

METAMORPHOSIS NETWORK FORUM

November 20, 2019
Roma's Hospitality Centre



Building your Community Health Network, Neighbourhood by Neighbourhood

WELCOME

Raymond Applebaum

‘MOVING THE HEALTH TRANSFORMATION FORWARD — THE CRITICAL ROLE OF CSS WITHIN THE BROADER HEALTH SYSTEM’



WHAT IS METAMORPHOSIS?

Independent network of CSS and health system partners (250 contacts, Board/Staff) serving people living in the Mississauga Halton and Central West LHINs

Leadership team comprised of representatives of 3 founding networks:

- Community Support Services of Peel
- Dufferin County Community Support Services Network
- Halton Health & Community Support Services Network

PURPOSE

Initiated as a result of the Priority Integration Opportunity Reports

March 2005 Conference with seed funding from Queen's Park, Central West Regional Office, and participant fees. The participants agreed on 3 priorities:

- Website development (information sharing)
- CSS orientation presentation to LHINs and health system partners (enhanced awareness)
- Bi-annual conferences (knowledge transfer)

AGENDA

Time	Topic	Speaker
5:00 PM	Welcome, Dinner and Networking	Raymond Applebaum Metamorphosis Co-Chair
5:50 PM	Opening Remarks	Land Acknowledgment Client Advocate
6:00 PM	Sector Updates <i>Update on current events related to the CSS and MH&A</i>	Karen Parsons, PAARC Lucy Sheehan, ED, Able Living/Capability and Karen Hefferman, Assistant Director, AbleLiving/Capability
6:10 PM	OHT Full Applications – The Provincial Picture <i>Trends and highlights about the home and community care sector's participation in OHT's Full Application</i>	Ontario Community Support Association Patrick Boily, Manager, Policy and Stakeholder Engagement
6:30 PM	Engaging and Supporting Local OHTs <i>An interactive session with opening remarks from the Panel, table conversations and plenary of ideas from the tables.</i>	Panel presentation: Saleem Chattergoon, Brampton & Area Mark Walton, Connecting Care Halton Kim Delahunt, Hills of Headwaters Georgia Whitehead, Mississauga
7:50 PM	Break	
8:00 PM	Local Providers and the OHT Structure <i>Exploring the legal and risk considerations with the changing roles of OHTs.</i>	Karima Kanani, Partner, Miller Thomson
8:55 PM	Closing Remarks	Provider Board Chair Karen Parsons, Co-Chair Raymond Applebaum, Co-Chair
9:00 PM	Forum Adjournment	

OPENING REMARKS

Land acknowledgement
Client advocate

SECTOR UPDATES

Karen Parsons
Lucy Sheehan, ED
Karen Hefferman,

MENTAL HEALTH AND ADDICTIONS UPDATE

Associate Minister Tibollo Roundtable Discussion on
October 21, 2019

Key Barriers

Opportunities
and Risks

Community
Integration –
OHT as an
enabler

Easy Wins

KEY MESSAGES

Specific strategies for various age groups:

- 12 to 25
- 25 to 45
- 45 to 65
- 65 and older

Focused on providing value for the person receiving services in the development of the Mental Health and Addictions Centre of Excellence

Deeply invested in addictions and mental health

- Completing his third year of this doctorate in clinical psychology at the University of Southern California
- Is the honorary chairman of the Caritas School of Life, a residential therapeutic community that provides services to men living with mental health and addiction concerns

2019-20 and 2020-21 PSW Training Fund Program

AbleLiving Services Inc - Coordinating Organization for the MOHLTC

Contact: Shelly Scarborough 289-309-8477 ext 566

PSW Funding available

- ▶ The PSW Training Fund program has three funding streams available for the 2019-20 and 2020-21 fiscal periods:
- ▶ 1. a **Certificate Education Stream** for those who are currently working in personal support roles to attain a PSW certificate;
- ▶ 2. a **Continuing Professional Development Stream** to ensure that **PSWs who have successfully completed certificate education** continue to be competent in the profession and have knowledge and skills to deliver safe and effective care to increasingly diverse populations with complex care needs; and
- ▶ 3. a new **Innovation Stream** to support innovative projects that will strengthen PSW recruitment, professional development, and retention.
- ▶ Training Plans for two fiscal years will be collected and reviewed this year. Subject to minister's approval, this is intended to maximize the number of training opportunities that can be completed by March 31, 2021. **The training plans for 2020-21 will not be funded until that fiscal period. They are being collected and pre-approved to speed up the approval process to distribute funds quicker.**

Eligibility

An Eligible Organization seeking re-imbursement from the PSW Training Fund program must:

- ▶ 1. provide community support or personal support services in accordance with the *Home Care and Community Services Act, 1994*; and
- ▶ 2. be in receipt of Local Health Integration Network (LHIN) or ministry funding for provision of personal support services.
- ▶ All eligible continuing education courses are only available to certificate-educated PSWs employees and those courses must be a **minimum of 3 hours** of instruction.
- ▶ Any PSW training that will be considered to be, or associated with, the regular operation or ongoing business requirements of the organization for its employees will **not** be eligible for PSW funding. Please see page 4 of the 2019–20 and 2020-21 Program Description booklet.

New Funding Stream: Innovation Projects

- ▶ The Innovation Project plan supports projects led by certificate-educated PSWs which strengthen PSW recruitment, professional development and retention with an area of focus to ensure:
 - ▶ • **Effective transition to practice through on-boarding/mentoring:** Tools, processes and activities to effectively on-board and mentor new PSWs so they are well prepared and effectively integrated to provide high quality care for clients.
 - ▶ • **Engagement in patient health outcome and quality improvement:** Tools, processes and activities to engage PSWs in the work of quality and performance improvements to achieve excellence in clinical care and client health outcomes.
 - ▶ • **Enhancing inter-professional teamwork and communication:** Tools, processes and activities to enhance collaboration and communication in healthcare teams to improve health outcomes, client experience and client safety.
- ▶ Eligible PSW employers, in collaboration with PSWs, will be required to demonstrate that the proposed activities are not duplicating current activities or initiatives. They may propose to develop and implement innovation activities/initiatives independently or collaboratively with other PSW employers or stakeholders in the home and community care sector.

Submission process and forms

- ▶ When AbleLiving receives the fund approval from the MOHLTC we will email out to the group their approved training plans and the amount they were approved for.
- ▶ The submission forms and explanation of the process will be emailed out at the same time as the approved plan.
- ▶ Your agency will complete the trainings and submit the required documents to AbleLiving - Shelly Scarborough for review and payment processing. These submissions can be made by email, snail mail or fax.

Timelines and Due Dates

- ▶ Deadline to submit all training plans, including the Innovation Plan is **4pm on November 29th**. Please email all documents in the original format you received them (word or excel). Please do not send PDF files.

Email to: sscarborough@thrivegroup.ca

- ▶ The deadline for AbleLiving to submit the training plans to the MOHLTC for review is December 13 2019.
- ▶ The PSW Funding Program fiscal period is from April 1 2019 to March 31 2020. All courses and expenditures must be completed by March 31 2020.

FAQ

We have multiple branches/offices across Ontario. Can we submit all our proposals to one Coordinating Organization?

- ▶ Yes, you can submit to one Coordinating Organization, preferably to the LHIN region where your corporate head office is located. In addition, we request that you indicate on your application that the funding is for various branches of your organization, including the addresses of all service locations and staffing information related to those locations.

Can we change our designated Coordinating Organization to submit our applications?

- ▶ No, the Coordinating Organization is identified by LHIN region. The Coordinating Organizations have a good understanding of the needs within their geographic locations and can organize with local partners.

Are courses for individuals to become a certified trainer covered under the fund?

- ▶ Yes, if the course is for formally educated PSWs to become trainers in an approved subject and all other eligibility requirements are met, the course may be recommended for approval by the Coordinating Organization.

I have an in-house trainer that can provide training to staff. Will that be eligible for funding?

- ▶ Yes, if the training meets the eligibility criteria within the PSW Training Fund Program Description. However, priority will be given to third-party external programs that fulfill the criteria outlined in the program description.

Must individuals have formal (certificate level) education as a PSW to access the post-certificate clinical training eligible under the PSW Training Fund Program Description?

- ▶ Yes, as the PSW Training Fund was established to increase the supply of formally educated PSWs and improve quality patient care through post-certificate clinical training for PSWs. While there may be different job titles for individuals who provide similar services as PSWs, the Training Fund is for PSWs who have formal education as a PSW (not nurses, developmental service workers, etc.).

FAQ....continued

Are costs for PSWs in managerial roles but also provide front-line care eligible?

- ▶ Yes, if the individual provides front-line care in accordance to the *Home Care and Community Services Act, 1994* and is an employee of an Eligible Organization.

May for-profit agencies that contract with LHINs apply to the PSW Education & Training Fund?

- ▶ Yes, both for-profit and not-for-profit organizations are eligible to apply as long as they are under contract with a LHIN in accordance with the *Home Care and Community Services Act, 1994*.

Do you have French versions of the documents provided?

- ▶ French versions of the Program Description and Application Guide have been provided to the Coordinating Organizations.

Must the programs or courses be successfully completed in the 2019-20 or 2020-21 fiscal years?

- ▶ Yes. The PSW Training Fund program is for formal education programs or courses successfully completed between April 1, 2019 and March 31, 2020 or between April 1, 2020 and March 31, 2021.

What if we have staff turnover before March 31, 2021?

- ▶ Any changes to the planned training or innovation projects involving front-line employees need to be communicated to the Coordinating Organization in the quarterly/interim reports/forecasts requested.

Will the full amount of the courses be paid?

- ▶ Costs outlined in the Program Description will be considered for coverage. However, allocations may be reduced based on priority ranking submitted by the Coordinating Organization if the PSW Training Fund program is oversubscribed.

FAQ....continued

When we will be notified to submit re-imbursement requests?

- ▶ Coordinating Organizations will notify Eligible Organizations when and how to do this including guidelines on supporting documentation for their review in addition to the completed Training Plans and Innovation Project templates.

Which Travel, Meal and Hospitality Directive do I review for Training Fund applications?

- ▶ The January 2017 version at: <https://www.ontario.ca/document/travel-meal-and-hospitality-expenses-directive>

Is there a mechanism for the Training or Innovation plans submitted by a Coordinating Organization to be re-evaluated?

- ▶ The PSW Training Fund program is a discretionary, non-entitlement-based ministry program. Any decisions concerning the allocation of funding in connection with the program is at the ministry's sole discretion and the submission of any application or any other information by an Eligible Organization or a Coordinating Organization does not entitle that organization to the receipt of any funding or otherwise bind the ministry to provide any funding to that organization. The ministry will consider re-evaluation requests on a case by case base. Please contact pswtraining@ontario.ca.

