

# How to measure OHT success Evaluation metrics using the quadruple-aim

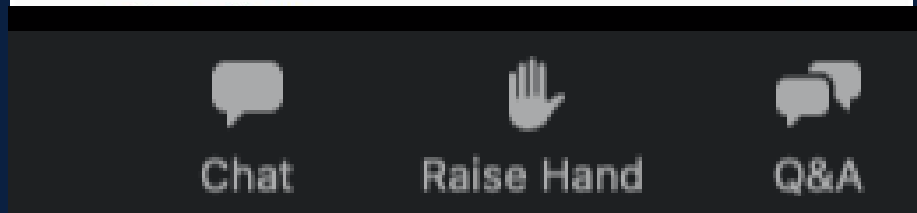
January 26, 2021

# Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org) to all panelists and attendees in the chat box

## Accessing the Chat in a Webinar from a Mobile Device

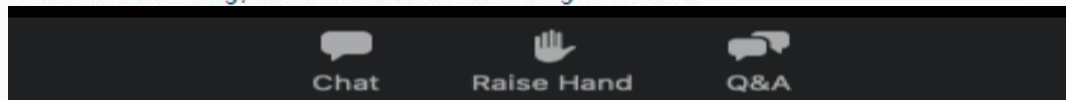
1. While in a meeting, tap the screen to make the controls appear.



## Accessing the Chat in Meeting from a Desktop Device

Video Only or While Viewing a Screen Share

1. While in a meeting, click **Chat** in the meeting controls.



# Land acknowledgement

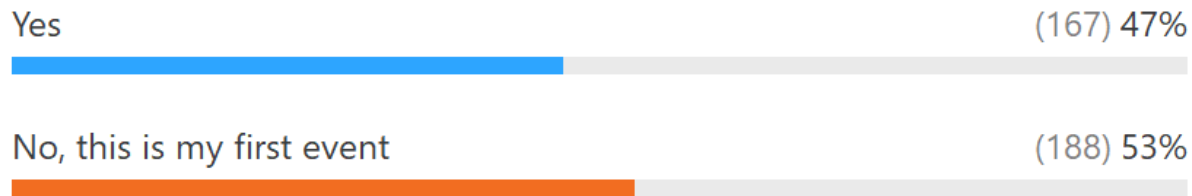
We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. 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 many of you are joining us from one of those many traditional and treaty territories.

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# Poll 1

**1. Have you joined us for an HSPN webinar previously ?**



# Today's event :

## Evaluation metrics using The quadruple-aim

### Presenters



**Dr. Walter Wodchis**  
Co-lead OHT Evaluation  
Principal Investigator  
HSPN



**Dr. Kerry Kuluski**  
Dr. Mathias Gysler Research  
Chair in Patient & Family  
Centred Care



**Dr Ruth Hall**  
Co-lead OHT Evaluation  
HSPN



**Jillian Paul**  
Director, Integrated  
Policy and Planning  
OHT Division, MOH

# Webinar Overview

- A. Quadruple Aim Framework and measurement for OHT Evaluation
- B. Alignment with MOH performance measurement and individual OHT indicators

# Key Take-Aways

- A. Measure patient and provider experience using our common recommended measure
- B. Use system improvement measures and target population measures to identify opportunities
- C. We have high alignment between evaluation, performance and improvement measures
- D. Track and report locally on what matters most to your team

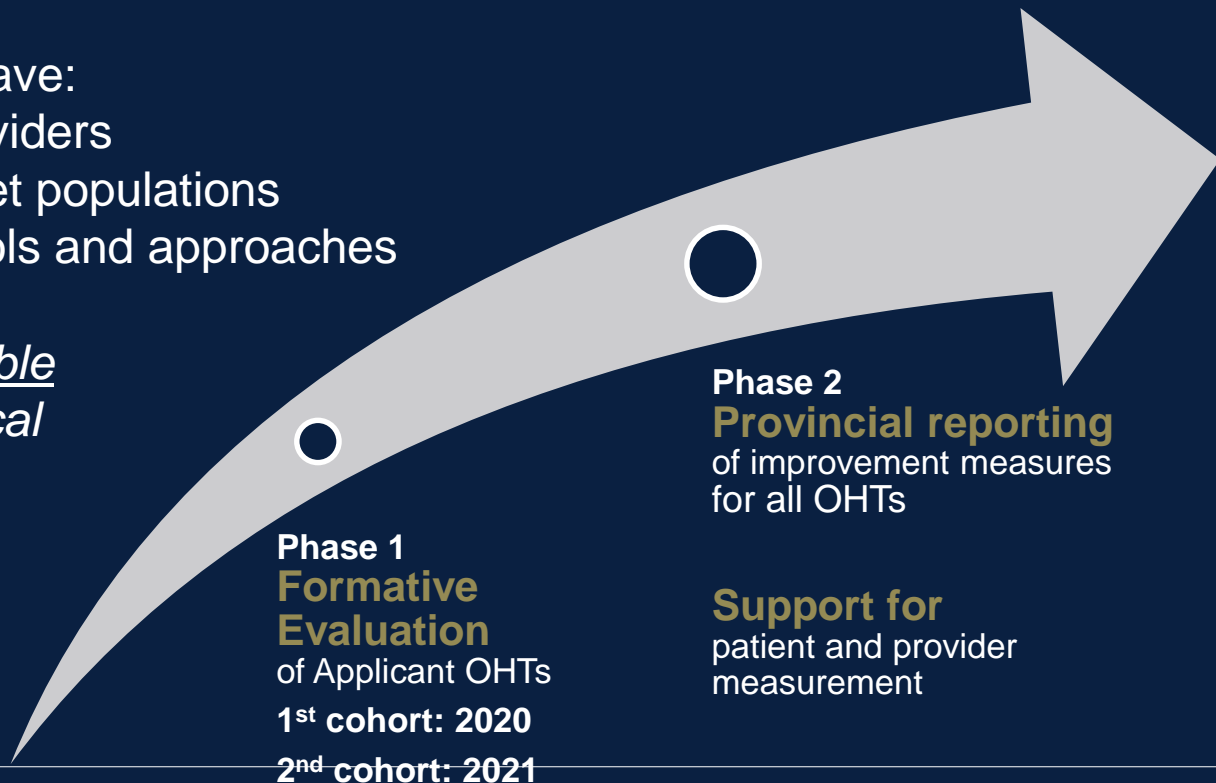
# Overview of Central Evaluation

Ontario Health Teams have:

- Varied groups of providers
- Varied first year target populations
- Varied resources, tools and approaches

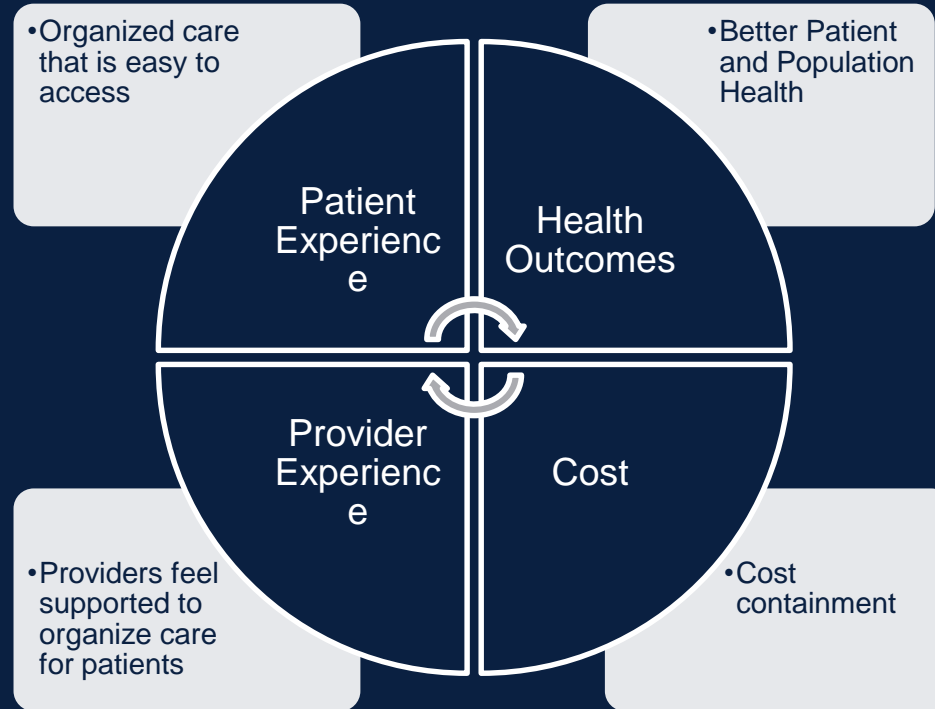
Evaluation must be flexible

Evaluation should be *local*





# Quadruple Aim Framework



# Patient Experience

- Organized care that is easy to access

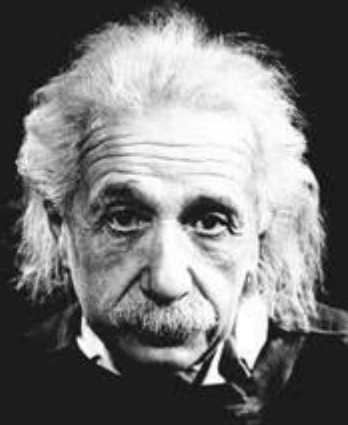
Patient  
Experienc  
e

# Patient Experience Measurement

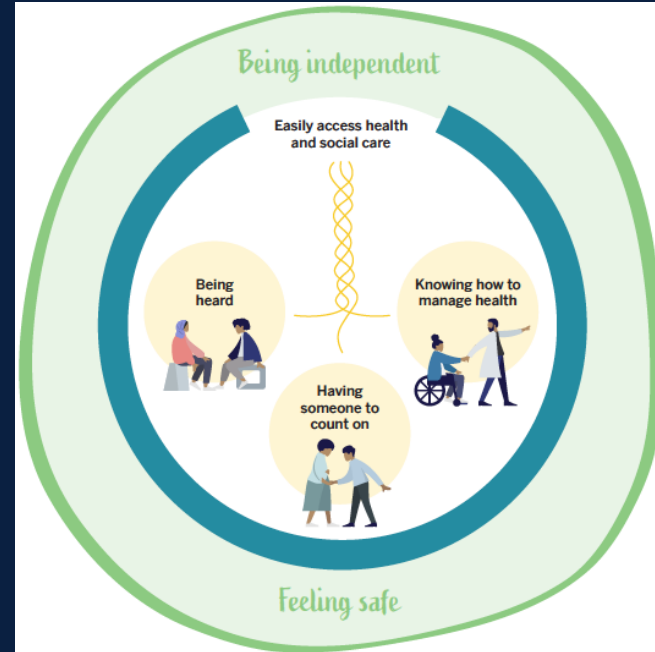
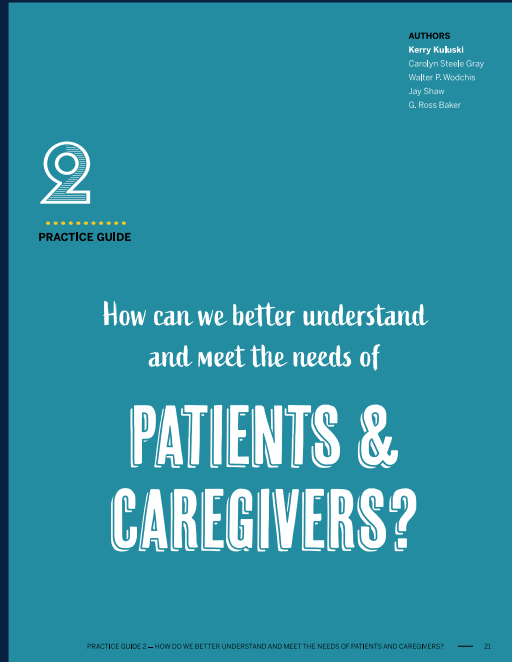
We started with in-depth interviews.

