

Ministry of Health

Ontario Health Teams Virtual Engagement Series

OHT Learnings Through COVID-19

June 2021

Land Acknowledgement



Today's Discussion

AGENDA

1

Opening Remarks

- Message from the Honourable Christine Elliott

2

Ontario Health Updates

- Together, Charting the Path Forward

3

Lessons Learned from COVID-19

- Leveraging integrated care during COVID-19 (RISE)
- OHT experiences:
 - East Toronto Health Partners OHT;
 - Ottawa OHT;
 - Brampton, Etobicoke and Area OHT;
 - Algoma OHT.

4

Facilitated OHT Panel Discussion

- Reflections and looking to the future

5

Closing Remarks:

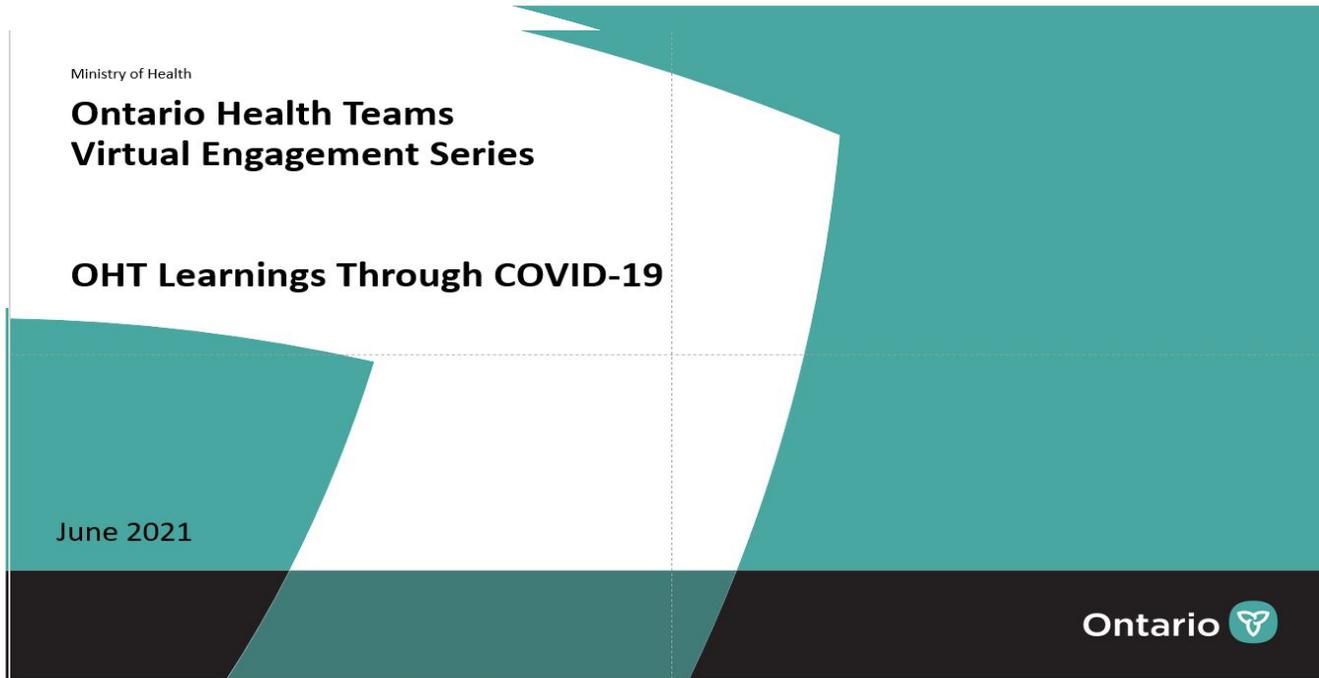
- Today's key take-aways
- Upcoming supports activities

Honourable Christine Elliott

Deputy Premier of Ontario and Minister of Health

OHT Virtual Engagement Series - Webinar Participant Instructions

The *OHT Virtual Engagement Series* is an opportunity for teams to learn and ask questions about areas of common interest. We encourage active participation throughout the webinar.



Chat Box

From Me to **All panelists and attendees**

Great representation from all regions here today!

