

GOVERNANCE EDUCATION FORUM

ONTARIO HEALTH TEAMS



Thursday, August 29th, 2019

Millennium Gardens Banquet Centre

20 Polonia Ave, Unit #100, Brampton, ON L6Y 0K9

The Brampton-Bramalea-North Etobicoke- Malton- West Woodbridge OHT Governance Working Group, Board Representatives & Physicians gather to:

- a) Learn about our opportunity to form an Ontario Health Team
- b) Discuss the benefits, risks and timelines
- c) Review the next steps to prepare a formal application due October 9th, 2019

Welcome,

David Smith, CEO CMHA Peel Dufferin



Canadian Mental
Health Association
Peel Dufferin
Mental health for all

Association canadienne
pour la santé mentale
Peel Dufferin
La santé mentale pour tous

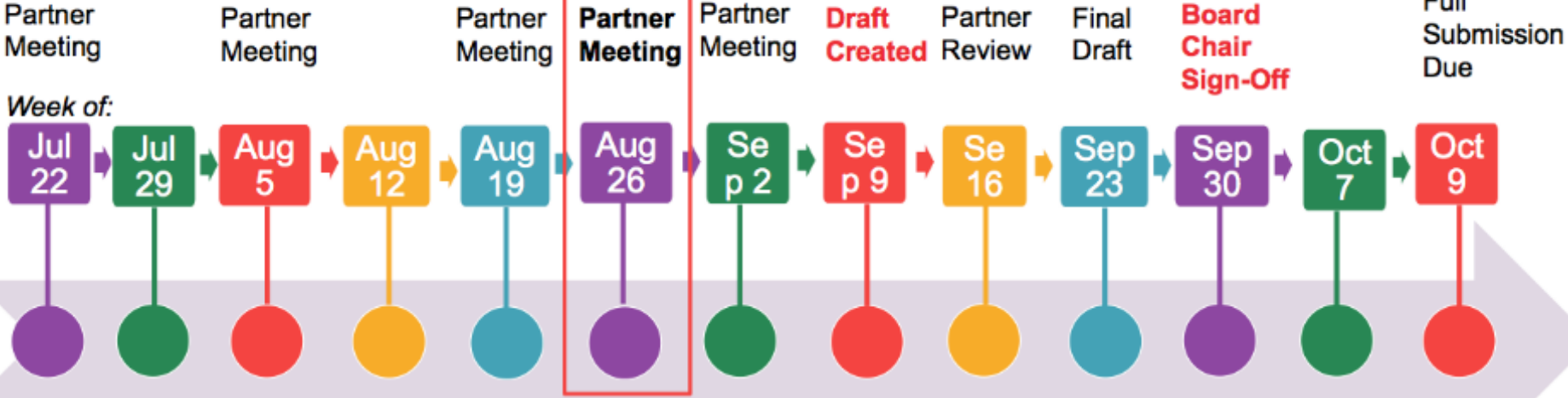


years of
community
ans dans la
communauté

Objectives of the session, summary of the agenda & session process



Timeline for Full Submission



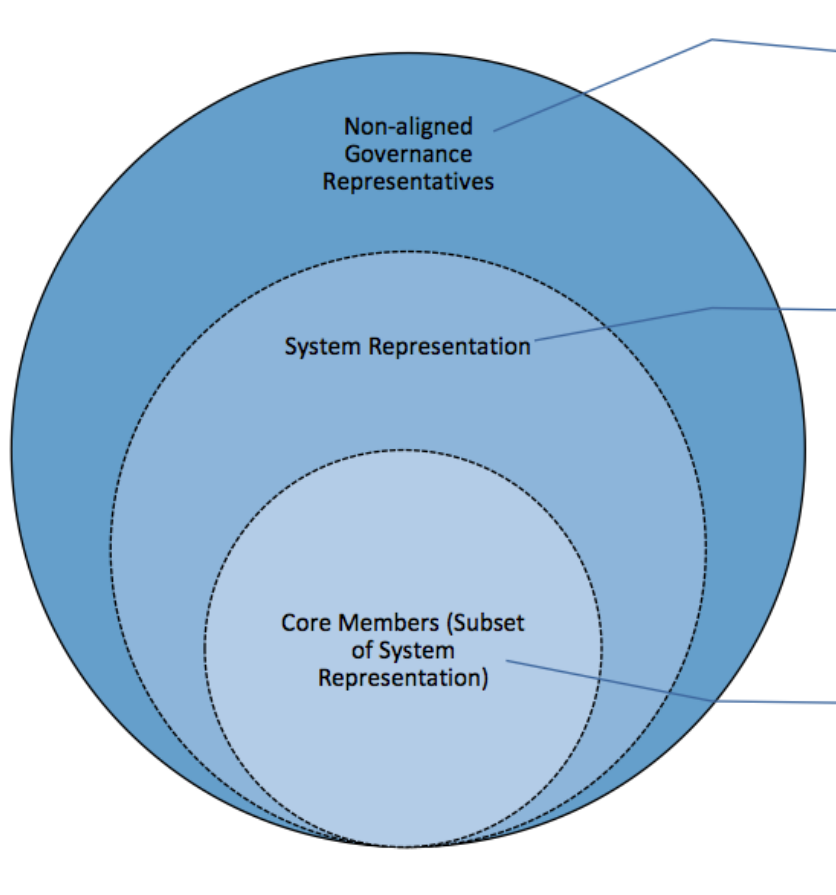
Care Management
Governance & Foundations
Digital Infrastructure & Operations
Planning Committee

Weekly Working Group Meetings

Planning Committee drafts submission



Interim OHT Oversight Collaborative Structure and Membership



- Non-employees of any partner with strong healthcare governance experience
- Ex-Officio
- Purpose is to observe Interim OHT Oversight Collaborative and assist and contribute to the evolution and design of a longer-term governance model for the OHT