Metamorphosis Network Ontario Health Team Update

Patrick Boily

Manager Policy and Stakeholder Engagement

Ontario Health Update

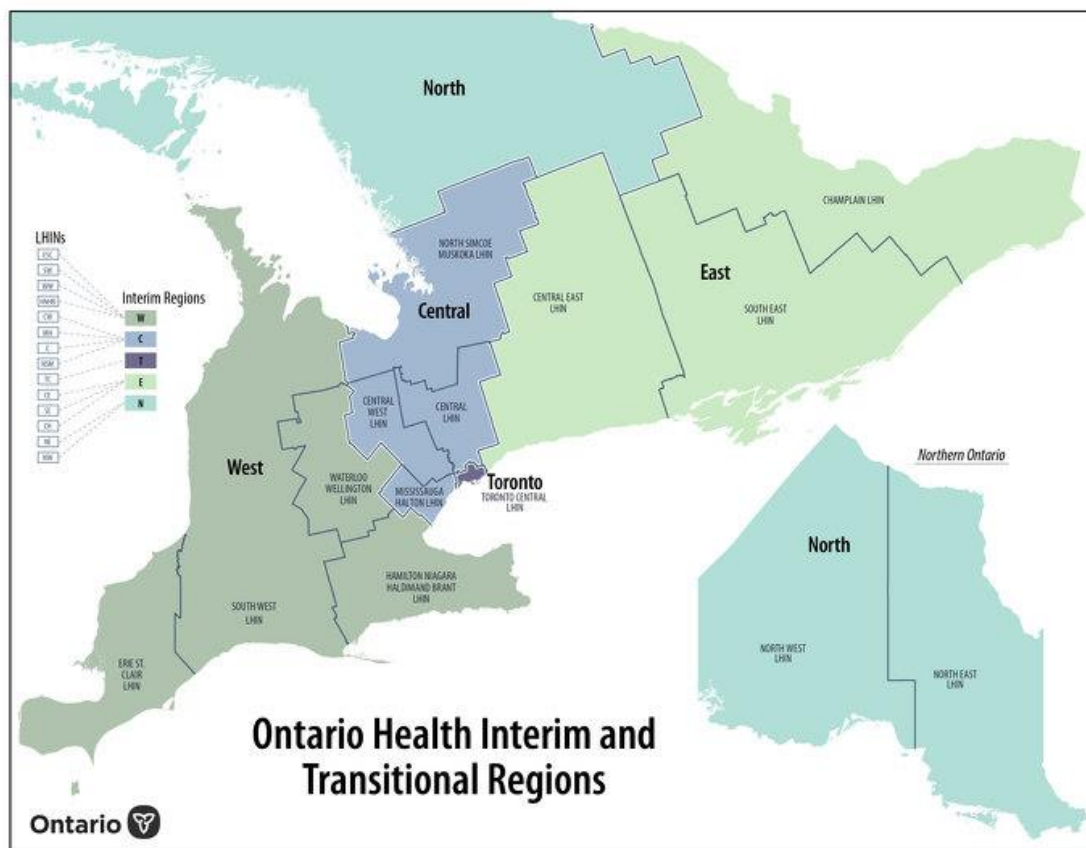
The 5 agencies transferring into Ontario Health on Dec. 2 are:

- Cancer Care Ontario;
- Health Quality Ontario;
- eHealth Ontario;
- Health Shared Services Ontario; and
- HealthForceOntario Marketing and Recruitment Agency.

The Trillium Gift of Life Network “will transfer in at a later date to ensure there will be no disruption to patients and families involved with organ and tissue donation.”

<https://news.ontario.ca/mohltc/en/2019/11/ontario-taking-next-steps-to-integrate-health-care-system.html>

Ontario Health Update



Project Goals

Analyze the governance structures, decision making and dispute resolution mechanisms as well as priority populations being developed in the 31 OHTs that are in full application mode.

Deliverables include:

- Recommendations to OCSA on how to best support their members as they navigate the healthcare system changes underway in Ontario through Ontario Health Teams.
- Deliver a written report - a narrative and visual analysis of OHT “ready” submissions and recommendations to OCSA.

The Ryerson University logo is displayed on the left side of the slide. It consists of a dark blue rectangle containing the words "Ryerson" and "University" in white, stacked vertically. To the right of this rectangle is a solid yellow vertical bar.

**Ryerson
University**

Work done to date

- Quantitative analysis of applications and self-assessments
- Qualitative analysis and interviews with OHT leads
- Stakeholder interviews with other associations and the Ministry
- Focus groups with OCSA members that are a part of an In-development OHT

Analysis OHT Self-Assessments

Confidence scores by OHT component

- The two components with the lowest average score of 7.9 were "Digital Health" and "Funding and Incentive System"
- The component with the highest average score of 9.0 was "Defined Patient Population"
- The components with the second highest average score of 8.9 were "Leadership" and "Performance"
- The average component score was 8.6 with a range of 7.9 to 9.0 (variance of 1.1)

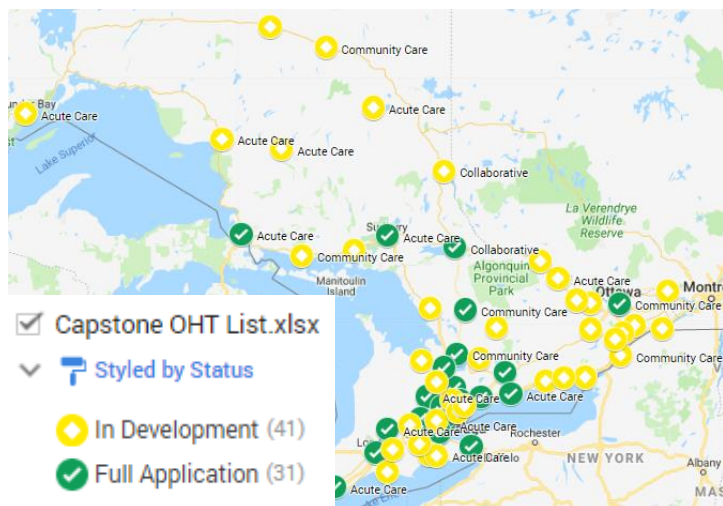
Analysis OHT Self-Assessments

Confidence scores by OHT component

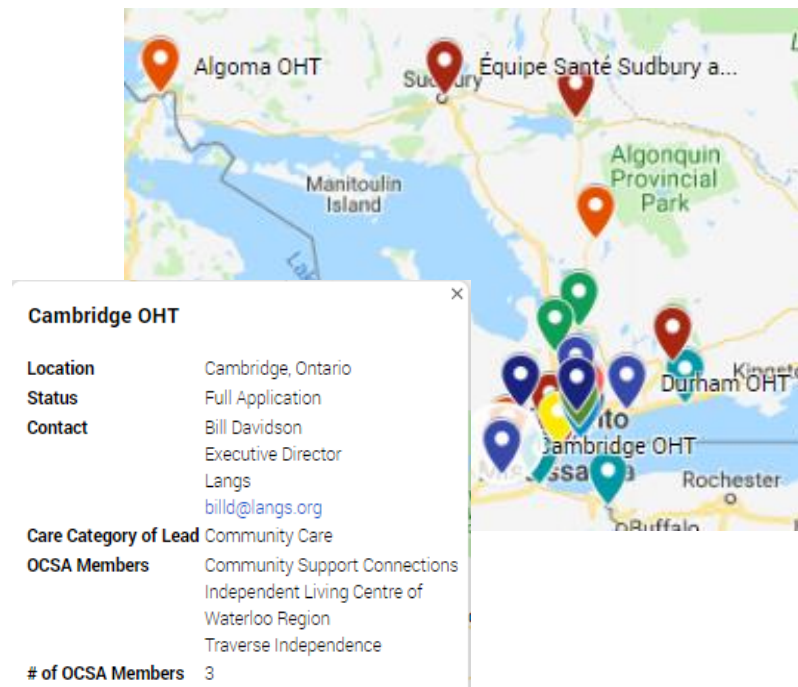
- Perfect score by 3 OHTs
- Lowest score in 1 OHT was a 4 for “Funding and Incentives”
- Lowest score in 5 OHTs was a 6 (3) and 7 (2) for “Digital Health”
- 92% of the 120 possible scores were 8 or higher
- Lowest average score for an OHT was 7.6
- Average OHT score was 9.2 with a range of 7.6 to 10 (variance of 2.4)

Ontario Health Team Mapping

OHTs by Status as Designated by MOH



Number of OCSA members participating in an OHT



In-Development Focus Group

Members are least confident in their capacity to contribute their OHT's funding structure (perception of no power) and digital health (no capacity).

What can OCSA do to help members:

- synthesize information available so it is relevant and actionable
- develop guiding documents to understand nuances by sector to enable negotiation as well as the retention of autonomy
- provide assistance with developing partnerships e.g. navigating provider agendas
- continue advocacy work e.g. communicating the sector's value

Ontario Health Teams

Upcoming Deadlines:

- First set of OHTs are identified – **late-November 2019**
- Deadline for self-assessment submissions – **December 4, 2019**
- Deadline for in-development progress reports – **January 2020**
- Invitation for next full application submissions – **March 2020**

Questions

If you have any questions or comments reach out to us:

Patrick Boily, Manager Policy and Stakeholder Engagement

patrick.boily@ocsa.on.ca

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

ENGAGING AND SUPPORTING LOCAL ONTARIO HEALTH TEAMS

Panel and Table Conversation



ABOUT THE SESSION

Hear from Ontario Health Teams

Share ideas on how to get involved

Identify questions for the Panel and Next Speaker

Interact with the Plan



Opening Remarks from
the Panel Members

Table Conversation

Conversation with the
Panel – Your Questions

Closing comments from
the Panel

**MINI
AGENDA**

Saleem Chattergoon,
Brampton & Area

Mark Walton,
Connecting Care Halton

Dave Pearson, Hills of
Headwaters

Georgia Whitehead,
Mississauga

PANEL
MEMBERS

BRAMPTON/ETOBICOKE AND AREA OHT

SALEEM CHATTERGOON, WILLIAM OSLER HEALTH SYSTEM

Year 1 Population

Sub-Regions Population

Where Patients Live (809,459)

Residents who will receive home care and community care in our OHT

Attributed Population

Where Patients Seek Care (871,852)

Patients that Ministry has attributed to our geography from the preliminary data package

