

CHAO 2023 VIRTUAL  
CONFERENCE

# OHT Guidance for Catholic Healthcare Providers

Presented By

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# Agenda

- **Refresher: What is an OHT?**
- **What do OHTs look like now?**
- **What is the role of Catholic healthcare providers in OHTs?**
- **What hurdles and questions are OHTs facing?**



Refresher: What is an  
OHT?

- Enabled by *Connecting Care Act, 2019*
- A Ministry-designated person, entity, or a group of persons or entities, that deliver(s) 3+ designated services:
  - Hospital services
  - Primary care services
  - Mental health or addictions services
  - Home and community care services
  - Long-term care home services
  - Palliative care services
- There is a preference for inclusion of hospital, home, community, and primary care in an integrated and co-ordinated manner
- Establishes a new model of integrated public health care delivery
- Involvement is voluntary

# Ministry's View of an OHT

- Each patient benefits from:
  - being at the centre of a system anchored in the community
  - system navigation with seamless transitions
  - choices to access care and health information through a digital first approach
- Recognized importance of inclusion of:
  - Francophone and Indigenous peoples
  - patients in governance
  - physicians and clinical leaders in governance and/or leadership

# The Minister's Quadruple Aim

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Better patient and population health outcomes

Better patient, family, and caregiver experience

Better provider experience

Better value

# Initial Requirements from the Ministry

- Collaborative Decision-Making Arrangement (CDMA) among team members
  - Formal written CDMA must address: decision-making; resource allocations; information sharing; financial management; inter-team performance discussion; conflicts of interest; dispute resolution; transparency; identifying and measuring impacts on priority populations; quality monitoring and improvement, expansion to more patients, services, and providers; and other matters based on local needs
- Patients must be involved in the governance model (no guidance on how or what role)
- Physicians and clinical leaders to be involved as part of OHT's leadership or governance structure
- Structure that enables:
  - Central brand
  - Strategic plan/direction
  - Physician and clinical engagement
  - Ability to add other providers
  - 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)



What is new with  
OHTs?



There are currently 57 OHTs operating in Ontario

Many OHTs have a member that is a Catholic Health Organization

# Updated Ministry Guidance: November 2022

- All OHTs will be required to create a *not-for-profit corporation* (“NFP”)
  - Intended to support integrated clinical and fiscal accountability
  - NFP will be responsible for OHT initiatives and for designing and delivering integrated care
- NFP will be a separate legal entity and distinct from team members
  - Not a merger or restructuring
- Further details and guidance to be provided by the Ministry
  - For now, OHTs are advised to take a “wait and see” approach
  - Based on recent update, the MOH and Ontario Health will start to release guidance, resources, and support for governance and primary care networks in November 2023-2024
  - OHT Maturity Framework to come

# Recent Updates

- The MOH is now planning for designation of OHTs under the *Connecting Care Act, 2019*
- Home care delivery to be part of OHT model
- Implementation funding for OHTs continues, with each OHT receiving up to \$2.2 million over three years for continued development
  - MOH and Ontario Health will work together to develop agreements and flow funds for April 1, 2024
- Twelve OHTs are being supported to advance rapidly toward maturity and be considered first for designation under the *Connecting Care Act, 2019*
  - *These OHTs will share lessons with the other OHTs*

# Recent Updates

- The twelve OHTs being accelerated will be supported to reach **structural** and **patient-facing** milestones.
- Structural:
  - Creating a NFP Corp
  - Establishing a primary care network
  - Standardizing back-office supports
  - Developing a home care readiness plan for eventual delivery
- Patient-facing:
  - Implementing a standardized patient navigation solution integrated with Health 811
  - Implementing two or more integrated clinical pathways
  - Work on local signature initiatives tailored to local populations

