

Northwestern Ontario Integrated Care Working Group

October 18, 2021

2:00 – 3:30 PM EST (1:00 – 2:30 PM CST)

Webex details: [CLICK HERE](#) | Meeting # 2339 297 6317 or dial: 647-484-1598

Meeting objectives:

1. Debrief on recent stakeholder engagement sessions and key takeaways
2. Advance our confirmed directions and next steps

Agenda:

Timing	Item	Detail	Lead
2:00 – 2:05 PM	1. Welcome, objectives and approval of agenda	<ul style="list-style-type: none"> • Welcome new attendees - primary care providers • Review and consider approval of agenda • Review and consider approval of previous meeting notes (September 13) [Attachment 1] • Reference 'key messages' document (September 13 meeting) [Attachment 2] 	J. Christy/ J. Logozzo
1. Accountability to system partners			
2:05 – 2:30 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] <ul style="list-style-type: none"> ○ North East OHT session 	All
2a. Advancing our strategic directions			
2:30 – 3:10 PM	3. Overall NWOIC Strategy	A. NWOIC Working Group Terms of Reference – discuss draft [Attachment 4]	J. Logozzo
	4. Priority 1: Engagement	A. Update on engagement sessions that have happened since last meeting: <ul style="list-style-type: none"> ○ Patient/Client/Resident/Family Session – September 29 ○ Indigenous Engagement Session – October 13 ○ NP Session – October 14 ○ Ministry/Ontario Health meetings B. Primary Care Provider Expression of Interest process [Attachment 5]	J. Logozzo
	5. Priority 2: Regional Maturity	A. OHT co-design sessions – finalize schedule, participants and approach	J. Logozzo
	6. Priority 3: Transitions in Care - MHA	A. TBDMHA Network – debrief on engagement B. HCNS Patient Navigation Initiative – update and next steps	J. Logozzo/ S. Lebeau
2b. Enablers and supports			
3:10 – 3:20 PM	7. Digital Health & Data	A. Update on regional digital work, including Health Information System renewal as an enabler of system integration B. Draft regional 'data' ask	C. Fedell/ J. Logozzo
3. Other			
3:20 – 3:25 PM	8. Other	<ul style="list-style-type: none"> • Open forum 	All
3:25 – 3:30 PM	9. Wrap up and Next Steps	<ul style="list-style-type: none"> • Next meetings: <ul style="list-style-type: none"> ○ November 8, 2021 ○ December 13, 2021 	J. Christy/ J. Logozzo

Meeting Notes
Northwestern Ontario Integrated Care Working Group

September 13, 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. Advance our confirmed directions
3. Share updates re: regional digital strategy

Attendees: Jessica Logozzo, Alice Bellavance, Karen Lusignan, Jack Christy, Marcia Scarrow, Sue LeBeau, Wayne Gates, Kelli O'Brien, Chantal Chartrand, Bobby Jo Smith, Jorge VanSlyke, Rob Kilgour, Lee Mesic, Juanita Lawson, Henry Wall, Rhonda Crocker Ellacott, Rob Kilgour, Nathaniel Izzo, Cindy Fedell, Dr. Kit Young Hoon

Regrets: Nancy Chamberlain, George Saarinen, David Newman, Diane Walker, Wayne Gates

Agenda:

Timing	Item	Detail
2:00 – 2:05 PM	Welcome, objectives and approval of agenda	Jessica called the meeting to order at 2:00 PM EST. The meeting agenda and previous meeting notes were approved as presented. Jack introduced Kelli O'Brien, CEO St. Joseph's Care Group and welcomed her to the Working Group.
1. Accountability to system partners		
2:05 – 2:25 PM	Stakeholder Feedback	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. No concerns or objections raised. Following each of our Working Group meetings, Jessica and Jack are meeting with David Newman and Ontario Health to review our work to date. Two Primary Care Engagement Sessions took place over the summer (1. Primary Care Physicians in the City of Thunder Bay – Jul 20; and, 2. Physician Summer School – Sep 10). These sessions have been successful in building awareness and commitment to OHTs (and other regional initiatives, i.e. HIS renewal). Two key takeaways from these sessions include: need for better interconnectedness and information sharing; and, request for formal clinician leadership in OHT work (with remuneration).
2a. Advancing our strategic directions		
2:25 – 2:55 PM	Overall NWOIC Strategy	Jessica highlighted where we are at and where we are going forward. Jessica reviewed the proposed strategy and the Working Group endorsed evolving to oversee three strategic priorities: 1. engagement; 2. regional maturity; 3. transitions in care; as well as supporting enablers (digital/HIS and data/pop health approaches). ACTION: Jessica will update the Terms of Reference and send to Working Group for endorsement; Working Group members to share with networks to get their endorsement and confirm membership. The Working Group agreed on the proposed resource model that includes – Project Management, Decision Support and Facilitation – that will be required to support regional and local OHT advancement. Discussions will

	continue with OHN re: alignment of their resources to support efforts, and funding opportunities will be pursued to try to secure these resources.
Priority 1: Engagement and Regional Maturity	<p>Jessica reviewed the previous, upcoming and proposed engagement sessions. The Working group agreed to move forward with the following dates:</p> <ul style="list-style-type: none"> ○ Patient/Client/Resident/Family Session – September 29 (7:00 – 8:30 PM EST) <i>[Jack and George]</i> ○ Indigenous Engagement Session – October 13 (2:00 – 4:00 PM EST) ○ Regional Session – October 20 (12:00 – 1:30 PM EST) <i>[Sue and Lee]</i> ○ NP Session – October 6 (12:00 – 1:00 PM EST) <i>[Karen and Juanita]</i> ○ Primary Care Providers Session – October 27 (12:00 – 1:00 PM EST) <i>[Sue and Lee]</i> <p><u>ACTION:</u> Kaleigh will send out appointments for the engagement sessions, Working Group members to advise Kaleigh which sessions they are able to lead/co-lead by Sept 21.</p> <p>The Working Group discussed and endorsed the proposed process/timelines for approval of the three proposed OHTs and regional structure with the aim to have fully approved by February 2022. Indigenous engagement will further inform this. Jessica and Sue will meet with the Ministry of Health (MOH) to finalize process. The Working Group also endorsed to have a triad leadership model going forward with an Administrative Lead, Patient Family Advisor Lead and Primary Care Provider Lead.</p> <p>Next steps:</p> <ul style="list-style-type: none"> ○ An invite will be extended to the three interested physicians to join Working Group meetings going forward. ○ An Expression of Interest process will be initiated to identify a Primary Care Provider to join in formal leadership role (with note that compensation model is pending), to ensure fair process. Call out will go out across the entire NW region. ○ Formal request will be made to OHN re: interim Primary Care Provider compensation. If we cannot secure funding and unsuccessful in securing a Lead, the topic will come back to the Working Group to identify other options.
Priority 2: Digital & Data	<p>The North West (and North East) have been unsuccessful in securing resources through the OHT Impact Fellowship (targeted to build decision support/population health management/research capacity into OHTs). Program leadership has reached out to discuss the North West's involvement in Phase 2 of the program (January 2022).</p> <p>Jessica, Karen and Colleen Neil (ANHP OHT Executive Lead) are meeting with Brianne Wood (Researcher, NOSM/TBRHRI) to discuss a regional plan/ask for the Phase 2 OHT Impact Fellowship opportunity, as well as whether there are interim opportunities. A proposed ask will be brought forward at the October Working Group meeting.</p>
Priority 3: Transitions in Care - MHA	<p>OH-HCNS patient navigation proposal will support this priority. <i>See Item 6 below.</i></p> <p>Jessica will engage with TBDMHAN and KRRDMHAN networks to discuss how this Working Group can support MHA priorities at a system/OHT level.</p>

