NEAR NORTH HEALTH & WELLNESS
September 2019

ONTARIO HEALTH TEAMS 101

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ONTARIO HEALTH TEAMS (OHT) 101

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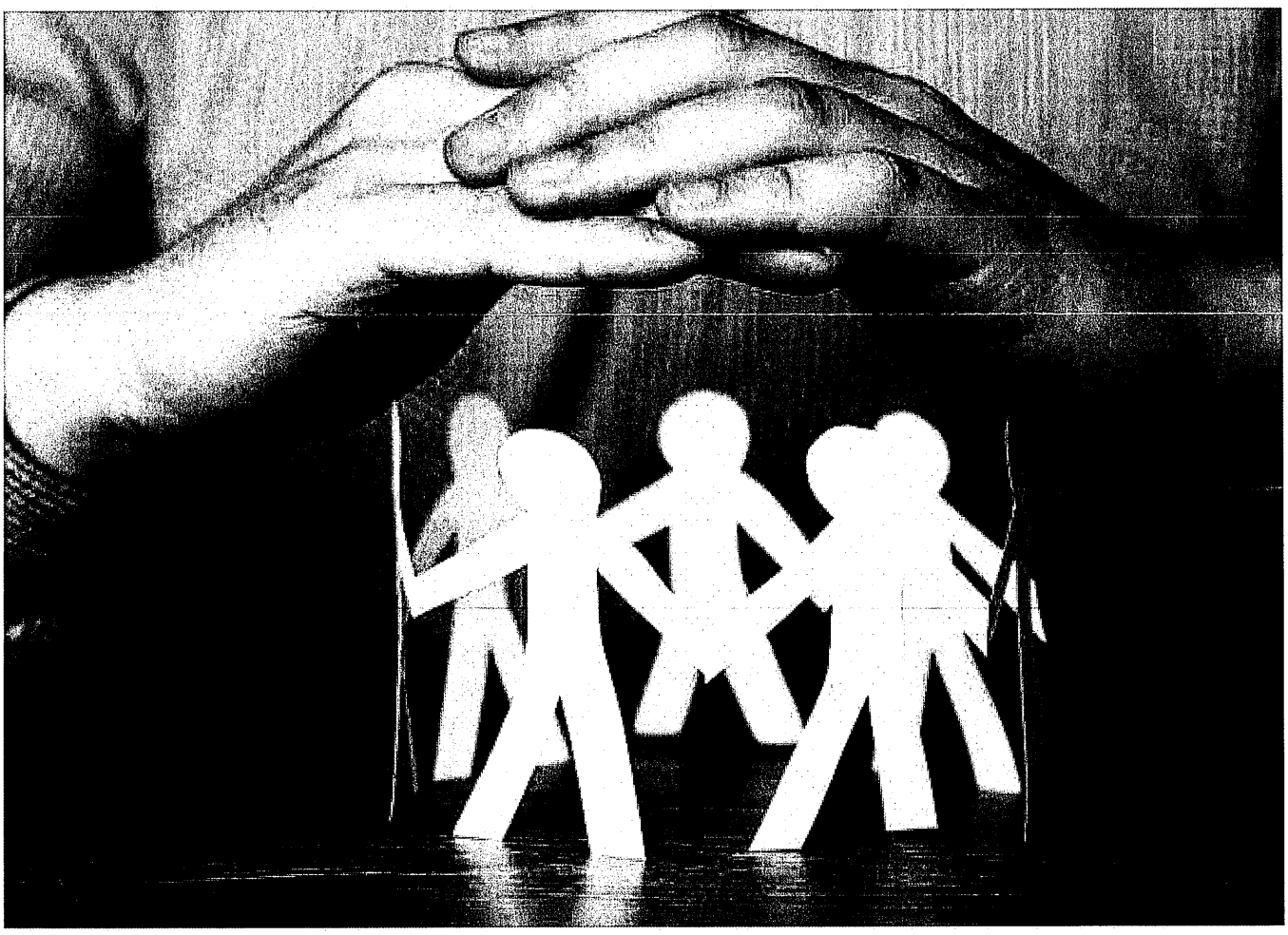
Ontario Health Teams (also known as an integrated care delivery system) are being introduced to provide a new way of organizing and delivering services in local communities. Under these new OHTs, the health care providers (including hospitals, primary care providers and home and community care providers) will work as one coordinated team – no matter where they provide care.

