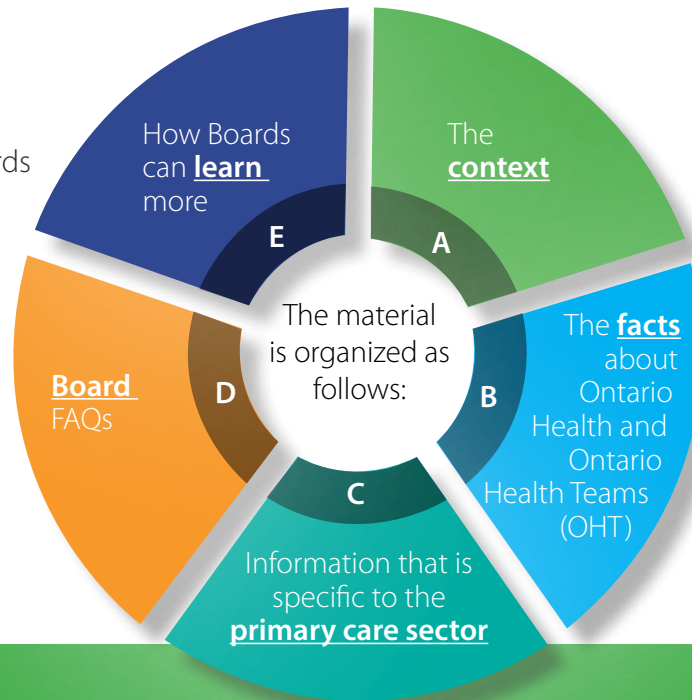


Ontario Health Team Handbook for Boards

AFHTO's Ontario Health Team Handbook for Boards is intended to provide boards of primary care organizations with essential and basic information that will help you better understand the changing landscape of health care delivery in Ontario.

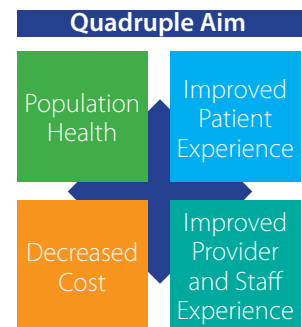


This document was commissioned by AFHTO and developed with The Osborne Group for use by primary care organizations.

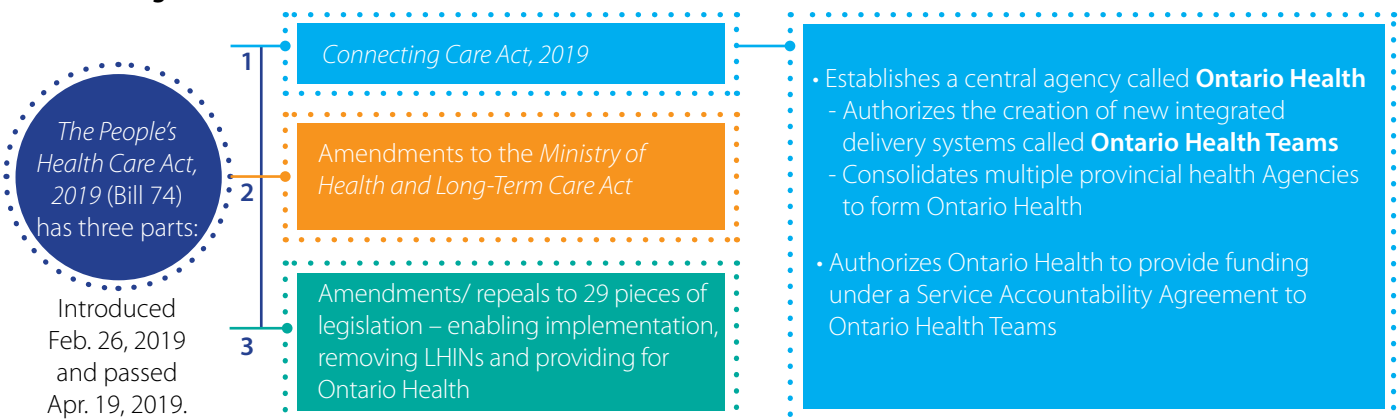
The Context

What are the Ontario Government's objectives in health care transformation?

