Metamorphosis Network Welcoming Remarks

Transition Planning

Welcome

Carrie Anne Beltzner & Derek Rodrigues

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Key Messages

- Ontario Gov't – 'All programs are subject to expectations around service modernization, cost efficiencies, and value for money'

- M-SAA's 2019-2022 in effect

- M-SAA Compliance requirements must be maintained

- HSP's continue to report to LHIN's until otherwise notified

- Based on the information available, HSP's will continue to operate as they have until health services are transitioned to OHT's which will vary in timelines based on OHT regional planning
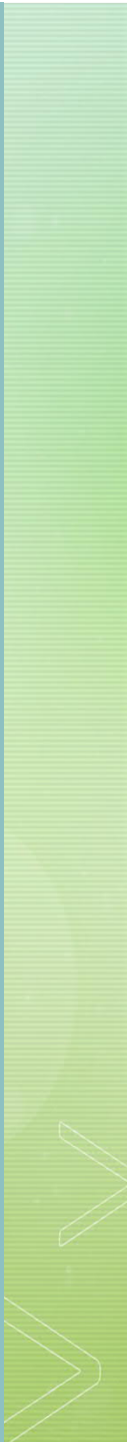
Continued Messages

- Metamorphosis Network has signed MOU's/Letters of Support with the Mississauga OHT and the Brampton/North Etobicoke OHT

- Metamorphosis Network will provide learning opportunities and work collaboratively with HSP's and health system partners in the transformation process

- Bill Hatanaka, Chair, Ontario Health Agency sent his regrets and was pleased to know that we are engaged with local OHT's and looks forward to working with Ontario Health Teams

- Governance Boards need to be well informed and plan for the transition

- Metamorphosis Network 2018 – 2023 Strategic Plan refresh

Forum Purpose

We developed today's forum based on the expressed needs of governance board members, CEO/ED's, clients/caregivers, senior management, and health system partners in alignment with our network strategic plan:

- Role and reporting relationship of the HSP Governance Board in supporting the transformation process and alignment with the health system

- A shared understanding of the health transformation agenda

- Partnership opportunities for community support, mental health, and addiction HSP's with health system partners

Tips for this Evening

Jerry Mings

Questions

CARDS

- If we don't know an answer, write your question on card
- Updates with answer will be sent as we get information

Online

- Link to the online question portal
- We will watch and weave the questions into the sessions

Questions
Via
Internet

Your audience can join
at www.slido.com
with this code: #V024

Overview of the Ontario Health Team Development

Patrick Boily

Manager, Policy and Stakeholder Engagement

OCSA

An overview of Ontario Health

Patrick Boily, Manager Policy and Stakeholder Engagement

Key Features of Reforms

Overall, the proposed changes would be a significant centralization of the health system while at the same time empowering local health service providers (HSPs) to partner in service delivery.

The core features of the reorganization which will be rolled out over a number of years are:

➢The creation of Ontario Health that will centralize the functions of 20 organizations and have 5 regional offices.

➢The eventual creation of 30 to 50 Ontario Health Teams composed of HSPs that would receive funding from Ontario Health to deliver coordinated services.

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Bill 74, The People's Health Care Act, 2019

Passed on April 18th, Bill 74 established the legal structure for the creation of Ontario Health and Ontario Health Teams. It created The Connecting Care Act which is the legislation that will govern the new system.

This new provincial agency will amalgamate 20 other agencies.

Bill 74 sets up the eventual repeal of the Local Health System Integration Act.

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Ontario Health

Ontario Health will oversee health care delivery, improve clinical guidance and provide support for providers to enable better quality care for patients.

Ontario Health will eventually amalgamate:

➢the 14 LHINs
➢Cancer Care Ontario
➢eHealth Ontario
➢Health Force Ontario Marketing and Recruitment Agency
➢Health Shared Services Ontario
➢Ontario Health Quality Council
➢and Trillium Gift of Life Network.

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Ontario Health - Mandate

(a) to implement the health system strategies developed by the Ministry;

(b) to manage health service needs across Ontario consistent with the Ministry's health system strategies to ensure the quality and sustainability of the Ontario health system through,

    (i) health system operational management and co-ordination,

    (ii) health system performance measurement and management, evaluation, monitoring and reporting,

    (iii) health system quality improvement,

    (iv) clinical and quality standards development for patient care and safety,

    (v) knowledge dissemination,

    (vi) patient engagement and patient relations,

    (vii) digital health, information technology and data management services, and

    (viii) support of health care practitioner recruitment and retention;

(c) to plan, co-ordinate, undertake and support activities related to tissue donation and transplantation in accordance with the Trillium Gift of Life Network Act;

(d) to support the patient ombudsman in carrying out their functions in accordance with the Excellent Care for All Act, 2010;

(e) to support or provide supply chain management services to health service providers and related organizations;

(f) to provide advice, recommendations and information to the Minister and other participants in the Ontario health care system in respect of issues related to health care that the Minister may specify;

(g) to promote health service integration to enable appropriate, co-ordinated and effective health service delivery; and

(h) any other prescribed objects.

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Ontario Health – Powers and Authorities

The agency has powers to appoint supervisors and investigators similar to the provisions brought in by the Patients First Act in 2016.

Ontario Health will also have the power to issue directives. This is similar to the LHINs ability to issue policy and operational directives under the Local Health System Integration Act (LHSIA).

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Integration Powers

Ontario Health has the power to facilitate and negotiate integrations but the power to direct integrations rests with the Minister.

Ontario Health has the power to integrate the health system by providing or changing funding, integrating organizations that are health service providers or Ontario Health Teams.

