

### RISE brief 32: Enhancing the implementation supports available to support population-health management by northern Ontario Health Teams

## Status of Ontario Health Teams in the north

Seven OHTs have been approved in the north:

- three teams were approved as part of the first cohort of Ontario Health Teams (OHTs) approved in December 2019 or July 2020
- one team was approved as part of the second cohort of OHTs approved in November 2020
- three teams were approved as part of the fourth cohort of OHTs in October 2022.

An additional four teams in the North East have submitted full applications to become OHTs.

On January 13th, RISE hosted a jamboree on enhancing the implementation supports available to support population-health management by northern Ontario Health Teams. This RISE brief has been updated following the jamboree to reflect the deliberations that took place.

### Box 1: OHT building blocks

This RISE brief primarily addresses **building block #4** and draws on **all of the other building blocks:**

- 1) defined patient population
- 2) in-scope services
- 3) patient partnership and community engagement
- 4) patient care and experience
- 5) digital health
- 6) leadership, accountability and governance
- 7) funding and incentive structure
- 8) performance measurement, quality improvement, and continuous learning

## Existing implementation supports available to support population-health management

Population-health management has been identified as a foundational feature of OHTs and a key area where implementation supports are needed. To help meet this need, RISE, in collaboration with the Ministry, Ontario Health, and other OHT support partners, designed a set of implementation supports around three primary types of activities of support that varied in their level of intensity:

- webinars that provide an overview of foundational concepts in population-health management (for those new to population-health management, an overview webinar can be viewed [here](#) and an infographic [here](#))
- collaboratives that provide opportunities for OHTs to connect with one another to discuss and ‘problem solve’ around key steps in their population-health management journey
- one-on-one coaching to enable rapid learning and improvement related to population-health management approaches.

Many OHTs, including the four northern OHTs approved in the first and second cohort have participated in these implementation supports thus far in their development. Additional details about each support type are provided in the table below (ordered from lightest to heaviest touch).

**Table 1. Overview of existing supports by type of activity for population-health management**

Type of activity	Description
Webinars	<ul style="list-style-type: none"> <li>• Monthly virtual foundational webinars provided to the first two cohorts of OHTs (and available online for viewing by other cohorts)</li> <li>• Aim is to provide an overview of the steps and key concepts in population-health management</li> </ul>
Collaboratives	<ul style="list-style-type: none"> <li>• Monthly virtual population-health management collaboratives for OHT-implementation leads or priority-population working-group leads</li> <li>• Collaborative sessions are an hour long, topic specific, and facilitated by one or more of the population-health management coaches</li> <li>• Collaboratives aim to provide teams with an open space to:               <ul style="list-style-type: none"> <li>○ identify commonalities among teams</li> <li>○ share examples of priority projects</li> <li>○ raise questions that have not been addressed yet but that are ‘top of mind’ for OHTs</li> </ul> </li> </ul>
One-on-one coaching	<ul style="list-style-type: none"> <li>• One-on-one coaching provided to OHTs to support them to implement a population-health management approach</li> <li>• Coaches take a team-centered approach starting with the team’s agenda for desired changes related to population-health management within their systems</li> <li>• Coaching support may include:               <ul style="list-style-type: none"> <li>○ assessing where OHTs are in their understanding and implementation of a population-health management approach</li> <li>○ assessing where the teams are with the preparation of deliverables, development of operational definitions of measures, and data-collection strategies</li> <li>○ providing advice and technical support on how they can accelerate progress</li> <li>○ using segmentation to help teams to understand their population needs, risks and barriers to care</li> <li>○ supporting the development of care models for identified population segments</li> <li>○ connecting teams with additional supports provided by other partners</li> </ul> </li> </ul>

## **Contextual challenges for the north that need to be considered when building the core elements of an enhanced approach**

As teams were being invited to apply to become an OHT, efforts were put into developing implementation supports that would work for the prototypical OHT, however since then it has become clear that more nuanced approaches are needed to best meet the needs of different teams across the province. Most notably OHTs in the north face different challenges than other OHTs. Participants in the jamboree identified the following challenges shared among OHTs in the north:

- the need to be focused on addressing frontline service challenges, which means that implementation supports should acknowledge that OHTs must respond first and foremost to these service challenges and only secondarily to find ‘ways-in’ for population-health management approaches (given the importance of this challenge, we return to it below)
- the need for more time and flexibility in addressing ministry and OH priorities for OHTs, particularly with respect to governance arrangements and operational requirements, to contend with existing policy frameworks, partnerships, and commitments (e.g., as laid out by the Truth and Reconciliation Commission)
- the preference for OHT implementation support partners to expand their relationships to include partners based in northern Ontario, such as the Northern Ontario School of Medicine (NOSM) and IC/ES North

