



OHT Webcast Series: The Shift to Shared Leadership

September 12, 2019

Thank you to our partners!



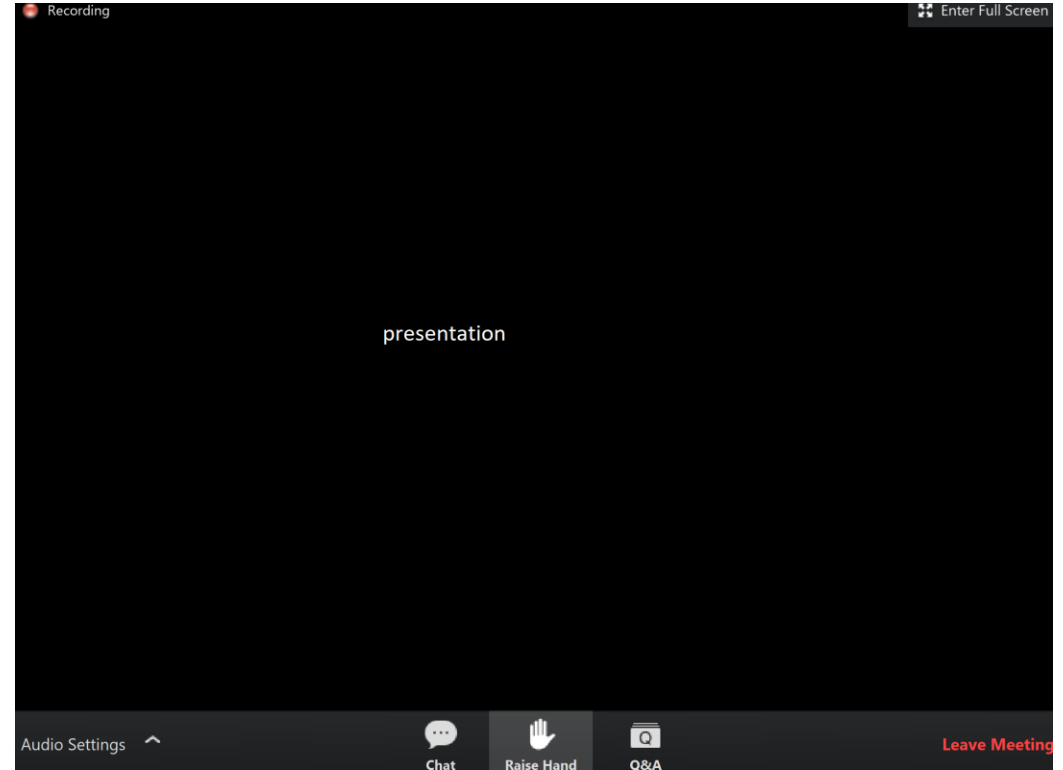
The OHT Starter Toolkit

- The Ontario Health Team Starter Toolkit will be released next week.
- The toolkit includes the following:
 - Partnership principles
 - Management structure options and approaches
 - Working Group Terms of Reference
 - Due diligence checklist
 - Statement of intent / MOU
 - Confidentiality and Non-Disclosure Agreement

Housekeeping – Zoom Webinars

How to Participate

All attendees are automatically muted. Attendees can raise their hands to speak or post in the Q&A section.



Introducing today's speakers

Keri Selkirk

- *Senior Consultant, Centre for Organizational Effectiveness*

Maria Sanchez-Keane

- *Principal Consultant, Centre for Organizational Effectiveness*

Karima Kanani

- *Partner, Miller Thomson LLP*

Chris Archer

- *Couchiching OHT*

Jill Berridge

- *Hamilton OHT*

Nora Constas

- *Eastern York Region and North Durham OHT*

About You (so we know who we are talking with) - polls



Approach to Shared Leadership

WHY a shared leadership model for Ontario Health Teams?

Key Topic Areas

- Brief Review of Ontario Health Teams
- Shared Leadership | Collaboration: The HOW the work will get done
- Build Trust with Co-creation and Guiding Principles
- The Compelling WHY
- The WHY – Priority Population
- Road Map
- Roles, Responsibilities and Potential Structures
- Terms of Reference





ONTARIO HEALTH TEAMS QUICK REMINDER

*of the **WHY***

What Ontario should expect from their health system



People shouldn't have to wait for the care they need



People will have good choices and information to help in their decision-making



Resources will be spent on front line care



People will have increased confidence that the health system will be there for them when they need it

