

Organizing for Ontario Health Teams

Early Results from the 2022 Leadership Survey

HSPN Monthly Webinar

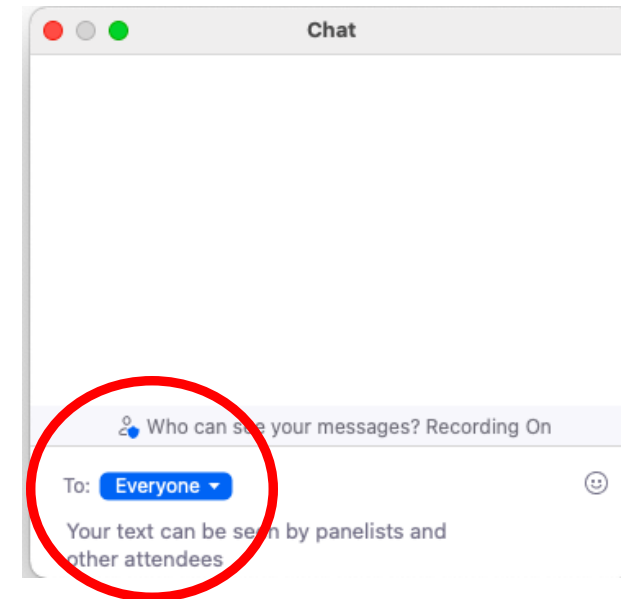
October 27, 2022

Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org)

➤ Open Chat

➤ Set response to **everyone** in the chat box



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 the Mississaugas of the Credit. 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.

Poll 1

1. Have you joined us for an HSPN webinar previously ? (Single Choice)

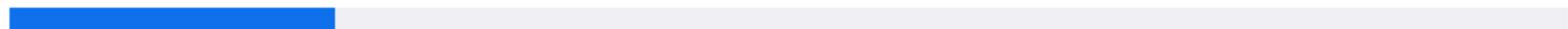
*

150/150 (100%) answered

Yes (118/150) 79%



No, this is my first event (32/150) 21%




Prior HSPN Materials on Organizing for Ontario Health Teams

**Ontario Health Teams
Central Evaluation**

Formative Evaluation
Findings from the Organizing for OHTs Survey:
Results from the First Cohort of OHTs

Ruth E. Hall
Kevin Walker
Walter P. Wodchis

March 2020




**Évaluation centrale
des équipes Santé Ontario**

Évaluation formative
Les Conclusions du Sondage sur l'organisation des
équipes Santé Ontario :
Les Résultats de la deuxième cohorte d'ÉSO

Nusrat Shabnam Nessa
Ruth E. Hall
Walter P. Wodchis


Avril 2021



**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 (37%) or Primary Health Care Practices (31%)

September 2020

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.ca/evaluation/oht/webinars/

<https://hspn.ca/evaluation/oht/reports/>

The OOHT Survey 2022 Preliminary Results

Host



Dr. Walter Wodchis
Principal Investigator
HSPN

Speakers



Ruth Hall
Co-Lead
HSPN OHT Evaluation

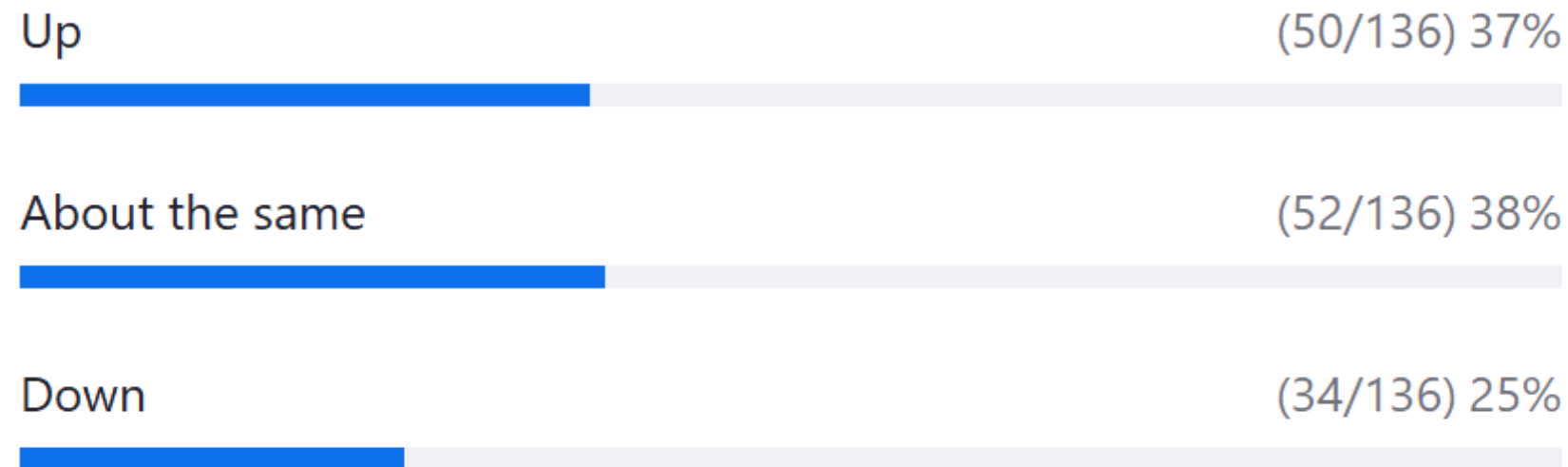


Anne Wojtak
Lead
East Toronto Health Partners

Poll 2

1. For Cohort 1 and Cohort 2 who were surveyed in 2020 and 2021 ... and now two years later, would you have expected the scores to go up or down or remain about the same ? (Single Choice) *

136/136 (100%) answered



2022 Organizing for OHTs

Leadership Survey Preliminary Results

Ruth E. Hall, PhD

SURVEY INSTRUMENT

- The 42 item OOHT survey is an abridged version of the of the leader and provider surveys from the CCIC Toolkit, measuring 10 previously validated domains.
- 5-point Likert scales for all substantive items, except question 30, which asked respondent to describe their organization's attitude toward change, and question 42, which was open ended.

SAMPLE FRAME

Respondents were 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 / signatory organization.
- For Cohorts 1 & 2, signatories verified to ensure organization and/or individuals in original application were still involved and if there was new organizations/individuals signatories.

Survey Response Rate = 46%

- Received contact information from 1,425 individuals “most involved in the application process ” from each signatory organization and for cohort 1 & 2 most involved in the OHT work since being approved.
- Survey conducted between March and May 2022
- 653 individuals responded

- Average OHT response rate was 54%; range 15% to 83%
 - Only 4/51 OHTs achieved >80% response rate compared to almost half (14/30) C1 OHTs and almost a quarter (4/15) C2 OHTs achieved >80% response rate

