OMA's Ontario Health Team FAQs

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Introduction to OHTs

The Ontario government is moving forward with significant, fast-moving and evolving health system reform by creating Ontario Health Teams (OHTs) established by the *Connecting Care Act*, 2019[i], a new integrated care delivery model being rolled out across Ontario. The Act also creates Ontario Health, a 'super' agency with broad oversight powers of the health care system. OHTs are groups or networks of health care providers who will ultimately be clinically and fiscally responsible for the delivery of the full continuum of care to their patients including, but not limited to, primary care services, home care, acute care, long-term care, palliative care, mental health and addictions services, and palliative care services.

Physicians, the OMA, and patients have been calling for integration for many years. The OMA's submission on Bill 74 (the bill that established the *Connecting Care Act)* reiterated that support. If implemented properly, an effectively integrated system will allow physicians to be more efficient, and spend more of their time and resources delivering care to patients. Evidence clearly shows that physician leadership, voluntary participation, and primary-care centricity are fundamental elements to successful health system integration.[ii,iii,iv] As key informants of the health care system, physicians are best positioned to help develop integrated care teams. By integrating care in an OHT, we anticipate that physicians will have improved access to services and supports to allow them to focus more on patient care with less on administrative burden. While some physicians will lead the process of becoming an OHT, the OMA strongly believes that it is important that physicians be engaged as clinical leaders within OHTs, and that physicians assume leadership roles within the governance structure of OHTs as key decision makers.

We know that current physician involvement in OHTs is quite varied and ranges from physicians assuming leadership roles in the establishment of an OHT; signing onto an initial OHT application; choosing to refrain from participation for the time being; and not having been approached to join an OHT and perhaps uncertain how to get involved. Physicians, like many stakeholders, have a lot of questions about OHTs. Many are uncertain as to what OHTs mean to their practice, to their patients and to the health care system in general, and the various associated risks with this transition. The OMA is committed to providing information as it becomes available to address questions, and is actively seeking information and clarification from government, including through participation in policy-related OHT working groups (e.g., virtual care, privacy, measurement) and by supporting physicians interested in being health system leaders in this new environment.

We are here to offer support to all physicians as they consider these health system changes. These FAQs have been developed to answer the frequently asked questions OMA is receiving from its members. The FAQs will continually be updated as OHTs evolve. Sources used for the FAQs include OMA hosted Town Hall webinars, questions received from OMA's Regional Managers and through our dedicated email address OMA_OHT@oma.org.

Questions & Answers

About Ontario Health Teams

1. What is an Ontario Health Team?

An Ontario Health Team (OHT) is a team of health care providers who work together to design a system for their population and deliver care to allow for a seamless transition for patients accessing health care. They are known as an Integrated Care Delivery System in the *Connecting Care Act*. Various groups are currently seeking to become an OHT. The Ministry of Health (the "Ministry") is leading the process to become an OHT. To be considered as an applicant/candidate OHT, the OHT must have the ability to deliver at least three types of health services as set out in the Ministry's guidance document (e.g., primary care services, home care, acute care, mental health and addictions services, palliative care services, etc.). Applicants/candidates must include a minimum of primary care, hospital, and home and community care.

As OHTs roll out to full maturity, they will be expected to provide the full continuum of care set out in the Act.

2. How will OHTs be developed?

Ontario Health Teams are being developed and selected over four main stages as outlined below. The Ministry is using a continuous intake process to allow groups to get organized and complete the OHT readiness assessment process[1].

The four-stage path to become an OHT is as follows:
i) Self-Assessment: Interested groups begin working to meet key readiness criteria for implementation.
ii) Validating Provider Readiness: Based on self-assessments, groups of providers are identified as being *In Discovery,* being *In Development,* or invited to proceed to *Full Application**.
iii) *OHT Candidate*: Those invited to submit a *Full Application* and following its review have been determined to meet the readiness criteria will be deemed an *OHT Candidate* and may begin implementation of the OHT model.
iv) *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 OHT.

