

Northwestern Ontario Integrated Care Working Group

September 13, 2021

2:00 – 4:00 PM EST (1:00 – 3:00 PM CST)

Webex details: [CLICK HERE](#) | Meeting # 173 687 8680 or dial: 647-484-1598

Meeting objectives:

1. Debrief on recent stakeholder engagement sessions and key takeaways
2. Advance our confirmed directions
3. Share updates re: regional digital strategy

Agenda:

Timing	Item	Detail	Lead
2:00 – 2:05 PM	1. Welcome, objectives and approval of agenda	<ul style="list-style-type: none"> • Review and consider approval of agenda • Review and consider approval of previous meeting notes (June 28) [Attachment 1] • Reference 'key messages' document (June 28 meeting) [Attachment 2] 	J. Christy/ J. Logozzo
1. Accountability to system partners			
2:05 – 2:25 PM	2. Stakeholder Feedback	<ul style="list-style-type: none"> • Roundtable sharing of feedback from stakeholder networks and other engagement activities – hot spots? [Attachment 3] • Update on engagement sessions that have happened since last meeting: <ul style="list-style-type: none"> ○ Primary Care Physician Engagement Session – July 20 (link to summary: https://nwoic.ca/may-19-patient-family-advisors/) ○ Thunder Bay Medical Society – Physician Summer School – September 10 ○ Ministry/Ontario Health meetings 	All
2a. Advancing our strategic directions			
2:25 – 2:55 PM	3. Overall NWOIC Strategy	<ul style="list-style-type: none"> • Recap where we are and where we are going [Attachment 4] • Overview of resource model 	J. Logozzo
	4. Priority 1: Engagement and Regional Maturity	<ul style="list-style-type: none"> • Confirm key engagement sessions <ul style="list-style-type: none"> ○ Patient/Client/Resident/Family Session – September 29 ○ Indigenous Engagement Session ○ Regional Session ○ Physician & NP Session • Confirm next steps to initiate local OHT tables <ul style="list-style-type: none"> ○ Update and discussion on Ministry 'approval' process • Confirm physician/clinician leadership model – Working Group and OHT Tables <ul style="list-style-type: none"> ○ Bring forward names of interested physicians 	J. Logozzo
	5. Priority 2: Digital & Data	<ul style="list-style-type: none"> • Discuss potential approaches to obtain/align decision support/population health data resources 	J. Logozzo

		<ul style="list-style-type: none"> Update on regional digital work (see Item #8) 	
	6. Priority 3: Transitions in Care - MHA	<ul style="list-style-type: none"> Confirm next steps 	J. Logozzo
2b. Enablers and supports			
2:55 – 3:30 PM	7. Strategic Funding Opportunities	<ul style="list-style-type: none"> Overview of available funding Overview of regional proposals in progress <ul style="list-style-type: none"> OH-HCNS patient navigation proposal – submitted September 10 [Attachment 5] 	J. Logozzo
3:30 – 3:45 PM	8. Digital Health	<ul style="list-style-type: none"> Update on regional digital work, including Health Information System renewal as an enabler of system integration 	C. Fedell
3. Other			
3:45 – 3:55 PM	9. Other	<ul style="list-style-type: none"> Conference opportunity: North American Conference on Integrated Care (NACIC) – confirm process for seat distribution (12 seats allocated for NWOIC) <ul style="list-style-type: none"> Conference details: https://events.eply.com/2021NACIC 	J. Logozzo
3:55 – 4:00 PM	10. Wrap up and Next Steps	<ul style="list-style-type: none"> Next meetings - proposed: <ul style="list-style-type: none"> November 8 January 10 March 14 Feedback on frequency and communication between meetings 	J. Christy/ J. Logozzo

Meeting Notes

Northwestern Ontario Integrated Care Working Group

June 28, 2021 | 2:00 – 4:00 PM EST (1:00 – 3:00 PM CST)

Meeting objectives:

1. Debrief on recent stakeholder engagement sessions and key takeaways
2. Confirm next steps based on stakeholder feedback
3. Obtain approval on Engagement Summary document (Attachment 3) for distribution to engagement session participants and posting on website