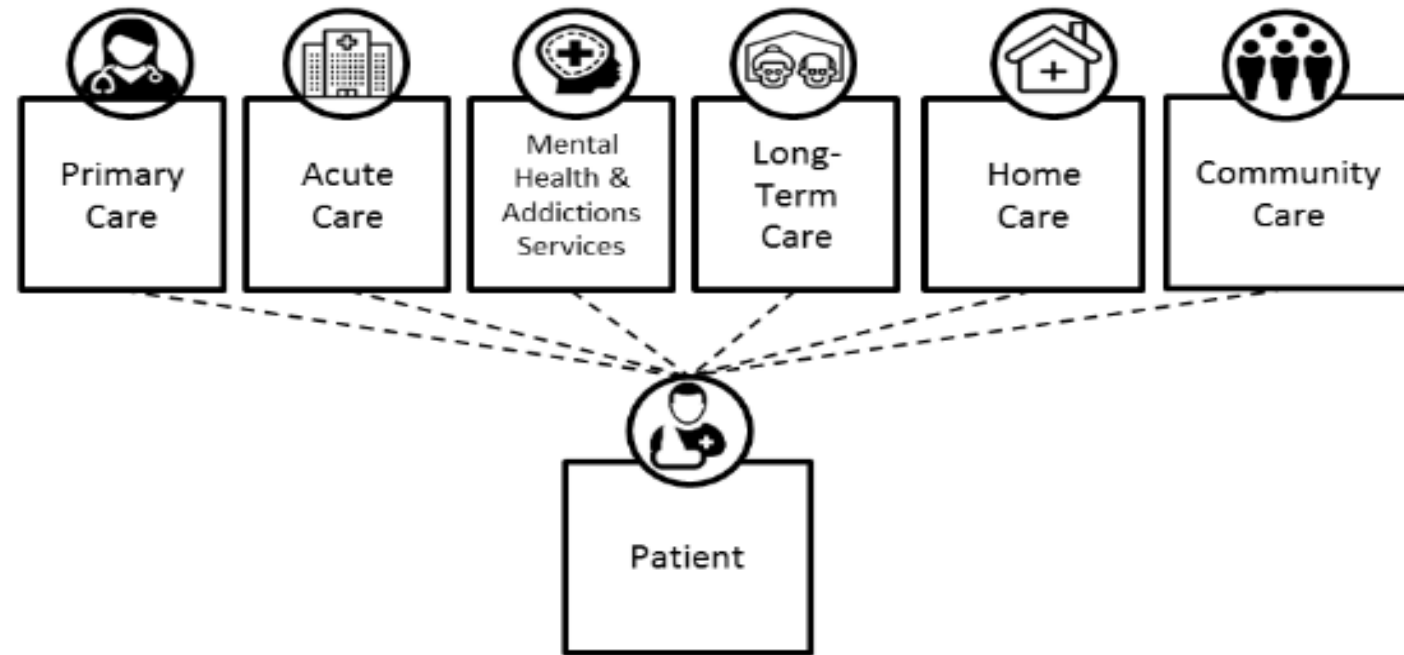
Coordinated Care & Service Delivery: Ontario Health Teams

A system where health care providers partner to coordinate and deliver care.

- **‘Ontario Health Teams’** (OHT) is a new model of integrated care where a **group of providers** (e.g. hospitals, home care, primary care, mental health and others) **are held clinically and fiscally accountable for delivering a coordinated continuum of care to a defined population** or patient segment.
- In an Ontario Health Team, **patients will receive seamless and coordinated care no matter where they are located or what their health needs are.** Ontario Health Teams will ensure patients have a **single team of providers** for all their care needs and **will not experience gaps** in services.

Ontario Health Teams

Current State



Ontario Health Teams





Shared Leadership | Collaboration: The **HOW** the work will get done



Shared Leadership

Some Important Ways to Make Shared Leadership Work

- Nurture TRUST above all! (You will go at the speed of trust)
- Compelling WHY for your OHT
- Clear understanding that we can't do it ALONE, we can only get there TOGETHER
- SKILLS and TOOLS to better work together
- ROAD MAP & STRUCTURE of how to get there and how to work
- Commitment to SHARED MEASUREMENT of results
- Adequate RESOURCES (Backbone support)



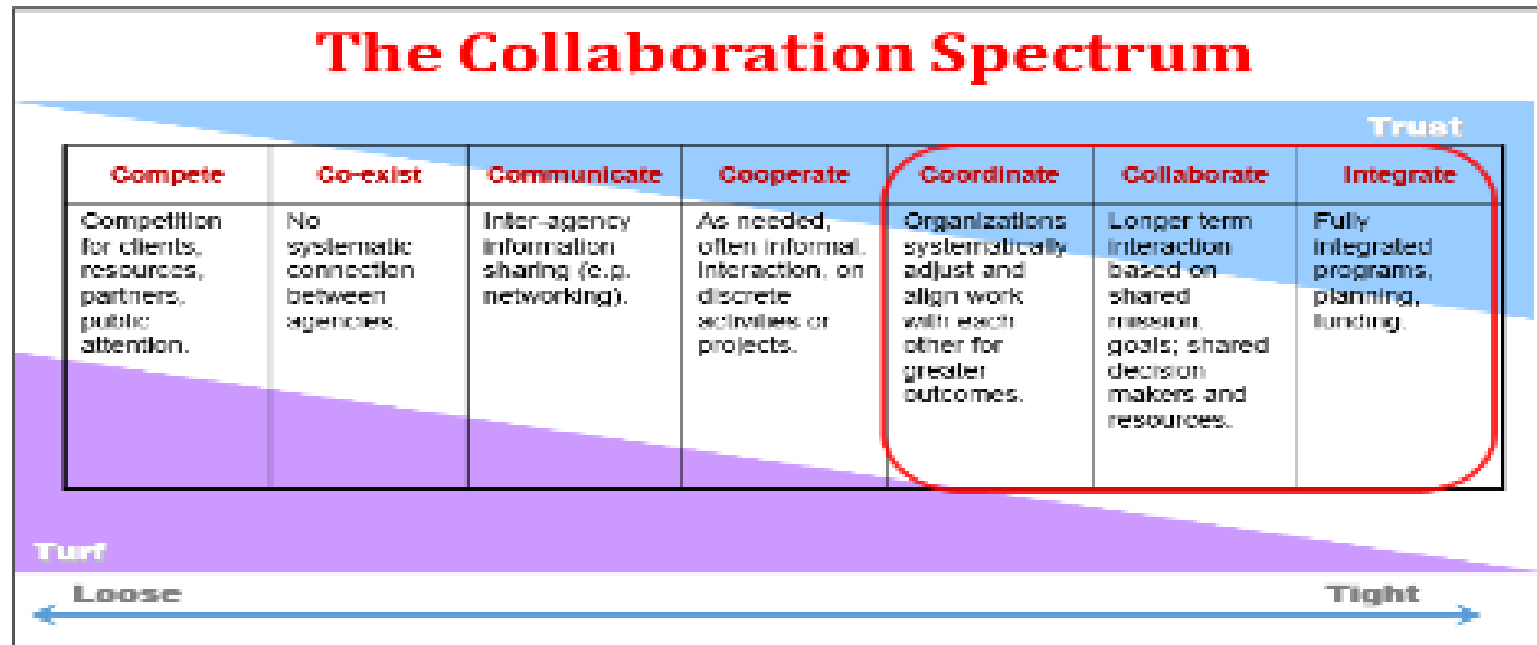
A photograph of two young girls hugging each other in front of a wooden fence. The girl on the left is wearing a pink headscarf and a purple top. The girl on the right is wearing a light blue headscarf and a red top. The image is dimly lit, and the text is overlaid in white.