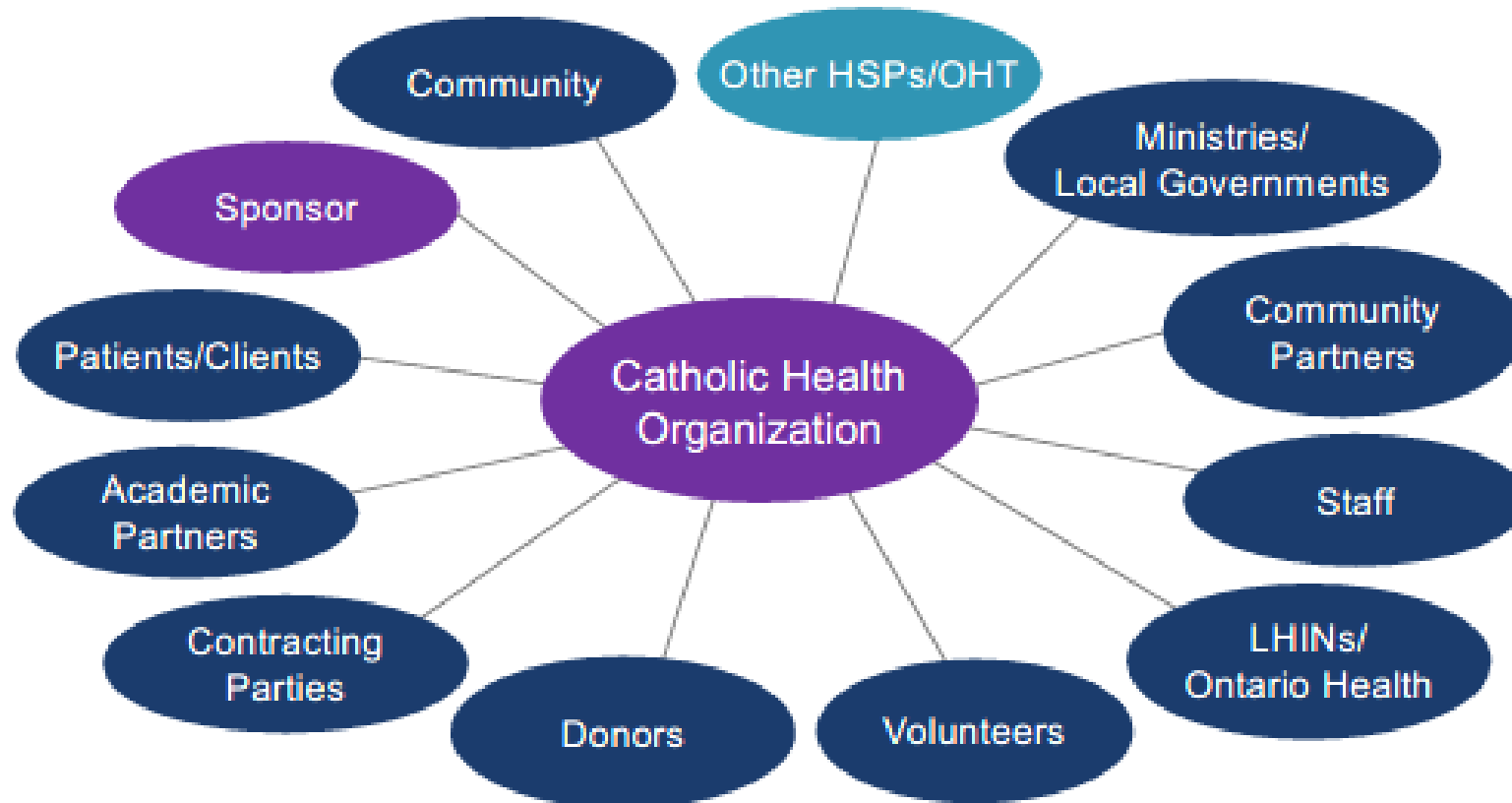
# Recent Updates: Governance Advisory Committee

- For governance, committee recognizes a need for balance between guidance creating common standards and flexibility for local context and readiness over time
- As we anticipate further governance guidance, suggest working on:
  - Fostering and building trust
  - Stress-testing current collaboration and decision-making models through hypothetical scenarios
  - Recognize where interests conflict
- Risk, insurance, and indemnification have been pain points
  - This prompted move for some OHTs towards incorporation



What role do Catholic  
health providers play in  
OHTs?