Directed Integration Powers

There are a number of restrictions placed on the Minister's directed integration powers. These include a restriction on the Minister's ability to issue directives that would transfer the property held for charitable purposes to an entity that is not a charity.

More importantly it limits the Minister's ability to amalgamate a not-for-profit health service provider or Ontario Health Team with a for-profit one.

It also limits the Minister's ability to issue a directive to transfer all or substantially all of a not-for-profit HSP's or Ontario Health Team's operations to a for-profit one.

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Ontario Health – Chair and CEO

William (Bill) Hatanaka, Chair

Susan Fitzpatrick, Interim CEO

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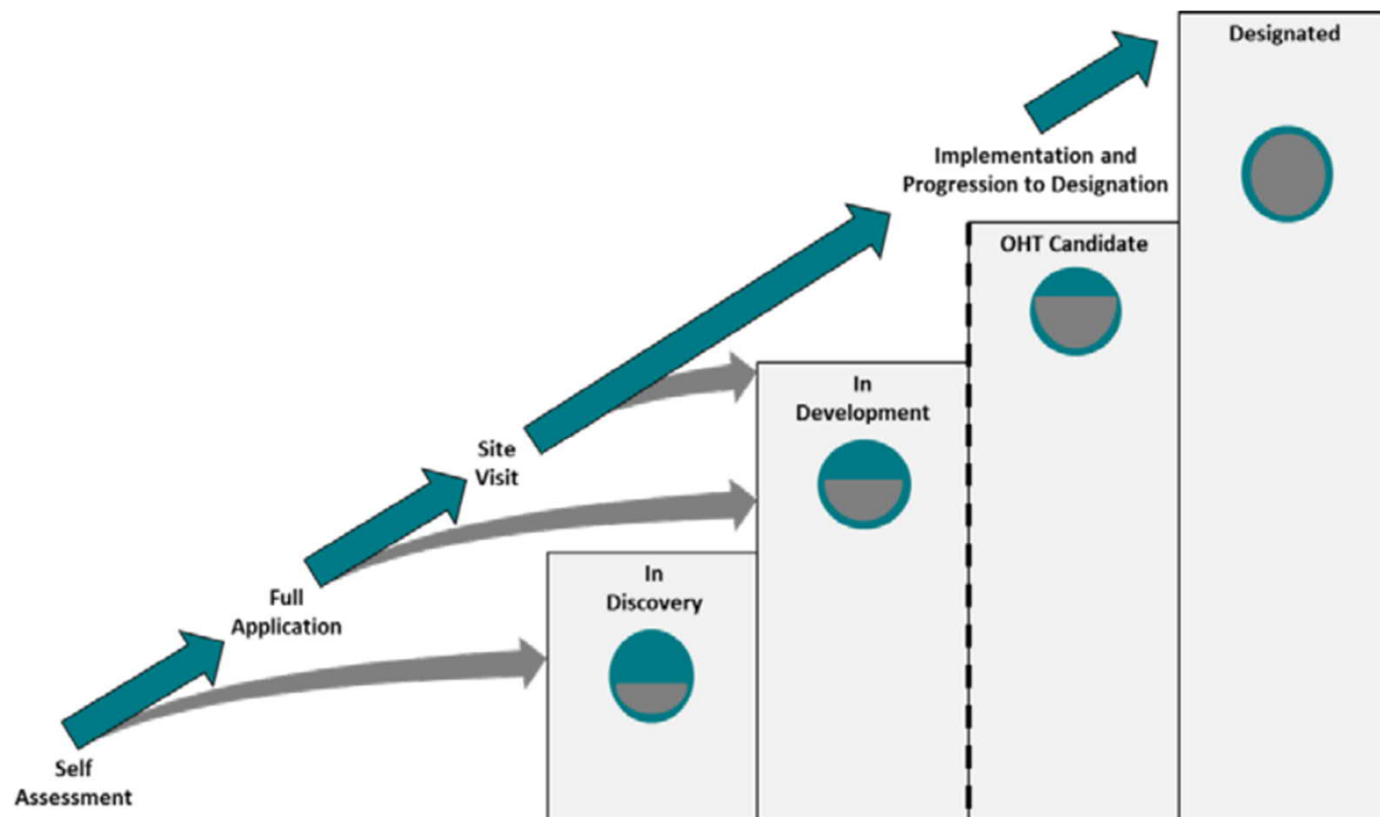Support Association

Ontario Health Team Application Process

Figure 1: Readiness Assessment and Ontario Health Team Designation Process

Ontario Health Team Governance

"Teams will determine their own governance structure(s). Each team will operate through a single clinical and fiscal accountability framework, which will include appropriate financial management and controls."

"Patient Declaration of Values in place. P/F/C included in governance structure(s) and patient leadership established. Patient engagement framework, patient relations process, and community engagement plan are in place."

Ontario Health Teams: Guidance for Health Care Providers and Organizations

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Questions or Comments

Thank you!

Patrick Boily, Manager Policy and Stakeholder Engagement

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416-256-3010 or 1-800-267-6272 ext 228

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Accountable Care Models

Jeremiah Hwee
Shawn Kerr

Trillium Health Partners

Metamorphosis

Building your Community Health Network, Neighbourhood by Neighbourhood

PRIMER ON INTEGRATED AND ACCOUNTABLE CARE MODELS: DEFINITIONS & SUCCESS FACTORS

May 14, 2019

Robert Reid MD PhD, Chief Scientist

Walter Wodchis PhD, Research Chair

Jeremiah Hwee PhD, Post-doctoral Fellow

Trillium Health Partners
Better Together

ONTARIO HEALTH TEAMS - INTEGRATED CARE DELIVERY SYSTEMS

Ontario

NEWS

Ministry of Health and Long-Term Care

Building a Connected Public Health Care System for the Patient
February 26, 2019 9:00 A.M.