Attendees: Jessica Logozzo, Alice Bellavance, George Saarinen, Karen Lusignan, Jack Christy, Marcia Scarrow, David Newman, Sue LeBeau, Wayne Gates, Tracy Buckler, Chantal Chartrand, Bobby Jo Smith, Wayne Gates, Jorge VanSlyke, Rob Kilgour, Lee Mesic

Regrets: Juanita Lawson, Henry Wall, Rhonda Crocker Ellacott, Diane Walker

Guests: Natalie Paavola, Dilico, Cindy Fedell

Agenda:

Lead	Item	Detail
J. Christy/ J. Logozzo	Welcome, objectives and approval of agenda	<p>Jessica called the meeting to order at 2:02 PM EST. The agenda and previous minutes were approved as presented.</p> <p>Jessica welcomed Bobby Jo Smith to the meeting, who is replacing Shannon Cormier from North of Superior Counselling Programs (NOSP) on the Working Group, and Natalie Paavola as a guest from Dilico.</p>
J. Logozzo & All	<p>Stakeholder Feedback</p> <ul style="list-style-type: none"> • Debrief on engagement sessions • Other engagement updates • Roundtable sharing 	<p>Jessica highlighted the various engagement sessions that were held over May and June and presented the feedback that has been collated, that included detailed notes and themes from each session. Overall, there was agreement in the sessions that the proposed model is 'directionally right,' but there are many outstanding questions. From a service delivery perspective, mental health and addictions came up as the biggest focus area across all sessions. The Working Group discussed the themes presented and decided to add transitions from hospital to community to the list.</p> <p>The Working Group further discussed how to get more stakeholders at the table. Jessica explained the sessions were held at the height of the third wave of the pandemic, which may have affected attendance. Others added that some people chose not to attend as they felt there was not going to be any new information presented.</p> <p>Following each of our Working Group meetings, Jessica and Jack are meeting with David Newman and Ontario Health to review our work to date. Jessica and Jack were invited to a session to discuss the 16 OHTs in the North East that are in development or approved and noted they all liked the ideas we have come up with in the North West and think we are moving in the right direction.</p> <p>Jessica asked Working Group members to provide updates on who they engaged and if there were any hot spots that arose. All feedback received to date continues to be supportive of the directions of the Working Group. Stakeholders look forward to more focused engagement. Further feedback is incorporated into the stakeholder matrix.</p>

		<p>Natalie Paavola explained there are certain segments of service providers that have not been fully engaged in this process. We need to ensure that the process includes meaningful indigenous involvement.</p> <p>The Working Group will support and champion engagement with Indigenous stakeholders, that will explore what a parallel process could look like. Commitment to working with Indigenous stakeholders to identify what an 'equal but different' integrated system looks like. The Working Group will host a session in September.</p>
J. Christy/ J. Logozzo	A (proposed) Plan Forward!	<p>Jessica reviewed the proposed plan forward, and asked how we can move forward with clear goals. The Working Group agreed that Indigenous stakeholders need to be brought together from across the region as we continue this integrated OHT work. As well, Indigenous engagement needs to happen at a local level. The importance of engaging Indigenous providers in a fair and respectful way was discussed, and ensuring their feedback is captured in our work. Jack noted St. Joseph's Care Group has two reports; Walking with Humility and First Steps, that are a great resource, Tracy will send to Kaleigh for distribution to this group. ACTION: Kaleigh to send the reports out to the Working Group for reference.</p> <p>Next engagement sessions are being planned for late September/October 2021. The patient and family care advisors would like to have another session to create a patient declaration of values.</p> <p>Jessica presented the draft recommendations for this Working Group. The group will evolve from creating recommendations to making action towards Indigenous engagement, data and information, HIS renewal discussions, and making some tangible actions around transitions in care for mental health and addictions. The Working Group endorsed the recommendations.</p> <p>The Working Group further discussed the proposed OHT in Geraldton, which is still to be determined and asked if the group has any other ideas. It was decided to move forward with engaging Geraldton to better understand how they work and their linkages, and perhaps leverage an existing table. ACTION: Jessica will reach out to some stakeholders in Geraldton and see what makes sense to them.</p>
C. Fedell	Digital Health	<p>Jessica noted there are a lot of upcoming funding opportunities and would like to build some resources into those proposals, so the Working Group is not 'doing it off the side of our desks.'</p> <p>Cindy Fedell, Regional Chief Information Officer, joined the meeting to provide an update on Health System Information (HIS) renewal and digital health. Cindy noted the Digital Health Council is now established and had their first meeting in April; each hospital is represented as well as primary care and patients.</p> <p>Cindy highlighted a few more initiatives including, regional referrals and regional security operations. \$3M total over two years is being sought to set-up a cyber security operations centre. Cindy will prepare a briefing on this to send out to the Working Group for sharing within their organizations asking for participation. Cindy asked Working Group members to reach out if they require any information.</p>

