

Good Governance Practice to Support System Transformation

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Presented By

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Overview

- Importance of a System Perspective
- Requirements for OHT Year One and at Maturity
- Consideration for Year One Governance
- Role of the Board in OHT formation

Importance of Good Governance & a Health System Approach

1. Local, voluntary, independent governance continues to be important for our health system
2. HSPs must each have good governance in place to have a successful OHT
3. HSPs have overlapping (shared) missions and must share accountability for the system; this means a mission/system perspective ahead of organizational protectionism
4. Quality, accessible, affordable health care requires a health system approach
5. Our health system will be strengthened by breaking down the silos and providing integrated care
6. Initially (and maybe at maturity) current boards and funding remain in place
7. OHT year one governance will evolve: there will be some ambiguity and “grey areas”

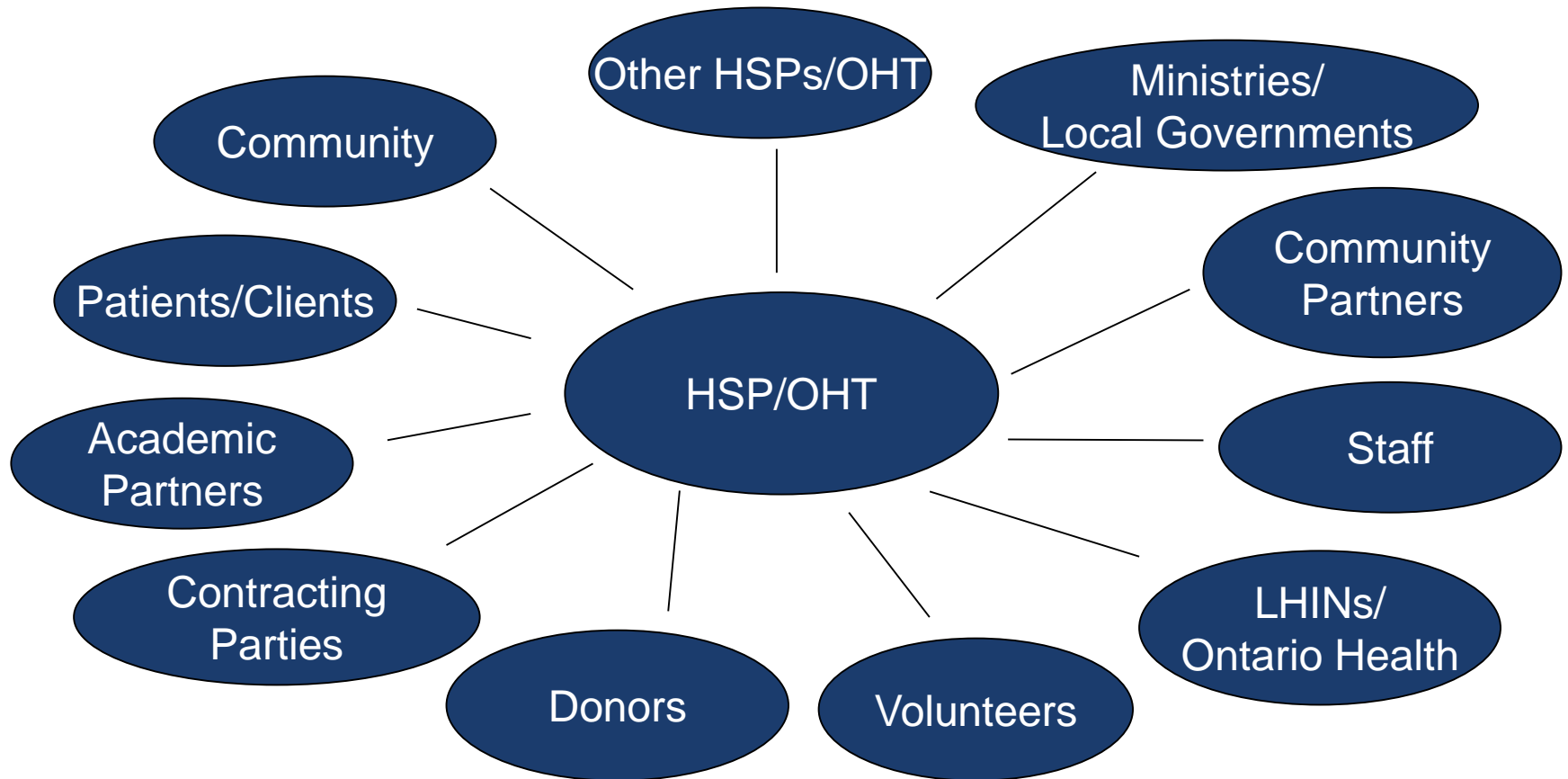
Evolving Policy Themes in Healthcare

- Governance and Accountability
- Quality
- Transparency
- Community Engagement
- Value for Money
- Health System Perspective
- Integration
- Patient/Client-Centered Approach

