

Ontario Health Teams

Moving forward with Integration in Ontario



Ontario Medical Association Town Hall

James Wright

Dara Laxer

Sarah Hutchison

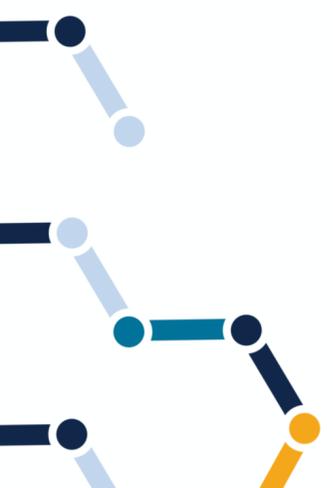
April 23/24, 2019

Setting the Context

- PC government focus on reducing wait times and ending hallway medicine with Premier's Council on Ending Hallway Medicine
- Budget deficit driving reduction in government expenditure
- Need for more integrated care

Influencers:

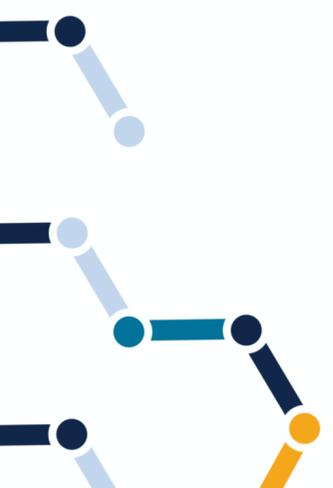
- HealthLinks
- Bundled Care
- International trend to integrated care



Bill 74: The People's Healthcare Act

Introduced February 26, 2019 and passed April 19, 2019

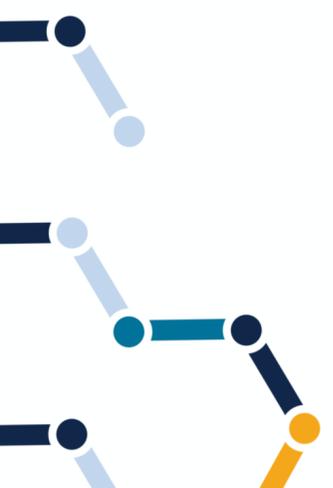
- Centralization of multiple agencies to be called Ontario Health
- Introduces Integrated Care Delivery Systems (ICDSs), also known as Ontario Health Teams (OHTs)



Ontario Health

Subsumes existing government agencies:

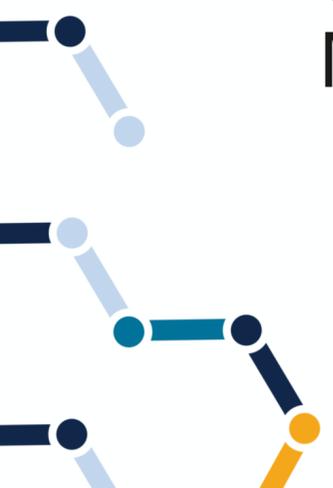
- 14 LHINs
- HQO
- CCO
- Trillium Gift of Life
- eHealth Ontario
- HealthForceOntario Marketing and Recruitment Agency
- Health Shared Services Ontario



Goals of Ontario Health Teams (OHTs)

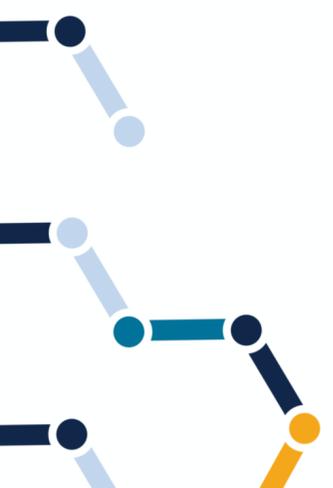
And what they are not

- Goal: fully integrate care across the continuum of care to deliver more coordinated, better, faster care at a lower cost with plan to encompass province over few years
- Innovative delivery models enabling a high degree of clinical integration supported digitally, with common goals to support population health outcomes, based on quadruple aim (quality, experience, efficiency, providers)
- Patient is at the centre with virtual care and access to information
- OHTs are NOT a replacement for FHTs or other existing primary care models
- OHTs are NOT a new payment model for physicians; PSA remains
- OHTs will include component of risk/gain sharing: unclear what this means for MDs



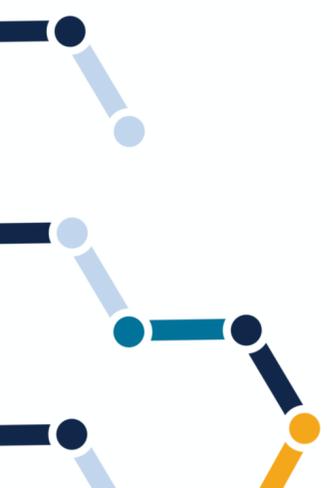
Experience in Other Jurisdictions

- US: Accountable Care Organizations
- UK: Integrated Care Systems
- Evidence: better quality with reduced cost
 - **Physician-led,**
 - **Voluntary**
 - **Centred around primary care**



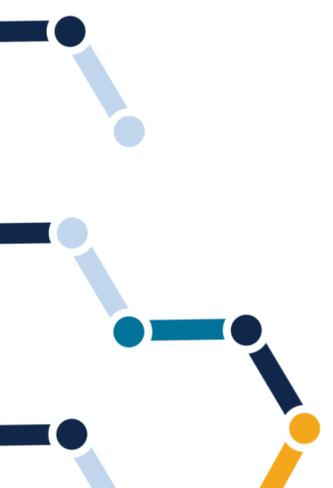
Accountable Care Organizations (ACOs) in the US