Build Trust above ALL

By Engaging in Co-Creating the Future TOGETHER

Tool | The Collaboration Spectrum (from Community Health Ontario)

The word “collaboration” can be interpreted in many different ways. There is a continuum of different collaborative approaches. As groups move along the continuum they must pay attention to continually building trust amongst the partners.



Where are your OHT partners currently at?

Where do you want/need to be?

How will you get there?

Power Imbalances – how to address them

- Acknowledge power imbalances (whether you are the “powerful” or the ones that feel “less powerful”) - poll
- Reflect on where the imbalance comes from (current, historical)
- Listen to understand both what is being said and why
- Strong sector networks
- Speak about..
 - First – what the patients need (the compelling WHY)
 - Second – from the experience of your sector
 - Third – with knowledge gained in your organization

Power Imbalances cont'd

- Spend the time up front to discuss and agree to process and expectations = Partnership Principles
 - Foundational Statements (Vision, Purpose, Values)
 - Objectives (comes from Provincial direction)
 - Define Partners and Partner Responsibilities
 - Decision-Making (consider consensus based decision making)
 - Conflict Resolution (define process up-front)
 - Partner Termination

Power Imbalances – Know yourself, your Organization and your Sector

- Community Health Ontario's webinars provided a number of helpful tools for your teams to use to reflect on how you will work together.
 - Communityhealthontario.ca
 - Building Collaboration Capacity for Ontario Health Teams 9-part webinar series
 - Collaboration Spectrum Tool
 - Gives Gets & Constraints Tool
 - Braving OHT's – Anatomy of Trust Tool

In Shared
Leadership, what
you do must be
grounded on
WHY you are
doing it

The Compelling WHY



Some Ideas to Getting to Your OHTs

WHY

Spend time asking the deeper WHY (5 times)

- **WHY** are we doing this?
 - Because we have to
- **WHY** are we doing this?
 - Because I'm afraid my funding will be cut
- **WHY** are we doing this?
 - Because I'm tired of the system not working/ running into barriers
- **WHY** are we doing this?
 - Because may be can make something different together
- **WHY** are we doing this?
 - Because I want to be involved in making it better for the people we serve

Get together to commit to a collective WHY

- A WHY that we go back to when we lose our way
- A WHY that we all buy into

Getting to this way takes time, TAKE THE TIME!

The **WHY** – Priority Population

Good initial indicator of how well you are sharing leadership

Opportunity to build trust

Priority Population Poll

The **WHY** – Priority Population

- **The Priority Population should be/must be a consensus building experience**
 - Voices are heard
 - Shared agreement
- **This makes the compelling WHY real/tangible/focused**
- **If it wasn't, suggest that you go back to confirm using a consensus building process**
 - Greater engagement, buy-in
 - Foundational for shared leadership
 - If too far down the process, consider finding ways for consensus building opportunities in other parts of the process
- **Cross Check for the Priority Population selected for the OHT**
 - Clear understanding that we can't do it ALONE, we can only get there TOGETHER
- This becomes your **COMMON AGENDA**
- Where you want to focus your **COLLECTIVE IMPACT**



Potential Structures & Road Map

Making it Real & Practical

Use the OHT Application as your Road Map

1. About your population

2. About your team

3. How will you transform care?

4. How will your team work together?

5. How will your team learn and improve?

6. Implementation planning and risk analysis

7. Membership Approval

Appendix A: Home & Community Care

Appendix B: Digital Health

Shared Leadership

*Every step of the way
you need to ask:*

How are we engaging others?

- Primary Care, Mental Health & Addiction, Home & Community Care, Community Support Services (not just at the table but those others who will eventually be needed to implement the application)

How are we building consensus?

- Can we think about each aspect of the application and find ways to
 - Hear all perspectives
 - All perspectives are heard and respected
 - Emerging/common themes are noted
 - Differences are noted
 - Group dialogues to seek a way forward
 - Consensus sought
 - Agreement on decision from the whole group

How do we structure in such a way to engage and build consensus?