About 66% of survey respondents were in leadership roles

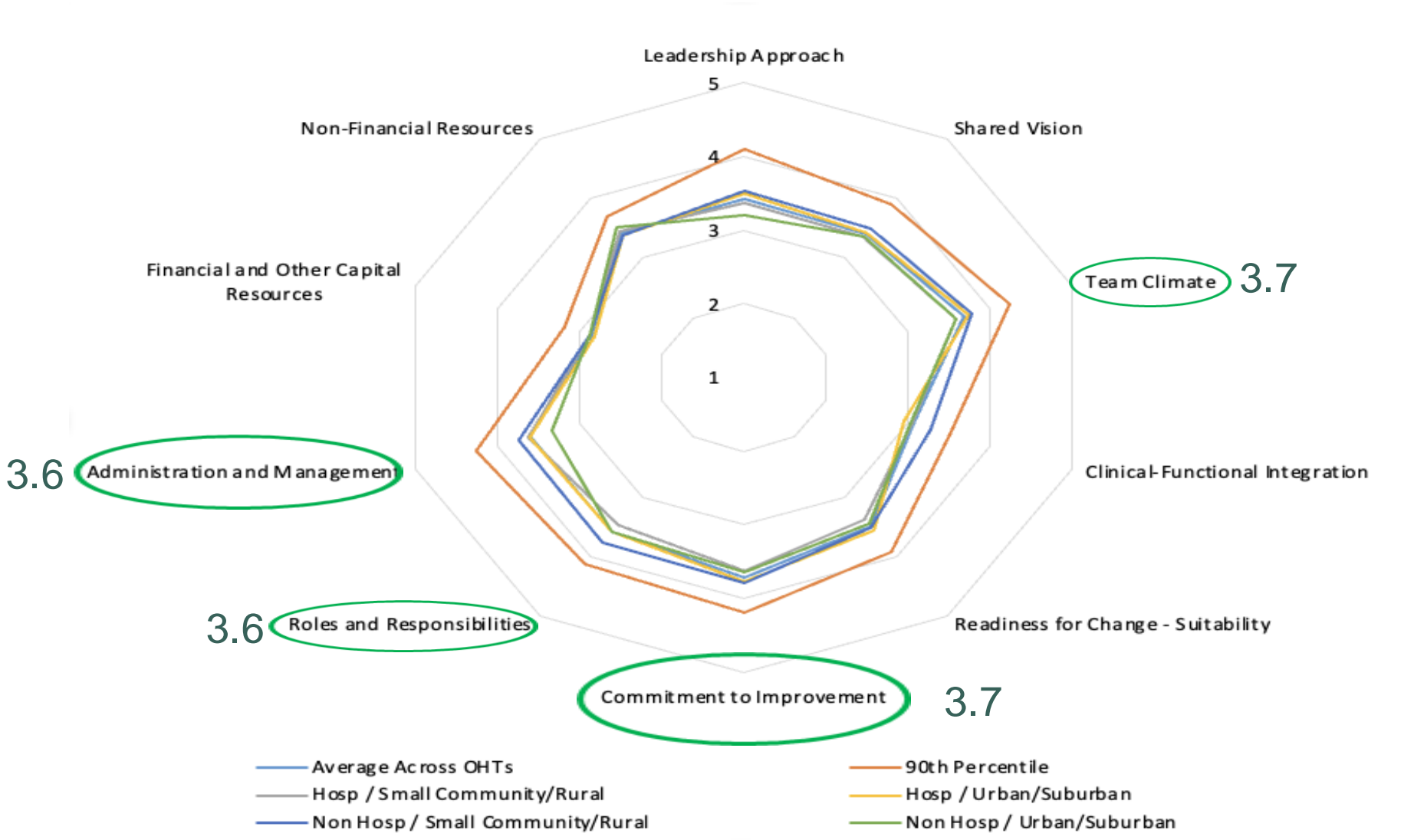
Characteristic - Role	Frequency	Respondents
Chief Executive Officer, President or Executive Director	361	55.3%
Other Senior Management (COO, CFO, VP, Chief of Staff)	74	11.3%
Administrator, General Manager, Director of Care, Clinical Leader	65	10%
Physician and Other Clinical Role	61	9.3%
Patient/Caregiver	23	3.5%
Board Member	25	3.8%
Other (eg. Municipal councillor, community rep, academic partner)	44	6.8%

Most survey respondents (~59%) were from community organizations

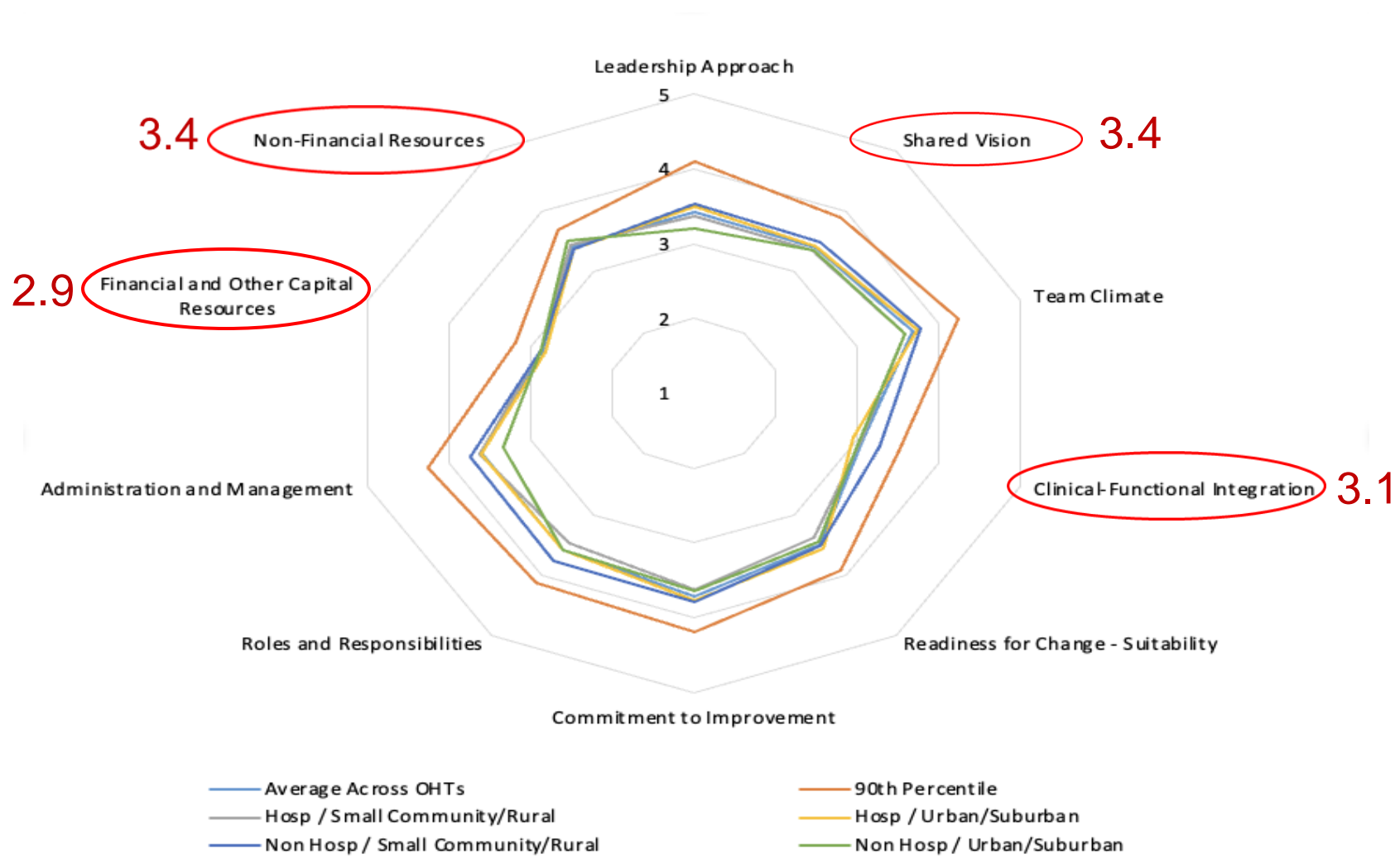
Characteristic - Organization	Frequency	% Respondents
Primary Health Care Practice	191	29.3%
Acute Care Hospital	63	6.8%
Mental Health Hospital	10	1.5%
Rehabilitation or Complex Continuing Care hospital	23	3.5%
Long-term Care	48	7.4%
Home Care	80	12.3%
Public Health	15	2.3%
Community Support Services (inc. Community Mental Health)	150	23%
Community Health Agency	157	24%
Patient and Family Advisory Council	26	4%
Hospice	20	3%
Municipal Services (e.g., Paramedics, Social Services and LTC)	14	2.1%
French Services	6	0.9%
Other (e.g., Government, health centres, university, palliative care, developmental services, French planning entities)	125	19.1%