I would be very interested to hear how other OHTs have managed during Covid-19; any lessons learned from others would be valuable

From Me to All panelists:

I am having trouble hearing the current presenter.

Is there a number I can use to dial in?

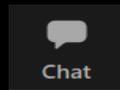
Webinar Controls

Desktop Device

- click meeting controls at the top/bottom of your screen

Mobile Device

- Tap your screen for controls to appear



2. Ontario Health Updates

- Reflections on an equitable, patient-centred health system recovery and the role of OHTs as enablers of that recovery.
 - *Ontario Health*
 - *Jodeme Goldhar, Strategic Advisor, Ontario Health Team Supports*
 - *Dr. Sacha Bhatia, Executive, Population Health and Value Based Health Systems*
 - *Anna Greenberg, Chief, Strategy and Planning*
 - *Dr. Chris Simpson, Executive Vice-President, Medical*

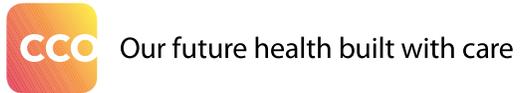
Ontario Health

**Together,
Charting the Path Forward**

Who We Are



Ontario Health
Teams



Health Quality
Ontario
Let's make our health system healthier

Connected Care Act



Health Shared Services
Ontario

eHealth Ontario

Health**Force**Ontario

Ontario **LHINs**

Erie St. Clair | South West | Waterloo Wellington | Hamilton Niagara Haldimand Brant | Central West | Mississauga Halton | Toronto
Central | Central | Central East | South East | Champlain | North Simcoe Muskoka | North East | North West

We are anchored in: Quadruple Aim



Improved population health



Enhanced patient experience

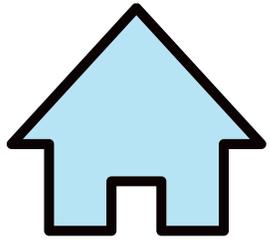


Improving front-line and provider experience



Improved value

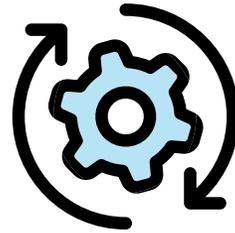
Our Priorities: Immediate to Mid-Term



System
Recovery



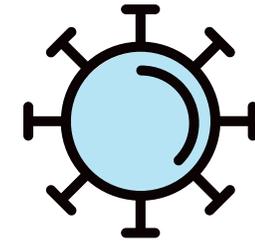
Mental
Health and
Addictions



Flow and
Coordination
(Transitions)



Virtual Care



Pandemic
Response

Our Approach To System Change

- Transformative change – connects and strengthens system
- System change and impact together – as trusted partners
- Quality and evidence-based – data driven
- Equity focused
- Regions as our front door – enabling approach