J. Logozzo	Other	<p>Jessica highlighted the updated Ministry information related to home and community care modernization and indicated they are looking for OHTs to review and provide feedback. This information was included in the meeting package for reference.</p> <p>At the May Working Group meeting Jessica explained we were applying to get an OHT Impact Fellowship and noted we were not successful as they were only accepting applications from approved OHTs.</p> <p>Jessica noted over the summer this Working Group will pause. Jessica will work on a resource plan and bring to the September meeting for endorsement.</p>
J. Christy/ J. Logozzo	Wrap up and Next Steps	Jessica adjourned the meeting at 3:55 PM EST.

Northwestern Ontario Integrated Care Working Group

Key Messages Document

Summary of June 28, 2021 Meeting:

1. The 'Northwestern Ontario Integrated Care Working Group' met on June 28. The objectives of the meeting were to:
 - Debrief on recent stakeholder engagement sessions and key takeaways
 - Confirm next steps based on stakeholder feedback
 - Obtain approval on Engagement Summary document for distribution to engagement session participants and posting on website
2. Over May and June, seven engagement sessions were held, including: 101 participants, 22 Working Group members involved/leading and 13 communities represented. The key themes from these sessions included:
 - Overall, proposed model and Vision is 'directionally right' – no objections to the proposal model or Vision, though, still many outstanding questions that will need to be answered as the work proceeds
 - Continued engagement is necessary and getting more partners engaged will be key to success
 - Need to get local stakeholders to the table – utilize existing structures (i.e. local service delivery/planning tables to get people engaged) and leverage local leaders so it is meaningful
 - Physician and clinician engagement will be critical
 - Need a parallel Indigenous-led process, that respects the integrated services that Indigenous providers provide and ensures that Indigenous peoples needs are met in a culturally sensitive way
 - Local care delivery and autonomy needs to be protected in a regionally integrated model
 - Confirmed many areas where we can work together as system partners to improve the system – locally and regionally
 - Regionally, we should begin working together to address key system enablers – digital, data & information sharing, transitions in care (between regional and local care, as well as hospital and community), Mental Health and Addictions, transportation, etc.
3. Based on the feedback, the Working Group endorsed the following next steps:
 - I. Host PFAC Engagement Session to develop draft Patient/Person Declaration of Values (September 2021)
 - II. Host Regional Engagement Session (September 2021) – to share engagement session themes and next steps; confirm our shared principles and the Patient/Person Declaration of Values to guide regional efforts; and, launch regional and local work
 - III. Launch region-wide parallel Indigenous-led process (September 2021) - invite all Indigenous stakeholders engaged to date to determine *“what does a parallel process look like that respects the integrated services that Indigenous providers provide and ensures that Indigenous peoples needs are met in a culturally sensitive way?”*
 - IV. Launch evolved Northwestern Ontario Regional Integrated Care Working Group (October 2021) – to advance regional system priorities:
 - Indigenous engagement (advancing a parallel process of engagement and system development)
 - Data & information (includes service mapping, and eventual population health data management); advise on Regional Health Information System renewal
 - Transitions in care; particularly between regional and local care; Mental Health and Addictions as a regional service planning priority
 Working Group will also support the following objectives/functions:
 - Communication and engagement
 - Information sharing across OHTs
 - Facilitating connection between regional specialized providers and OHTs/local models, to ensure effective planning and service provision (where necessary in early stages of model implementation/refinement)
 - V. Launch local integration/OHT work (October 2021) - develop OHT Planning Tables around the proposed integrated models/OHT (Dryden/Red Lake/Sioux Lookout; Thunder Bay/Nipigon; Marathon/Terrace Bay/Manitouawadge; and, Geraldton – TBD)
Key deliverables will include identification of: Vision; population focus (Year 1 and at maturity)
*Mental Health and Addictions and Digital as an overarching regional priority; team/partners; collaborative Decision Making Models; transformation opportunities/plans; and, implementation plans.