- A health care system that centres around people, patients, families and caregivers
- Continuous improvement of the patient experience
- Promote better value and ensure best outcomes
- Improve the overall physical and mental health and well-being of Ontarians
- A sustainable, digitally enabled, publicly funded health care system
- Empowerment of providers to work together to deliver high quality coordinated care
- Commitment to equity and promotion of equitable health outcomes
- Recognize the diversity within Ontario's communities (including requirements of the French Language Services Act)
- Recognize the role of Indigenous peoples in planning, design, deliver and evaluation of health services in their communities



What new legislation has been enacted?



Ontario Health

What is Ontario Health?

- A Crown Agency with 15 directors
- A consolidation of 14 LHINs, Cancer Care Ontario, HealthForceOntario, Health Quality Ontario, Trillium Gift of Life, eHealth, and Health Shared Services

Agency responsibilities are:

System management and performance (e.g. planning and delivering health care, ensuring financial accountability, improving quality, providing clinical leadership)

Population-based programs and clinical and quality standards

(e.g. overseeing highly specialized care like organ donation; managing provincial population health programs like cancer screening; overseeing critical care; investigating and supporting new and emerging health services; developing evidence-based guidelines for health service delivery and clinical care)

Back office support
(e.g. managing supply chains)

System oversight

(e.g. assessing and planning for local needs; accountable for Ontario Health Teams)

Ontario Health Teams

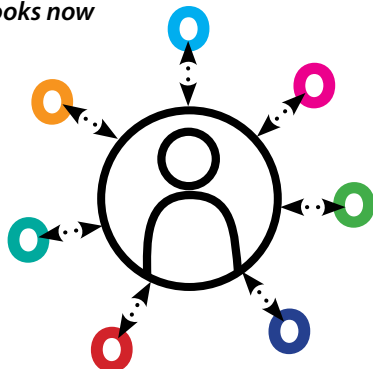
1. What is an Ontario Health Team?

- A group of health care providers working together to deliver a **coordinated continuum of care** to a **defined population**; long-term goal is for full continuum of care through Ontario Health Teams (OHT) province-wide
- To be designated, an OHT must be able to deliver, in an integrated and coordinated way, at least three of the following services:
 - Acute care (Hospital)
 - Primary care
 - Mental health or addictions
 - Home care
 - Community care
 - Long-term care
 - Palliative care
- Priority is being given to three of:
 - Hospital
 - Primary care
 - Home care
 - Community care

- Terms and Conditions for partnership within an OHT will include (but are not limited to) commitments to:
 - Conflict management
 - Performance management
 - Information management
 - Risk and gain sharing (yet to be developed)
 - Performance plan
- Participation in an OHT is voluntary; long-term goal is for all health service providers to be part of an OHT
- OHTs are not a replacement for existing health care agencies or providers
- OHTs are not a new payment model for physicians

How health care looks now

Presently, a patient relates separately with organizations and providers within the health system.



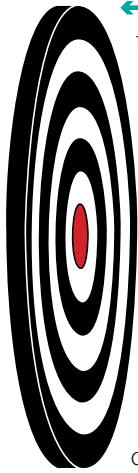
How health care will look with OHTs

An OHT is one entity made up of a number of organizations and providers. A patient will receive health care that is coordinated within an OHT.