Boards that Add Value

Recognition of the value of local, voluntary, independent governance and perceived risk to voluntary governance and concern about potential erosion of board authority has resulted in increased focus on governance best practice for health provider boards

Accountability in the Health System



- **Mission**
- **Vision**
- **Values**
- **Accountabilities**

- **Patient/Client- centred**
- **Engagement**
- **Accountability**
- **Value for money**

Governance Best Practices Framework

Objective: Mission/Values and Accountabilities

Effective Board Performance

Board Quality

- Size
- Composition (skills/experience/qualities)
- Recruitment
- Term and Renewal
- Orientation
- Evaluation
- Education

Board Role

- Governance not Management
- Strategic Planning
- Financial Oversight
- Quality
- Risk
- CEO Supervision
- Communication and Accountability
- Governance

Board Structures and Processes

- Committees
- Leaders (Chair)
- Meeting Process
- Board Policies

Duty of HSPs & OHTs

The Agency and each health service provider and integrated care delivery system [OHT] **shall** separately and **in conjunction with each other** identify opportunities to **integrate the services of the health system to provide appropriate, co-ordinated, effective and efficient services.**

Connecting Care Act, 2019, Section 30

Elephant in the Room

What are our duties as directors of an HSP?

To whom/for what are we accountable?

To whom and for what is our HSP accountable?

What does accountability of and within an OHT look like?