* Following the Self-Assessment submission reviews, OHT applications are deemed to be:
In Discovery: those teams deemed to be in the beginning stage of readiness.
In Development: those teams deemed to be progressing well along the path, but require more revisions prior to being invited to submit a *Full Application*.
Proceed to Full Application: those teams that demonstrate a higher degree of readiness to become an OHT are invited to prepare and submit a *Full Application*.

[1] *Ontario Health Team Readiness Assessment Process* at http://health.gov.on.ca/en/pro/programs/connectedcare/oht/

Where appropriate, some groups may be asked to collaborate with additional providers to re-submit a joint self-assessment.

The Ministry's assessment process will be repeated until full provincial coverage of Ontario Health Teams is achieved. It is anticipated that this will take several years.

The Ministry is developing external evaluation expertise to inform future sizing and scaling and support rapid cycles of learning at the point of care within Ontario Health Team candidates.

3. What is the current status of applications and timelines for the OHT application process?
A first wave of 157 OHT applications were reviewed and in mid-July of this year, the Ministry announced that 31 of them proceeded to the *Full Application* stage. These applications are due on October 9, 2019. Another 41 applicants have been identified as being *In Development*, as they require further revisions prior to being invited to submit a *Full Application*. A further group of nine applications were classified as *Innovative Models* because of the unique populations and innovative approaches identified. The remaining 76 applications from wave one were deemed *In Discovery* which means according to the Ministry the health care providers who are part of the application support the model, but more work is needed to expand partnerships, including with local providers to better align with the criteria set out in the Ministry's guidance document.

OHT applicants in *Full Application* and *In Development* and *Innovative Models* are listed on the MOH website. The OMA has also developed an OHT Interactive Map of these OHT sites to facilitate connections for Ontario physicians with OHTs and with other physicians.

The Ministry also launched a second wave of Expression of Interest (EOI) requests for OHT self-assessment applications. These are due on December 4, 2019. Like the first wave, the government has directed that the services to be provided include (at a minimum) primary care, acute care, and home and community care.

The Ministry has also stated that the first wave of *OHT Candidates* will be announced in the fall 2019. It is not yet known how many of these groups will be named.

4. What if physicians in an OHT area have concerns about their local proposal?
A significant portion of the *Full Application* is focused on governance and decision-making. In addition, there will be an on-site visit as part of the evaluation process. We anticipate that the evaluators will learn about concerns raised during this phase of the application process. This would be an opportunity for dialogue and clarification, and to find potential solutions to address areas of concern. We also encourage physicians at the local level to engage with their District Chairs and those physicians who are part of the application process.

We also recommend that physicians contact the Regional Manger in their area who will share relevant information and trends with the OMA. This timely information exchange is useful in helping OMA to identify issues and move towards solutions, and provide opportunities to engage with the Ministry as needed. OMA continues to emphasize to the Ministry the fundamental importance of building trust and strong working relationships; the Ministry is supportive of this advocacy.

5. When is the OHT required to provide all the services laid out in an OHT proposal?

At maturity it is anticipated that OHTs will offer the full suite of services. We do not have timelines for when that might occur. *OHT Designation* is likely to take many years. OMA is offering a variety of resources and supports to its members about OHTs. Please see www.oma.org/oht for more information or email us at OMA_OHT@oma.org.

6. What are the requirements for the Ministry's full application and how will it be evaluated?

The *Full Application* consists of seven sections and two appendices that align with the self-assessment domains and readiness criteria in the Ministry's guidance document. Each section as set out below has a series of questions those applicants must respond to with a narrative description of how the criteria will be met. As part of the *Full Application*, groups of providers are being asked to identify the population that they intend to serve at maturity, and how they plan to expand their services, partnerships, and virtual care offerings to enable maximum population coverage. Of particular interest to physicians may be the section "about your team" where doctors associated with an OHT application are identified. Those invited to submit a *Full Application* have to submit a fulsome review and plan in advance of the early October deadline. The sections in the Ministry's *Full Application* are:

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 and Community Care

Appendix B: Digital Health

According to the Ministry, evaluators are seeking complete and comprehensive understanding of the team and its capabilities and capacity in relation to these areas.