Ontario Health Teams

Ontario Health Teams are a new way of organizing and delivering services for patients. Local health care providers will be empowered to work as a connected team, taking on the work of easing transitions for patients across the continuum of care. Ontario Health Teams will be responsible for delivering all of the care for their patients, understanding their health care history and needs, and directly connecting them to the different types of care they need.

Patients would have help in navigating the public health care system 24/7. These teams would support continuous access to care and smooth transitions as patients move between one provider to another, and receive care in different locations or health care settings. Over time, Ontario Health Teams would provide seamless access to various types of health services, which could include:

- Primary care
- Hospitals
- Home and community care
- Palliative care
- Residential long-term care
- Mental health and addictions

Ontario Health Teams will be funded and held accountable for improving patient experience and people's health.

# URGENT NEED FOR HEALTHCARE DELIVERY AND FINANCE REFORMS

- Across the industrialized world, governments face similar challenges:

  - Many independent and poorly aligned operators (public & private) across care sectors
  - Underdevelopment of primary care & over-reliance on hospitals
  - Poorly defined populations & lack of accountabilities
  - Unclear care pathways between organizations, with many care gaps & duplications
  - Inadequate mechanisms to transfer information & coordinate care

- Factors for success are now emerging for integrated delivery systems

INTEGRATED & ACCOUNTABLE CARE SYSTEMS

CURRENT STATE
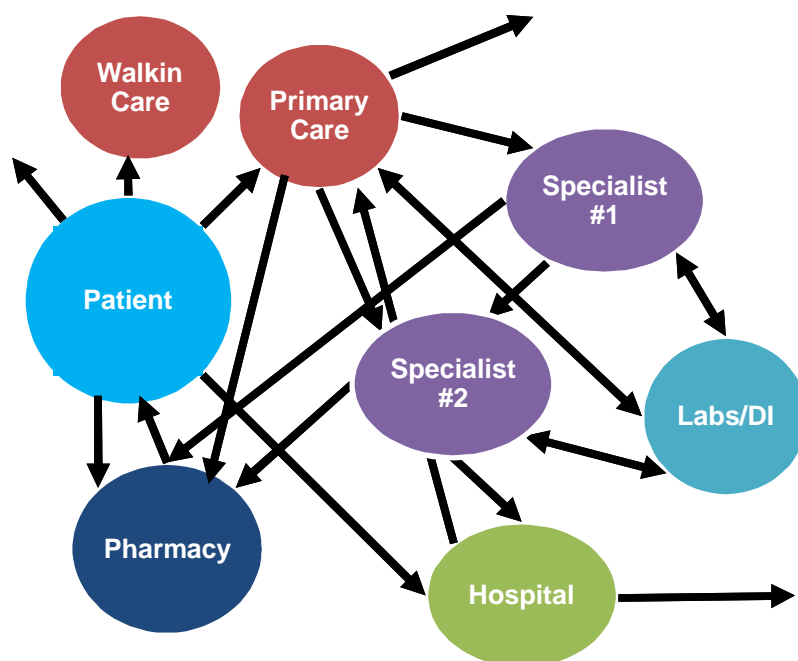
INTEGRATED & ACCOUNTABLE CARE
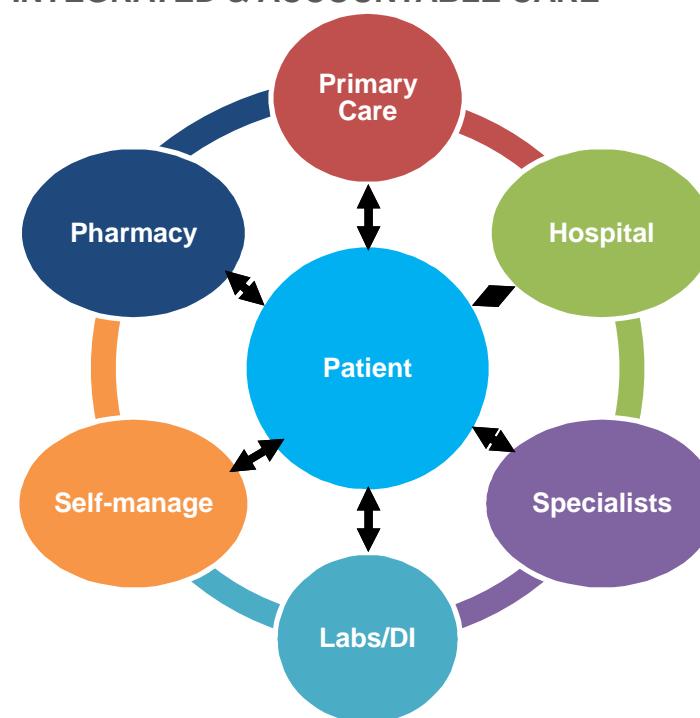
INTEGRATED & ACCOUNTABLE CARE SYSTEMS

- Integrated care systems have different names across the world, such as:
  - US: "Accountable Care Organizations", "Accountable Health Communities"
  - UK: "Accountable Care Systems", "Sustainability and Transformation Partnerships"
 - Other: "Integrated Healthcare Organizations" (Spain)