OHT Enabling Structure – Together



Central Program
of Supports

Broader Health
System Partners



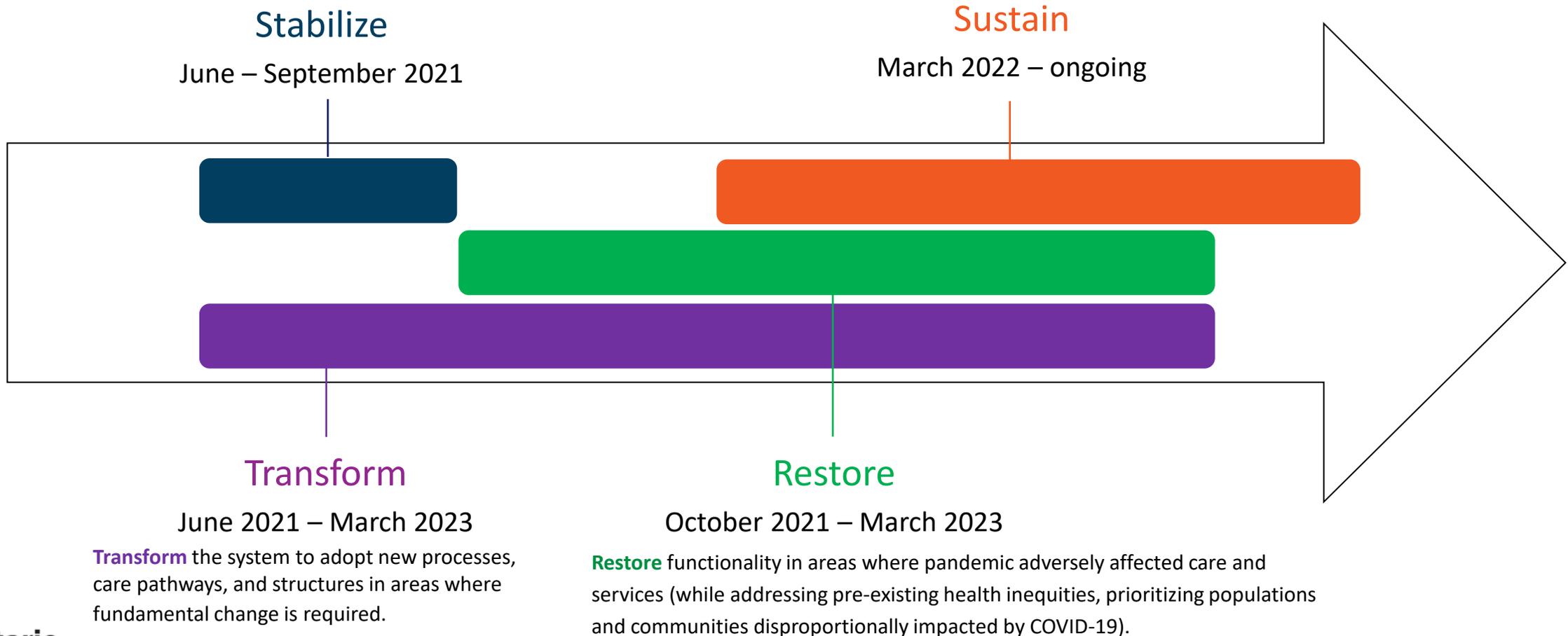
**Ontario
Health**

Toronto Region
Central Region
East Region
West Region
North Region

A Phased Approach to Health System Recovery

Stabilize health system and workforce to ensure available capacity to recover from COVID-19. Lifting temporary and emergency measures in place to manage the urgent capacity needs.

Sustain positive changes that have been effective, including changes that have resulted from the pandemic and through transformation.



Stabilize

June – September 2021

Sustain

March 2022 – ongoing

Transform

June 2021 – March 2023

Transform the system to adopt new processes, care pathways, and structures in areas where fundamental change is required.

Restore

October 2021 – March 2023

Restore functionality in areas where pandemic adversely affected care and services (while addressing pre-existing health inequities, prioritizing populations and communities disproportionately impacted by COVID-19).

Health System Recovery

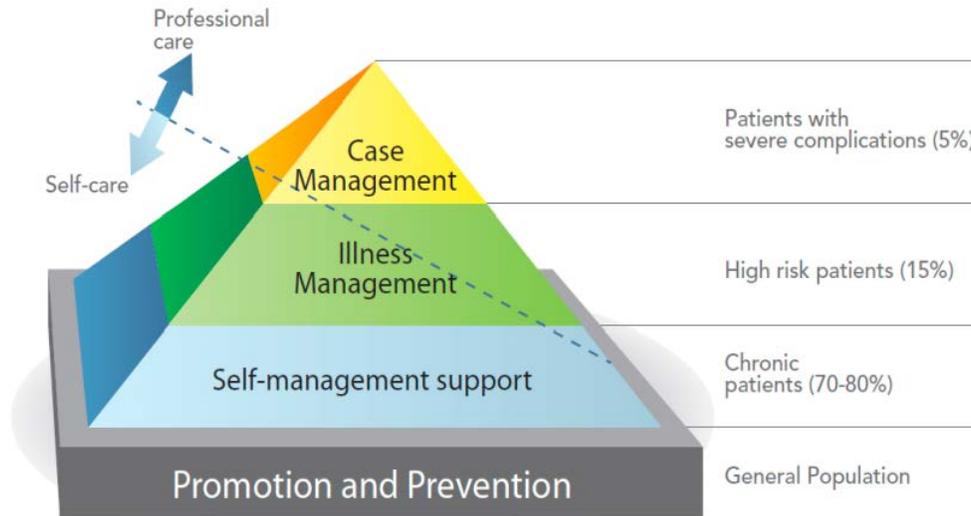
To optimize access to health care, we can seize our best opportunities to work better and differently to achieve a fairer, more integrated, appropriate, and sustainable health system. This can be advanced through:

- 1. Increase overall access to preventative care and primary care**, with a focus on reducing inequities for priority populations, including Indigenous and racialized communities.
- 2. Increase overall access to community mental health and addictions services**, with a focus on individuals with substance use disorders to address the urgent opioid overdose crisis. This includes a focus on reducing inequities for priority populations, including Indigenous and racialized communities.
- 3. Improve overall access to care in the most appropriate setting** (including facilitating transitions from home or hospital to post-acute care, long-term care, or other congregate setting). This includes a focus on reducing inequities within priority populations, including Indigenous and racialized communities.
- 4. Increase overall access to scheduled surgeries, procedures, and appropriate diagnostic imaging services**, with a focus on regions, communities, and populations with the greatest reductions in services due to the pandemic. This includes a focus on reducing inequities for priority populations, including Indigenous and racialized communities.

Health System Recovery: Operating Principles

- We will **all work together** on recovery, with all of our partners across the health system working towards shared goals. In doing so, we will build on the collaborations, partnerships, and relationships we have established during the pandemic.
- Our approach to recovery will **consider the entire care continuum**, which includes all areas of the health system. We must account for the interconnectedness of different areas of the health and social care system as patients and caregivers move through them.
- We will **actively address inequities** as we restore and transform care, to ensure that we are building towards a system that works for everyone in Ontario.
- We will **recognize that our health care workers need time to heal** and emerge from crisis mode into a more sustainable way of working.
- **We have heard from Ontario Health Teams** about the critical importance of recovery and that many teams have started to think about this and responding locally. We know Ontario Health Teams and health service providers will be key to delivering on recovery goals. **We also know that we need an enabling and coordinated approach and will ensure strong regional coordination is provided by Ontario Health.**

Population Health Approach



Kaiser Permanente model of population risk stratification

- Many OHTs are initially focusing on populations with higher risks, costs and complexity; or population segments for which existing collaborative care models exist
- At maturity, OHTs are expected to take a population health management approach to optimize care experiences and outcomes for their full attributed populations
- In response to COVID-19, OHTs leveraged collaborative leadership to collectively reach population level impacts
- OHTs will require a range of supports to reach this level of performance

21/22 Population Health Focus On Results That Matter To People

- **Recovery-based metrics, aligned with our health system recovery goals, can mobilize OHTs and providers to create foundational capabilities for population health management**



Improve access to care in the most appropriate setting (e.g. ALC), including facilitating transitions from home or hospital to post-acute care, long-term care, or other congregate setting.

Increase access to community mental health and addictions services (e.g. enrollments in the Ontario Structured Psychotherapy (OSP) program and registrations for Substance Use and Gambling program)

Increase access to scheduled surgeries, procedures, and appropriate diagnostic imaging services (e.g. % of patients treated within target time), with a focus on regions, communities, and populations with the greatest reductions in services due to the pandemic.

Increase access to preventative care and primary care (e.g. # of fecal tests, # of screening mammograms, # of pap tests)

All with an aim to reduce inequities for priority populations, including Indigenous and racialized communities.



Questions?

3. Lessons Learned from COVID-19

- Leveraging integrated care during COVID-19
 - *John Lavis, MD, PhD, Co-Lead Rapid Improvement Support & Exchange (RISE)*
- OHT experiences:
 - *Anne Babcock and Dr. Tia Pham, East Toronto Health Partners*
 - *Kelli Tonner and Leslie Wells, Ottawa Health Team-Équipe Santé Ottawa*
 - *Dr. Brian Klar and Neil Shah, Brampton, Etobicoke and Area OHT*
 - *Stephanie Parniak and Erik Landriault, Équipe Santé Algoma Ontario Health Team*



Lessons from OHTs' COVID-19 Wave 1 Responses

John N. Lavis, MD PhD, Co-lead, RISE

Co-lead, COVID-19 Evidence Network to support Decision-making (COVID-END)