7. What does an OHT look like at maturity?

As set out in the Ministry's guidance document, at mature state, each Ontario Health Team will:

1. Provide a full and coordinated continuum of care for a defined population within a geographic region including primary care, hospital care, community and home care, long-term care, mental health and addictions services, and palliative care services.
2. Offer patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journey. This does not mean that physicians are expected to be available 24/7, rather there is a patient navigator/care coordinator function required.
3. Improve performance across a range of outcomes linked to the 'Quadruple Aim': better patient and population health outcomes; better patient, family and caregiver experience; better provider experience; and better value.
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. Focus on digital health, 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.

Greater detail on the stages and expectations at maturity is outlined in the Ministry's guidance document.

8. Can you describe what the size and scope of an OHT might look like?

The government has not set absolute requirements on the size of an OHT. The Ministry is using an attribution model based on extensive research by the Institute for Clinical Evaluative Sciences (ICES)[2] to determine how patients are attributed to an OHT. In this model patients are attributed to OHTs based on where patients access health care services as opposed to where patients reside. For example, a patient who lives outside Toronto, but works in Toronto, may access primary care from a family physician in the downtown core. Those patients will be affiliated with the OHT that their family physicians are part of and not where the patients live.

In this attribution model, it is possible that some physicians within the same practice group may be attributed to a different OHT than their colleagues within the same group. Further, a single physician may also be split between two or more OHTs. In addition, some doctors may choose to align with different OHTs over time by changing their referral patterns.

The research conducted by ICES found the median network size to be roughly 135,000 residents with 125 Primary Care Physicians and 143 Specialists, but we expect that there will be large variation across the province.

9. How are physicians being attached to an OHT?

In the attribution model almost every Ontario resident (99.5%) is linked to their usual family physician or primary care provider, and every family physician is linked to the hospital where most of their patients are admitted for non-maternal medical care. Further, every specialist is linked to the hospital where he or she performs the most inpatient services. A very small number of uninsured residents will not be attributed to an OHT and will likely continue to access services locally. It is important to note that physician participation in OHTs remains voluntary.

10. How will OHT applicants know who their attributed population will be?

The Ministry of Health has developed attribution maps based on how patients access services for each OHT applicant in *Full Application* and *In Development*. The Ministry has stated that the maps will be distributed by the end of September.

11. When will Ontario Health Teams be announced?

The first wave of *OHT Candidates* is expected to be announced in the fall of 2019.

[2] Stukel TA, Glazier RH, Schultz SE, Guan J, Zagorski BM, Gozdyra P, Henry DA. Multispecialty physician networks in Ontario. Open Med. 2013 May 14;7(2):e40-55

12. What type of care will OHTs be expected to provide at maturity?
At maturity, Ontario Health Teams will be responsible for providing a full and coordinated continuum of care for all but the most specialized conditions and procedures. In the future, each OHT will work with specialized service providers so that their patients can access these services in a timely fashion and be supported to transition back to their local OHT in a coordinated way.

13. Is there funding to help with the start-up of an OHT?
There is no new funding for a start-up of an OHT. We recognize the lack of resources/remuneration and the major commitment that physician OHT participation and leadership requires. We have ensured that the Ministry of Health is aware of this—MD leadership is key to OHT success, and as such physicians need to be supported to get involved.

14. How will OHTs be evaluated?
Metrics and evaluation will be the responsibility of individual OHTs, based on criteria that will be developed by stakeholders and informed by the OMA.

OHTs and Patients

15. How will patients become part of an OHT?
Patients will be attributed to an OHT based on how they access health care services and not where they live. The Ministry has clearly stated that patients will remain free to seek care either within or outside their OHT.

16. Does this plan consider any patient accountability if they go outside the OHT?
At this point, patients can seek care wherever they want and that may be within their OHT or it may be outside.