Main Commonalities	Main Differences
• Organizations are held financially accountable for quality, experience and total costs of defined population	• Diversity of populations and care delivery partnerships (hospitals, clinics, nursing homes, etc)
• Vertically integrate across the services spectrum with emphasis on primary care	• Governance models and corporate structures
• Payment methods and incentives are aligned with delivering value, not simply paying for volume.	• Degree of financial risk/gain sharing

INTEGRATED & ACCOUNTABLE CARE SYSTEMS – 3 EXAMPLES

Montefiore - USA	Greater Manchester Health – UK	Canterbury District Health Board - NZ
Bronx, NY. Since 2012	Greater Manchester, UK. Since 2016	Canterbury, NZ. Since 2007
• 10 hospitals • 68 primary care sites – 1,250 PCPs • 73 specialty sites – 1,700 specialists • + other services	• >30 hospitals & specialists • 500 primary care sites • + pharmacies, dental, mental health, public health, social problems (debt, poverty, education)	• 5 major and +30 smaller hospitals • >112 primary care sites - 490 PCPs • 1,284 specialists • + other services
• Gain & risk sharing	• Population capitation	• Population capitation
405,200 people	2.7 million people	558,830 people
High burden chronic disease, low income, high per capita spending, diverse population	High burden chronic disease, 30% >65 years by 2032, and growing younger population	Largest older population in NZ, diverse population, rising chronic disease, obesity problem

US Accountable Care Organizations defined as:

ACCOUNTABLE CARE - DEFINITION

- Groups of primary care providers, specialists, hospitals and other healthcare providers that come together **voluntarily** to deliver **coordinated high quality, value-based care** to a defined population

- Build mechanisms to coordinate & facilitate timely, efficient & person-centered care

- Together, groups agree to be **held responsible** to payors for **"Triple Aim" outcomes** - quality of care, patient experience & total costs
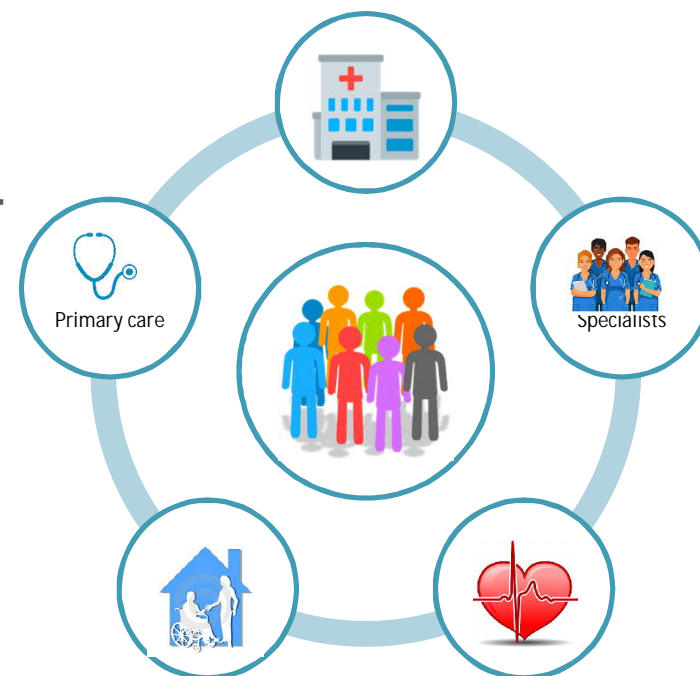
Adapted from McClellan M et al. *Health Aff (Millwood), 29*(5), 982-990.

Primary care

Specialists

Necessary Components:

INTEGRATED & ACCOUNTABLE CARE SYSTEMS

1. **Clinical Integration** - degree that patient services are experienced as continuous and coordinated across operating units

2. **Financial Integration** – payment methods and incentives that promote integration across operating units and achievement of triple aims

3. **Functional Integration** – leadership and management supports across operating units (e.g., back office support, IT, performance management, training)
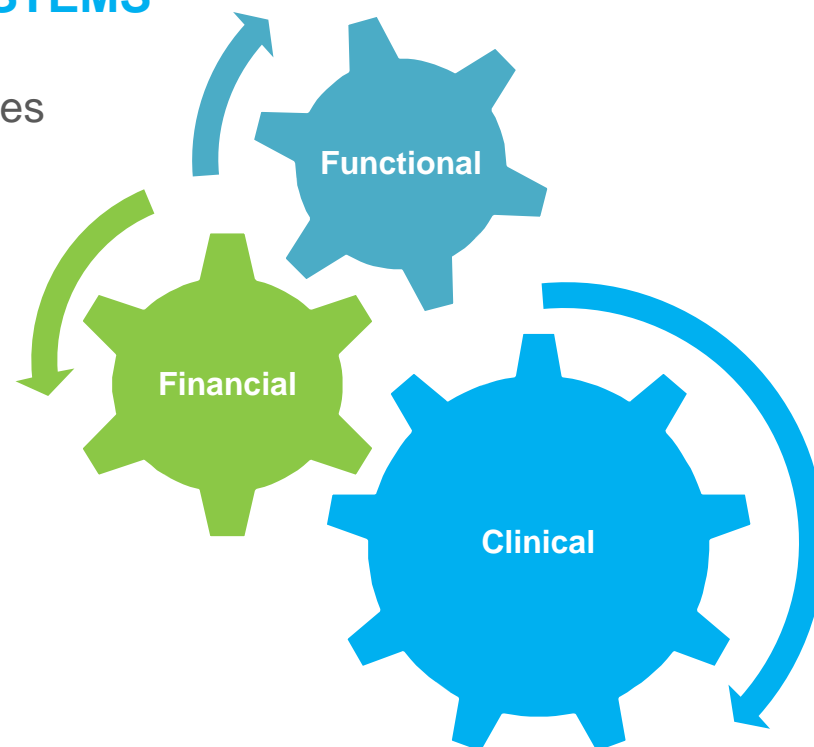
Adapted from Shortell SM et al. Remaking Health Care in America: Building Organized Delivery Systems. 1996.