An OHT must have the ability to deliver at least three types of health services (e.g., primary care services, home care, acute care, mental health and addictions services, palliative care services, etc.).



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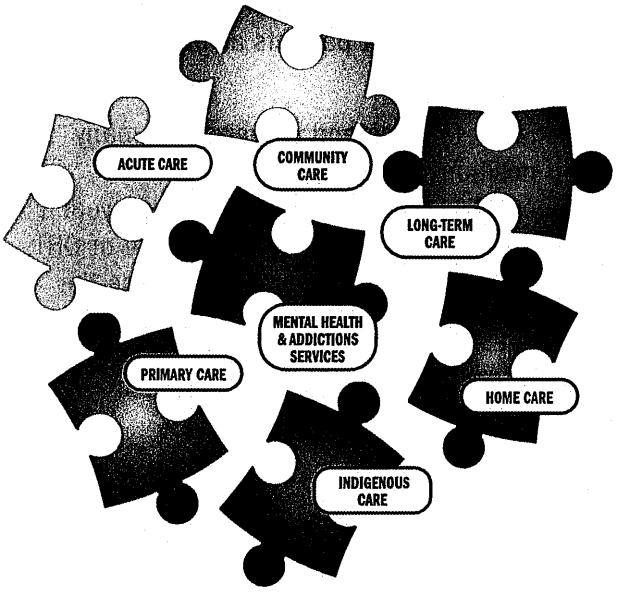
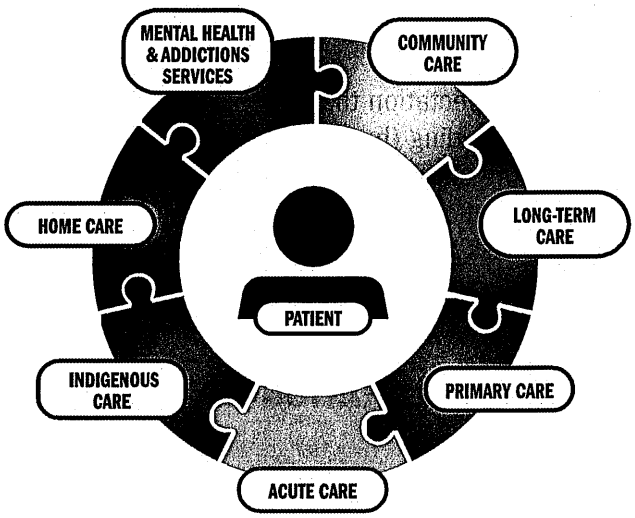
CURRENT
PROVINCIAL HEALTH CARE SYSTEM



Patient interacts with each organization separately.

FUTURE
PROVINCIAL HEALTH CARE SYSTEM



A number of organizations that work together as one connected team.

PROCESS	TIMELINE
Open call for self-assessments ✓	**APRIL 3, 2019**
Deadline to submit self-assessments ✓	**MAY 15, 2019**
Selected groups will be invited to submit a full application ✓ **Near North Health & Wellness successful!**	**JULY 17, 2019**
Deadline to submit full applications	**OCTOBER 9, 2019**
Final evaluation stage (could involve a community visit)	**FALL 2019**
Announce Ontario Health Team Candidates	**FALL 2019**
Deadline for Second Round of Ontario Health Teams self-assessments	**DECEMBER 4, 2019**

PATIENTS AS PARTNERS IN CARE

As part of health system transformation, the provincial government developed the Patient Declaration of Values for Ontario. The Declaration of Values creates a framework for building a more patient-centred health system and provides guidelines for developing programs and services that support patients as being partners in their care.

There is an expectation that organizations will continue involving patients, families and caregivers in many OHT roles, including (but not limited to) governance and leadership positions, co-design processes and rapid learning and improvement processes to improve care experiences and health outcomes for their year 1 priority populations, and in co-design and rapid learning and improvement processes for the full suite of OHT building blocks to lay the foundation for becoming accountable for an entire population. OHTs can use the Patient Declaration of Values for Ontario as a vision of what they are moving towards.

