



International Foundation
for Integrated Care
IFIC Canada

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Health System
Performance
Network



Collaborative Governance: Towards the Next Level of Integrated Care

January 24, 2023 from 12:00 – 1:30 PM EST



International Foundation
for Integrated Care
IFIC Canada

IFIC Canada Co-Founders



Jodeme Goldhar
@JodemeGoldhar



Walter Wodchis
@WWodchis

Who Was At the Session?

Over 375 Participants Joined Us from 14 Countries Around the World



Land Acknowledgement

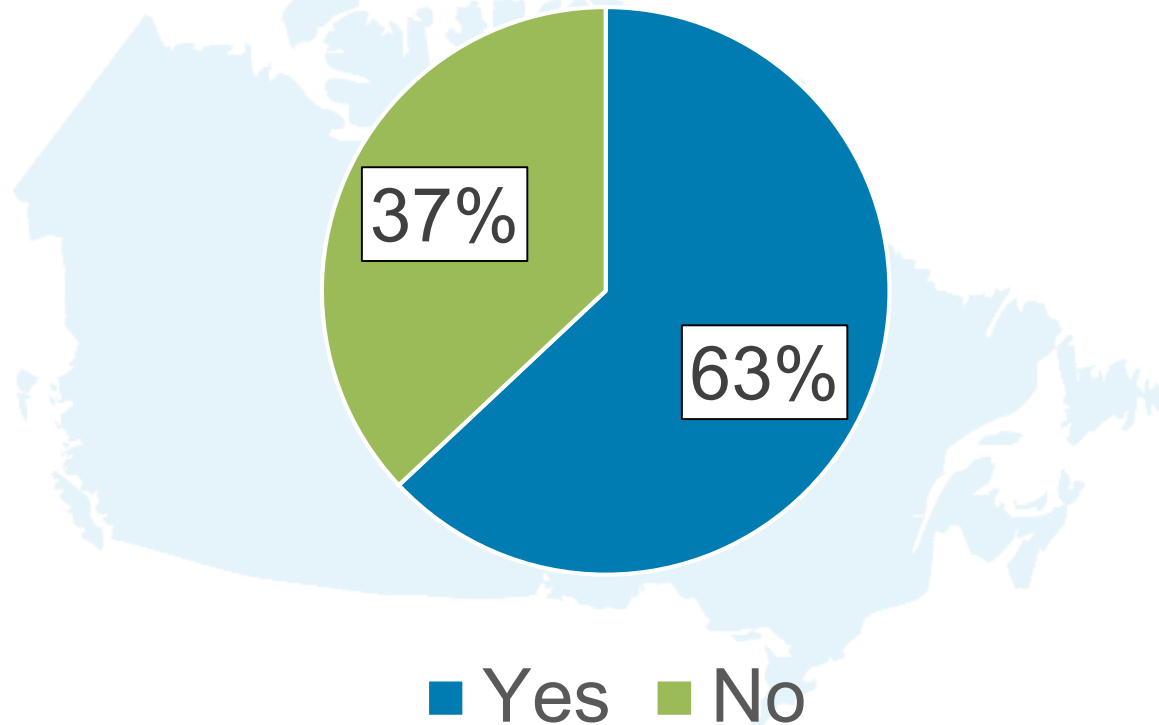
We acknowledge the land on which we are hosting this meeting is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

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.

We are grateful to be able to come together in this way.

Poll Results: We'd Like to Know...

Is This Your First Time Joining the Virtual Community?



What is the Virtual Community about?

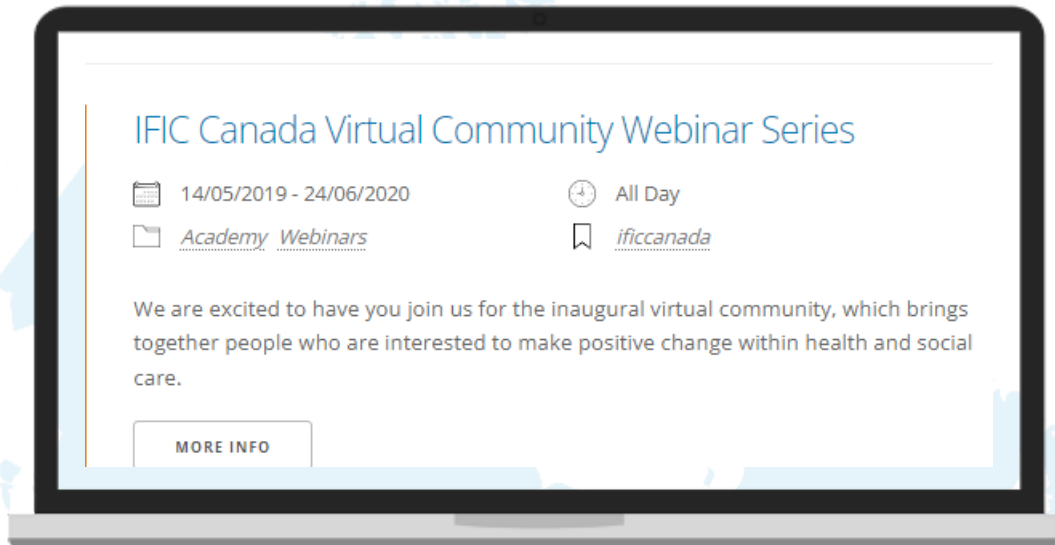
OUR PRINCIPLES

- Connect those with an interest in Integrated Care
- Provide opportunities to learn from leaders in healthcare: including clinicians, policy makers, academics, patients and caregivers
- Develop the skills and capabilities to produce better, people-centred, co-designed integrated care
- Celebrate current integrated care practices throughout North America
- Identify global best practices and how they can be adapted to the context of North America
- Identify the learning needs of the community, and create learning opportunities with these needs in mind

Find out more at: <https://integratedcarefoundation.org/ific-canada>

Previous Sessions

You can find **ALL** of our previous sessions at https://integratedcarefoundation.org/ific_hub/ific-canada-activities



intrigued inspired excited
relevant elementary positive
determined **hopeful** connective
inspiring excellent community energized
valuable

hopeful
provoking
timely
inclusive
connected
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curious
sharing
united
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inspiring
informative
powerful
engaging
insightful
friendly
positive
interesting

confusing
interested
enlightening
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inspiring
engaging
friendly
insightful
encouraging
positive
interesting

Global
Synergy
Uplifting
collaboration
Encouraging
Powerful
informative

collaborative
progressing
inspiring
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possibilities
informative
management

North America's (1st) Conference on Integrated Care



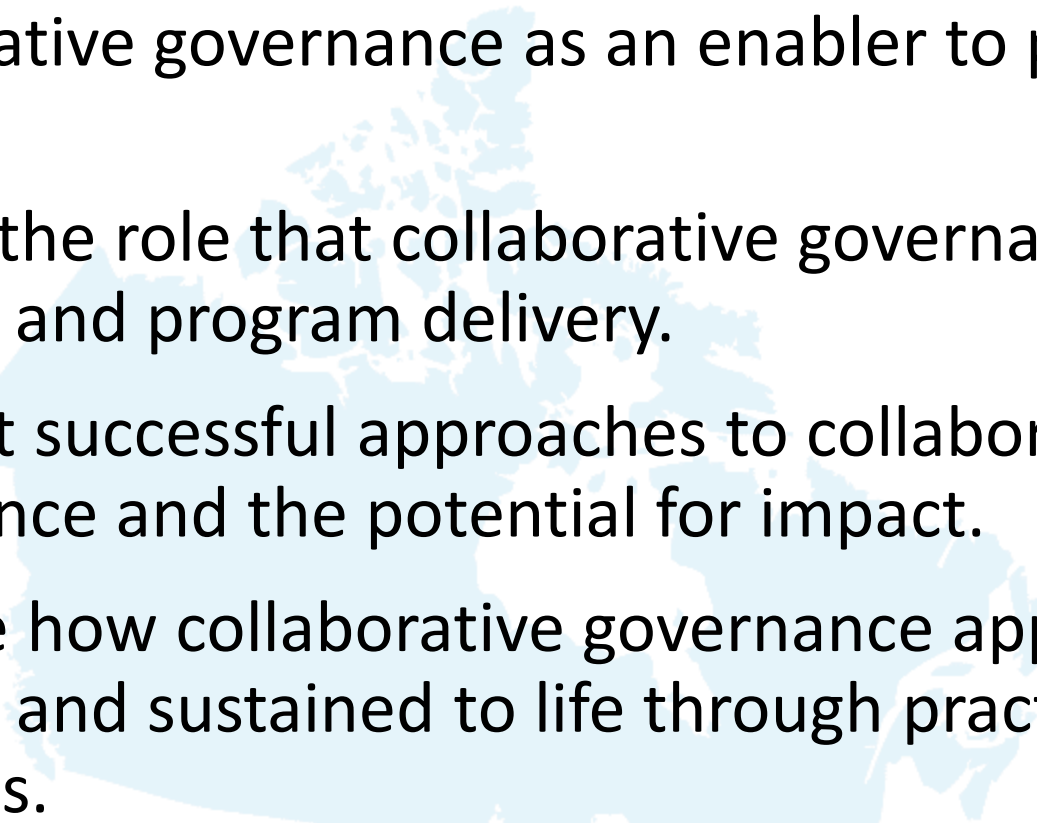
Access Session Recordings and Conference Abstracts on our website here:
<https://integratedcarefoundation.org/events/nacic2021-1st-north-american-conference-on-integrated-care-toronto-canada>

Today's Session:

Collaborative Governance: Towards the Next Level of Integrated Care



Goals for Today's Session

1. Discuss the evidence and research that supports collaborative governance as an enabler to population health.
 2. Identify the role that collaborative governance plays in policy and program delivery.
 3. Highlight successful approaches to collaborative governance and the potential for impact.
 4. Describe how collaborative governance approaches are built and sustained to life through practical examples.
- 

Meet Today's Speakers!



Mirella Minkman
Chair of the Board of
Directors Vilans;
National Center of
Expertise in long-term
care



Paul Wankah
@wankahp
Health System
Performance Network
and University of
Toronto President's
Post-doctoral Fellow



Melissa McCallum
@nursebcc
Director, Greater
Hamilton Health
Network OHT



Donald Carty
Patient, Family and
Caregiver Advisor;
Co-Chair, Barrie and
Area Ontario Health
Team

Making It All Happen



Trisha Martin



Deb Gollob
@DebGollob



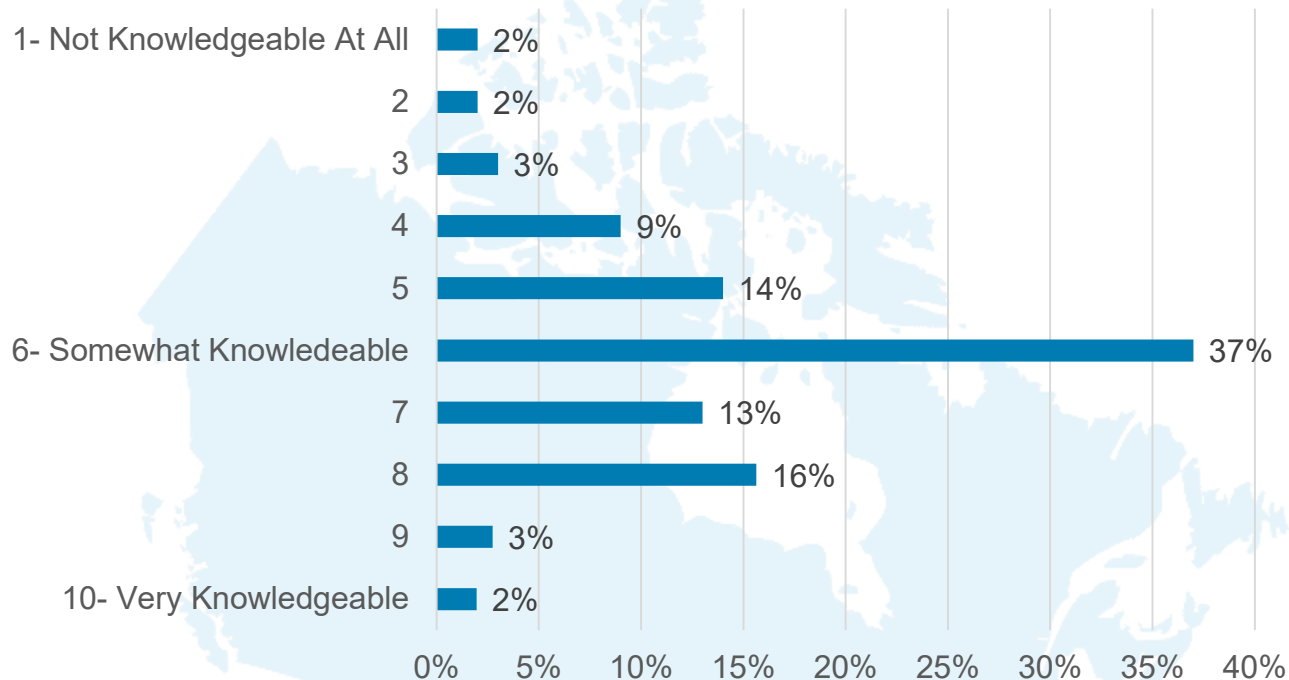
Niamh Daly Day



Fiona Lyne
@spiderslips

Poll Results: Your Knowledge About Today's Topic

How Knowledgeable are you about the role of collaborative governance in integrated health systems?