- the realities related to available resources (e.g., organizations permitted to fundhold and staff available to support funding applications and to implement initiatives that are funded)
- the constraints related to provincial data (e.g., OHIP data not capturing all the care being provided in northern communities) and provincial reporting requirements (e.g., indicators that require significant time to collate from across organizations and that do not meaningfully capture efforts to address their frontline service challenges).

In addition, attendees from a previous jamboree and key informants from northern OHTs highlighted the following challenges with existing implementation supports specifically for population-health management:

- uncertainty of ‘who’ provides what support and what is ‘on the menu,’ leading some to think they have under-used coaches
- difficulty in fielding ‘staff’ from the OHT to attend or take advantage of the implementation support
- challenges balancing learning and implementing population-health management approaches with other priorities (and not consistently seeing a link between the two), which was identified as the most important challenge in the above list.

## Principles that could underpin an enhanced approach to population-health management coaching

When asked to articulate what an enhanced approach to implementation supports for population-health management could look like, participants noted the following six principles and ways that they could be operationalized to support northern OHTs and work alongside the existing (and new) support types included in Table 1 above. It should be noted that some of these principles move beyond the scope of population-health management supports (the initial scope for this brief) and should be considered for the design of all OHT supports.

Principles that could underpin the enhanced approach	Ways that these principles could be operationalized
Meet teams where they are – ‘slipping in’ population-health management ideas where appropriate and being ready when people identify a need	<ul style="list-style-type: none"> <li>• Use implementation supports such as coaching to help solve existing frontline service challenges (and where appropriate use population-health management approaches in doing so)</li> <li>• Have coaches participate in regional and other OHT-relevant ‘tables’ so that they can hear about the challenges where their support may be helpful</li> </ul>
Work shoulder-to-shoulder with academic and system partners in the north to share capacity	<ul style="list-style-type: none"> <li>• Invest in northern coaching supports provided by Northern Ontario School of Medicine, Institute for Clinical Evaluative Science (ICES) data north and others that have long standing relationships with northern OHT partners</li> <li>• Leverage Northern Impact Fellows where possible to provide additional capacity to OHTs and determine whether there are mechanisms to prolong their work with Teams</li> </ul>
Provide data that teams can trust	<ul style="list-style-type: none"> <li>• Invest in ‘back of house capacity’ such as through ICES data North and others that can support data needs</li> <li>• Provide northern OHTs with data that better reflects the care being provided within communities (i.e., beyond OHIP data and including federal data)</li> </ul>
Ensure flexibility in policy frameworks, rules, reporting requirements, time frames, and expectations	<ul style="list-style-type: none"> <li>• Provide OHTs with (even a rough outline of) a maturity pathway so they have a better view of what they are working towards and support them to use their discretion in determining the best way to get there</li> <li>• Take stock of existing policy ‘roadblocks’, design new approaches, and ensure accountability for their removal (<i>update: this is set to be the topic of an upcoming RISE brief and jamboree</i>)</li> <li>• Consider ways that flexibility can be built into the OHT model by experimenting with risk-informed innovations, such as removing select reporting requirements from funding sources</li> </ul>

Make evidence and experiences available at OHTs' fingertips	<ul style="list-style-type: none"> <li>• Develop practical, evidence- and experience-based products that can be easily found online and provide a jumping off point for local efforts, such as templates and short briefs that provide concrete examples of how a given solution could be operationalized within an OHT</li> </ul>
Ensure Indigenous leads are appointed to every team and implementation supports are available by Indigenous-led support partners	<ul style="list-style-type: none"> <li>• Invest in Indigenous leads for all northern teams who can support OHTs in navigating Indigenous governance arrangements, treaties, and calls to action from the Truth and Reconciliation Commission</li> </ul>

## Implementation considerations for operationalizing the principles above

The principles above represent a significant change from the approaches that have been used thus far to provide population-health management coaching for teams. Below are some additional considerations that may be needed to enable successful implementation. These include supporting teams to prioritize frontline service challenges by being flexible about how 'standard' elements of the OHT model are approached and to consider the resource availabilities of northern OHTs when making requests and issuing funding calls.

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