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TO: Ontario Health Teams

FROM: Amy Olmstead
Acting Executive Lead, Ontario Health Teams Division
Ministry of Health

Dr. Sacha Bhatia
Population Health and Value Based Health Systems Executive
Ontario Health

RE: OHT Year End Update

On behalf of the Ministry of Health (the ministry) and Ontario Health, we are writing to provide an update on our shared work to advance the implementation of Ontario Health Teams (OHTs). Since the introduction of OHTs in 2019, health system partners have embraced the model and made significant progress in implementation during challenging circumstances. The ministry and Ontario Health have launched several new initiatives to advance implementation, which were discussed during a webinar on April 8, 2022. This memo provides additional detail about those initiatives and further updates on other aspects of OHT development. The ministry and Ontario Health look forward to working with all partners to continue to advance the OHT model in the near and longer term.

OHTs have demonstrated tremendous successes over the last few years, mobilizing pandemic response activities, establishing trust and building capacity to effectively plan and care for a defined population. In all corners of the province, partners across the system have come together voluntarily to establish a shared vision for the well-being of their local communities.

Provincial Coverage of OHTs

There are now 51 approved OHTs in Ontario that will care for 95% of the population at maturity. These 51 teams include over 1,000 providers, community members and patient, family and caregiver partners. Advancing provincial coverage of OHTs remains a priority so all Ontarians can benefit from this population health-based, equitable approach to care delivery.

This is why the ministry and Ontario Health have been working with local providers across Northern Ontario to further develop foundational partnerships needed for OHTs to deliver improved care for their populations.

The ministry and Ontario Health have also been working collaboratively on a case-by-case basis with Indigenous organizations who provide services to support a full and coordinated continuum of care and have expressed an interest in becoming an OHT. The ministry has recently invited teams in Northern Ontario, including an Indigenous-led team, to complete a full application.

New/emerging initiatives to support OHTs

The ministry and Ontario Health have heard that OHTs have benefited from a flexible implementation approach to date and that now the need for greater standardization is emerging. Feedback from the system and examples from leading jurisdictions have informed new and emerging programs and policies that will help OHTs advance and bring about greater consistency through common expectations.

We know that to successfully integrate care, the ministry and Ontario Health must plan and implement programs and policies that empower local OHTs to be responsible for service delivery and implementation of new initiatives. There are several initiatives already underway to support this aim, including:

- Over the past year, up to \$81M for digital health and virtual care was made available to OHTs. The ministry and Ontario Health expect OHTs to access provincial digital health and virtual care investments as they become available to advance digital health information management maturity across all partners.
- A recently announced [demonstration project](#) to test and assess opportunities to integrate service delivery for heart failure patients is being led through OHTs.
- A number of OHTs will be selected to implement [Leading Projects](#) to advance new models of home care.
- New home and community care legislation and regulations that will come into force on May 1, 2022 and [home care parameters for 2022](#) will guide OHT planning. Guidance for [community services](#) delivery aims to build and strengthen planning partnerships between community services agencies and OHTs.
- [Mental health and addictions](#) care is a clear priority for the vast majority of OHTs. The ministry and Ontario Health recognize the opportunity to advance mental health and addictions initiatives and pathways through OHTs so that all Ontarians can expect to receive consistent, evidence-based care.
- Greater alignment will be driven across programs with shared objectives in advancing population health management, through targeted, community-based approaches to reduce disparities, like the [High Priority Communities Strategy](#).

A number of these initiatives help advance the ministry's and Ontario Health's commitment to prioritize new service funding or service expansion through OHTs where appropriate.

The ministry and Ontario Health will continue to emphasize that [primary care](#) is foundational to OHTs and to advancing the Quadruple Aim. The ministry and Ontario Health will leverage opportunities to ensure primary care and physician engagement and participation are key drivers of OHT activities and structures. Significant work has been done to establish the value proposition for primary care providers and physicians to be part of OHTs. The new Physician Services Agreement expands Managed Entry to allow more physicians into the Family Health Organization model. Managed Entry now includes a prioritized stream for those involved in ministry priority activities, like OHTs.

As these initiatives move ahead, they will inform where and how to introduce greater consistency and standardization across OHTs, as noted above.