Modes of (collaborative) network governance for next level value creation



Mirella Minkman

Chair of the Board of
Directors Vilans; National
Center of Expertise in long-
term care

IFIC Canada

Modes of (collaborative) network governance for next level value creation

Prof. dr. Mirella Minkman

- ❖ CEO of Vilans, National knowledge center for care & welfare
- ❖ Professor Tilburg University – Organisation and governance of integrated care
- ❖ Board member International Foundation of Integrated Care



January 24, 2023

vilans.nl



Short introduction

- **CEO of Vilans:** National Knowledge Center for Care & Support
 - National large scale implementation programs: Integrated care in the region
 - National Dementia Program (second edition)
 - Transforming 1st line-general medical care
- **Professorship at Tilburg University:** Innovation of the organisation and governance of integrated care
 - EISON: New research project 4 domains about innovation supervision for integrated (care/education/safety/living) services
- **Chair** of the National Innovation and Advisory Committee on Governance
 - Compact research, advises → Improvement of the National Governance Code
- **Chair of the Scientific Advisory Board** of the NVTZ (National ass. of internal supervisors health care)
 - New publication of governance of networks (spring '23)



www.vilans.org



Societies have to move forward in new times

- International number of similar **challenges**
- “Feeling or being healthy” as a wicked intertwined issue for societies
- **Pressure**: changing demographics, shortage of staff, slow implementation modes while there is urgency. Sometimes polarisation.
- Need for involving communities/civilians: everyone! But: facilitate them
- For leaders: **new modes of governance**, inter-organisational connections are key
- To move forward: **three sources of knowledge** needed: science, professional knowledge and experiences of people



International strategies for next level integrated care:

- **Strengthening informal care(rs):** single point of entry, empowering communities, learning professionals to collaborate with informal carers, re-ablement
- **Broad perspective on health:** social, educational, work, income. The total needs are the starting point for organising care, mostly at home. Digitally supported, digitally connected.
- **Development of inter-organisational health/service networks**
 - Rethink what to do on what scale (local, regional, national)
 - Innovate the governance of these networks: also accountability & supervision
 - Rethink decision making and phasewise progress making
 - Don't forget: people and relations are key! (beyond implementing structures)
- **(National) policy incentives that reward collaboration and acceptable (financial) results**

Source: IJIC 20th Anniversary Issue - Volume 21 - 2021

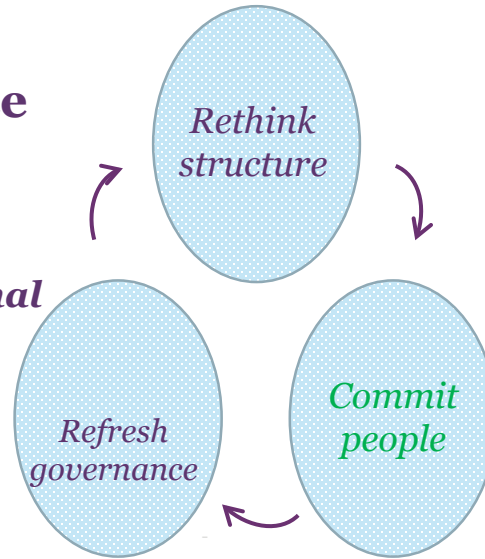
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Transforming governance:

When do (regional) service
networks work and with
what governance?

Turnaround in governance

beyond professionals,
leaders and organisations,
**collaborative – inter organisational
network governance**



Suiting structure &
making decisions

+

Learning,
building, involving

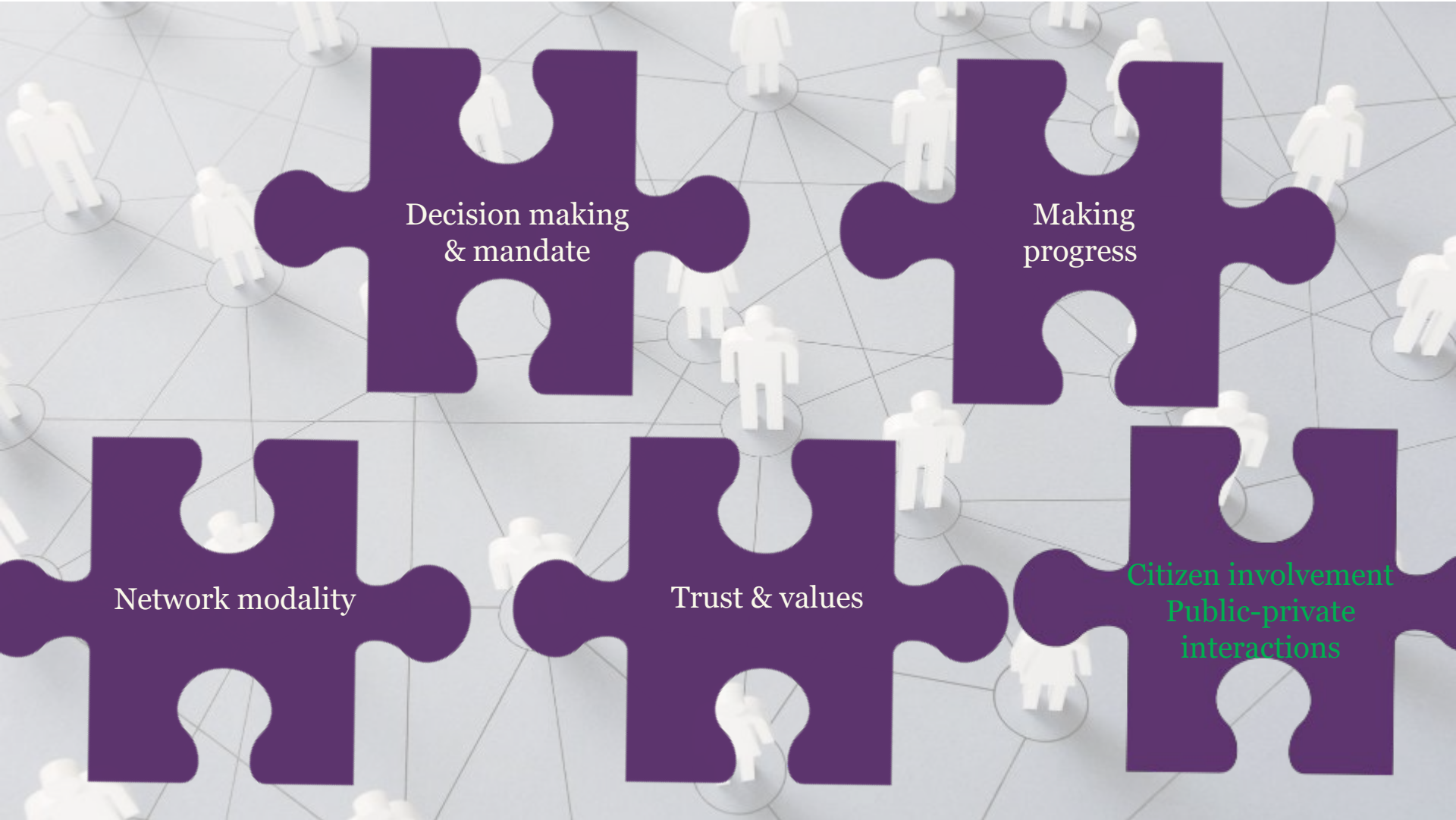
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Supportive
accountability &
supervision