2. What are the key characteristics of an OHT?

At maturity*, OHTs are expected to have the following characteristics:



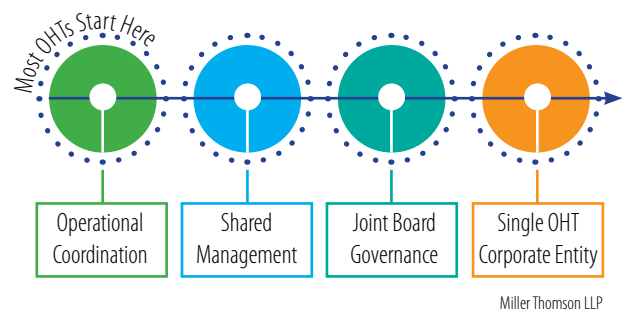
- ← Operate within a single clinical accountability framework system with a single integrated funding envelope
- ← Provide a full and coordinated continuum of care to a defined population
- ← Be accountable for the health outcomes and health care costs of that defined population
- ← Provide fully integrated care across the continuum – more coordinated, better faster care, at a lower cost
- ← Be highly digital; shared patient records, patient access to their own files, online communication between providers and with patients, online shared access to referrals, labs, diagnostic imaging

- ← Engage patients and caregivers as partners; patients are partners in their own care, and patients/caregivers are involved in the governance of the OHT
- ← Central role for primary care
- ← 24/7 navigation support through virtual care and patient access to information
- ← Be the central point for performance measurement and quality improvement across the defined patient population
- ← Ensure robust data collection to inform progress toward achieving population-based health outcomes

*The Ministry of Health has not articulated a timeframe for how long it anticipates it will take OHTs to become fully mature. Nor has the total number of OHTs been determined.

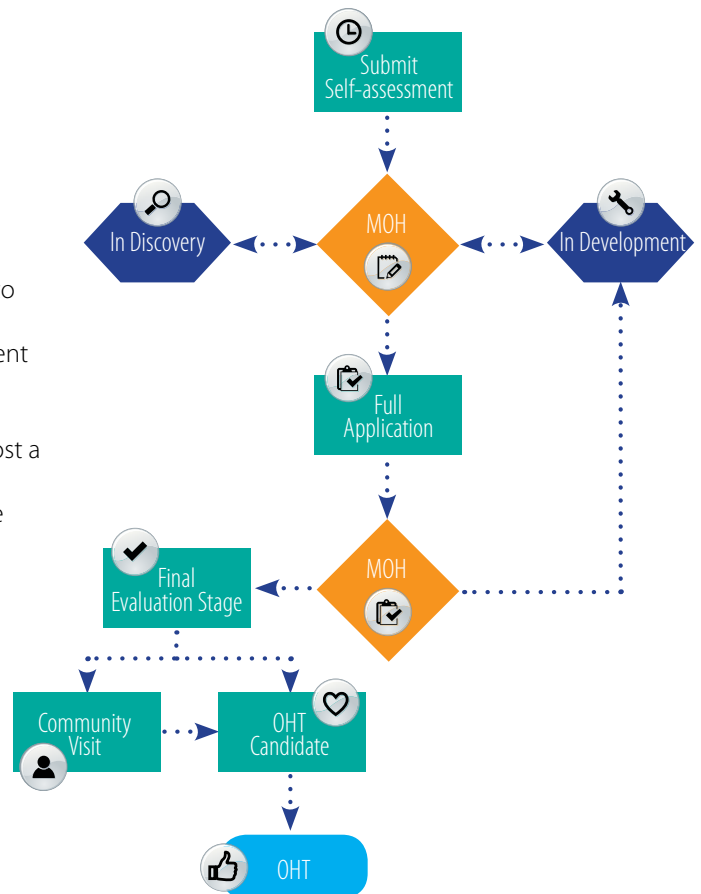
3. What does the governance and funding of an OHT look like?

- The OHT will determine the governance structure that works best for its patients, providers and community
- Regardless of governance structure, at maturity, each OHT will operate under a single accountability framework
- Most OHTs will start out with participants maintaining independent management and boards of directors; this may evolve over time to possible shared management structures, and/or joint governance structure
- Funding flows to independent organizations initially with the goal over time for one integrated funding envelope