This builds TRUST

Potential Structures – Keep It Simple as you Start



Organize according to the work ahead

- Coordinating Committee
- Working Groups





Roles & Responsibilities

Practically, how do we make this happen?
Some ideas...examples....tools

Shared Leadership

Responsibility to Engagement & Building Consensus



Coordinating Committee seeks feedback

Examples:

Membership of the Team

Services to be delivered the first year

Priority Population

Patient/Client engagement

Elements of the Application (e.g. equity considerations)

Expanding membership

How care will be transformed

Coordinated Care

Digital Health

Representatives at the Coordinating Committee take the questions back to their sector/group for feedback

Feedback is brought back to Coordinating Committee

All perspectives are heard and respected

Emerging/common themes are noted

Differences are noted

Group dialogues to seek a way forward

Consensus sought

Agreement on decision from the whole group

Consensus tool

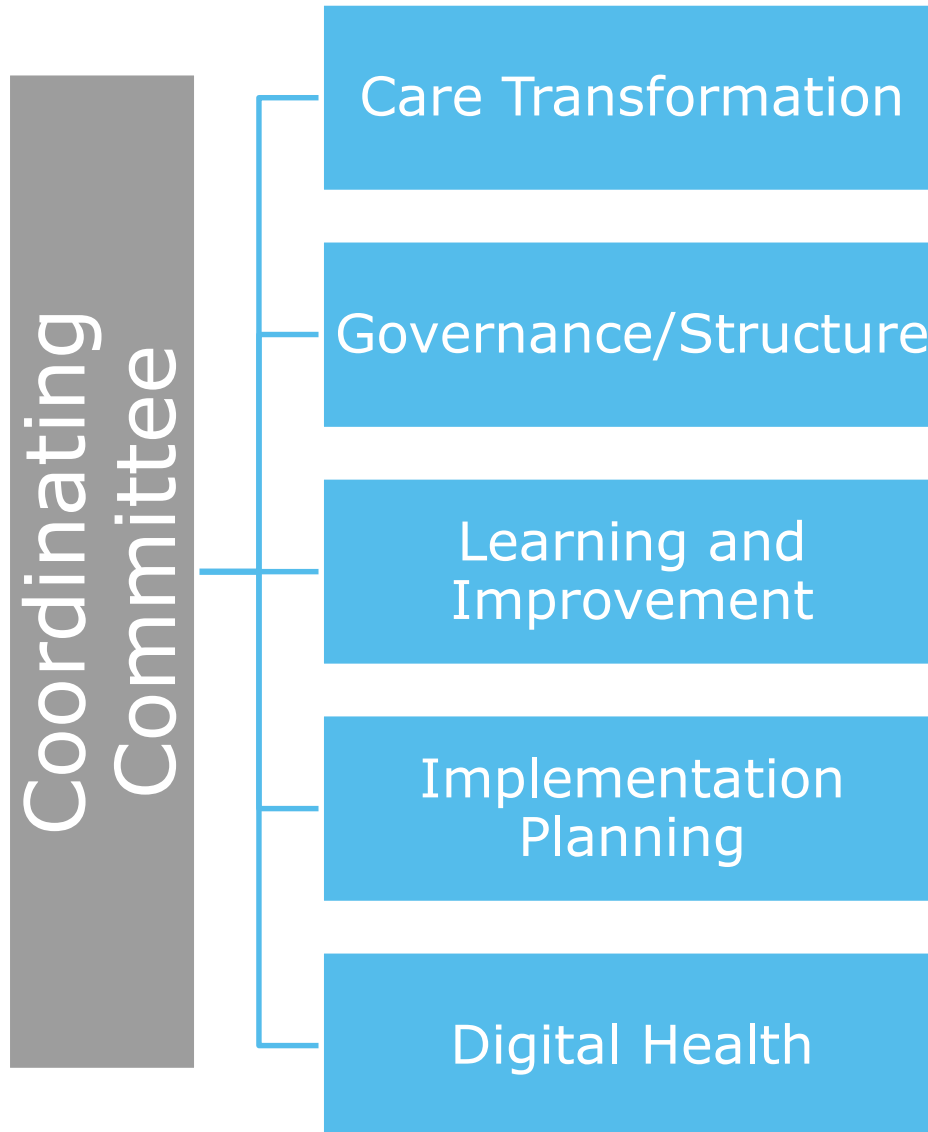
Consensus is a relative term. There are varying levels of agreement with decisions, as indicated in the table below. Levels 1 through 5 all constitute consensus. Only Level 6 lacks consensus.

Level	Position	Feelings and Behaviour		
1	Agree strongly	"I really like it!"	"I'll advocate for it publicly whether or not it's adopted"	"I'll actively support its implementation"
2	Agree	"I like it"	"I'll advocate for it publicly"	"I'll support its implementation"
3	Agree with some reservations	"I can live with it"	"I'll support it publicly and privately even with my reservations"	"I'll participate in its implementation"
4	Disagree, but willing to go along with majority	"I don't like it. I'm willing to go along with it, but I want my disagreement acknowledged"	"I'll support it publicly and privately when asked"	"I won't work against its implementation"
5	Disagree, and won't be involved in implementation	"I really don't like it, but I'm willing to go along with it because I don't want to stop others"	"I'll not oppose it publicly or privately"	"I will not be involved in its implementation, but won't sabotage it"
6	Opposed, and will work to block	"I hate it and will work to block it!"	"I'll advocate against it publicly if adopted"	"I'll work to sabotage it"

Key Structure Considerations

- **Steering/Coordinating/Leadership Table**
 - Strategic planning
 - Partnership development
 - Risk Management
 - Oversight

Sample Start-up Structure 1 – based on Application Areas



- Based on interest/volunteers
- Membership requirements include only that those with the information required are involved