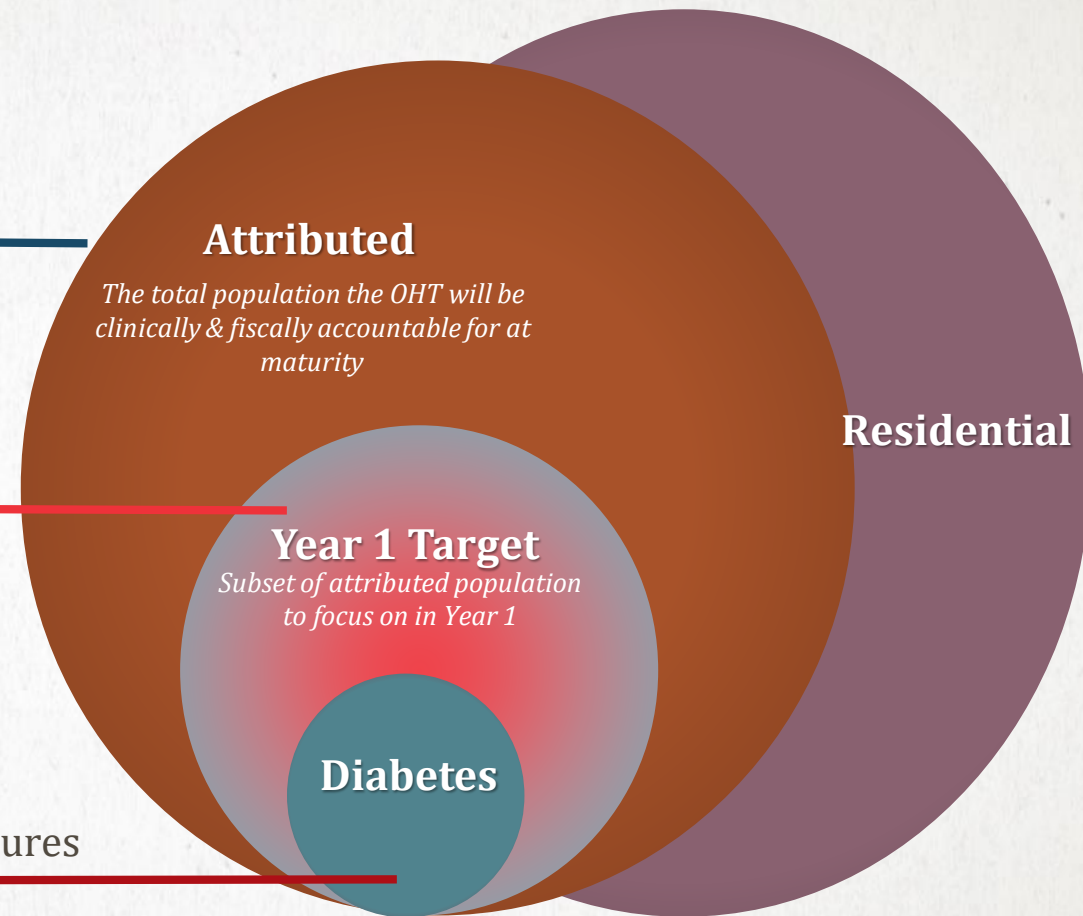
Year 1 Target Population

Rosters of PCPs who are willing to:

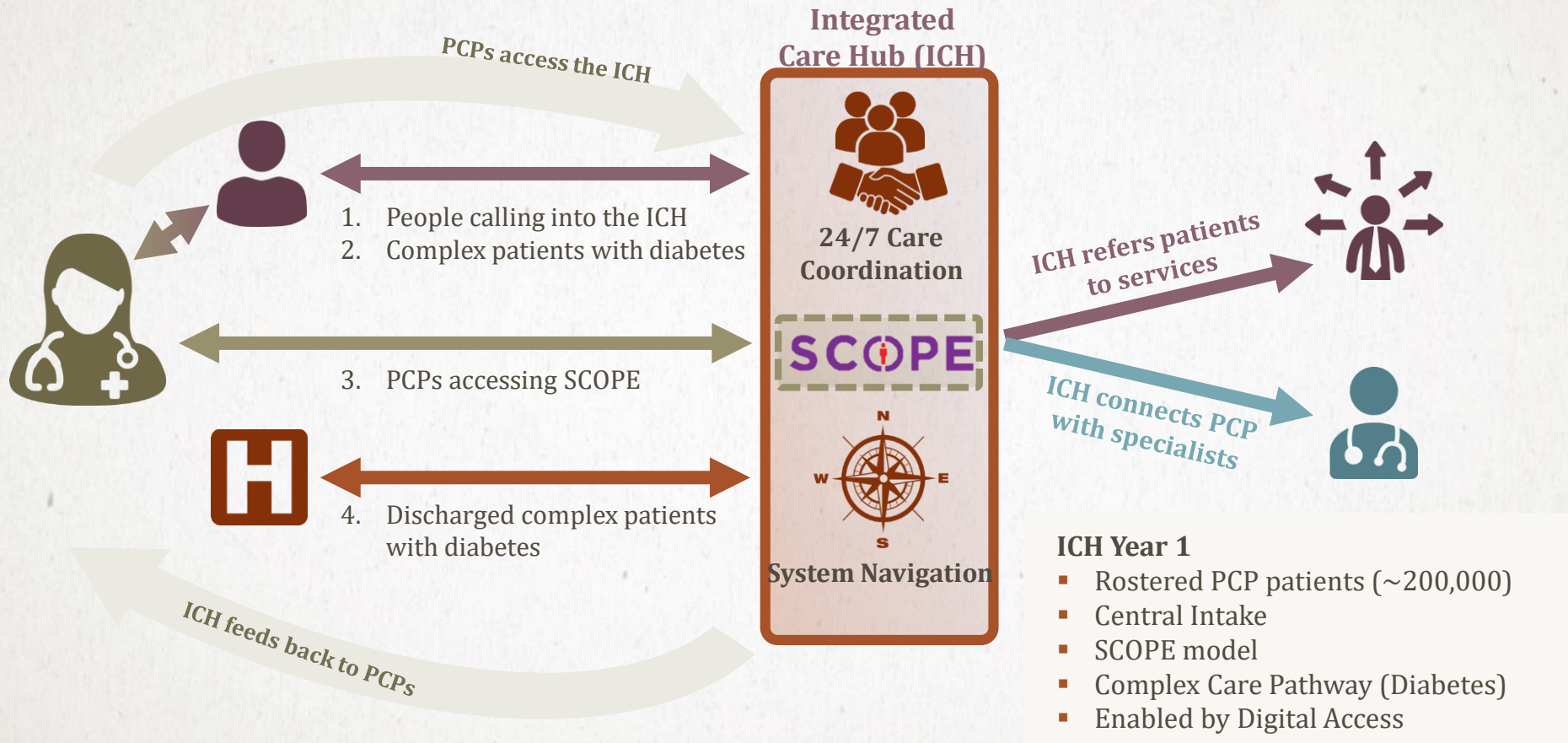
- Be a member of the OHT in Year 1
- Participate in the SCOPE model
- Share the ICH information with patients
- Commit to identified improvement measures