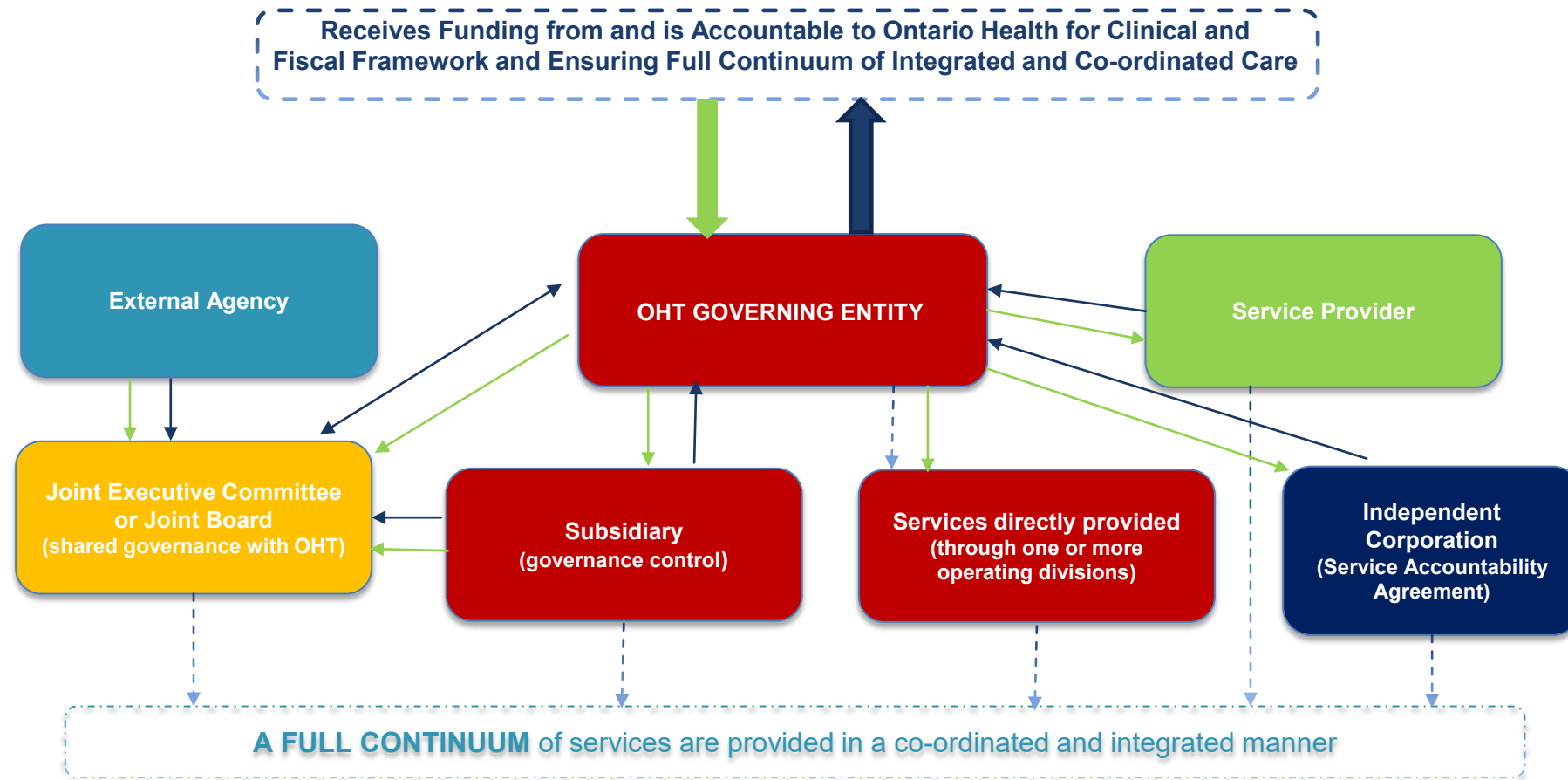
# Accountability in the Health System



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

