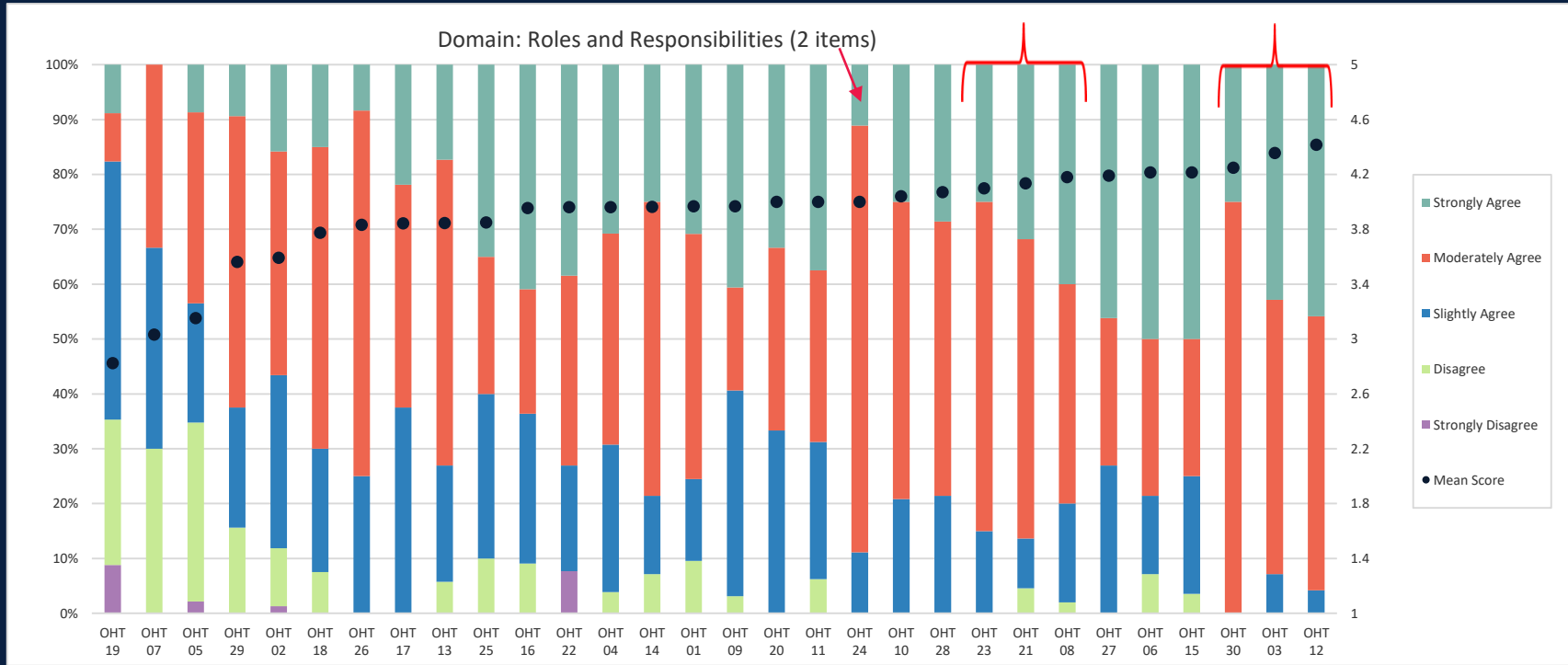
At present in this OHT:
9. We understand the role we will play in taking responsibility for the local population
10. We understand the role we will play in coordinating care