Diabetes Clients/Patients

Complex patients of rostered Year 1 PCPs who are living with diabetes

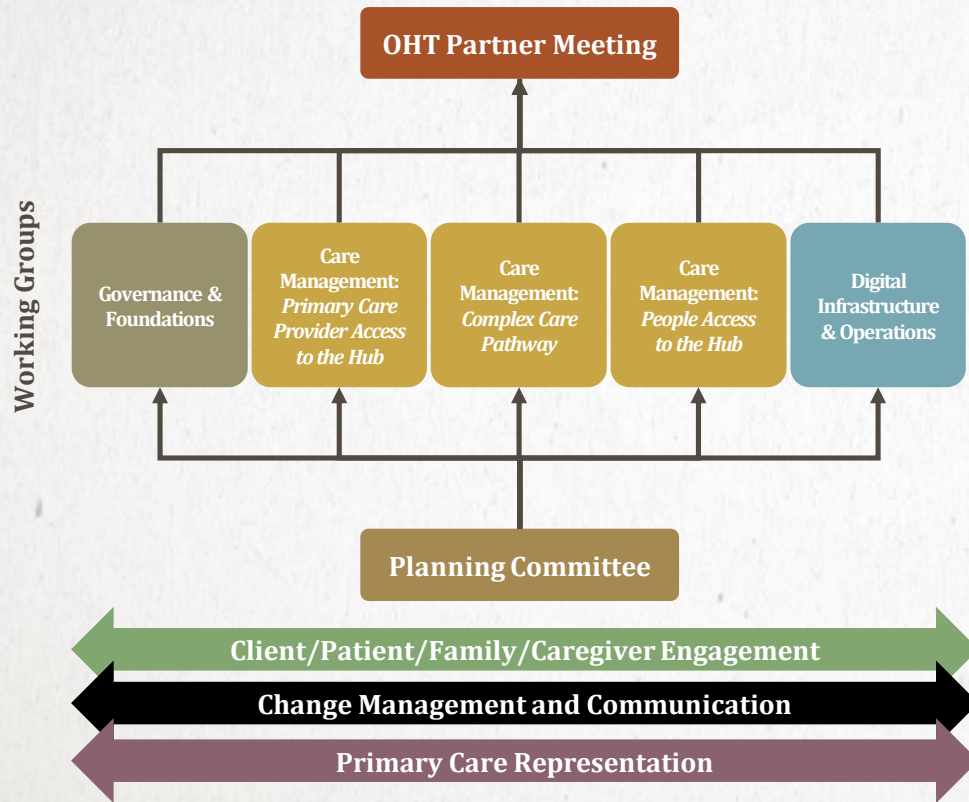


MAINSTAY OF OUR APPLICATION: INTEGRATED CARE HUB

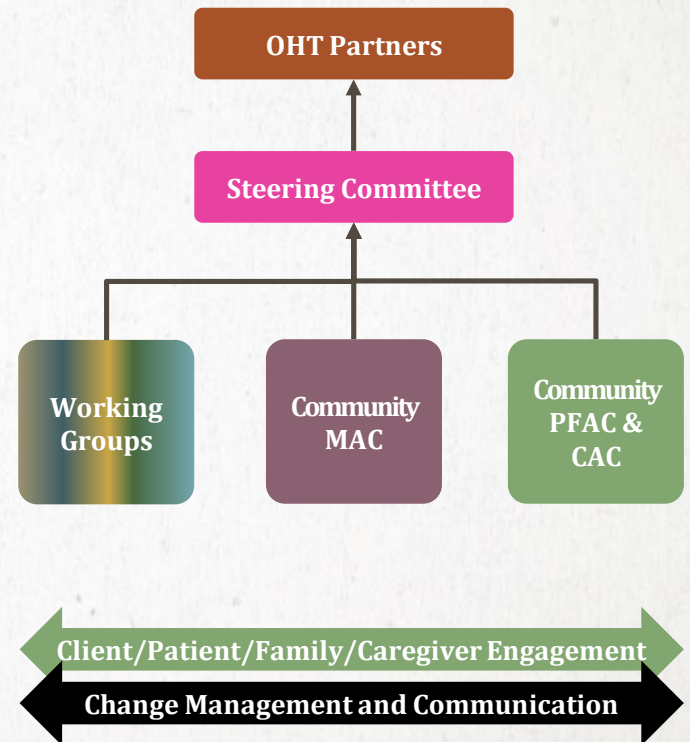


OHT STRUCTURE

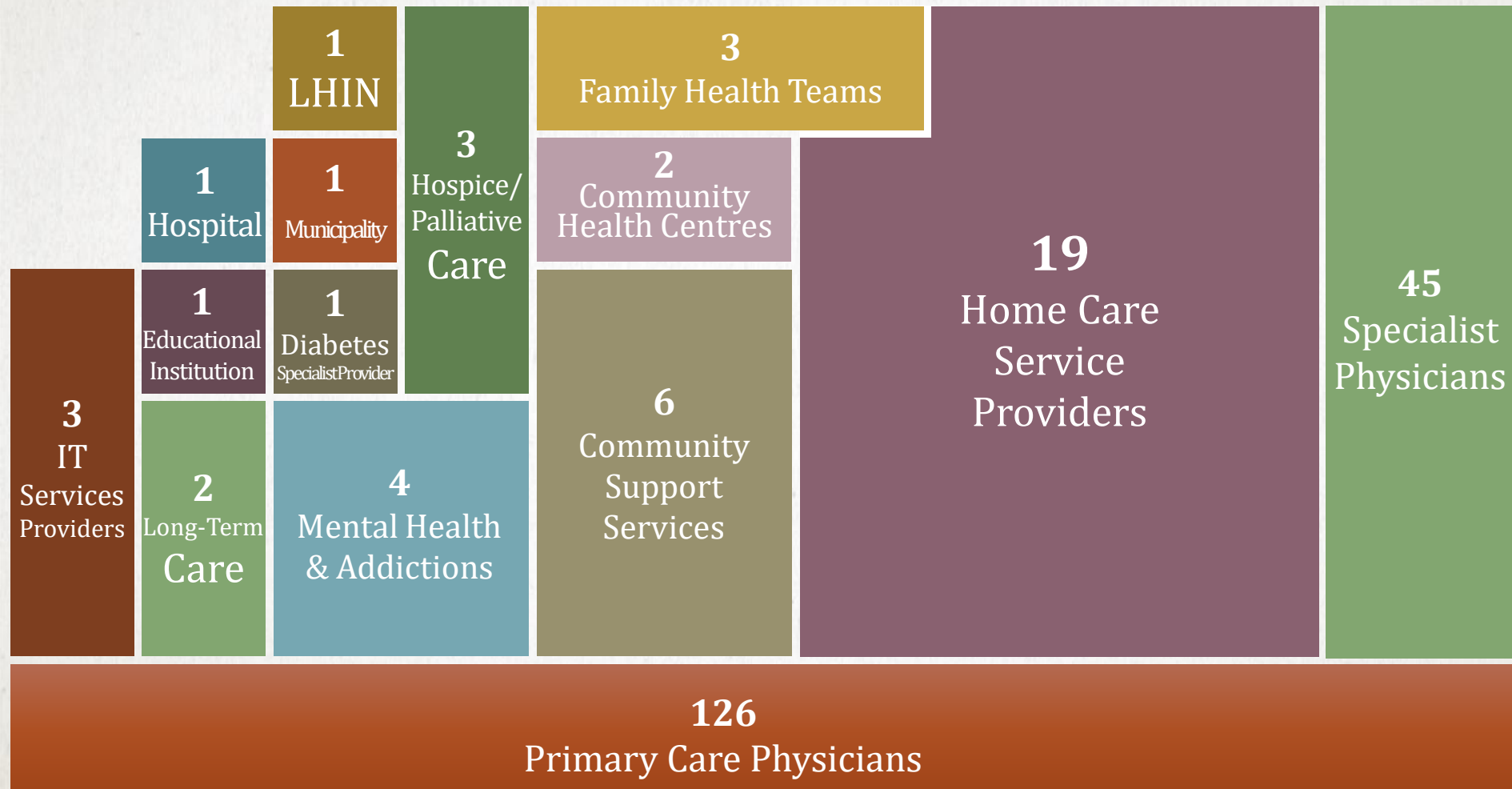
Present State



Proposed Future State



BRAMPTON/ETOBICOKE AND AREA OHT MEMBERSHIP



DEVELOPING OUR OHT



ADDITIONAL INFORMATION

For more information, please contact:

Saleem Chattergoon, Director of Integrated Health Systems
Saleem.Chattergoon@williamoslerhs.ca

CONNECTED CARE HALTON OHT

**MARK WALTON, VICE PRESIDENT, STRATEGY, PARTNERSHIPS AND PERFORMANCE
HALTON HEALTHCARE**

ABOUT THE OHT



OUR VISION

“With the communities of Halton Hills, Milton and Oakville, we are committed to delivering an innovative, coordinated and connected health system that enables better health and well-being of the population that we serve.”

OUR VALUES

Respect & Dignity Empathy & Compassion

Accountability Transparency

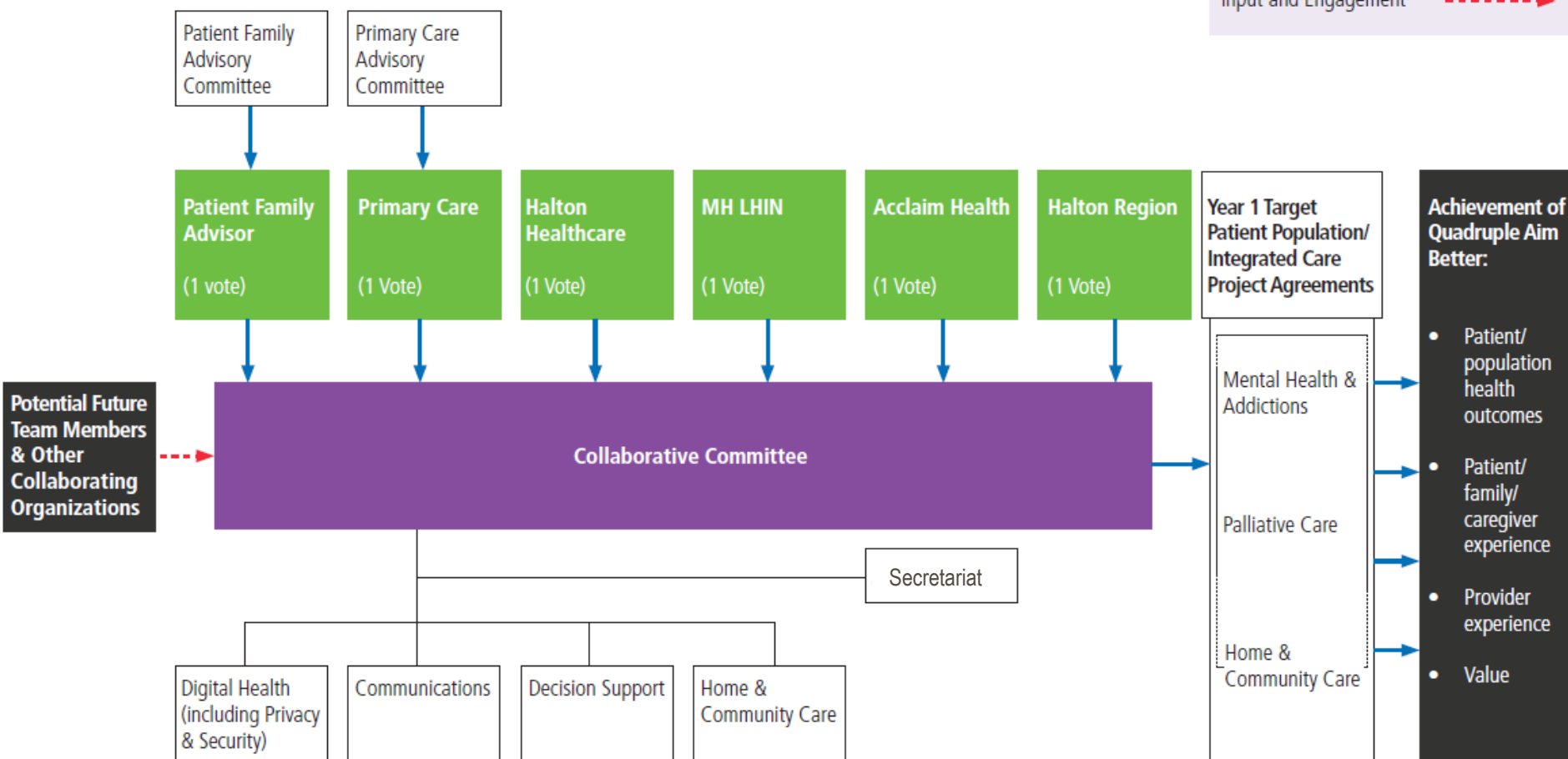
Access & Diversity

Collaborative Governance Model

Connected Care Halton OHT (DRAFT)

Legend:

Decision-maker
Input and Engagement



SECTION 1: ABOUT OUR POPULATION

Sub-Population #1: Palliative Care	Sub-Population #2: Mental Health and Addictions
<p>Sub-Population Inclusion Criteria:</p> <ul style="list-style-type: none">• <i>Adult patients with a life limiting illness with an estimated prognosis of less than 12 months, who are accepting of palliative care services.</i> <p>Sub-Population Exclusion Criteria:</p> <ul style="list-style-type: none">• <i>Youth & Adolescent Palliative Patients</i>• <i>Palliative Patients in a Long Term Care Facility</i>• <i>Patients who refuse a palliative designation or services</i> <p>Total CCH OHT Population: ~ 1,605</p>	<p>Sub-Population Inclusion Criteria</p> <ul style="list-style-type: none">• <i>Adult mental health & addiction patients designated as a Locus Level 3 (High Intensity Community Based Services) following an intake assessment through One-Link.</i> <p>Sub-Population Exclusion Criteria:</p> <ul style="list-style-type: none">• <i>Youth & Adolescent Patients</i>• <i>Other locus levels (1, 2, 4, 5 and 6)</i> <p>Total CCH OHT Population: ~ 1,600</p>

Note: Both sub-populations would represent approximately 1% of the attributable population (Total Attributable Population of 397,436)

WHO IS INVOLVED

CO-SIGNATORIES

Primary Care	Hospital	Community Care & Supports	Home Care
Dr. Kristianna Martiniuk	Halton Healthcare	Region of Halton	Acclaim Health & Community Care Services
Mississauga- Halton Local Health Integration Network			

Health Service Partners and Organizations: 46

EXPRESSIONS OF INTEREST

- The Arthritis Society (Halton, Hamilton & Peel)
- iCare Home Health
- Halton Multicultural Council
- Halton Community Legal Services
- Joyce Scott NonProfit Homes Inc
- Peel Halton Acquired Brain Services
- Thrive Group
- MH LHIN Patient Family Advisory Committee
- Links2Care
- Canadian Mental Health Association, Halton
- Hope Place Centres
- Halton Information Providers- Oakville Public Library
- Extendicare Inc.
- Epilepsy South Central Ontario
- Seniors Life Enhancement Centres
- Nucleus Independent Living
- Closing the Gap Healthcare
- Support and Housing Halton
- March of Dimes Canada
- OakPark Neighbourhood Centre
- Bennett Village
- S.E.N.A.C.A
- ADAPT
- Summit Housing and Outreach Programs
- Community Midwives of Halton
- Townsend-Smith Hospice Foundation
- STRIDE
- Oakville Senior Citizens residence
- Catholic Family Services of Hamilton
- Town of Halton Hills
- Mississauga- Halton Palliative Care Network
- Kerr Street Mission
- CBI Home Health
- Medigas
- CANES Community Care

Physicians: 59 (FFS/FHTs/FHOs/FHG)

ADDITIONAL INFORMATION

It is our collective belief that our strong legacy of successful innovation, collaboration and empowerment in Halton positions us well to become an Ontario Health Team.