PATIENT DECLARATION OF VALUES FOR ONTARIO

Respect and Dignity

1. We expect that our individual identity, beliefs, history, culture, and ability will be respected in our care.
2. We expect health care providers will introduce themselves and identify their role in our care.
3. We expect that we will be recognized as part of the care team, to be fully informed about our condition, and have the right to make choices in our care.
4. We expect that families and caregivers be treated with respect and seen as valuable contributors to the care team.
5. We expect that our personal health information belongs to us, and that it remain private, respected and protected.

Accountability

1. We expect open and seamless communication about our care.
2. We expect that everyone on our care team will be accountable and supported to carry out their roles and responsibilities effectively.
3. We expect a health care culture that values the experiences of patients, families and caregivers and incorporates this knowledge into policy, planning and decision making.
4. We expect that patient/family experiences and outcomes will drive the accountability of the health care system and those who deliver services, programs, and care within it.
5. We expect that health care providers will act with integrity by acknowledging their abilities, biases and limitations.
6. We expect health care providers to comply with their professional responsibilities and to deliver safe care.

Empathy and Compassion

1. We expect health care providers will act with empathy, kindness, and compassion.
2. We expect individualized care plans that acknowledge our unique physical, mental and emotional needs.
3. We expect that we will be treated in a manner free from stigma and assumptions.
4. We expect health care system providers and leaders will understand that their words, actions, and decisions strongly impact the lives of patients, families and caregivers.

Transparency

1. We expect we will be proactively and meaningfully involved in conversations about our care, considering options for our care, and decisions about our care.
2. We expect our health records will be accurate, complete, available and accessible across the provincial health system at our request.
3. We expect a transparent, clear and fair process to express a complaint, concern, or compliment about our care and that it not impact the quality of the care we receive.

Equity and Engagement

1. We expect equal and fair access to the health care system and services for all regardless of language, place of origin, background, age, gender identity, sexual orientation, ability, marital or family status, education, ethnicity, race, religion, socioeconomic status or location within Ontario.
2. We expect that we will have opportunities to be included in health care policy development and program design at local, regional and provincial levels of the health care system.

Note: The purpose of this Patient Declaration of Values, drafted by the Minister's Patient and Family Advisory Council in consultation with Ontarians, is to articulate patients' and caregivers' expectations of Ontario's health care system. The Declaration is intended to serve as a compass for the individuals and organizations who are involved in health care and reflects a summary of the principles and values that patients and caregivers say are important to them. The Declaration is not intended to establish, alter or affect any legal rights or obligations, and must be interpreted in a manner that is consistent with applicable law.

BUILDING BLOCKS OF THE ONTARIO HEALTH TEAM MODEL

(called 'OHT requirements' in the original guidance document)

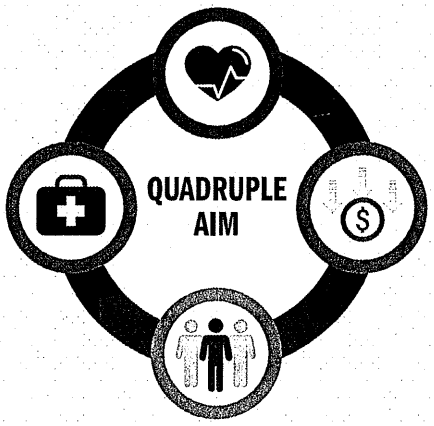
1. Patient Care & Experience
2. Patient Partnership & Community Engagement
3. Defined Patient Population
4. In-Scope Services
5. Leadership, Accountability, Governance
6. Performance Measurement, Quality Improvement & Continuous Learning
7. Funding and Incentive Structure
8. Digital Health

KEY CHARACTERISTICS

The OHT model will evolve over time based on learnings from those first implementing the model, however, at maturity, the key characteristics will remain the same:

1. Provide a full and coordinated continuum of care for a defined population within a geographic region
2. 24/7 access to coordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journey
3. Improve performance across a range of outcomes linked to the Quadruple Aim
4. Be measured and reported against a standardized performance framework aligned to the *Quadruple Aim*
5. Operate within a single, clear accountability framework
6. Be funded through an integrated funding envelope
7. Reinvest into front line care
8. Take a digital first approach, in alignment with provincial digital health policies and standards, including the provision of digital choices for patients to access care and health information and the use of digital tools to communicate and share information among providers.

WHAT IS QUADRUPLE AIM?