Functional

Financial

Clinical

INTEGRATED & ACCOUNTABLE CARE SYSTEMS: HOW DOES CARE CHANGE?

Example #1: Reducing Avoidable ER Use and Hospitalization

Frail elder with worsening congestive heart failure

Current state: Patient has increasing shortness of breath over the last week. Calls family physician's office and talks to receptionist. Told that doctor has no appointments and is directed to the ER. Goes to local ER where no prior records are available. Patient admitted. *No incentive for primary care to manage care upstream and avoid hospitalization.*

Future state: Patient has a primary care team who outreach chronic care patients regularly using IT system. Visiting nurse notices worsening shortness of breath and coordinates a prompt visit with primary care team. Medication and dietary changes made and patient avoids costly hospitalization. *Primary care incented to manage care upstream by sharing in the realized financial savings.*

Current State

INTEGRATED & ACCOUNTABLE CARE SYSTEMS: HOW DOES CARE CHANGE?

Future State

Lack of clinical integration

- "doctor has no appointments and is directed to the ER"

Clinical integration

- *"nurse notices worsening… and coordinates a prompt visit with primary care team. Medication and dietary changes made and hospitalization avoided."*

Lack of functional integration

- "Goes to local ER where no prior records are available"

Functional integration

- *"Patient has a primary care team who outreach chronic care patients regularly using IT system"*

Lack of financial integration

- "*No incentive for primary care to manage care upstream and avoid hospitalization*"

Financial integration

- "Primary care incented to manage care upstream by sharing in the realized financial savings."

INTEGRATED & ACCOUNTABLE CARE SYSTEMS: WHAT IS THE EVIDENCE?

Mixed Results – only some systems achieve demonstrable success, 41% dropout Pioneer ACO Program[1]

- Many systems did not continue, and only a fraction of ACOs show success
- Of those that achieve success, they see reductions in per capita cost, improved experiences, and better chronic illness care and prevention

Evidence from peer-reviewed journals	Triple Aim Goal
• Takes time (2-4 years) for ACOs to see shared savings and reduced spending[6,7] • 3.3% reduction in hospitalization total spending[4]	Reducing per capita cost
• Reduction in health care utilization[2,3], 4% decrease in hospitalization and 1.5% emergency department use[4] • Patients reported better timely access to care and their primary physicians being informed about specialty care compared to non-ACO providers[5]	Experience of care
• Improvements in chronic disease management and preventive care processes[6]	Population health

INTEGRATED & ACCOUNTABLE SYSTEMS

Essential Features

1. Shared vision and goals for a common destiny – co-design and co-lead
   Clinical leadership to enable all steps and distribute ownership[8]

2. Trusting relationships – between providers, hospitals and other care settings[8]

3. **Primary Care involvement and focus**

4. Defined population with adequate risk pooling

5. Patient engagement and self-management support

6. Effective care coordination and coordinators[8]

7. Rapid-cycle and reliable audit and feedback – including feedback to physicians[8]

8. eHealth supported care – technology to support integrated care[8]

Fisher ES et al. Health affairs (Project Hope). 2012;31(11):2368-78
Gittell JH et al. Journal of interprofessional care. 2013;27(3):210-3.

ADDITIONAL SLIDES

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3. Kaufman BG, Spivack BS, Stearns SC, Song PH, O'Brien EC. Impact of Accountable Care Organizations on Utilization, Care, and Outcomes: A Systematic Review.0(0):1077558717745916.

4. Colla CH, Lewis VA, Kao LS, O'Malley AJ, Chang CH, Fisher ES. Association Between Medicare Accountable Care Organization Implementation and Spending Among Clinically Vulnerable Beneficiaries. JAMA Intern Med. 2016;176(8):1167-75.

5. McWilliams JM, Landon BE, Chernew ME, Zaslavsky AM. Changes in Patients' Experiences in Medicare Accountable Care Organizations. 2014;371(18):1715-24.

6. Song Z, Rose S, Safran DG, Landon BE, Day MP, Chernew ME. Changes in Health Care Spending and Quality 4 Years into Global Payment. 2014;371(18):1704-14.

7. Lewis VA, Fisher ES, Colla CH. Explaining Sluggish Savings under Accountable Care. 2017;377(19):1809-11.

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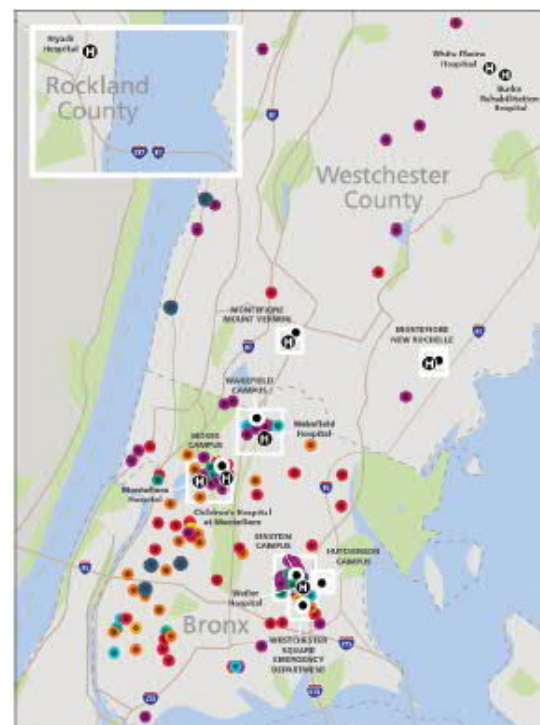
INTEGRATED & ACCOUNTABLE CARE MODELS – EXAMPLES