CONTACT US

ABOUT US

The Government of Ontario is building a connected health care system centred around patients, families and caregivers. Ontario Health Teams (OHT) are part of the Ministry of Health's (MOH) broader health system transformation strategy to enable patients, families, communities and providers to work together to achieve better population health outcomes.

The proposed Connected Care Halton OHT is one of the Ontario Health Teams that are putting patients first and transforming the way we deliver healthcare in our community.

<https://connectedcarehalton.ca/>



Connected Care Halton
ONTARIO HEALTH TEAM

HALTON HILLS | MILTON | OAKVILLE



Connected Care Halton
ONTARIO HEALTH TEAM

HALTON HILLS | MILTON | OAKVILLE

ISSUE 1

SEPTEMBER 10, 2019

Our Journey

February 26, 2019
Government of Ontario introduces The People's Health Care Act with a particular focus on 'ending halfway medicine'.

May 14, 2019
Ontario Health Team (OHT) Readiness Assessment submitted on behalf of the proposed Connected Care Halton (Halton Hills, Milton and Oakville) OHT.

July 18, 2019
Connected Care Halton (Halton Hills, Milton and Oakville) OHT is one of 31 proposed OHTs to receive approval to proceed to next step of 'Full Application'.

October 9, 2019
Deadline for submitting the Full Application for the Connected Care Halton (Halton Hills, Milton & Oakville) OHT.

Fall 2019
The Ministry is expected to announce the first wave of 'candidate' Ontario Health Teams. Following the candidate announcement, the Ministry will identify the candidates who are ready to be a designated Ontario Health Team. These teams will receive an integrated funding envelope and enter into an Accountability Agreement with the Ministry.

Connected Care Halton OHT invited to submit Full Application

The Government of Ontario is building a connected health care system centred around patients, families and caregivers. Ontario Health Teams (OHT) are part of the Ministry of Health's (MOH) broader health system transformation strategy to enable patients, families, communities and providers to work together to achieve better population health outcomes.

The proposed Connected Care Halton OHT is one of the Ontario Health Teams that are putting patients first and transforming the way we deliver healthcare in our community.

The Connected Care Halton OHT represents a partnership of health care providers in the Halton Hills, Milton and Oakville communities committed to better 'population health', better patient experiences, reduced costs and a better care team experience.

Our Partners

The work related to the preparation of both the Readiness Assessment and the Full Application is being guided by leadership representatives from Acclaim Health, Mississauga Halton LHIN, Halton Healthcare and Halton Region. Joining them is a primary care physician from within the geographical area of Halton Hills, Milton and Oakville. The members of the Steering Committee are the co-signatories of the Connected Care Halton OHT Readiness Assessment and Full Application and have equal representation on the Steering Committee.

The Connected Care Halton OHT has also received expressions of interest from more than 80 primary care physicians and 27 service provider organizations representing a wide range of health care services in the communities of Milton, Halton Hills and Oakville. This number is expected to continue to grow.

The full application will be submitted to the Ministry of Health by October 9, 2019.



HILLS OF HEADWATERS COLLABORATIVE OHT

DAVE PEARSON

ABOUT THE OHT



- Established a shared purpose with patients, physicians, leaders and governors:

“To create one community working together to improve the health and well-being of everyone that lives and works in Dufferin-Caledon.”
- The Hills of Headwaters Collaborative OHT is associated with the populations that encompass the Dufferin and Caledon geographies, totally 112,784 residents
- Based on sub-region leadership and community/partner connection, Director role was utilized to maintain and respond to the momentum generated by the OHT opportunity

ABOUT YOUR SUBMISSION



- The Hills of Headwaters Collaborative partners are committed to three initial priority populations:
 - ✓ Mental Health and Addictions
 - ✓ Palliative care
 - ✓ Coordinating and integrating care for patients with complex care needs
- At this time 12 work groups have been established.
 - Priority populations working groups as well as others such as Operations, Community Wellness Council, Directors and Managers, Communicators, Governance and a Physician Association

WHO IS INVOLVED



- Hills of Headwaters Collaborative OHT is supported by:
 - 36 family physicians
 - 15 specialists physicians and department chiefs
 - 38 partner organizations
 - 7 patient advisory committees
- Time has been invested in the co-design of a shared purpose, priorities and principles that will guide the Hills of Headwaters Collaborative moving forward
- Establishing relationships that bridge health to broader social care partners will be a continuous focus

ADDITIONAL INFORMATION

Kim Delahunt
Interim CEO
Headwaters Health Care Centre
(kdelahunt@headwatershealth.ca)

Lianne Barbour
Executive Director
Dufferin Area Family Health Team
(l.barbour@dafht.ca)

Dave Pearson,
Director
Central West LHIN
(dave.pearson@lhins.on.ca)



hillsofheadwaterscollaborative.ca



info@hillsofheadwaterscollaborative.ca



[@hhcollaborative](https://twitter.com/hhcollaborative)



www.youtube.com/watch?v=aVQIT236MRA&feature=youtu.be



Metamorphosis Forum
November 20, 2019

The Mississauga Ontario Health Team

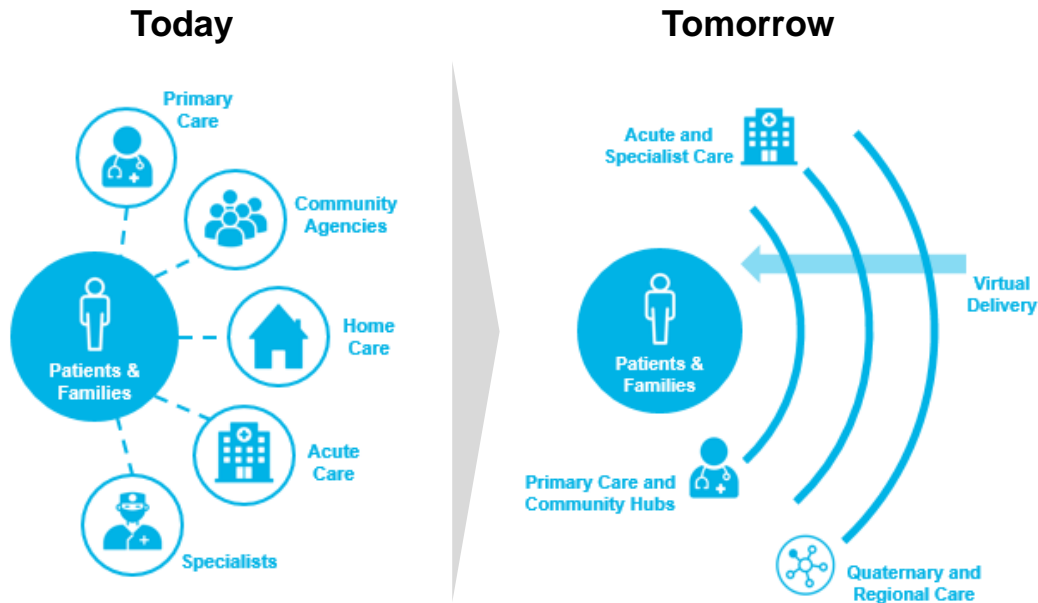
Presenter:

Georgia Whitehead, Project Director,
Mississauga Ontario Health Team

Director, Strategy Management Office,
Trillium Health Partners



Overall vision for our Ontario Health Team



Our vision

Together, our vision is to improve the health of people in our community by creating an interconnected system of care across the continuum, from prenatal care to birth to end of life.

Care we provide will address physical, mental, social and emotional well-being, and will be reliable, high quality and grounded in exceptional experiences and sustainability, delivering on the Quadruple Aim.

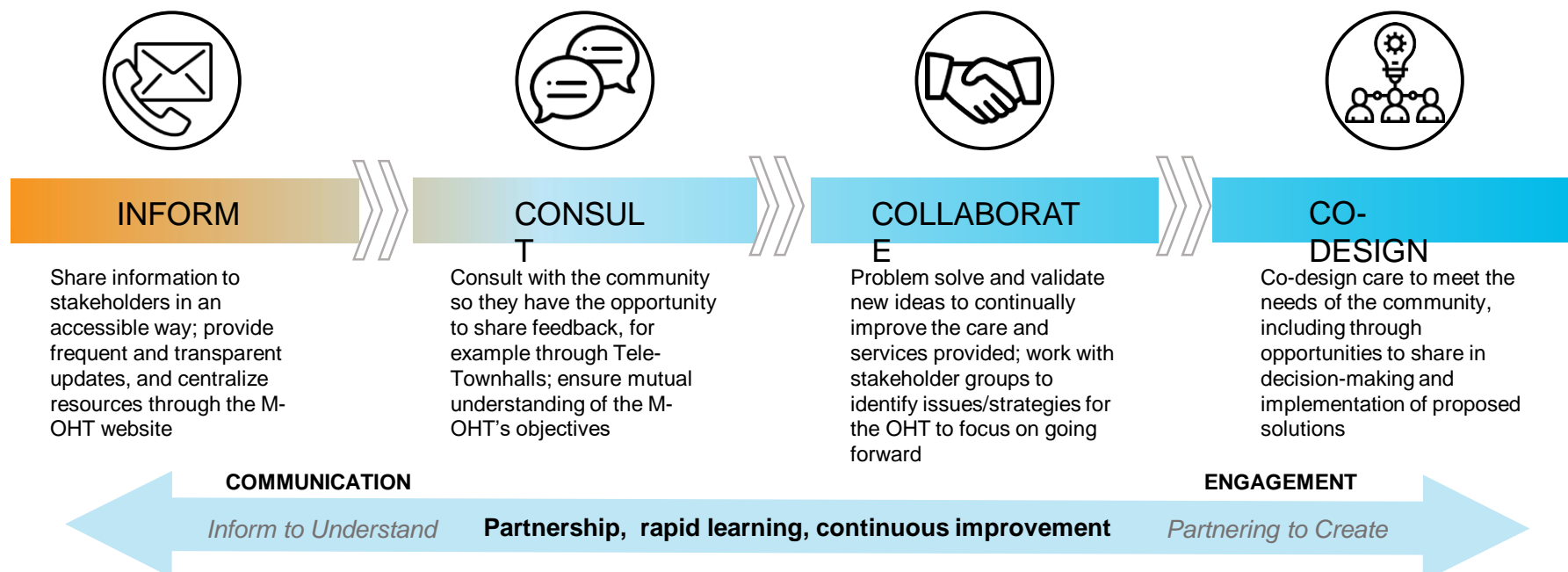
Our population: **878,000 people** at maturity →

- Approximately 60% live in Mississauga and roughly 75% see primary care providers in Mississauga
- Another 35% live in neighbouring communities (e.g. Toronto, Brampton, Oakville) with 5% from other regions

The Mississauga OHT engagement strategy

The Mississauga OHT members are committed to engagement and recognize that the community we serve is highly diverse. Our goal is to integrate care in a way that improves the health and well-being of all people in the population.

