# Ontario Health Teams and the Hills of Headwaters Collaborative

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September 18<sup>th</sup> 2019 Boardroom

## Objectives

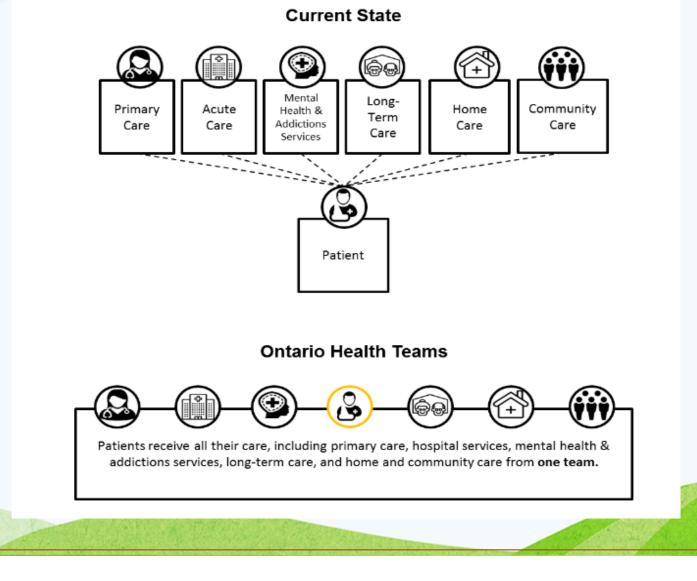
- Level set and share information on the development of Ontario Health Teams and the work of the Hills of Headwaters Collaborative and OHT
- Create a space that will support an ongoing dialogue that will connect health and social care and advance awareness and courses of action to equity
- Discuss how this group would like to stay connected and supported



# **Ontario Health Teams**

- Check-in
- Vision
- Proposed redesign
- Key Milestones

# Proposed Ontario Health Team System Redesign



# **Key Milestones and Deliverables**

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	Early July 2019
Deadline to submit full applications	October 2019
Announce Ontario Health Team candidates	Fall 2019
Deadline for Second Round of self- assessments	Fall 2019

Update on process:

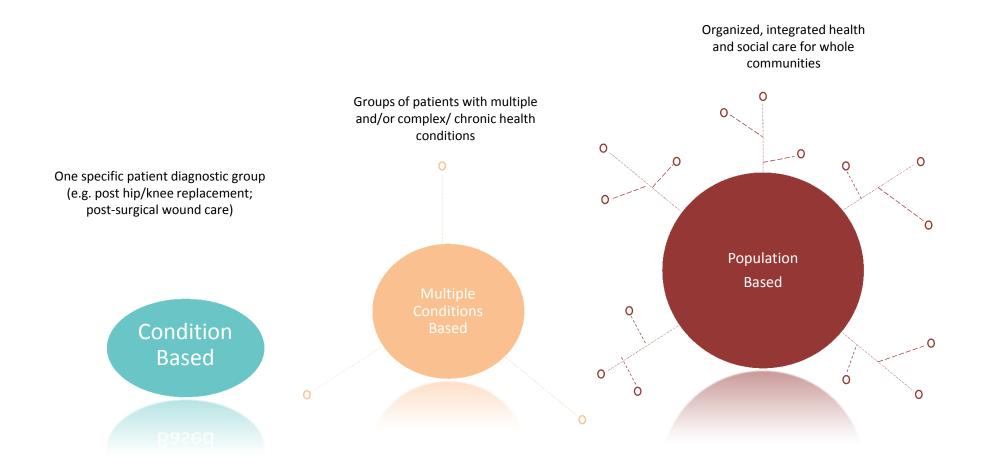
- Confirmed attributable population
- Investor Forum initiatives scheduled
- Writing process is approaching 85% complete