*What matters most to patients and caregivers in their care?*

**"Not everything that counts can be counted, and not everything that can be counted counts."**  
-Albert Einstein



# What is important to patients & caregivers ?



# Patient Experience Measurement

## *How did we decide on measures?*

- Examined existing measures (literature review) and mapped against our core categories (from our in-depth interviews)
- Selected questions from existing measures and if needed:
  - made adaptations
  - added new questions
- Identified relevant Health Care Experience survey questions (survey currently used in Ontario)

# Patient Experience Measurement

## Example survey items

- Having someone to count on if needs arise
- Being involved in decision making to the extent that is preferred
- Perception of how well care is organized
- Access to support for daily activities
- Access to health information
- Suggestions on how health care experience could be improved (open ended)

# Patient Experience Measurement

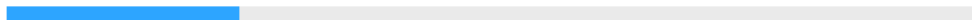
## Personal Characteristics and Social Determinants of Health

- Food
- Income
- Housing
- Isolation
- Race
- Gender Identity

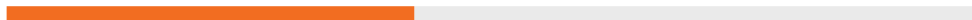
# Poll 2

## 1. How likely is it that you would distribute and collect a caregiver survey if we make one available ?

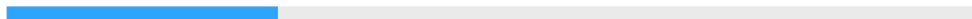
We are certain to use in our OHT this year (78) 24%



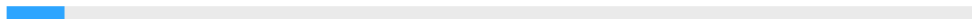
We are very likely to use this year (136) 42%



We might use this year (90) 28%



We are not likely to use this year (20) 6%





# Other Measurement Considerations

We are asking about health *care* experiences

What about *health* experiences?

- Much of what matters to people (patients/clients and caregivers) lies outside health care but impacts health outcomes
  - *Being independent, socially connected, living a life that brings value, etc.*

# Other Measurement Considerations

Self-Reflection Question:

*What will you do with the information you collect?*

*“The only reason I would fill out a survey is, I would hope that there's a group of people, including patients and caregivers, that are looking at the data to improve the gaps.”*

*- Homecare client*

# Provider Experience



# Provider Experience Survey Development

Literature

- Rapid review
- RAND physician survey, Gittell et al, OHT leadership survey

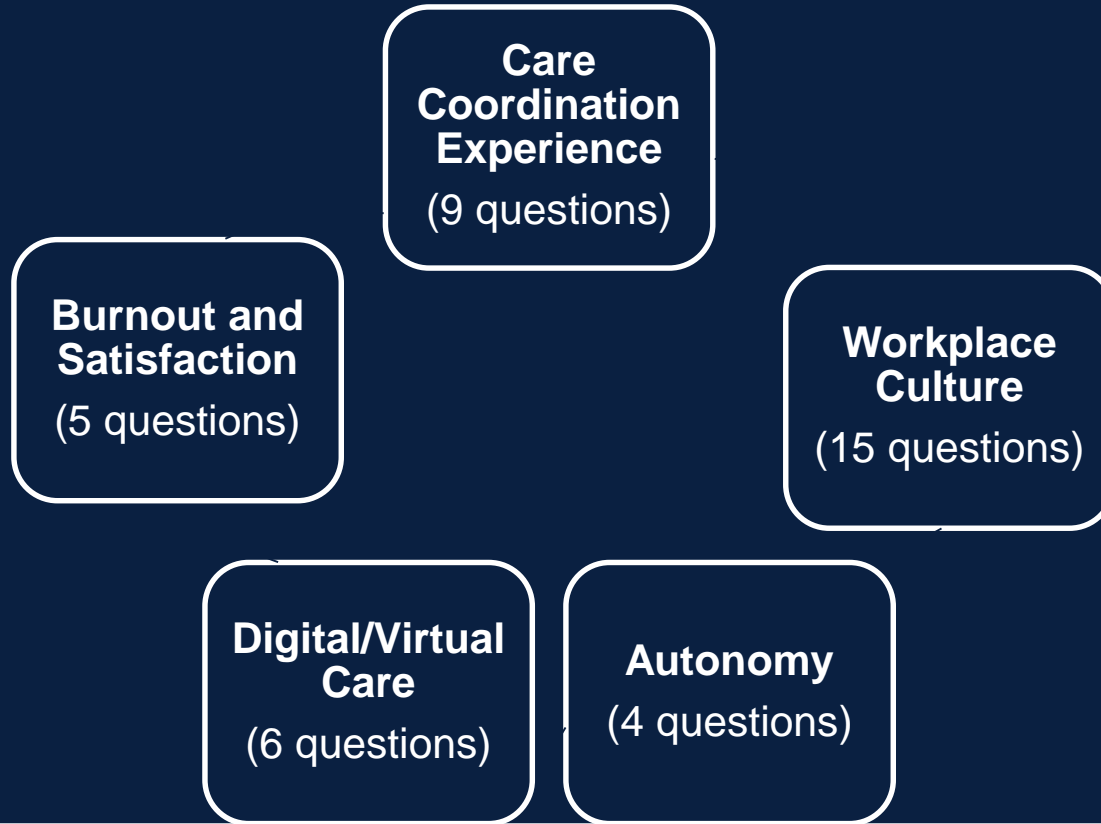
Domain &  
Item  
selection

- 5 Domains
- Inventory of Items ~90 items
- HSPN Modified Delphi 39 items

Validation

- 6 Focus groups (GPs, Specialist, nursing, allied health, community mental health workers, PSWs)
- Refined based on feedback
- Cognitive Testing

