Ministry of Health

Ontario Health Teams

Defining the Ontario Health Team Population

Ministry of Health

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Welcoming Remarks

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Ministry of Health

Today's Webinar

1. Status update on the Ontario Health Team Readiness Assessment process
2. Multispecialty Physician Networks
3. Application of the ICES Networks to the Ontario Health Team Model
4. Qs and As

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1. Status Update

Recall: Ontario Health Teams Readiness Assessment

- Ontario Health Teams will provide a full and coordinated continuum of care to a defined population of Ontario residents, and will be accountable for the health outcomes and health care costs of that population.
- Groups of healthcare providers and organizations can become Ontario Health Teams through the Readiness Assessment process. The process is standardized and will be repeated until full provincial scale is achieved.
- The Readiness Assessment process consists of several stages and is intended to evaluate readiness against the criteria set out in the Guidance Document.

- The process helps identify how ready a team is to implement the model. There are different stages of readiness, ranging from

In Discovery → In Development → Ontario Health Team Candidate

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Current Status

- To onboard interested groups of providers and organizations, the first readiness assessment process was launched on April 3, 2019.

- More than 150 Self-Assessment submissions were received. Submissions reflected broad geographic coverage and sector representation.

- The Ministry has completed its review of Self-Assessment submissions.

- Submissions were reviewed according to a standardized evaluation approach that was vetted and endorsed by a panel of third-party experts. Key design features included:
  - ✓ Standard criteria for each model component:
    - ✓ *Readiness, Alignment, Overall Clarity and Coherence*
  - ✓ Standard scoring rubric
  - ✓ Multiple raters
  - ✓ Competency-based review
  - ✓ Minimization of scoring bias through randomization and interrater agreement
  - ✓ Population lens

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Current Status cont'd

All providers/teams have been notified of the results of the Self-Assessment review:

- 31 teams have been invited to complete a Full Application
- 41 teams are In Development and working towards Full Application
- 9 teams are considered Innovative Models
- Remaining providers/teams are In Discovery

Teams that have been invited to Full Application have been provided with

- A ministry point of contact – your 'one-window' liaison for access to supports, key communications, and questions
    - Your ministry point of contact can help direct you to available resources, find answers to technical questions, and keep you apprised of upcoming events and newly released supports
- Your preliminary data package based on your attributed population
- Access to RISE and the OHT community of practice

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2. Multispecialty Physician Networks

Multispecialty Physician Networks: Improved Quality and Accountability - The "Health Care Neighbourhood"

Thérèse A. Stukel, Rick Glazier, Sue Schultz, Jun Guan
Institute for Clinical Evaluative Sciences
Toronto

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ICES Institute for Clinical Evaluative Sciences

Multispecialty Physician Networks: Conceptual Framework

- Provides most appropriate locus of shared accountability & performance measurement (Goldilocks problem):
  - Regions (too big)
  - Individual providers (too small)
  - Primary Care (PC) groups (do not include specialists, hospitals)
  - Multispecialty provider networks (just right)
- Alignment of hospitals, specialists, PC physicians and other providers to promote local input and planning, integration, shared accountability
- Platform for Accountable Care Organizations (ACO) – system of care that collectively serves large panel of patients, can be held accountable for quality, performance measurement, ability to implement system quality improvement

"Revealing" Ontario Virtual Physician Networks ("Self-Organizing Systems")

- Create / reveal virtual multispecialty physician networks using health administrative data
- Based on existing patient flow to physicians and hospitals where their patients are admitted
- Consist of defined patient populations including 500+ chronic disease patients per network
- New organizational unit for improving quality
- Determine structural characteristics, physician specialty and PC team mix, chronic disease strategies of high efficiency networks

Creating Linkages Across Sectors

- Ontario residents linked to a UPC (usual provider of care) based hierarchically on:

  i. enrollment with a PC physician (71%)

  ii. use of core PC services (but not enrolled with a PC physician) (27%)

  iii. use of other physician services over 3 years (2%).

- Specialists with inpatient work linked with the acute care hospital where they provided the most inpatient services

- Specialists with no inpatient work and all PC physicians were linked with the acute care hospital where most of their ambulatory patient panel was admitted for non-maternal, medical admissions

- Patients linked with hospital of their UPC physician

Ontario Physician Networks: Why This Works

- Patient care is tightly concentrated within local providers
- Specialists tightly affiliated with hospitals, i.e. work predominantly in one hospital
- PC physicians tend to refer to the same specialists who work in the hospitals where their patients are admitted

Networks – Principal Conceptual Ideas

Follow the patient

- Patients cross geographic boundaries to seek care
- Organize teams around patient travel

Loyalty

- Network loyalty > geographic loyalty
- Using patient flow to create teams increases loyalty

Accountability

- Who are you accountable for?
- Patients in your network, most of whom seek care from your team's providers, or patients in your geography, half of whom seek care from providers outside the geography in urban areas?