2b. Enablers and supports		
2:55 – 3:30 PM	Strategic Funding Opportunities	<p>An application for the 'OH-HCNS patient navigation' funding was submitted on Sept 10 (developed by Sue, Chantal, Cindy, Jessica). MOH confirmed on Sept 13 that we are approved and will receive funding for three resources (\$60K x 3). This will tie to a broader proposal (Integrated Virtual Care) that will request Patient Navigators and website support (this broader proposal will be shared via email for endorsement by the Working Group). For the approved OH-HCNS patient navigation funding, the three planning resources need to be in place by September 30. Jessica will work with the MOH on a flexible approach.</p> <p>Additional funding proposals being pursued:</p> <ul style="list-style-type: none"> ○ OHT Impact Fellows Phase 2 – will attract resources re: decision support/population health management – per Item 4 above ○ Canadian Institute of Health Research (CIHR) grant to advance OHTs approaches to population health management and patient engagement (Northwestern Ontario is only regionally integrated model included in grant) – submitted Sep 15 <p>ACTION: Working Group to discuss with their networks/partners and identify potential resources (new hires or secondments) for Patient Navigation Planning Resource by September 20. Jessica will follow-up with the MOH to get flexibility on deadline and resource approach.</p>
3:30 – 3:45 PM	Digital Health	<p>Cindy Fedell, Regional Chief Information Officer provided an update on digital initiatives:</p> <ul style="list-style-type: none"> • Two priorities have been identified; cyber security and Hospital Information System (HIS) renewal <ul style="list-style-type: none"> ○ Cyber security utilizes a regional forum each month, which is a good sharing opportunity. The Ministry of Health asked for applications to be a pilot site on a Regional Security Operations Centre Pilot; a proposal was submitted with other partners. \$3M will be awarded to the successful applicants ○ HIS; the Digital Health Council has met twice since formation and they have outlined a three step process on whether or not we move to Meditech expense or go through the procurement process to look at other products. The Council is currently seeking input from frontline staff and patients. Meditech is hosting demonstrations and workshops for engagement and feedback.
3. Other		
3:45 – 3:55 PM	Other	<p>Jessica shared a conference opportunity: North American Conference on Integrated Care that will run October 4-7. There are 12 free seats allocated for members of this Working Group, please send any interest to Kaleigh Demeo (demeoka@tbh.net).</p>
3:55 – 4:00 PM	Wrap up and Next Steps	<p>Jessica adjourned the meeting at 3:59 PM EST.</p>

Northwestern Ontario Integrated Care Working Group Key Messages Document

Summary of September 13, 2021 Meeting:

1. The 'Northwestern Ontario Integrated Care Working Group' met on September 13. The objectives of the meeting were to:
 - Debrief on recent stakeholder engagement sessions and key takeaways
 - Advance our confirmed directions
 - Share updates re: regional digital strategy
2. Two Primary Care Engagement Sessions took place over the summer (1. Primary Care Physicians in the City of Thunder Bay – July 20; and, 2. Physician Summer School – September 10). These sessions have been successful in building awareness and commitment to OHTs (and other regional initiatives, i.e. HIS renewal). Two key takeaways from these sessions include: need for better interconnectedness and information sharing; and, request for formal clinician leadership in OHT work (with remuneration).
3. The Working Group will evolve to support three strategic priorities (below), as well as supporting enablers (digital/HIS and data/population health approaches), related to integrated care in the North West:
 1. Engagement
 2. Regional maturity of integrated care models (OHTs)
 3. Transitions in care
4. The Working Group agreed on a proposed resource model – including Project Management, Decision Support and Facilitation – that will be required to support regional and local OHT advancement. Discussions will continue with OHN re: alignment of their resources to support efforts, and funding opportunities will be pursued to try to secure these resources.
5. The Working Group endorsed having a triad leadership model (Administrative Lead, PFA Lead and Primary Care Provider Lead) for the regional Working Group. An Expression of Interest process will be initiated to identify a Primary Care Provider to join in a formal leadership role (with note that compensation model is pending), to ensure fair process. Call out will go out across the entire North West region.
6. The following engagement sessions were confirmed
 - Patient/Client/Resident/Family Session – scheduled: September 29 (7:00 – 8:30 PM EST)
 - Indigenous Engagement Session – proposed: October 13 (2:00 – 4:00 PM EST)
 - Regional Session – proposed: October 20 (12:00 – 1:30 PM EST)
 - NP Session – proposed: October 6 (12:00 – 1:00 PM EST)
 - Primary Care Provider Session – proposed: October 27 (12:00 – 1:00 PM EST)
7. The Working Group endorsed a proposed process/timelines to move ahead to formalize the three proposed OHTs and regional structure, including further engagement of stakeholders. The target is to have the model approved by the Ministry by February 2022. Indigenous engagement and broader stakeholder engagement will further inform this proposed timeline and approach.
8. The Working Group has been pursuing funding opportunities to help support the priority areas identified by stakeholders through engagement and discussion. Some examples:
 - An application for the 'Ontario Health – Health Care Navigation System Patient Navigation' funding was submitted on September 10. Approval of the funding was received on September 13 to hire three resources (aligned to the three proposed OHTs) to support service and referral mapping. This will tie to a broader proposal (Integrated Virtual Care) that will request Patient Navigators and website support.
 - OHT Impact Fellows Phase 2 – will attract resources re: decision support/population health management.
9. Cindy Fedell, Regional Chief Information Officer provided an update on digital initiatives:
 - Two priorities have been identified; cyber security and Hospital Information System (HIS) renewal
 - Cyber security – a regional forum meets each month to share information. The Ministry of Health asked for applications to be a pilot site for a Regional Security Operations Centre Pilot; a proposal was submitted for the North West that included ~37 system partners.
 - HIS - the Digital Health Council has met twice and have outlined a three step process on whether or not to move forward with Meditech Expanse or go through the procurement process to look at other products. The Council is currently seeking input from frontline staff and patients. The HIS renewal process includes broader system partners (both in the Digital Health Council and in the linkage to the NWOIC Working Group) to ensure it enables system integration.
10. Partners have been provided the opportunity to attend the North American Conference on Integrated Care – 12 seats have been allocated by the Ministry of Health and will be distributed to Working Group members, and broader partners as available.
11. The Working Group will meet again in October.

Key Messages – September 13, 2021:

1. The 'Northwestern Ontario Integrated Care Working Group' (Working Group) met on September 13, 2021 to debrief on recent stakeholder engagement sessions, advance the Working Groups key directions, and share updates related to the regional digital strategy.
2. The Working Group endorsed next steps including:
 - A. Evolve the Working Group to oversee three strategic priorities (1. Engagement, 2. regional maturity, and 3. transitions in care), as well as support enablers (digital/HIS and data/population health approaches), related to integrated care in the North West.
 - B. Implement a triad leadership model (Administrative Lead, PFA Lead and Primary Care Provider Lead) for the regional Working Group.
 - C. Continue stakeholder engagement – including Patients/Clients/Residents/Families, Indigenous, Nurse Practitioners, Primary Care Providers.
 - D. Continue to advance the three proposed OHTs and regional structure, including further engagement of stakeholders.
 - E. Pursue funding opportunities to help support the priority areas identified by stakeholders through engagement and discussion (i.e. Patient Navigation/transitions in care).
3. The Working Group will meet again in October to begin work on the priorities identified.

