



# **Attendance for the OHT Webinar Series: A Quantitative Analysis**

**Jai Singh**

**Edris Formuli**

**Trisha Martin**

**Anne Fard**

**Nusrat Shabham Nessa**

**Walter P. Wodchis**

**January 2023**

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The opinions, results and conclusions included in this report are those of the authors and are independent from the funding sources.

## About Us

The Health System Performance Network (HSPN) is a collaborative network of investigators, visiting scholars, post-doctoral fellows, graduate students, and research staff working with health system leaders, and policymakers to improve the management and performance of our health system. Building on Ontario's established record of performance measurement created by the 1998 ground-breaking Hospital Report Research Collaborative, the HSPN was established in 2009 and has built a track record in performance measurement, research, evaluation and improvement in Ontario with expertise in multiple domains of health system performance including perspectives of patients, providers, population health, and cost. The HSPN receives funding from the Ontario Ministry of Health.

## Suggested Citation

Singh J, Formuli E, Martin T, Fard A, Nessa N, and Wodchis WP. *Attendance for the OHT Webinar Series: A Quantitative Analysis*. Toronto, ON: Health Systems Performance Network, 2023.

## Contact Information

Health System Performance Network  
155 College Street, Suite 425  
Toronto ON M5T 3M6  
Telephone: +1 (416) 946-5023  
Email: [hspn@utoronto.ca](mailto:hspn@utoronto.ca)

## Background

In September 2020, the Health Systems Performance Network (HSPN), a research group affiliated with the Institute for Health Policy Management and Evaluation (IHPE) located at the University of Toronto, began hosting monthly online webinars that deal with a variety of subject matter relevant to Ontario's health care system.

The target demographic for these webinars are healthcare professionals that are part of an Ontario Health Team (OHT), a type of localized healthcare team introduced by the Ontario Ministry of Health in 2019. As described in a prior HSPN report, OHTs "are expected to bring together partners, including health and non-health sectors, patients and caregivers, in their design and work as one coordinated team to provide integrated care for their local population. They will share clinical data, use data to support and monitor outcomes and, at maturity, will be accountable for a set of outcomes within a defined budget" (Hall, Walker, and Wodchis 2020, 8).

As an organization interested in the development and effectiveness of OHTs, HSPN has developed the webinar series as not just a venue for education, but also as a beneficial line of communication from our research group to members of the individual OHTs.

To elaborate on the importance of webinars in the contemporary health policy landscape, research from McMahon et al. indicates that in the post-COVID world, webinar-based medical learning "promotes deep learning, greater audience participation including those from low-resource settings, wider multi- and interdisciplinary participation, and greater attendee satisfaction with fewer barriers to participation" even when considering the loss of in-person benefits, such as networking (p.740).

With the potential importance of webinars clear, HSPN conducted an analysis of webinar attendee data, seeking to understand:

- Who attends HSPN webinars?
- What topics seem to draw the most (or least) attention?
- Are there patterns (geographic, organizational, or otherwise) apparent in our attendees?
- How can HSPN utilize its webinars to better interact with/support the work of OHTs?

As for the data itself:

- All data was extracted from ZOOM and analyzed using a combination of Excel and R.
- The data encompasses webinars from November 2020 to July 2022. Webinars were conducted on a monthly basis, on the last Tuesday of the month.<sup>1</sup>
- All data presented in this report is aggregated at a regional/OHT level – no personally identifiable data is present in this report.
- All data extracted was from the webinar registration sign-up page each potential attendee had to fill out. As such, the data contained the following indicators:
  - Attended Status (Yes or No)
  - Attendee Information (First + Last Name, Email, Organization, Job Title)
  - Webinar Information (Webinar Title, Webinar Month/Year)
  - Attendee Join + Leave Time (if applicable)
  - Attendee Time in Webinar (if applicable)
  - OHT Name(s)

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<sup>1</sup> As an exception, webinars were not hosted in December 2020, July 2021, August 2021, December 2021, or August 2022, due to holidays.

This report is organized in two parts:

- **Summary of Data** – Providing figures, tables, and chart summarizing key aspects of the data.
- **Key Findings from Data** – An interpretation of the data by the analysts.

## Summary of Data

Across all webinars, HSPN had approximately:

- 8942 Registrations (Those who registered to attend the webinar)
- 6029 Attendances (Those who registered + attended the webinar)

Thus, webinars between November 2020 and July 2022 had a conversion rate (the number of attendances / the number of registrations) of approximately **67.4 percent**.