Physician Participation in OHTs

17. Do I have to participate in OHTs?
Physician participation in OHTs is voluntary.

18. Should I get involved with an Ontario Health Team?
OMA believes that physicians are highly knowledgeable about the health system, and what is necessary to improve integration for all involved. Physicians are well positioned to be part of OHT development and implementation. For that reason, the OMA believes that with the proper guidance and leadership support, physicians should be driving this change. It is completely understandable however if some physicians opt to refrain from participation at this point as they learn more about the changes and what it will mean. Regardless of their level of involvement, the OMA will offer guidance and support to all physicians.

19. What are the benefits of participation?
We envision many leadership opportunities and benefits for physicians. First, as key informants of the health care system, physicians are best positioned to help develop integrated care teams. Once

implemented, OHTs will be offering integrated care to patients, which will help physicians in caring for patients. Second, by integrating care in an OHT, we anticipate physicians will have greater access to services and supports to allow them to focus more on patient care and less on administrative functions. This would be a positive outcome for both patients and physicians. Third, engaging with physicians and having meaningful conversations about OHTs and participation are also positive steps forward towards integration.

20. Can all physicians participate in OHTs?
Any physician, regardless of their model of care or specialization, can participate (e.g., FHO, FHG, CHC, solo practitioner, specialist, etc.).

21. Are family physicians expected to provide 24/7 coverage in an OHT?
Family physicians are not expected to provide 24/7 coverage in an OHT. Prospective teams are expected to have a plan in place to provide 24/7 access to care coordination, and we would anticipate that this would be via a patient navigator function. Specific details of what 24/7 coverage in an OHT has not yet been determined, but it does not mean 24/7 access to family physicians.

22. Are specialists included in OHTs?
Yes, the expectation is specialist care will be included in OHTs within hospitals and communities. The Ministry's patient attribution model for OHTs links specialists to hospitals they most frequently provide services. Government has recognized that there will continue to be some highly specialized care that may not be available within some regions such as transplantations or highly specialized pediatrics or cancer care.

23. Can individual family doctors sign up to participate in an OHT even if other members of their practice group (e.g., FHG or FHO) are not participating?
We understand from the government that this is intended to be an option on both sides. It is possible there may be a mechanism that, if a FHO decides to join, it will not be obligatory that every member of the FHO join. Similarly, if members of a FHO want to join, but the FHO itself does not, individual members may be able join.

We recognize these situations and others that may arise will likely create complications and potentially significant challenges related to accountabilities. It should be noted that much of this may change as governance models are developed and new information becomes available.

24. What if I'm not interested in working in an OHT? How will this impact my practice?
Participation in an OHT is voluntary and we do not anticipate negative implications on your practice. We expect that the rollout of OHTs will take years.

25. Why might I not want to be involved in an OHT at this time?
The health system reform proposed is a monumental undertaking, and OHTs as a new entity have many unknowns. Physicians have raised many legitimate concerns including about the time required to learn, governance uncertainties, and digital health challenges. The OMA recognizes these concerns and we are working with the Ministry to inform decisions and get answers to these questions.

We appreciate that involvement in these early stages may not be for everyone. The development and implementation of OHTs is an iterative process, and one that will take many years to complete. The OMA is committed to support physicians and answer questions; please email us at OMA_OHT@oma.org.

26. How do community-based physicians in solo practice and not in existing team-based care join or start an OHT locally?

The OMA has developed an OHT interactive map to show where OHTs in *Full Application* and *In Development* are located. We are also looking at other ways to connect physicians broadly and at the local level regarding OHTs. Information will be shared with physicians about this. If you are looking for information on OHTs, please share your questions and we will help facilitate connections. You may also contact your OMA Regional Manager and / or District Chairs to make connections at the local level.

27. Should I consider participating?

With any major change there is the understandable uncertainty and concern about participation. For example, additional burden being placed on doctors and risks involved in entering into new agreements. However, at this point we do not see risk in learning about OHTs and expressing a willingness to participate. We believe that the risk will come with final OHT contracts with the Ministry.