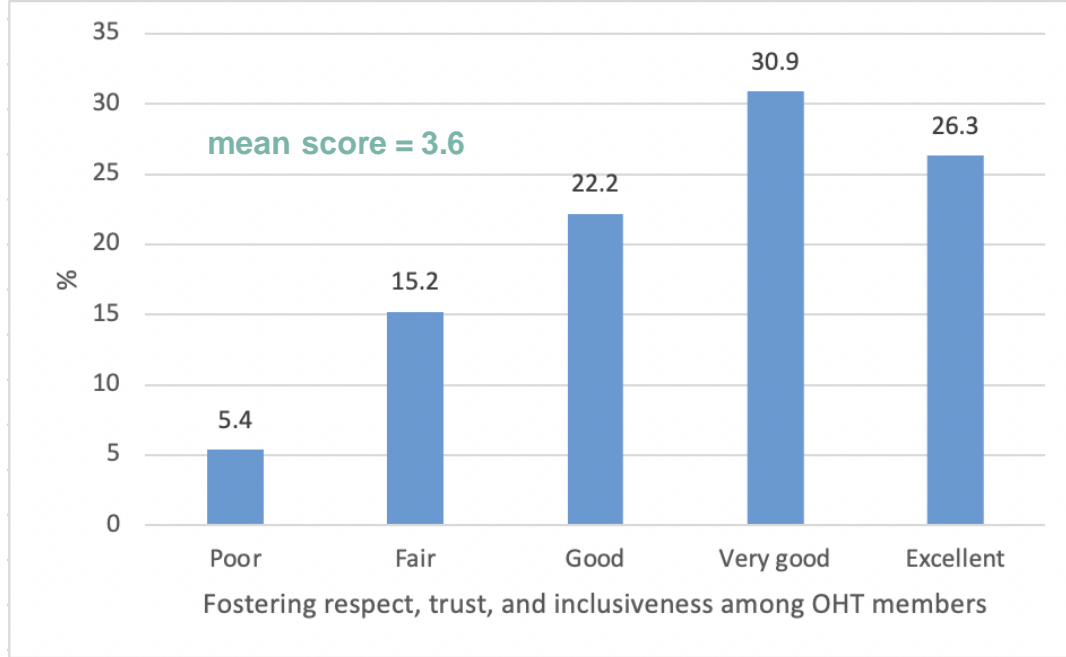
SURVEY RESULTS

Top Domains

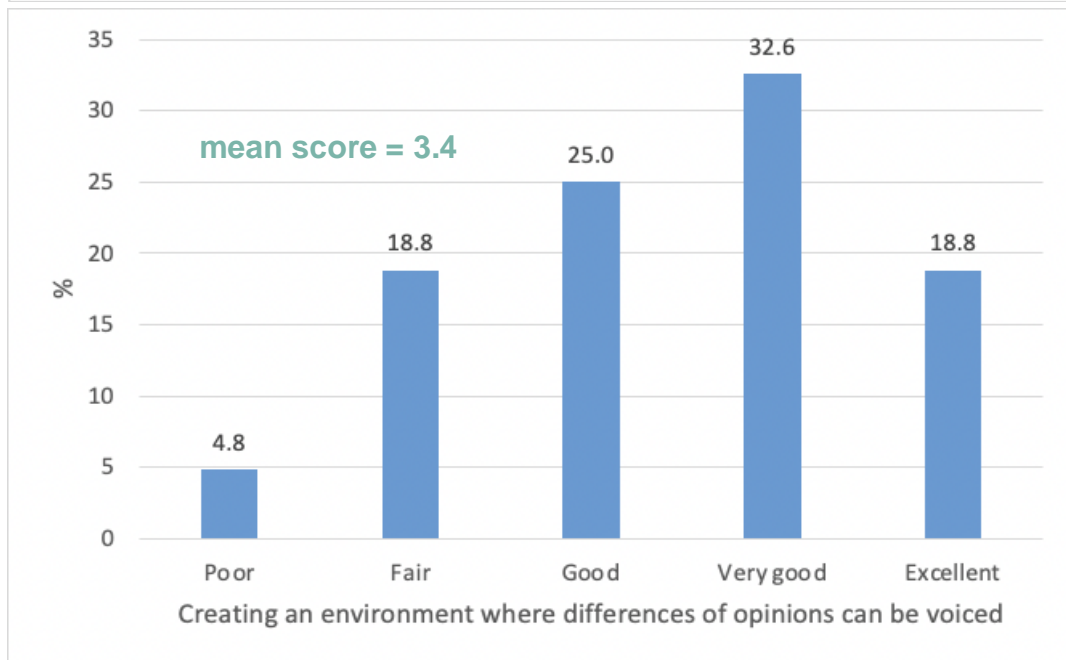


Lowest Domains

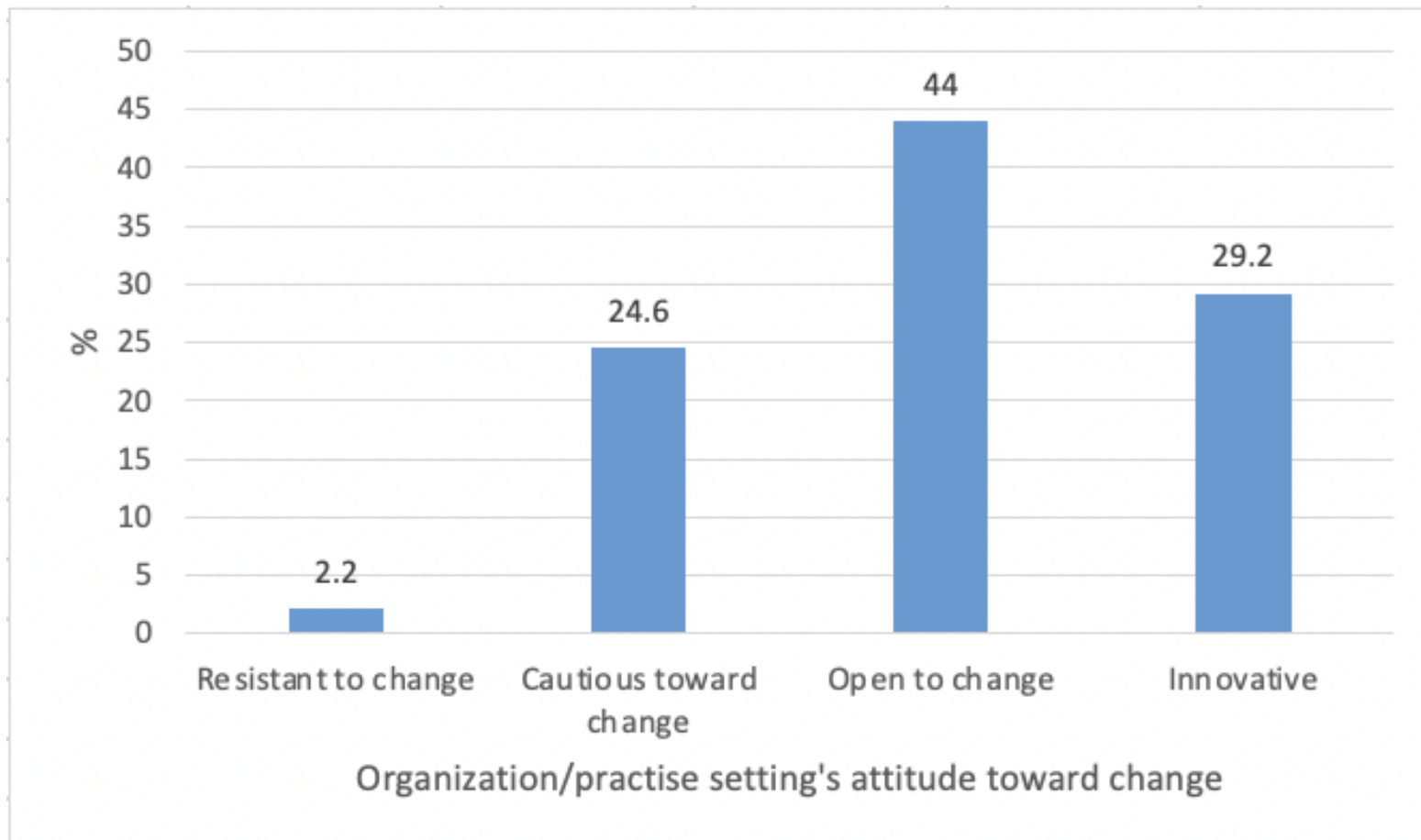




57% of respondents felt their OHT leadership was very good or excellent fostering TRUST



