**Subject**: Niagara Ontario Health Team – Full Application

Report to: Public Health and Social Services Committee

Report date: Tuesday, September 10, 2019

### Recommendations

That Council **ENDORSE** Niagara Region's participation in the Niagara Ontario Health Team Full Application submission and support Niagara Region as a member of the Niagara Ontario Health Team (NOHT).

## **Key Facts**

- Many health and service providers (see Appendix 1) across Niagara collaborated to submit an Ontario Health Team Readiness Assessment in response to the Ministry of Health's invitation for submission.
- The Ministry of Health received 157 submissions from across the province and the Niagara Ontario Health Team submission was one of 31 teams invited to submit a Full Application.
- The Niagara Ontario Health Team, as required, has identified a target population for year 1 (patients with complex needs) and is completing a Full Application focused on meeting year 1 targets and establishing a high-level vision for future state.
- The Full Application submission requires Board Chair level approval of each participating organization by the submission deadline of October 9, 2019.

### **Financial Considerations**

Current Ministry of Health (Ministry) health care restructuring includes the introduction of Ontario Health Teams and the elimination of the Local Health Integration Networks (LHINs). Niagara Region services currently funded through the LHIN, including community programs, mental health, community paramedicine and long-term care, will continue to be funded as per established Multi-Sector Accountability Agreements (MSAA's) and Long-Term Care Accountability Agreements (LSAA's) until Ontario Health Teams are approved and have moved through a number of developmental stages to maturity. It is proposed that at maturity all providers that are part of an Ontario Health Team will be funded through an integrated funding envelope issued by Ontario Health (the Super Agency) to Ontario Health Teams.

# **Analysis**

The Ministry invited health and service providers across the province to participate in the modernization of the full continuum of health care services with a goal of building an integrated public health care system centered around patients, beginning with a readiness assessment.

A group of 35 partners across Niagara collaborated to submit an Ontario Health Team Readiness Assessment to the Ministry of Health. Through this process the team collectively assessed its ability to meet the minimum readiness criteria to become an Ontario Health Team.

The Ministry of Health received a total of 157 submissions. Submissions were evaluated by the Ministry and moved on to one of three categories defined as follows:

*In Discovery*: These are health care providers who have demonstrated support for the model and willingness to participate in the transformation.

*In Development*: These are teams with participants who represent a continuum of care, and who have demonstrated a commitment to the OHT model and a strong degree of readiness to implement.

Full Application: These are teams that have participants across a continuum of care. They are highly aligned with the OHT model, have a very strong level of readiness, and are ready to complete the full application.

Of the 157 submissions 31 teams have been invited to submit a *Full Application* and 43 have been identified as *In Development*. The remaining 83 have been identified as *In Discovery*. The Niagara Ontario Health Team applicant group was invited to submit a Full Application and noted to be an early adopter in terms of modernization.

The partners in Niagara have pursued a collaborative approach and determined that they are committed to completing the Full Application. The Full Application builds off of the Self-Assessment and is aligned with the eight components of the Ontario Health Team Model<sup>1</sup>. Through the Full Application, the team is required to outline a plan to meet the year 1 expectations with evidence to support why the plan is attainable (past partnerships / integration successes, past outcomes). The team is also required to map out a broader "plan to plan" that speaks to the process that will be used to develop the overall vision for the future of health and services in Niagara.

<sup>&</sup>lt;sup>1</sup> Eight Components of Ontario Health Team Model: 1. Patient / Resident Care and Experience, 2. Patient / Resident Partnership and Community Engagement, 3. Defined Patient Population, 4. In-Scope Services, 5. Leadership, Accountability and Governance, 6. Performance Measurement, Quality Improvement and Continuous Learning, 7. Funding and Incentive Structure, 8. Digital Health

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The Full Application consists of seven sections and two appendices as follows:

- **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.

As part of the readiness assessment the Niagara team was required to identify a year 1 target population. The year 1 target population that the Niagara team identified are patients with complex needs including but not limited to (total population number in parentheses):

- Patients living with 4+ chronic conditions (29,960)
- Top 5% cohort (i.e. the highest users of the health care system) (4,698)
- Clinical/cognitive assessment (e.g. unstable conditions, declining health, Social Determinants of Health).

Health and service providers across Niagara have been focused on this priority population over the past few years through a HealthLinks<sup>2</sup> model. Through year 1 of the Niagara Ontario Health Team, work plans will build on prior experience in coordinated/integrated care, including using bundling care/funding models, shared digital technologies and Coordinated Care Plans<sup>3</sup> to support a truly integrated care experience for patients, families and caregivers.