Details of this reform are still emerging, however based on our analysis; we believe that special attention should be paid to:

- New or shared accountabilities
- Funding model and what risk and gain sharing will mean for you
- Changes to practice autonomy
- Governance arrangements/responsibilities/ roles
- Contracts and contract management
- Sharing personal health information (PHI) and Personal Health Information Protection Act (PHIPA) expectations
- Binding nature of any letter of support. Therefore, we recommend inserting a clause in any letter of support that the relationship can be terminated for any reason with reasonable notice

28. Once the OHTs are formed, what will that mean for other FHTs, FHOs, etc., within the region the OHT is supposed to be covering?

Participation in OHTs is voluntary, and there is no obligation to participate. That said, aside from the time commitment, we see no risk in engaging in conversations with others in your OHT network to learn more.

29. I signed onto a self-assessment /EOI application and I am not sure that I want to continue participation, can I withdraw my name?

Yes you can withdraw. The purpose of the EOI was to indicate interest in engaging in conversation; beyond that there is no commitment because it is not a contract. At this point, it may be worthwhile staying involved to see how things develop and you have the option to withdraw before contracts are presented to sign.

30. How do you suggest we engage local family physicians to join our OHT?

Effective integration of primary care is central to OHT success. While OHTs may be managed by other groups such as hospitals, primary care and specifically family physicians must be meaningfully engaged

in order to achieve success. To help facilitate connections OMA is offering tools and supports to help put people together. OMA is working with SGFP, AFTHO and OCFP to help facilitate connections.

Physician Compensation, Funding & Incentives

31. Will physician compensation change?
No, physician compensation will remain unchanged at present.

32. What is meant by risk/gain sharing?
Risk and gain sharing is an approach that aligns incentives across different providers and sectors. Each partner in a risk and gain sharing arrangement shares financial gains from efficiencies. Risk and gain sharing is anticipated to be developed at a later stage.

33. What is the funding and incentive structure?
As with this model in general, the funding and incentive structure for individual OHTs will be an iterative process. To determine readiness, proposed teams will need to demonstrate a track record of responsible financial management and understanding of population costs and drivers. A commitment to working towards an integrated funding envelope with a single fund holder will be required. Following year one, individual funding envelopes will remain, and a single fund holder will have to be identified. At maturity, teams will be prospectively funded through an integrated funding envelope based on the care needs of their attributed patient populations. Such funding will include risk and gain sharing. It is expected that any gains will be directed towards front line care.

34. Are physicians being compensated for participation is setting up an OHT?
No, at present there is no additional compensation for physicians involved in OHT application development. As the evidence shows, we believe that dedicated positions with physicians in formalized leadership roles and in OHTs are important for success. The OMA is looking into various physician leadership models and has drafted OHT governance models.

35. Is there any money available to enhance the digital capability for physicians?
At this time, the government maintains that there is no new money available.

36. How will I be paid under the OHT model?
Initially we do not anticipate that there would be any changes to the existing funding models however at maturity the government is looking to establish a single funding framework where the OHT would be funded prospectively through an integrated funding envelope based on needs of their attributed patient populations. Changes to the funded models encompassing physicians would need to be negotiated with the OMA. At the readiness assessment stage, the government is seeking a commitment to working towards an integrated funding envelope and identifying a single fund holder by end of the first year with those deemed as *OHT Candidates*.

Governance & Accountability, and Physician Leadership

37. To whom will OHTs be accountable?
OHTs will report to the Ministry and/or Ontario Health. Teams will work together to determine accountabilities.

38. What will governance of OHT look like? Who will lead the OHT?
At maturity, teams will determine their own governance structure(s). Governance structures will be expected to include patients. The government does not have a prescribed governance model.

Participating providers will enter willingly into agreements with one another. The agreements will outline terms and conditions including conflict and performance management, information management, risk and gain sharing, and a performance plan. These may form part of a broader governance agreement.