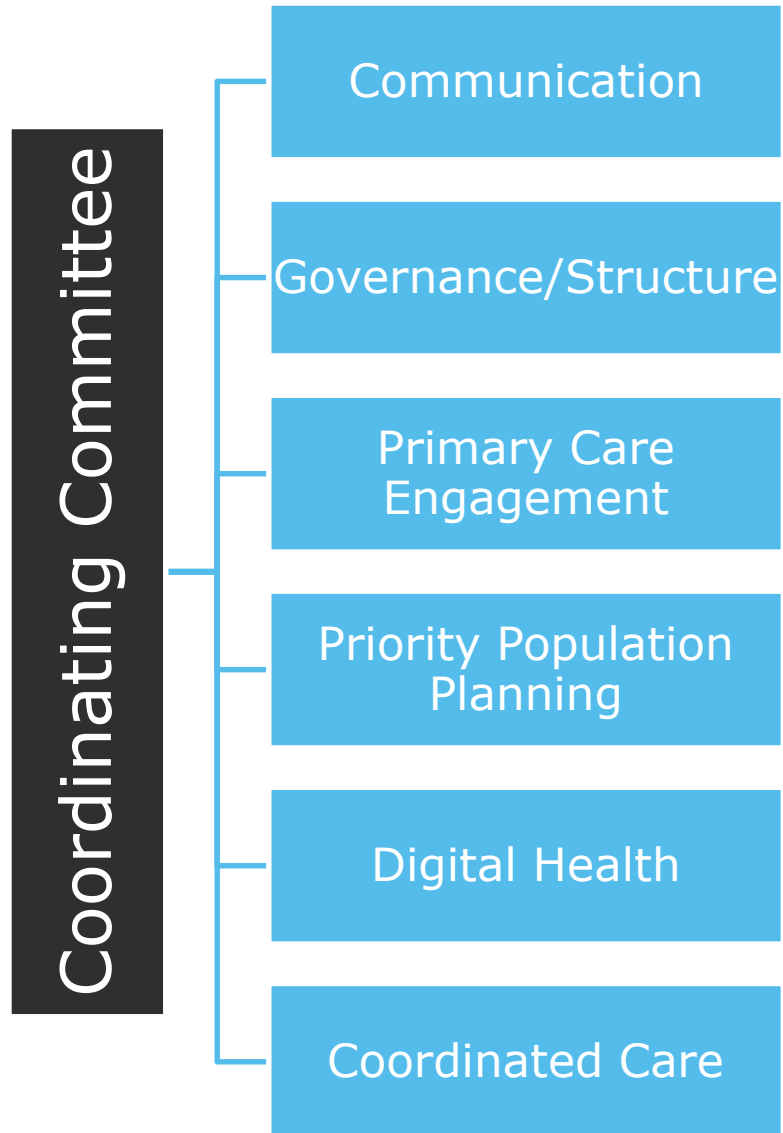
Pros

- Organic co-creation and development (develop trust)
- Allows people to be in areas they are most interested in
- Test/PDSA of structures

Cons

- Will need to rapidly evolve
- Governance/structure group has significant potential power
- Coordinating committee not planned (and will also have significant power)

Sample Start-up Structure 2



- Structure based on initial necessary focus areas
- Based on pre-determined membership structure

Pros

- Targets tasks that are necessary for ongoing success
- Early attention paid to representation and principles
- Strong Coordinating Committee – well resourced and principles agreed to

Cons

- Structure may need to change over time (and people may be too attached to original structure due to work put in)
- Representation may be less engaged if did not volunteer



Terms of Reference



Each Committee needs a Roadmap of Expectations (Terms of Reference)

- Scope
- Guiding Principles
- Accountability
- Decision-Making Guidelines (including Quorum)
- Task Responsibility
- Length of Commitment
- Meeting Frequency and Location
- Membership
- Chair
- Secretariat
- Conflict Management

Key Take Aways

Questions



- Shared Leadership | Collaboration: HOW the work will get done
- Build Trust with Co-creation and Guiding Principles (Tool)
- Ground in the Compelling WHY
- Road Map
- Roles, Responsibilities and Potential Structures
- Terms of Reference (Tool)

Thank-you!

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MILLER THOMSON
AVOCATS | LAWYERS

FORWARD TOGETHER

Ontario Health Teams: The Shift to Shared Leadership

Getting Started: Legal Tips and Tools

September 12, 2019



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Agenda

1. Ontario Health Teams: Summary of Process and Principles
2. Beginning the OHT Journey: Legal Tools for Getting Started
 - Memorandum of Understanding
 - Mutual Confidentiality Agreement
 - Due Diligence Attestation
3. Down the Road: OHT Development Process

OHT Process and Principles

- *Connecting Care Act, 2019* establishes Integrated Care Delivery Systems (Ontario Health Teams)
- Under the Act, Minister may designate a person or entity or a group of persons or entities as Ontario Health Team if have ability to deliver integrated and coordinated care across at least three types of services (hospital, primary care, mental health and addictions, home care or community services, long-term care, palliative care...)
- Ontario Health Teams are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population
- Intended to be across the Province over time, selected by Ministry of Health through Self-Assessment submission and Application process by invitation

OHT Process and Principles

- OHTs are intended to be voluntary and provider driven
- OHTs may self-organize
- No prescribed OHT corporate or governance structure
- OHTs to be self-determined and fit-for-purpose