The Ministry has outlined the year 1 expectations that the Ontario Health Teams will be striving to meet for the target population. The expectations are as follows:

- Care has been re-designed for year 1 patients
- Improved performance against access, transition, coordination of care, and integration targets determined in consultation with the Ministry
- Every year 1 patient who received care across multiple providers or settings experienced coordinated care; zero cold handoffs

<sup>&</sup>lt;sup>2</sup> HealthLinks – a "wrap around" model of patient care that provides a coordinated, interprofessional team of health service providers, based on patient needs and assigns a patient lead coordinator to ensure seamless, system navigation. HealthLinks is being used to support Coordinated Care Plans for patients with complex needs to increase access to integrated quality services, provide meaningful patient input into their care plan and ensure on-going care coordination among partners providing health and community service supports.

<sup>&</sup>lt;sup>3</sup> Coordinated Care Plans (CCP) – a patient-specific care plan that documents patient goals, action and agencies involved in their care. It is a fluid and dynamic document used to enhance ongoing communication (patient and service provider) to provide optimal care, guide the care planning process and is intended to evolve as the patient's goals and activities change.

- Any year 1 patient can access 24/7 coordination and system navigation services from their Ontario Health Team (e.g. someone with access to their health information who can help with system navigation, when something goes wrong with their care, or when they have a complaint)
- The majority of year 1 patients who received a self-management plan and/or access to health literacy supports understood that plan, as appropriate, and/or used those supports
- Ten to fifteen percent of year 1 patients who received care from the Ontario Health Team digitally accessed their health information
- Expanded virtual care offerings from baseline, and 2 to 5% of year 1 patients who received care from the Ontario Health Team had a virtual encounter in year 1
- Information about Ontario Health Team's service offerings is readily available and accessible to the public (e.g., through a website).

The team will continue in the collaborative effort to complete the Full Application. Each organization who is a member of the Ontario Health Team will be required to provide Board Chair equivalent level sign off on the final submission.

The full application has a submission deadline of October 9, 2019 and will require Regional Chair sign-off.

## Next Steps

Full application submissions will be evaluated by third-party reviewers and the Ministry according to standard criteria that reflect the readiness and ability of teams to successfully implement the model and year 1 expectations for Ontario Health Team Candidates.

Following evaluation of the Full Application there are two possible outcomes. Teams will either be

- 1. Invited to move to the final stage of evaluation or;
- 2. Continue to work towards readiness as a team *In Development*.

Those teams evaluated as most ready to move to the final stage of evaluation may also be invited to participate in community visits, which will then further inform the final selection of the first cohort of Ontario Health Team Candidates.

### **Alternatives Reviewed**

N/A

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# **Relationship to Council Strategic Priorities**

N/A

## **Other Pertinent Reports**

COM-C 1-2019 Ministry of Health and Long-Term Care Announcement: 'New Plan

for Health Care Reform'

COM 21-2019 Ontario Health Teams

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# **Appendices**

Appendix 1 Niagara Ontario Health Team Partners and Associated Partners

#### **Committed Partners**

Alzheimer Society of Niagara Region ARID Recovery Homes

Benevolent Society "Heidehof" for the Care of the Aged

Bridges Community Health Centre Brock University – Faculty of Health Sciences Canadian Mental Health Association, Niagara

Community Addiction Services of Niagara (CASON)

Community Support Services of Niagara Consumer/Survivor Initiative of Niagara Contact Niagara for Children's and Developmental Services

Foyer Richelieu

Gateway Residential and Community Support Services of Niagara Inc.

Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) Hospice Niagara

Hotel Dieu Shaver Health and Rehabilitation Centre (HDS)

McMaster University - Niagara Regional Campus - Michael G. DeGroote School of Medicine

Niagara College – Faculty of Community & Health Studies

Niagara Emergency Medical Services
Niagara Falls Community Health Centre
Niagara Health (Douglas Memorial site,
Greater Niagara General site, Port Colborne
site, St. Catharines site, Welland site) and its
partner St. Joseph's Health System
Niagara Ina Grafton Gage Village
Niagara Region -

Public Health & Emergency Services

- Emergency Medical Services
- Public Health
- Mental Health Services

Community Services

 Seniors Services (Long-Term Care and Community Programs)

Oak Centre

Pathstone Mental Health

Positive Living Niagara

Quest Community Health Centre

Radiant Care - Pleasant Manor/Tabor Manor

United Mennonite Home

#### **Associated Partners**

Associated Partners include any organization that has agreed to be listed on the submission without a formal commitment (at this time), with many contributing to the Self Assessment Form. Associated Members have expressed interest to continue to work with the Niagara-OHT through the Full Application process and implementation and/or continued service partnerships, community support and/or advocacy. Niagara-OHT has agreed to maintain an 'open-door' for new, existing and associated partners.

Entité<sup>2</sup> de planification des services de santé en français - French Language Health Planning Entity

Niagara Medical Group Family Health Team Niagara North Family Health Team Portage Medical Family Health Team Wayside Niagara

Welland McMaster Family Health Team