- Capitated population
- Continuum of care
- Risk adjusted payment
- Risk/Gain Sharing
- Integrated Information Systems
- Mixed outcomes and takes time to plan, integrate, evaluate
- Startup costs ~\$1-2M



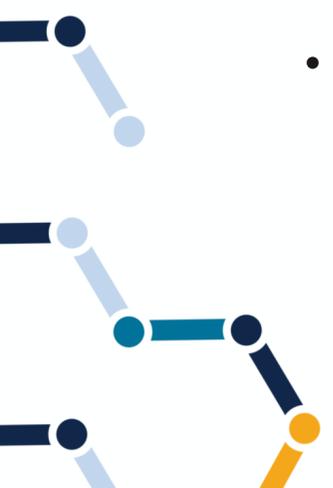
The Benefits of Integration

- Physicians and patients want integration
- Will allow doctors to spend time giving care (and make them more efficient)
- Many interested and prepared groups already
- Primary Care is (the) key!
- Brings 'bureaucracy' to the level of patient care
- Concern: 'leakage'



Expression of Interest (EOI)

- Released on April 4th
- VOLUNTARY
- ‘Not pilot project’
- Path to maturity i.e. OHT
- Minimum of 3 care domains/services (Primary Care, Acute Care, and Community Care) in specific geographical area with goal to fully integrate care, including integrated information system (IIS)
 - **Self-Assessing Readiness:** Interested groups of providers and organizations assess their readiness and begin working to meet key readiness criteria for implementation.
 - **Validating Provider Readiness:** Based on Self-Assessments, groups of providers are identified as being *In Discovery* or *In Development* stages of readiness.
 - **Becoming an Ontario Health Team *Candidate*:** Groups of providers that demonstrate, through an invitational, full application, that they meet key readiness criteria are selected to begin implementation of the Ontario Health Team model.
 - **Becoming a Designated Ontario Health Team:** Ontario Health Teams Candidates that are ready to receive an integrated funding envelope and enter into an Ontario Health Team accountability agreement with the funder can be designated as an Ontario Health Team



EOI Domains

Domains are areas that must be captured in applicants' EOIs.

- Patient Care and Experience
 - Patient Partnership and Community Engagement
 - Defined Patient Population
 - In Scope Services
 - Leadership, Accountability, and Governance
 - Performance Measurement, Quality Improvement, and Continuous Learning
 - Funding and Incentive Structure
 - Digital/Virtual Health
- Details in Appendix A in Guidance Document, can be found at:
http://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf

Important Dates

OHT Applicants

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	June 3, 2019
Deadline to submit full applications	July 12, 2019
Announce Ontario Health Teams	Fall 2019
The ministry will continue to accept, assess and evaluate groups interested in becoming an Ontario Health Team	Future deadlines will be announced

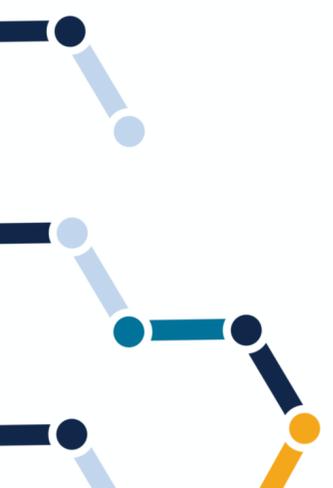
What is happening now?

- Much Interest:
 - ✓ Excitement and some apprehension
 - ✓ Send questions to OMA_OHT@oma.org
 - ✓ OMA meeting regularly with MOHLTC to seek clarity
- Expectation of legislative change to enable OHT advancement
 - ✓ OMA has been advocating for a new framework
- OMA Qs and As
 - ✓ Member focused: unique considerations and advice
 - ✓ Document is being updated regularly
- Communications
 - ✓ Tele-town halls as relevant information becomes available

The Role of the OMA

Goal: help members through these changes AND influence government to drive positive changes

- Inform primary care led governance models
- Inform physicians on contracting considerations
- Inform performance measurement, management, and quality improvement
- Advise on risk adjusted payments (not immediate)
- Ensure physicians have access to support and change management

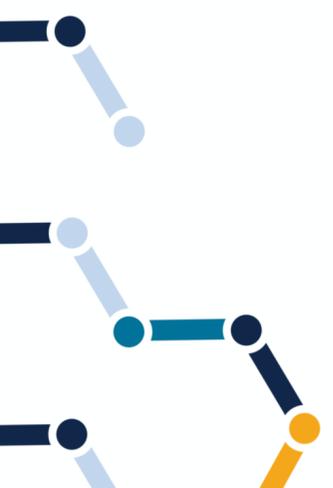


How will the OMA support members?

- Support in identifying potential patient catchment populations and approximate budgets
- Legal support to develop governance models and/or provide advice on contracts with clear accountabilities
- Advice on appropriate governance models
- Advice on patient/public engagement
- Guidance in determining risk adjustment payments
- Assistance in linking important potential partners
- Regional manager support
- Application review and feedback
- Digital health service delivery advice through OntarioMD to facilitate integrated information systems and virtual care including privacy issues
- Peer Leaders and Practice Advisors to support practice readiness (via OntarioMD)

Next Steps

- Seek information from government
- Update Qs and As
- Ongoing communications to members
- Collaborate with other physician groups including SGFP and OCFP, together with AFHTO to develop physician-led model with primary care at the core
- Continue to engage with and inform other involved stakeholders, such as OHA, RNAO, Alliance for Healthier Communities



Questions?