- System representatives –chosen by OHT members and affiliates, Senior Executives (SE) or Physicians (P) where indicated:
 - Patients and Family
 - Physicians from representative Community MAC
 - Primary Care (SE) or (P)
 - Long-Term Care
 - Community Support Services
 - Home and Community Care
 - Mental Health and Addictions
 - Acute Care
- Voting Members for Governance, Structural or Strategic Issues and for systems insights for Core Members Groups

- Flexible Membership based on participation in Shared Budget and Risk for Year-One projects
- Responsible for Operational Oversight and Decision Making for Year-One Project and other duties as agreed by Interim OHT Oversight Collaborative
- Responsible for decisions related to the allocation of shared resources for Year-One and operational decisions, processes and policies for Year-One

Defining OHT Members & Affiliates,



Member:

- **In Year 1, Ontario Health Team Candidates will have an agreement in place with the Ministry outlining their responsibilities as a team, including service delivery and performance obligations. Organizations and individuals listed as Ontario Health Team members in tables 2.1.1 and 2.1.2 would be party to this agreement and are expected to deliver services as part of their team.**
- **Note that a Year 1 agreement between an Ontario Health Team Candidate and the Ministry is distinct from any existing accountability agreements or contracts that individual members may have in place.**

Implications: Members and Affiliates



	Member	Affiliate
Board Chair sign-off	Required	Not Required
Organizational survey	Required	Not Required (but would be helpful)
Agreement with Ontario Health	Required	Not Required
Decision making	Voting members	Ex-Officio members
Digital health strategy	High priority	Low priority

Remember:

- **Affiliates can still have service agreements with the OHT**
- **Affiliates can still be Members in the future**
- **Members can opt out at a later date (nothing is binding at this point)**
- **We are designing the OHT as we go – intent is not to make partners sign a “blank cheque”**
 - **More clarity on specific agreements with the Ministry will be known if we are an OHT**
 - **Core Membership will shift depending on the work we are doing**

Recommendations and Considerations



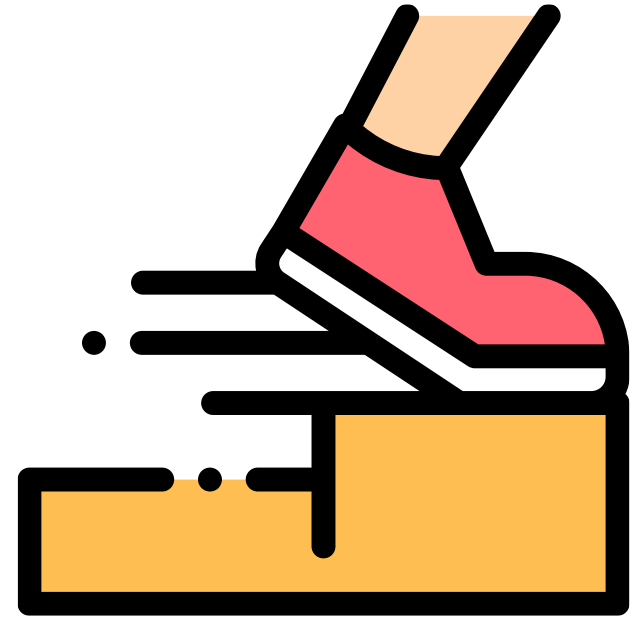
Consider the services being designed for the Integrated Care Hub in Year 1

- If this involves you/your organization, consider being a member for Year 1
 - **SCOPE model**
 - **Diabetes care pathway**
 - **Integrated Care Hub enabling 24/7 system navigation, care coordination, and improved transitions in care for a subset of the population**
- **Consider Board willingness to participate in the process**
- **Primary Care Physicians: Declaration of Intent being created for sign-off**
- **Contracted Service Providers: Affiliate members at this point in time**

Next Steps:



- 1. Confirm whether your organization is interested in being a member or affiliate by Friday, September 20th**
- 2. If you intend to be a member of more than one OHT, provide a rationale for the submission by Friday, September 20th**



Setting the Context



Galen Maclusky, Director of
Community Innovation, The Tamarack Institute

Why OHT's & Integrated Care?



Why OHT's & Integrated Care?

In the Tamarack Learning Centre we support our learners in the five interconnected practices that we believe lead to impactful community change.



TAMARACK
INSTITUTE



Why OHT's & Integrated Care?



In Vibrant Communities we support cities and local leaders to implement large-scale change initiatives to reduce poverty and deepen community.



TAMARACK
INSTITUTE



Why OHT's & Integrated Care?



Building Collaboration Capacity for Ontario Health Teams 7-Part Webinar Learning Series

Webinar #1	Webinar #2	Webinar #3	Webinar #4	Webinar #	Webinar #6	Webinar #7
The Path to Ontario Health Teams: Building Our Collective Capacity June 18, 2019	Collective Impact: A Framework for Community Change June 25, 2019	Necessary Foundations for Transformative Collaboration: Trust, Power & Engagement July 2, 2019	Collaborative Leadership for Ontario Health Teams July 9, 2019	Collaborative Governance of Ontario Health Teams July 30, 2019	The Path to Ontario Health Teams: Case Studies in Ontario August 27, 2019	Making the "Possible" Possible in Bogotá, Colombia September 3, 2019

Explore frameworks, concepts, tools, resources & exemplars designed to build capacity to create Ontario Health Teams that:

- Transcend power dynamics to establish a foundation of genuine partnership & trust
- Explore Collective Impact – A proven framework for multi-sector collaboration & impact
- Tools & resources to establish effective collaborative leadership & governance structures and foster authentic collaboration

Why OHT's & Integrated Care?