Engagement will be guided by a best practice framework that ensures we are intentional in design of initiatives and explicit about the goal of each as we build trust relationships with the full diversity of our community.



All engagement will ensure an ongoing culture of continuous improvement to meet the needs of our community, and will adhere to our commitment to transparency, an openness to sharing and a willingness to adjust our approach throughout implementation based on feedback.⁴

Ontario Health Team design principles



1. Support the health of the **whole population**

- Work towards a full and coordinated continuum of services for our population at all stages of life, building over time across subpopulations
- Use a population health approach with data and evidence to focus on upstream prevention, predict trends and emerging issues, and apply a health equity lens



2. Create one **seamless** system

- One vision and brand and a culture of shared continuous improvement
- Structures to support shared accountability, including data sharing
- Implement evidence-based integrated care pathways for subpopulations across partners and standardize and digitally automate processes



3. Provide access to **holistic care**, with a foundation in Primary Care

- Establish interdisciplinary team-based care, with a point of contact for patients as needed through a core team
- Link patients to all services needed in the extended team, including home, community, specialists and social supports
- Create a seamless experience by embedding care coordination and 24/7 navigation as functions within primary care
- Create a single digital care plan for each patient, accessible and shared across providers, including communication and virtual care options



4. **Empower** patients and caregivers; deliver **exceptional experience**

- Patients know where to go for information and navigation on 24/7 basis
- Patients have access to digital options, including video visits and secure messaging; over time, access to patient portal
- Design a standard experience that will be kept consistent across members of the OHT
- Embed mechanisms to collect and respond to feedback



Built on a foundation of **engagement and co-design**, supported by **rapid learning** and **continuous improvement**

Implementation plan: Year 1 subpopulations of focus

While our goal over time is to integrate care for our whole population, it will be a journey to achieve this. We will begin by focusing on populations where we see the greatest, feasible opportunity for impact so we can build a foundation of trust over time.



Rationale: People who would benefit from a palliative approach (Phase 1)

- At some point in their lifetime, most people will be diagnosed with a life-limiting illness and would benefit from a palliative approach.
- However, **46% of people who die in our region do so without receiving any palliative care.**¹ Only a third of palliative people received a physician home visit(s) in the last 30 days of life.²
- **About two-thirds of Ontarians would prefer to die at home**, yet over 55% of palliative people in our region had one or more ED visits in the last 30 days of life and 65% died in hospital.^{1,2}
- Costs reach nearly \$1B per year for those that would benefit from a palliative approach to care, with a high proportion at end-of-life.¹
- This presents an opportunity to build the foundation of a holistic approach to care, focusing on the whole person and crossing disease-states, and building upon existing, evidence-based work in the region.



Rationale: People presenting with minor acute issues (e.g. gastrointestinal and genitourinary conditions) (Phase 1)

- **Over 60% of our population has at least one minor acute health care-related visit in a given year.**¹
- These highly prevalent issues can often be effectively managed in the community. However, due to a lack of access to supports or diagnostics, people are often required to visit the ED and/or incur duplicate visits and tests. In fact, minor acute GI/GU issues (such as UTI, constipation, gastritis) are among the top reasons for an ED visit.
- In the Year 1 population, **we anticipate up to nearly 1,300 ED visits for minor acute GI/GU issues.**¹
- In addition to fragmented care, per year, millions in ED costs for the full population are incurred as a result.¹
- This presents an opportunity to improve experiences and strengthen care in the community - a critical foundation for OHTs



Seniors with dementia (Phase 2)

This will be a key area of focus in the longer-term, leveraging prototypes developed in Phase 1.

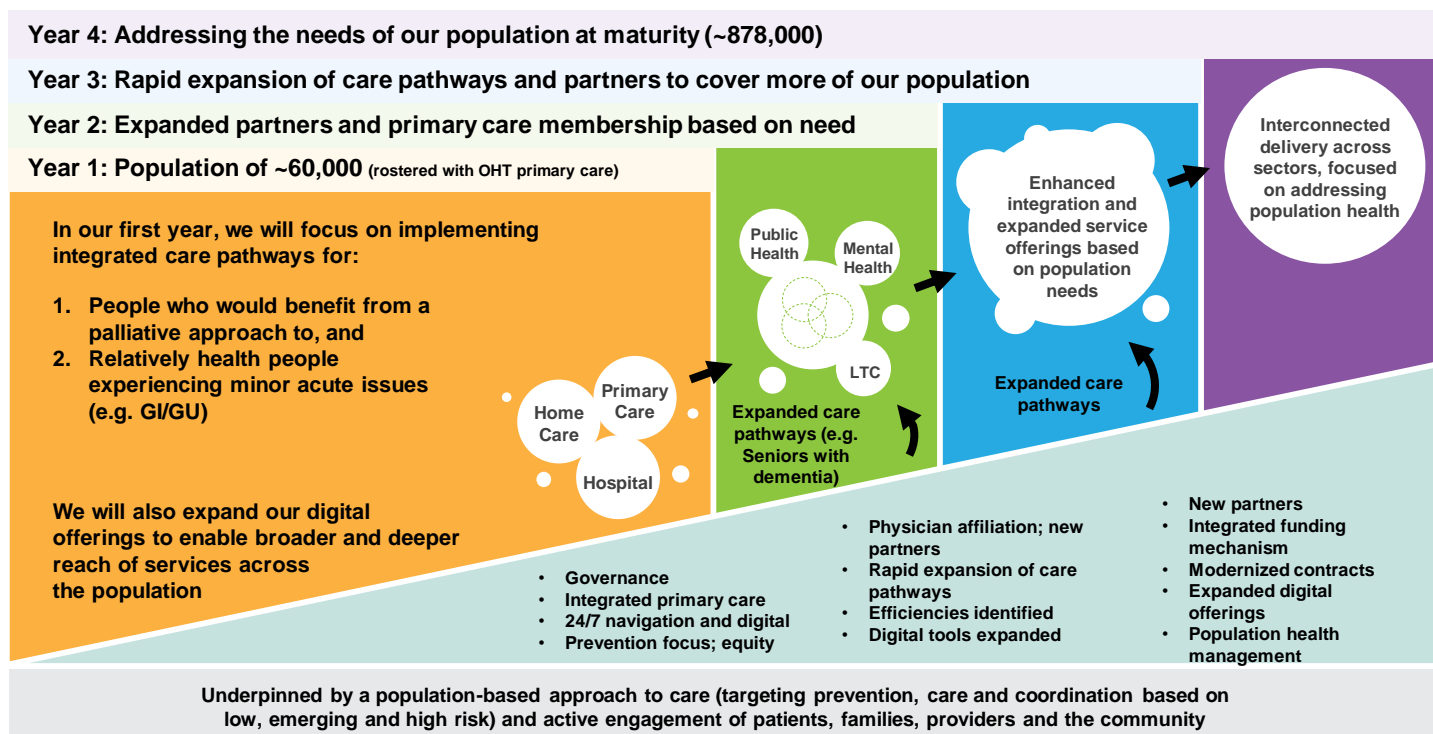
¹ICES Administrative Data Holdings, 2019.

²Health Quality Ontario. Palliative Care at End of Life, 2016.

Our roadmap to maturity

We will implement the following strategies to address the health of our population and increase coverage over time:

1. Increase the number of primary care clinicians affiliated with the OHT, along with patients rostered here
2. Increase access to integrated care pathways and expand to new partners
3. Introduce population segmentation and risk stratification to manage the upstream health needs of our whole population



Note: Our roadmap is dependent on pace of related government changes (e.g., labour relations and funding)

What will membership in the OHT look like?

At maturity, the Mississauga OHT will be responsible for delivering a full and coordinated continuum of care to our attributed population. To get there, we will need to partner widely with organizations and care providers addressing a range of health needs for our community.

At this time, we envision two membership roles within the OHT.

Members

Involved in the day-to-day operations of the OHT; deliver services to the population of focus.

Willing to sign on as a party to an accountability agreement with the Ministry (pending further understanding of that agreement after October 9th).

Key members in Year 1: Home care (LHIN), primary care, acute care and community

Affiliates

Have endorsed, supported or provided advice to the OHT but not central to day-to-day operations of the OHT.

May include contracted services (e.g., labs and diagnostics).

Anyone who interested in becoming a member or an affiliate has been invited to sign on at this time. This is a non-binding step, but indicates an interest and willingness to move forward in planning together for our future OHT.

Who we are – 46 members to date

Our founding partners

Primary Care	Hospital	Home Care	Community
Credit Valley FHT Summerville FHT CarePoint Health	Trillium Health Partners	Home care	Representatives from the Metamorphosis Network of 45 Agencies

Our members include those who intend to be involved in day-to-day operations and deliver services for the OHT.