# 5 Domains of Provider Experience



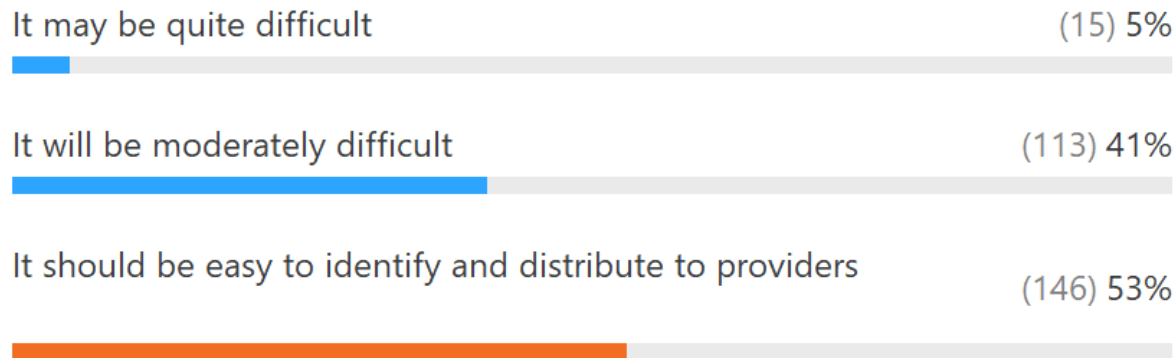
# Provider Experience

Example survey items:

- Patient care is well-coordinated with community resources
- It is possible to provide high quality care to all my patients/clients
- Leadership promotes an environment that makes the work I do enjoyable.
- I enjoy my work. I have no symptoms of burnout

# Poll 3

## 1. How easily are you able to identify providers who should complete the survey?



# Health Outcomes





# Health Outcomes

## Health Outcomes

- EuroQol 5D 5L (patient survey)
  - Mobility
  - Self-Care
  - Usual Activities
  - Pain / Discomfort
  - Anxiety / Depression
- Premature mortality (< 75 years of age)<sup>\*population health indicator\*</sup>
- Proxy measures (e.g. unplanned hospital care)

# Selecting OHT Attributable Population Proxy measures of Health

Literature

- Scan of Health Quality Ontario health system reports, HSPN Evaluations
- (N = 18 (7 included in full applications))

Indicators

- Administrative database
- HSPN Modified Delphi selected 8 indicators from 18

Validation

- 7 included in OHT applications
- 6 Included in MOH performance indicator report to OHTs

# Overall OHT Improvement Indicators

(proxy experience/access + health outcomes)

## OHT Attributable Populations (8)

- Avoidable ER visits
- Total acute hospital days
- ACSC hospitalizations
- 30-day readmission to acute
- Continuity of physician care
- Virtual physician encounters
- 7-day primary care post-acute follow-up
- Wait time to home care

# Health Equity

**Patient experience measures analyzed and reported by SDOH**

**System measures analyzed and reported**

- **age-sex adjusted rate**
- **ratio of highest vs lowest quintile on neighborhood material deprivation index**

# OHT Priority Populations

## OHT YEAR-1 POPULATIONS



FRAIL/COMPLEX OLDER ADULTS (16/30)



MENTAL HEALTH & ADDICTIONS (15/30)



PALLIATIVE (10/30)



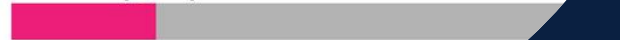
COPD/CHF (7/30)



DEMENTIA (5/30)



OTHER (7/30)



# Selecting improvement indicators for mental health and addictions

Literature

- Scan of Ontario Quality of Care reports on Mental Health and Addictions populations + OHT applications
- (ICES MHASEF Report and OHT full applications (N = 32 ( 8 from full applications))

Indicators

- Administrative database
- HSPN Modified Delphi selected 6 indicators from 32

Validation

- 5 indicators for Mental Health & Addictions endorsed by Ontario Mental Health and Addictions Centre of Excellence

# Mental Health & Addictions Improvement Indicators

(proxy experience/access + health outcomes)

## Mental Health (5)

- First contact for MHA is in ER
- 4+ ER visits for MHA conditions
- ER visits for self harm
- 7-day post-acute MD follow-up after MHA admission
- 30-day return to ER after MHA

# Selecting improvement indicators for older adults

## Literature

- Scan of Ontario Quality of Care reports on Older Adult populations + OHT applications (CFN Delphi, ICES Aging Atlas, RCA System Evaluation, Health effects of frailty)
- (N = 37 (9 from full applications))