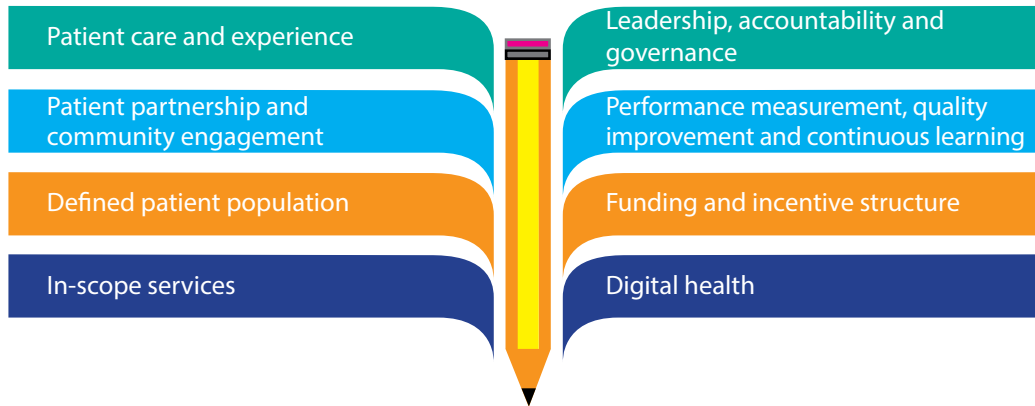
4. How do groups get designated as an OHT?

- Groups of providers voluntarily come together to jointly complete a self-assessment (first round submitted May 15, 2019). Second round scheduled for December 2019. Assessment process repeated until full provincial coverage is achieved
- MOH evaluates provider readiness and alignment with provincial goals and direction and invites those most ready to submit a full application
- MOH evaluates full application and will either invite proponent to proceed to final stage of evaluation or continue work towards readiness as a team "in development"
- Those invited to final stage of evaluation may be asked to host a community visit by a team from the MOH
- MOH will then select those groups that are ready to become Ontario Health Team Candidates
- Once ready to receive an integrated funding envelope and operate under a single accountability agreement, group is designated as an OHT



5. What is required in the OHT self-assessment?

- This stage allows interested groups of providers and organizations to come together and familiarize themselves with the OHT model, assess their level of readiness, and begin working collaboratively to meet the minimum criteria for implementation
- The self-assessment must include a minimum of three identified services in a geographical area with the goal to integrate care and information systems
- **Eight core components of the self-assessment are:**



6. What does it mean if the MOH classifies your team as “in discovery” or “in development”?

- The MOH will review your self-assessment and determine whether or not your group is ready to proceed to a full application. If the MOH determines that you are not ready, your group will be classified as “in discovery” or “in development”



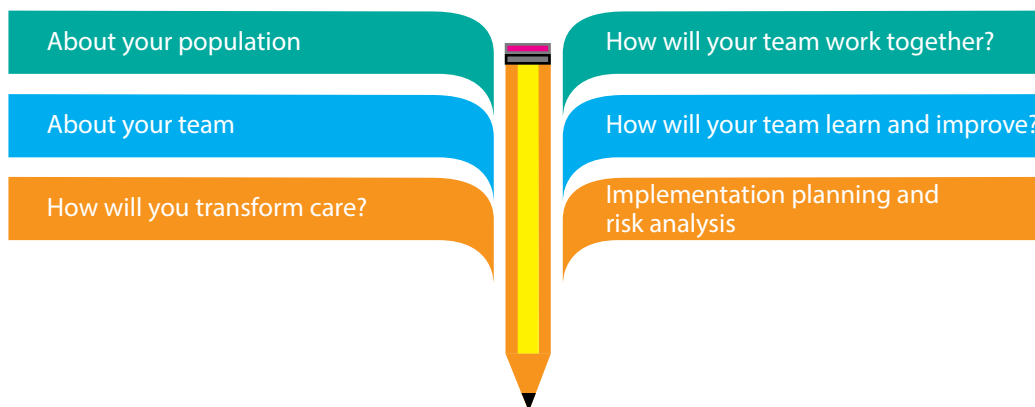
In Discovery – These health care providers support the OHT model. They are encouraged to expand their partnerships and work with other local providers in alignment with the criteria outlined in the [guidance document](#)