Who is involved, when and
with what mandate

Shared responsibility and
commitment, building skills,
values

Supervision beyond
organisations. Accountability
towards society



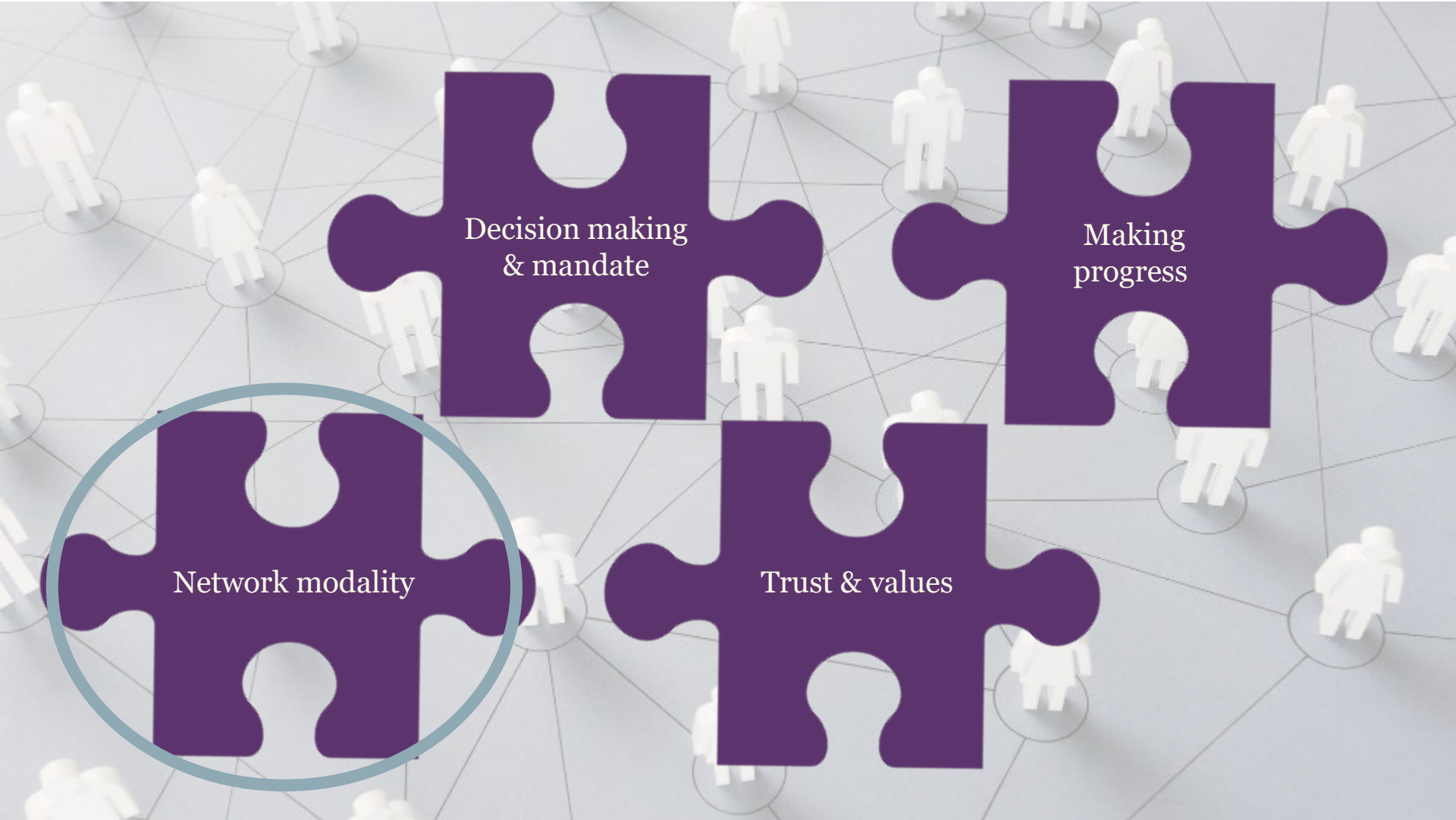
Decision making
& mandate

Making
progress

Network modality

Trust & values

Citizen involvement
Public-private
interactions



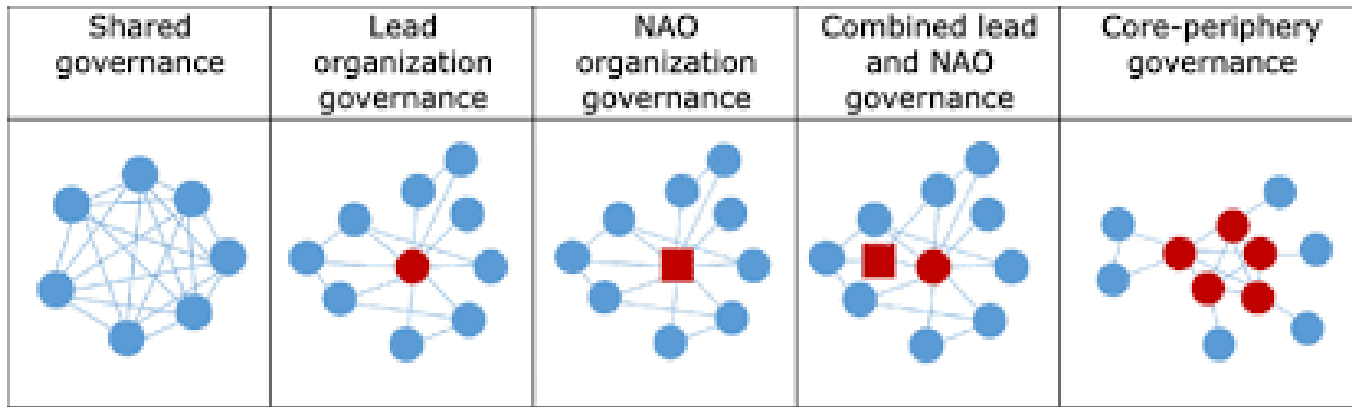
Decision making
& mandate

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progress

Network modality

Trust & values

Modalities of network governance



- Different “modalities”: per mode common ‘wisdom’
- Factors: number of organizations, neutral facilitator? Inclusiveness
- Always: ‘double commitment’: own organisation & the network
- And: multiple networks in one region, so there is more and more a multi-network-governance issue.

Network modalities

Basic lessons from science & practice



Think about the network design and governance. A network/region = not a project



Rethink the suitability of the scale



Work & think phase-wise

There are four phases of development; all multiple years



Evaluate periodically; adjust, and dare to stop or change



Do not create 'steering boards' that do not add value



Reading: Suitable Scales; Rethinking Scale for Innovative Integrated Care Governance

Share: f t g+ in

Perspective papers

Suitable Scales; Rethinking Scale for Innovative Integrated Care Governance

Author: M. M. N. Minkman

Abstract

For organising person centered care, an important issue is how to deal with scale. This addresses what to organise on what level (in the neighbourhood, local, in the region, national). With the increasing complexity of organising integrated care in networks, issues are an ingredient of integrated care governance. However, there is a lack of empirical studies that treat scale as an object of study in itself. Scale is an outcome of the interplay between many different interests, values and perceptions of people involved in the broader social and political processes. Five factors for suitable scales are discussed, emphasising the relevance for integrated care governance. These factors show, that the classical meso-macro thinking oversimplify reality and more knowledge about suitable scales

How to Cite: Minkman, M.M.N., Suitable Scales; Rethinking Scale for Innovative Integrated Care Governance. International Journal of Integrated Care. 2020;20(1):1. DOI: <http://doi.org/10.5334/ijic.5468>

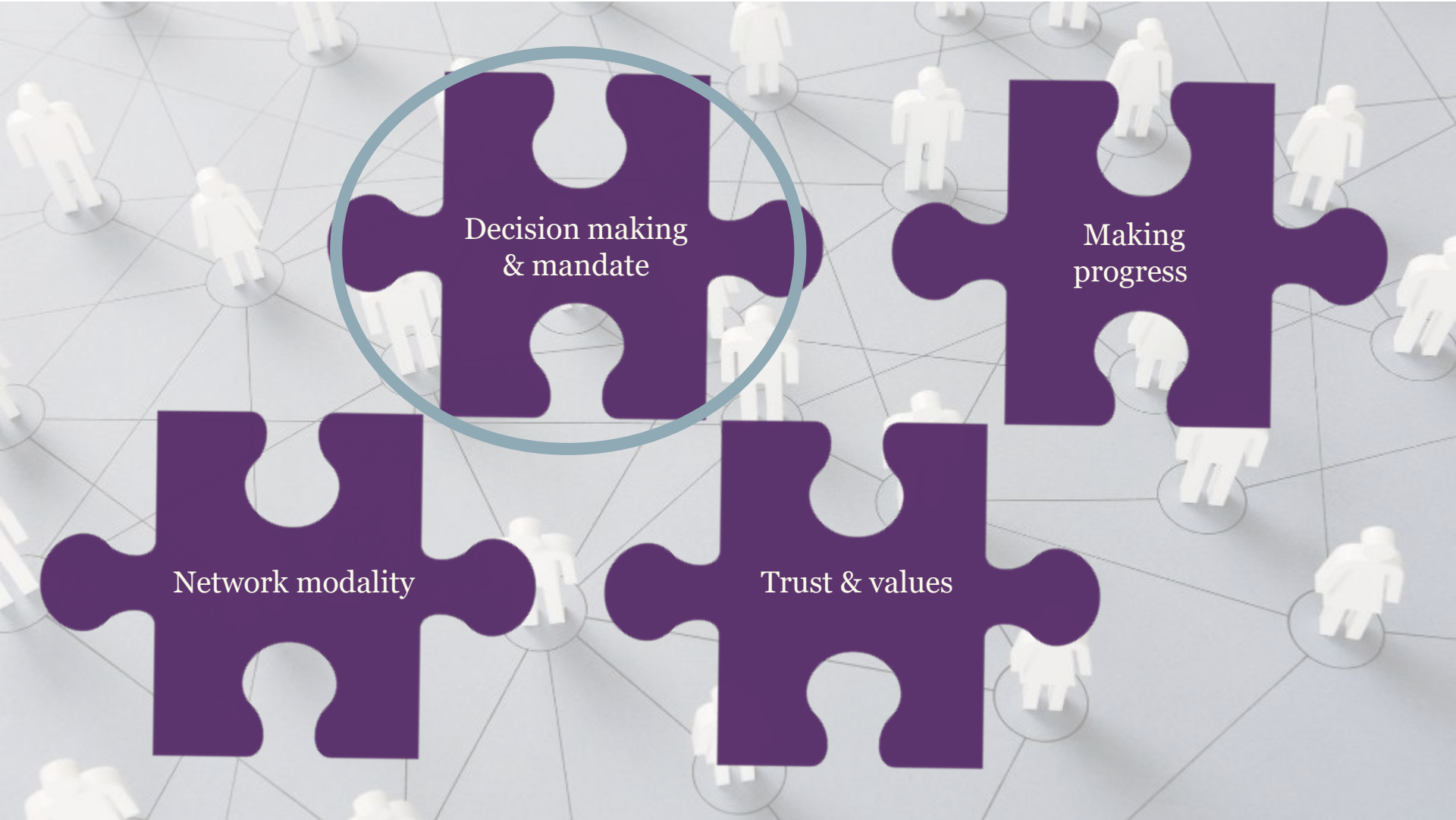
Schaalverwarring in de regio

Mirre Minkman 9 januari 2020, 16:46 1085 keer gelezen

'Zorg in de regio' is het nieuwe motto en sluit goed aan bij de 'juiste zorg op de juiste plek'. Op zich niks mis mee omdat meer samenhang nodig is, maar met 'de regio' is niet alles opgelost.

Een vraagstuk waar ik veel verwarring over zie en waar niet goed genoeg over wordt nagedacht, is het vraagstuk van schaal. Wat doen we lokaal, wat in de wijk, wat in het regionaal, of bovenregionaal, dan eigenlijk de schaal?





Decision making
& mandate

Making
progress

Network modality

Trust & values

Decision-making and mandate in networks

Basic lessons from science & practice



Effective decision-making is important for making progress; but often lacks attention



Describe the decision-making process

Often not written down, so when do we have 'consensus'?

Does it work in practice? Decisions must support the shared mission

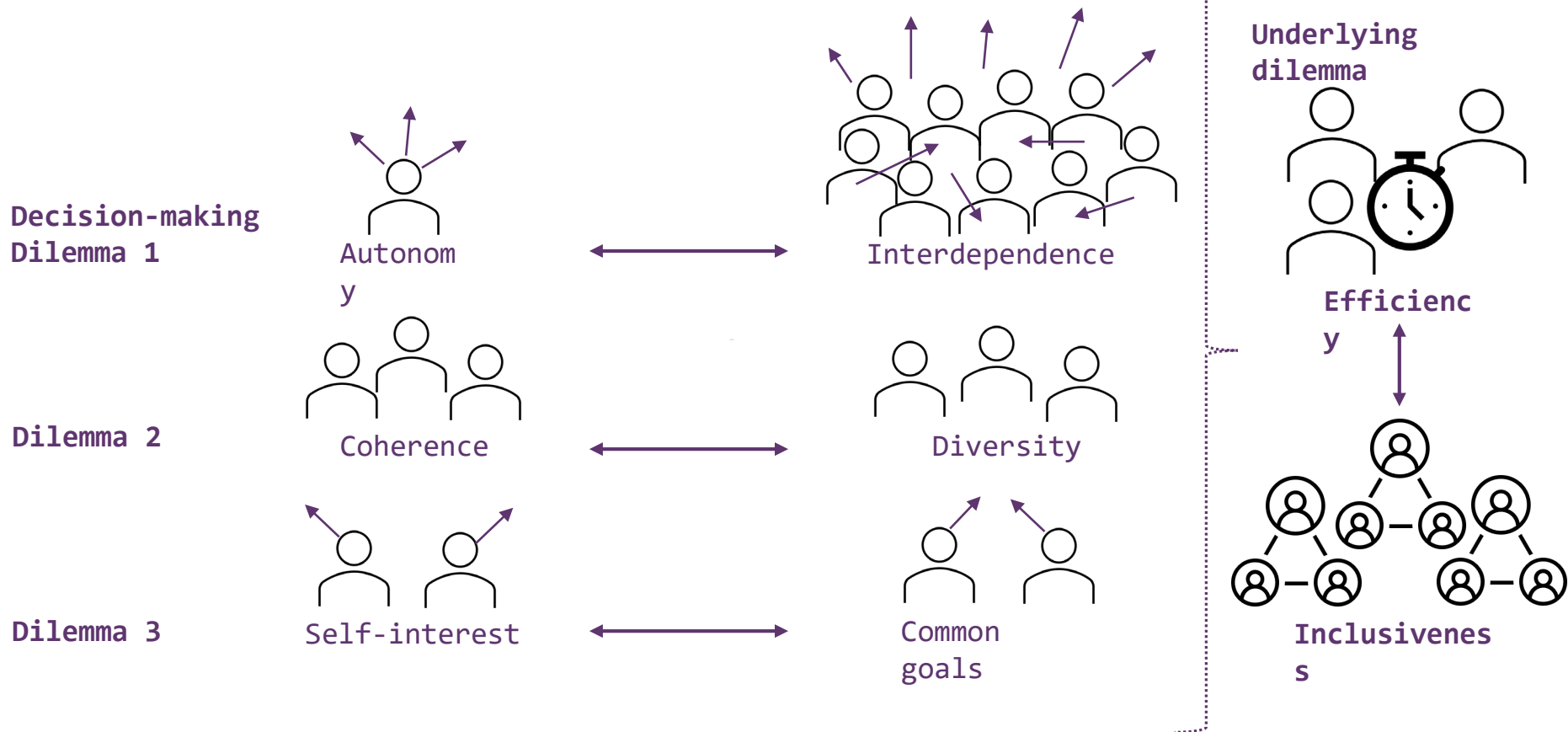


Evaluate & reflect periodically



Mandate: complex in networks, but sometimes necessary

Decision-making dilemma's interorganisational networks



Reference: J Michgelsen et al. (2021). Decision-making dilemmas within integrated care service networks: A systematic literature review.