Tools to Get Started

Memorandum of Understanding

- MOU intended to establish a framework and rules of engagement for potential OHT members to work together toward the development of the OHT
- Establishes an interim steering committee to lead the OHT development process
- Non-binding; intention to explore and jointly develop OHT but no obligation to proceed as OHT member
- Stepping stone document, will end once OHT Agreement entered

Tools to Get Started

Memorandum of Understanding

- MOU key terms of interest:
 - **Confidentiality:** Commitment to treat with confidentiality information shared among the parties and materials developed together relating to the OHT
 - **Independent Governance:** Confirmation that independent governance authority of Boards of Directors or other governing bodies of any potential OHT member remain unfettered
 - **Joint Public Communications:** Setting out a mutual understanding for coordination of public communications relating to the OHT
 - **Good Faith Collaboration:** Commitment to proceed with OHT development in good faith
 - **Cost Sharing:** Setting out a mutual understanding for cost sharing of resources and supports engaged in the OHT development process

Tools to Get Started

Mutual Confidentiality Agreement

- Of mutual interest to all potential OHT members
- Requires a commitment from each party to treat information received and materials developed in relation to the OHT as confidential
- Could be used as a free-standing form or its terms could be included directly within an MOU
- Stepping stone document to support free flow of information for the development of the OHT; will end once OHT Agreement entered

Tools to Get Started Due Diligence Attestation

- Not all organizations who are potential members of the Ontario Health Team will have worked with each other before
- What do you know about your potential partners?
- Operational, financial and legal due diligence on potential partners recommended

Tools to Get Started Due Diligence Attestation

- Self-Assessment requires statements about the status and capabilities of each partner in the team:

Example:

“each partner in the team is able to demonstrate a strong track record of responsible financial management”

Tools to Get Started

Due Diligence Attestation

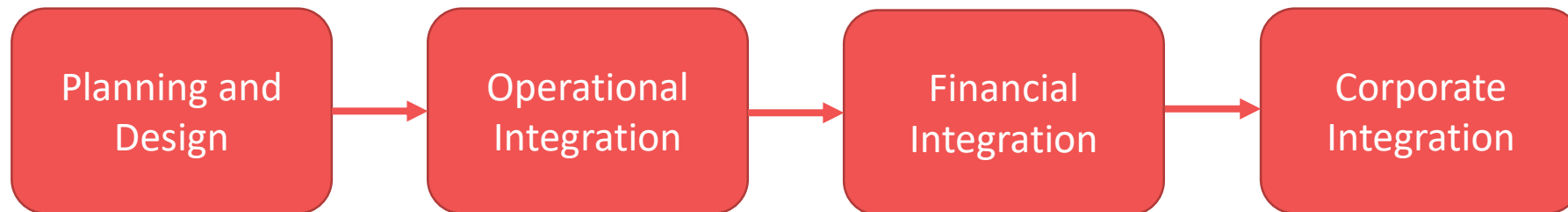
- Application requires:
 - “Identify whether any of your team members have had issues with governance, financial management, compliance with contractual performance obligations, or compliance with applicable legislation or regulation. Where there are issues, describe whether there is a plan in place to address them.”*
- Accountability and performance management structures required

Tools to Get Started

Due Diligence Attestation

- To support due diligence on potential partners and ability of all parties to respond to Ministry Self-Assessment and Application requirements, parties can seek Due Diligence Attestation from each other
- Includes attestations on governance, legal compliance, financial management and standards of practice and procedures
- To be signed by CEO/ED and Board Chair
- Attestation includes Disclosure Appendix; issues disclosed may prompt additional due diligence by the team

OHT Development Process



OHT Development Process

- Journey begins in Planning and Design
- As OHT matures OHT model will evolve
- Down the road - Year 1 OHT Agreement for Operational Integration (MOH requirement for legal agreement among Members)
- Starter tool kit provides the stepping stones to development of long term OHT Agreement



