

# Ontario Health Team Self-Assessment Form

## Overview of the Process to Become an Ontario Health Team:

- The Self-Assessment is the first of a multi-stage Readiness Assessment process to become an Ontario Health Team Candidate.
  1. **Self-Assessment (open call):** Interested groups of providers and organizations are invited to submit a Self-Assessment. Submissions will be evaluated to determine the likelihood that groups would be able to submit a comprehensive Full Application and adhere to the readiness criteria for Ontario Health Team Candidates set out in the *Ontario Health Teams: Guidance Document for Health Care Providers and Organizations*.
  2. **Full Application (invitational):** Based on Self-Assessment evaluations, selected groups will be invited to complete a Full Application.
  3. **In-Person Visits (invitational):** Based on Full Application scoring, a short list of groups will be selected for in-person visits in order to identify those most ready to begin implementation of the Ontario Health Team model.
- This process will be run on a regular basis, with further application dates to be communicated at a later date. All groups of providers and organizations who participate in the assessment process will receive access to supports that will help improve readiness for eventual implementation of the Ontario Health Team model.

## Guidance for Completing the Self-Assessment:

- Please refer to *Ontario Health Teams: Guidance for Health Care Providers and Organizations* document to complete this form.
- This form should be endorsed and signed-off by leadership from all participating providers/organizations. While Board approval is not required due to the short timeframes of the Self-Assessment, participants are expected to confirm the highest level of commitment possible.
- Answers to relevant questions should be clear and concise. Supporting documentation may be supplied.
- Submit the Self-Assessment form to [OntarioHealthTeams@ontario.ca](mailto:OntarioHealthTeams@ontario.ca).
- Where appropriate, the Ministry of Health and Long-Term Care (the Ministry) may suggest that groups that submit separate Self-Assessments collaborate to re-submit a joint assessment.
- Please contact [OntarioHealthTeams@ontario.ca](mailto:OntarioHealthTeams@ontario.ca) for any inquiries regarding this Self-Assessment form.

# Ontario Health Team Self-Assessment Form

**Please note:**

- The costs of preparing and submitting a Self-Assessment and a Full Application or otherwise participating in this Ontario Health Team Readiness Assessment process (the “Application Process”) are solely the responsibility of the applicant(s). The Ministry will not be responsible for any expenses or liabilities related to the Application Process.
- This Application Process is not intended to create any contractual or other legally enforceable obligation on the Ministry (including the Minister and any other officer, employee or agency of the Government of Ontario), the applicant or anyone else.
- All applications submitted to the Ministry are subject to the public access provisions of the *Freedom of Information and Protection of Privacy Act* (FIPPA). If you believe that any of the information you submit in connection with your application reveals any trade secret or scientific, technical, commercial, financial or labour relations information belonging to you, and you wish that this information be treated confidentially (subject to applicable law) by the Ministry, you must clearly mark this information “confidential” and indicate why the information is confidential in accordance with s. 17 of FIPPA.
- Applications are accepted by the Ministry only on condition that an applicant submitting an application thereby agrees to all of the above conditions and agrees that any information submitted may be shared with any agency of Ontario.
- In addition, the Ministry may disclose the names of the successful applicants and any other material that is subject to the public access provisions of FIPPA.

# Ontario Health Team Self-Assessment Form

## Part I: General Information and Commitments

### Who are the members of your team?

*Please identify the list of health care providers and/or organizations that would partner to form the proposed Ontario Health Team. Please explain why this group of providers and organizations has chosen to partner together.*

### Commitment to collaborate with others

*Please confirm that you are willing to work and engage with other interested groups in your geographic area to collaborate towards becoming an Ontario Health Team, if recommended by the Ministry.*

### Commitment to the Ontario Health Team vision

*Please confirm that all proposed partners have read the Ontario Health Teams: Guidance for Health Care Providers and Organizations in full and are committed to working towards implementation of the Ontario Health Team Model.*

# Ontario Health Team Self-Assessment Form

## Part II: Self-Assessment Scoring

### Model Component 1: Patient Care and Experience

**At maturity**, Ontario Health Teams will offer patients, families and caregivers the highest quality care and best experience possible. Patients will be able to access care when and where they need it and will have digital choices for care. Patients will experience seamless care from providers who work together as a team. They can access their health information digitally, and their providers ensure they know what to expect in each step of their care journeys. Patients can access coordination and system navigation services whenever they need to.