The OMA has prepared a proposed draft governance structure that will support physician leadership in OHTs and can be modified by individual groups to suit their specific needs. These models and related draft agreements can be found at www.oma.org/oht.

39. Is the government defining the OHT governance structure?
There is no prescribed governance structure. We are advocating for a collaborative model that would have individual entities select members to sit on a governance organization /board. That entity would constitute a representative entity that would engage in decision-making. We also envision the representative model to have a physician majority sitting on the governance organization/board—in other words, more physicians than any other representative entity, with physicians taking a leadership role in decision-making.

OMA has posted draft governance models, agreements, and templates on the OMA website and are available at www.oma.org/oht. These models and templates are intended as basic drafts to be modified and tailored to each group's individual needs, and will continue to be updated over time as more information becomes available.

40. Will there be new contracts under this new model of integrated care team?
The legal structure of OHTs will likely comprise of (a) a governance agreement amongst providers or by-laws, and (b) an overarching agreement with government/Ontario Health. The providers within a OHT network may also need in place other agreements to outline accountability and funding relationships and to explain how care will be provided and coordinated. For example, an OHT may contain multiple physician groups such as FHOs, AFP or APP groups, each with their own individual governance agreements, separate and apart from the OHT. Such agreements may set out roles and responsibilities, and could include multiple care domains such as primary care, acute care, home care, etc. The nature of any agreements will depend largely on how these groups will be structured and what governance model is adopted. If you are considering OHT participation and are looking for support on a contract matter, please contact OMA_OHT@oma.org.

41. What is the OMA's position on physician participation in OHT governance?
The evidence shows that voluntary physician participation and leadership lead to best outcomes in OHT type models. OMA has clearly and consistently communicated this position to government including in its submission on Bill 74.

We are strongly advocating for physician leadership in all OHTs.

42. What do you mean by physician leadership?
It is important to distinguish that physician leadership does not necessarily mean physicians taking a lead role in the day-to-day management and operations of an OHT. This would be an option for individual physicians to consider. In general, physician leadership means physician-led governance and decision-making of the OHT, rather than the daily management of the OHT. For example, OMA envisions physicians as holding key positions and forming majorities within governance organizations/boards.

43. What is the distinction between clinical and administrative governance?
At present, we see the distinction as being between day-to-day management of affairs of the OHT and the bigger decision making of the OHT. The latter will be mostly clinical in nature, with other important decisions being considered by the board or governance committee as well. The templates drafted by OMA are useful in understanding how we envision governance to take shape as OHTs get off the ground. These templates are available on the OMA website at www.oma.org/oht and will continue to be developed and adapted as more information becomes available.

44. How does the OMA see the role of primary care and specialist care as compared to other partners in this governance structure?
Evidence from the United States on integrated care networks indicates that physician leadership—in particular, primary care—is key to success. Therefore, it is important that OHT governance be physician-led. Both primary care and specialist physicians should be represented on any governance committee. The OMA can assist in developing workable governance models that ensure adequate representation. We can also provide evidence on Accountable Care Organizations (ACOs) to help explain the importance of physician leadership and can assist with presenting and negotiating governance options as required.

45. Do you expect the hospital and other governance structures to collapse into an OHT?
The OMA believes that a single governance structure would be difficult to establish because of the separate accountabilities and requirements of hospitals under the *Public Hospital Act* (e.g., continue to have a certain sort of Board structure and govern the rest of the hospital). We also believe that this structure may undermine the voluntariness that the government has expressed about OHTs if it were to push for the collapse of all the individual structures into a single overarching structure. OMA supports a structure where a group such as a FHT would continue with its existing governance structures and in addition create another overarching or representative governance structure within the OHT.

46. Would a single hospital organization be allowed to be part of multiple OHTs?
It is possible that a single hospital can be part of multiple OHTs. This will be detailed in governance agreements. Multiple contracts and/or MOUs and the related complexities related to governance will need to be part of OHT development and implementation. The OMA will assist physicians by providing legal support in the development of governance models and advice on contracts with clear accountabilities.