51% of respondents felt their OHT leadership was creating a very good or excellent environment where differences could be voiced

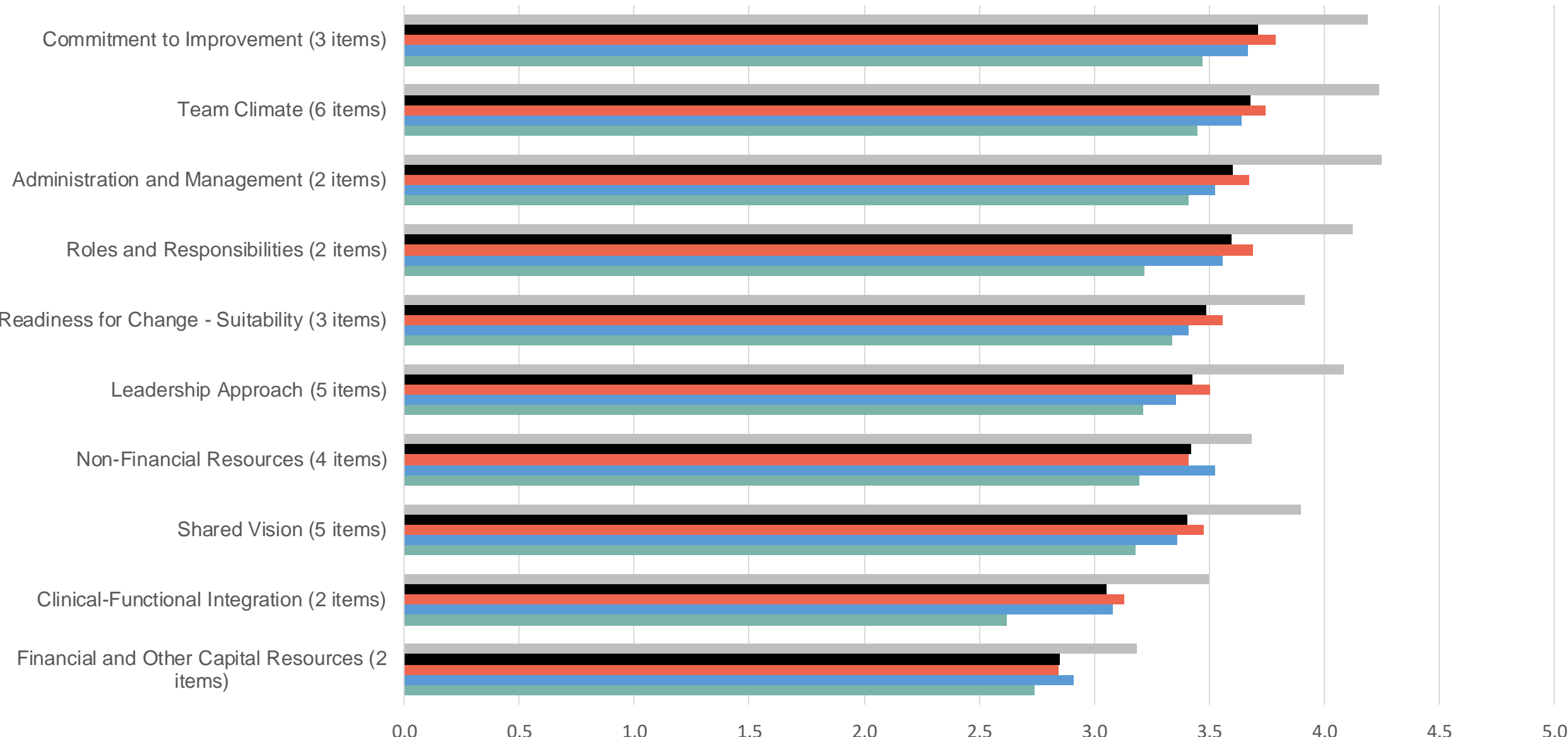


~ 73% of respondents felt their organization or practice setting was *innovative or open to change*