Decision making to make progress

Efficient



Inclusive

- Decision making approach can vary within one network
- Who will experience the consequences of the decision?
- Who has a mandate to decide?
- How many parties are involved?
- Do they already know or trust each other?

Options:

Decision can be made by one person – others provide input

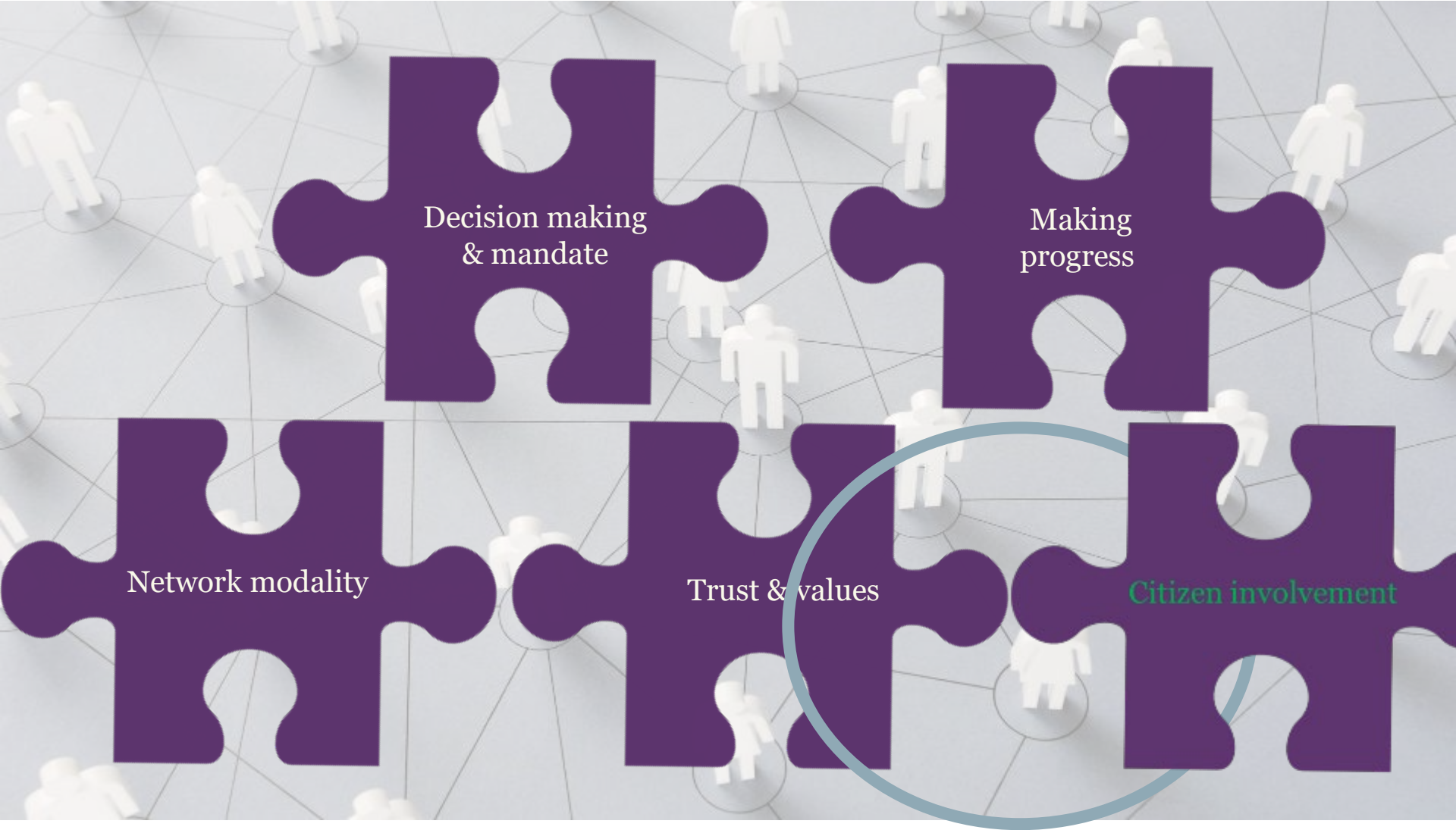
Sub-comités / working groups have mandate to decide (theme)

Decision by majority

Decision by unanimous support

Renewal of supervision

- Netherlands: new **EISON research** (VU & Tilburg University)
 - Supervision (internal) focuses on the organisation and on the CEO/Board
 - How does supervision of networks look and be effective? 8 cases
 - External supervision (f.i Inspectorates): value is delivered by the shared service
- **Boards have a complex three-double task:**
 - Running your organisation
 - Innovating your services and way of working
 - Effective collaborations: acting in complex alliances



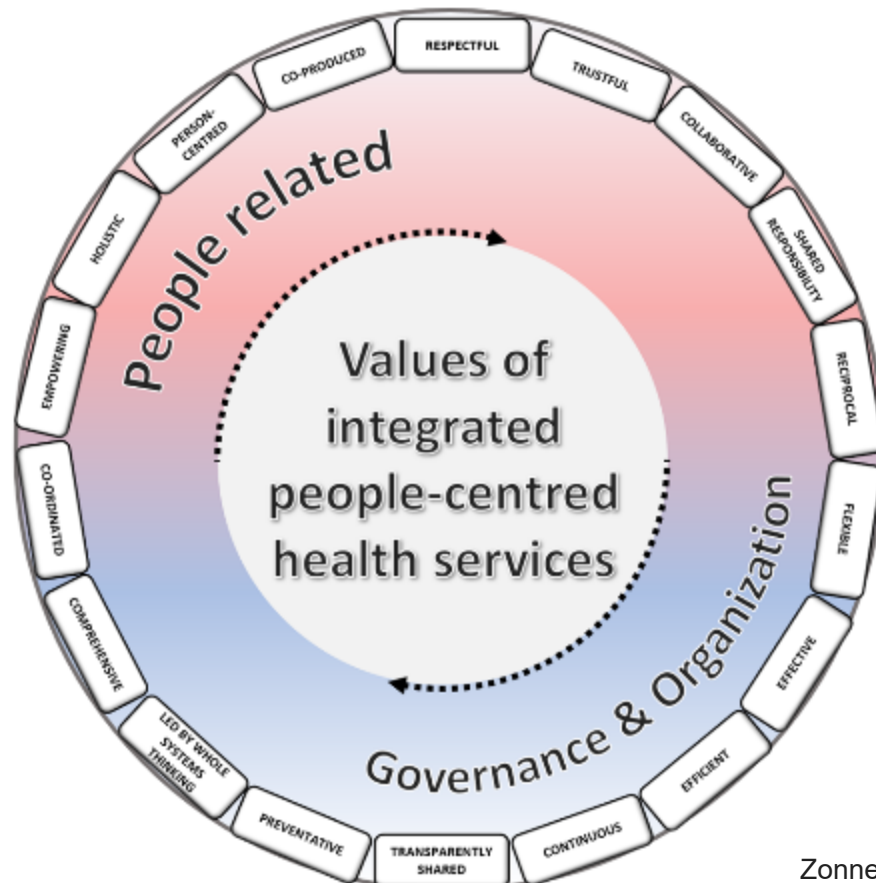
Decision making
& mandate

Making
progress

Network modality

Trust & values

Citizen involvement



Underlying Values do matter

- it is not all about processes and arrangements....it is about behavior
- 18 values defined that lie underneath integrated services delivery.

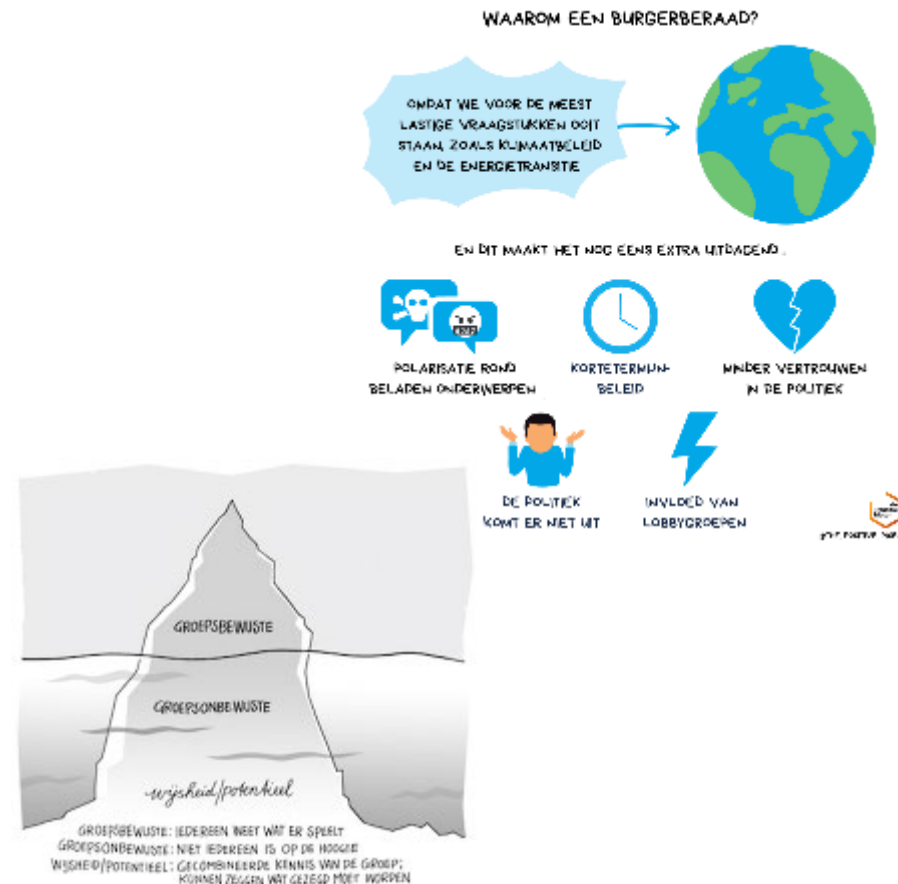
Study with the WHO (Zonneveld):