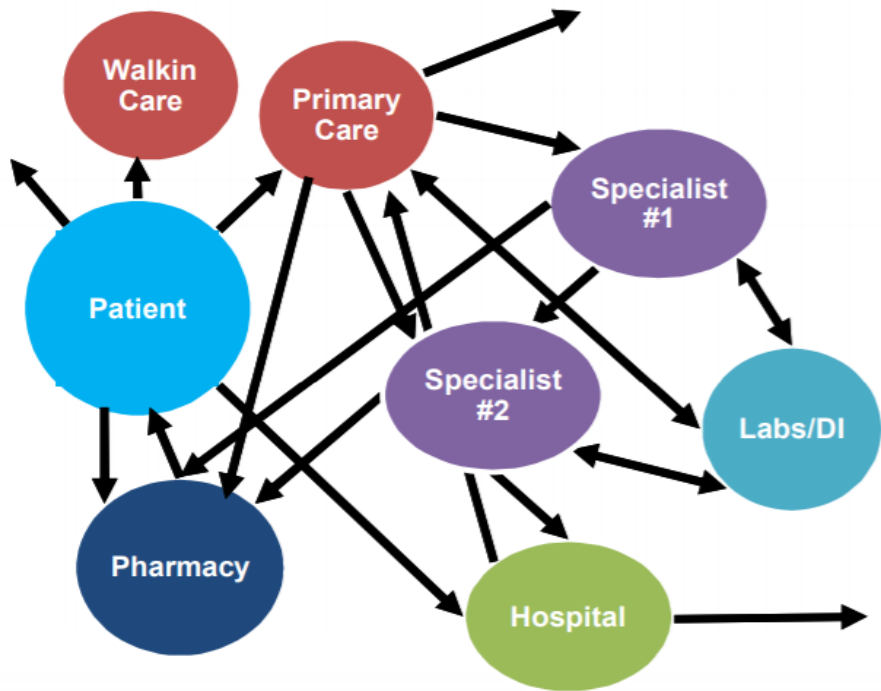


Across the industrialized world, governments face similar challenges:

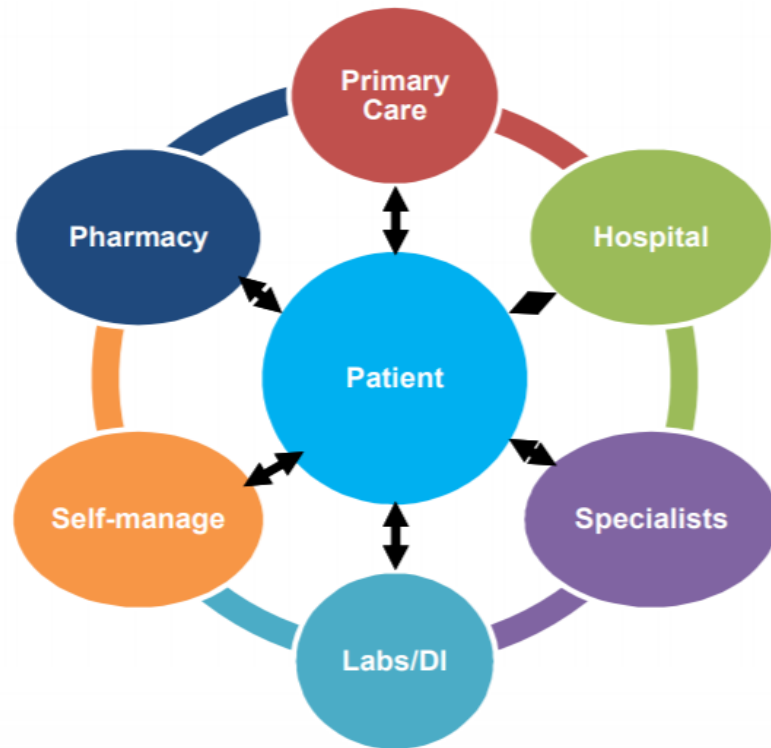
- **Many independent and poorly aligned operators (public & private) across care sectors**
- **Underdevelopment of primary care & over-reliance on hospitals**
- **Poorly defined populations & lack of accountabilities**
- **Unclear care pathways between organizations, with many care gaps & duplications**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

Source: Presentation by Reid, Wodchis, Hwee, Trillium Health Partners

Current State



Integrated and Accountable Care



Source: Presentation by Reid, Wodchis, Hwee, Trillium Health Partners



Integrated care systems go by different names, but have important commonalities

Names

- **Accountable Care Organizations (US)**
- **Accountable Health Communities (US)**
- **Accountable Care Systems (UK)**
- **Integrated Healthcare Organizations (Spain)**



Source: Presentation by Reid, Wodchis, Hwee, Trillium Health Partners



Integrated care systems go by different names, but have important commonalities

Commonalities

- **“Organizations are held financially accountable for quality, experience and total costs of defined population”**
- **“Vertically integrate across the services spectrum with emphasis on primary care”**
- **“Payment methods and incentives are aligned with delivering value, not simply paying for volume.”**



Source: Presentation by Reid, Wodchis, Hwee, Trillium Health Partners



Integrated care systems go by different names, but have important commonalities

“Quadruple Aim” Outcomes

- **Quality of care**
- **Patient experience**
- **Provider experience**
- **Cost and value**



Ontario Health Teams and health system reform



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.**

Source: Presentation by Patrick Boily, Ontario Community Support Association



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.**

Source: Presentation by Patrick Boily, Ontario Community Support Association

What are Ontario Health Teams?



- Ontario Health Teams are a new model of integrated care delivery that will enable patients, families, communities, providers and system leaders to work together, innovate, and build on what is best in Ontario's health care system.
- Through this model, groups of health care providers will work together as a team to deliver a full and coordinated continuum of care for patients, even if they're not in the same organization or physical location.
- As a team, they will work to achieve common goals related to improved health outcomes, patient and provider experience, and value.
- The goal is to provide better, more integrated care across the province. We call this new model of care - **Ontario Health Teams (OHTs)**.