SURVEY RESULTS BY COHORT

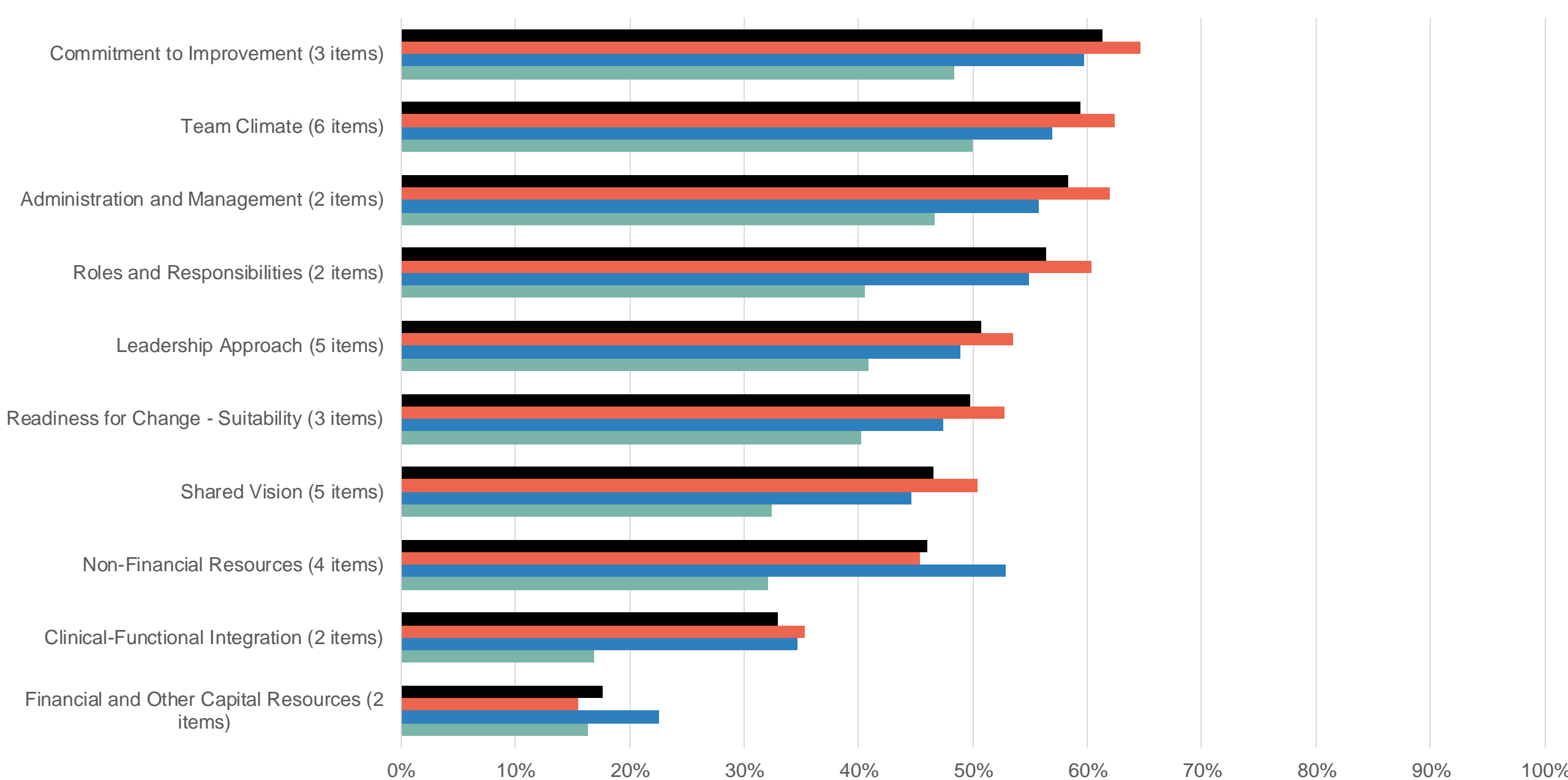
2022 Survey Results Overall and by Cohort

Mean score by domain



2022 Survey Results Overall and by Cohort

Percentage selecting 4 or 5 by domain



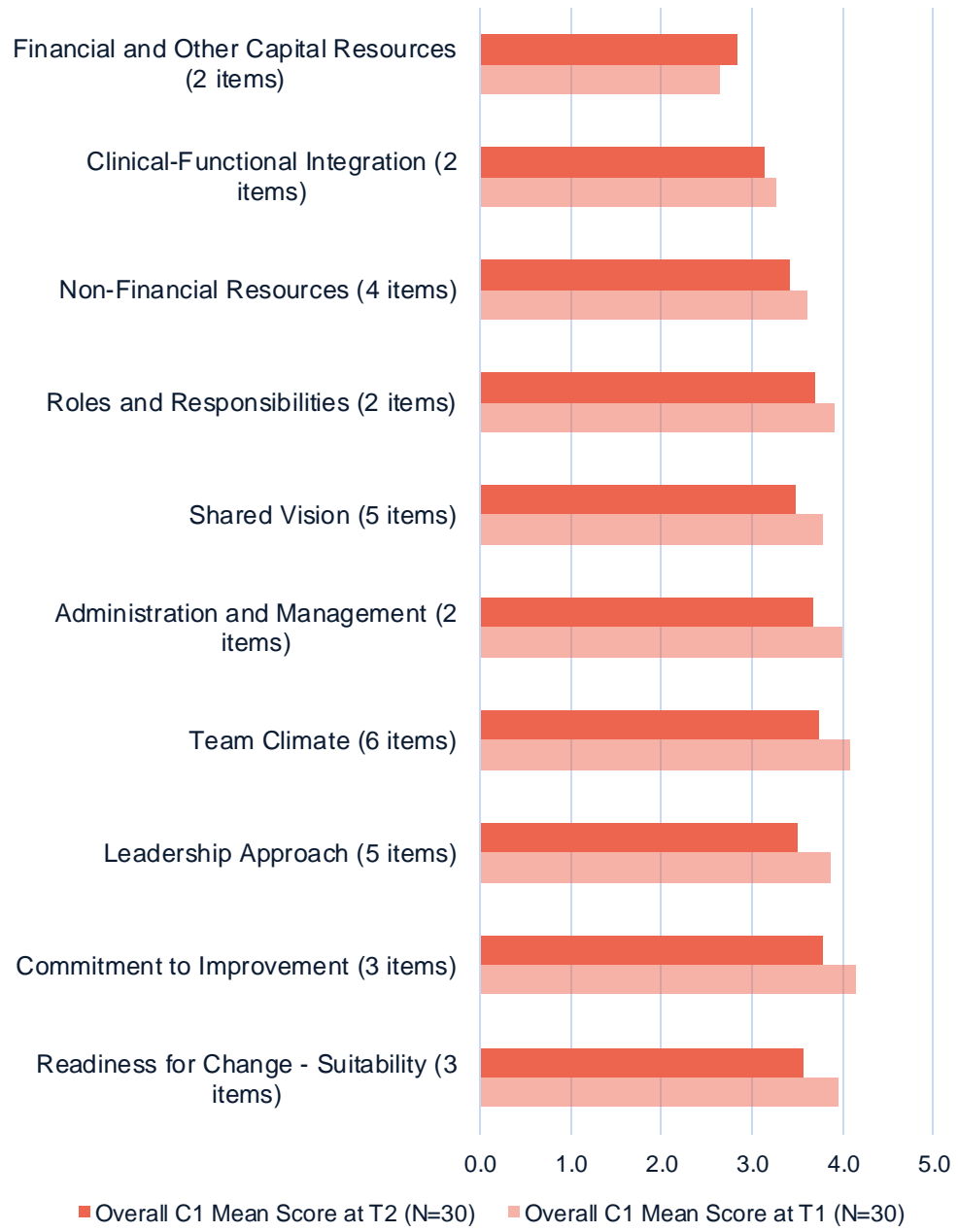
Change in Surveys Results for Cohort 1 and Cohort 2 by Domain