Digital Requirements, Information Sharing & Privacy

47. Do I need to have an Electronic Medical Record system to apply?
It is expected that physicians who are participating in an OHT will be using an OntarioMD certified EMR so that they are able to access EMR integrated provincial assets and services. Digital integration and access to information and services are important enablers for OHTs.

48. How can I get an EMR in my practice?
OntarioMD continues to be a resource to support physician/practice in their selection, implementation and optimal use of an EMR in practice. For further information please visit www.ontariomd.ca

49. What is the digital health playbook?
The digital health playbook is intended to help increase understanding of how to build a digital health plan for OHTs that supports the delivery of integrated care. For more information about the Digital Health Playbook consult the Ministry's website.

50. What is the digital services catalogue?
The digital services catalogue is intended to ensure that both system assets and delivery partners are aligned in the provision of tools in a priority way for Ontario Health Teams. The Digital Services Catalogue is available on the Ministry website.

51. How will the Ministry support physicians who are looking to expand the use of virtual care in their practice?
The OMA is working with the Ministry on a plan to modernize how virtual care is being delivered in the province. The collective goal is to ensure that the technology used best meets the needs of patients and their physicians and complies with privacy and security requirements.

52. I am concerned about barriers to information sharing. How will these be alleviated?
The OMA has long advocated for amendments to privacy legislation as well as more supportive guidance to enable the seamless sharing of information between providers and with patients. We have raised these concerns as well as opportunities for improvement to government. The government has acknowledged that there will be additional policy, regulatory, and legislative reforms necessary in order to enable OHTs to realize success and has committed to minimizing barriers as the process evolves.

53. Will we need a data sharing and privacy agreement?
Entities may need to share personal health information amongst the practitioners regardless of whether they are in the patient's circle of care or not. There may also be reasons for data sharing, collection, use, and disclosure for analytics purposes or other research that are outside the current exemptions under the Personal Health Information Protection Act (PHIPA). We are advocating for modernization of PHIPA to enable the secure sharing of information.

54. How would OHT manage PHIPA requirements? What are the risks to physicians as the health information custodian (HIC)? Would the OHT be identified as the HIC?

Physicians who are currently health information custodians (HICs) should continue to be HICs under an OHT. Participation agreements signed with the OHT will presumably contain language that speaks to data sharing and governance and addresses privacy concerns. Security and privacy issues should be centrally managed via overarching practices and policies developed centrally through the OHT.

OMA has communicated to government that amendments to PHIPA are needed to support OHT implementation as stated in our Submission to government on Bill 74.

Supports for Physicians

55. What assistance will OMA provide physicians?

The OMA is committed to helping physicians through this change. We want to ensure all members are supported; both those who are looking for opportunities to participate early on in this process, as well as those not currently interested.

We will provide physicians with the following:

- Support to link with those involved in OHT applications and physicians
- Support in identifying potential patient catchment populations and approximate budgets
- Legal support to develop governance models and/or provide advice on contracts with clear accountabilities
- Advice on appropriate governance models
- Advice on patient/public engagement
- Guidance in determining risk adjustment payments
- Assistance in linking important potential partners
- Regional Manager support
- Application review and feedback
- Tools to facilitate sharing of information about your OHT experience and learnings with others
- Digital health service delivery advice through OntarioMD to facilitate integrated information systems and virtual care including privacy issues
- Peer Leaders and Practice Advisors to support practice readiness (via OntarioMD)

We have developed an OHT webpage with extensive information about OHTs. The OMA will also continue to host webinars to provide information and address questions and update this FAQ document as the OHT process evolves. We also have a dedicated email address OMA_OHT@oma.org to track and reply to questions.

56. Is there a registry or list of local organizations either involved in an OHT application or are starting a submission for OHT?

The OMA has developed an OHT interactive map, which shows where OHT applicants are in *Full Application*, *In Development*, or are considered an *Innovative Model*. Key contact information and other details are provided. The map is based on information provided on the Ministry's website. We encourage you to look at this map to see if there is an OHT applicant near you and if interested to make contact.