Finally, we know that trust, collaboration, and a strong foundation are key underpinnings of successful integrated health systems. To that end:

- Further guidance will be developed by Fall 2022 for OHTs so they can advance their [governance](#) structures.
- To support ongoing system transformation, pandemic response and OHT development, the government is pursuing amendments to the *Personal Health Information Protection Act, 2004* that would improve the [sharing of personal health information](#) among health service providers within OHTs. This amendment would be intended to help OHTs in their planning, analysis and population health management, as they work together to design and deliver integrated, coordinated care for their attributed populations.
- Ontario Health in collaboration with the ministry will be releasing a [map-based business intelligence](#) platform to support OHTs in understanding and planning for the populations and communities they serve.
- To further drive the digital health maturity of OHTs, an updated version of the Digital Health Playbook is being released. The ministry is committed to provincially funded digital health solutions and will be providing [centralized direction](#) to support OHTs with their digital health planning and implementation activities.
- Recently, funding for implementation for Cohort 1 OHTs was extended for six quarters, starting April 1, 2022.

We are excited to continue building upon this fantastic progress as we work together to advance the OHT model of integrated care delivery. Further detail is outlined in the enclosed appendix.

Thank you,



Amy Olmstead



Dr. Sacha Bhatia

Appendix – Additional Details

Background

The OHT building blocks remain the foundational structure for OHT implementation and advancement. In the [initial guidance](#), the ministry set out early expectations and an end-state vision for each of these blocks.

After three years of implementation, learnings from the system are informing our way forward, alongside lessons from leading jurisdictions. The information that follows will aid OHTs as they build near-term plans to continue their advancement across some building blocks. The ministry and Ontario Health will continue to work with OHTs and system leaders to set out further expectations for OHTs toward maturity.



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1 – Defined Patient Population Towards Population Health Management and Equity

At maturity, each OHT will be held clinically and fiscally responsible for a defined population. Each OHT has been attributed a defined patient population using a patient attribution methodology based on how patients access care, coupled with access to a selection of point-in-time data about their population.

As an initial step to population health management, OHTs have identified target populations within their attributed population to improve care experiences and health outcomes using data-driven approaches.

The ministry, Ontario Health and our support partners are considerate of the connection between population health management and equity and are pursuing approaches to enhance equity-driven strategies through OHTs. To that end:

High Priority Communities Strategy

- OHTs and lead agencies [that exist in some communities](#) under the [High Priority Communities Strategy](#) continue to demonstrate dynamic, locally driven responses to ever-evolving health system needs.
- These OHTs and lead agencies have forged strong partnerships and are actively working in common purpose to support the province’s pandemic response and recovery goals.
- In 2022/23, the ministry has committed \$25M to continue to support the High Priority Communities Strategy in Ontario. These investments will ensure a continuation of the program for communities hard hit by the pandemic.
- All agencies funded under the High Priority Communities Strategy and their local OHTs will partner to support the collaborative design and delivery of local interventions for communities with complex barriers to accessing care.

Data and Analytics

- Ontario Health, in collaboration with the ministry, will be releasing a suite of interactive, map-based reports to support OHTs to understand and plan for the populations and communities they serve. These reports will enable equity stratifications and the ability to drill down into attributed populations and geographical locations.
- This platform will be supported to be a “one-stop shop” for OHT information needs, and will support quality improvement initiatives, performance measurement, and identification of community healthcare needs.

2 – In Scope Services

At maturity, OHTs will deliver a full and coordinated continuum of care to support their population. To date, the ministry has required that OHT partners include primary care,

hospitals and home and community care. To strengthen these partner roles within OHTs, and to support a phased modernization of home and community care, OHTs should note the following:

Primary Care and Physician Involvement

- There have been great strides to embed primary care (inclusive of physician leadership) in many OHTs, and the ministry and Ontario Health are committed to supporting this vision within each OHT. OHTs and sector leads have noted emerging models to effectively support primary care and physician involvement at OHT decision-making tables, including physician associations, primary care councils and networks, etc. The ministry and Ontario Health are assessing these models to determine how to capture and spread their most successful elements.
- The new Physician Services Agreement expands Managed Entry to allow more physicians into the Family Health Organization model. Managed Entry now includes a prioritized stream for those involved in ministry priority activities, like OHTs.
- A process is in development to support a sustained connection between newly entered physicians and their OHTs.

Home and Community Care

Home Care Leading Projects

Ontario Health, in collaboration with Home and Community Care Support Services (HCCSS) and the ministry, invited a small number of OHTs in March 2022 to partner with Service Provider Organizations (SPOs) and test innovative models of home care delivery through the Leading Projects initiative.