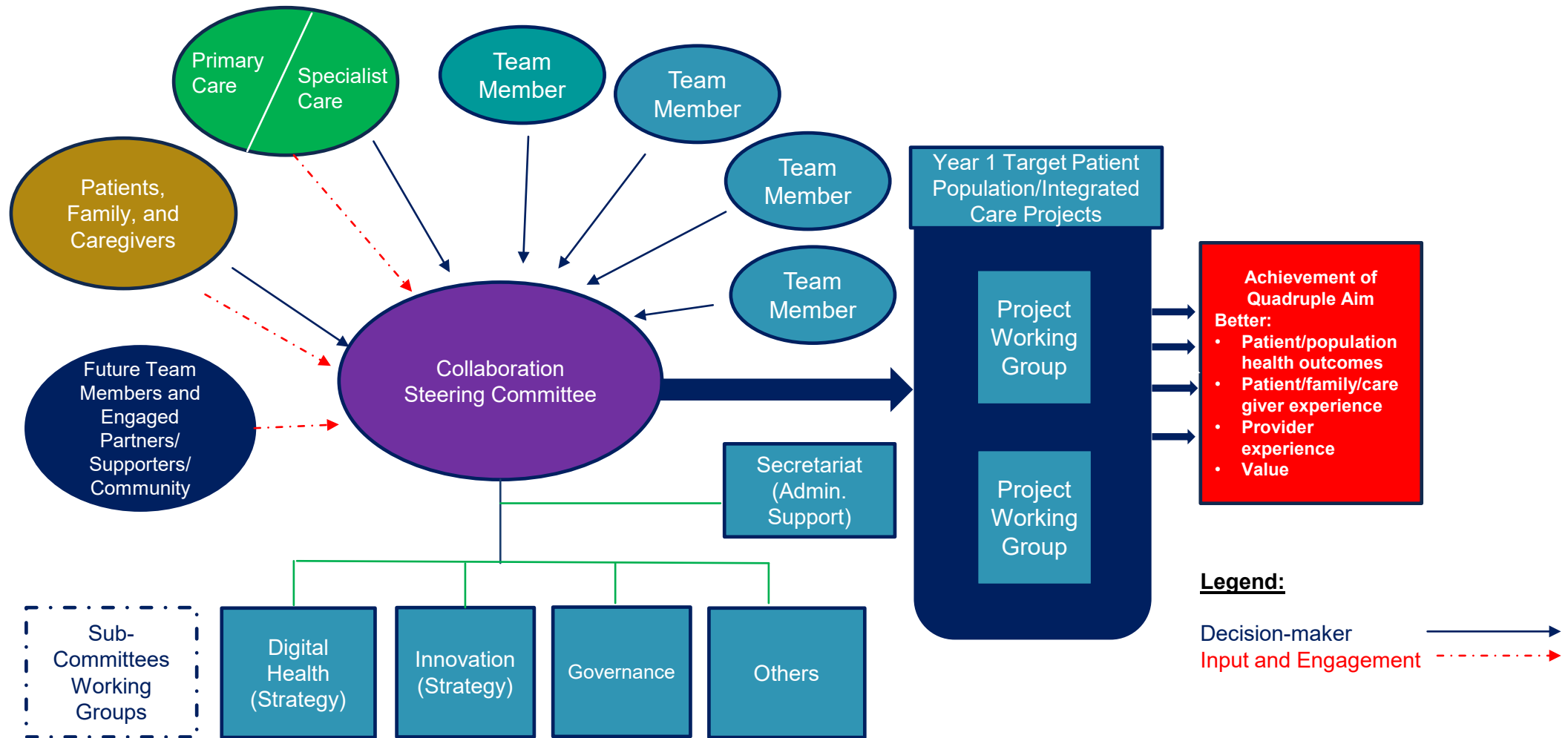
- **Patient/Client-centred**
- **Engagement**
- **Accountability**
- **Value for money**