4. The Engagement Session summary report will be shared with all session participants and posted to the website (www.nwoic.ca) to ensure information has been captured accurately and to encourage further reflections and feedback.
 - Some additional engagement activities are scheduled over July, including primary care engagement within the City of Thunder Bay.
5. The Working Group will pause meetings over the summer to support an important period of rest and stabilization. The Working Group will meet again in September to begin work on the priorities identified.

Key Messages – June 28, 2021:

1. The 'Northwestern Ontario Integrated Care Working Group' (Working Group) met on June 28, 2021 to debrief on recent stakeholder engagement sessions and key takeaways, as well as to confirm next steps based on stakeholder feedback.
2. The Working Group endorsed next steps including:
 - A. Host PFAC Engagement Session to develop draft Patient/Person Declaration of Values (September 2021)
 - B. Host Regional Engagement Session (September 2021)
 - C. Launch region-wide parallel Indigenous-led process (September 2021)
 - D. Launch evolved Northwestern Ontario Regional Integrated Care Working Group (October 2021) – to advance regional system priorities
 - E. Launch local integration/OHT work (October 2021) – to formalize OHT applications
3. The Working Group will pause meetings over the summer to support an important period of rest and stabilization. The Working Group will meet again in September to begin work on the priorities identified.

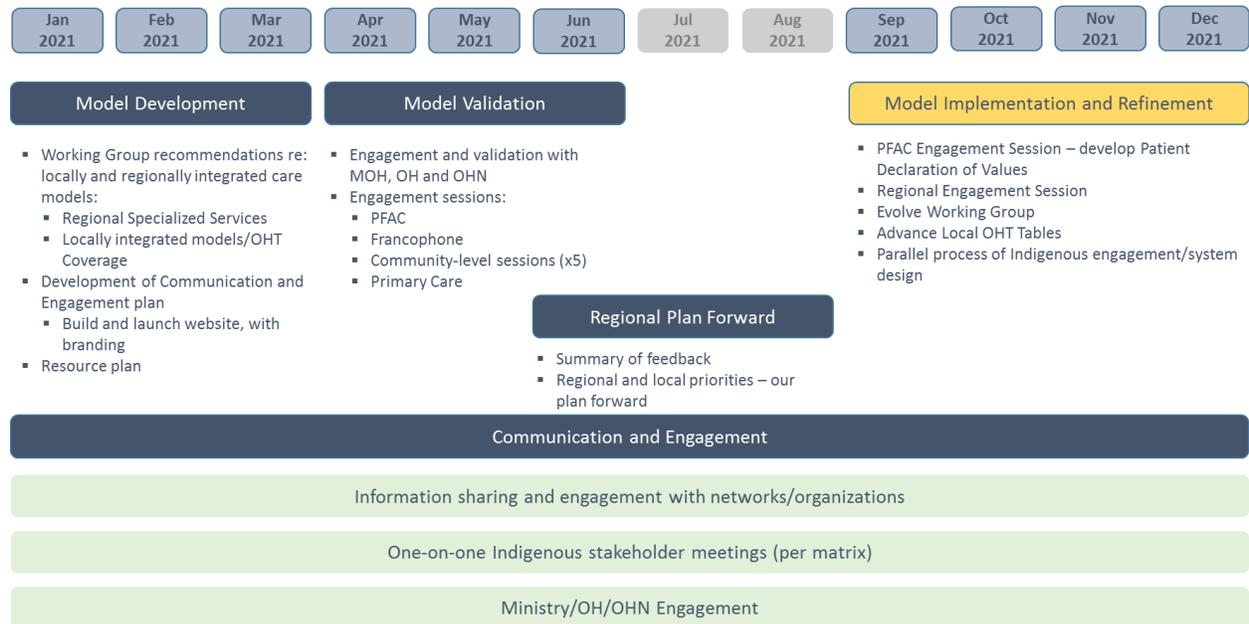
Northwestern Ontario Integrated Care

**Discussion Document: Summary of Plan and Proposed
Resources**

September 13, 2021

1.0 Overview and Approach

The image below provides an overview of the North West Integrated Care Working Group planning approach to date, and into the next phase:



The Plan Forward

Based on engagement feedback and work to date, the following next steps are proposed:

1. **PFAC Engagement Session to develop draft *Patient/Person Declaration of Values* (September 2021)**
2. **Launch region-wide parallel Indigenous-led process (October 2021)**