T2 and T1 mean score

domains rank ordered from greatest increase to greatest decrease

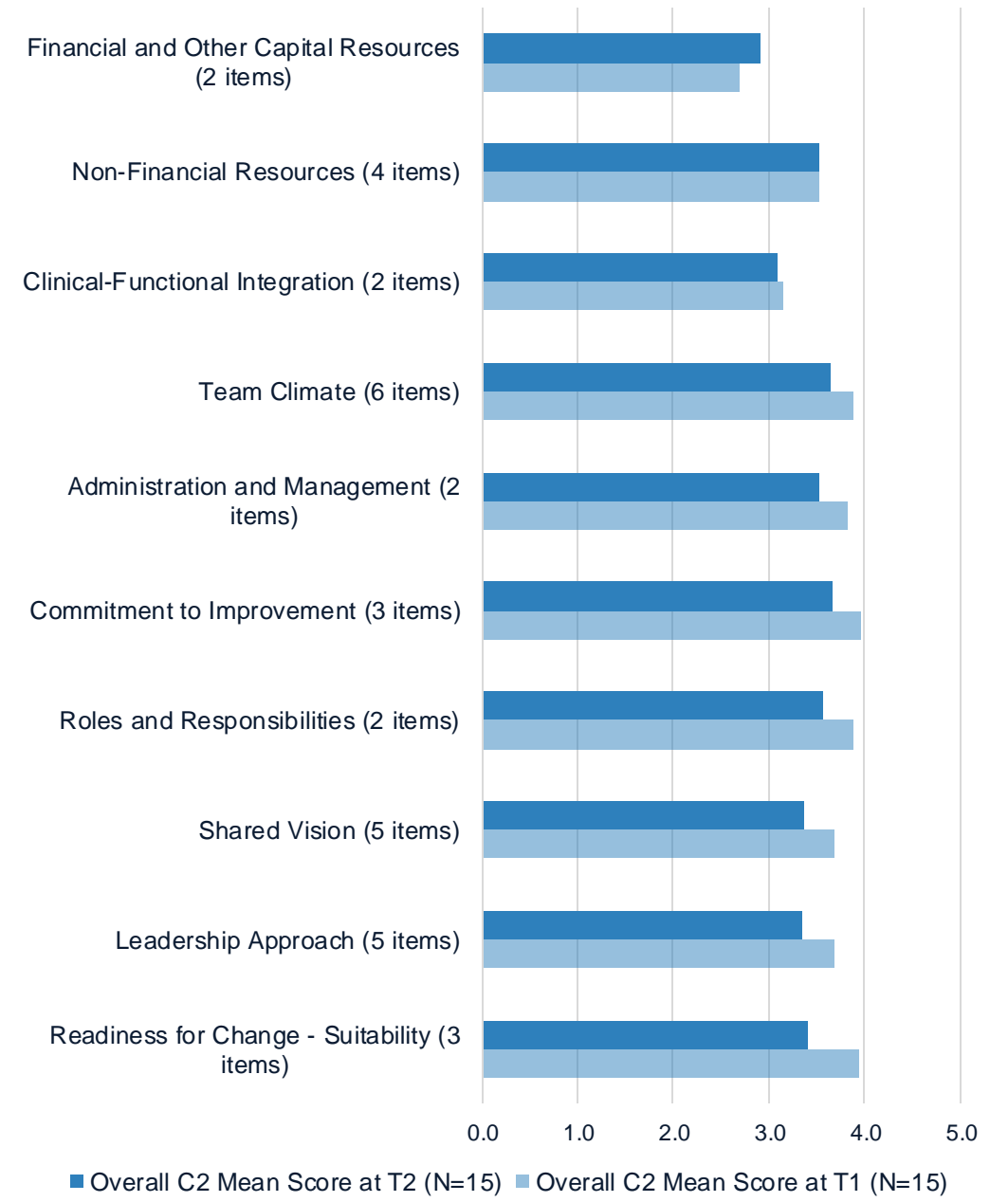
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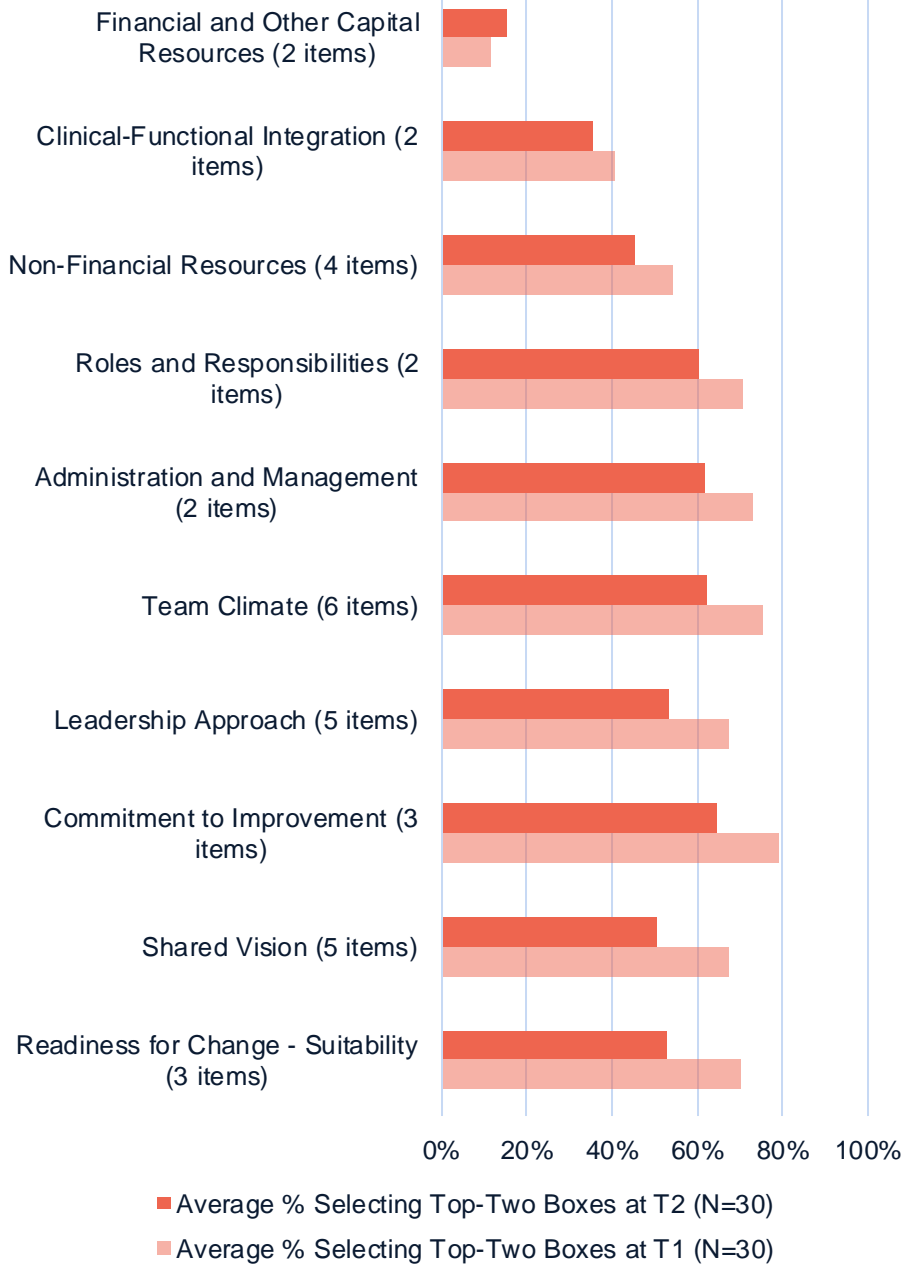