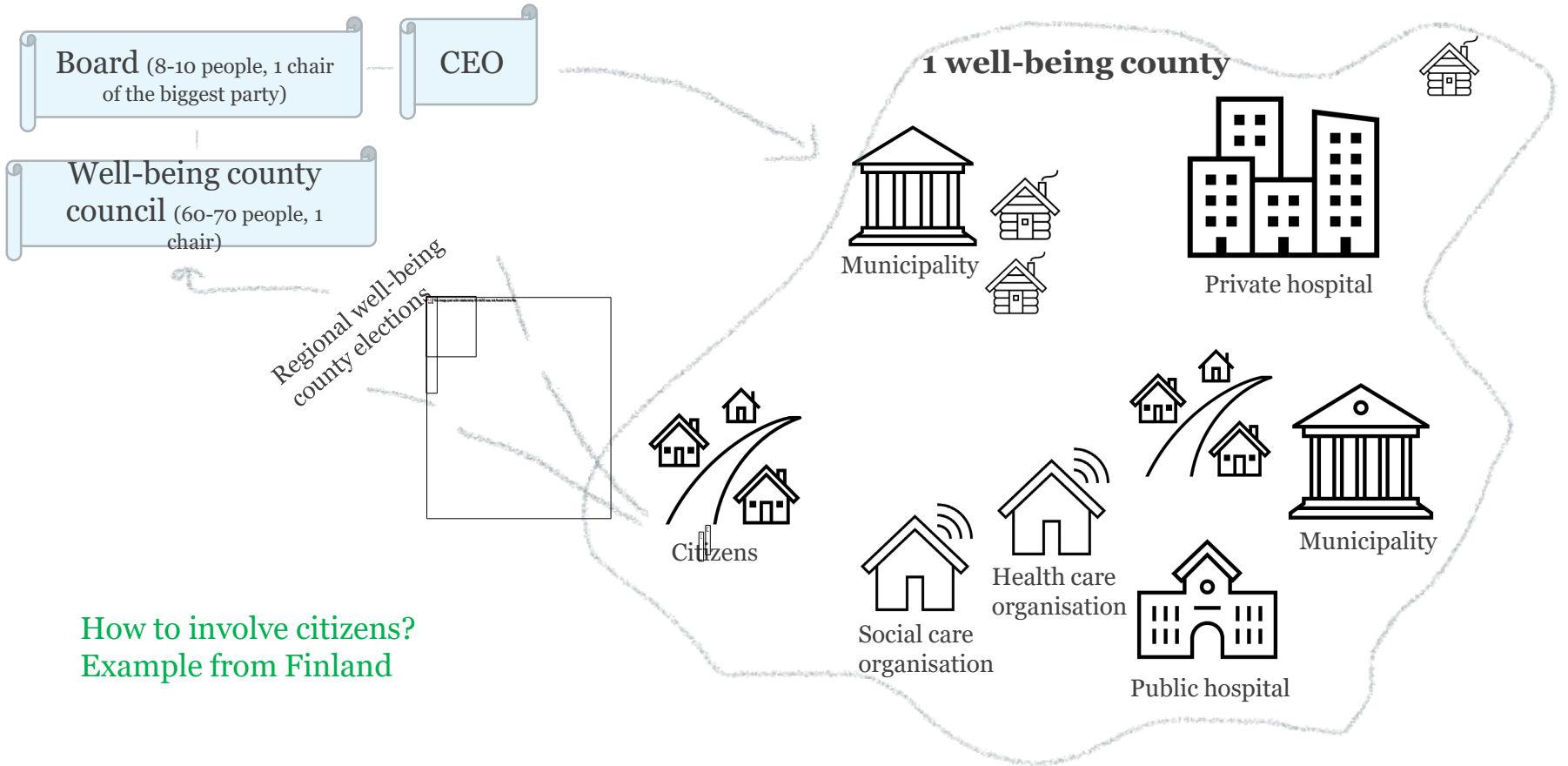
- Despite different contexts: all 18 values are confirmed *but*
- Partners like policy makers, researchers, professionals and users/clients do have different value priorities!
- Different accents across Europe: for instance regarding 'co-produced' and 'efficient'
- **How to operationalize values effective?**

Zonneveld N, et al. Values Underpinning Integrated, People-Centred Health Services: Similarities and Differences among Actor Groups Across Europe. *Int J Integr Care*. 2022 Aug 8;22(3):6. doi: 10.5334/ijic.6015.

Inclusive and collaborative governance

- We need **to involve society** – community in times of difficult choices. Using knowledge in stead of (only) politics and media
- **New ways** in stead of ‘formal committees’
- But also inside organisations:
 - Nurses/professionals in boards –connected to leadership/boards
 - **Combining** traditional committees to the shared goal
 - Using the wisdom of the crowd and hearing the silent voices: deep democracy methods.
 - Using technologies to include more opinions





How to involve citizens?
Example from Finland



A lot to do and learn!

It also in our hands

Contact

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CEO / Chair of the Board

Vilans, Center of Excellence in long term care

Distinguished Professor

Innovation of the organisation and governance of integrated care
University of Tilburg/ TIAS School for Business and Society

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Chair National Committee on Innovation of Healthcare Governance
Editor International Journal of Integrated Care

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References



MIRELLA MINKMAN

The world is in a hurry, but change is slow. Agencies are frantically booked, labour markets are tense, and we seem already too late to alter the course of climate change. We have faced a crisis situation which has led us towards

primary care-based services are frequently mentioned as ingredients for future health systems.

Countries should work on overarching solutions that try to keep a broad perspective.



EDITORIAL

ubiquity press



International Journal of Integrated Care

Start 5

Reading: Suitable Scales; Rethinking Scale for Innovative Integrated Care Governance

Share: f t g+ in

Perspective papers

Suitable Scales; Rethinking Scale for Innovative Integrated Care Governance

Author: M. M. N. Minkman

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For organising person centered care, an important issue is how to deal with scale. This addresses what to organise on what level (in the neighbourhood, local, in the region, or national). With the increasing complexity of organising integrated care in networks, scale issues are an immediate of integrated care governance. However, there is a lack of empirical



International Journal of Integrated Care

Star

Reading: Values Underpinning Integrated, People-Centred Health Services: Similarities and Differences...

Share: f t g+ in

Research & theory

Values Underpinning Integrated, People-Centred Health Services: Similarities and Differences among Actor Groups Across Europe

Authors: Nick Zonneveld, Ludo Glimmerveen, Patrick Kenis, Nuria Toro Polanco, Anne S. Johansen, Mirella M.N. Minkman

Abstract

Introduction: In addition to the functional aspects of healthcare integration, an



De governance van netwerkzorg ontrafeld

Waarom 'samen sturen' belangrijk én ingewikkeld is



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1. Van Kemenade E, de Kuiper M, Booij M, Minkman M. How Different Quality Paradigms Undermine a Shared Value Base for Integrated Care: The Need for Collective Reflexivity. *International Journal of Integrated Care*. 2022;22(1):5. DOI: <http://doi.org/10.5334/ijic.5935>
2. Saltkjel T, Alm Andreassen T & Minkman M. Conceptualising service integration for inclusive activation: Exploring transferal and translation of models from healthcare *International Journal of Social Welfare*, 2022;1–15. DOI: 10.1111/ijsw.12539.
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5. Minkman, M.M.N., Zonneveld, N. & Shaw, J. (2021). *Positioning integrated care governance: key issues and core components*. In: Amelung V, Stein V, Goodwin N, Balicer R, Nolte E and Suter E (2021), Handbook Integrated Care 2nd Edition.
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8. Loewenbrück, K. F., Stein, D. B., Amelung, V. E., Bitterlich, R., Brumme, M., Falkenburger, B., Fehre, A., Feige, T., Frank, A., Gißke, C., Helmert, C., Kerkemeyer, L., Knapp, A., Lang, C., Leuner, A., Lummer, C., Minkman, M. M. N., Müller, G., van Munster, M., Schlieter, H., Themann, P., Zonneveld, N., & Wolz, M. (2020). Parkinson Network Eastern Saxony (PANOS): Reaching Consensus for a Regional Intersectoral Integrated Care Concept for Patients with Parkinson’s Disease in the Region of Eastern Saxony, Germany. *Journal of Clinical Medicine*, 9(9), 2906. <https://doi.org/10.3390/jcm9092906>

Governance and Ontario Health Teams



Paul Wankah

Health System Performance
Network and University of
Toronto President's Post-
doctoral Fellow

Collaborative Governance of Ontario Health Teams

Current State of Knowledge

Paul Wankah, Postdoctoral Fellow, IHPME

Collaborative Governance Webinar. January 24, 2023

Context

Connecting Care Act of 2019



Ontario Health Teams (OHTs)



The Ministry of Health approved 51 OHTs between December 2019 to September 2021

30 OHTs approved
December 2019

13 OHTs approved
December 2020

8 OHTs approved
September 2021



- Leadership group: individuals who constitute the primary decision making group regarding resources, priorities and membership for each OHT.

Purpose

- To better understand the main features of collective governance of OHTs.

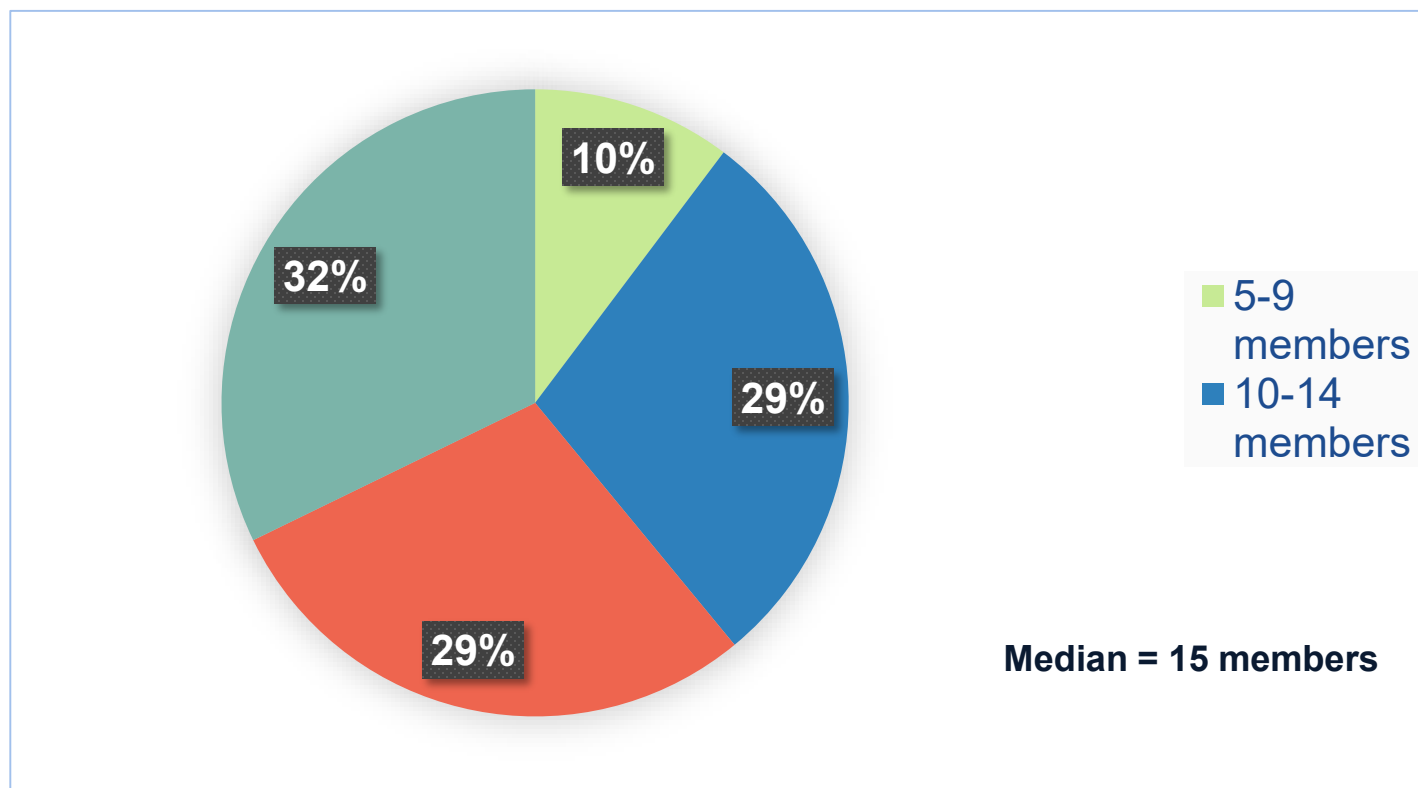
Specifically,

1. To describe the composition of OHT leadership groups.
2. To explore the perceptions of leadership group members on their collective governance.