 - Invite all Indigenous stakeholders to engagement session to determine “*what does a parallel process look like that respects the integrated services that Indigenous providers provide and ensures that Indigenous peoples needs are met in a culturally sensitive way?*”
3. **Regional Engagement Session (October 2021)**
 - Share engagement session themes and next steps
 - Confirm our shared principles and the *Patient/Person Declaration of Values* to guide regional efforts
 - Launch regional and local work
4. **Renew Northwestern Ontario Integrated Care Working Group (October 2021)**
 - Advance regional system priorities:
 - i. Indigenous engagement (advancing a parallel process of engagement and system development)
 - ii. Data & information (includes service & data mapping, and eventual population health data management)
 - Include HIS renewal and regional digital strategy as a standing item for information and system alignment
 - iii. Transitions in care; specifically between regional and local care *can potentially leverage HQO Quality Standards as a guiding approach

- Mental Health and Addictions (as a regional service planning priority)
- Support the following objectives/functions:
 - i. Communication and engagement
 - ii. Information sharing across OHTs
 - iii. Facilitating connection between regional specialized providers and OHTs, to ensure effective planning and service provision (where necessary in early stages of model implementation/refinement)
 - iv. *Pending resources/funding, Project Management, Facilitation and Clinical Leadership*

5. Launch local integration/OHT work (October 2021)

- Develop OHT Planning Tables around the proposed integrated models/OHT:
 - Dryden/Red Lake/Sioux Lookout
 - Thunder Bay/Nipigon
 - Marathon/Terrace Bay/Manitouwadge
 - Geraldton – TBD (further engagement required)
- Locally led engagement
- Key deliverables will include identification of OHT:
 - Vision
 - Population focus (Year 1 and at maturity) *Mental Health and Addictions as an overarching regional priority
 - Team/partners
 - Collaborative Decision Making Models
 - Transformation opportunities/plans
 - Implementation plans

2.0 Resource Discussion (DRAFT)

It is helpful to think about resource requirements based on the different types and elements of this work. The table below summarizes the current and proposed future resource requirements.