Tier 1 Canada Research Chair in Evidence-Informed Health Systems

Director, McMaster Health Forum

Director, WHO Collaborating Center for Evidence-Informed Policy

Professor, Department of Health Research Methods, Evidence and Impact, McMaster University

Adjunct Visiting Professor, Africa Centre for Evidence



HEALTH FORUM



The Ottawa
Hospital
RESEARCH
INSTITUTE

L'Hôpital
d'Ottawa
INSTITUT DE
RECHERCHE



Trillium
Health Partners

INSTITUTE FOR
BETTER HEALTH

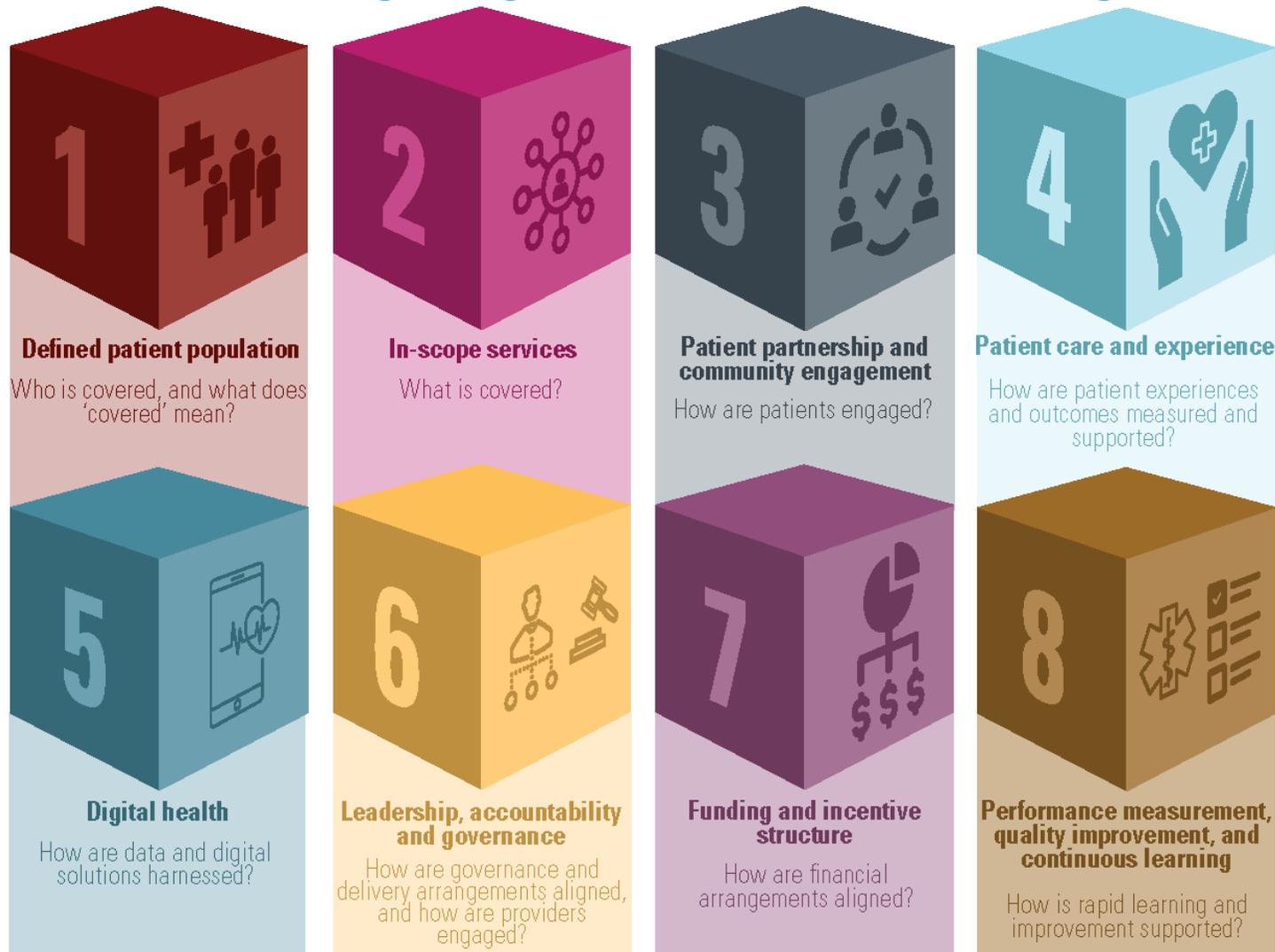
Approach

- 26 interviews
 - 21 with policymakers, OHT leaders, healthcare associations and organizations, and patient and caregiver advocates
 - Five key informants from other provinces and countries
- 23 documents
 - Three rapid reviews
 - 16 journal publications (primarily case descriptions and commentaries)
 - Four 'grey literature' reports