OHT's are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population

Source: Ministry of Health Long-Term Care

THE VISION



At maturity, every Ontarian will have access to an Ontario Health Team that will:

-  Provide a full and coordinated continuum of care for an attributed population within a geographic region
-  Offer patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journey
-  Be measured, report on and improve performance across a standardized framework linked to the 'Quadruple Aim': better patient and population health outcomes; better patient, family and caregiver experience; better provider experience; and better value

Source: Ministry of Health Long-Term Care

THE VISION



At maturity, every Ontarian will have access to an Ontario Health Team that will:



Operate within a single, clear accountability framework



Be funded through an integrated funding envelope



Reinvest into front line care



Improve access to secure digital tools, including online health records and virtual care options for patients – a 21st century approach to health care

Source: Ministry of Health Long-Term Care

The 8 Components of Ontario Health Teams



1. **Patient Care & Experience**
2. **Patient Partnership & Community Engagement**
3. **Defined Patient Population**
4. **In-Scope Services**
5. **Leadership, Accountability & Governance**
6. **Performance Measurement, Quality Improvement & Continuous Learning**
7. **Funding & Incentive Structure**
8. **Digital Health**

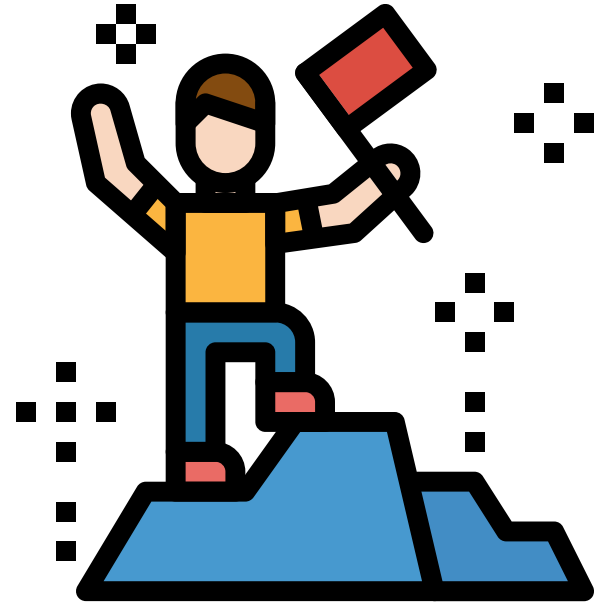
OHT Timelines & Milestones



MILESTONE	TIMELINE
• First call for self-assessments	• April 3 rd to May 15 th , 2019
• Invitation to submit full applications	• Early July 2019
• Deadline to submit full applications	• September 2019
• Announce first cohort of Ontario Health Teams Candidates	• Fall 2019
• Deadline for second round of self-assessments	• Fall 2019



Success Stories



Montefiore Health System



- \$4b, 2500+ bed integrated care system in the US (New York)
- Eight hospital campuses
- Primary and specialist care at nearly 200 locations
- High poverty rates

Four Elements of Montefiore's System and Success



Montefiore Health System



- Portfolio of community service programs (e.g., primary care, workforce development and training, mental health care, dental, social work)
- Uses a centralized care management approach:

CMO¹ “Air Traffic Control” Activities



Automated, Standardized workflow management and monitoring ensures seamless patient experience



“Reduced admissions, readmissions, length of stay, and medical costs among their high-risk patient groups, all while reducing costs and earning a share of the savings from Medicare for doing so.”

2.5% surplus maintained

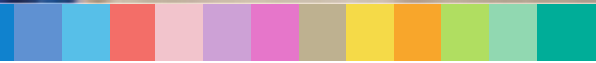
7% reduction in 2013 spending



Northumberland Primary and Acute Care System (England)



- **Integrated care, includes GP, hospital, community, and mental health services**
- **Investigated opportunities to diversify GP home visits for medication reconciliation to other practitioners (e.g., acute pharmacists)**
- **30% of GP home visit workload shifted to pharmacist within one month**



Northumberland Primary and Acute Care System (England)



Patient mismatches medications, now **requires home visit**

GP working at capacity, **unable to see patient**; pharmacist not involved

Patient is **admitted to ED** to receive needed care

Acute pharmacist covers home visit after triage and **offers same-day medication management**

Patient **remains home** managing condition with option for pharmacist follow-up





Governance

*How to make this
possible*



A Definition of Governance:



Governance is how society or groups within it, organize to make decisions. It determines:

- who has power,
- who makes decisions,
- how other players make their voice heard and
- how accountability is rendered.



Source: [Institute on Governance](#)

A Definition of Collaborative Governance:



An (in) formal agreement in which participants representing different interests are collectively empowered to make decisions or make recommendations to a final decision-maker who will not substantially change consensus recommendations.



The Collaborative Governance of OHTs Should Evolve Over Time



Horizon 1

- What do we need immediately to support our collaborative work?
- What do we need to co-develop a solid Year 1 application?

Horizon 2

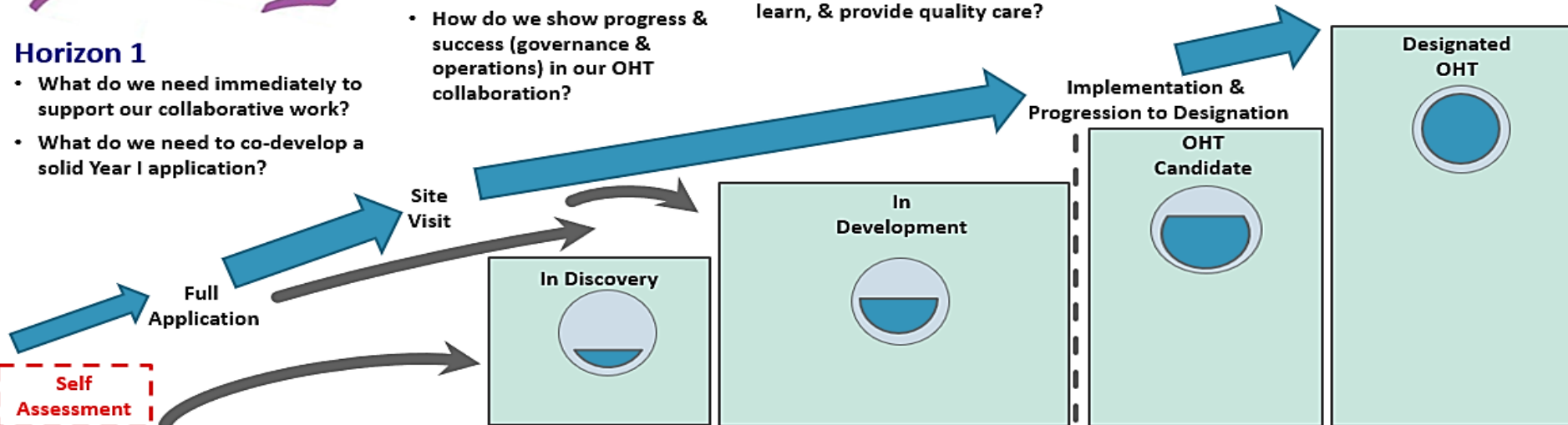
- How do we show progress & success (governance & operations) in our OHT collaboration?