In Development – These teams have partners who represent a continuum of care, are committed to the OHT model, and with a bit more work will be well positioned to complete the full application

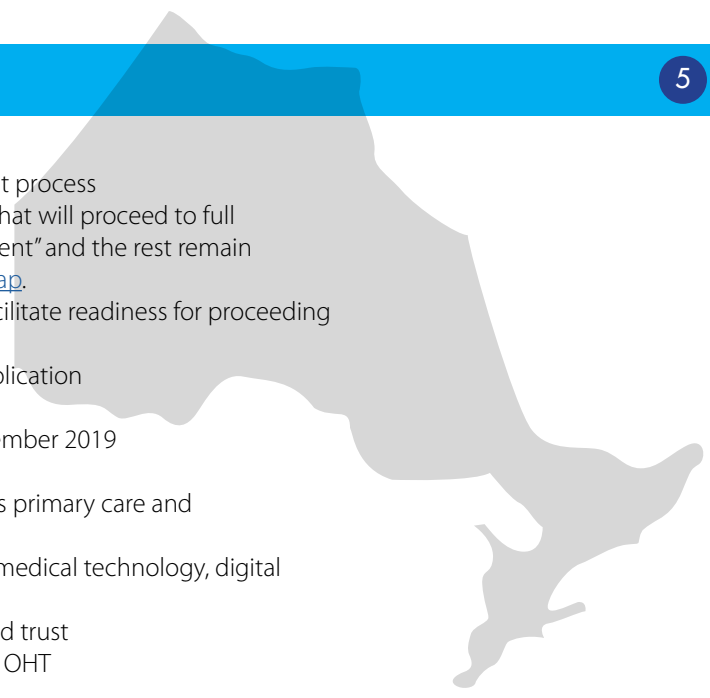
7. What is required in the OHT full application?

- The full application builds from the self-assessment and is aligned with the Ontario Health Team Guidance document. The full application must identify members of the proposed OHT including the proposed physicians, and health care organizations. It must also outline plans, evidence of commitment and evidence of ability.
- **The full application must have a comprehensive description of the team’s capabilities and capacity outlined in the sections and appendices following:**



8. What is happening across the province?

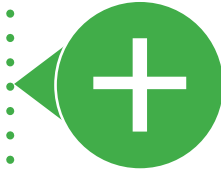
- 158 provider groups participated in the first self-assessment process
- MOH reviewed self-assessments and identified 31 groups that will proceed to full application, 41 groups that are designated as “in development” and the rest remain “in discovery”. See the [MOH list](#) and the [OMA interactive map](#).
- MOH will actively work with groups “in development” to facilitate readiness for proceeding to full application
- MOH will provide data to help groups prepare their full application
- Submission date for full applications is October 2019
- Submission date for next round of self-assessments is December 2019
- Announcement of OHT Candidates scheduled for fall 2019
- Different models emerging including hospital-led as well as primary care and community-led
- Varying levels of engagement with private sector health – medical technology, digital health, private home care are major players as well
- Each OHT is at a different stage of building relationships and trust
- Partners have varying influence and dominance within the OHT



Primary Care Sector

What are the possible opportunities presented from being involved in an OHT?

1. Primary care - front and centre
 - Primary care is seen as an essential, central component in OHTs
 - Primary care providers can play a leadership role in OHT design and development
2. New model brings better care for patients
 - Care will be more integrated
 - Primary care providers will be involved throughout the health care journey
 - There will be improved access to digital tools
3. Engagement of physicians
 - Physicians are to be integrated throughout system and engaged in co-design
 - Strong physician participation and leadership (both primary care and specialist) essential cornerstones of the model
4. Influence structure and goals
 - Be at the forefront of designing a better health care system for patients and providers
 - Play a role in governance and be a voice in system design and implementation
 - Actively inform the change to avoid having change imposed



What are the possible challenges presented from being involved in an OHT?