Report available on the [RISE website](#): Evans C, Waddell K, Dion A, Bullock HL, Lavis JN. Lessons from COVID-19: Leveraging integrated care during Ontario's COVID-19 response. Hamilton: McMaster Health Forum, 26 March 2021.

Additional living evidence profiles about lessons learned from COVID responses in Canada and internationally are available on the [COVID-END website](#) (and both will be updated again in mid-July and mid-August)

Common Language of OHT Building Blocks



Findings

- Question 1: How have efforts towards ‘integrated care’ in OHTs intersected with responses to the pandemic?
 - Organizations were able to draw on OHT structures and processes when they’d been established, and they retreated from integrated approaches otherwise
 - Previously established relationships were a key facilitator of continued collaborative governance during the pandemic (BB #6)
 - Proactive outreach to at-risk patients (and communities) supported positive outcomes and experiences in some OHTs, and represents a missed opportunity in others (BB #4)
 - In-scope services were expanded to address emergent COVID-specific needs, but the home (and community) care sector was not fully leveraged or supported (BB #2)

Findings (2)

- Question 2: What lessons have been learned to support pandemic responses and integrated care in Ontario going forward?
 - Starting from a perspective of **protecting the vulnerable** (vs managing a surge) will require focusing on supporting home and community care and long-term care and addressing mental health needs, along with partnerships and resources addressing the social determinants of health (**BB #1 and #2**)
 - Facilitating integrated care during COVID-19 requires **collaborative leadership** at multiple levels (e.g., provincial, regional, and **local** levels) to ensure the right resources and players are involved (**BB #6**)
 - Patients and families (and community leaders) must be at the table and involved in developing the broader vision for OHTs (**BB #3**)

Some Related Themes to Come from OHTs Based on All 3 Waves

- Focus on **equitably** ‘moving the needle’ (here on assessment, testing and vaccination, and in future on quadruple-aim metrics as part of COVID recovery)
- Building from a strong **foundation of collaborative governance** and leadership and of trusting relationships (**BB #6**)
- Proactive **outreach** to those with the greatest needs through partners that have the right relationships and capacities... this is the type of activity we hope to now systematize as part of an overall **population-health management approach to COVID recovery** (**BB #4**), ideally with
 - More partners at the table like home care and public health (**BB #2**)
 - Greater patient, family and caregiver engagement (**BB #3**)
 - Enhanced use of data analytics and digital tools (**BB #5**)
 - Greater synergies with provincial and regional supports (**BB #6**)

PHM as a Framework for OHTs in COVID Recovery

- Four critical steps in **improving care experiences and health outcomes** for entire attributed population, not just those who happen to walk through the door (BB#4)
 - Segmenting population into groups with shared health and social needs and shared barriers to accessing care (e.g., Kaiser risk pyramid)
 - This will now need to include those with long COVID, those with care delays, etc.
 - Co-designing **care models, in-reach services** ('now that you're here.... can we offer these additional free, evidence-based services?') and **out-reach services** ('we haven't heard from you in a while.... can we help?') for each population segment
 - With primary-care providers front and centre
 - With many other partners providing broader health and human services in an integrated way (and addressing human-resource challenges together)
 - Implementing the models and services in ways that equitably reach and benefit all those who need them ('**mass customization at scale**')
 - Monitoring reach and other process measures and evaluating quadruple-aim metrics
 - And rapidly learning and improving
- RISE coaches, collaboratives and webinars can help (as can many other partners in the OHT Central Program of Supports)

OHT Experiences: Learnings through COVID-19

OHT panelists have been asked to reflect on the following questions:



How did your OHT come together to respond to COVID-19 in your community?



What did your team learn from this experience?

