



Ontario is undergoing a health system transformation that involves developing integrated healthcare delivery systems called Ontario Health Teams (OHTs).

The full transformation will take many years. Here's what you need to know now.

The OHT Model

Ontario Health Teams (OHTs) are integrated health care delivery systems that aim to provide patients with a full and seamless continuum of care.

Physicians, the OMA, and patients have been calling for healthcare integration for many years. Once fully developed, OHTs will consist of groups of healthcare organizations, physicians, and other health care providers working together as a team to provide the full continuum of care for their patient population. Integration between members of the team will be enabled by digital health solutions, including information-sharing and virtual care delivery tools. Each OHT will have its own governance structure, will receive its own funding envelope, and will be held accountable for the health outcomes and costs of its patient population.

OHTs can lead to efficient, high-quality care.

Successful integrated healthcare delivery systems should also deliver better outcomes related to:

- patient and population health
- patient, family, and caregiver experience
- provider experience, and
- value

Ontario Health Team



Physician Involvement in OHTs

Physician leadership is key to the success of integrated systems like OHTs.

Evidence shows that physician leadership, voluntary participation, and a primary care-based approach are essential to the success of integrated healthcare delivery systems like OHTs. The OMA strongly encourages all physicians (including both primary care physicians and specialists) to get involved in OHT governance to ensure the collective physician voice is heard.

Physicians can choose which OHT to join.

As groups continue to assemble and work towards becoming OHTs, the Ministry of Health will identify one that might be appropriate for you to join. It will include the acute care hospital where most of your patients receive in-patient care. This is a suggestion only. You should join the OHT that you feel is the best fit for your practice. It should include organizations where most of your patients access care. And if you do choose to participate in an OHT, you can join either as an individual or as part of an organization (like a FHO or long-term care home).

Physician participation in OHTs is voluntary.

You can choose whether or not to join an OHT. Your participation is voluntary regardless of whether you work in a hospital, an independent practice, or a group practice. The OMA does not anticipate any

negative impact to your practice if you decide not to participate in an OHT. Rather, participating in the early stages of development will give you an opportunity to help shape your OHT.

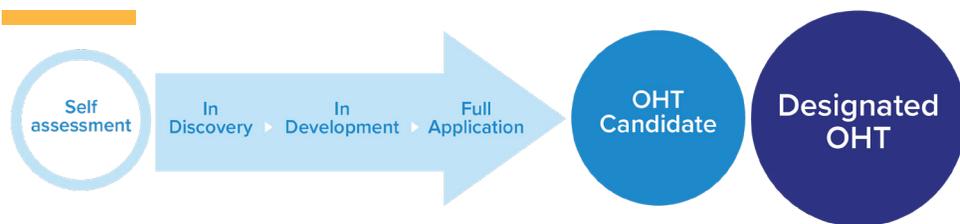
OHTs will not affect how you are paid at this time.

The OMA does not anticipate any changes to existing physician compensation models at this time. This is true regardless of your specialty and practice type, or whether you decide to participate in an OHT. Once OHTs are fully developed, the government intends to prospectively fund them with a single integrated funding envelope. The funding envelope for each OHT will vary depending on the needs of its patient population (similar to how hospitals are funded today).

Any changes to physician compensation would have to be negotiated with the OMA.

The OMA is advocating for physicians to be compensated for the work they are doing to help build and lead OHTs.

OHT Development and Roll-out



A staged process for rolling out OHTs across the province has already begun.

Many groups across the province have already assembled and begun the process of becoming OHTs. To start the process, groups must submit a self-assessment to the Ministry of Health. The Ministry of Health then organizes the applicants into three categories based on their level of readiness: In Discovery; In Development; and Full Application.

The Ministry of Health formally invites groups in the Full Application category to apply to become “OHT Candidates.” This application process involves a site visit from Ministry of Health representatives.

Groups that are designated as OHT Candidates can then begin to implement the OHT model by delivering a minimum of: primary care; hospital care; and home and community care. It may take OHT Candidates years to reach maturity and offer the full continuum of care. Only then will they become Designated OHTs.

Groups in the In Discovery and In Development categories continue to make their way toward the full application process.

The Ministry of Health will repeat this development cycle by accepting self-assessments from newly assembled groups in waves.

In successful OHTs, participating physicians should have greater access to the supports and resources they need to focus more on delivering patient care and less on administrative functions.

OHT Governance

OHTs will be accountable to Ontario Health.

The Ontario government has combined the 14 LHINs and several other provincial agencies into one “super agency” called Ontario Health. Ontario Health will oversee health system management and performance, population-based programs and clinical quality standards across the province. OHTs will be clinically and fiscally accountable to Ontario Health / Ministry of Health. They will be measured and reported against a standardized performance framework.

OHTs must develop their own governance structure.

The Ministry of Health has not prescribed a specific governance structure for OHTs. Groups must propose their own governance plan as part of the full application process and solidify a final governance structure once they become Designated OHTs. For most groups, governance will likely be an iterative process.

The OMA is advocating for a collaborative governance structure that includes a Governance Committee made up of representation from each of the OHT members, patients, and academics. To bring legitimacy to the physician voice in the OHT governance, the OMA is recommending that all physicians and physician groups (including

FHTs and FHOs) come together and organize to form physician associations. These associations would then both assist with decision making and elect physician representatives to sit on the Governance Committee. This structure will help ensure that physicians have a leadership role in OHTs.

The OMA is available to support members involved with OHT governance with draft agreements and governance structures.

OHTs will require new legal contracts.

New legal contracts required within the OHT structure will include a governance agreement or bylaws to govern the group members and an overarching agreement between the OHT and the Ministry of Health/Ontario Health. Members of the OHT may also need additional agreements to define accountability and funding relationships, or to explain how care will be provided or coordinated. The additional agreements an OHT requires will depend on which governance structure it chooses to adopt.

The OMA can offer guidance and advice for members involved in developing OHT contracts.

OMA Resources and Supports for Members

Information About OHTs

- OHT FAQs
- Interactive map of groups in the OHT development process

Support for OHT Development

- Help identifying potential patient populations
- Governance models and templates
- Legal support and contract review
- Physician outreach communication channels

Visit our OHT web page:



www.oma.org/oht

Contact us:



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Talk to your Regional Manager:



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