# Hills of Headwaters Collaborative Level Setting

- Integrated Health Systems
- Roadmap
- Priorities
- Principles by which we work

#### Integrated Health Systems Condition based to Population based focus



# Why This is Critical

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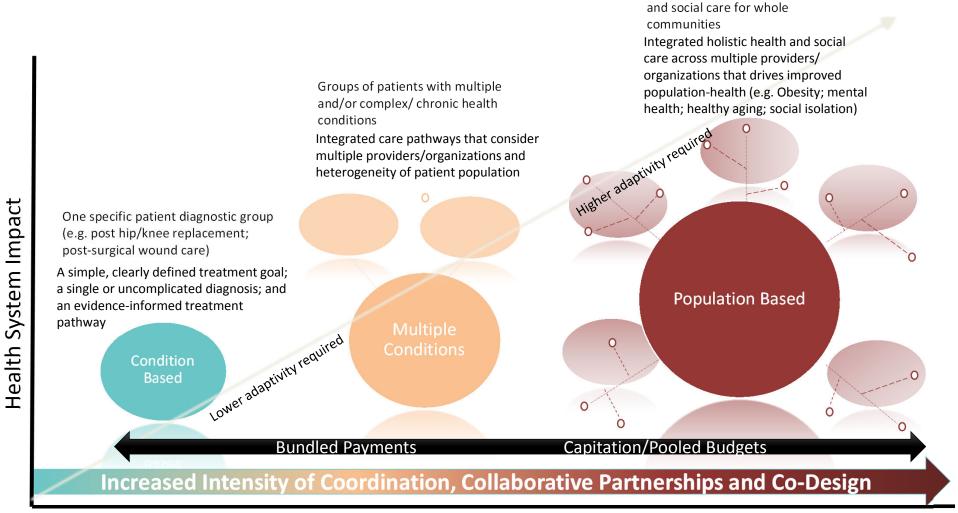
Nothing is as fast as the speed of trust. Nothing is as fulfilling as a relationship of trust. Nothing is as inspiring as an offering of trust. Nothing is as profitable as the economics of trust. Nothing has more influence than a reputation of trust.