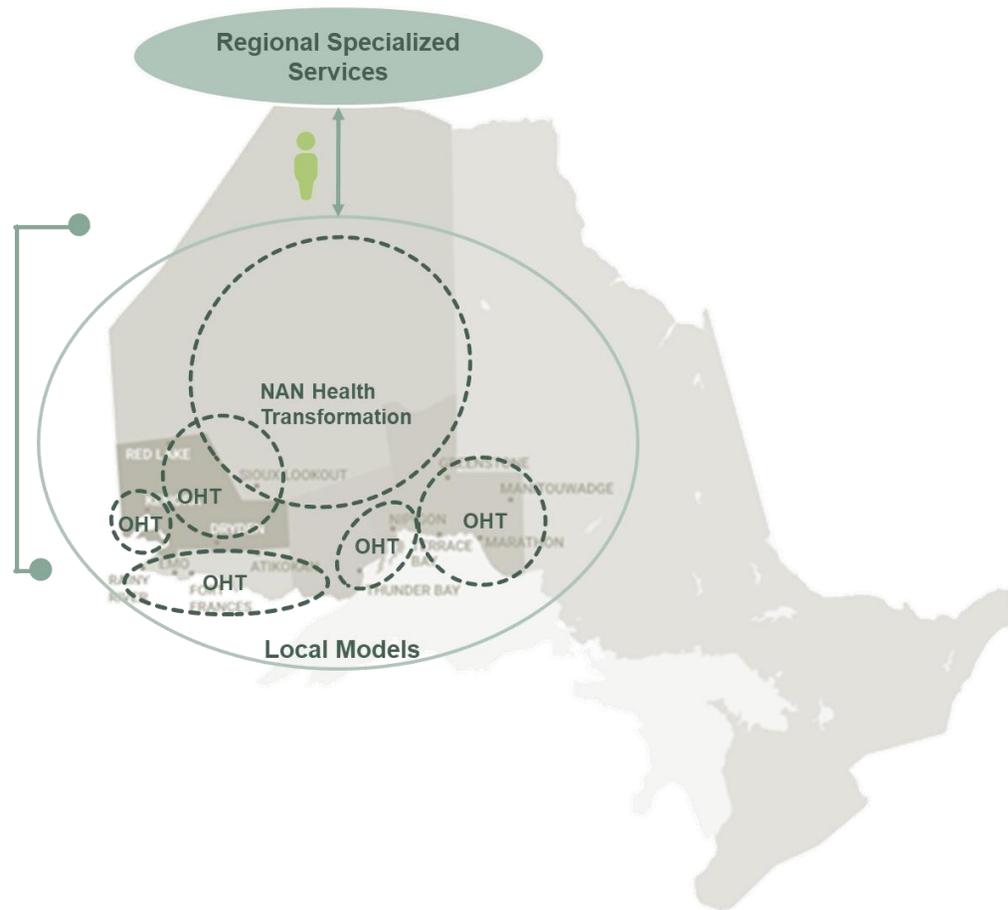
Level of Integration/ Structure	Purpose/Objective	Current Resources	DRAFT FOR DISCUSSION – Proposed Resource Requirements
<u>Regional</u> - Northwestern Ontario Integrated Care Working Group	<ul style="list-style-type: none"> • Advance system integration – specifically, implement and advance OHT development across the NW and mature specialized services structure(s) • Support alignment across all OHTs 	<ul style="list-style-type: none"> • Administrative Co-Chair – Jessica Logozzo (facilitation and PM included) • PFA Co-Chair – Jack Christy • Administrative Support – RTI portfolio <p>*all resources provided in-kind; no formal PM or DS resources assigned</p>	<ul style="list-style-type: none"> • Triad Leadership (within the system) <ul style="list-style-type: none"> ○ Administrative ○ PFA ○ Clinical – requires stipend • Project Management (1.0 FTE) • Facilitation (0.25 FTE) • Decision-support (0.5 FTE) <p><i>*discussions underway re: how OHN may align resources to support; will also seek opportunities through funding proposals to build capacity</i></p>
<u>Local</u> – Ontario Health Teams (cross- community integration)*	<ul style="list-style-type: none"> ○ Implement OHTs (x5) ○ Integrate care 	<p>Approved OHTs</p> <ul style="list-style-type: none"> ○ ANHP OHT – FHT ED seconded as OHT Lead + support from resources on priority areas + PC Lead ○ RRD OHT – no formal leadership yet; in kind resources <p>Evolving OHTs – no resources currently assigned</p>	<p>Per OHT (x5)</p> <ul style="list-style-type: none"> • Triad Leadership (within the system) <ul style="list-style-type: none"> ○ Administrative ○ PFA ○ Clinical – requires stipend (from OHT funds) • Project Management (1.0 FTE in early stages) • Facilitation (0.25 FTE) • Decision-support (0.5 FTE) <p><i>*discussions underway re: how OHN may align resources to support; will also seek opportunities through funding proposals to build capacity – once “approved” resources should be made available</i></p>