Improve performance across a range of outcomes linked to the Quadruple Aim:

1 **better patient and population health outcomes**

2 **better value**

3 **better patient, family & caregiver experience**

4 **better provider experience**

The OHT will respect the role of Francophones in the planning, design, delivery and evaluation of services, which includes, but not limited to the adoption of French language service strategies, policies and procedures to ensure Francophones can access health care services in their own language; recognize the French language services designation as a core component of the OHT and; work closely with the French Language Health Planning Entity (Réseau) to ensure equitable access to French language services across the health care system.

An OHT will be required to demonstrate it respects the role of Indigenous peoples "...in the planning, design, delivery and evaluation of services for these communities."; an ability to provide culturally safe care and where there is a First Nation (reserve) within a defined OHT geography endorsement from the First Nation is required.

The development of Ontario Health Teams provides health service providers the opportunity to contribute to the OHT success and shape the future of our provincial health care system.

The hope is that with one system working together communication will improve, the journey will be smoother, and individuals and their families will experience higher quality care across the entire continuum.

HOW BOARDS CAN HELP DURING THE OHT DEVELOPMENT PROCESS:

- ☐ Stay up-to-date on OHT education, system players, and health trends
- ☐ Adopt a system and population health lens while continuing governance and oversight of own organization
- ☐ Be comfortable with the unknown—this is a multi-stage and multi-year transformation and could involve less formal arrangements and shifting accountabilities
- ☐ Endorsement of full application—timelines will be tight for full application review and approval by October 9. Your organization's leadership representative will work closely with you to share documents and timelines.

signatures will be required between October 7 & 8--if you are away during this time, please identify a delegate*

KEY DATES FOR FULL APPLICATION REVIEW WITH YOUR ED/CEO:

- September 20-24 (draft one)
- September 30-October 2 (final draft)

*dates may be subject to small changes

There will be a one-hour meeting held at the North Bay Regional Health Centre (Auditorium) on October 7 at 9 a.m. for each organization's board representative to sign the full application.

ADDITIONAL RESOURCES FOR BUILDING AN ONTARIO HEALTH TEAM:

Ministry of Health. Ontario Health Teams: Guidance for health care providers and organizations. Toronto, Canada: Government of Ontario, 2019.

http://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf

Patient Declaration of Values

https://www.ontario.ca/page/patient-declaration-values-ontario

SOURCES:

Ministry of Health, **Become an Ontario Health Team** (August 2019)

McMaster University, **Rapid Improvement Support and Exchange** (August 2019)

Borden Ladner Gervais, **Governance Options: Getting Started and Evolving Towards Maturity** (April 2019)

Association of Family Health Teams of Ontario, Ontario Health Team Handbook for Boards (August 2019)

Community Health Ontario, Building Collaboration Capacity for Ontario Health Teams (August 2019)

FAQs

ONTARIO HEALTH TEAMS 101

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ONTARIO HEALTH TEAMS

BACKGROUND

Early in 2019 the Ontario government announced changes to the provincial health care system with the introduction of Bill 74. The legislation aims to tackle hallway medicine and build a sustainable public health care system that will create seamless transitions of care. As part of this transformation, health service providers (HSPs) throughout the province were invited to become Ontario Health Teams, also known as "OHTs". These OHTs will be clinically and fiscally accountable for full delivery and coordination of care across the continuum to a defined geographic population.

FREQUENTLY ASKED QUESTIONS

GENERAL

WHY IS THE SYSTEM CHANGING?

The Ontario government is building a connected health care system centered around patients, families and caregivers. These changes will make it easier to navigate the system and strengthen local services.

WHAT IS AN ONTARIO HEALTH TEAM?

Ontario Health Teams (also known as an integrated care delivery system) are being introduced to provide a new way of organizing and delivering services in local communities. Under these new OHTs, the health care providers (including hospitals, primary care providers and home and community care providers) will work as one coordinated team – no matter where they provide care.

An OHT must have the ability to deliver at least three types of health services (e.g., primary care services, home care, acute care, mental health and addictions services, palliative care services, etc.).

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HOW WILL ONTARIO HEALTH TEAMS BE IMPLEMENTED?

The implementation of Ontario Health Teams will be a multi-stage and multi-year transformation, and done through a continuous intake process to allow groups to get organized and complete the process.

As part of the full application, groups of providers will be asked to identify the population that it intends to serve at maturity, and how they plan to expand their services, partnerships, and virtual care offerings to enable maximum population coverage.