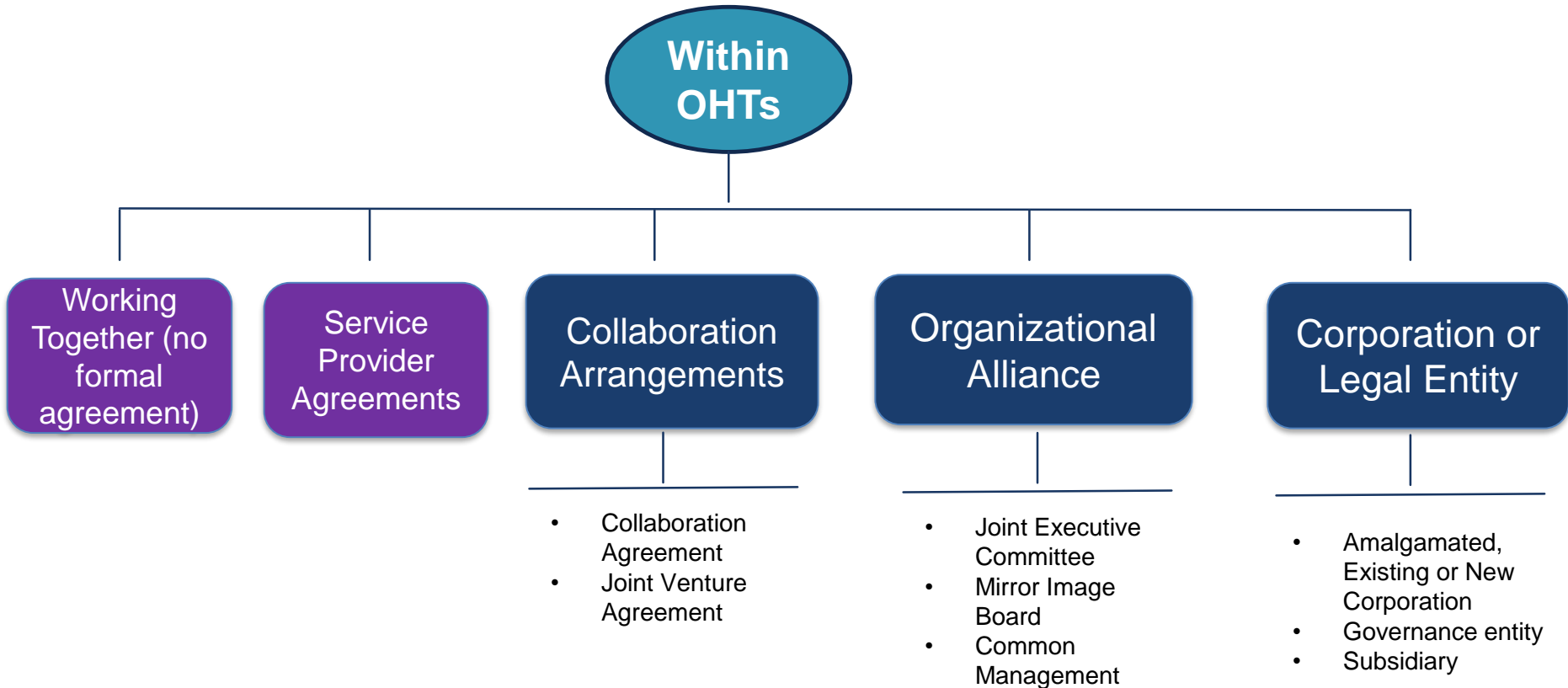
Requirements for OHT Formation

1. Must include 3+ services; preference given to **hospital, home care, community care, and primary care**
2. **Written agreement** among HSPs if more than one is involved
3. Agreement must include:
 - **decision making, conflict resolution, performance management, information sharing, and resource allocation**
4. **Patients** must be involved in the governance model (no guidance on how or what role)
5. **Physicians and clinical leaders** to be involved as part of OHT's leadership or governance structure
6. Model must enable:
 - **Central brand**
 - **Strategic plan/direction**
 - **Physician and clinical engagement**
 - **Strong financial management and controllership**
 - **Ability to work towards a single clinical and fiscal accountability framework**
 - **A plan/process to phase in the full continuum of care** and meet population need at maturity (including to add primary care if not part of initial offering of services); ability to add other providers

Forming an OHT

- OHT could be a single entity if it provides 3+ of the specified services: more likely to include more than one entity with governance /contractual relationships
- Ministry requires a contract among team members if there are 2+ participating entities
- Agreements to form an OHT will fit along a continuum of formality
- Initially and maybe at maturity team members will keep their separate legal existence: some that provide similar services may voluntarily amalgamate but no requirement to do so
- Early years may require boards and organizations to get comfortable with some level of uncertainty and ambiguity