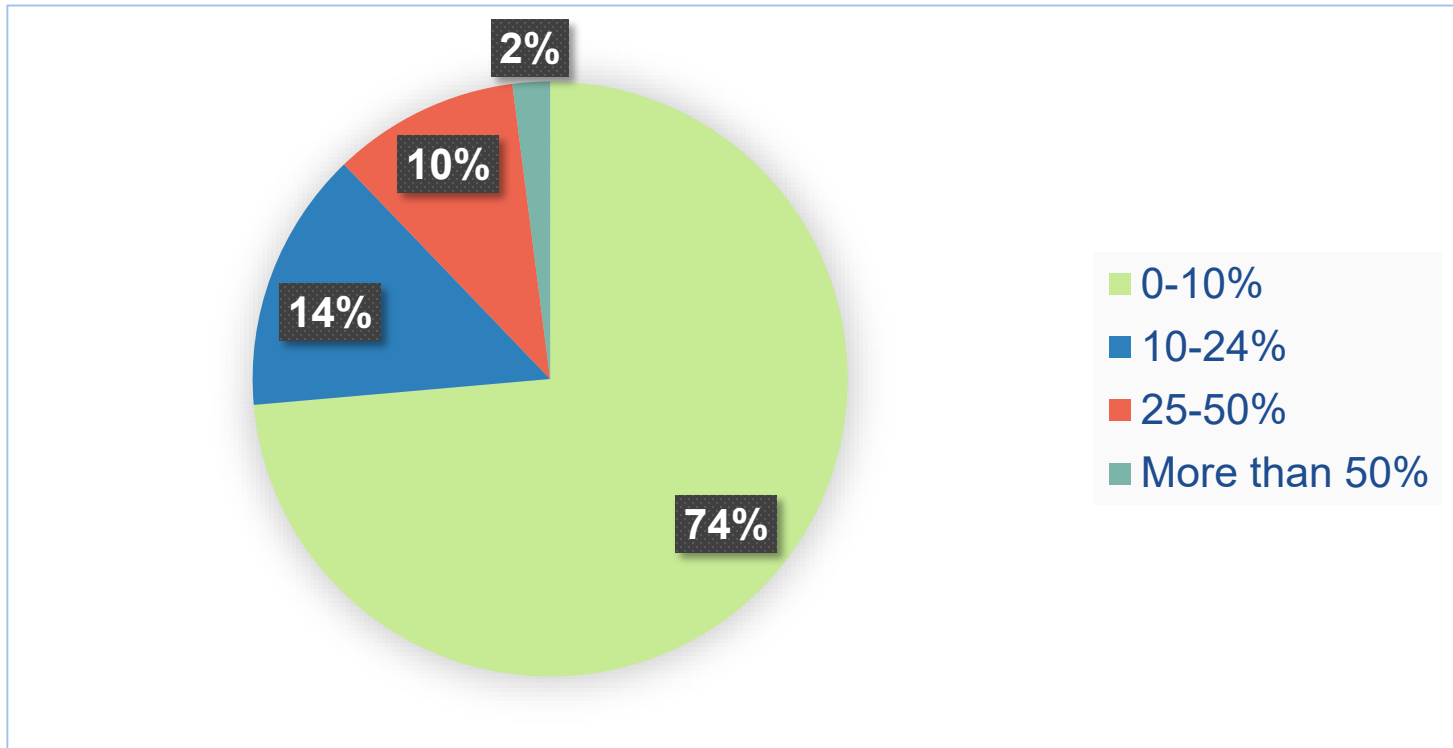
1. Factual Information about OHT Leadership and Governance Composition

- Data collection
 - Survey was distributed to **Evaluation Lead Contact** for each OHT (N=51)
 - Questions asked about ***size, composition, changes in leadership group*** and ***plans for future governance models***.
 - Forty-nine of 51 OHTs responded.
 - One OHT submitted *incomplete responses* and another OHT was *still establishing* its leadership group

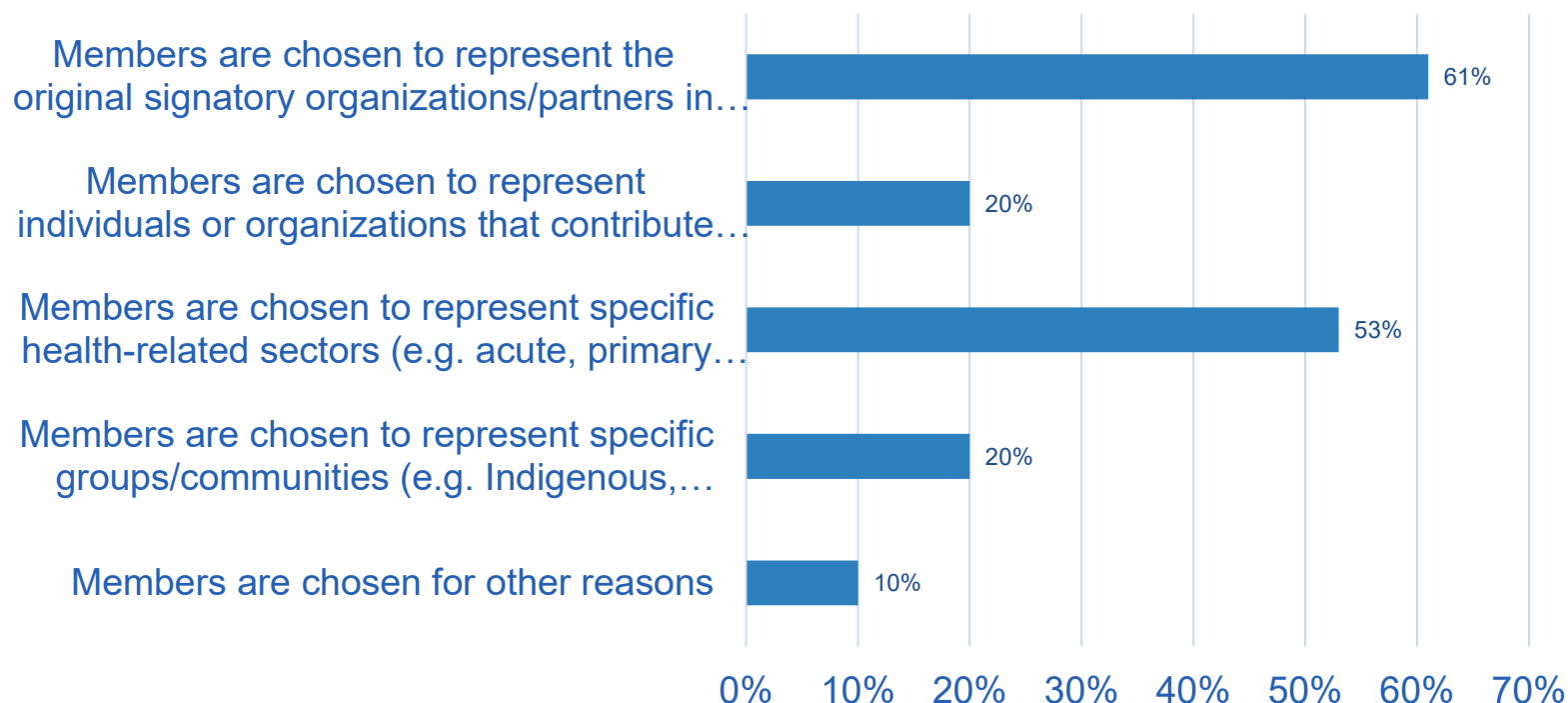
How many members are currently included in your leadership group?



To what extent have the individuals that participate in your leadership group changed/turned over since approval?



How would you describe the membership of your leadership group?



Key findings – Composition of Leadership Governance

- Leadership groups with governance roles are relatively large with the median having 15 members and ranging from 5 - 65 members.
- Leadership groups are relatively stable with 74% of OHTs having a turnover rate of less than 10% since approval.
- Most members represent signatory organisations with half of OHTs aiming for sector representation. Only 20% of OHTs aim to include specific minority groups (Indigenous, Francophones, Racialized etc.) in their leadership groups.
- Only 9 (18%) OHTs have identified future governance models

2. OHT Leaders' Perceptions of Collaborative Governance

- Data collection
 - Survey distributed to all members of OHT leadership
 - 1423 total distribution
 - 651 (46%) response rate
 - **387 (59%) of respondents were members of the Leadership Group.**

Sector respondents*	Number of respondents
Primary care	110
Acute care (Acute care hospital + Mental health hospital +Rehabilitation or complex continuing care)	81
Community (Long-term care + home care + community health agency + community support services)	212
Other (Public Health + PFAC)	29

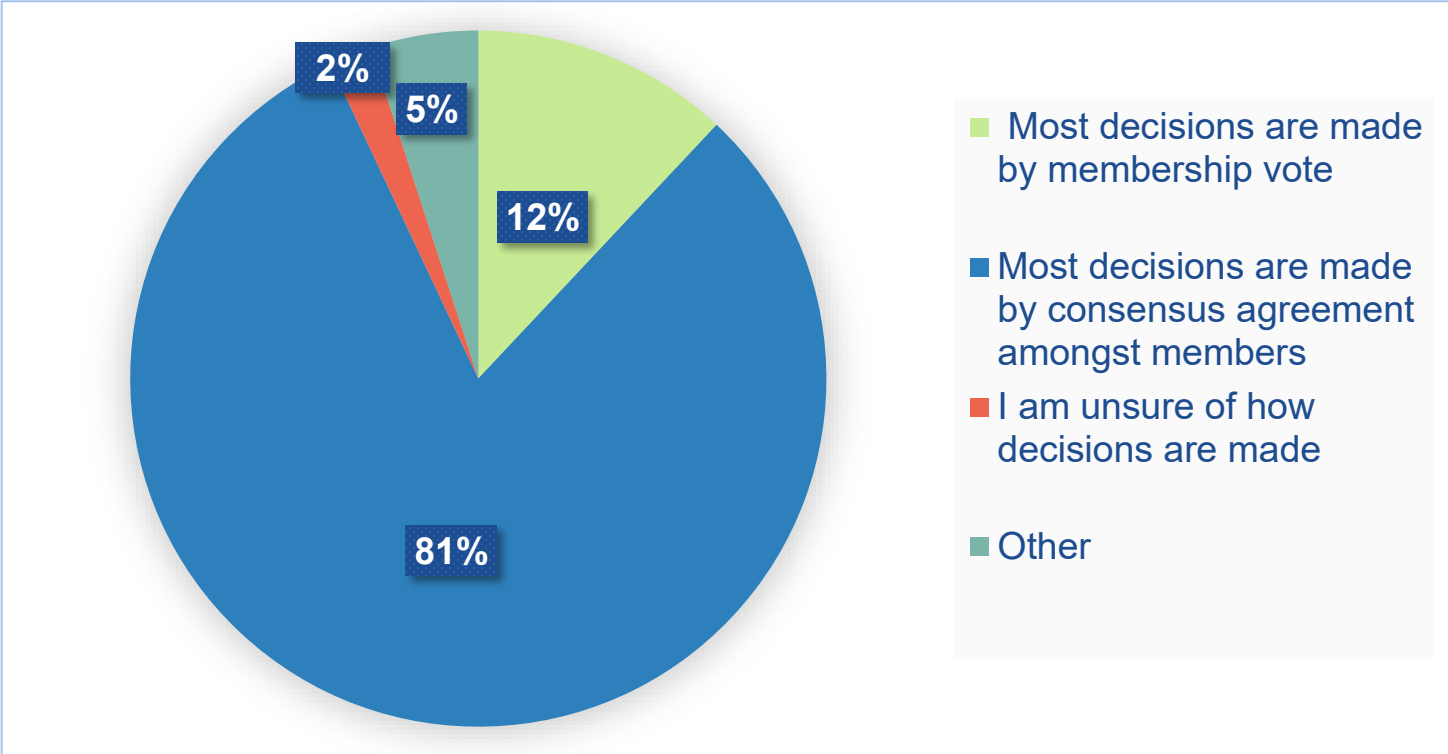
*Some respondents worked in multiple sectors

Measuring perceptions of Governance

- Survey included questions about:
 - Decision-making
 - Commitment
 - Measurement
 - Effectiveness