**differentiated from community-level integration AND/OR HSP-level integration*

**Building a system
where we can work
together to ensure the
needs of the population
are met...locally and
regionally**

Coordinated approach for planning 'Regional Specialized Services'
Northwestern Ontario Integrated Care Working Group
Triad Leadership (Admin/PFA/Clinical) *Clinical stipend
1.0 FTE Project Manager
0.25 FTE Facilitator
0.5 FTE Decision Support

A formalized network of locally integrated systems
(Local Health Hubs, SLFNHA and OHTs)
OHT Collaborative Tables
Per OHT
Triad Leadership (Admin/PFA/Clinical) *Clinical stipend
1.0 FTE Project Manager
0.25 FTE Facilitator
0.5 FTE Decision Support





OHT Patient Navigation and HCNS Alignment Planning Resource

FY2021/22 Funding Criteria

1. Introduction

Ontario Health Teams (OHTs) are responsible for developing 24/7 patient navigation services for their attributed populations. These services will be complemented by the provincial Health Care Navigation Service (Navigation Service) (currently in development) once it goes live, which will help both patients and providers to navigate our healthcare system more effectively.

To assist with this planning, the Ministry of Health is providing one-time funding support for both Approved OHTs and In-Development Teams seeking to become Ontario Health Teams who agree to complete a series of planning deliverables by March 31, 2022, in collaboration with Ontario Health's Navigation Service team. Participating OHTs and In-Development Teams will have an opportunity to work with Ontario Health and the identified Navigation Service Supplier to co-design the new provincial service.

This funding is intended to support the recovery of the health system by transforming how care is delivered and giving patients more choice in how and when they receive health care, including expanding access to virtual care services.

Interested OHTs should complete the template below and email it to their Ontario Health Regional Digital Leads before September 10, 2021.

2. Funding Requirements

Each participating OHT and In Development Team will be eligible to receive \$60,000 if they agree to:

- Sign a funding agreement with Ontario Health that will include planning deliverables and reporting requirements.
- Identify a lead planning resource by September 30, 2021, who will lead completion of the planning deliverables and participate actively in Navigation Service planning meetings.
- Agree to participate in future-phase planning and evolution of the provincial Navigation Service.

3. Planning Deliverables

Approved OHTs and In Development Teams who receive funding would be required to complete a series of planning deliverables by **March 31, 2022**: Expected planning deliverables include:

- Development of an Asset Inventory and Map, Analysis of Services and associated referral workflows within the OHT.
- Development of an inventory / summary document of current state data / information directories in use by HSPs / organizations to help inform the design and build of the Health Service Directory component of the Navigation Service.
- Co-design and complete a template for an Navigation Service-OHT Navigation Plan that describes how the OHT's Centralized Access Supports would connect via warm transfers with the Navigation Service solution in a standardized manner.

-
- Assist Ontario Health and Ministry of Health in working with the Navigation Service Supplier during the iterative design / build / test phase to ensure that Client Users representatives from across all OHTs are engaged in this stage.
 - Participation in a monthly regional OHT-Navigation Service advisory committee meeting.

4. Recommended Skill Set

- In depth knowledge of Ontario's OHT model and local OHT structure/plan
- Experience influencing systemic change in an established healthcare environment.
- Proven track record of being able to deliver on organizational targets.
- Actively engages in the identification and use of health-related data to support planning.
- Ability to influence change in a dynamic established environment.
- Project management experience in the healthcare setting a strong asset.
- Works cross-collaboratively with groups across the OHT to align approaches with other areas of work
- Develop effective and collaborative working relationships with the members of the Ontario Health Navigation Service and relevant internal/external stakeholders

Additional Competencies/Skills:

- Excellent interpersonal skills, with a track level of engaging health system leaders
- Self-starter, with outstanding customer service
- Effective communicator, able to communicate effectively and concisely, both orally and in writing, including effective presentation skills.
- Experience in health care with a minimum of five years of experience.
- Excellent understanding of Ontario's healthcare system and healthcare administration.
- Excellent problem-solving skills, negotiation, issues management, organizational, project management, decision making and analytical skills.
- Clinical or health care administrative background an asset, especially in a variety of care environments (Acute, Primary, Community)

5. Completion Instructions

Interested OHTs and In Development Teams should complete the application below and send to virtualcareproposals@ontariohealth.ca copying the appropriate Ontario Health Regional Digital Lead by September 10, 2021.