**Table 1: Registration/Attendance Breakdown By OHT (Alphabetical)**

OHT	# of Registrations Across All Webinars	# of Attendances Across All Webinars
Algoma	60	41
All Nations Health Partners	79	52
Barrie and Area	15	11
Brantford Brant	94	59
Burlington	60	40
Cambridge North Dumfries	33	16
Central West	184	108
Chatham Kent	115	87
Connected Care for LLG	68	37
Connected Care Halton	49	30
Couchiching	42	26
Downtown East Toronto	130	86
Durham	114	76
East Toronto Health Partners	215	147
Eastern York Region and North Durham	122	90
Elgin	30	17
Frontenac Lennox and Addington	236	138
Great River	23	18
Greater Hamilton Health Network	140	102
Grey Bruce	50	30
Guelph and Area	56	37
Guelph Wellington	72	54
Hastings Prince Edward	75	52
Hills of Headwaters Collaborative	61	38
Huron Perth and Area	113	85
Kawartha Lakes	41	25
KW4	148	100

Mid West Toronto	67	36
Middlesex London	125	81
Ministry of Health	267	198
Mississauga	71	52
Multiple	148	89
Muskoka and Area	89	65
Niagara	136	97
Nipissing Wellness	50	24
North Simcoe	28	19
North Toronto	95	53
North Western Toronto	74	41
North York Toronto Health Partners	205	123
Northumberland	65	30
Ottawa East	118	92
Ottawa Health Team	160	86
Ottawa Valley	49	23
Ottawa West Four Rivers	36	21
Oxford and Area	74	47
Peterborough	93	59
Rainy River District	36	27
Sarnia Lambton	53	28
Scarborough	170	105
South Georgian Bay	37	23
Southlake Community	126	80
Specialized	58	38
West Toronto	58	36
Western York Region	55	39
Windsor Essex	41	30

**Table 2: Registration/Attendance Breakdown By Non-OHT Bodies (Alphabetical)**

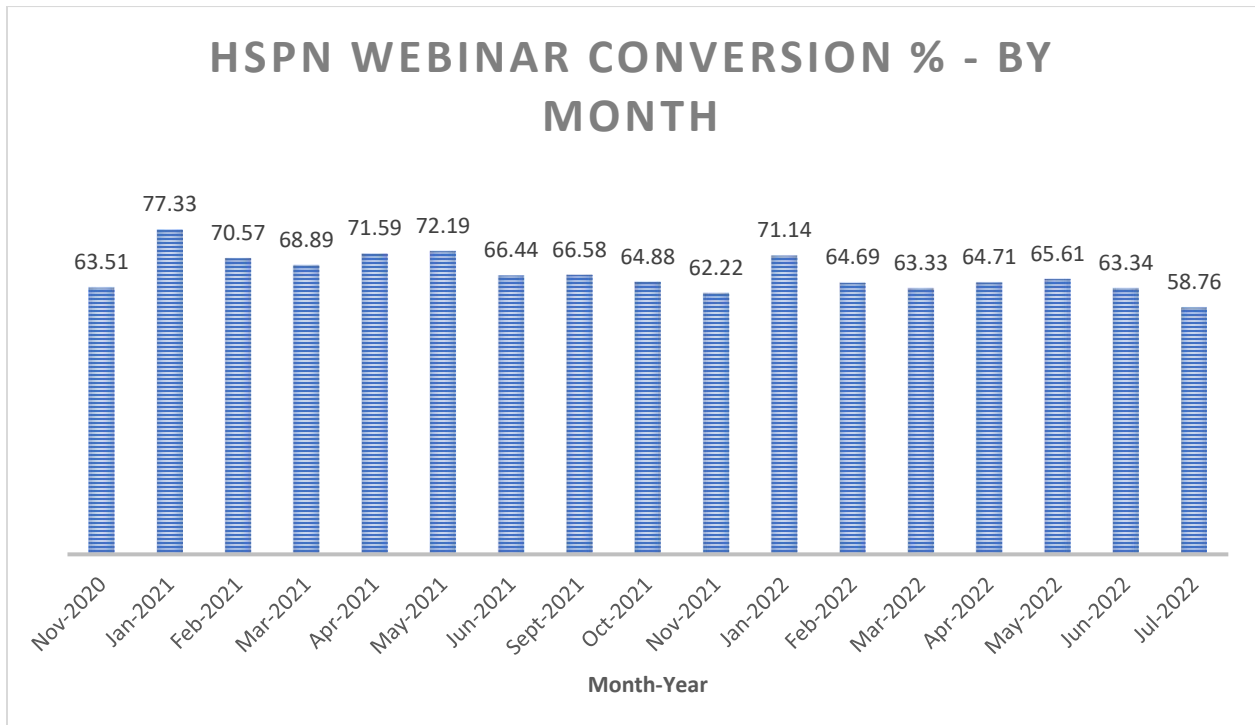
<b>Stated Organization</b>	<b># of Registrations Across All Webinars</b>	<b># of Attendances Across All Webinars</b>
Central Region	28	18
East	46	33
North	28	25
Ontario Health	969	716
Central Simcoe	14	8
Toronto	11	6
West	51	30
No OHT/Org/Canada	2785	1949