There are four steps to becoming an OHT:

1. Self-Assessment: Interested groups begin working to meet key readiness criteria for implementation (May 15, 2019)
2. Validating Provider Readiness: Based on Self-Assessments, groups of providers are identified as being in discovery or in development
3. OHT Candidate: In development groups that demonstrate, through an invitational, full application, that they meet key readiness criteria are selected to begin implementation of the OHT model.
4. OHT Designate: OHT Candidates ready for an integrated funding envelope can enter into an Ontario Health Team accountability agreement with the funder to be designated as an Ontario Health Team

WHO CAN BE PART OF AN OHT?

Providers and organizations eligible to become an Ontario Health Team could include the following:

- primary care (including inter-professional primary care and physicians);
- hospital care (e.g., in-patient and ambulatory medical and surgical services (includes specialist services)
- home care
- community support services
- mental health and addictions
- health promotion and disease prevention
- rehabilitation and complex care
- palliative care (e.g., hospice)
- residential care and short-term transitional care (e.g., in supportive housing, long-term care homes, retirement homes)
- long-term care home placement
- emergency health services
- laboratory and diagnostic services
- midwifery services
- other social and community services and other services, as needed by the population.

WHY IS THE TERM *PATIENT* BEING USED WHEN WE ARE REFERRING TO CARE AND SERVICES ALONG THE ENTIRE CONTINUUM OF CARE?

The term 'patient' can be diversely defined. Throughout the Ministry of Health and Long-Term Care OHT guidance material the term patient has been consistently used. When referring to the OHT development process or when appropriate the term patient will be used to represent the broadest sense of the definition to include individuals seeking care or services along the entire continuum of care. It is important to acknowledge that when appropriate and to remain consistent with already established health and social service partner language, this could include and is not limited to the following terms: resident, patient, and client.

WILL CARE AND SERVICES CHANGE?

The goal of this health care transformation is to make an individual's journey through the health system seamless. The hope is that with one system working together the communication will improve, the journey will be smoother, and individuals and their families will experience higher quality care across the entire continuum.

Partners across the entire continuum of care are working to ensure patients receive the best care – no matter when and where they need it.

While providers work in the background to improve the system, the health care services individuals receive will remain uninterrupted. Individuals can still:

1. go to the same doctor
2. choose their own provider (for example, doctor, nurse practitioner or specialist)
3. receive care by the same trusted providers as before
4. be confident that what is paid for by OHIP today will be paid for by OHIP in the future
5. expect excellent service from all health care sectors, from cancer care and organ donation, to home and community care

Process for becoming an OHT

WHAT INFORMATION WAS REQUIRED IN THE INITIAL SELF-ASSESSMENT?

The expression of interest must include plans for:

- ✓ Patient care and experience
- ✓ Patient partnership and community engagement
- ✓ Defined patient population
- ✓ In-Scope Services
- ✓ Leadership, Accountability, and Governance
- ✓ Performance Measurement, Quality Improvement, and Continuous Learning
- ✓ Funding and Incentive Structure
- ✓ Digital Health

For each component of the model, teams will be expected to meet certain commitments and service delivery expectations for their population after their first year of operations through to maturity.

WHAT WORK HAS HAPPENED SO FAR IN OUR DISTRICT?

The first initial planning session of 50 health and social services partners from our district took place on April 26. The goal of this meeting was for providers from across the full continuum of care to come together to demonstrate their readiness to form an OHT around a self-identified patient population.

Prior to the initial partner session, a similar but not identical discussion was facilitated with primary care and other practicing physicians from Nipissing and surrounding areas.

A subsequent meeting of 30 health and social service providers occurred on May 6 to confirm which organizations were in a position to endorse the self-assessment being submitted on May 15.

Health and social services providers of our district submitted a self-assessment under the name Near North Health and Wellness (NNH&W) on May 15.

In late July NNH&W was successful in their self-assessment submission and was invited to full application, due October 9.

WHAT IS THE TARGET POPULATION OF THE NEAR NORTH HEALTH & WELLNESS ONTARIO HEALTH TEAM?

At maturity (expected within five years), it is the ambition of NNH&W to be accountable for the entire population in the geographic region, with potential to expand.