## Indicators

- Administrative database
- HSPN Modified Delphi selected 11 indicators from 37

## Validation

- 5 indicators endorsed by Ontario Provincial Geriatrics Leadership Office



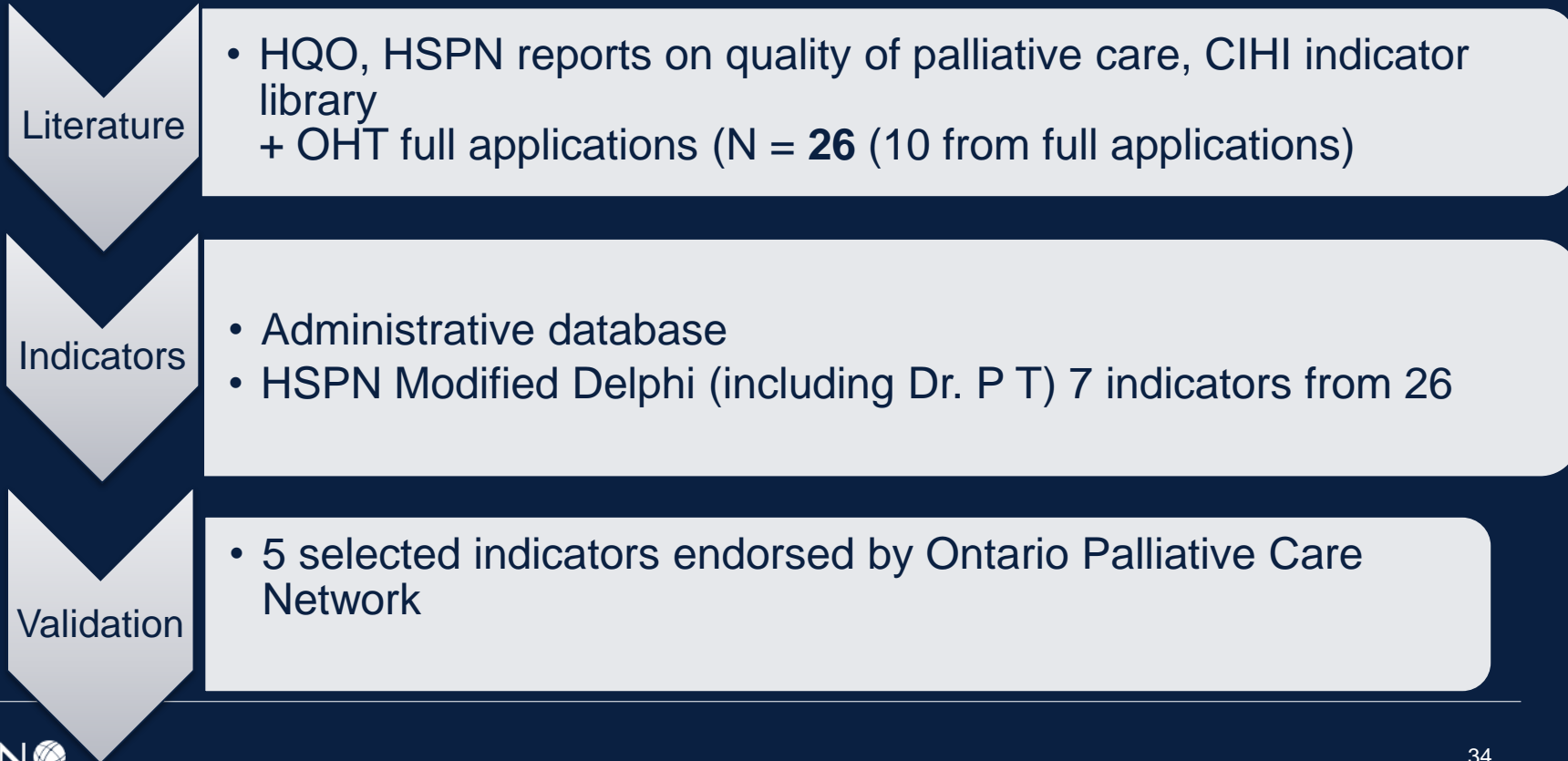
# Older Adults Improvement Indicators

(health outcomes + experience)

## Older Adults (5)

- 2+ fall-related ER visits
- (RAI-based measures)
- Health related quality of life
- Physical function
- Cognition
- Caregiver distress

# Selecting improvement indicators for end of life



# End of Life Improvement Indicators

## End of Life (5)

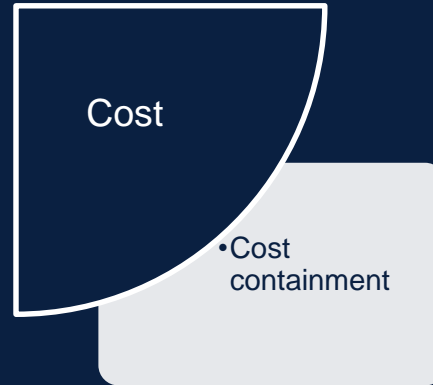
- Place of death
- Home physician visit in last 30-days alive
- #days at home in last 180 days alive
- ED visit rate in last 30 days alive
- % with palliative care in last 90 days of life

# Context Measures

## Context

- Population socio-demographics
- Population morbidity
- Population ER visit rate
- Population hospitalization rate
- Population MHA ER visit rate
- Population MHA hospitalization rate
- Population with MHA
- Population older adults age 66yrs+ [that are frail]