Quality measures

- Calculated on the population you are accountable for

Networks – Principal Conceptual Ideas (2)

- Networks are built around established relationships between providers, patients and other providers
    - Starting point for shared accountability, integration, planning, implementation
- Ontario patients are free to seek care where they like

3. Application of the ICES Networks to the Ontario Health Team Model

Defining Patient Populations

"Large multispecialty physician group practices, **with a central role for primary care practitioners, have been shown to achieve high-quality, low-cost care for patients with chronic disease**.

…We assessed the extent to which informal multispecialty physician networks in Ontario could be identified by using health administrative data to exploit natural linkages among patients, physicians, and hospitals based on existing patient flow.

…**Large multispecialty physician networks may be the most practical level for targeting reforms for integration of care, since providers are already connected by virtue of caring for the same patients."**

Stukel et al., 2013

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Population Health

"Ontario Health Teams (OHTs) are groups of providers and organizations that, at maturity, will be held clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined population."

- As a population health model, successful OHT implementation requires that both the Ministry and providers have the ability to track:
    - The health…
        - The health care experiences, and…
            - The health care utilization and spending...
                - For a population across the continuum of care and beyond traditional sector boundaries
- The first step in this transformation is to identify the population for which an OHT will be held accountable

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Why Leverage the Multispecialty Physician Network Approach

- Current patient-provider relationships are respected
- Approach does not lock patients to particular care providers (patient choice is not limited)
- Networks are sufficiently sized that they can be held accountable for quality and spending (i.e., networks have sufficient patients to measure performance and outcomes)
- Patient care is tightly concentrated within local providers
- Specialists are tightly affiliated with hospitals
- Primary care physicians tend to refer to the same specialists who work in the hospitals where their patients are admitted

Sources: Stukel et al., 2013 & Multispecialty Physician Networks: Improved Quality and Accountability - The "Health Care Neighbourhood", Presentation by Thérèse A. Stukel, Rick Glazier, Sue Schultz, Jun Guan

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How the Approach Will be Used

- Inform partnerships and collaboration among providers based on current health care utilization patterns
  - Teams may find that the data either confirms proposed provider partners, or they may look to align with different providers after reviewing the data
  - Some teams that submitted separate self-assessments, may decide to come together to submit a future Full Application as one team

- Attribute (assign) patients to OHTs for the purposes of monitoring quality indicators and health care spending
  - Data may not align with historical calculations of performance indicators, as they are no longer calculated based on an individual organization's performance.
  - Indicators have been calculated to reflect the health and health care utilization of the patient population that has been attributed to prospective OHTs

- Identify linkages and partnerships with non-physician health service providers
  - Although networks are not geographically based, maps that illustrate natural linkages between providers will help inform potential provider partnerships.

Discussions with OHT applicants and ongoing collaboration with providers and ICES will inform refinement of the patient attribution approach

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4. Questions and Next Steps

Next Steps:

- **August 19 – 30, 2019:**
  Release of Full Data Packages & Review With Full Applicants

  - Calls with teams proceeding to full application to provide a walkthrough of the data package

  - Proposed partnerships will be discussed with consideration to the organic networks revealed through ICES analytics

- **September 2019:**
  Release of Full Data Package & Review With In-Development OHTs

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Calendar of Upcoming Regional Sessions

August

Monday	Tuesday	Wednesday	Thursday	Friday
			1	**2**
HOLIDAY	**6**	**7**	**8**	**9**
12	**13**	**14** .	**15**	**16** **RISE Regional Session** **City:** Toronto **Time:** 8:30 – 1:30 p.m.
19 **RISE Regional Session** **City:** Sudbury **Time:** 9:30 – 2:30 p.m.	**20** **RISE Regional Session** **City:** North York **Time:** 8:30 – 1:30 p.m.	**21** **RISE Regional Session** **City:** London Time: 9:30 – 2:30 p.m.	**22** **RISE Regional Session** **City:** Hamilton **Time:** 12:30 – 5:30 p.m.	**23**
26	**27**	**28** **RISE Regional Session** **City:** Ottawa **Time:** 8:30 – 1:30 p.m.	**29**	**30**

Connected Care Landing Page: http://health.gov.on.ca/en/pro/programs/connectedcare/oht/

Rise Home Page: https://www.mcmasterforum.org/rise

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Questions?