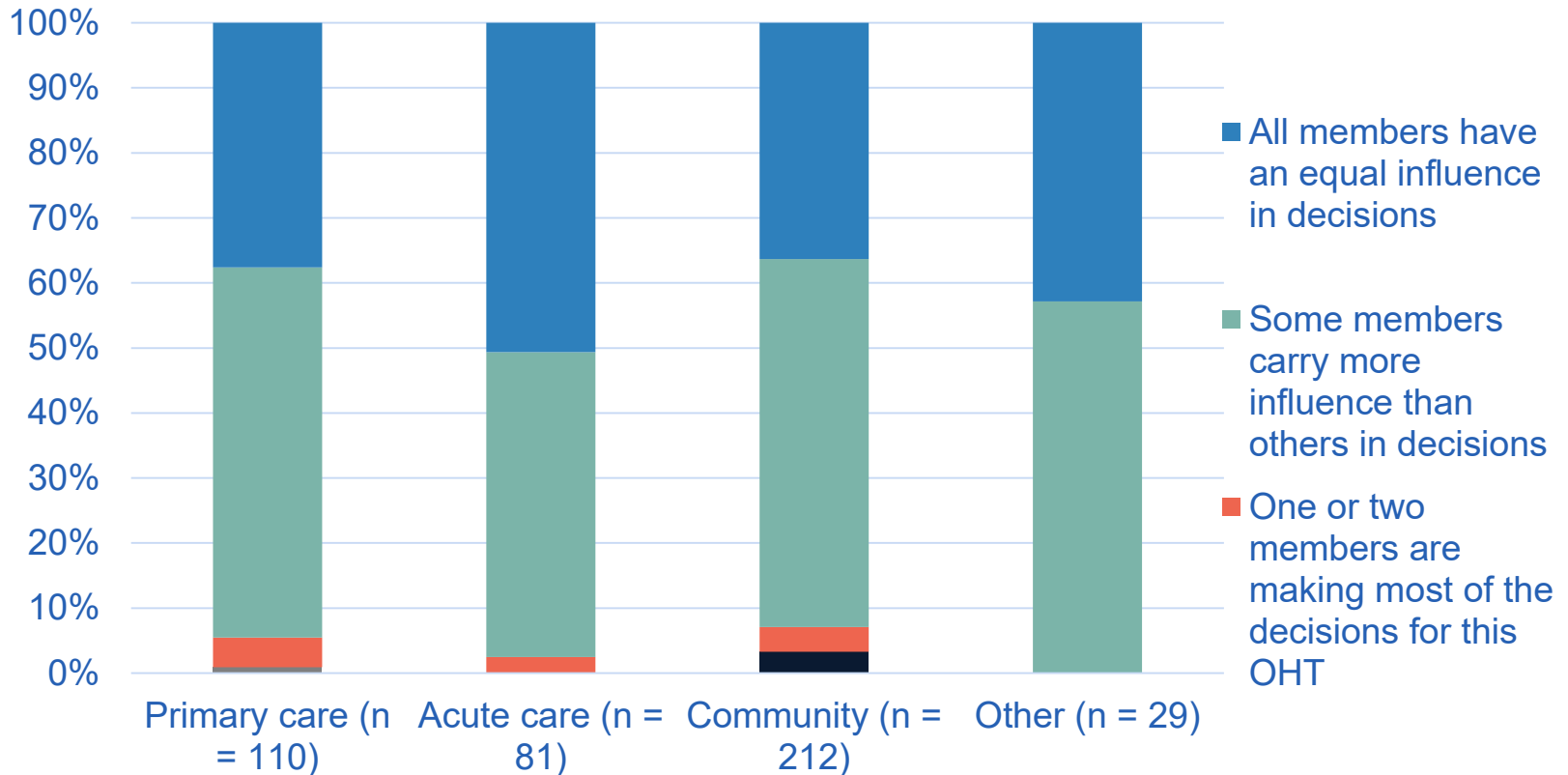
Decision Making Approach

Which option best describes how decisions are made in the leadership group about key decisions such as membership, resource allocation or strategic priorities?



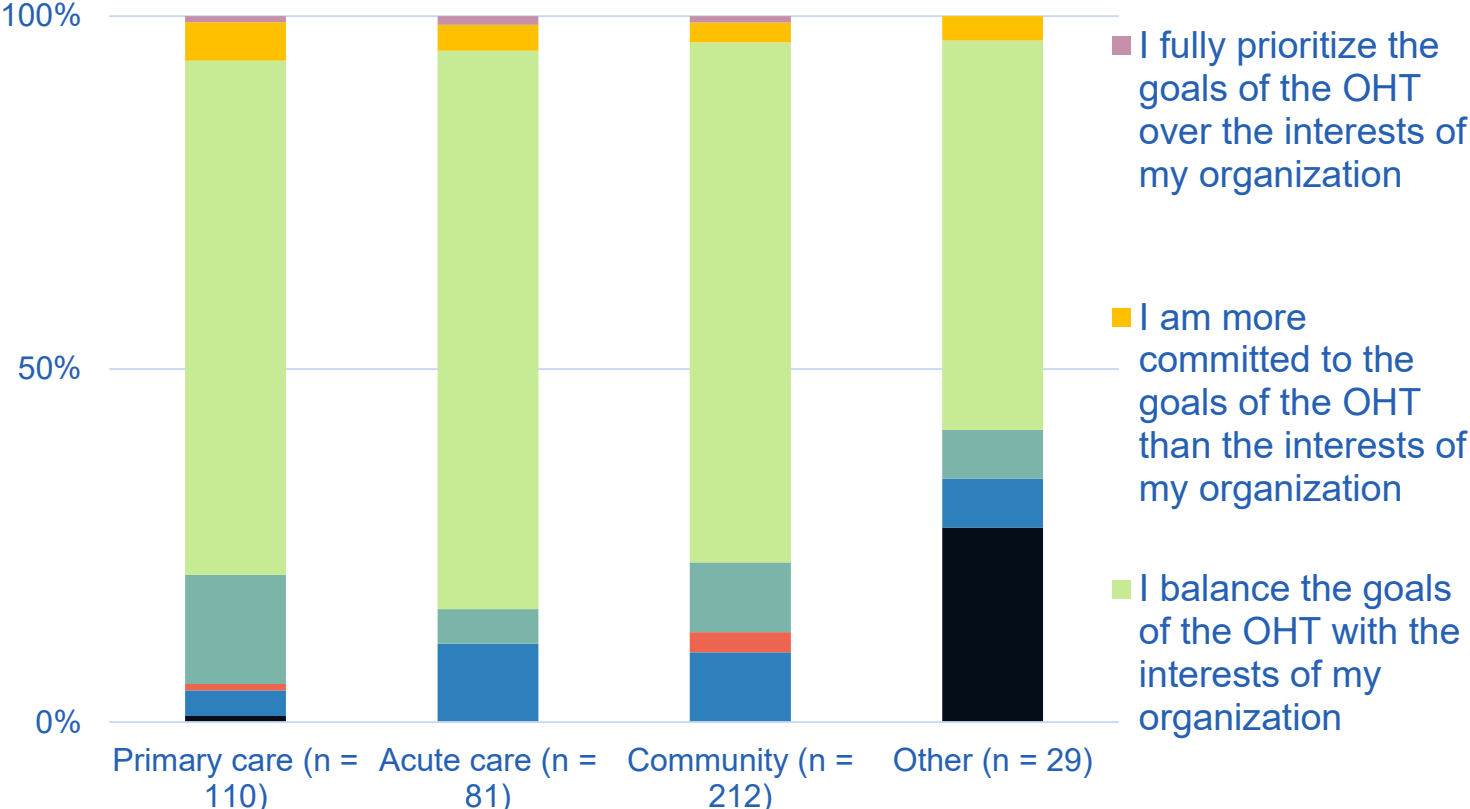
Decision Making Power by sector

What option best describes how you perceive the balance of power regarding decisions in your OHT?



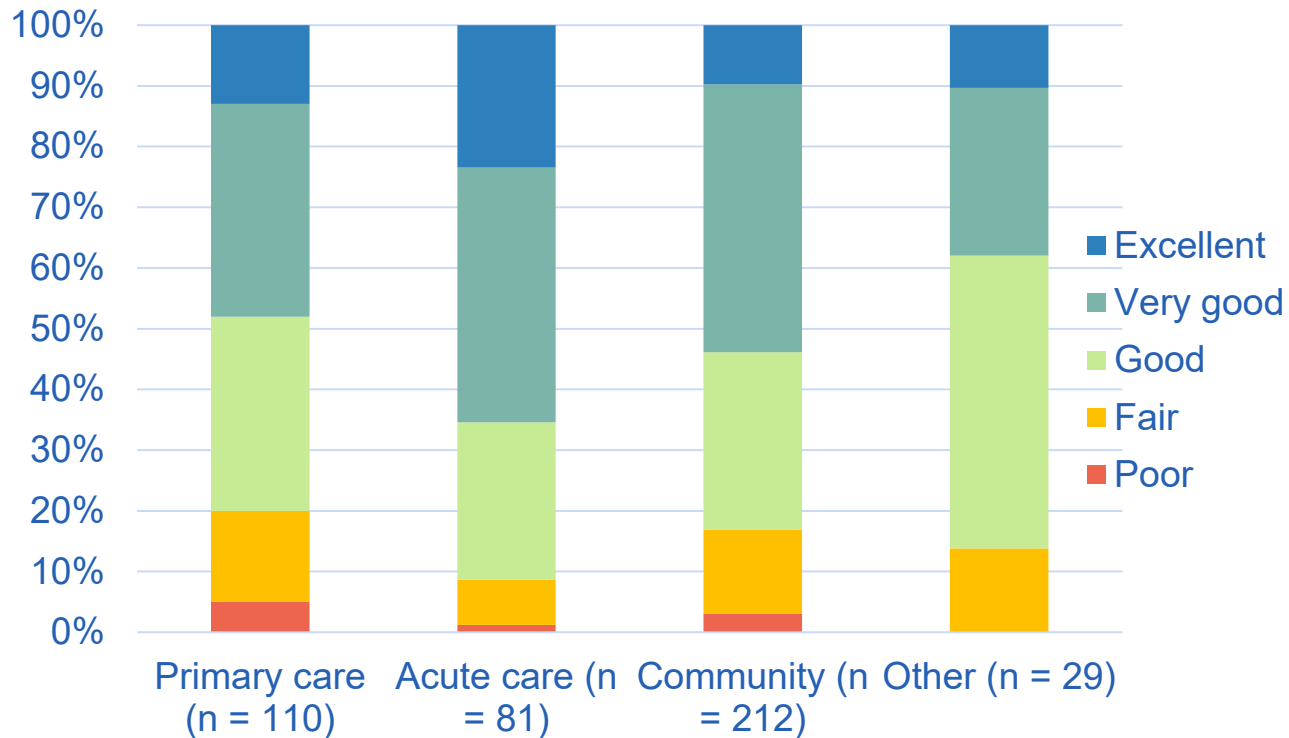
Own commitment by sector

How would you rate your level of commitment between the goals of the OHT and the interests of your own organization?



OHT effectiveness by respondent sector

The development of your OHT has strengthened shared capability to meet the health-related needs of your population?



Key findings – Leadership perceptions

- Most OHTs (81%) are aiming to make decisions through consensus approaches.
- About 50% of hospitals report that all members in leadership have equal influence in decisions; primary care and community sector respondents are more likely to report that some members carry more weight than others
- Hospital respondents report more positive perceptions than community or primary care providers:
 - report greater level of commitment for themselves
 - report great level of commitment amongst other members
 - report higher overall OHT effectiveness.