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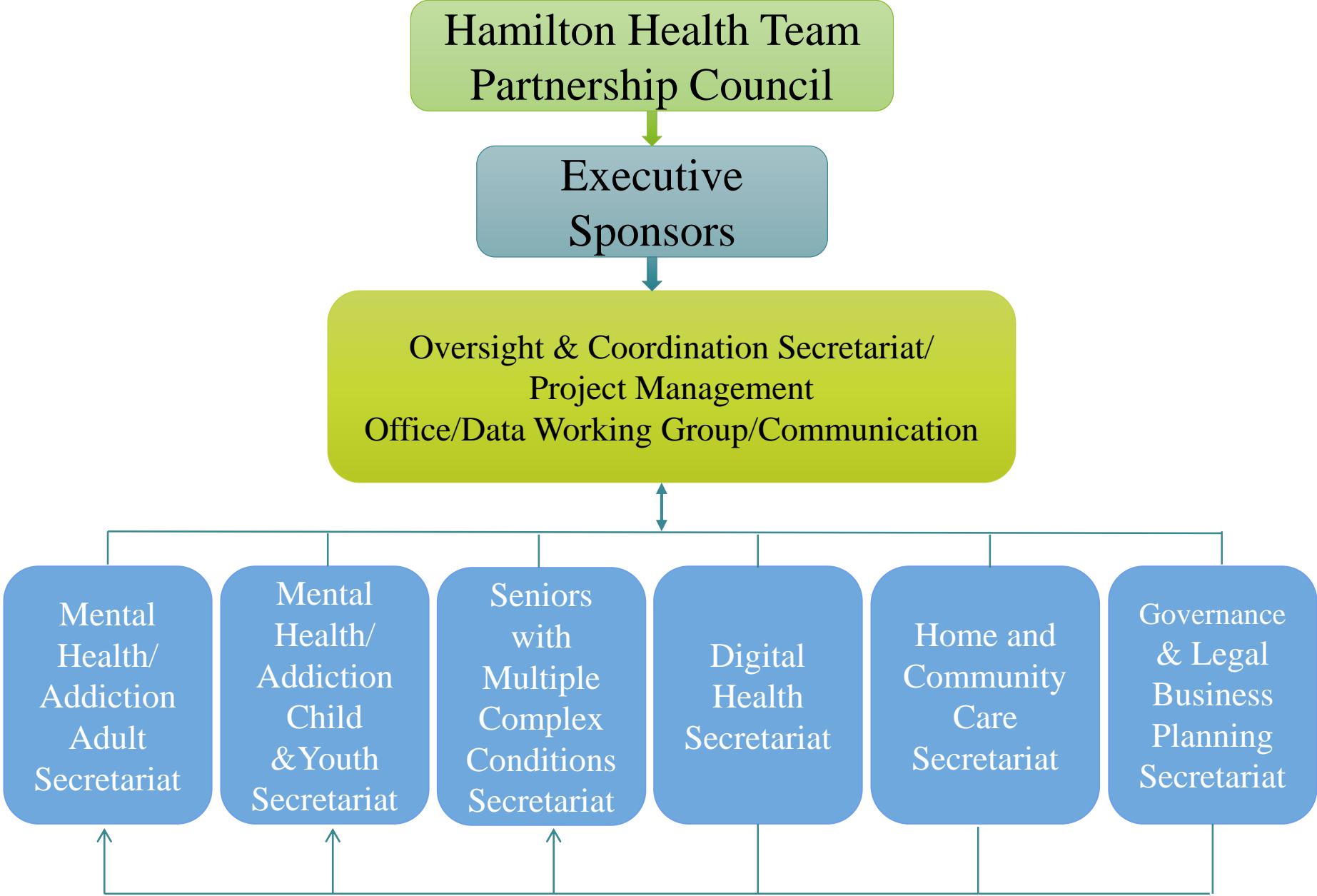
Karima Kanani leads the corporate commercial practice in the Toronto Health Industry Group at Miller Thomson LLP. She provides corporate counsel to health and social service organizations of all sizes. Karima is a leading advisor and frequent industry speaker on health system transformation and integration across the care continuum. She has been named as one of the "Best of the New Generation of Lawyers" (Precedent Magazine) and as a "Rising Star" and "Leading Canadian Corporate Lawyer to Watch" (Lexpert Magazine).

Couchiching ‘Shared Leadership Discussion’

- **Background (Relationships/Trust/Successful Partnerships)**
- **Structured Leadership (Evolution of Sub Regional Planning Table, Working Groups, OHT Planning Table)**
- **Ontario Health Team Priorities, Enablers and Approach**
- **Challenges/Successes**
- **Next Steps....**

Hamilton Health Team Partnership Council

- Alzheimer Society of Hamilton
- City of Hamilton
- De Dwa Da Dehs Nye>s Aboriginal Health Centre
- Dept. of Family Medicine, McMaster University
- Hamilton Family Health Team
- Hamilton Health Sciences
- McMaster Family Health Team
- McMaster University (Digital health focus, School of Nursing)
- Ontario Telehealth Network
- Patient Representatives (co-chairs)
- St. Joseph's Health Care Hamilton
- St. Elizabeth's Health Care
- Thrive Group



Mental
Health/
Addiction
Adult
Secretariat

Mental
Health/
Addiction
Child
& Youth
Secretariat

Seniors
with
Multiple
Complex
Conditions
Secretariat

- Many other community partners brought in to advise regarding goals of year 1 with these priority groups (ie. CAMH, shelters, paramedics, newcomer advocates etc)
- All Family physicians in the City were invited
- Large number of patient advisers invited from all partners
- Terms of Reference developed for each secretariat