6. Application Form

Ontario Health Region	<input type="checkbox"/> Toronto Region (Toronto Central LHIN)
	<input type="checkbox"/> Central Region (Central, Mississauga Halton, Central West, and North Simcoe Muskoka LHINs)
	<input type="checkbox"/> East Region (Champlain, South East, Central East LHINs)
	<input type="checkbox"/> West Region (Waterloo Wellington, South West, Erie St. Clair, Hamilton Niagara Haldimand Brant LHINs)
	<input checked="" type="checkbox"/> North Region (North East and North West LHINs)

Ontario Health Team (OHT)	
The funding recipient should be the OHT fundholder. The health service provider organization identified below is agreeing to enter into an agreement with Ontario Health to manage and flow the funds to any other organizations and vendors involved in this project.	
Name of OHT	Northwestern Ontario Integrated Care Working Group
Key Contact at OHT	Jessica Logozzo, EVP, Regional Transformation and Integration
	logozzoj@tbh.net
	(807) 684-6015

Transfer Payment Recipient	
The funding recipient should be the OHT fundholder. The health service provider organization identified below is agreeing to enter into an agreement with Ontario Health to manage and flow the funds to any other organizations and vendors involved in this project.	
Legal Name of Transfer Payment Recipient:	Red Lake Margaret Cochenour Memorial Hospital
Executive Contact at Sponsoring Organization to be named in the Notice of the Funding Agreement.	Sue Lebeau, CEO, Red Lake Margaret Cochenour Memorial Hospital
	slebeau@redlakehospital.ca
	(807) 727-3800
Senior Financial Contact (CFO, CAO) at Sponsoring Org to respond to required requests related to the Funding Agreement.	Alex McAuley, CFO, Red Lake Margaret Cochenour Memorial Hospital
	amcauley@drhc.on.ca
	807-223-8201 ext 2256

Please describe your approach to identification/selection of the person that will perform this role and how the resource will benefit your OHT with the planning for the provision of 24/7 navigation supports (max 2 paragraphs).
The Northwestern Ontario Integrated Care Working Group is requesting funding to support 3 resources (1 per emerging OHT) to support: mapping of services; setting up navigation processes within local communities, within proposed OHTs (cross communities) and to regional services/pathways; and, advancing towards the implementation of a patient portal to support patient navigation. The resources will support the provincially defined deliverables for OHTs to develop 24/7 patient navigation services for their attributed populations that align with the Provincial Health Care Navigation Service; with focus on ensuring the needs of Francophone and Indigenous populations are met. The resources will also support work related to understanding needs and requirements for a future regionally integrated patient portal.

The resources will gather information from engagement activities to understand how to best set up a patient portal for their populations, and how to ensure it supports effective patient navigation – this will also include ideas on how to approach patient engagement and enrollment in a future patient portal. In terms of identification and selection of individuals, as soon as confirmation of funding is received, the roles will be posted and shared amongst all OHT partners to determine a suitable candidate. This will include the hiring of a new resource on a contract basis or a secondment of an existing resource to the role (with funds being used to backfill existing positions). The resources will be positioned within each of the three proposed OHTs in the North West (1. Dryden/Red Lake/Sioux Lookout communities; 2. Thunder Bay/Nipigon communities; 3. Marathon/Terrace Bay/Manitowadge/Geraldton communities) and will work collaboratively with other similar resources in the existing two approved OHTs in the North West (All Nations Health Partners and Rainy River District OHTs) – this will ensure a coordinated approach to building patient navigation resources and processes across the region, both locally and regionally.