Assess your team’s ability to meet the following requirements:	Yes	No	Partial
• You can identify opportunities and targets and can propose a plan for improving access, transitions and coordination of care, and key measures of integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• You are able to propose a plan for enhancing patient self-management and/or health literacy for at least a specifically defined segment of your Year 1 population	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• You have the ability and existing capacity to coordinate care across multiple providers/settings for Year 1 patients and you will be able to quantify this capacity (e.g., FTE count)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• Your team is committed to			
➤ Measuring and reporting patient experience according to standardized metrics and improving care based on findings	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Putting in place 24/7 coordination of care and system navigation services, available to Year 1 patients who require or want these services	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Offering one or more virtual care services to patients	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• You are able to propose a plan to provide patients with some digital access to their health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Self-Assessment Scale for Patient Care and Experience

Please indicate your degree of readiness on the following scale using the radio buttons. There is no numerical value assigned to the scale or buttons.



Your team is able to meet fewer than 3 of the requirements above

Your team is able to meet all of the requirements above

## Ontario Health Team Self-Assessment Form

**Rationale** (250 words maximum)

*Please provide a rationale for your self-assessment response.*

# Ontario Health Team Self-Assessment Form

## Model Component 2: *Patient Partnership & Community Engagement*

**At maturity**, Ontario Health Teams will uphold the principles of patient partnership, community engagement, and system co-design. They will meaningfully engage and partner with - and be driven by the needs of - patients, families, caregivers, and the communities they serve.

Assess your team's ability to meet the following requirements:	Yes	No	Partial
• Each partner in the team can demonstrate a track record of meaningful patient, family, and caregiver engagement and partnership activities <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• You are able to propose a plan for how you would include patients, families, and/or caregivers in the governance structure(s) for your team and put in place patient leadership	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• Your team is committed to			
➤ The Ontario Patient Declaration of Values	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Developing a patient engagement framework for the team	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Developing a team-wide, transparent, and accessible patient relations process for addressing patient feedback and complaints and a mechanism for using this feedback for continuous quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• If you intend to involve patients, families, and caregivers in the design and planning of a subsequent Full Application (if invited), you would be able to do so meaningfully and would be able to demonstrate evidence to this effect	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• If you intend to engage your community in the design and planning of a subsequent Full Application (if invited), you would be able to do so meaningfully and would be able to demonstrate evidence to this effect	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• Your team adheres to the requirements of the <i>French Language Services Act</i> , as applicable, in serving Ontario's French language communities	<input type="checkbox"/>	<input type="checkbox"/>	N/A

<sup>1</sup> Examples include presence of a Patient and Family Advisory Council within each partner organization, reporting to senior leadership (CEO or Board) to provide direction on strategic issues; inclusion of patient partners on key committees, including hiring committees; patient experience is a key focus for each partner organization with defined targets for meeting/exceeding patient experience metrics. This list is provided for example only and is not exhaustive.

# Ontario Health Team Self-Assessment Form

- |   |                          |                          |     |
|---|--------------------------|--------------------------|-----|
| <ul style="list-style-type: none"><li>If your team is proposing to be responsible for geography that includes one or more First Nation<sup>2</sup> communities you will be able to demonstrate support or permission of those communities</li></ul> | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
|---|--------------------------|--------------------------|-----|

## Self-Assessment Scale for Patient Partnership & Community Engagement

*Please indicate your degree of readiness on the following scale using the radio buttons. There is no numerical value assigned to the scale or buttons.*



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<sup>2</sup> For a map of First Nations communities and reserves, please refer to the following link:  
<https://www.ontario.ca/page/ontario-first-nations-maps>

## Ontario Health Team Self-Assessment Form

**Rationale** (250 words maximum)

*Please provide a rationale for your self-assessment response.*



# Ontario Health Team Self-Assessment Form

## Model Component 3: Defined Patient Population

**At maturity**, Ontario Health Teams will be responsible for meeting all health care needs of a population within a geographic area that is defined based on local factors and how patients typically access care.

Assess your team's ability to meet the following requirements:	Yes	No	Partial
• Your team is able to identify the population it proposes to be accountable for at maturity	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• Your team is able to identify the target population it proposes to focus on in Year 1	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• Your team is able to define a geographic catchment that is based on existing patient access patterns	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• You know how you will track (e.g., register/roster/enrol) the patients who receive services from your team in Year 1	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• Of your Year 1 target population, you are confident that you will be able to deliver integrated care to a high proportion of this population and can set an achievable service delivery volume target accordingly	<input type="checkbox"/>	<input type="checkbox"/>	N/A

### Self-Assessment Scale for Defined Patient Population

*Please indicate your degree of readiness on the following scale using the radio buttons. There is no numerical value assigned to the scale or buttons.*