Horizon 3

Have we formalized our collaborative approach in ways that enable us to work together differently, learn, & provide quality care?

Horizon 4

How are we transforming our relationships to provide a fully coordinated continuum of care?



Anchoring Thoughts on Collaborative Governance



- **The working relationship amongst partners is vital**
- **Understanding and working within the limits of accountability and structures**
- **Focus on both on the process and the product of governance in collaborative initiatives**
- **Be deliberate and intentional when adapting traditional organization governance elements to a collaborative effort**



Essential Collaborative Governance Threads



The Big Picture

- Challenging Community Aspiration
- Guiding Principles
- Framework for Change



Legal/Governance Tools

- Memorandums of Understanding
- Terms of Reference
- Conflict resolutions mechanisms

Areas of Focus

- Membership & Decision-making
- Funding
- Communicating & Reporting
- Policies and Procedures



Collaborative Governance Challenges



Membership

- Membership Contributions – Play your Position
- Members not clear about the problem
- Member organizations not engaged



Decision Making

- Unclear decision making processes
- Not sticking to decision making process
- Collaborative doesn't know what decisions it can make

Governance

- Governance is not defined
- No governance or operational policies
- Levels of accountability not defined



Models of Governance Successes



A good arrangement is one which:

- The group is making satisfactory progress;
- The effort and conflict required to make progress is reasonable;
- Members are achieving some personal/organizational objectives;
- Everyone involved is learning much more about the complex issue;
- The overall process is self-refueling, leading to greater ambition and capacity



Models of Collaborative Governance



There is no one “*right answer.*” Models tend to reflect the following:

- **Local Context** (e.g. public interest, civic culture);
- **Member Attributes** (e.g. diversity, commitment, influence, authority, insight, etc.);
- **Magnitude and Pace of change desired by members;**
- **Leadership - style & spirit;**
- **Framework for Change** (working definition of health, strategies, roles, etc.);
- **Preferences of conveners and fiscal agents** (credibility and orientation);
- **Flexibility & adaptability**

The Collaborative Governance of OHTs Should Evolve Over Time



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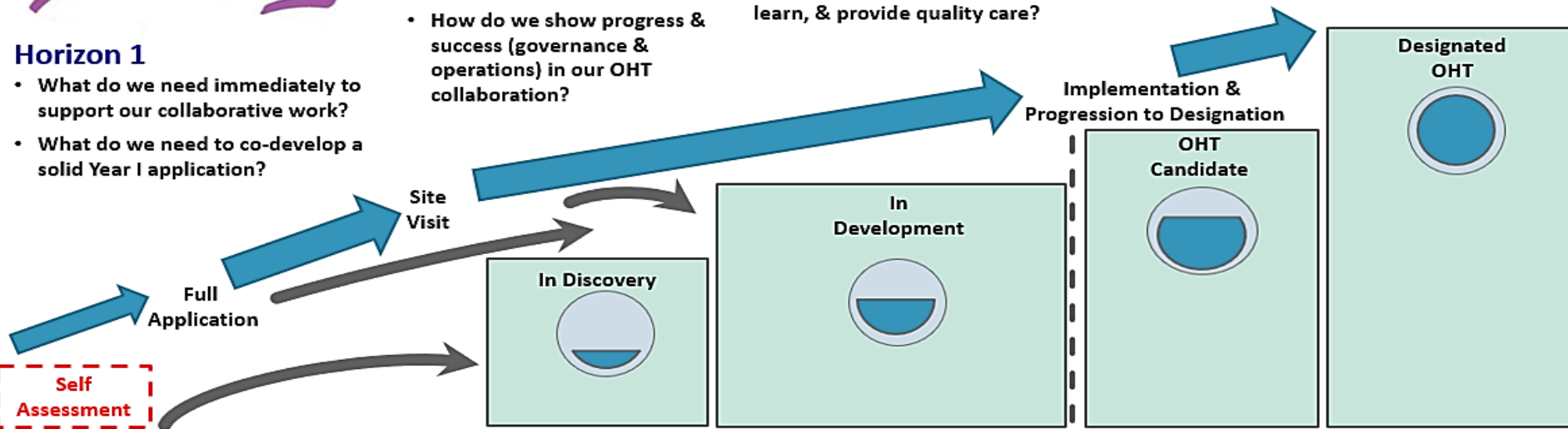
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Horizon 4

How are we transforming our relationships to provide a fully coordinated continuum of care?



The Anatomy of Trust - *BRAVING*



Brené Brown, PhD (Social Work) University of Houston:

Boundaries – You respect my boundaries & when you're not clear what's okay you ask. You are willing to say no.

Reliability – You repeatedly do what you say you'll do and are aware of your competencies & limitations so you don't over-promise.

Accountability – You own your mistakes, apologize & make amends.

Vault – You don't share information or experiences that aren't yours to share. You keep others' confidences.

Integrity – You choose courage over comfort. You choose what is right over what is fun, fast or easy. You practice your values rather than just profess them.

Non-Judgement – I can ask for what I need and you can ask for what you need without judgement.

Generosity – You extend the most generous interpretation possible to the intentions, words and actions of others and check in when you're concerned.