# Cost



## Cost

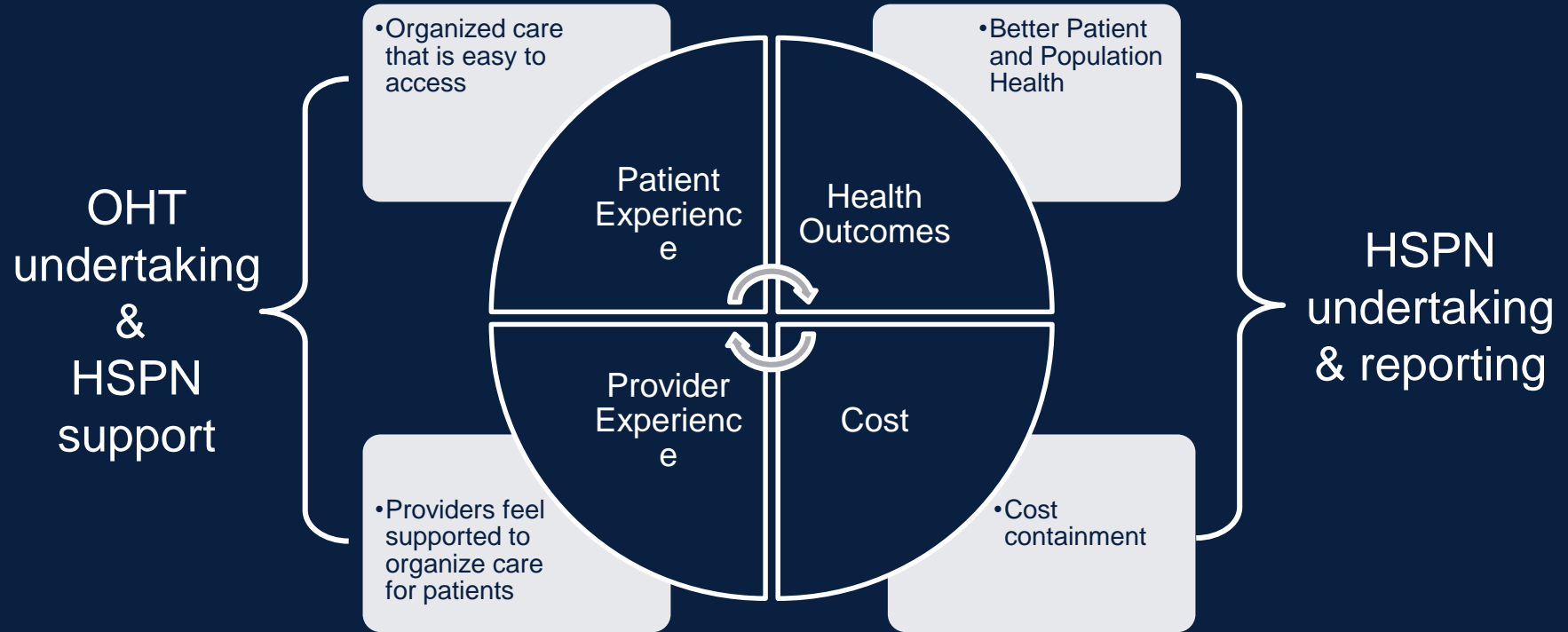
OHT  
Attributable  
Populations

- Total system cost per person per month

# Reporting and Supports for all OHTs

- HSPN to calculate and report back to OHTs on system improvement indicators overall and for target populations
  - Past 4 years (2016/2017 – 2019/2020) in Spring 2021
  - Intervention period (2020/21 - 2021/2022) in Winter 2022
  - Cadence for Overall indicators and Target Population Indicators TBD
- Support for Patient Experience / Health surveys from April 2021
- Support for Provider Experience surveys from April 2021

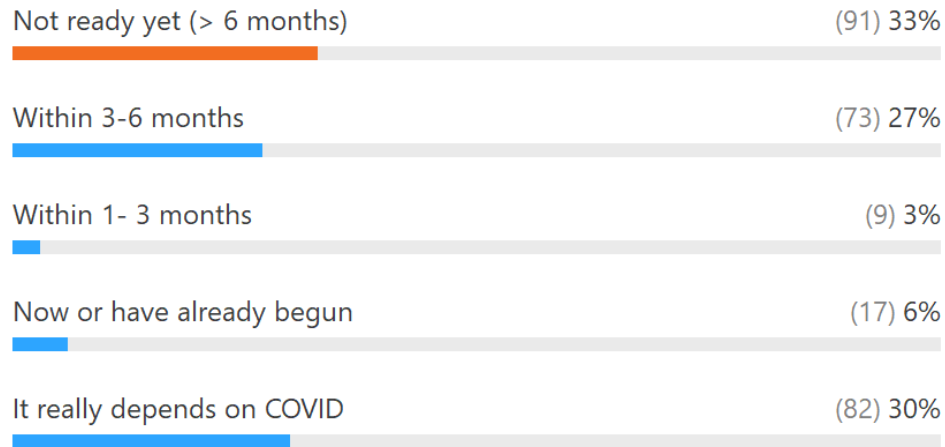
# Quadruple Aim Framework





# Poll 4

## 1. When do you expect see changes in any measures from implementing your OHT activities?

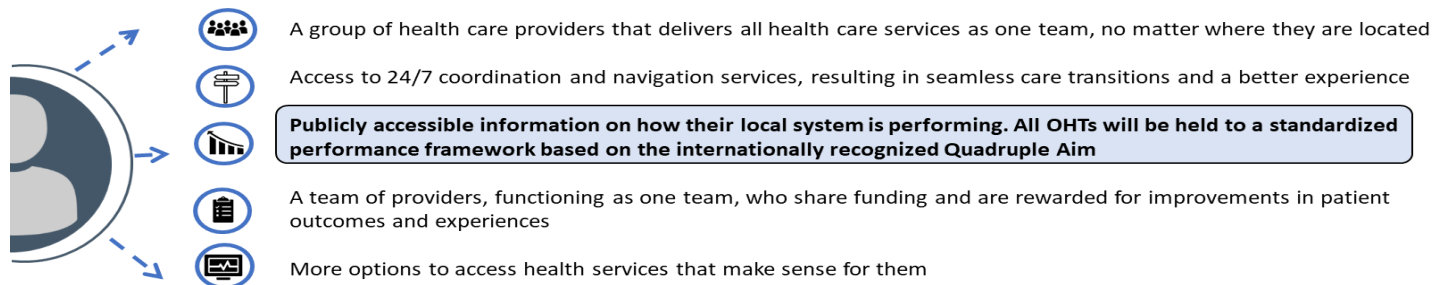


# Ontario Health Teams

## OHT Performance Measurement & Evaluation

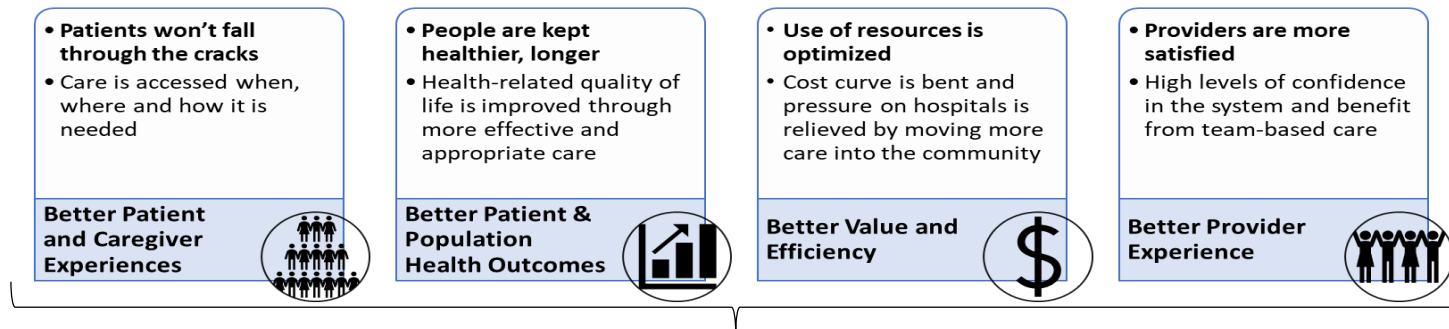
# Connecting Care for Patients & Achieving the Quadruple Aim

*At maturity, Ontario Health Teams will be in place in every region of the province, providing Ontarians with:*



## How OHTs will transform care

OHTs will drive improvements across the Quadruple Aim:



The OHT performance measurement framework will illustrate the impact of OHTs in the near-term and, over time, assess the extent to which OHTs provide more integrated, coordinated care, according to the principles of the Quadruple Aim.