We are also encouraging physicians to let us know if they are planning to apply or are involved in an application. Physicians can provide information about their OHT involvement through OMA's OHT feedback form. We are also working on other tools to help connect physicians involved in OHTs, interested in joining and/or learning more at the local level. For more information email OMA_OHT@oma.org.

Applying to Become an OHT

57. I am interested in learning more about OHTs and whether I should consider participating. Where do I start?

To learn more about OHTs, review OMA's OHT webpage and if you have questions and need support contact the OMA via an email at OMA_OHT@oma.org. OMA's Regional Managers are a great source of information along with OMA District Chairs in your area and we recommend you connect with them to find out what's happening in your area.

58. Is it too late to apply?

No, the Ministry announced a second wave of applications. These applicants need to complete the Self-Assessment: which is due on December 4, 2019. In addition, physicians may have an opportunity to join an OHT application already underway. The Ministry is using a continuous intake process to allow groups to get organized and complete the OHT readiness assessment process[3].

59. What if I am already part of an application? What's next?

If you are already part of an application, depending on the status of your application different requirements and supports are available to applicants. If your group has been designated to Proceed to Full Application, expectations and numerous resources are located on the Ministry's OHT webpage. Further, the Ministry has also outlined expectations on their website for those *In Development* and *In Discovery*. For physicians that are part of any application we recommend physicians review the resources on OMA's webpage and contact OMA with your questions at OMA_OHT@oma.org. This is particularly important for physicians who are part of the *Full Application* process.

Other

60. Will this new approach to integration favour the more urban centres?

This new approach is sensitive to the needs of all communities. It has been recognized that a one-size fits all approach does not work for the province. This OHT model is based around local providers coming together to develop solutions for their communities.

61. Are physicians Health Service Providers under this reform?

Physicians remain unnamed as Health Service Providers.

[3] *Ontario Health Team Readiness Assessment Process* at http://health.gov.on.ca/en/pro/programs/connectedcare/oht/

In the past, physicians were specifically excluded as Health Service Providers (HSPs). HSPs are subject to oversight by the government, on issues related to, though not limited to accountabilities, investigations, standard setting, and mandatory integration.

While Bill 74 eliminates the previous exclusion; however, it deliberately does not name physicians as HSPs. Instead, it allows for the government to name physicians as HSPs at a later date, if deemed necessary.

As you consider involvement, or get approached to participate in an OHT, please contact the OMA at OMA_OHT@oma.org. We will be keeping track of proposed teams as they become known to us and will offer guidance as we learn more.

Updated: September 17, 2019

[i] *Connecting Care Act, 2019* Section 29 at https://www.ontario.ca/laws/statute/19c05#BK39

[ii] Peckham A, Rudoler D, Bhatia D, Fakim S, Allin S, Marchildon G. Rapid review 9 - Accountable care organizations and the Canadian context. North American Observatory [Internet]. 2018 November [cited 2019 March 20] Available from: https://ihpme.utoronto.ca/wp-content/uploads/2018/11/NAO-Rapid-Review-9_EN.pdf

[iii] Peckham A, Rudoler D, Allin S, Bhatia D, Abdelhalim R, Kavelaars RA, Marchildon, G. Rapid review 12 - Accountable care organizations: Success factors, provider perspectives and an appraisal of the evidence. North American Observatory [Internet]. 2019 March [cited 2019 March 21] Available from: https://ihpme.utoronto.ca/wp-content/uploads/2019/03/NAO-Rapid-Review-12_EN_1.pdf

[iv] Jabbarpour Y, Coffman M, Habib A, Chung,Y, Liaw W, Gold S, Jackson H, Bazemore A, Marder W. Advanced Primary Care: A Key Contributor to Successful ACOs. Patient-Centered Primary Care Collaborative [Internet]. 2018 August [cited 2019 March 18] Available from: https://www.pcpcc.org/sites/default/files/resources/PCPCC%202018%20Evidence%20Report.pdf