Overview: The Connecting Care Act,

Karima Kanani, Partner, Miller Thomson



Background on the new legislation and presentation on the opportunities, risks, benefits and timelines.



MILLER THOMSON

AVOCATS | LAWYERS

FORWARD TOGETHER

Agenda:



1. **Connecting Care Act, 2019**
2. **Ontario Health Teams: Ministry Criteria**
3. **Ontario Health Team Application**
4. **Ontario Health Team Governance**
5. **Role of the Board in System Transformation**



Connecting Care Act, 2019



Where are we now?

- **Bill 74 introduced into the Legislature on February 26, 2019**
- **April 18, 2019 - Bill 74, *The People's Health Care Act, 2019* received Royal Assent**
- ***Connecting Care Act, 2019* in force as of June 6, 2019 (not all provisions effective immediately)**

Connecting Care Act, 2019



Health System Restructuring:

- **Creation of Central Agency – “Ontario Health”**
- **Creation of Integrated Care Delivery Systems (Ontario Health Teams)**



Connecting Care Act, 2019



Ontario Health

- **Establish Ontario Health as Province-wide Central Agency**
- **Crown agency with Board of Directors of up to 15 directors appointed by Lieutenant Governor in Council**
- **Has already been established as “Health Program Initiatives” and will be continued as Ontario Health**
- **Initial Board of Directors appointed on March 8th**

Connecting Care Act, 2019



Ontario Health

- **14 LHINs**
- **6 provincial health agencies**
 - **Cancer Care Ontario**
 - **eHealth Ontario**
 - **HealthForceOntario Marketing and Recruitment Agency**
 - **Health Shared Services Ontario**
 - **Ontario Health Quality Council**
 - **Trillium Gift of Life Network**
- **Other entities by regulation (that receive funding from Ministry/ Agency & provide programs/services consistent with Agency objects)**
- **Ontario Health Board of Directors has already assumed governance control**

Connecting Care Act, 2019



Ontario Health

- **Minister may delegate to Ontario Health any of its powers and duties under any Act and delegation may be made subject to conditions**
- **Minister to provide funding to Ontario Health pursuant to an Accountability Agreement**
- **Ontario Health to provide funding pursuant to a Service Accountability Agreement for:**
 - **Health services to a health service provider or integrated care delivery system**
 - **Non-health services that support health care to health service provider, integrated care delivery system or other person or entity**

Connecting Care Act, 2019



Ontario Health

- **Integrated Care Delivery System = Ontario Health Team**
- **Minister may designate a person or entity or a group of persons or entities as an integrated care delivery system provided that they have the ability to deliver in an integrated and coordinated manner at least three of the following types of services:**
 - Hospital services
 - Primary care services
 - Mental health or addictions services
 - Home care or community services
 - Long-term care home services
 - Palliative care services
 - Any other prescribed health care services or non-health care service that supports the provision of health care services
- **Must also meet any prescribed conditions or requirements**

Ontario Health Teams: Ministry Criteria



“Ontario Health Teams are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population”



Ontario Health Teams: Ministry Criteria



1. **Self-Assessing Readiness:** Interested groups of providers and organizations submit Self-Assessment of readiness
2. **Validating Provider Readiness:** Based on Self-Assessments, groups of providers identified as:
 - In Discovery
 - In Development (Those in development will be invited to make an application to become an OHT candidate)
3. **Becoming an Ontario Health Team Candidate:** Based on full application process, those identified as meeting readiness criteria may be selected to begin implementation of the model

Groups may be asked to collaborate with additional providers and resubmit a joint Self-Assessment

Ontario Health Teams: Ministry Criteria



- **Currently voluntary and provider driven but stated goal is “for all health service providers to eventually become Ontario Health Teams”**
- **Intended to be across the Province over time, selected through Self-Assessment submission and Application process by invitation**
- **Wave 1: 31 OHTs proceeding to full Application; 43 OHTs identified in development; other OHTs identified in discovery or innovative**
- **Wave 2: Self-Assessment due December 4th**

Ontario Health Teams: Ministry Criteria



Assessment Process	Dates
Open call for Self-Assessments	April 3, 2019
Deadline to submit Self-Assessments	May 15, 2019
Selected groups will be invited to submit a full application	July 17, 2019
Deadline to submit full applications	October 9, 2019
Announce Ontario Health Team Candidates	Fall 2019
Deadline for second round of Self-Assessments	December 4, 2019

Ontario Health Teams: Application



OHT Application has 7 Sections, 2 Appendices:

1. About your population
 2. About your team
 3. How will you transform care?
 4. How will your team work together?
 5. How will your team learn and improve?
 6. Implementation planning and risk analysis
 7. Membership approval
- Appendix A: Home and Community Care
 - Appendix B: Digital Health

Ontario Health Teams: Application



- **Application requires a plan and evidence of ability to meet the plan**
- **Each team will be provided information on “attributed population”**
- **First OHTs will be selected on basis of readiness and capacity to execute AND willingness to champion model for rest of Province**
- **Application will be evaluated by 3rd party reviewers**



Ontario Health Teams: Application



1. Physician/physician groups
2. Member Organizations
3. Other collaborating physicians/organizations

“Year 1 Agreement” between Ministry and all OHT Members

“Year 1 Agreement” distinct from existing funding/accountability agreements

Single fund holder to be identified for future integrated funding envelope

Ontario Health Teams: Application



- **OHTs to self-organize**
- **Governance model to be “self-determined and fit-for-purpose”**
- **Governance model must:**
 - **Be conducive to coordinated care**
 - **Support achievement of performance targets**
 - **Enable achievement of accountability objectives**
- **Governance structure to include patients, physicians and clinical leadership**

Ontario Health Teams: Application



- **MOH OHT process requires attestations from group on OHT Members' governance, financial management, contract and legal compliance**
- **Plan in place to address issues?**
- **Accountability and performance management structures**
- **Require due diligence on potential partners; understand what you will inherit**