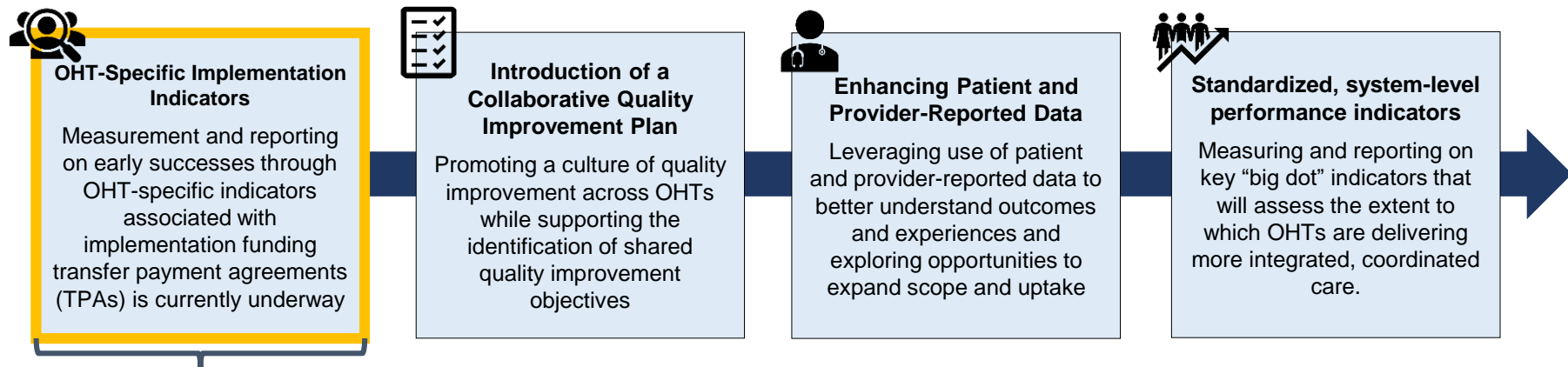
# Implementation Support Funding & OHT Performance Measurement

- In December 2020, the Ministry of Health provided up to \$1.25M in one-time funding to each approved OHT to support their implementation activities.
- Expectations for the use of this funding were articulated in their Transfer Payment Agreements and are drawn from expectations for OHTs first identified in the 2019 OHT Guidance Document (*Ontario Health Teams: Guidance for Health Care Providers and Organizations*).
- These expectations were also informed by consultations with OHTs, provider associations, and other stakeholders, as well as external experts.
- The ministry recognizes that an iterative approach to performance measurement will require a high degree of engagement and input across OHT partners. The ministry also recognizes that the timelines associated with OHT performance measurement activities are subject to change and will remain flexible to ensure key integration activities can continue alongside the health systems' focus on COVID-19 response efforts



# OHT Performance Measurement Framework Overview

- The foundational principles of the OHT performance framework are:
  - Shifting toward measuring improvements in health outcomes at the population-health level
  - Developing a balanced portfolio of metrics that provide insights into improvements in population health outcomes as a result of increased integration
  - Support for sustainable performance and quality improvement
- The framework consists of the phased implementation of four core components, with each component informing the others.
- Internal and external consultations have been underway since the summer of 2020 to validate and inform the components of the performance measurement framework.



The ministry and implementation partners will be monitoring and identifying learnings from early implementation activities to highlight early successes and better understand how OHTs are progressing against goals and objectives. **The Health System Performance Network’s (HSPN) evaluation activities are a key input into the broader performance measurement framework.**

# Near-Term Performance Measurement

## Background:

- As part of the OHT full application process, teams were asked to select three performance indicators to assess their early improvement efforts. These self-selected indicators were included in the Transfer Payment Agreements issued to eligible approved OHTs.
- Please note that the indicators selected by OHTs will not be used for public reporting but will rather be used to monitor OHT implementation progress and identify early successes in the delivery of improved population health outcomes, patient care, and integration.
- The Ministry of Health is working closely with HSPN to align evaluation activities and near-term approaches to performance measurement.

## Key Areas of Focus

- OHTs self-identified 98 indicators, which were categorized into themes aligned with the domains of the Quadruple Aim:
- Common areas of focus in the indicators selected by teams include:
  - Access and efficiency, particularly related to hospital readmissions
  - Patient experiences and the implementation of digital/virtual care
  - COVID-19 response efforts

## Indicator Domains & Themes



- Patient and Caregiver Experience / Engagement
- Digital / Virtual
- Equity
- OHT Integration



