SSAO BULLETIN

MINISTRY OF HEALTH – ONTARIO HEALTH TEAMS BRIEFING
COVID-19 LONG TERM CARE COMMISSION

November 16, 2020

http://www.ltccommission-commissionsld.ca/transcripts/pdf/Ministry_Briefing_on_Vision_for_Ontario%20Healt_Transcript_November_16_2020.pdf

Amy Olmstead, Acting Executive Lead, Ontario Health Teams

- Model is made in Ontario based on success in other jurisdictions (Pg. 6);
- Government concerned about multiple care sectors – gaps, duplication, lack of coordination, over-reliance on hospitals, under-reliance on primary care, lack of attention to self-management, preventive health care, and financial incentives not aligned so reinforce siloed experiences for patients (Pg 6);
- Want to copy other jurisdictions where health systems are more integrated, have financial and clinical accountability for quality of care and patient experience, and costs – foundation is primary and community-based care – incentives built in to provide value and not just quantity – flexible approach allowing for innovation (Pg. 7);
- Ministry encouraged local partners to get together to deliver services – Ministry supplied data on patient groupings – 89% of province now covered (Pg. 8);
- Minister gives final approval – Stage 2 – begin their work - will receive an integrated funding envelope from the Ministry of Health **– down the road at some time – caring for sliver of their population in the meantime (**Pg. 12);
- Previous funding arrangements and oversight and accountability structure still in place right now – hospitals still have direct funding agreements – but encouraging shared planning, collaboration and decision making moving towards more integrated accountability and funding arrangements - OHT's are not at a place of maturity yet (Pg. 13, 16);
- **Difference between the LHINs and OHT's? Partnership and shared decision making but unwilling to speculate further on that (Pg. 14)**
- **Function under the People's Health Care Act creating the Connecting Care Act – the legislative basis for OHT's (Pg. 15);**

Allison Costello Director OHT Implementation and Support Branch

- Sense based on the data of how teams will be organized – populations to be supported and providers in the network – phased implementation approach (Pg. 10);
- Getting funding support to develop collaborative decision making (Pg. 11);
- LHINs are administrators and hold accountability relationship with providers, but OHTs are the providers, the planners – collective – acting as one team (Pg. 14);

Question from Commissioner Kitts:

"the Ontario Health Team will work as a unit with a governing body, a funding envelope, and a responsibility to look after a population as opposed to their own individual mandate; is that where this is going?"

Amy Olmsted response: Yes. That is exactly correct. Thank you for saying it so clearly.

- OHT's are currently overseen by LHIN or directly by Ministry (Pg. 19);
- Funding will be an agreement between the Ministry and OHT or partner within it responsible for holding the funding – accountability will be to Ministry of Health for deliverables related to the funding envelope – currently responsible for development of OHT only not service delivery (Pg. 20);

Question from Chair Marrocco:

Do I understand that the decision-making, that the Ontario Health Team decision-making model is collaborative? So what do they do? Would they 6take a vote? I mean, is it binding on the members? So if the team takes a decision that requires a long-term care facility to do something, is that binding on the long-term care facility, or can they say "No, we don't think so"? How do they impose their -- how does that work?

Amy Olmstead: still something we are working through (Pg. 21);

Allison Costello: "we released guidance for collaborative decision making arrangements we hoped would be helpful to the teams" concerning what the Ministry hoped to see in place - re: distribution of implementation funding for Year 1 – structures, inclusion of certain representative groups **– not legal documents or terms of reference – each provider is deciding how to come to the table (Pg. 22);**

- **Unlikely to alter accountability arrangements that they currently have – early stages – binding collaborative decision making is not a tool in Stage 1 or 2 of the pandemic – still learning (Pg. 23);**
- Provider involvement in a team is voluntary – end state will include long term care homes in OHT's along with Public Health – some already have long term care partners (Pg. 25);
- **See primary care as being a "primary integrator" (Pg. 29);**
- **Stressing engagement with families and individuals (Pg. 30);**
- **Historical funding arrangements, separate accountability arrangements, lack of relationship are barriers to long term care facility involvement (Pg. 32);**
- **At maturity Ontario Health will hold the funding and accountability for Ontario Health Teams (Pg. 34); (SSAO NOTE: SHELLY JAMIESON, FORMER PRESIDENT OF EXTENDICARE AND FORMER HEAD OF THE ONTARIO NURSING HOME ASSOCIATION THE LOBBYING BODY FOR FOR-PROFIT NURSING HOMES IS ON THE BOARD OF ONTARIO HEALTH - https://www.ontariohealth.ca/our-team/board-directors)**
- Planning to phase out LHINs and transfer their responsibilities to Ontario Health and OHT's gradually (Pg. 34);
- 29 teams approved, another 17 meet the criteria, 150 team applications were not approved (Pg. 36/37);
- **No timeframe for full implementation (Pg. 38);**
- **No reporting from OHT's to know their level of sophistication or what they achieved during the pandemic – still learning (Pg. 40);**