Montefiore ACO – USA. Since 2012

Bronx, NY

- 10 hospitals
- 68 primary care sites – 1,250 PCPs
- 73 specialty sites – 1,700 specialists
- + complex care sites, mental health sites, dental, imaging
- 405,200 patients
- High burden chronic disease, low income, high per capita spending

Rosenthal S. An Accountable Care Organization. A Twenty Year Journey

INTEGRATED & ACCOUNTABLE CARE MODELS – EXAMPLES

Greater Manchester Health – UK. Since 2016

Greater Manchester, UK

- >30 hospitals
- 500 primary care sites
- + pharmacies, dental, mental health, public health, social problems (debt, poverty, education)
- 2.7 millions people
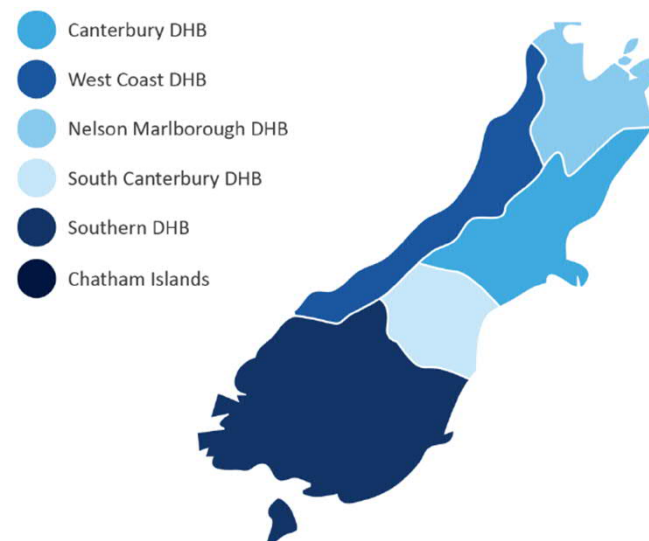- High burden chronic disease, aging population, and growing younger population

Greater Manchester Estates Strategy.

INTEGRATED & ACCOUNTABLE CARE MODELS – EXAMPLES

Canterbury District Health Board, NZ. Since 2007

- 5 major hospitals
  - +30 smaller hospitals
- >112 primary care sites - 490 PCPs
- 1,284 specialists
- + pharmacies, dental, child health, imaging, labs,
- 558,830 people
- Largest older population in NZ, diverse population, rising chronic disease, obesity problem

The New Zealand Medical Workforce in 2016.
Canterbury DHB Annual Report 2017/18

Canterbury DHB
West Coast DHB
Nelson Marlborough DHB
South Canterbury DHB
Southern DHB
Chatham Islands

Ontario Health Teams Metamorphosis Experience

Panel

Deborah Simon
Uppala Chandrasekera
Arienne Spafford
Adrianna Tetley

DIALOGUE ON ONTARIO HEALTH AND ONTARIO HEALTH TEAMS

ONTARIO COMMUNITY SUPPORT ASSOCIATION (OCSA)

DEBORAH SIMON - CEO

OCSA
Ontario Community
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Impact of Home Care & Community Support Services
2017-2018

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Ontario Community Support Association

INDIVIDUALS SERVED BY **HOME CARE**:
730,000

PERSONAL SUPPORT AND HOMEMAKING HOURS DELIVERED:
36.5 MILLION

MEALS DELIVERED BY **MEALS ON WHEELS:**
3,145,449

INDIVIDUALS SERVED BY **CSS**:
1,060,025

INDIVIDUALS SERVED BY **HOSPICE**:
23,982

CSS EMPLOYEES:
21,375

HOURS OF **VOLUNTEER** SERVICE DONATED:
3,114,929

NURSING VISITS:
9.6 MILLION

CLIENTS SERVED IN **DAY PROGRAMS**:
49,708

ESTIMATED **VALUE** OF VOLUNTEER SERVICES:
$78 MILLION

RIDES PROVIDED BY **TRANSPORTATION** SERVICES:
1,910,425

INDIVIDUALS PROVIDED WITH **ASSISTED LIVING SERVICES**:
25,647

Sources: CSS OHRS Comparative Report YE 2017-2018 / KPMG Bill 148 Analysis 2017

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INSIGHTS ABOUT THE TRANSFORMATION

Keep your eye on the end goal…..

- Accountable Care models need to make it *easier* to access and receive health care not add complexity so the focus has to be on meeting the <u>whole community's health needs.</u>

- Shortell (1993) in writing about accountable care stated "the ideal system is a network of organizations that provide or arrange to provide, a coordinated continuum of services to a defined population and who are willing to be held clinically and fiscally accountable for the outcomes and the health status of the population being served"

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THREE WAYS YOU CAN HELP YOU PLAY AN ACTIVE ROLE IN THE TRANSITION

Board Members

- See your organization's role in the broader system – <u>understand</u> the upstream and downstream issues….

- Use your community connections to help spread knowledge on the value your organization brings to the system….

- Be prepared to let go of sacred cows, ducks and other status quo objects….

Staff

- Support your Board in its role – support their education, make the contacts, set up the meetings….