# Example: OHT Framework At Maturity

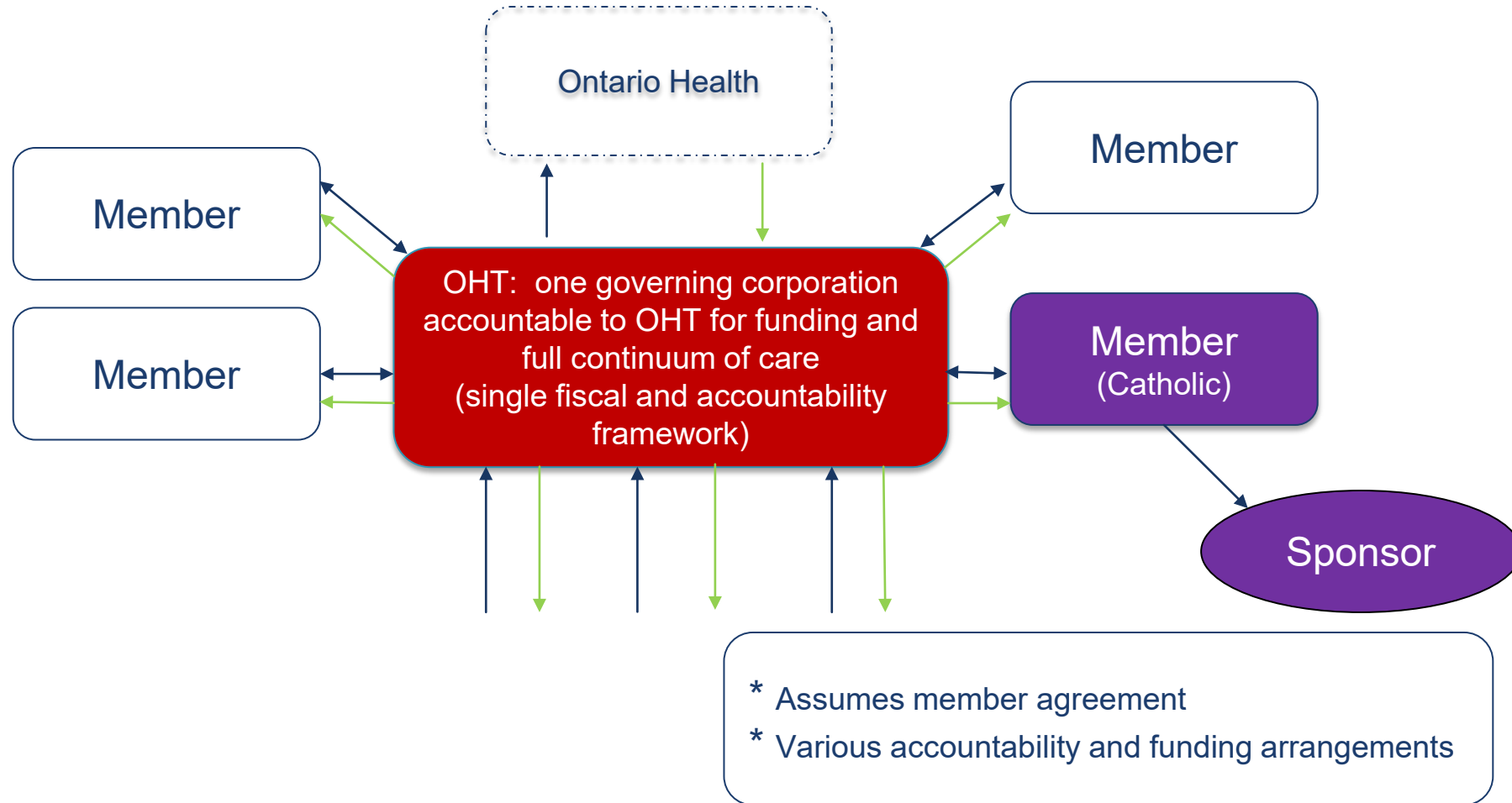




# Example: “Year One” Governance Model




# Example: Incorporated Structure



# Maintaining Catholic Identity in this Structure

- Member agreements/partnership agreements/operational agreements can protect the missions and values of the individual identities
  - Preservation of Catholic identity and Chain of Mission
  - Governance role in respect of e.g. strategic planning, service and funding decisions
- As Members, Catholic Health Organizations would have voting rights to elect the board of directors
  - This can also assist in preserving the Chain of Mission
- See the integration between Hotel Dieu Kingston and Kingston General Hospital to create Kingston Health Sciences Centre for an example of effective integration while maintaining separate identities
  - Single Board of Directors, CEO, and Executive Team
  - HDK remains Catholic, KGH remains secular
  - Operating Agreement recognizes site-specific missions
  - Established Partnership Council to oversee compliance with Agreement
- Other contractual arrangements are also possible



What hurdles and questions are OHTs facing?

# Current Hurdles and Questions for the involvement of Catholic Health Organizations in OHTs

- For now, service (not governance) integration: How do we preserve Catholic identity in both contexts?
- Some but not all details re: “At Maturity” model
  - Will include an NFP (not a merger or amalgamation)
  - Objective/quadruple aim
  - Home Care
  - Patients/families/caregivers and Clinical

# Current Hurdles and Questions for the involvement of Catholic Health Organizations in OHTs

- Common questions for all OHTs remain:
  - Balancing inclusion with effective decision-making
  - Resources and capacity to participate
  - How to engage primary care and specialists; patients, families, and caregivers
  - Role of volunteer sector & impact on Foundations and fundraising
  - Participation in more than one OHT
  - Privacy concerns
  - Funding, staffing, resources
  - Number of participants (some are up to 50 which can be unwieldy)
  - Level of participation/number of votes (representative of size vs. equality)
  - Rationalizing specialty care/tertiary services
  - Incorporation readiness
  - Agency re: funding, contracting



Questions?

# Thank You

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