Acclaim Health and Community Care Services
 Alzheimer Society of Peel
 Bayshore HealthCare Ltd.
 Calea Ltd.
 Canadian Addiction Treatment Centres
 CarePartners
 CarePoint Health
 CBI Health Group
 Centre francophone du Grand Toronto
 Closing the Gap Healthcare Group Inc.
 Comprehensive Care FHG
 Credit Valley FHT
 Dixie Bloor Neighbourhood Drop-In Centre
 The Dorothy Ley Hospice
 Epilepsy South Central Ontario
 Etobicoke Services for Seniors

Health Espresso Inc.
 Heart House Hospice Inc.
 Home Care Proxy
 Hope Place Centres
 iCare Home Health
 Kingsbridge FHO
 March of Dimes
 Mindbeacon Health Inc.
 MyHealth Partners Inc.
 North Oakville FHG
 Nucleus Independent Living
 Peel Addiction Assessment and Referral Centre
 Peel Cheshire Homes Inc.
 Peel Senior Link
 Polycultural Immigrant and Community Services

Regional Municipality of Peel
 S.E.N.A.C.A. Seniors Day Program Halton Inc.
 SE Health Care
 Seniors Life Enhancement Centres
 Sienna Senior Living
 South Oakville FHO
 Spectrum Home Care Corporation
 SRT MedStaff
 Summerville FHT
 Think Research Corporation
 Thrive Group
 Trillium Health Partners
 Trillium Health Partners ProResp
 VHA Home HealthCare
 Victorian Order of Nurses for Canada - Ontario
 Branch

*We are taking an inclusive approach to membership, including those who want to be involved in year 1 and/or in future years. Membership is non-binding at this time and subject to procurement rules.

Who we are – 45 affiliates to date

Affiliates include those that have endorsed, supported or provided advice to the OHT but are not central to day-to-day operations of the OHT. This may include contracted services.

AstraZeneca
Canadian Mental Health Association Peel
Dufferin
CANES Community Care
Cardiovascular Health Awareness Program (CHAP)
City of Mississauga
Community Foundation Mississauga
Dufferin-Peel Catholic District School Board
Hypercare
The Indigenous Network
The Institute for Better Health
Lakeshore Area Multi-Services Project (LAMP) - East Mississauga Community Health Centre
Lifemark Health
Links2Care
Medigas / Praxair Canada Inc.

MICBA Forum Italia Community Services
MINT Memory Clinics
Mississauga Board of Trade
Mississauga Halton Diabetes Support Group
Mississauga Halton Local Health Integration Network Patient and Family Advisors Network
Mississauga Halton Palliative Care Network
Mississauga West, Oakville and Burlington Diabetes Support Group
MOYO Health and Community Services
Nurse Next Door
Ontario Community Support Association
Ontario Telemedicine Network
Paramed Inc. / Extendicare
Pediatric Urgent Care Centre
Peel District School Board

Peel Multicultural Council
Peel Newcomer Strategy Group
Peel Police Services
Peel Public Health
Regional Geriatric Program of Toronto
Services and Housing in the Province
Sheridan College
Support & Housing Halton
Shifa Health
Trillium Health Partners Division of Palliative Care
United Way of Greater Toronto
University of Toronto Mississauga
Services and Housing in the Province
West Park Healthcare Centre
Yee Hong Centre for Geriatric Care
YMCA of Greater Toronto

Affiliate organizations are listed above. Affiliates also include collaborating physicians and individual patient and family advisors. Affiliations are non-binding at this time and subject to procurement rules.

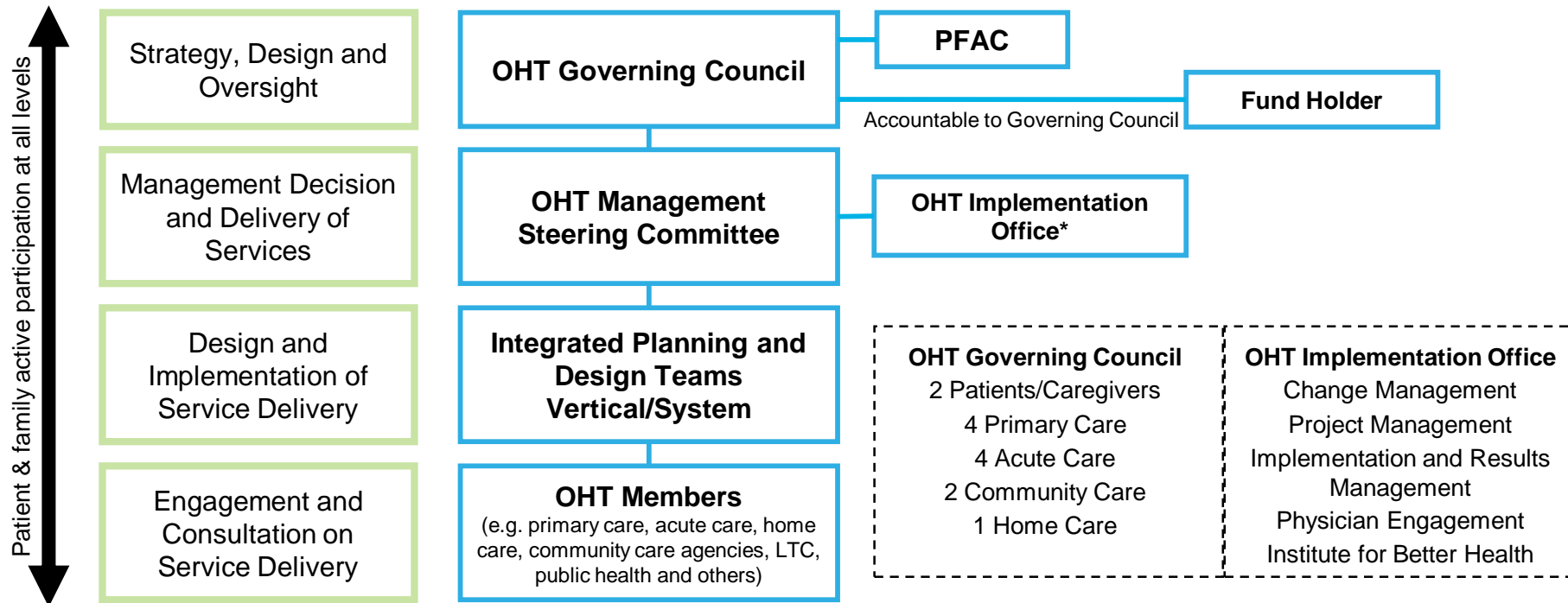
Getting involved

- Thanks to the engagement and support of many in its development, we have successfully submitted our plan for an OHT in Mississauga.
- If you are interested in joining as a member or affiliate, please reach out.
- If you have already submitted your interest, we commit to sharing more as we gain more guidance from the Ministry.
- Your ongoing support is key to this work! Please continue to share your feedback, comments, questions and ideas.
- Contact us at info@moht.ca to learn more or visit www.moht.ca where we have posting all the materials shared publicly to date.

Ministry's 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 18, 2019
✓ Deadline to submit full applications	October 9, 2019
✓ Site visit by Ministry of Health	November 7, 2019
Announce OHT Candidates	End of Fall 2019

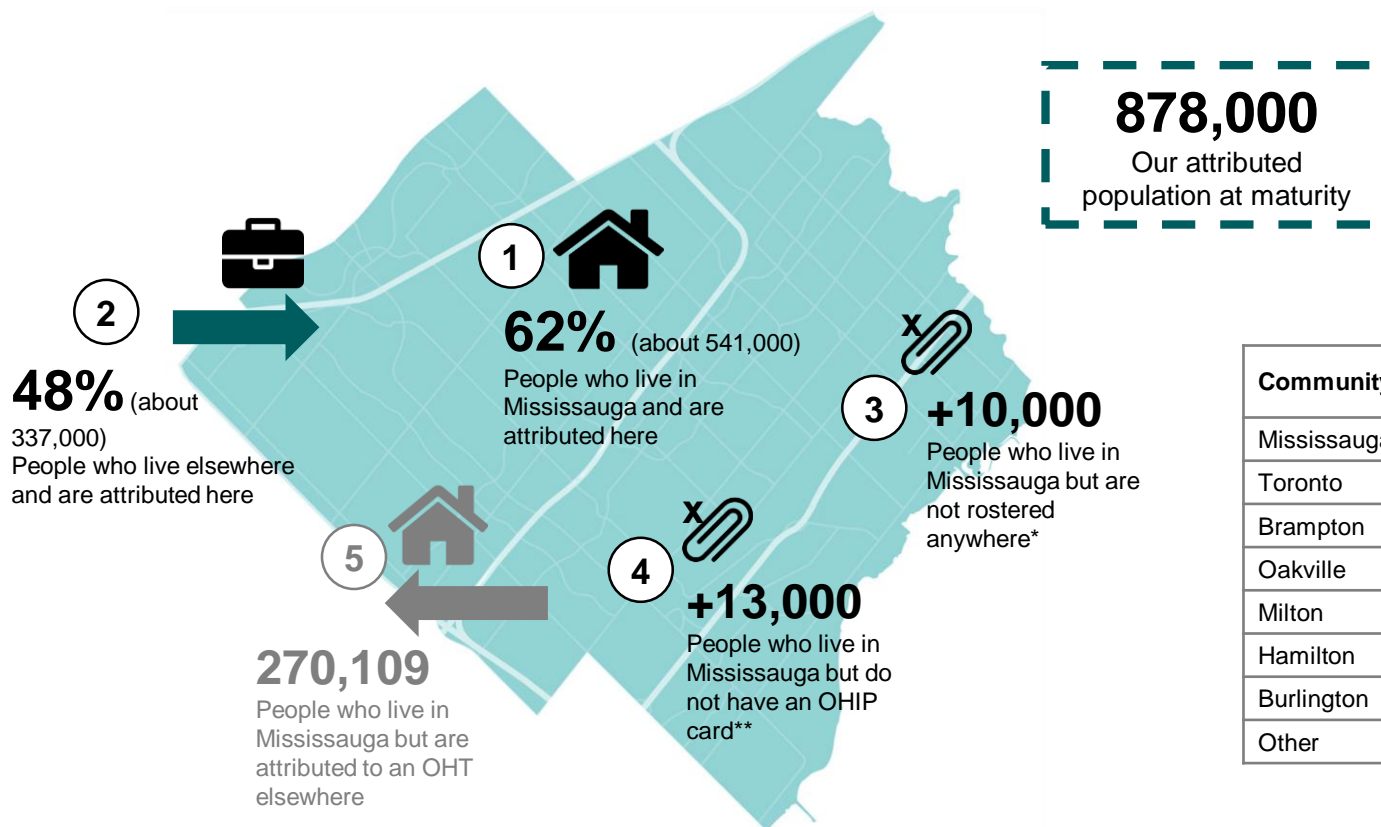
Appendix

M-OHT governance structure



*Also serves as secretariat to OHT Governing Council

Our population



Community	Attributed Population	% of OHT Population
Mississauga	541,007	61.6
Toronto	112,062	12.8
Brampton	79,041	9.0
Oakville	36,093	4.1
Milton	22,265	2.5
Hamilton	11,583	1.3
Burlington	11,021	1.3
Other	65,352	7.4

* Estimate based on IC/ES data demonstrating use of services

**Proportional estimate; based on a [statistic](#) suggesting that the number of undocumented immigrants in Canada may be well over 500,000 individuals; may represent an underestimate, given the higher proportion of immigrants in our population (more than 12,000 people, according to IC/ES data)

TABLE CONVERSATION

Two 10 minute rounds

1st Round – How to get involved AND how to prepare for Healthcare transformation

2nd Round – Questions for Panel and Next Speaker

Generate answers

Use Post-it to capture ideas

We will document the ideas and share post meeting

One Answer or
Question per
Post-it

Hold the
diversity

All ideas &
Experiences
Welcome

Write questions
with a Question
Mark?