Given the Ontario government's priorities of ending hallway medicine and addressing alternate level of care (ALC) issues, in Year 1, NNH&W will focus on the root causes of ALC—any person who is receiving care in a place that is not optimal from a patient, system and cost perspective.

With respect to this population, it was emphasized that special attention should be given to Francophone, Indigenous, including First Nations, Inuit and Métis populations; and rural and remote populations. An OHT will promote self-determination as it has been shown to increase favourable social determinants of health, improve health outcomes and reduce health inequities.

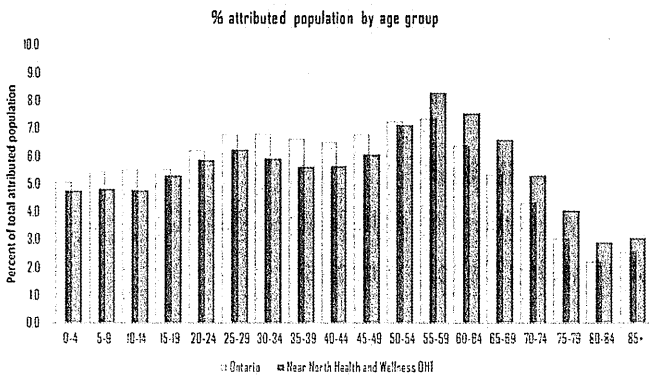
WHERE DOES THE NNH&W OHT ATTRIBUTED POPULATION LIVE?

Population characteristics - Attributed population (FY 2017/18)

	Near North Health and Wellness OHT		Ontario	
Age 65+:	25,965	*22.0%*	2,502,986	*17.6%*
Age 75+:	11,851	*10.0%*	1,120,986	*7.9%*

Where does the Near North Health and Wellness OHT attributed population live?

Community	Attributed population	% of OHT population
North Bay	49,332	41.8
West Nipissing / Nipi	12,541	10.6
Temiskaming Shores	10,459	8.9
Callander	8,446	7.2
Calvin	3,777	3.2
All other communities	33,551	28.4
	118,106	



WHO FACILITATED THE SELF ASSESSMENT PROCESS?

Optimus SBR was hired to facilitate discussion with health and social service partners in the district and assist with the development and design of the self-assessment. Based on the tight timeline in which to submit an OHT, and to ensure each participant could maintain objectivity the decision was made to support the existing resources of the group.

WHO IS A PARTNER IN THE NEAR NORTH AND WELLNESS OHT?

The following partners were signatories in the self-assessment:

PRIMARY CARE:

- Blue Sky Family Health Organization
- Near North Family Health Organization
- Powassan & Area Family Health Team
- Centre de santé communautaire de Nipissing Ouest / West Nipissing Community Health Centre (CSCNO-WNCHC)
- West Nipissing Family Health Team
- North Bay Nurse Practitioner Led Clinic

MENTAL HEALTH AND ADDICTIONS:

- North Bay Recovery Home
- Nipissing Mental Health Housing and | Support Services
- PEP Place
- Community Counselling Centre of Nipissing
- Canadian Mental Health Association Nipissing Regional Branch
- Hands TheFamilyHelpNetwork (child and youth)

INDIGENOUS CARE:

- North Bay Indigenous Interprofessional Primary Care Team
- Nipissing First Nation Health Services

ACUTE CARE/HOSPITALS:

- North Bay Regional Health Centre (NBRHC)
- West Nipissing General Hospital

LTC AND SENIORS LIVING:

- Autumnwood Mature Lifestyle Communities
- Cassellholme (also provides community support services)
- Empire Living Centre
- Au Chateau (also provides community support services)
- Sienna Senior Living - Waters Edge Care Community
- Eastholme and East Parry Sound Community Support Services
- Chartwell (Barclay house)
- Home Instead Senior Care

COMMUNITY WELLNESS:

- The Sisters of St. Joseph of Sault Ste. Marie
- District of Nipissing Social Services Administration Board (DNSSAB)
- Alzheimer Society
- Castle Arms – non-profit seniors apartments
- North Bay and Parry Sound District Health Unit
- Reseau du mieuux- être francophone du Nord de l'Ontario

WHO IS FACILITATING THE FULL APPLICATION PROCESS?

Our OHT signatories made the decision to use existing local organizational resources and collective subject matter expertise to facilitate the process and development of the full application.

WHAT PROCESS IS BEING USED TO COMPLETE THE FULL APPLICATION?