Ontario Health Teams: Application



- **Digital Health Plan to share information with partners and patients**
- **Data sharing and access subject to PHIPA obligations**
- **Consider role and responsibilities of HIC and HINP**
- **Consider existing contract commitments with third parties**
- **Privacy impact assessment**
- **Risk and liability allocation through contract and insurance**

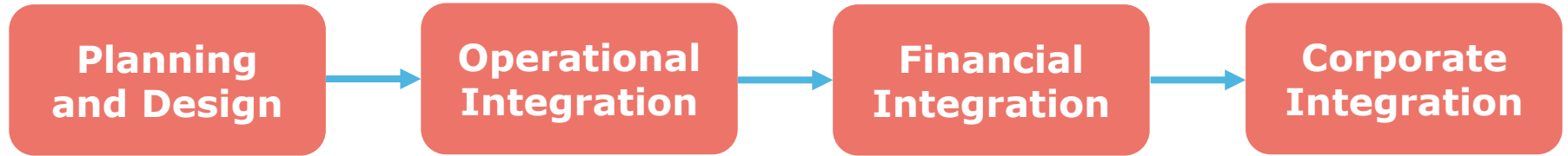
Ontario Health Teams: Application



- OHT Application requires identification of risks and contingencies with OHT implementation
- Enterprise risk assessment of:
 - Proposed OHT governance and operational structure
 - Specific integration initiatives
- 360 review: financial, legal, labour, reputational etc.

Ontario Health Team Governance

OHT Development Process

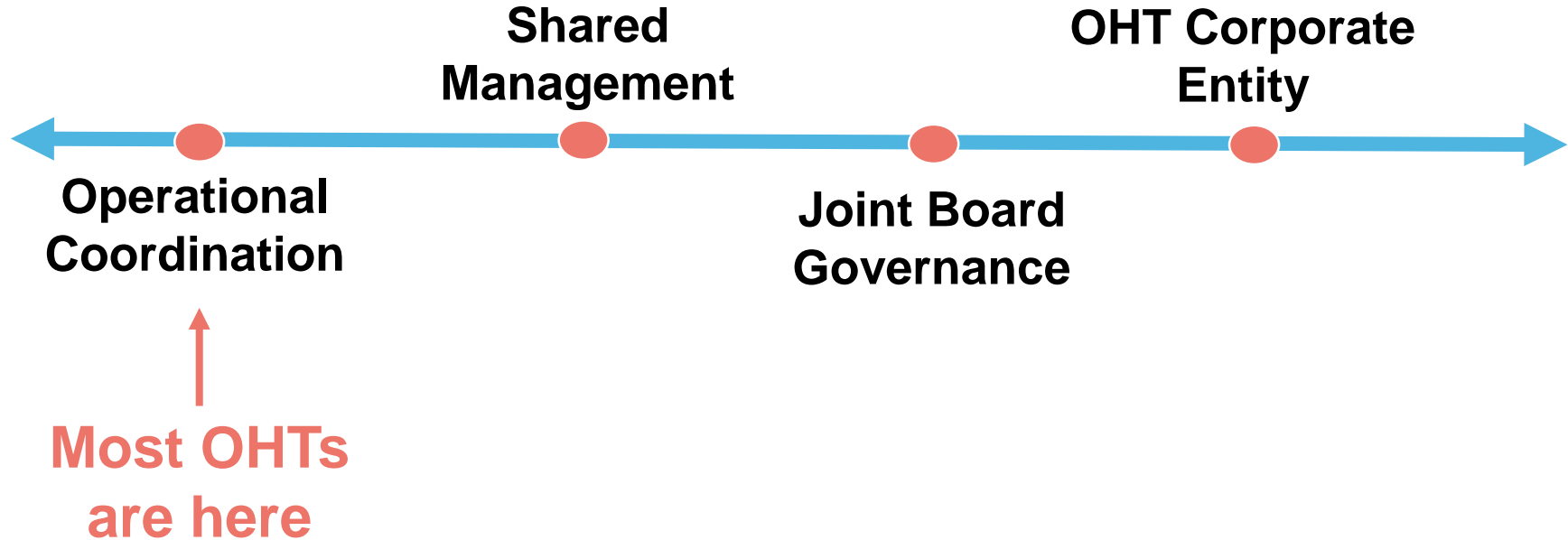


- **As OHT matures OHT governance will evolve**
- **Application asks whether governance structure “transitional”**

Ontario Health Team Governance



Governance Spectrum



Ontario Health Team Governance



- **In early stages where MOH has indicated that independent SAAs will be maintained, OHT governance through Contract and Committee most likely**
- **As single fund holder discussions proceed and operational efficiencies are identified, OHT governance models may shift**
- **Some health service providers already operating with integrated shared management, joint Boards and integrated delivery corporations**

Ontario Health Team Governance



Collaborative Governance Through:



**Contract
(OHT Agreement)**



**Committee
(Steering Committee)**



Ontario Health Team Governance



1. MOH requirement: Formal agreement between OHT partners setting out governance structure

2. Key terms (not exhaustive):

- Membership
- Central Brand
- Representations
- Steering Committee
- Integration process
- Health Information Management
- Dispute Resolution
- Performance Management
- Confidentiality
- Service Population
- Risk Allocation
- Cost Share

Ontario Health Team Governance



- **Nothing in OHT Agreement will fetter independent governance authority of each Member**
- **OHT Agreement to specify scope – does not pertain to Member operations/initiatives unrelated to the OHT**



Ontario Health Team Governance



Collaborative Governance Committees

- **Steering Committee**
(Governance vehicle of the OHT)
- **Other sub-committees**
(governance, digital health, quality)
- **Engagement committees?**
(patients/community)



Ontario Health Team Governance



Common Challenges with Collaborative Governance

- **Decision making that advances the will of the group without compromising best interest at the organization level**
- **Balancing autonomy and collaboration**
- **New and different risks arise in collaboration with central committee and central brand; challenge of legal segregation in operational integration**
- **Addressing participant performance and non-compliance**



Role of the Board in System Transformation



Common Challenges with Collaborative Governance

- **Fiduciary** – oversight/stewardship of operations and assets
- **Strategic** – priorities and strategies re: resources, programs and services
- **Generative** – underlying purpose and values; long term sustainability

**Board Chair sign off from each OHT
Member required for Application**



Role of the Board in System Transformation



The Board Should...