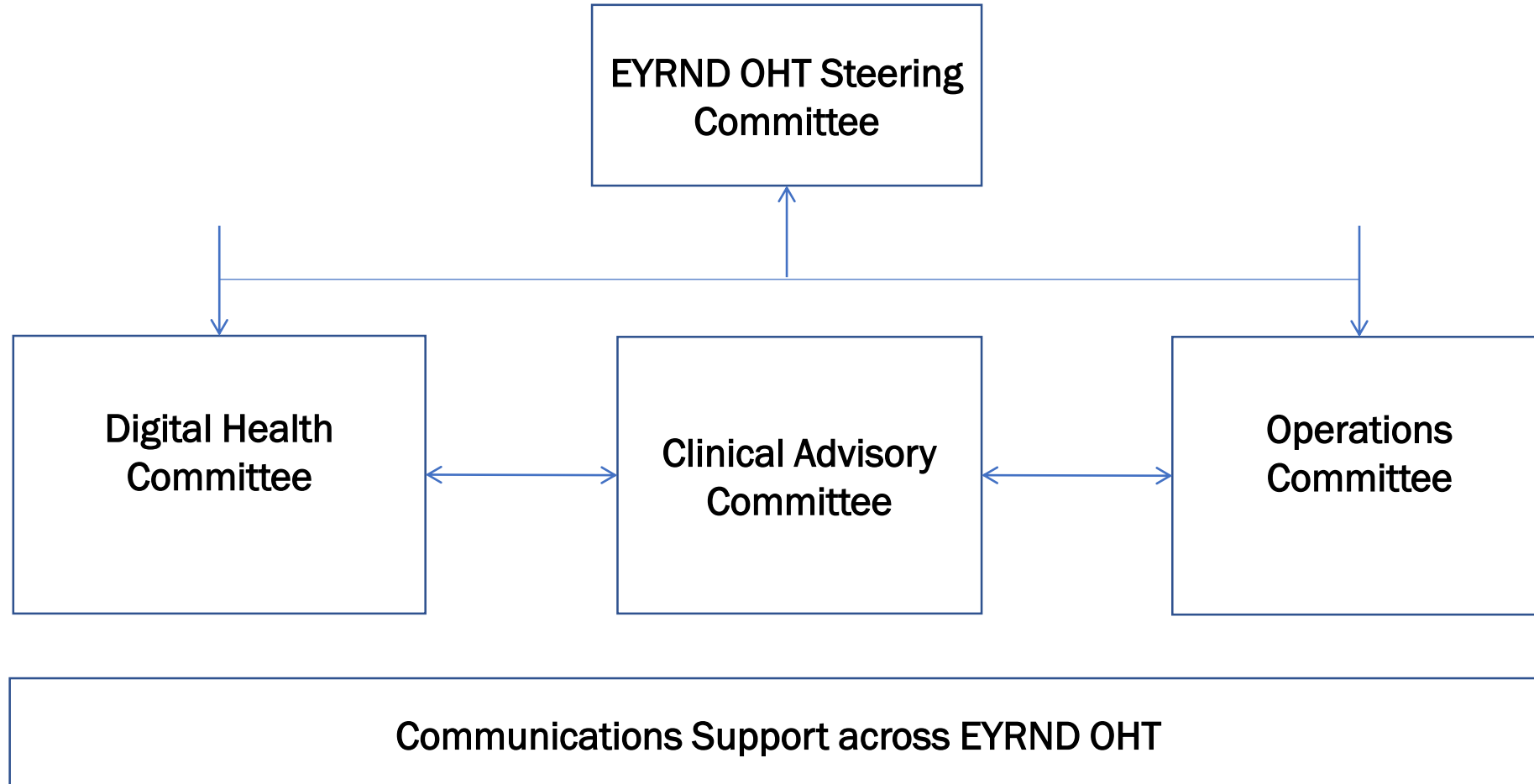
Markham Family Health Team
Care for A Lifetime

Development of Ontario Health Teams

Working Towards a New Vision of Care Delivery in EYRND OHT

Current Structure

Markham Family Health Team
Care for A Lifetime



Partners

Markham Family Health Team
Care for A Lifetime

- Anchor Partners within the OHT:

Anchor Partners		
Addictions Services Durham	Alzheimer's Society York	CareFirst
CHATS	CMHA York and Simcoe	LOFT
Health For All FHT	Markham FHT	OntarioMD
Orchid Medical Centre	Patient and Caregivers	SE Health
Stouffville Medical Centre	UHS	YSSN
MSH	Krassman Center	360 Kids

Priorities and Approach

Markham Family Health Team
Care for A Lifetime

- Development of target population based on multiple variables including but not limited to:
 - Determination of proof of concept
 - Size of cohort – needs to be small enough to demonstrate value but resource intensive to create opportunities for better integration
 - Needs addressing multi-disciplinary input
 - Recognition of opportunities based on community as well as acute care resource utilization
 - PDSA cycle
 - Use of consultant to help co-design future state

Current Challenges

Markham Family Health Team
Care for A Lifetime

- Keeping steps actionable vs pie in the sky
- Not jumping too far ahead
- Shift focus from funding concerns to tasks at hand
- Governance structure or lack thereof

Current Opportunities

Markham Family Health Team
Care for A Lifetime

- Development of ToR for each of the working committees
- Development of targeted working committees tasked with deliverables and end goals
- Steering committee to guide and make strategic and operational decisions
- Focus on collaboration and integration
- Ability to look at issues from a systems perspective and identify gaps and duplications in services
- Ability to identify target population and approach to developing greater integration

Next Steps

Markham Family Health Team
Care for A Lifetime

- Development of co-design with the help of an external consultant
- Development of MoU outlining commitment, roles and responsibilities and deliverables from each anchor partner
- Development of a governance structure and leadership positions and roles
- Identification of potential partners moving towards maturity and engagement of other community organizations, LTC and palliative care

Upcoming Webcasts

Webcast #2 – Ontario Health Teams: A New Era of Collaborative Governance

- This webcast will explore different ways of approaching the initial governance structure of an OHT, highlight effective strategies to promote governance collaboration, and provide sample tools and templates such as the following: a governance checklist; principles and approaches for shared decision making, conflict, and information sharing; OHT agreement development worksheet; sample governance agreement template; and a sample dispute resolution template.

Webcast #3 – Ontario Health Teams: Addressing the Elephants and Obstacles

- We will discuss some of the obstacles OHTs are facing, such as – dealing with conflict? Lack of physician engagement? Power imbalances? Cultural differences? Labour Relations? Meaningful patient/caregiver involvement? We will identify strategies for maintaining forward momentum.

Webcast #4 – Ontario Health Teams: The Privacy Connection

- This webcast will highlight privacy considerations OHT partners will need to discuss and will provide tools to support information and data sharing in OHTs, including the following: privacy refresher on data management; data sharing agreement development worksheet; data access agreement development worksheet; and data hosting agreement development worksheet.

Stay tuned for dates!



association of family
health teams of ontario

Thank you!