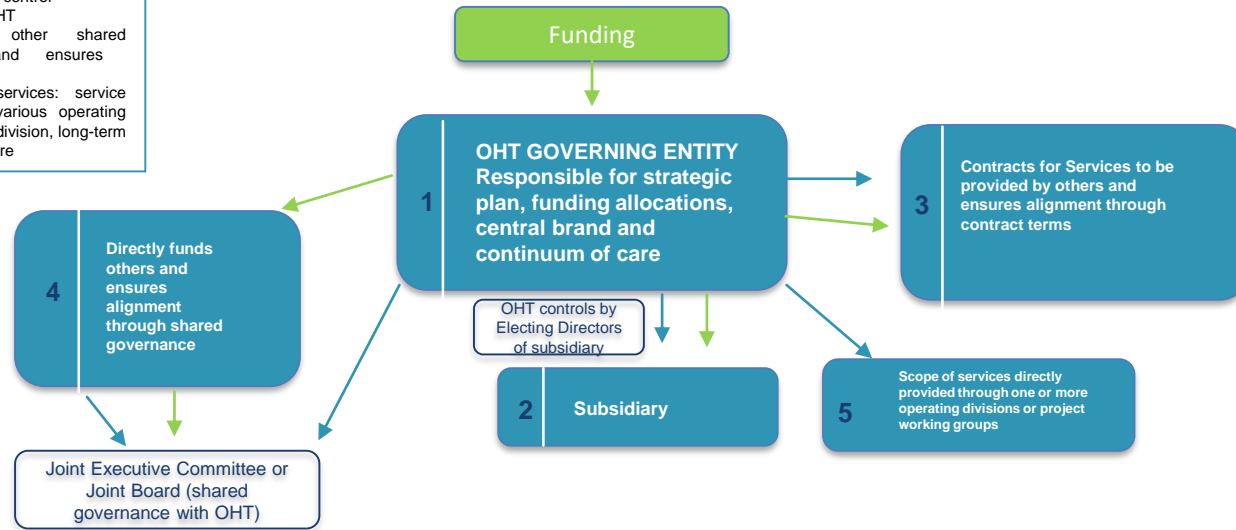
OHTs: Building Blocks



OHT Framework At Maturity: Sample Structure

1. OHT Governing Entity: directly provides services and/or fund or contracts for services delivered by others, responsible to Ontario Health for delivery of the full continuum of coordinated and integrated services: Lead Agency may act as paymaster for OHT
2. Subsidiary: OHT governance and funding control
3. Service provider contractually bound to OHT
4. Joint Executive Committee or other shared governance with OHT oversees services and ensures alignment for areas of shared services
5. OHT may also be a direct provider of services: service delivery could be structured through various operating divisions or working groups, e.g. hospital division, long-term care division and home and community care

Accountable to Ontario Health for Clinical and Fiscal Framework and Ensuring Full Continuum of Integrated and Co-ordinated Care



A FULL CONTINUUM of services are provided in a co-ordinated and integrated manner

Decision Making Framework Options in the Early Years

Non-exhaustive list:

- Joint Steering Committees or Working Groups
- Collaboration Agreements or Joint Venture Agreements
- Joint Executive Committee
- Corporation with Board of Directors and Members Agreement

Common Considerations

- Identify team members and levels of participation
- Agree on guiding principles
- Design a decision-making “table” comprised of core team members
 - Management or board or both
- Ensure a process to engage:
 - Patients/clients
 - Primary care leadership/voice
 - Other team members (and potential team members)
 - Boards
- Scope of authority to bind entities or make recommendations back to boards
- Decision making principles and dispute resolution:
 - Consensus, all or subsets of those involved, mediation, escalation of disputes to Boards, off and on ramps, etc.

Common Considerations

- Develop mandate for decision making group:
 - Ability to create subcommittees for areas such as digital, innovation, patient engagement, primary care engagement, governance, engagement with supporters/resource partners/observers etc.
 - Mandate to identify areas for integration patient/client care and develop implementation plans that may involve a subset of team members
 - Enable the development of a strategic plan
 - Enable the development of a common brand
 - Facilitate “Board to Board” interactions and trust building among team members and potential team embers
 - Ensure patient engagement
 - Ensure engagement with primary care
 - Develop plans for evolving governance to single fiscal and accountability framework