— Stephen Covey —



#### Integrated Health Systems

#### Transition from condition based to population based care

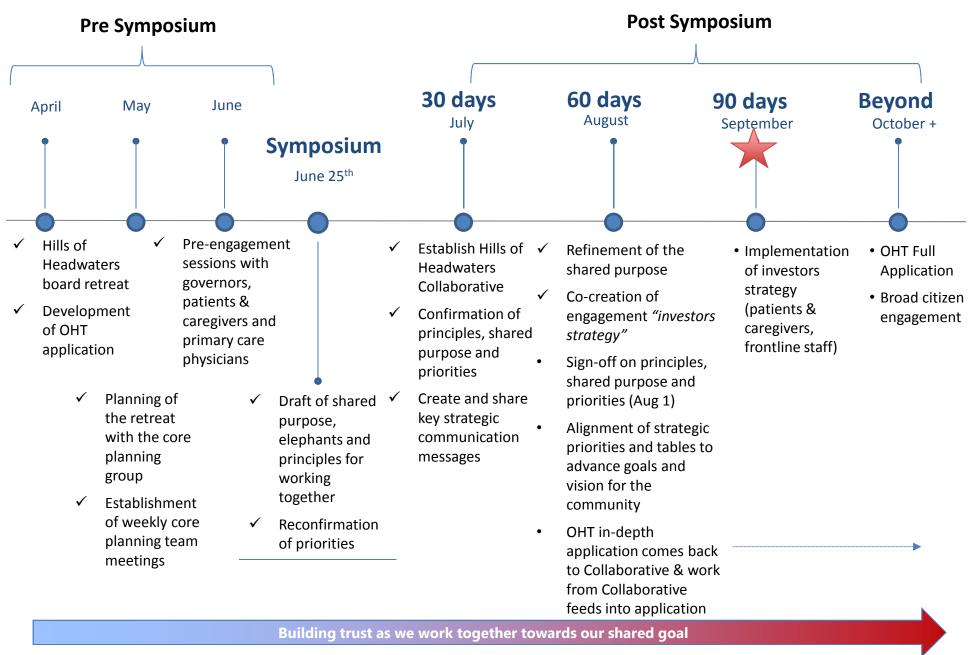


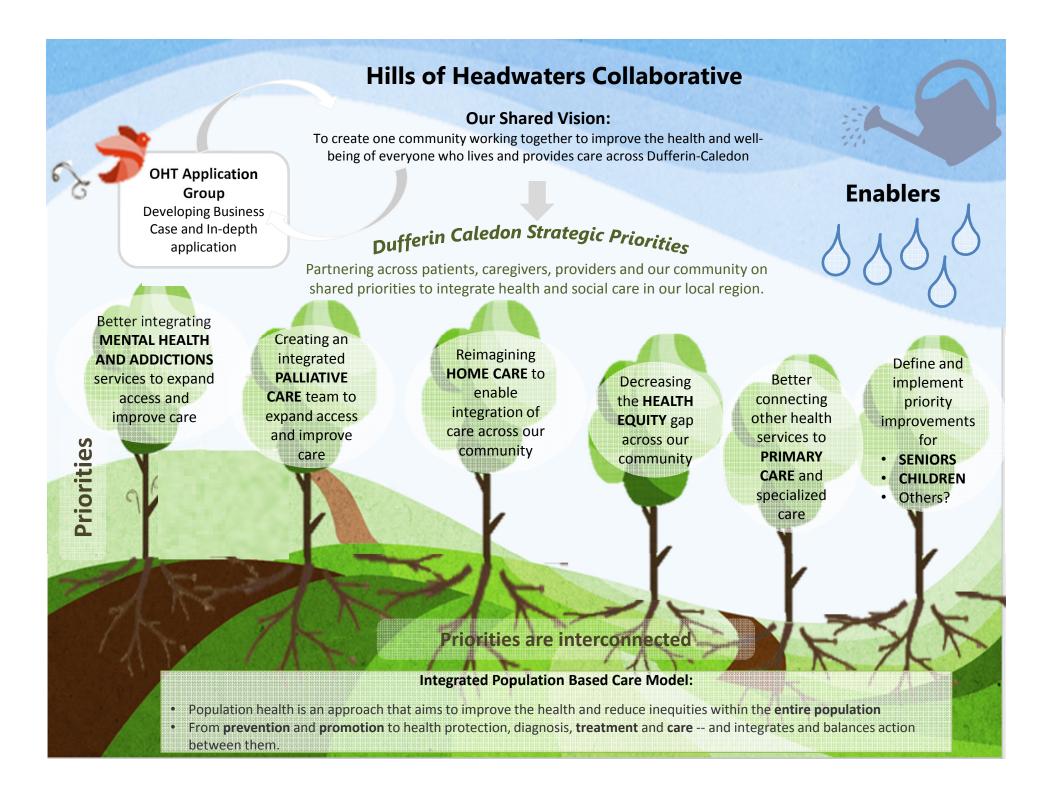
IMPACT

Organized, integrated health

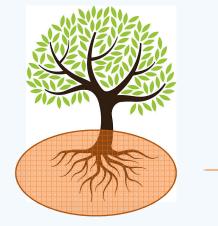
Degree of Complexity

# **Evolving Roadmap**





## Enablers expanded: Roots that support the OHT canopy



- Patients and Caregivers are part of planning and implementation
- Collaboration across partners
- Digital health and shared information
- Long standing partnerships and relationships
- Continued emphasis on trust
- Open and transparent communication to all

#### Principles by which we work together

As members of the Hills of Headwaters Collaborative we commit to the following principles for our work together, with recognition that these principles are foundational and will evolve over time. We will:

- Work side-by-side as patients, families, caregivers, providers, physicians, and community members in codesigning the future of local health care in Dufferin-Caledon, focused on what matters most to our local citizens
- Shared and consensus based leadership across social care, providers and patients and caregivers to achieve our shared vision to create one community working together to improve the health and well-being of everyone who lives and works in Dufferin-Caledon
- Value the contributions of each of us by listening and seeking to understand our different viewpoints, and being respectful when we disagree
- **Be open, honest and transparent in our work together**, recognizing that it takes time to build trust and create safe spaces to work through the challenges that lie ahead
- We (providers, patients & caregivers) are responsible to each other, to share our resources willingly, advancing system integration and to be transparent with our community
- Recognize the strength that exists in all of us and use our diverse and inclusive voices
- Support each other to take risks, look for creative solutions while being courageous, knowing that some of the solutions to improving health care will require disruption and changes in how people work. When we recommend or make changes, we will be sensitive to and support those who are impacted.