1. Possible new requirements
 - Imposition of new performance management and quality improvement requirements
 - New and possibly multiple contracts to manage
 - New data collection and records requirements
2. Many unknowns
 - Governance structure
 - Accountability requirements
 - Amount of autonomy
 - Lack of clear direction and the need for strong leaders who can nurture partnerships and support change
3. The possible toll on the organization
 - Early involvement means outlay of time and resources – a distraction from core business
 - Potential cost of acquiring, training and migrating electronic data and records
 - Possible dilution of resources and pressures to expand services
 - Additional workload and expectations with no new resources
 - The need to continue to provide existing services while transitioning to new models and systems
 - Divergence from the organization’s mission, vision and values
4. Physician engagement and accountability
 - Physicians are not defined as health service providers and their accountability will continue to rest with their agreements with the MOH. Consequently engagement may be difficult.

Six things you can do if you have not yet participated in OHT discussions or in the submission of a self-assessment?

1

Assess current state of primary care in your region

- Assemble an inventory of primary care models and providers in your region. How many physicians? Are they solo? Attached to FHTs? FHOs? NPLCs? CHCs? Other?
- Determine if you can work towards establishing one collective primary care voice in your region
- Look for opportunities to:
 - develop a shared vision for primary care in your region with other primary care providers
 - strengthen primary care connectivity (with other 'teams'; with non-affiliated physicians)
 - formalize primary care partnerships
 - improve alignment with other organizations (e.g. back office; programs and services; QIPs)
 - advance board to board collaborations
 - Integrate or amalgamate with another organization that shares the same values

2

Assess the strength of current partnerships with other health service providers in your region

- Is there a track record of collaborative projects and partnership activities?
- Determine if you share a common vision with other providers
- Look for opportunities to strengthen existing partnerships or build new ones
- Is there a history of, or an appetite for, joint governance education, training or collaborations?

3

Assess organization strategic positioning

- Decide if you see yourselves as leaders in integration efforts in your community
 - Do you want to LEAD change or PARTICIPATE?
- Evaluate the benefits vs. risks of being an early adopter in the roll-out of OHTs
 - Do you want to lead change that will pave the way of the future or wait and learn from others?
 - If you wait and consider joining an OHT at a later date, will that disadvantage you? Your patients?
- Determine the value proposition for you as a team in participating in the development of an Ontario Health Team
- Determine if your physicians are on board with an OHT application

4

Assess organizational impact

- Decide if you are prepared to share your team's resources with non-FHT practices? If so, determine what the minimum requirements/standards for access to our team-based care would be
- Determine how your strategic plan might influence/inform the strategic direction of OHT. How will your vision and strategic priorities be affected?

5

Assess current environment in your region

- Find out what other providers are thinking/doing in your region. Have any neighboring regions submitted readiness assessments? Look for new partnerships and/or potential to join with other OHTs
- Determine whether the community partners are collaborative or directive and if you will be an equal player at the table

6

Keep up to date with developments across the province

- Continue asking and assessing questions about benefits and risks of participating in an OHT
- Talk to and learn from other OHTs

Ten things you can do if you are part of a team that is “in development”?

- 1 Review deficiencies identified in MOH self-assessment review
- 2 Work with your OHT partners to address deficiencies and your identified Ministry OHT point of contact
- 3 Assess the status of physician leadership
 - a. Engage physician leaders in the development of the OHT
 - b. Connect with unaffiliated physicians in the community
- 4 Keep physicians informed and involved as the OHT progresses
- 5 Talk to and learn from other OHTs
- 6 Determine how the performance improvement activities identified for the OHT align with your organizational priorities
- 7 Get involved in OHT governance and leadership through planning stages; build a collective primary care voice and strengthen connections within primary care
- 8 Collect key information and data
- 9 Inform, educate, engage and involve staff
- 10 Inform, educate, engage and involve patients

Ten things you can do if you are part of a team that has been invited to submit a full application?