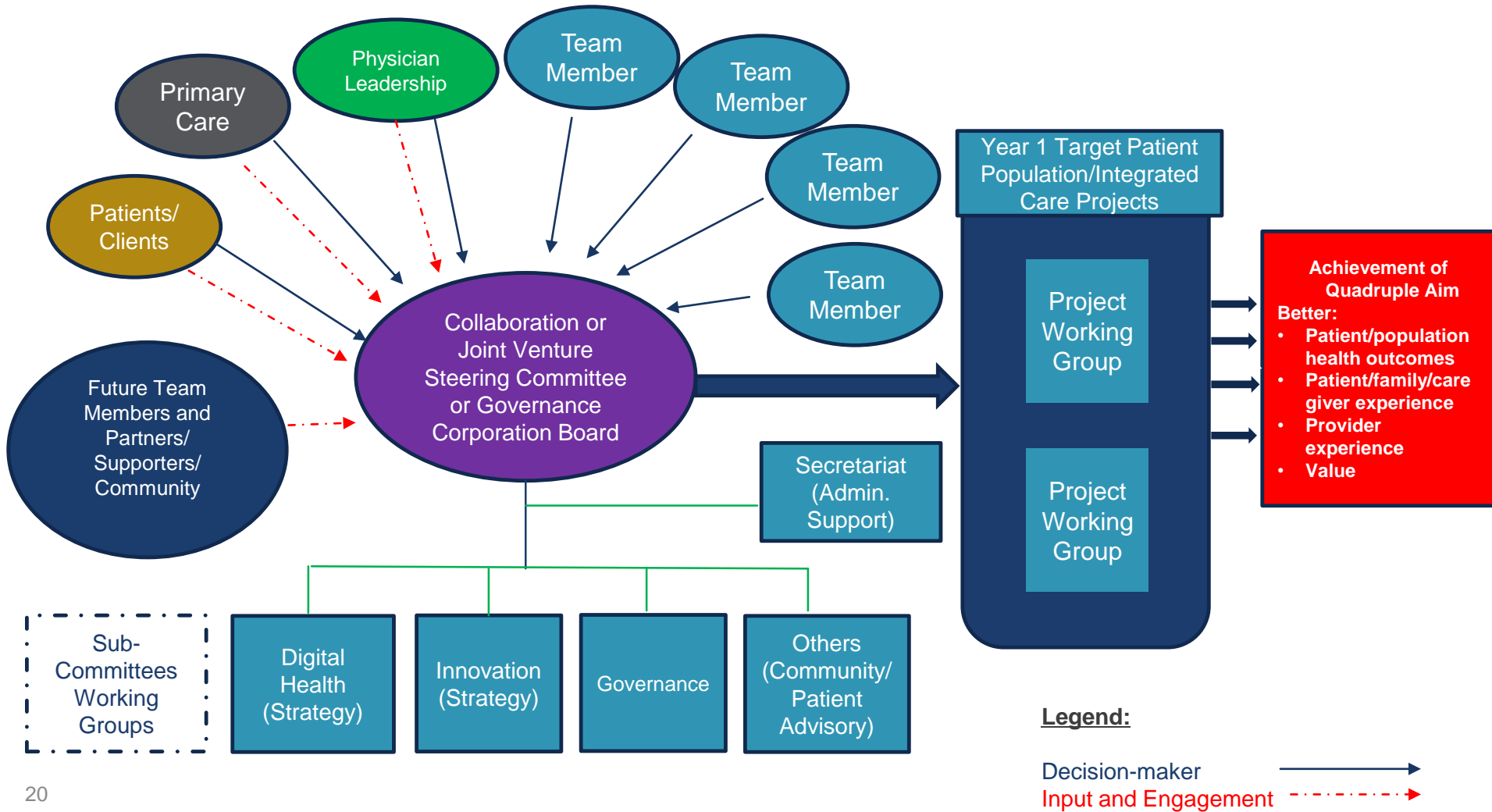
Common Considerations

- Support for the decision making group:
 - Secretariat
 - Other resources (physical, human and financial)
 - Cost sharing
- Develop Statement of Work or Project Charters for each patient/client care project:
 - Participants (will typically be a subset of the Team)
 - Decision-making framework (e.g. Project Implementation Committee)
 - Cost and resource sharing
 - Reporting
 - Knowledge sharing
 - Agreements for sharing patient/client information among Project team members

Other considerations

- Different levels of participation at different stages of development: adding and removing
- Role of the volunteer sector
- Impact on Foundations and fundraising
- Participation in more than one OHT

OHT Potential Year One Governance Model





THE BOARD'S ROLE IN FORMING AN OHT

The Board's Role in Forming an OHT

#1 – Knowledge and Stage Setting

- Stay current on OHT Guidance
- Think system/mission (avoid organizational protectionism)
- Understand the local health system
 - Who are the players, and what are their roles?
 - Who else cares for our patients/clients?
- Understand system perspective and how it impacts:
 - Strategic planning, Recruitment, Role of Chair, Board role and duties
- Build trust with potential team members and partners; have comfort with some uncertainty in early years
- Build “Board to Board” relationships and participate in collaboration forums
- Evaluate strategic and specific decisions with a view to the system and OHT: carefully evaluate actions that may impede collaboration

The Board's Role in Forming an OHT

#2 – Leadership

- CEO/management involvement but Board needs to appreciate perspective
- Key accountability falls to Board Chair
- Board needs to support CEO, management, and Board Chair
- Hold management accountable – set expectations

The Board's Role in Forming an OHT

#3 – Define and Refine Principles for Participation

- Patient/client focus
- Evolutionary approach
 - adding team members
 - varying levels of participation
 - HSP might off-ramp but OHT keeps going
- Equal voices
- Support transparency
- No single assumption of leadership roles
- Limit “non-negotiables”
- Form will follow function

The Board's Role in Forming an OHT

#4 – Engagement

- Stay involved in process: receive and respond to reports
- Continue to govern HSP
- Continue to refine principles for participation and evaluation criteria
- Participate in stakeholder, partner, and community engagement, as appropriate

The Board's Role in Forming an OHT

#5 – Approval and Implementation (and maybe letting go)

- Approve in principle
- Ensure all team members share a commitment, and understand the value of a common resolution or MOU
- Approval(s) of various stages of development or project integration
- Oversee implementation plans
- Stay engaged in transition period, especially if new model is part of integration plan
- Roles may not happen sequentially and some may be repeated



Questions?