#### **Investor Strategy**

FOUNDATION

THE CHANGE

## Specific customized plans to be developed for each stream



Two-Way Engagement (working collaboratively and transparently) :

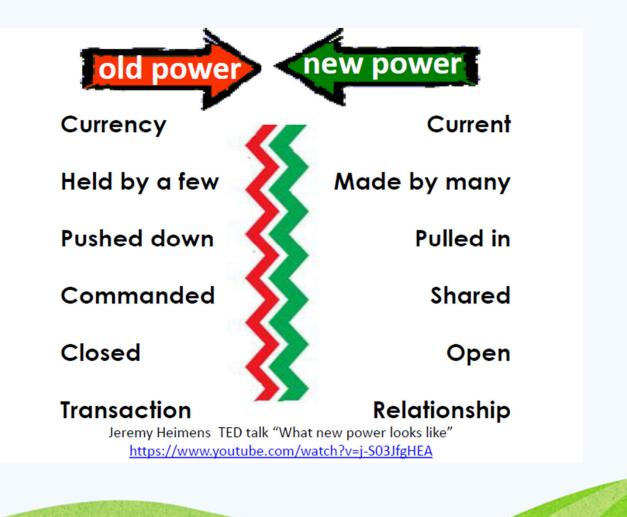
- Provide updates on progress (via zoom, in-person, email)
- Collect feedback and use to inform and shape planning and implementation

# Leadership

"Sept 7,2019: Many change initiatives go wrong before they even start because they're based on a flawed assumption: that there's a significant shared common interest amongst the people/parties involved in the change. Context, history, power & shared purpose really matter."

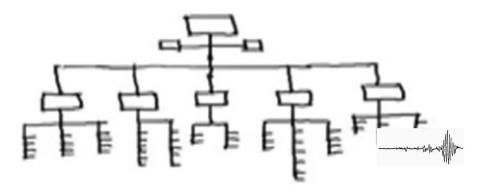
g @helenbevan

#### New Power vs. Old Power





#### Hills of Headwaters Collaborative: Emerging Organizational Design





## Designed for CONNECTIONS

fansactional



# **Questions?**





# Appendix Further background and context

# The vision for Ontario Health Teams

A system where health care providers partner to coordinate and deliver care.

- $\triangleright$ 'Ontario Health Teams' (OHT) are a new model of integrated care, where a group of providers (e.g. hospitals, home care, primary care, mental health and others) are held clinically and fiscally accountable for delivering a coordinated continuum of care to a defined population or patient segment.
- As part of an OHT, patients will receive seamless and coordinated care no matter where they are located or what their  $\triangleright$ health needs are. OHTs will ensure patients have a single team of providers for all their care needs and will not experience gaps in service.

At maturity, OHTs across the province would include the following key components:



Cares for a defined patient population / geography



capacity for highquality care

Comprehensive continuum of care, including all care settings

Single budget, modeled to promote population health, integration and access



Defined performance model that allows for risk and gain sharing; performance publicly reported

Virtual care in place that gives patients digital choices such as video visits and digital access to patient health records



Communication and information-sharing (e.g. shared patient records among all care providers and patients)

Patients will have a single point of contact, who will help them navigate the system



#### Resources

IFIC Canada- Integrated Care Virtual Community

IFIC Canada is a hub for building capacity and accelerating integrated care. It is open to anyone with an interest in integrated care, including patients and caregivers and is the first of its kind in North America.

A central component of IFIC Canada, is the *Integrated Care Virtual Community.* This emergent network connects the virtual community to local and global experts, through webinars, video conferences, interviews, international knowledge exchanges and online resources

- Interested in watching the past sessions...?
  - Global Tour on Integrated Care-May 2019
  - The Importance of Co-Design in Realizing the Potential of Integrated Care-July 2019