**Table 3: Registration/Attendance Breakdown by Webinar Topic (Conversion % - Descending Order)**

<b>Webinar Title</b>	<b>Date (Month-Year)</b>	<b># Of Registrations</b>	<b># Of Attendances</b>	<b>Conversion %</b>	<b>YouTube Views</b>
How To Measure OHT Success: Evaluation Metrics Using the Quadruple-Aim	Jan-2021	741	573	77.33	315
Measuring Patient and Provider Experience: Completing the Quadruple Aim	May-2021	640	462	72.19	145
OHT Improvement Measures for Focus Populations	Apr-2021	602	431	71.59	79
Using Segmentation to Support Quality Improvement	Jan-2022	492	350	71.14	128
Population Health Management	Feb-2021	547	386	70.57	137
OHT Improvement Measures: Where Are OHTs Starting From?	Mar-2021	601	414	68.89	93
How Population Segmentation Applies to Population Health Management	Sept-2021	371	247	66.58	183
How Should We Be Evaluating Integrated Care?	Jun-2021	891	592	66.44	181
Quadruple Aim Measures for OHTs (Part II)	May-2022	410	269	65.61	90
Stories from the Field (Part I)	Oct-2021	373	242	64.88	67

Quadruple Aim Measures for OHTs (Part I)	Apr-2022	717	464	64.71	N/A
Segmenting Your OHT Population: Stories from the Field (Part III)	Feb-2022	490	317	64.69	127
OHT Implementation: A Focus Measures for Local Evaluation	Nov-2020	370	235	63.51	219
Quadruple Aim Measures for OHTs (Part III)	Jun-2022	371	235	63.34	100
Stories from the Ivory Tower	Mar-2022	540	342	63.33	108
Stories from the Field (Part II)	Nov-2021	405	252	62.22	131
Quadruple Aim Measures for OHTs: Health Care Costs & Value	Jul-2022	371	218	58.76	158

**Graph 1: Webinar Conversion % - By Month**



**Table 4: Average Watch Times by OHT (In Minutes – Alphabetical Order)**

<b>OHT/Health Team</b>	<b>Time (Minutes)</b>
<b>Algoma</b>	70.68
<b>All Nations Health Partners</b>	71.12
<b>Barrie and Area</b>	49.73
<b>Brantford Brant</b>	66.15
<b>Burlington</b>	69.8
<b>Central Ottawa</b>	62
<b>Central West</b>	63.46
<b>Chatham-Kent</b>	66.11
<b>Connected Care for LLG</b>	64.95
<b>Connected Care Halton</b>	76.63
<b>Couchiching</b>	68
<b>Downtown East Toronto</b>	68.87
<b>Durham</b>	68.08
<b>East Toronto Health Partners</b>	68.81
<b>Eastern York Region and North Durham</b>	65.57
<b>Elgin</b>	70.06
<b>Frontenac Lennox and Addington</b>	67.3
<b>Great River</b>	64.72
<b>Greater Hamilton Health Network</b>	66.54
<b>Grey Bruce</b>	72.27
<b>Guelph and Area</b>	71.73
<b>Guelph Wellington</b>	62.33
<b>Hastings Prince Edward</b>	72.75
<b>Hills of Headwaters Collaborative</b>	60.47
<b>Huron Perth and Area</b>	67.39
<b>Kawartha Lakes</b>	78.32
<b>KW4</b>	68.41
<b>Mid West Toronto</b>	70.22
<b>Middlesex London</b>	66.69
<b>Ministry of Health</b>	57.47
<b>Mississauga</b>	63.92
<b>Multiple</b>	61.13
<b>Muskoka and Area</b>	62.97
<b>Niagara</b>	67.87
<b>Nipissing Wellness</b>	60.46
<b>North Simcoe</b>	67.16
<b>North Toronto</b>	65.6
<b>North Western Toronto</b>	74.39



North York Toronto Health Partners	65.2
Northumberland	70.6
Other	64.97
Ottawa East	60.51
Ottawa Health Team	67.05
Ottawa Valley	66.3
Ottawa West Four Rivers	77.05
Oxford and Area	71.49
Peterborough	67.72
Rainy River District	68.37
Sarnia Lambton	64.86
Scarborough	70.08
South Georgian Bay	69.04
Southlake Community	63.83
Specialized	59.39
West Toronto	67.19
Western York Region	58.71
Windsor Essex	67.07