- The Leading Projects represent a targeted phase of innovation and learning to inform the modernization of provincial home care services.
- Insights from these projects, along with a review of other care models (such as @home and High Intensity Supports at Home) and other engagement processes and policy development, will support the integration of home care services into OHTs.
- OHTs that have not been identified as initial candidates for Leading Projects will be engaged through Ontario Health regional teams for ongoing opportunities to advance home care modernization and will benefit from the learnings generated in this first phase of innovation.

Leading Projects planning and preparation will continue through the spring and summer, with implementation expected through Summer and Fall 2022.

Home Care Parameters

The Leading Projects initiative is one step in the broader provincial home and community care modernization process, including the transition of home care to OHTs.

The ministry expects to communicate next steps about the transition and modernization of home care by Fall 2022. In the meantime, the following direction is being provided to guide OHT planning this year. This direction reflects that significant planning is required to plan for the implementation of new models of integrated care and to manage the transition of care in a way that protects the continuity of services and prevents disruption of the workforce.

In planning for home care delivery in advance of further direction, OHTs should continue to work with Ontario Health, HCCSS and provider partners.

- Ontario Health leads provincial support for implementation of OHTs within ministry parameters and will have oversight of home care delivered by HSPs/OHTs.
- HCCSS is a key partner in planning and transition of services.
- Ontario Health leads provincial support for implementation of OHTs within ministry parameters and will have oversight of home care delivered by health service providers (HSPs)/OHTs.
- SPOs, along with other care providers will inform understanding of population health needs, current care delivery and future model development.
- OHTs should connect with the Ontario Health regional leads about home care planning.
- OHTs and HSPs are reminded that Ontario Health's approval is required to undertake accountability of home care delivery.

When OHTs (inclusive of their member HSPs) are planning, in advance of further direction:

- They will engage SPOs as planning partners in local model development. This will be done in a way that does not bias any future decisions about contract award or service volume allocations.
- They may continue to work with HCCSS and SPOs to expand current proven models of integrated care, such as High Intensity Supports at Home and @home models, in addition to Leading Projects.
- They will continue with the contracted model for home care delivery, instead of direct delivery by their staff, unless there are exceptional circumstances in which continuing with the contracted model would impede improvements to quality, access, or equity of care.
- They may leverage existing SPO contracts, where possible. Where they are not leveraging an existing contract, procurement should be fair and transparent, specific to the model and based on the SPO pre-qualification list maintained by Ontario Health.
- Recognizing that care coordination functions are critical to home care delivery, they are to use an approach (such as embedding HCCSS care coordinators in HSPs) that maintains HCCSS as the employer of care coordinators.
- Client Health and Related Information System (CHRIS) will continue as the patient management system for home care.

- They should continue to develop integrated home care models of delivery for future implementation, recognizing that plans will have to align with future direction. In the interim, they may want to consider the following parameters:
 - Pursue opportunities presented by the new legislation and regulations for home care delivery.
 - Prioritize linkages with community services, acute care and primary care.
 - Continue role of contracted SPOs.
 - Consider the role of virtual care and digital tools.
 - Consider OHT capacity for operational supports for home care delivery.
- The ministry does not anticipate transferring HCCSS staff or business support resources to HSPs or OHTs in this period.
- They are asked to not hire new care coordination staff for home care delivery in this period.

Community Services

Community services providers – including community support services, services for people with acquired brain injury, and assisted living services – that are planning to seek funding from Ontario Health for significant service expansion will be asked to engage with the appropriate approved OHT for input about how that expansion aligns with OHT planning.

- Ontario Health will use the information from the OHT, among other factors, to make final decisions about future community services resource allocations.
- Ontario Health will also engage with relevant OHTs about expansion plans that are not proposed by providers.
- OHTs are not being asked to approve or endorse community services expansion proposals.
- Where an approved OHT does not exist, the community services agency may still submit a service expansion proposal to Ontario Health. Similarly, Ontario Health is able to fund services by a community provider where an OHT does not exist.

This direction is intended to strengthen or build partnerships between community providers and OHTs and inform planning between OHTs and community services providers to the benefit of all partners. It reflects the importance of community services to our shared goals for OHTs and the health system.