Change in Survey Results for Cohort 1 and Cohort 2 by Domain

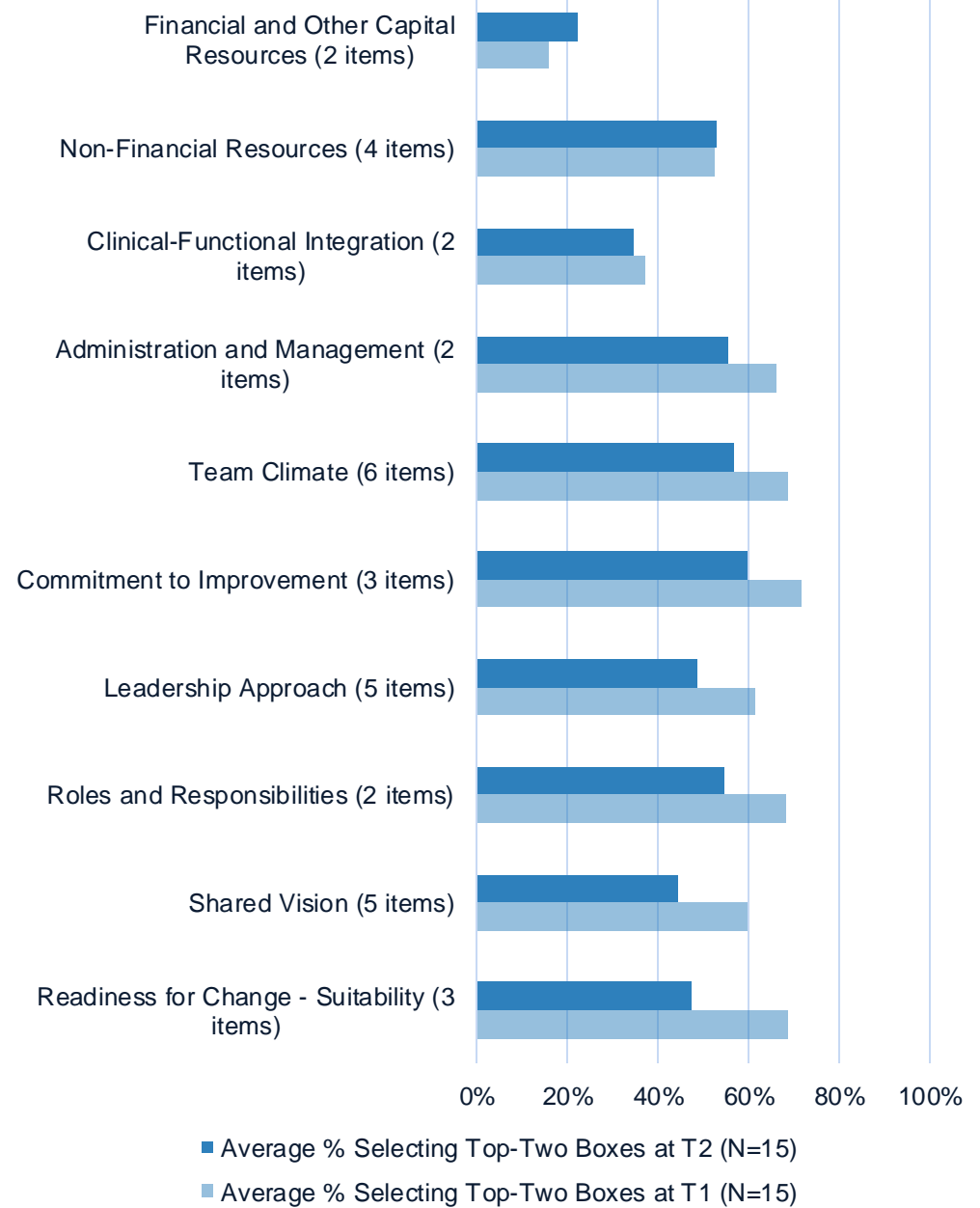
T2 and T1 percentage selecting 4 or 5

domains rank ordered from greatest increase to greatest decrease

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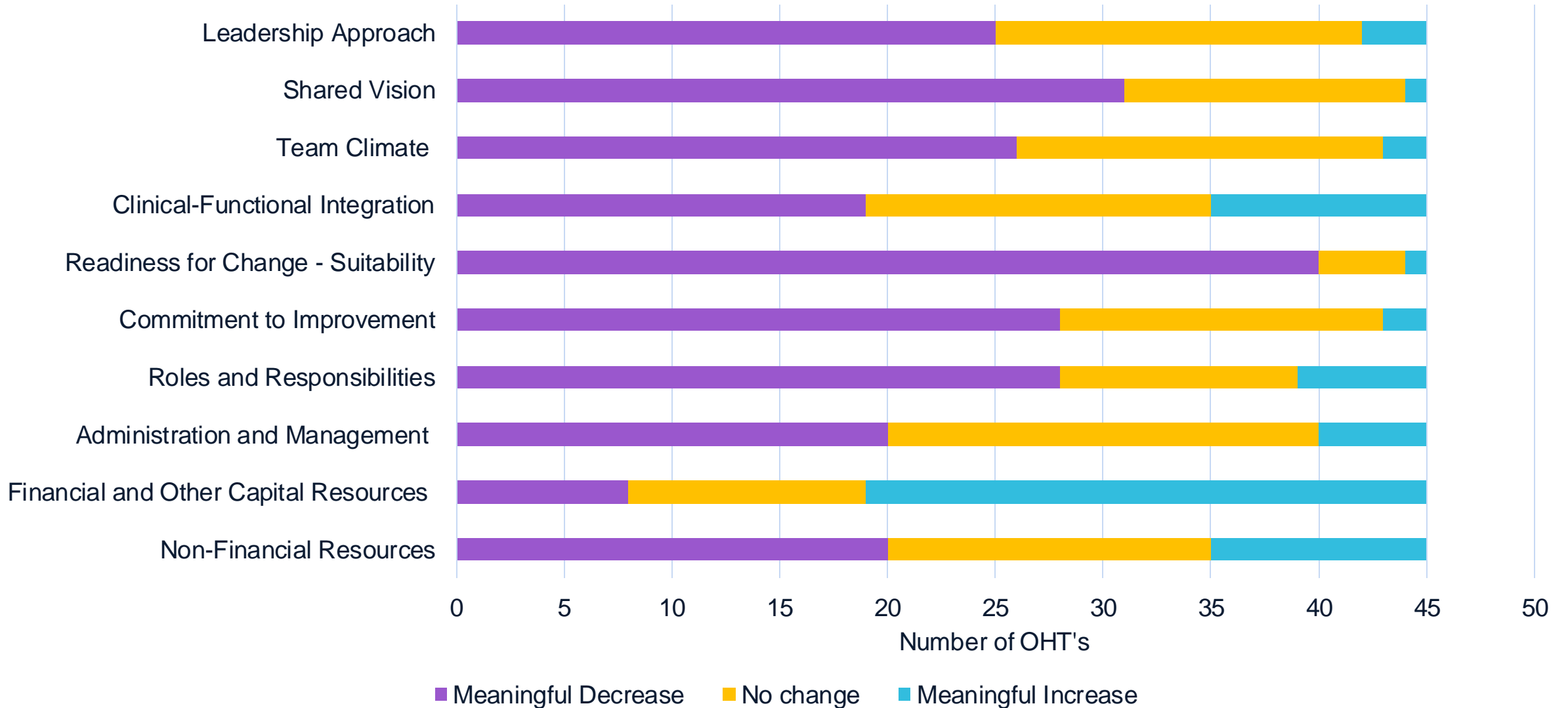


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Meaningful Change (T1 – T2) in Survey Results by Domain

Change in Mean Score from T1 by Domain (N = 45)



**Did any
OHT show
increase
across all
domains?
or most
domains?**

YES –

One OHT saw an increase in the percentage of respondents selecting 4 or 5 in *ALL* domains

Three OHTs saw an increase in the percentage of respondents selecting 4 or 5 in 7/10 domains