Panelist presentations will be followed by a facilitated discussion an opportunity for the audience to ask questions.



How will your team apply these learnings to your future work, including COVID-19 recovery and the delivery of equitable, population-health focused care?



An integrated response to COVID-19 in our local community – caring, testing, vaccinating:

- Integrated neighbourhood and population-level response across 50+ health/social care partners
- Coordinated primary care led by East Toronto Family Practice Network (EasT-FPN)
- 21 neighbourhoods, 5 designated neighbourhood improvement areas disproportionately impacted by COVID-19
- Multi-level testing and immunization strategy: e.g. targeted mobile teams and pop-up sites for high-risk populations and priority postal codes, mass vaccination site, specialty population clinics

To date...



~270,000
COVID
tests



250,000+
doses



Lessons Learned:

- Equity based approach – trusted partnerships – distributed leadership – nimble and adaptive – embedded primary care
- Massive local outreach efforts [schools, apartments, faith communities, shelters, businesses] – building trust and access to testing/vaccines
- Innovative models – virtual care, COVID case management, IPAC hub & spoke, one-stop neighbourhood COVID Outreach Centres



Implications for future work on population-health management, equitable care, and COVID-19 recovery:

- Accelerate integrated care by applying COVID partnerships/structures to other population health issues (mental health, addictions, chronic diseases, LTC & aging, housing...)
- Integrated post-COVID recovery strategy – spotlight on health equity issues and post-pandemic health needs, system HHR
- Create public health mandate within an OHT – building our population health approach
- Neighbourhood and community leadership - hyper-local supports, volunteers and partnerships



How our OHT came together to respond to COVID-19 in our local community:

- The OHT-ESO partners came together in Fall 2020 to lead a strategy to support disproportionately affected populations in Ottawa. The strategy included providing targeted low/no barrier access to testing, wraparound supports for Covid+ people, neighbourhood outreach strategies, and vaccines.



What lessons we learned from our experience:

- Community leadership, outreach & engagement in community were critical to success. Relationships built on trust were the foundation of uptake.
- It was a collaborative effort that required a strong coordinating backbone and a willingness of individuals and agencies to be more flexible in how we work together. Community-based services were critical to responding to the needs of community members.
- Working with communities that face significant oppression and barriers is resource-intensive work.



How we will apply our learnings to our future work on population-health management, equitable care, and COVID-19 recovery:

- OHT's must be designed with an equity lens. Collecting and using socio-demographic data is a critical component of this work.
- Broadening the scope of who we consider a partner in OHT work. We must include non-traditional partnerships (i.e., non health care partners, resident leaders, informal networks).
- Investments in equitable care are critical to ensure we are levelling the playing field within the health and social care system; adequate resourcing allows for exponentially more to be achieved.

How we came together to respond to COVID-19:

- Recognizing the importance of equity, partnered with patients and local providers to understand how best to support the needs of the various neighbourhoods that make up the BE OHT.
- Supported the full spectrum of COVID-19 care in our community: assessment, testing, community wrap-around supports and now, vaccination, through establishing pop-up, mobile and static clinics.
- Provided Health Human Resource supports for acute care, long-term care, testing centres and vaccine clinics.
- Worked with organizations to procure + distribute personal protective equipment to primary care providers and agencies at discounted rates.
- Involvement in the High Priority Communities Strategy.
- Creation of the Seamless Care Optimizing the Patient Experience (SCOPE) model supporting urgent patient needs. To date, 50 primary care providers can access the service. Led to a 54% emergency room diversion rate and 94% satisfaction among participating providers.
- Created the High Intensity Supports at Home Plus (HISH+) Program which has supported 20 alternative level of care clients at home overall (with 15 currently enrolled)

Mobile Enhancement Support Team

23 Long Term Care Homes

22 Retirement Homes

25 Priority Congregate Settings



By March 31, 2021 provided:
**7 Community testing sites and
assessment centres**



Supports to COVID-19 patients in BE OHT
catchment supporting Ontario Health Central's
mandate.