- 1 Commit to being involved in the various working groups and governance structures that will be formed to plan and create the OHT
- 2 Ensure appropriate primary care representation on OHT management and governance structures
- 3 Continue to build a collective primary care voice
- 4 Keep physicians informed as the OHT progresses
- 5 Collect key information and data
- 6 Talk to and learn from other teams
- 7 Listen and learn from your patients, families, caregivers and other providers
- 8 Continue to get to know and develop relationships with OHT partners; take the time needed to build strong collaborative partnerships
- 9 Inform, educate, engage and involve staff
- 10 Inform, educate, engage and involve patients

Q: Can primary care organizations be part of more than one OHT? (Patients cross geographic boundaries, so how do we deal with this?)

A: Ministry information to date suggests that organizations should only be part of one OHT. Neighbouring OHTs will need to work together to ensure that there are no barriers for patients whose care is provided across more than one OHT and that no one is overlooked.

Q: What does 'single clinical and fiscal accountability framework' mean?

A: At maturity, the Ministry expects that an OHT will be the accountable body for all of the services provided and the health outcomes achieved by its partners. The OHT will also receive one envelope of funding for all services by all partners and will report to the Ministry on financial performance. The mechanisms to achieve these goals may differ across OHTs and may evolve over time as OHTs mature and as systems become more coordinated and integrated.

Q: If we don't agree to become involved in an approved OHT, will there be opportunities to become involved at a later date?

A: Yes, it will be up to the OHT governance structure how it takes on new members to the team.

Q: Are there resources available to support our Board and FHT/NPLC to participate in planning/ implementation of the OHT?

A: At this time there are no financial resources available to support participation in planning and implementation of the OHT. However, the Ministry will be providing access to a Ministry lead, and online resources, templates and guides. AFHTO will continue to provide guidance and support to FHTs and NPLCs as OHTs are launched across the province. And RISE will provide support for rapid learning and improvement by OHTs.

Q: What happens if only some of our physicians want to participate in the OHT? What happens to our MOH agreement? How do we deal with FHT/NPLC accountability to an OHT?

A: The application process requires the listing of each individual physician who is committed to participate in the OHT. If the full physician group is committed, you only need to list the physician group name. If only a few physicians want to participate you must list those physicians by name.

At present, your MOH agreement will stay with the MOH and all reporting obligations continue. Over time, those agreements will be assigned to Ontario Health. The date of transfer of the agreements is not known at this time.

Those FHTs/NPLCs that become part of an OHT will be held accountable through the single accountability agreement that will be established between the OHT and Ontario Health.

Q: How will becoming part of an OHT impact our FHT/NPLC staff? (e.g. will they be expected to provide services to non-rostered patients? Will their jobs change?)

A: It is up to the OHT (with the help of MOH data) to identify priority populations, assess capacity and determine demand. There could be expectations to expand access to team-based care. That's why it is important to be part of things - to have a voice and influence.

Q: Will the Ministry ever terminate our funding if we are not affiliated with an OHT?

A: It is doubtful that the Ministry would terminate funding for non-participation. However, the goal is for everyone to be part of an OHT and patients are likely to expect to receive more coordinated, seamless and comprehensive care from an OHT.



Q: What role will our FHT/NPLC Board have as OHTs are launched?

A: FHTs and NPLCs boards will continue to be responsible for the stewardship, oversight, and leadership of their organizations. Boards will be critically important in supporting planning activity, and in providing direction to senior staff and clinical roles as they become more involved in the OHT. Boards will also remain fully responsible for risk assessment, financial stewardship, and strategic decisions.

Q: Are FHTs and NPLCs going to be merged into new organizations? What does the future look like for OHT providers?

A: FHTs and NPLCs will participate as partners in OHTs, along with other service providers, likely under contract with the OHT governing body to begin with. How an OHT evolves will depend on many factors including governance, leadership and vision. It will be important for primary care providers to participate in OHT planning to ensure that models and systems will deliver the best outcomes for patients and families.

Q: Can we withdraw from the OHT process a) at any time? b) if we don't like how the OHT is developing? c) if the OHT is not meeting our expectations? What would the implications be?