- Look for other community based partners & partnerships – focus on what clients need most from you in an integrated system….

- Help to ensure that your <u>clients</u> are the voice of change in your community….

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HOW OCSA CAN HELP.....

- Board and staff development – webinars/training

- Advocacy opportunities – consultations, lobbying

- Networking venues – with other associations, conference, special events

- Promoting examples of seamless, integrated care that work in your communities

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CONTACT INFORMATION

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Ontario Community Support Association

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CANADIAN MENTAL HEALTH ASSOCIATION ONTARIO

UPPALA CHANDRASEKERA, M.S.W., RSW
DIRECTOR, PUBLIC POLICY

30 CMHA Branches in Ontario

Canadian Mental Health Association
Ontario

Association canadienne pour la santé mentale
Ontario

CMHA Branches Provide Quality Care

CMHA stats at a glance

CMHA has **30** branches across Ontario

CMHA branches employ more than **3,900** people

CMHAs belong to a community-based sector that serves approx. **500,000** clients a year

What is community mental health and addictions?

" Canadian Mental Health Association branches provide wide-ranging wraparound services to meet the needs of individuals in our community living with mental health or addictions challenges.

Wraparound means we offer our clients services and programs that help them in various aspects of their life so that they can live in and contribute positively to the community. "

What are some examples of wraparound services?

Housing

Employment Aid

Court Diversion

Clubhouses

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Ontario

Health System Reform in Ontario: Let's focus on the positive!

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Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario

Health System Reform Opportunities

- Across Ontario, community-based providers are well-positioned to be a partner and a leader in Ontario Health Teams

- Our partnerships are our strength!

- Community Health Ontario is a strong provincial partnership with a community voice!

- We have extensive partnerships that collaborate for service provision across primary care, acute care, long-term care, home and community care, and mental health & addictions care

Canadian Mental Health Association Ontario

Association canadienne pour la santé mentale Ontario

Health System Reform Opportunities

- We have a unique approach to service delivery that is outside of "the medical model"

- Our expertise lies in the Social Determinants of Health, where we are supporting the client from a holistic lens

- We provide services across the lifespan, including services for children, youth, adults and seniors

- We provide some unique services that are not available elsewhere in the health system: supportive housing, harm reduction, justice/diversion, etc.

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Health System Reform Opportunities

- As leaders in community-based care, we offer real options for ending hallway health care

- Community-based care also allows for clients to receive care when and where they need it and helps to address the hospital alternate level of care (ALC) problem which contributes to emergency department overcrowding

- Community-based services are often less expensive than within-hospital care, reducing costs and increasing efficiencies in health care delivery

Canadian Mental Health Association Ontario

Association canadienne pour la santé mentale Ontario

Mental Health & Addictions New Opportunities

- The mental health and addictions sector has been clearly identified by government as one of the partners for inclusion in an OHT, which together with the historic $3.8 billion new investment in our sector, demonstrates the government's recognition that **mental health is health**

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Mental Health & Addictions New Provincial Strategy

- Consultations underway across the province by Minister of Health and Long-Term Care

- Ontario's Mental Health & Addictions Strategy expected to be announced in 2019

- 6 pillars expected in the new Strategy: Core Services, Evidence-Based Funding Model, Coordinated Access, Quality and Performance, Data, Continuous Quality Improvement

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Ontario

Mental Health & Addictions New Investments

- $3.8 billion for mental health, addictions and housing supports over 10 years

- $174 million in 2019–2020 to support community mental health and addictions services, mental health and justice services, supportive housing, and acute mental health inpatient beds

- Services expected to target priority populations, such as Indigenous peoples and the Francophone community

Canadian Mental Health Association Ontario   Association canadienne pour la santé mentale Ontario

How CMHA Ontario Supports Health System Transformation

- Providing up-to-date information on system transformation to our sector and beyond
- Regular check-ins with community-based executive leadership to provide support
- Collaborating with other provincial associations for a united voice on the key issues that affect community
- Identifying opportunities for community input
- Our day-to-day continues!
  - Continuing with our ongoing projects and programs
  - Providing regular updates and being transparent with staff

Canadian Mental Health Association
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Association canadienne pour la santé mentale
Ontario

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Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario

ADDICTIONS AND MENTAL HEALTH ONTARIO

ADRIENNE SPAFFORD, CEO

ABOUT ADDICTIONS AND MENTAL HEALTH ONTARIO

- Our Vision: A comprehensive and accessible system of care for addictions and mental health, which improves the well-being of all individuals, families and communities in Ontario

- Our Mission: To achieve optimal addictions and mental health outcomes for Ontarians by providing leadership, being the collective voice of our members, and engaging partners.

- Our Vision: Nearly 200 providers of mental health and addiction supports and services across the continuum, e.g., supportive housing, case management, community treatment, residential treatment, withdrawal management, peer support, crisis support, psychiatric hospitals, central intake, assessment and referral, etc.