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58

Shared Vision = 3.8/5, 6 OHTs had ≥ 80% of respondents selecting the top 2 boxes


Domain: Shared Vision (5 items)
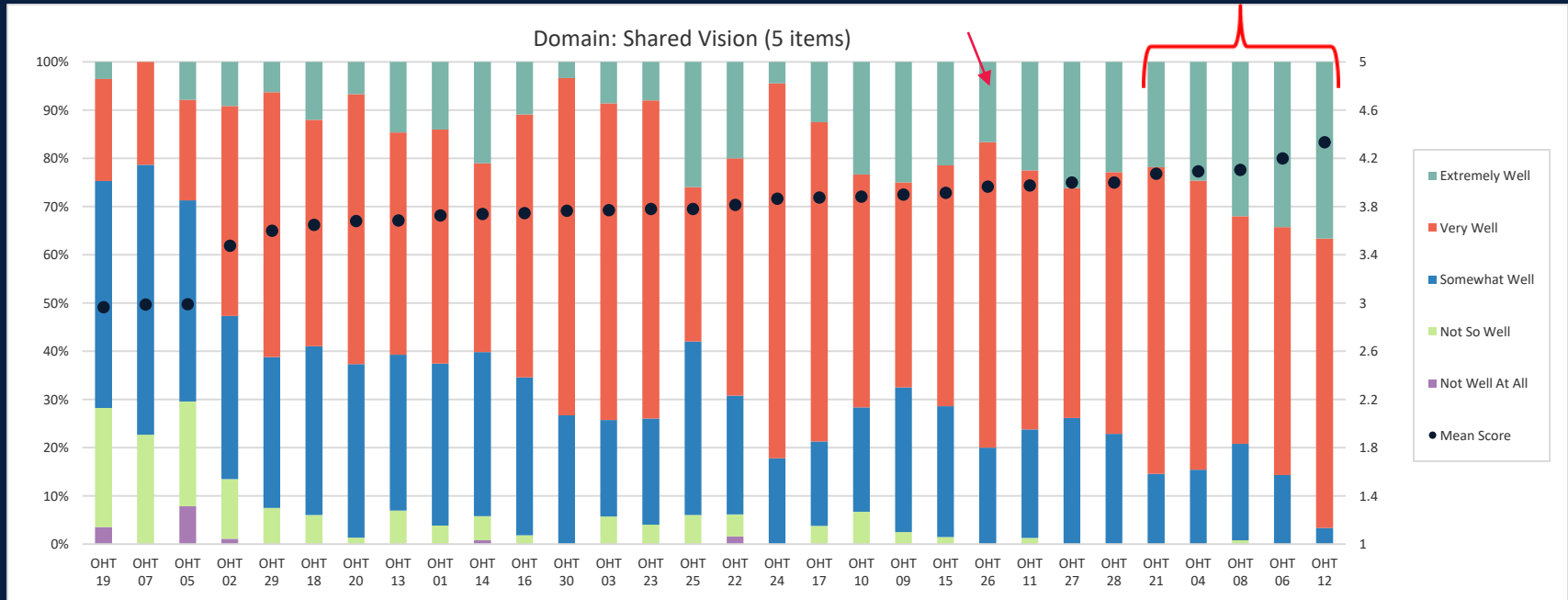
By working together, how well, at present, are the members of your OHT able to:
3. Develop goals that are widely understood and supported among members
4. Identify how different organizations/programs in the community could help to solve the issues the OHT is trying to address in their year one population
5. Respond to the needs and problems of the community
6. Include the views and priorities of the people affected by the OHT's work
7. Obtain support from individuals and organizations in the community that can either block the OHT's plans or help move them forward

78% of respondents felt their organization or practice setting was *innovative* or *open to change*

And....**81%** of respondents felt their organization will benefit from this change