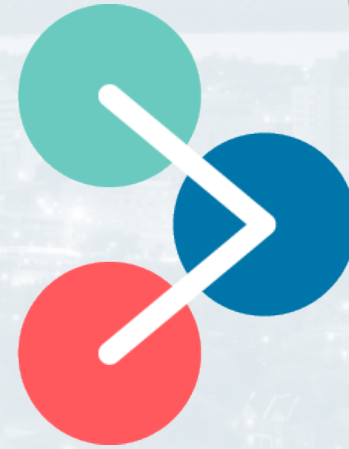
Governance in the Greater Hamilton Health Network



Melissa McCallum

Director, Greater Hamilton
Network OHT

Greater Hamilton Health Network



Building Community Health Together

Governance - Prepared for IFIC

January 24, 2023

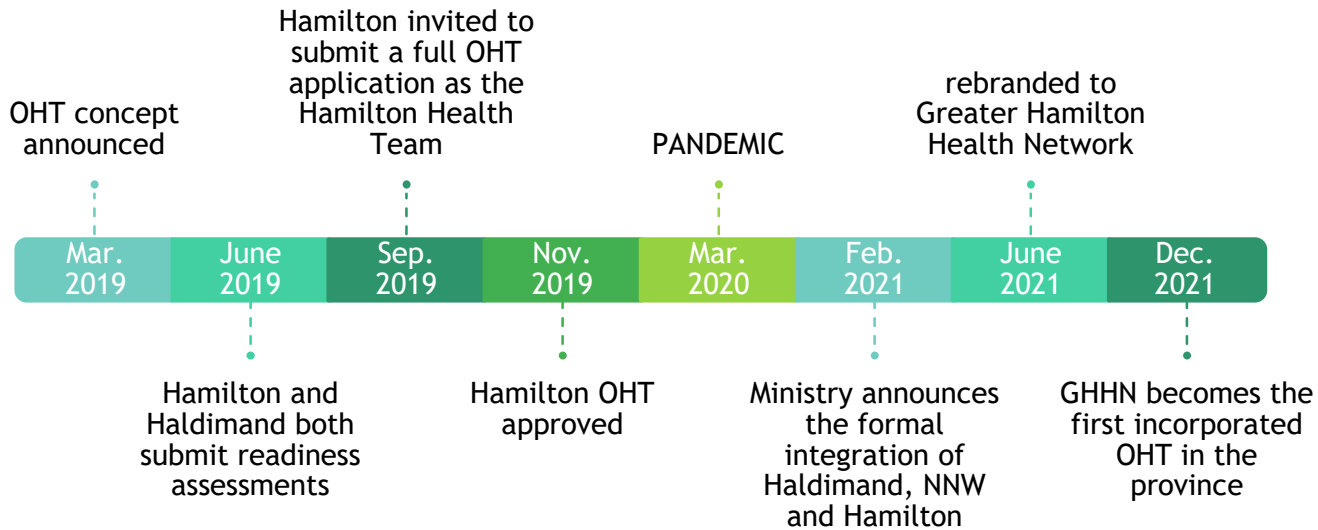


The Greater Hamilton Health Network

- ▶ One of the first Ontario Health Teams in the province: approval Nov 2019
- ▶ Attributed population: approximately 620,000 residents
- ▶ Hamilton, Haldimand and Niagara North West
- ▶ GHHN supports individuals from the Mississauagas of the Credit and Six Nations of the Grand River - considerations for on reserve and urban Indigenous care

- ▶ Population characteristics:
 - ▶ Mix of rural and urban communities
 - ▶ Rurality: lack of transportation
 - ▶ Very high areas of material deprivation - high risk wards, Hamilton has one of the highest concentrations of urban poverty within Canada
 - ▶ Hamilton is home to more seniors than youth and by 2041, the number of seniors will nearly double, Haldimand's population 65+ is roughly 18.1%
 - ▶ Mental health and addictions is a significant local health burden, these concerns have been exacerbated by the pandemic

The OHT Journey to Date



Why did we decide to incorporate?



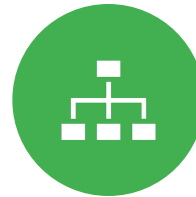
Build on the already mature partnerships in the region



Model provided more structure and accountability

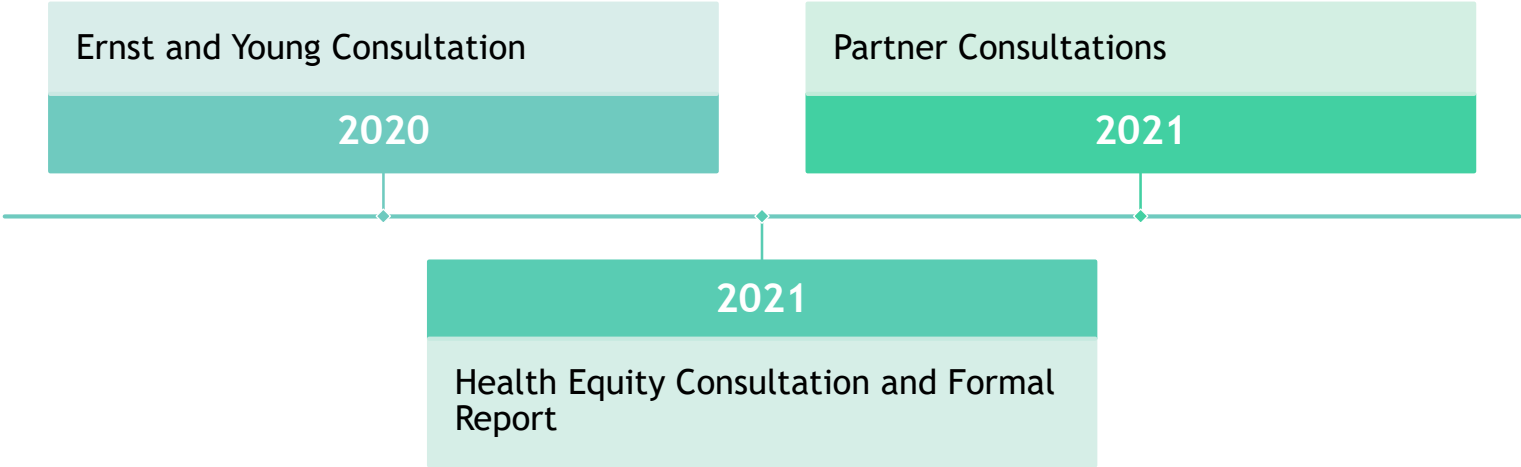


Autonomy in operations (potential to receive funds, procurement, hiring, service delivery)



Incorporation is a model organizations are familiar with

Inputs to GHHN Governance Work



Health Equity

- ▶ January 2021: the GHHN began the development of a health equity framework
- ▶ Employed a special advisor to lead this work from January - June
- ▶ Mandate of the work was to develop a framework and action plan in three specific areas for our OHT:
 - 1) Delivering care to patients from a lens of health equity
 - 2) Operations of the GHHN staff team (project management office)
 - 3) **The governance and corporate culture of the GHHN**



- ▶ In June 2021, the GHHN completed a comprehensive health equity report: the Greater Hamilton Health Network's Health Equity Framework: An anti-oppression, anti-racism, sex/gender based, intersectional approach
- ▶ The report included 24 key recommendations on the best advice to move forward on an equitable health agenda
- ▶ This report was the culmination of:
 - ▶ *Work completed by the GHHN Health Equity Council*
 - ▶ *7 population specific focus groups*
 - ▶ *25 key informant interviews*
 - ▶ *Extensive review of local and provincial reports*
 - ▶ *Considerations and applicability of the Ontario Health Equity Framework*

Health Equity - Outputs

Partner Consultations



Led by GHHN staff over the summer of 2021



Reported back on the findings of both reports (Ernst and Young, Health Equity)



Allowed partners to understand the model, implications



Biggest questions: how will this affect my funding, my own Board?



Less fear about the model than we expected



Incorporated Membership Criteria

- ▶ Incorporated entity with a board of directors/governing council which meets regularly
- ▶ Organization has been in existence for at least 5 years or formed from legacy organizations with proven track record of service provision to the GHHN catchment
- ▶ Ability to demonstrate good financial standing
- ▶ Offer services that contribute to the care pathways of persons living in the GHHN catchment area
- ▶ Must declare the sector of GHHN membership for which they are applying
- ▶ Board must sign a membership agreement upon admission defining their rights and responsibilities as members

**** Note: members of the corporation are non-voting, Directors will be the only voting members of the corporation.**

How Decisions will be Made

- ▶ 18 Board seats
- ▶ 15 Directors are nominated by class or stakeholder council
- ▶ 3 independent directors to fill our skills and competencies
- ▶ Directors serving on behalf of the health of the entire community



GHHN Board

Project
Management
Office

Stakeholder
Councils

Patient,
Family,
CarePartners

Health
Equity

Haldimand

Primary
Care

Secretariats

Digital

Mental
Health
and
Addictions

Living
Healthy in
Congregate
Care

Governance

COVID-19

Community/Partners/Stakeholders

Board Seats (Membership Class)	Number of Seats
Primary Care Council	2
Patient Family and Care Partner Leadership Council	2
Health Equity Council	1
Home Care Sector	1
Hospital Sector	2
Community Organization (general)	1
Congregate Setting/LTCH	1
Community MHA	1
City of Hamilton- Municipality	1
Haldimand Sector	1
Indigenous Sector	1
Francophone Sector	1
Independent Seats	3

GHHN Board Structure

Governance Key Messages



Individuals will not be members, but will be part of stakeholder councils and working groups as part of the GHHN



Any organization can be part of integrated working groups without being a member of the corporation - **this is very important for true integrated care**



This structure will take time to mature

Governance Key Learnings



Resource intensive, not only in development, but in implementation

-more complicated with more partners



Created opportunities for dialogue and decisions in a new way - no one has formed an incorporation like this before

-we are thinking in a more shared, collaborative way - less about individual organizations and more about the health of our shared population

-TRUST



It's a work in progress - it takes money and staff time

- still implementing the structure, especially since the staff team is so lean

Stay Connected!



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Patient and Caregiver Perspectives on Governance



Donald Carty
Patient, Family
and Caregiver
Advisor;
Co-Chair, Barrie
and Area Ontario
Health Team

“Don’t walk behind me I may not lead. Don’t walk in front of me I may not follow. Just walk beside me and be my friend.
- *Quote from Albert Camus, shared by Donald during his presentation*

"Can I buy a vowel?" - thank you for this, Donald! You hit the nail on the head with this; we are so bad with using acronyms in healthcare, and we cannot truly be inclusive if we aren't using a common language.
- *Session Participant*

“You have touched on so many areas where the patient experience advisor is important. We can all make a difference together.”
- *Session Participant*

“Thank you for the many beautiful visions in the words you spoke today Donald - you've planted the seed for a healing ecosystem vision.
- *Session Participant*

Discussion Summary: Why is Collaborative Governance Important To You?

Challenging the status quo

Distributing leadership and its benefits

Diversity and inclusion; ensuring all voices are heard

Having open dialogues

It's foundational for integrated health systems

Requiring broad perspectives to achieve best possible outcomes

Uncovering assumptions and unwritten rules of our current system

Sharing your story only once

Working Together; Power with (not power over)

Discussion Quotes

“The missions and visions of organizations have to be redefined and integrated in order to achieve common goals, set new accountabilities and new governance structure with shared strategies.”

“Silos don't work! To create a comprehensive integrated health system, we need Integrated care model that supports the patients and care providers.”

“Collaborative governance is paramount to ensuring all providers coalesce around improving outcomes value team-based care and reducing inequalities.”

“Organizations have to be transformed and run horizontally, otherwise sustainability and true integration will not happen.”

Crowdsourcing Resources

Examples and resources that were identified by the community during the session:

Webinars and Videos

- HSPN Webinar ‘Stories from the Field’ – examples from North York Toronto, Chatham Kent & Greater Hamilton: [Video](#) and [Slides](#)
- [McMaster University: Collaborative Health Governance in a Time of Deep Uncertainty: Why Radical Collaboration and Collaborative Governance Make a Difference for Population Health, Healthcare, and Wellbeing](#)

Papers

- [Mydex Papers](#)
- [New Approach to Contracts: How to build better long-term strategic partnerships by David Frydinger, Oliver Hart, and Kate Vitasek](#)

• Examples and Other Information

- [Northern Alberta Health Neighbourhoods](#)
- [HSPN Ontario Health Teams Central Evaluation](#)

One Word to Describe Your Experience Being Part of the Virtual Community Today



Appendix: What's Next

A decorative graphic on the right side of the slide, consisting of several overlapping, concentric circular arcs in various shades of blue, creating a sense of motion or a stylized circular pattern.

What's next?

March 28, 2023

*Advancing Integrated Care
with Digital Health Innovation*



International Foundation
for Integrated Care
IFIC Canada

What's next?

February 28, 2023

*Population Health Management
for individuals with Diabetes*

HSPN



Health System
Performance
Network

SPECIAL ANNOUNCEMENT

INVITATION TO PARTICIPATE IN RESEARCH ON POPULATION HEALTH

**Is person-centred
care central to your
practice as a
healthcare provider?**

Tell us about it in our focus groups!

We are conducting a research study to understand how we can better characterize the diversity of healthcare needs for frail individuals across Ontario to inform population health management. We are inviting all healthcare providers in Ontario who work with frail individuals to join our focus groups!

**All participants will receive
a token of our appreciation
for participating in a
1.5 hour focus group.**

Contact us to participate and for more information about the study:



casey.chu@thp.ca

437-522-6729



INVITATION to individuals who provide health care or social services or otherwise work to support individuals with frailty.

Watch for upcoming email
Invitations

Or email to :

Casey.Chu@thp.ca

THANK YOU!



@ifinfo
@infohspn



ifccanada@integratedcarefoundation.org
hspn@utoronto.ca



International Foundation for Integrated Care
The Health System Performance Network



integratedcarefoundation.org/ific-canada
hspn.ca