Seven – Eight
answer or
questions per
Question

SMALL GROUP TIPS

TABLE CONVERSATION
PART 1

How can the Board or organization get involved in Ontario Health Teams?

How do we prepare for healthcare transformation towards OHT?

One Answer or
Question per
Post-it

Hold the
diversity

All ideas &
Experiences
Welcome

Write questions
with a Question
Mark?

Seven – Eight
answers or
questions per
Question

SMALL GROUP TIPS

TABLE CONVERSATION
PART 2

What questions
do you have for
the panel?

What question do
you have for the
next presenter?

QUESTIONS FOR THE PANEL

Identify a question from the table for the panel

Ask the panel your question

We will move around the room with the one table for questions

We have about 15 – 20 minutes



PANEL FINAL COMMENTS

What is your best advice to participants on is how they can support the health transformation process?



NETWORKING BREAK



WE WILL COLLECT YOUR CHART
OF IDEAS AND QUESTIONS FOR
DOCUMENTATION



NETWORKING TIME



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FORWARD TOGETHER

Local Providers and the OHT Structure

Metamorphosis Network

November 20, 2019

Karima Kanani

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 @KarimaKanani

Agenda

1. OHTs: Updates and Key Features
2. OHT Collaborative Governance and the Role of Community Support Services
3. How to Organize Community Services in the OHT

OHTs: Updates and Key Features

Connecting Care Act, 2019

- 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 (implementation underway)



OHTs: Updates and Key Features

Connecting Care Act, 2019

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

OHTs: Updates and Key Features

Ontario Health

- Ontario Health is Province-wide Central Agency
- Crown agency with Board of Directors of up to 15 directors appointed by Lieutenant Governor in Council
- Initial Board of Directors appointed on March 8th
- Interim CEO appointed on April 24th
- Consolidation commencing December 2nd

OHTs: Updates and Key Features

Ontario Health

- Central Agency to consolidate:
 - 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/ Central Agency and provide programs/services consistent with Central Agency objects)
- Central Agency Board of Directors has already assumed governance control

OHTs: Updates and Key Features

Ontario Health

- Transfer Orders issued for all provincial health agencies except Trillium Gift of Life Network
- To move under Ontario Health “all assets, liabilities, rights and obligations, and all records relating thereto” and “all employees ... and related records, rights and obligations”
- Effective December 2nd

OHTs: Updates and Key Features

Ontario Health

- Effective November 13, 2019, 14 LHINs consolidated to 5 transitional geographical regions:

Region	Clustering of LHIN Corporations
West	Erie-St. Clair, South West, Hamilton Niagara Haldimand Brant, Waterloo Wellington
Central	Mississauga Halton, Central West, Central, North Simcoe Muskoka
Toronto	Toronto Central
East	Central East, South East, Champlain
North	North West, North East

- LHINs have NOT merged; clustering only
- LHSIA continues to apply; SAAs continue with LHIN



OHTs: Updates and Key Features

Ontario Health Teams

- 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

OHTs: Updates and Key Features

Ontario Health Teams

OHTs at Mature State

“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”

OHTs: Updates and Key Features

Ontario Health Teams

- 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 of Ministry



OHTs: Updates and Key Features

Ontario Health Teams

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
4. ***Becoming a Designated Ontario Health Team:*** Once ready to receive an integrated funding envelope and operate under a single accountability agreement, designated as an Ontario Health Team

OHTs: Updates and Key Features

Ontario Health Teams

Assessment Process	Dates
First set of Ontario Health Teams are identified	Late-November 2019
Next deadline for self-assessment submissions	December 4, 2019
Deadline for in-development progress reports	January 2020
Next invitation for full application submissions	March 2020

OHT Collaborative Governance

Ontario Health Team Development Process



```
graph LR; A[Planning and Design] --> B[Operational Integration]; B --> C[Financial Integration]; C --> D((Designated OHT))
```

Planning and Design

Operational Integration

Financial Integration

Designated
OHT

- In early stages, independent funding will be maintained
- As OHT matures to single fund holder, OHT governance will evolve
- OHT governance self-determined and fit for purpose and stage of development

OHT Collaborative Governance

- Collaborative 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



OHT Collaborative Governance

Collaborative Governance Agreements

- Collaborative Governance through:
 - **Contract**
 - **Committee**

OHT Collaborative Governance

Collaborative Governance Agreements

- Planning and Design Phase
(Self-Assessment/In Discovery/In Development)
 - MOU (generally non-binding)
- Operational Implementation Phase
(Application selected for implementation)
 - OHT Members Agreement (binding)

OHT Collaborative Governance Planning & Design MOU

- MOU is a tool to demonstrate transitional leadership and plan for OHT development
- Intended to establish a framework and rules of engagement for potential OHT members to work together during Planning and Design Phase
- Non-binding (with limited exceptions) - intention to explore and jointly develop OHT but no obligation to proceed as OHT member

OHT Collaborative Governance Planning & Design MOU

- Other key terms of interest (binding):
 - **Confidentiality:** Commitment to treat with confidentiality information about other OHT parties; consider treatment of OHT information
 - **Independent Governance:** Confirmation that independent governance authority of Boards of Directors or other governing bodies of any potential OHT member remain unchanged
 - **Joint Public Communications:** Setting out a mutual understanding for coordination of public communications relating to the OHT
 - **Cost Sharing:** Any cost sharing to be agreed by parties in advance



OHT Collaborative Governance Planning & Design MOU

- Interim Committee to lead the OHT development process
- Terms of Reference for Interim Committee ideally to be included in MOU but could be developed and agreed after
- Interim Committee transitional until OHT implementation governance structure settled by all Members
- Interim Committee composition and ToR may remain or change in Executive Committee for OHT implementation

OHT Collaborative Governance

Collaborative Governance Agreements

- Planning and Design Phase
(Self-Assessment/In Discovery/In Development)
 - MOU (generally non-binding)
- Operational Implementation Phase
(Application selected for implementation)
 - OHT Members Agreement (binding)

OHT Collaborative Governance Implementation OHT Members Agreement

- Ministry requirement: Formal agreement between OHT members setting out roles, responsibilities and governance
- Key terms (not exhaustive):
 - Membership
 - Executive Committee
 - Dispute Resolution
 - Service Population
 - Scope
 - Central Brand
 - Integration process
 - Confidentiality
 - Risk Allocation
 - Intellectual Property
 - Representations
 - Health Information Management
 - Performance Management
 - Cost Share

OHT Collaborative Governance Implementation OHT Members Agreement

- Membership
 - Classes of Membership
 - Potential classes based on sector/service depending on size of OHT
 - Addition / Withdrawal / Termination of Members
 - Requirements?
 - Who decides?
 - What are Member responsibilities?

OHT Collaborative Governance Implementation OHT Members Agreement

- Scope
 - What Member operations and undertakings fall within the scope of the OHT?
 - Ability/implications of participating in multiple OHTs
 - Independent governance authority of each OHT Member

OHT Collaborative Governance

Implementation OHT Members Agreement

- OHT Members Agreement will be binding and require Board approval
- To participate in OHT implementation as a Member, must sign:
 - OHT Members Agreement
 - Ministry “Year 1” Agreement

OHT Collaborative Governance

Collaborative Governance Agreements

- Collaborative Governance through:
 - Contract
 - **Committee**

OHT Collaborative Governance

Collaborative Governance Committee

- Planning and Design Phase
 - Interim Steering Committee/Working Group/Leadership Table
 - Transitional, time-limited purpose
- Operational Implementation Phase
 - Steering Committee/Executive Committee/Leadership Committee
 - Continued implementation oversight and decision-making
- At each stage may also have other sub-committees, engagement committees

OHT Collaborative Governance

Collaborative Governance Committee

- Committee Composition
 - Number
 - Sector/service representation
 - Community and clinical engagement
 - Chair

OHT Collaborative Governance

Collaborative Governance Committee

- Committee Quorum
 - Quorum is # of Committee members to be present for meeting to proceed
 - Will delegates be permitted?
 - Will meeting by electronic conference be permitted?
 - Will proxy be permitted?

OHT Collaborative Governance

Collaborative Governance Committee

- Committee Decision-Making
 - Allocation of votes
 - Strive for consensus
 - If consensus not reached?



OHT Collaborative Governance

- Questions for Community Agencies to ask:
 - Are you a Member or an Affiliate?
 - Does your OHT have a transitional leadership structure and/or MOU?
 - What representation, role and engagement do Community Agencies have?
 - Does my Agency have direct representation on the Committee or is my Agency part of a membership class?
 - Is the presence of Community Agencies required for meetings to proceed? Can you send a delegate?
 - How will the voice of Community Agencies be heard in decision-making? Is a vote in favour required? What happens if the Community Agencies do not vote in favour?
- Ask questions at every stage: representation, role and authority of your Agency may change as OHT development proceeds

How to Organize in the OHT

- Where there are OHT membership classes and Collaborative Governance Committee composition based on sector/service representation, that means not all Community Agencies in the OHT may have a seat at the table
- Community Agencies will need to determine:
 - How will representative(s) be chosen among the Agencies?
 - What is responsibility/accountability of sector representative(s) to the group?
 - Is there potential for sector service co-ordination?

How to Organize in the OHT

- To organize Community Agencies within OHT, a Sector Stakeholder Agreement is recommended
- Sector Stakeholder Agreement means agreement between Members who deliver the same or similar types of services
 - i.e. Long-term care providers, primary care physicians, community support service agencies, mental health and addictions agencies etc.
- Sector Stakeholder Agreement intended to organize Members with a shared interest to facilitate sector collaboration and a common voice at the OHT table

Summary

- *Connecting Care Act, 2019* creates provincial agency Ontario Health and Ontario Health Teams as Integrated Care Delivery Systems
- OHT development is a process with evolving governance at each stage
- Collaborative governance being implemented through Contract and Committee
- Be proactive in identifying role and voice for Community Agencies
- In large OHTs where multiple Community Agencies involved, look to local organization of sector Partners to advance shared interests

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FORWARD TOGETHER



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