Organization/Practice Setting attitude toward change

HSPN
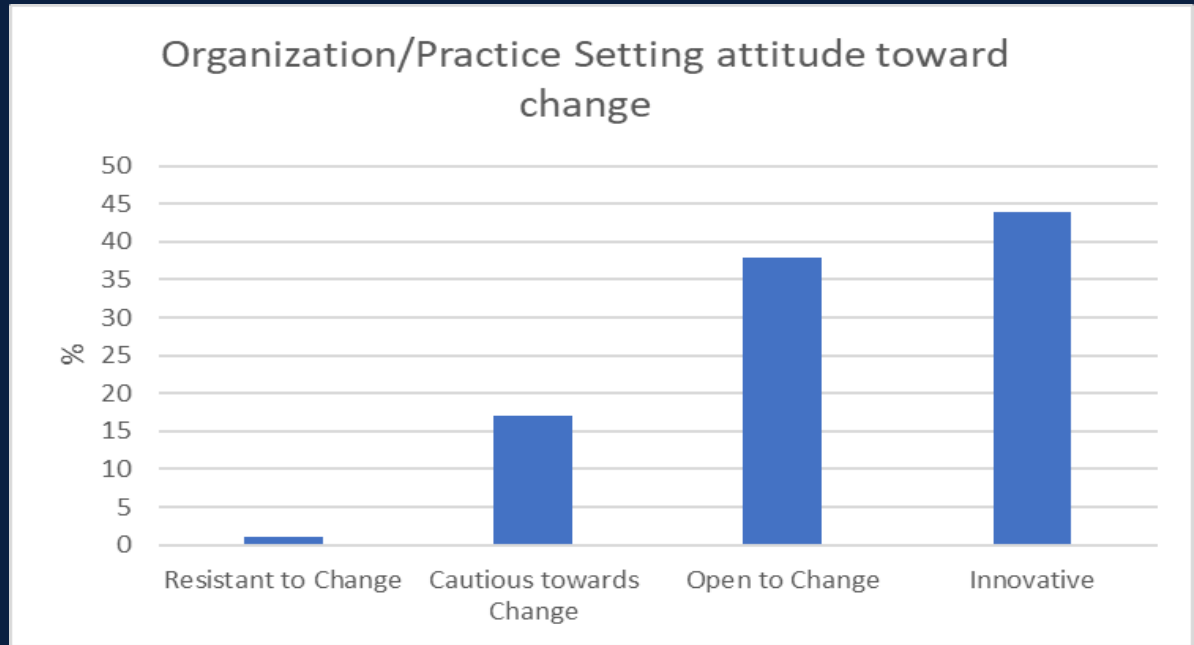
Summary Statistics

Domain (n =10)	Mean score across OHTs (SD)	Rank by mean score	#OHTs with ≥ 80% respondents selecting 4 or 5	Between OHT Variance	Within OHT Variance	ICC
Commitment to Improvement	4.15 (0.41)	1	19	0.13	0.44	**0.23**
Team Climate	4.08 (0.40)	2	14	0.13	0.46	**0.21**
Administration and Management	3.99 (0.56)	3	15	0.25	0.70	**0.27**
Readiness for Change - Suitability	3.95 (0.30)	4	4	0.02	0.64	0.03
Roles and Responsibil... 4.0 , 3.9	3.91 (0.36)	5	7	0.09	0.67	0.12
Leadership Approach	3.86 (0.54)	6	10	0.24	0.71	**0.25**
Shared Vision	3.78 (0.33)	7	6	0.08	0.39	0.17
Non-Financial Resources	3.60 (0.21)	8	0	0.01	0.35	0.03
Clinical-Functional Integration	3.26 (0.31)	9	0	0.03	0.80	0.04
Financial and Other Capital Resources	2.64 (0.26)	10	0	0.02	0.52	0.05

NO differences in domain mean scores by geography or OHT application lead organization

- **EXCEPT,** Hospital-led OHTs had statistically significantly higher ratings of Non-Financial Resources ($p < 0.01$) compared with non-Hospital-led OHTs.

HSPN

Survey Response

- Overall survey response rate = **63%**

- OHT response rate = 77% (27% to 100%)

- **Who completed the surveys?**

    ~80% administrative roles

    ~15% physicians

    ~3% patients/caregivers

- Majority (~ 70%) of respondents came from community organizations and primary care organizations