- Our Work: Advocacy, policy development, research, system leadership, events and communications
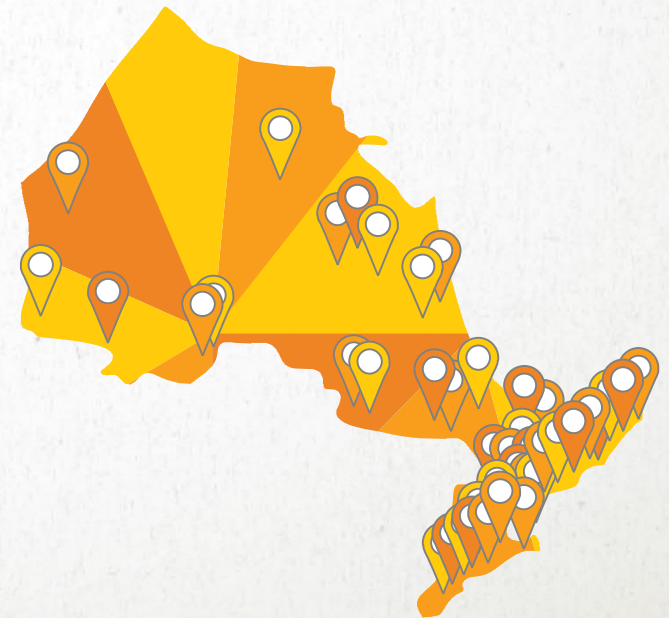
HEALTHCARE TRANSFORMATION

- Two Key Elements: Ontario Health Teams, Ontario Health Agency.

- Intersection of Ontario Health Teams and the government's commitment to a 10 year, $3.8B comprehensive and connected mental health and addictions strategy.

- The government's strategy represents a massive cultural shift in provider behaviours; also will require a massive cultural shift within the ministry.

- Health service providers should be aware of what support and services they offer that are unique and think about what value they bring to the table – please don't assume that others know or understand your business or your clients.

- Population data will be available and will help demonstrate the value of delivering services in the community and the importance of strong primary care. Look for answers and solutions in the data – especially in MH&A, this is new

- Change is hard, it also presents tremendous opportunity. Be kind to one another. Ask questions instead of making assumptions. Try not to protect turf but see the opportunity to build better services and support around clients.

AMHO MEMBER MEETINGS - FEEDBACK

- Core services for Mental Health & Addiction

- Establish a baseline of funding in community at the outset of the OHT

- Importance of health equity, francophone and indigenous people, northern and rural

- Movement to single price per person risks "client selecting"

- Additional risk profile for child and youth services

- Some addiction and mental health services should be provincially rather than locally organized

HOW WE CAN HELP

Board Members

- Be proactive in knowing about health system transformation and identifying it as new risk/opportunity for organization.

- Understand how a quality culture and framework is more important than ever. For AMHO/CMHA members – look at E-QIP.

- Consider how to support your organization's ED/CEO through this transition – a lot of additional weight on shoulders during uncertain times.

Staff

- Read the ministry's readiness assessment for OHTs to assess where you are at as an organization.

- Brush up to speed on explaining your work and clients – re-orient yourself to a more "entrepreneurial" approach to securing and growing your footprint.

- Engage with people with lived experience/caregivers/patients more formally if you aren't already there – this is a new requirement for OHTs.

- Think of the possibilities of data and technology.

CONTACT INFORMATION

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ALLIANCE FOR HEALTHIER COMMUNITIES
(FORMERLY ASSOCIATION OF ONTARIO HEALTH CENTRES - AOHC)

ADRIANNA TETLEY CEO

ABOUT THE ALLIANCE: HEALTH EQUITY THROUGH COMPREHENSIVE PRIMARY HEALTH CARE

Vision
The best possible health and wellbeing for everyone in Ontario.

Mission
We champion transformative change to improve the health and wellbeing of people and communities facing barriers to health.

We represent
The Alliance for Healthier Communities is the voice of a vibrant network of community-governed primary health care organizations, including:

- Community Health Centres
- Aboriginal Health Access Centres
- Nurse Practitioner-Led Clinics
- Community Family Health Teams

COMMUNITY HEALTH ONTARIO: PARTNERSHIP TO BUILD COMMUNITY SERVICES

- We believe that the sustainability of Ontario's health system depends on our ability to keep Ontarians healthy and avoid the need for more costly care.

- We envision strong community based services that are integrated and coordinated with the acute care system; and

- We know that a health care system that addresses the social determinants of health is a key to a healthy society.

Members:
Addiction Mental Health Ontario
AdvantAge Ontario
Alliance for Healthier Communities
Children's Mental Health Ontario
CMHA Ontario
Ontario Community Support Association

FOCUS: LEADERSHIP, ACCOUNTABILITY AND GOVERNANCE: TRUSTED ESTABLISHED PARTNERSHIPS

OHTs are a "relationship of trust". MOHLTC looking for "true partnerships".

"For OHTs that are compromised of <u>multiple, separate organizations</u>, building shared governance and accountable relationships requires trust and may take time to establish"

"Teams should consider whether they've had success working together in the past to improve integrated care."

"There is no "right" governance structure. Teams will self-determine the governance model. Fit-for-purpose to meet the needs of patients."

TRUSTED NETWORKS:

"The most elementary concept of a network is a diverse set of stakeholders, with different characteristics and with different roles, linked by a common objective."

Source: Trusted networks: The key to achieve world-class health outcomes on a shoestring.

GOVERNORS: WILL NEED TO GO BEYOND YOUR TRADITIONAL ROLE/COMFORT ZONE

- Think beyond your own organization

- Think as system thinkers

- Put people of entire community and all their needs first

- Require new set of skills especially in governance

WHAT CAN WE DO TO HELP:

CHO in partnership with Tamarack Institute

- Will be offering a series of webinars on Collaborative Leadership within Ontario Health Teams.

- Watch for notices from Capacity Builders (OCSA)

- Open to all partners of OHTs.

WHO IS TAMERACK INSTITUTE

We believe there are **five interconnected practices** that lead to impactful **community change**. We support our learners in the following areas:

CONTACT INFORMATION

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Thank You – closing remarks

Derek & Carrie, Board Chairs

And

Ray & Karen

Co-Chairs