A: At this point yes (however, this may impact the ability of the OHT to move forward, as primary care providers are central to the OHT model). Once signed on, there will be provisions within the contracts for how to withdraw.

Q: If our FHT/NPLC does not belong to an OHT, what are the implications for our patients? Can they still have access to specialists? Home care? DI? Will their access be slowed in favour of patients whose physicians are already participating in the OHT?

A: The Ministry intention is that there will be no detriment to patients.

Q: If we agree to become a signatory to an OHT, what happens to our agreement with the Ministry? Do we then become accountable to the OHT instead of the MOH?

A: All organizations will keep their existing agreements until they become an OHT at which point the OHT will have one agreement with Ontario Health.

Q: How can primary care providers participate in implementation?

A: It will be important for primary care providers to be involved in the planning and implementation of OHTs. Providers should be prepared to participate in planning sessions, working groups, and OHT governance to ensure the primary care voice is central in new models and systems.

Q: What does success look like for each partner? What are the measures?

A: Success measures and key performance indicators will be developed by the partners for the OHT as a whole. Patients and caregivers will also participate in the development of success measures. Primary care providers should be an important voice in determining what success will look like.

Q: How will OHTs deal with the barriers posed by privacy legislation?

A: The Ministry is aware of these barriers and has committed to ensuring that barriers to coordinated care, including privacy issues, are addressed. The MOH plans to consult on PHIPPA regarding barriers to sharing of patient information.



Q: How does the OHT identify the population for which it will be accountable? How do patients become attributed to a particular OHT?

A: IC/ES has identified naturally occurring networks of residents and providers based on existing patient flow patterns. The IC/ES methodology ensures that:

- Every Ontario resident is linked to their usual primary care provider
 - Every primary care physician is linked to the hospital where most of his/her patients are admitted for non-maternal medical care
 - Every specialist is linked to the hospital where he/she performs the most inpatient services
- An OHT does not have to take any action for residents to be attributed to their Team.

Q: How will OHTs deal with the many different EHR/EMR systems across different providers?

A: The Ministry is aware that technology is often a barrier to coordinated care. The Ministry's 'Digital Playbook' will be a starting point to support OHTs to address the challenges posed by technology, and it is expected that there will be significant attention to addressing these challenges.

Q: What are some of the critical components for a successful OHT?

A: Modernizing a health system is important but challenging work. We know that some of the basic elements of success will include:

- Developing trust between all OHT partners
- Demonstrating true willingness to change
- Willingness to invite and involve patients, families and caregivers
- Strong leadership and governance
- Shared vision, good planning and superb execution; sharing a broad vision and attending to every detail
- Focus on the patient as partner
- Letting go of institutional ego; sharing responsibility for outcomes across all providers
- Meaningful, true partnerships.

Learn More

How do I learn more?

The Ministry has provided the following resources for the OHT process.



[How to become an Ontario Health Team](#)

[Ontario Health Team Guidance document](#)

[Ontario Health Team Self-Assessment Form](#)

You can sign up to receive the Ministry's [Connected Care Updates](#).

You can link to the [Association of Family Health Teams of Ontario](#) for resources on governance, privacy, team building and effective partnerships related to Ontario Health Teams.

You can also get support from [RISE \(Rapid-Improvement, Support and Engage\)](#).

CREDIT

In addition to Ministry of Health documents and webinar information, the following resources were used in the compilation of this handbook:

- Miller Thomson, LLP (2019). *Ontario Health Teams: A Primary Care Perspective* [PowerPoint slides].
- Ontario College of Family Physicians (2019). *Ontario Health Teams: What are They? How to get Involved?* [PowerPoint slides].
- Ontario Medical Association (2019). *Ontario Health Teams – Moving Forward with Integration in Ontario* [PowerPoint slides].
- Ontario Hospital Association (2019). *Backgrounder – Bill 74: The People's Health Care Act*
- Quadruple Aim – developed by Thomas Bodenheimer and Christine Sinsky