CONCLUSIONS & DISCUSSION

- **The capabilities or factors needed to deliver integrated care, rated the highest:**
 - Commitment to Improvement
 - Team Climate
 - Administration & Management
 - Readiness for Change

- **OHT leadership ratings of fostering *trust* and creating a *safe environment* were rated moderately - 3.6 and 3.4/5**

- **The capabilities or factors needed to deliver integrated care, rated the lowest :**
 - Financial and other Capital Resources
 - Clinical- Functional Integration
 - Shared Vision
 - Non-financial Resources
- Little change in highest and lowest domains from previous surveys
- Cohort 1 had higher mean scores compared to Cohort 2&3 **except** for the Financial and Non-financial domains where Cohort had higher scores.
- Cohort 3 consistently had the lowest mean scores and NO OHTs with $\geq 80\%$ of respondents selecting the top two boxes in **any** of the domains

- Compared to earlier survey results, all domains had lower mean scores & lower proportion of respondents selecting the top 2 boxes (i.e. 4 and 5) (except Financial/other capital resources).
- Readiness for Change and Shared Vision saw the largest decreases in the proportion of respondents selecting the top 2 boxes.
- Readiness for Change and Shared Vision also saw the largest number of OHTs have meaningful decreases in mean scores from T1 to T2.

Summary Statistics (N = 51)

Domain (N =10)	Mean score across OHTs (SD)	Rank by mean score	#OHTs with ≥ 80% respondents selecting 4 or 5	Between Team Coeff-Var
Leadership Approach	3.43 (0.51)	6	6	0.13
Shared Vision	3.41 (0.36)	8	3	0.07
Team Climate	3.68 (0.37)	2	6	0.05
Clinical-Functional Integration	3.06 (0.45)	9	1	0.07
Readiness for Change - Suitability	3.49 (0.30)	5	0	0.01
Commitment to Improvement	3.72 (0.39)	1	8	0.07
Roles and Responsibilities	3.60 (0.42)	3	5	0.06
Administration and Management	3.60 (0.50)	4	9	0.14
Financial and Other Capital Resources	2.85 (0.29)	10	0	0.02
Non-Financial Resources	3.42 (0.30)	7	1	0.03

Some domains had high consistency across teams

- Generally, all respondents felt there was a lack of **Resources including Readiness for Change and Clinical-Functional Integration** and supports will be needed for *all OHTs* to enable successful integrated care.
- OHTs will need to ensure all members understand the value of participating in an OHT and understand the clinical tools for coordinating care and ability to share clinical information.

Other domains had variability across teams

Efforts/supports will be needed for **some** OHTs in:

Commitment to Improvement and Administration & Management,
as well as the **Leadership Approach and Shared Vision**
to enable successful integrated care.

Summary

- Just over half of OHT members rate their leadership's ability to foster trust, respect and creating a safe environment highly.
- Almost $\frac{3}{4}$ of OHT members feel their organizations are innovative/open to change.
- Few OHTs (8) had $\geq 80\%$ of respondents moderately/strongly agree they share a common vision of how to improve the integration of care and agree to share responsibility for improving patient outcomes.

QUESTIONS

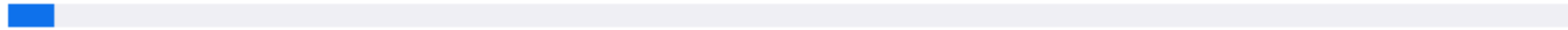
- **Can we still say all OHTs are on board for this transformational change?**
- **Are the differences in scores a result of changes in OHT members, COVID sidelining initiatives and/or waning enthusiasm post-COVID?**

Poll 3

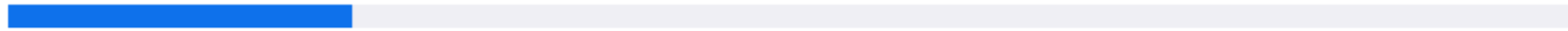
1. How surprised are you by the results of the survey? (Single Choice) *

152/152 (100%) answered

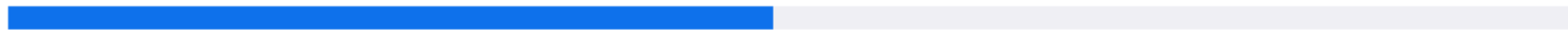
Very Surprised (4/152) 3%



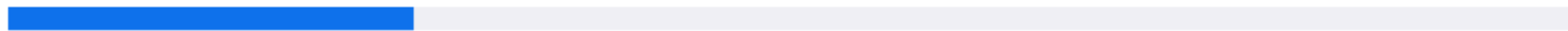
A little surprised (33/152) 22%



Not very surprised (75/152) 49%



I didn't really have a specific expectation (40/152) 26%



Chat Discussion

How would you explain or interpret these results?

Which areas do you think are most important for OHTs to support and and invigorate action to improve population health and patient-centered outcomes ?
?

➤ Please respond to everyone in the chat box

Discussion Questions

- a. What would you have expected in the results from this survey one to two years after approval as an OHT candidate: same, higher, or lower scores?

Discussion Questions

- b. After the past few years, what are your thoughts on how your OHT and others might start to re-invigorate the leadership, shared vision and other OHT capabilities?

Discussion Questions

c. This was not covered in our survey ... but of interest to me and I think also many in the audience...

OHTs are intended to engage with patients. But patients want to know if they can make decisions?

What are some strategies to be engaging patients and engaging community (not the same) in OHT **DECISION-MAKING** ?

Up Next

HSPN Webinar Series

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

October 2022:

- Engaging with Community

November 2022:

- Population health management: e.g. Diabetes

January 2023:

- Network Governance

Central OHT Evaluation Team

Co-Leads



Dr. Walter P. Wodchis



Dr. Ruth E. Hall

Team Members



Dr. Gaya Embuldeniya



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THANK YOU!



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The Health System Performance Network



hspn.ca

EXTRA SLIDE

Organizing for Ontario Health Teams Survey Measures and Mapping to CCIC Framework

CCIC Constructs	CCIC Capabilities	Original Domains from CCIC Toolkit	OOHT Domains (number of items)
BASIC STRUCTURES	Resources	Non-Financial Resources ¹³	Non-Financial Resources (4)
BASIC STRUCTURES	Resources; Information Technology	Financial and Other Capital Resources ¹³	Financial and Other Capital Resources (2)
BASIC STRUCTURES	Organizational/Network Design	Administration and Management ¹³	Administration and Management (2)
PEOPLE & VALUES	Leadership Approach	Leadership ¹³	Leadership Approach (5)
PEOPLE & VALUES	Commitment to Learning; Network Culture; Delivering Care	Team Climate ¹⁴	Team Climate (6)
PEOPLE & VALUES	Commitment to Learning; Measuring Performance; Improving Quality		Commitment to Improvement (3)
PEOPLE & VALUES	Readiness for Change	Appropriateness, Change Efficacy, Personally Beneficial ¹⁵	Readiness for Change (Suitability (3), Change Efficacy (1), Personally Beneficial (1))
PEOPLE & VALUES: KEY PROCESSES	Partnering; Network Culture	Synergy ¹³	Shared Vision (5)
PEOPLE & VALUES; KEY PROCESSES	Partnering; Network Culture	Shared Orientations ¹⁶	Roles and Responsibilities (2)
KEY PROCESSES	Delivering Care	Integration ¹⁶	Clinical-Functional Integration (2)