Your team is able to meet fewer than 3 of the requirements above

Your team is able to meet all of the requirements above

# Ontario Health Team Self-Assessment Form

## **Rationale (300 words maximum)**

*Please provide a rationale for your self assessment response.*

*In addition, please include in your response:*

- *Who you would be accountable for at Maturity – describe the proposed population and geographic service area that your team would be responsible for at Maturity. Include any known data or estimates regarding the characteristics of this population, such as size and demographics, specific health care needs, health status (e.g., disease prevalence, morbidity, mortality), and social determinants of health that contribute to the health status of the population.*
- *Who you would focus on in Year 1 – describe the proposed target population and geographic service area that your team would focus on in Year 1. Include any known data or estimates regarding the characteristics of this population and explain why you have elected to focus on this population first.*
- *Note: Based on patient access patterns and the end goal of achieving full provincial coverage with minimal overlap and transitions between Ontario Health Teams, the Ministry will work with Teams to finalize their Year 1 target populations and populations at maturity.*

# Ontario Health Team Self-Assessment Form

## Model Component 4: In Scope Services

**At maturity**, Ontario Health Teams will provide a **full and coordinated continuum of care** for all but the most highly-specialized conditions to achieve better patient and population health outcomes as needed by the population.

Assess your team's ability to meet the following requirements:	Yes	No	Partial
<ul style="list-style-type: none"> <li>Your team is able to deliver coordinated services across at least three sectors of care<sup>3</sup> and you have adequate service delivery capacity within your team to serve the care needs of your proposed Year 1 target population (e.g., your team includes enough primary care physicians to care for all Year 1 patients)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>You are able to propose a plan for phasing in the <u>full</u> continuum of care over time, including explicit identification of further partners for inclusion</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>As part of that plan, you can specifically propose an approach for expanding your team's primary care services to meet population need at maturity</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

### Self-Assessment Scale for In Scope Services

*Please indicate your degree of readiness on the following scale using the radio buttons. There is no numerical value assigned to the scale or buttons.*



Your team is able to meet fewer than 3 of the requirements above

Your team is able to meet all of the requirements above

<sup>3</sup> Prioritization will be given to submissions that include a minimum of hospital, home care, community care, and primary care (including physicians and inter-professional primary care models, such as family health teams, community health centres, and other models that feature a range of inter-disciplinary providers)

# Ontario Health Team Self-Assessment Form

## **Rationale (300 words maximum)**

*Please provide a rationale for your self assessment response.*

*In addition to your scoring rationale, please identify the services you propose to provide to your Year 1 population. For each checked service, you must have adequate service delivery capacity within your team to serve the care needs of your proposed Year 1 target population (e.g., to check off 'primary care physicians' your team must include enough primary care physicians to care for your Year 1 population). Where relevant, provide additional detail about each service (e.g., which member of your team would provide the service).*

### primary care

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

# Ontario Health Team Self-Assessment Form

## Model Component 5: Leadership, Accountability and Governance

**At maturity,** Ontario Health Teams will be self-governed, operating under a shared vision and working towards common goals. Each Team will operate through a single clinical and fiscal accountability framework.

Assess your team's ability to meet the following requirements:	Yes	No	Partial
• You have identified your partners and at least some partners on your team are able to demonstrate a history of formally working with one another to advance integrated care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• You are able to propose a plan for physician and clinical engagement and ensuring inclusion of physician and clinical leadership as part of the team's leadership and/or governance structure(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Your team is committed to:			
➤ The vision and goals of the Ontario Health Team model	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Putting in place a strategic plan or direction for the team, consistent with the Ontario Health Team vision	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Reflecting a central brand	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Working together towards a single clinical and fiscal accountability framework	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Entering into formal agreements with one another	<input type="checkbox"/>	<input type="checkbox"/>	N/A

### Self-Assessment Scale for Leadership, Accountability and Governance

*Please indicate your degree of readiness on the following scale using the radio buttons. There is no numerical value assigned to the scale or buttons.*



## Ontario Health Team Self-Assessment Form

**Rationale** (250 words maximum)

*Please provide a rationale for your self-assessment response.*

# Ontario Health Team Self-Assessment Form

## **Model Component 6: Performance Measurement, Quality Improvement, and Continuous Learning**

**At maturity,** Ontario Health Teams will provide care according to the best available evidence and clinical standards, with an ongoing focus on quality improvement. A standard set of indicators aligned with the Quadruple Aim will measure performance and evaluate the extent to which Teams are providing integrated care, and performance will be publicly reported.