154,890
Individuals Tested



3,482
Wraparound Supports

(Food + Income Security + Self-Isolation Options)

- Dr. Brian Klar, Co-Chair BE OHT Collaboration Council
- Neil Shah, Executive Director, Queen Square Family Health Team

Lessons learned from our experience:

- Leveraging the OHT structure to support crisis management, which brought together a diverse set of providers than previous structures.
- Communication is essential. Trust promotes innovation.
- Balance between perfecting models and quick implementation in a time of a crisis.
- Importance of partnerships in creating an effective, coordinated response.
- Community engagement is key – build a model that meets the diverse needs of the people in our community.
- Supporting care providers is necessary.

Future work on population-health management, equitable care, and COVID-19 recovery:

- New models and investments addressed equity gaps and were proof of concepts that now need to be embedded to support our diverse communities (seniors support, community outreach, mental health, remote monitoring).
- Priority population: Taking time to understand the population and needs prior to co-designing a model.
- Continue to strengthen partnerships with patients / clients and providers.
- Bring in new partners who have not been traditionally at the health planning table
- Commitment to continuously build on trust and collaboration between partners.



How our OHT came together to respond to COVID-19 in our local community:

- *Accelerated work on those most impacted by pandemic; including*
 - *Older adults and their caregivers*
 - *Underhoused and people living with mental health & addictions*
- *Joint vaccine planning for Community Vaccine Hub (mass immunization clinic), outreach, and on-site vaccinations to share information and segment roles/responsibilities*
- *Community Vaccine Hub has scheduled and administered 50,000+ vaccines (pop is 75,000) in partnership with 17 organizations*



What lessons we learned from our experience:

- *Despite limited health human resources, we demonstrated a collaboration advantage in scaling new programs and initiatives*
- *Engaging community-based providers and frontlines was key to success (mostly led and staffed by primary care) with hospital and public health supporting from behind*
- *Tendency is to default to organizational priorities vs. collective priorities*



How we will apply our learnings to our future work on population-health management, equitable care, and COVID-19 recovery:

- *Create a mechanism to mobilize resources (financial and HR) and work to advance a joint culture across the OHT*
- *Find new ways to support community-based providers, who may lack resources, however may be best positioned to respond to community needs*
- *Revisit our project governance to strengthen joint accountability*

4. Facilitated OHT Panel Discussion and Q&A



How will your team apply these learnings to your future work, including COVID-19 recovery and the delivery of equitable, population-health focused care?



Please submit questions in the Chat Box

5. Closing Remarks

- Summary of key take-aways and highlights of upcoming Central Program of Supports activities
 - *Jodeme Goldhar, Strategic Advisor, Ontario Health*
 - *Amy Olmstead, Executive Lead, Ontario Health Teams Division, Ministry of Health*

Key Take-Aways



OHTs are an essential part of a transformed health care system that is centred on patients. OHTs' ongoing response to COVID-19 demonstrates that teams can deliver equitable, population-health focused care that is focused on better outcomes and experiences.



Together, the ministry and Ontario Health are committed to supporting teams to advance the OHT model and achieve success, now and into the future.



The foundations and partnerships that Ontario Health Teams are building now will be important as the system moves towards recovery. The ministry and Ontario Health's recovery efforts will recognize and enable Ontario Health Teams as a vehicle for change.

Describing Today's Experience



Highlights of Upcoming Central Program of Supports Activities



July 8th (12 – 2 pm): Harmonized Information Management Plans (HIMPs) Virtual Engagement Series webinar, session focused on further guidance and sharing learnings to help OHTs develop their individual HIMPs. *Open to teams at all stages of implementation.*

Other upcoming / planned events:

- **Data Package 2.0 Information Session**
- **Collaborative Quality Improvement Plans**
- **OHT's Patient Declaration of Values**
- **Home and Community Care**

Ongoing Health System Performance Network and Rapid Improvement Support & Exchange Population Health Management Collaborative events

Communities of Practice, OHTs are encouraged to join and actively participate in the OHT Shared Space hosted by Rapid Improvement Support & Exchange (RISE) and Ontario Health. Current communities are focused on patient, family and caregiver partners; evaluation and performance improvement for OHTs; digital health; as well as one for teams in development. (<https://quorum.hqontario.ca/oht-collaboratives/en-us>)

Wrap up and Next Steps

Survey

Please take a few moments to complete the following survey. Your feedback will help inform how best the ministry and partners can support you in your OHT work.

Thank you for joining us today!