3 – Patient Care and Experience and Service Delivery

The ministry and Ontario Health will be pursuing opportunities to standardize care through OHTs based on evidence. Additionally, patient navigation and warm hand offs will continue to be prioritized. Most recently, OHTs provided input to ensure alignment with the new Health Care Navigation Service. Current and future opportunities to advance evidence-based care across the care continuum and improve navigation are being explored, including:

Congestive Heart Failure

- The ministry and Ontario Health have launched a demonstration project to test and assess opportunities to integrate service delivery beyond hospitals for heart failure patients.
- The project is focused on supporting hospitals receiving Congestive Heart Failure Quality-Based Procedure funding to work with members of their OHT to offer appropriate non-acute services to this patient population.

All projects must include primary and community-based care providers (at a minimum), use digital health and virtual care tools to drive innovative aspects of care delivery, and be supported by the OHT in order to be eligible for funding.

Mental Health and Addictions

- As noted above, mental health and addictions will be a clear focus area, with opportunities for OHTs to work with the ministry and Ontario Health to develop and implement standardized care pathways.

4 – Digital Health and Information Sharing

Digital health and information sharing are critical enablers of integrated care delivery. Over the last two years, OHTs have made significant strides in using digital health and virtual care funding opportunities to implement solutions to support the response to the COVID-19 pandemic and the OHT-based navigation support work with the provincial Health Care Navigation Service. Further information will be provided shortly on the sections below.

Digital Health and Virtual Care

- OHTs should expect to adhere to additional requirements to support better patient care and access to information. As discussed above, funding and other supports will be available to assist OHTs in achieving these directions.
- This will include the use of Provincial Clinical Viewers, eServices, Health Report Manager, and CHRIS to support integrated care delivery, and the following (that each must meet the provincial service standard):
 - the requirement for primary care providers who are part of an OHT to offer an online appointment booking solution;
 - the use of a verified virtual visit solution; and,
 - the requirement for OHTs to participate in a patient portal or similar access channel (independently or as part of a regional offering).
- Further, OHTs must ensure that their clinical systems support greater patient data sharing and standardization (e.g. consolidating the number of stand-alone instances, hospital information systems (HIS) procurement must be for a shared instance and align with the relevant HIS Collaborative). This must be achieved while raising their cyber security defensive posture and maturity in alignment with Ontario Health's Provincial Cyber Security Operating Model.

Information Sharing

- As mentioned in the first building block, population health management is critical to the OHT vision, as providers work together to improve the health of a defined population and seek to reduce disparities among different population groups.
- To enable this, the government is pursuing amendments to PHIPA that would improve the sharing of personal health information among HSPs within OHTs.
- This amendment and subsequent regulation, if passed, would ultimately help OHTs in their planning, analysis, and population health management while respecting the privacy of Ontarians.
- As such, OHTs will be supported in responding to evolving pandemic needs, better understanding the patients and communities they serve, and designing and delivering better connected, more integrated care.
- In order to obtain this enhanced information sharing authority, OHTs would be required to demonstrate sufficient readiness to comply with all applicable obligations under PHIPA, such as by implementing information management policies, practices and procedures to secure information and protect privacy.

5 – Leadership, Accountability and Governance

In 2019 and [2020](#), the ministry released guidance to the system which established OHT governance arrangements as self-determined and fit-for-purpose. This flexibility supported locally-driven coordination of care and empowered organizations to determine the Collaborative Decision-Making Arrangements that work best for them, their patients, and their communities.

Governance

- Effective governance and decision-making are foundational to the OHT vision.
- As the OHT model progresses, standardized expectations of maturing OHTs will enable teams to achieve objectives and accountabilities at the local and system level, to demonstrate strong financial management and controllership, and to execute cohesive decision-making and stewardship as an integrated collective.
- To support OHTs in meeting these expectations, and building upon effective practices in the field, the ministry and Ontario Health are planning to release guidance and requirements associated with OHT governance in Fall 2022.
- This new guidance will be grounded in the principles of accountability, representation, and transparency and will:
 - describe characteristics and structures of OHT governance models that will move OHTs toward a successful path forward;
 - detail governance best practices that will empower effective self-governance and accountability; and,
 - consider key learnings and outstanding challenges identified since inception of the OHT model.
- Developments in OHT governance, among other topics, will inform the future trajectory toward legal designation of OHTs under the *Connecting Care Act, 2019*.

Member Contributions

- OHTs may consider collecting resources from members to support local system transformation and assist in quality improvement, care redesign, priority operations, and planning.
- However, financial contributions from OHT members must not be a requirement or a barrier to their participation in OHTs.
- Any potential requests for financial contributions must be assessed against – and grounded in – the principles of equity, inclusiveness, and value for money. In-kind contributions must be strongly considered.