Assess your team’s ability to meet the following requirements:	Yes	No	Partial
• Your team can demonstrate that it has a basic understanding <sup>4</sup> of its collective performance on key integration metrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Each member of your team has a demonstrated history of quality and performance improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Your team has identified opportunities for reducing inappropriate variation and implementing clinical standards and best available evidence	<input type="checkbox"/>	<input type="checkbox"/>	N/A
• Your team is committed to:			
➤ Collecting, sharing, and reporting data as required	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Working to pursue shared quality improvement initiatives that integrate care and improve performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Engaging in continuous learning and improvement, including participating in learning collaboratives	<input type="checkbox"/>	<input type="checkbox"/>	N/A
➤ Championing integrated care at a system-wide level and mentoring other provider groups that are working towards Ontario Health Team implementation	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**Self-Assessment Scale for Performance Measurement, Quality Improvement, and Continuous Learning**

*Please indicate your degree of readiness on the following scale using the radio buttons. There is no numerical value assigned to the scale or buttons.*

Your team is able to meet fewer than 3 of the requirements above

Your team is able to meet all of the requirements above

<sup>4</sup> Each partner collects/reports data for and knows its own performance on at least some of the given metrics (or other similar metrics)

## Ontario Health Team Self-Assessment Form

**Rationale** (250 words maximum)

*Please provide a rationale for your self assessment response. Identify any shared indicators that are currently being measured or monitored across the members in your team.*



# Ontario Health Team Self-Assessment Form

## Model Component 7: Funding and Incentive Structure

**At maturity**, Ontario Health Teams will be prospectively funded through an integrated funding envelope based on the care needs of their attributed patient populations. Teams that exceed performance targets will be able to keep a portion of shared savings. Teams will gain-share among members.

Assess your team's ability to meet the following requirements:	Yes	No	Partial
<ul style="list-style-type: none"> <li>Each partner in the team is able to demonstrate a strong track record of responsible financial management<sup>5</sup> (this may include successful involvement in bundled care and management of cross-provider funding)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Your team can demonstrate that it has a basic understanding of the costs and associated cost drivers for your Year 1 population and/or proposed population at maturity</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Your team is committed to:               <ul style="list-style-type: none"> <li>Working towards an integrated funding envelope and identifying a single fund holder</li> <li>Investing shared savings to improve care</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	N/A

### Self-Assessment Scale for Funding and Incentive Structure

Please indicate your degree of readiness on the following scale using the radio buttons. There is no numerical value assigned to the scale or buttons.



<sup>5</sup> Examples of evidence that may suggest poor or declining financial management include: For hospitals - Balanced budget waivers due to deficit, operating pressures request history, cash advance request history, deteriorating working funds position, demonstrated difficulty in managing cross-provider funding as part of bundled care. For primary care (physician and non-physician models) - Non-compliance with their current contract, service accountability agreement and applicable public service procurement practices

## Ontario Health Team Self-Assessment Form

**Rationale** (250 words maximum)

*Please provide a rationale for your self-assessment response.*

# Ontario Health Team Self-Assessment Form

## Model Component 8: Digital Health

**At maturity**, Ontario Health Teams will use digital health solutions to support effective health care delivery, ongoing quality and performance improvements, and better patient experience.

Assess your team’s ability to meet the following requirements:	Yes	No	Partial
<ul style="list-style-type: none"> <li>Most partners in the team have existing digital health capabilities that are already being used for virtual care, record sharing <b>and</b> decision support</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Your team is able to propose a <b>comprehensive</b> plan to improve information sharing and resolve any remaining digital health gaps, consistent with provincial guidance regarding standards and services</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Your team can identify a <b>senior-level</b> single point of contact for digital health</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Self-Assessment Scale for Digital Health

*Please indicate your degree of readiness on the following scale using the radio buttons. There is no numerical value assigned to the scale or buttons.*



## Ontario Health Team Self-Assessment Form

**Rationale** (250 words maximum)

*Please provide a rationale for your self assessment response. Identify any common digital tools currently in use by the members of your team.*

# Ontario Health Team Self-Assessment Form

## Part III: Implementation Snapshot

*Please provide a high-level overview (maximum 500 words) of how you plan to implement the Ontario Health Team model and change care for your proposed Year 1 target population.*

*Include in your response:*

- Considering the quadruple aim, standard performance measurement indicators, and Year 1 Expectations for Early Adopters set out in the Ontario Health Teams Guidance for Health Care Providers and Organizations, what are your immediate implementation priorities?*
- What would you anticipate as key risks to successfully meeting Year 1 Expectations and how would you address them?*

## Ontario Health Team Self-Assessment Form

### Part IV: Sign Off

<b>Proposed name of the Ontario Health Team</b>	
<b>Primary contact for this application</b>	<b>Name:</b>
	<b>Title:</b>
	<b>Organization:</b>
	<b>Email:</b>
	<b>Phone:</b>

Please have **every provider or organization listed in Part I sign this form**. While Board approval is not required due to the short timeframe of the Assessment process, participants are expected to confirm the highest level of commitment possible.

Endorsed by	
<b>Name</b>	
<b>Position</b>	
<b>Organization</b>	
<b>Signature</b>	
<b>Date</b>	

Endorsed by	
<b>Name</b>	
<b>Position</b>	
<b>Organization</b>	
<b>Signature</b>	
<b>Date</b>	

*Please repeat signature lines as necessary*