- COVID-19 / IPAC
- Population Health / Outcomes

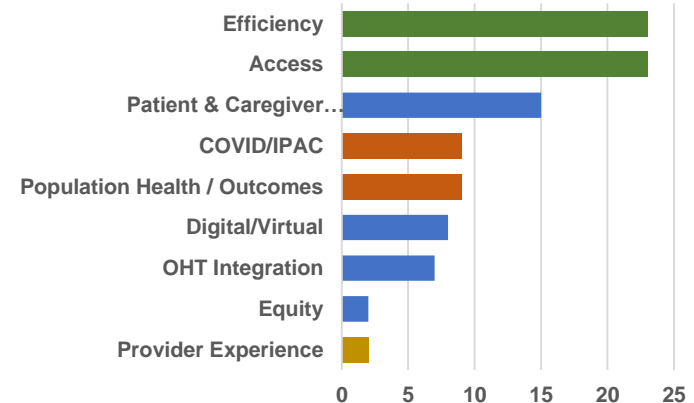


- Access
- Efficiency






- Provider Experience

## Proportion of Selected Indicators by Theme



# Consultation Feedback & Next Steps

Performance Framework Components	Feedback Received to Date:
All Components	<ul style="list-style-type: none"><li>Highlighted the need to ensure some standardization across measurement activities to promote comparability and consistency across teams</li></ul>
Introduction of a Collaborative Quality Improvement Plan 	<ul style="list-style-type: none"><li>Highlighted the importance of striking an appropriate balance between “required” indicators and OHT-specific indicators</li></ul>
Enhancing Patient and Provider-Reported Data 	<ul style="list-style-type: none"><li>Highlighted the need for clarity on the purpose of the data being collected at the outset to ensure results/data are actionable</li></ul>
Standardized, system-level performance indicators 	<ul style="list-style-type: none"><li>Highlighted the need to prioritize indicators that focus on population health management</li></ul>

## Next Steps

- The Ministry will be contacting teams to confirm measurement approaches and indicator definitions for self-identified TPA indicators in the near-term
- The Ministry is also planning a webinar to provide teams with a deep dive on each element of the performance measurement framework.
- Collaboratively with Ontario Health (OH), work is underway to:
  - Develop a collaborative Quality Improvement Plan (cQIP) program for OHTs, ensuring linkages to other components of the OHT performance framework, such as standardized, outcome-focused indicators
  - Develop guidance to assist OHTs in the development of cQIPs, supporting FY 2022/23 performance and implementation goals.
  - Ensure ongoing communication with OHTs regarding the supports/resources required for quality improvement efforts.

# Discussion & Questions

- Use the chat to reflect upon your thoughts about how we should be measuring OHT implementation and OHT success.
- What does success look like in OHTs?
  - And how would we know if we are progressing?
- All panelists are available for questions. Use the chat.



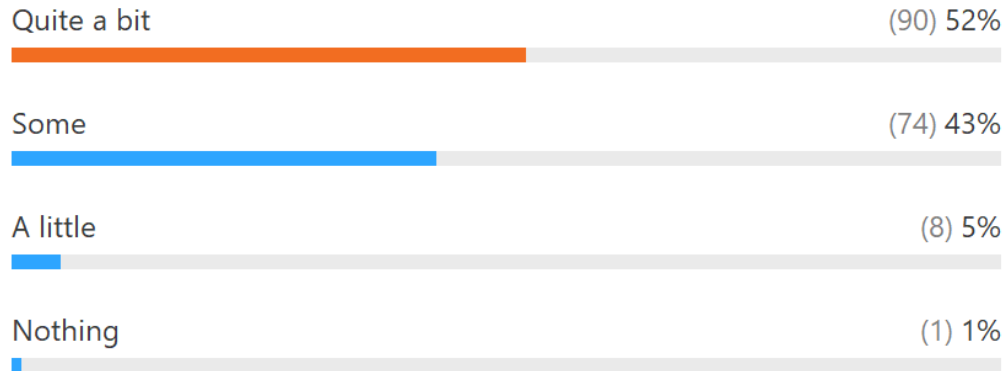
# *Everyone is involved!*

- Use the chat to reflect upon your thoughts about how we should be measuring OHT implementation and OHT success.
- What does success look like in OHTs?
  - And how would we know if we are progressing?
- Ask questions of panelists

\* Chat to all panelists and attendees \*

# Last Poll

**1. How much of today's information will you use to inform measurement in your OHT?**



# Up Next:

## HSPN Webinar Series

- 4<sup>th</sup> Tuesday of the Month: 12:00 – 1:30pm

### Upcoming Topics:

- ✓ A Focus on Measures for Local Evaluation
- ✓ HSPN OHT Evaluation Measures
  - Population Health Management
  - OHT improvement indicator results

... and more.

# Central OHT Evaluation Team

## Co-Leads



Dr. Walter  
Wodchis



Dr. Ruth  
Hall

## Team Members



Dr. Gaya  
Embuldeniya



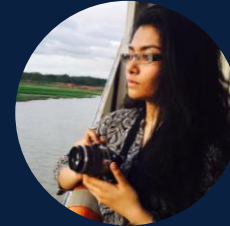
Dr. Shannon  
Sibbald



Dr. Kaileah  
McKellar



Jennifer  
Gutberg



Nusrat S.  
Nessa



Luke  
Mondor

# 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>



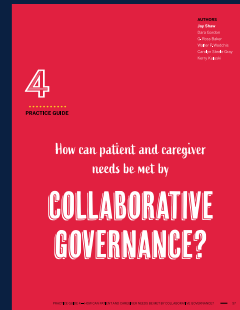
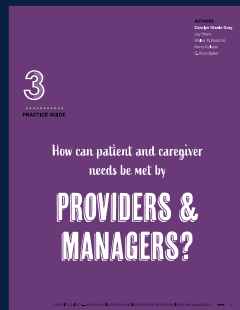
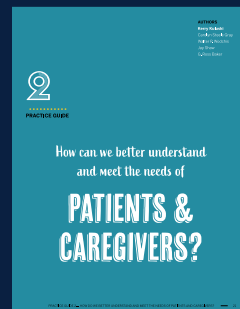
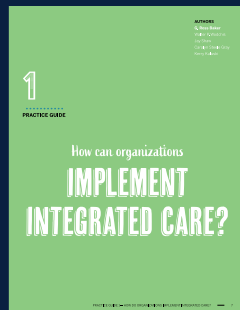
Key resources include:

- **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](http://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 resources and reports ([www.hspn.ca](http://www.hspn.ca))



# Some Implementation Resources

<https://hspn.ca/hsprn-practice-guide-on-implementing-integrated-care/>



***Everyone is involved !***

Twitter: @infohspn

Email: [OHT.Evaluation@utoronto.ca](mailto:OHT.Evaluation@utoronto.ca)

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

**Thank you!**