- **Set organizational standard for risk appetite/tolerance**
- **Engage an enterprise risk lens as part of Board decision-making, strategic planning and generative exploration of system renewal options**
- **Have understanding and oversight of key risk vulnerabilities and intended mitigation through structure, approach and terms of integration**
- **Ensure appropriate processes and legal requirements in place to protect against risk**

Summary



- **OHT development process well underway**
- **OHT governance will evolve as OHT matures; early stages through Contract and Committee**
- **OHT joint accountability for service to attributed population but also among OHT Members; addressing accountability and risk within collaborative framework paramount**
- **Ministry requirements for written legal agreements among OHT Members setting terms of collaborative governance**



Karima Kanani, Partner

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@KarimaKanani

Karima Kanani leads the corporate commercial practice in the Toronto Health Industry Group at Miller Thomson LLP. She provides corporate counsel to health and social service organizations of all sizes. Karima is a leading advisor and frequent industry speaker on health system transformation and integration across the care continuum. She has been named as one of the "Best of the New Generation of Lawyers" (Precedent Magazine) and as a "Rising Star" and "Leading Canadian Corporate Lawyer to Watch" (Lexpert Magazine).

A Word from a Board Representative, Patrick Fradley-Davis, CMHA Peel Dufferin – Board Member



Canadian Mental
Health Association
Peel Dufferin
Mental health for all

Association canadienne
pour la santé mentale
Peel Dufferin
La santé mentale pour tous



years of
community
ans dans la
communauté

**A Community Service Provider –
A Board Member shares their
perspective re: the OHT process**



Breakout Session,

Gord Gunning, CEO, CANES Community Care



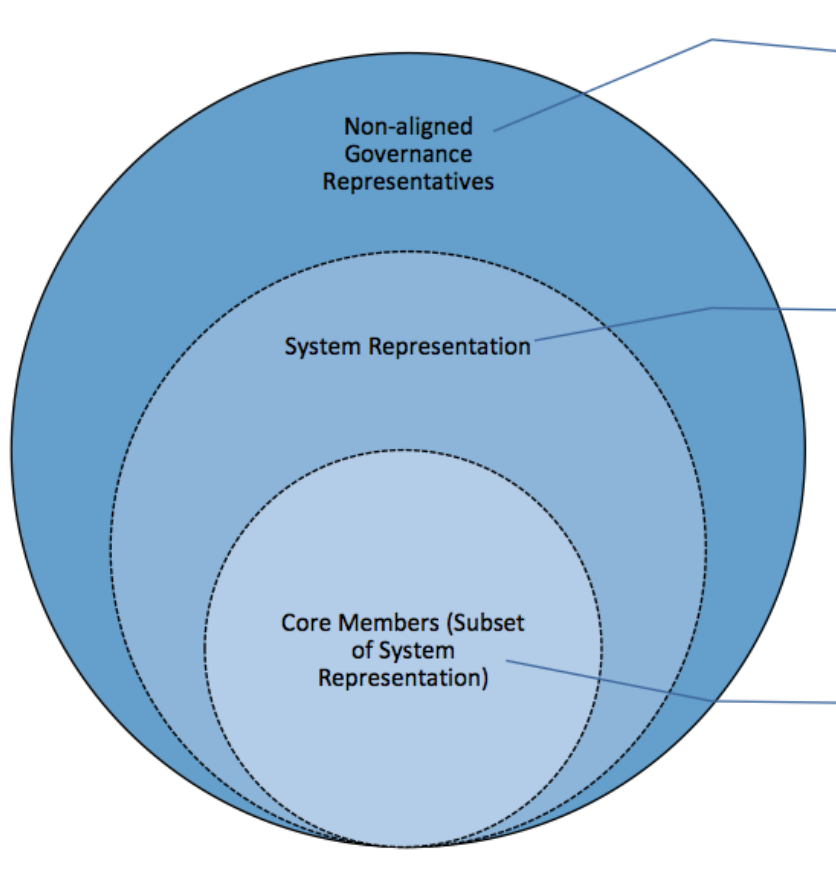
Table Discussions:

Q1: What are some of your worries or KEY questions you need answered before you are comfortable with signing on to the full submission for this OHT group?

Q2: What excites you about this OHT Opportunity?

Q3: Any other questions or comments?

Interim OHT Oversight Collaborative Structure and Membership



- Non-employees of any partner with strong healthcare governance experience
- Ex-Officio
- Purpose is to observe Interim OHT Oversight Collaborative and assist and contribute to the evolution and design of a longer-term governance model for the OHT

- System representatives –chosen by OHT members and affiliates, Senior Executives (SE) or Physicians (P) where indicated:
 - Patients and Family
 - Physicians from representative Community MAC
 - Primary Care (SE) or (P)
 - Long-Term Care
 - Community Support Services
 - Home and Community Care
 - Mental Health and Addictions
 - Acute Care
- Voting Members for Governance, Structural or Strategic Issues and for systems insights for Core Members Groups

- Flexible Membership based on participation in Shared Budget and Risk for Year-One projects
- Responsible for Operational Oversight and Decision Making for Year-One Project and other duties as agreed by Interim OHT Oversight Collaborative
- Responsible for decisions related to the allocation of shared resources for Year-One and operational decisions, processes and policies for Year-One

Group Discussion, - Speaker Panel:



- **Karima Kanani**
- **Patrick Fradley-Davis**
- **Gord Gunning**
- **David Smith**
- **Dr. Brian Klar**
- **Dr. Shane Teper**

**Q & A based on
questions from the
breakout table
discussions**



Wrap Up,

David Smith, CEO CMHA Peel Dufferin



Summary of discussions, review of next steps & closing remarks

Reminder

Governance Education Forum: September 10th 2019.

Adjournment.