Following the Ministry's invite to move to full application, the signatories had two meetings to develop an approach for completing the full application.

Action Teams comprised of subject matter experts, employees of member organizations, physicians, and patients/caregivers have been tasked with completing the seven sections of the full application and have been created under the following names: population health, team description, transform care, home and community care, CQI/risk, leadership and governance, and digital health.

These actions teams are using a variety of approaches to ensure application content generation by September 13 including teleconferences, weekly huddles, working sessions, collaboration with other action teams, and self-completion of the application by each team member.

The month of September will be used to edit and fine tune the full application. Executive Directors, CEOs and organizational leads will work with their respective governors to ensure review of the draft application prior to final signature & submission on October 9.

Leadership, Governance and Funding

WHO WILL OVERSEE THE ONTARIO HEALTH TEAMS?

OHTs will report to the Ministry of Health and Long-Term Care and/or Ontario Health, a new agency that will be a single location for the programs and operations of existing provincial agencies. Teams will work together to determine accountabilities, and governance and leadership structures.

HOW WILL FUNDING WORK?

In our current system, each health facility receives its own separate budget from the Ministry of Health and Long-Term Care. With the changes, each Ontario Health Team would receive a single pot of funding and a single mandate to provide the range of health services its population needs. The team would collaboratively agree how to allocate the funds to provide all of these services.

HOW WILL THE OHTs BE GOVERNED?

At maturity, teams will determine their own governance structure(s) based on local needs. Governance structures will be expected to include individuals accessing the care and service of the OHT. Participating providers will enter willingly into a partnership agreement with one another–the agreement will outline terms and conditions of partnership including conflict and performance management, information management, risk and gain sharing, and a performance plan.

The law firm Borden Ladner Gervais developed a series of potential governance options for OHTs and the document can be found here– Near North Health & Wellness will adopt a shared governance model.

IN THE ABSENCE OF A FORMAL GOVERNANCE & LEADERSHIP STRUCTURE, HOW WILL THE GROUP OPERATE FROM NOW UNTIL FULL APPLICATION SUBMISSION?

As the Ontario Health Team models evolve, there is an expectation from the Ministry that if a team is successful as an OHT, formal agreements will be in place with the Ministry and signatories.

In the meantime, the Near North Health & Wellness OHT will be using a collaborative partnership agreement to establish a framework for the members (signatories) to work together toward the development of the Ontario Health Team and the OHT Application.

The OHT MOU provides rigor to the relationship between the members at this development stage. The agreement is non-binding and establishes a Leadership Committee with terms of reference that are agreed by all of the OHT members. This means everyone agrees on the composition, voting and decision-making process of the committee.

The OHT MOU also contains certain key terms of interest for all OHT members from a risk management perspective, including for example:

- A commitment from each OHT member to treat information received and materials developed in the OHT development and application process as confidential.
- Clarification that the activities of the Leadership Committee cannot fetter the independent governance authority of any OHT member.
- Clarification that no party is under any legal obligation to be a part of the OHT unless and until an OHT Agreement has been approved and entered into.
- Creating a process to identify and authorize one nominee to enter into agreements on behalf of the OHT at the direction of the Leadership Committee (for example, the LHIN MOU).
- Setting out a mutual understanding for coordination of public communications relating to the OHT.

The OHT MOU is a temporary document and a "stepping stone" for the development phase. It will come to an end when the OHT members enter into a full OHT Agreement. The OHT Agreement among OHT members is required by the Ministry to address the governance framework, conflict resolution, data sharing and other matters. Development of the OHT Agreement will be one of the responsibilities for the Governance Committee, if successful as a designated OHT.

WHAT IF WE DON'T AGREE RIGHT NOW TO BECOME INVOLVED WITH AN APPROVED OHT?

It is the goal of the Ministry that at maturity, all health service providers will all be part of an OHT. This will allow for the OHT to better function as one connected team while providing seamless care to patients. It will be up to the governance structure how it would like to bring on new members.

CAN WE WITHDRAW FROM THE OHT PROCESS AT ANY TIME?

At this stage, yes. As the OHT model and group evolves toward becoming a successful OHT, agreements and relationships will become more formalized.

Organization's existing agreements with the Ministry will remain in place until they become an OHT. At that time, there will be one agreement with Ontario Health.