**Table 5: Average Watch Times By Non-OHT (In Minutes – Alphabetical Order)**

Region/Organization	Time (Minutes)
Canada	76.50
Central East	33.5
Central Region	61.94
East	55.16
North	70.39
North East	85.5
Ontario Health	62.74
South Simcoe	74.75
Toronto	50.83
West	61.67
No OHT/Org/Region Listed	60.67

**Table 6: Repeat Attendances and Repeat Attrition**

The following table outlines the frequency of two different subgroups seen within the data, as tracked by email (a relatively unique identifier for each individual):

- **Repeat Attendances (3+)** – How many individuals have attended *at least three or more* HSPN webinars?
- **Repeat Attrition (3+)** – How many individuals registered for *at least three or more HSPN webinars, but did not attend any?*

<b>Repeat Attendances (3+ Attendances from Same Email)</b>	<b>696</b>
<b>Repeat Attritions (3+ Absences + 0 Attendances from Same Email)</b>	<b>35</b>

## Key Findings From Data

### Conversion Rate

From the most recently available webinar benchmark data, the broad category of “life science webinars” (which include webinars held by biotechnology firms, health and wellness organizations, hospital and healthcare teams, and pharmaceutical companies), have average conversion rates ranging from 63 to 69 percent – in particular, “hospital and healthcare” webinars (the most comparable category to HSPN) had an average conversion rate of **63 percent** (ON24 2019, 15).

HSPN webinars, with an average conversion rate of **67.4 percent**, is in line with the broad “life sciences” category and is slightly outperforming other hospital and healthcare webinars.

### OHT Representation

After excluding “No OHT/Organization/Region” responses, we found that:

- Attendees from “Ontario Health” were heavily represented at our webinars, representing **716** attendees. Attendees from the “Ministry of Health” were also well represented, with **198** attendees.
- The top five most represented OHTs, in terms of attendance, were:
  - East Toronto Health Partners – **147**
  - Frontenac, Lennox and Addington – **138**
  - North York Toronto Health Partners – **123**
  - Central West (Brampton, North Etobicoke, West Woodbridge, Malton and Bramalea) – **108**
  - Scarborough – **105**
- The lowest five most represented OHTs, in terms of attendance, were:
  - South Simcoe – **8**
  - Barrie and Area – **11**
  - Cambridge North Dumfries – **16**
  - Elgin – **17**
  - North Simcoe – **19**

We also examined the conversion rate (the number of attendances / the number of registrations – higher is better) for each OHT:

- The top five most represented OHTs, considering conversion rate, were:
  - Great River – **78.3%**
  - Ottawa East – **78.0%**
  - Chatham-Kent – **75.7%**
  - Huron Perth and Area – **75.2%**
  - Guelph Wellington – **75.0%**
- The lowest five most represented OHTs, considering conversion rate, were:

- Northumberland – **46.2%**
- Ottawa Valley – **46.9%**
- Nipissing Wellness – **48.0%**
- Cambridge North Dumfries – **48.5%**
- Sarnia Lambton – **52.8%**

These variations in attendance may be partially due to population - a more targeted outreach strategy towards OHTs with a lower attendance/conversion rate may be in order.

### **Webinar Topic**

Thus far, every single HSPN webinar, irrespective of topic or month, has had **a strong individual conversion rate of 50 percent or higher**.

In terms of webinar topic, webinars focusing on evaluation and process improvement seems to attract a higher number of registrations and attendances.

While the sample size is small (the webinar series has been running for just under two years at time of writing), webinars held earlier in the year (January to May) seem to have higher conversion rate than webinars later in the year.

### **Average Watch Time**

The average webinar watch time for “life science webinars” was approximately **47.9 minutes**, with the average watch time for “hospital and healthcare” webinars coming in at approximately **50.2 minutes** (ON24 2019, 13-14).

HSPN webinars have an average webinar watch time of **64.1 minutes**, exceeding the average watch times of “life science” and “hospital and healthcare” webinars.

### **Repeat Attendances and Attrition**

HSPN webinars seem to have a significant number of repeat attendances – approximately 696 individuals attended at least 3 or more webinars.

HSPN webinars also seem to have a low rate of repeat attritions – across all HSPN webinars, approximately 35 individuals signed up for 3 or more webinars and subsequently did not attend any webinars.

### **Concluding Thoughts**

Through all metrics studied, the HSPN webinar series seem to be performing well – conversion rates are in line with industry norms, average watch times are higher than expected, and repeat attritions are low.

However, while the data indicates a relatively high level of engagement with the webinars, some questions remain unanswered:

- How do webinar attendees assess the quality of the webinars? (HSPN is currently developing a robust outreach strategy to receive more responsive feedback on future webinars).
- Does webinar attendance (or lack therefore) have any discernable impacts on the OHTs themselves (in term of performance, organization, etc.)?

## Bibliography

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