North West Regional Integrated Care Working Group

Phase 2

TERMS OF REFERENCE

1.0 Scope and Deliverables

The North West Regional Integrated Care Working Group (Working Group) is a time-limited group of system partners (cross geography, cross sectoral and cross lifespan), that will advance the following priorities and tactics:

1. Engagement

- Continue regional Patient/Client/Resident/Family/Caregiver engagement – develop a Declaration of Values
- Lead Indigenous engagement
- Continue broad stakeholder engagement and communication

2. Regional Maturity

- Support launch and maturation of three emerging Ontario Health Teams (OHTs) – submit Expression of Interest and full proposals (approval by February 2022)
- Ensure regional alignment across all OHTs, where appropriate - communications, knowledge sharing, specialized services, regional enablers, funding approaches, OHT Leads Network, etc.

3. Transitions in Care

- Pursue opportunities to build capacity (regionally and in OHTs) re: patient navigation (starting with resources to do service inventory mapping)
- Support Mental Health and Addictions (MHA) as a 'system' priority - engage current MHA system structures (KRRDMHAN and TBDMHAN) in understanding how to best support current priorities at a system level

4. Regional Enablers: Digital and Data

- Ensure alignment of digital strategies and opportunities – regional coordination, where appropriate
- Pursue opportunities to build regional infrastructure and capacity related to population health and data (e.g. champion regional proposals)
- Enable ongoing engagement on HIS renewal to ensure system perspective
- Pursue funding opportunities

The Working Group will also support continued communication and knowledge sharing across existing and emerging OHTs.

2.0 Guiding Principles

As we work together, we will:

- Keep the **patient/client/family at the centre** of all we do – we will make explicit the voice of the patient/client/family and the value or benefit they will realize
- Ensure **active involvement** of members – we share responsibility to get the work done and thus are accountable to each other and our patients/clients/families for the outcomes produced
- Ensure **respect** – we will come to the work with respect, compassion and courage
- Create space for, and listen intently to, the **diversity** of voices and perspectives
- Be **transparent** – we will share information (related to process and content) broadly and in a timely way
- **Engage in a meaningful and appropriate way** with the many people who can enrich the work
 - Representatives have a responsibility to solicit input from and report back to the participating organizations they represent; not just once in a while, but regularly. Participating organizations need to have an informed voice at the table, even if they are not at the table.
- **Focus** our work through a clarity of purpose and advance this work in a **timely** way!
- Challenge ourselves to **think boldly**
- Be intentional about **'systems' thinking** (vs. organizational thinking)

3.0 Accountability

The Working Group will function based on principles of collaboration, and as such will not have formal accountability to any one organization or structure. Each member will have accountability to their respective organization and/or existing sectoral or geographic networks that may already exist.

The Working Group (through the office of the Executive Vice President, Regional Transformation and Integration) will be responsible to provide a written meeting summary after each meeting summarizing their work and key agreements. This summary will be shared with all Working Group members.

It is the responsibility of each Working Group member to share the written meeting summary with their respective organizations, sectoral or geographic networks, as well as with broader system partners that may not be directly involved. Each Working Group member will also ensure that updates are brought forward to these stakeholders for discussion (e.g. adding as a standing agenda item to stakeholder meetings) to ensure information has been received and there is opportunity to engage meaningfully on topics and gather feedback.

Working Group members will bring all feedback back to the Working Group for consideration. A standing item will be included in the Working Group agenda to capture report backs from each Working Group member.

4.0 Decision-making Guidelines and Conflict Resolution

The Working Group will make recommendations related to the deliverables defined within their scope and responsibilities. Recommendations will be presented for endorsement to respective organizations (based on the scope of the decision/recommendation, to include those impacted). Depending on the nature or magnitude of the recommendation/decision, Board endorsement may be sought.

- The Working Group will engage and consult with respective organizational and sector colleagues before making recommendations.
- The Working Group will function by consensus and will only require a recorded vote if an impasse with respect to a decision is reached and efforts have been made to create consensus.
 - For the purpose of seeking consensus, all members will be given the opportunity to state where they are according to the following six levels:
 1. Full support
 2. Acceptable
 3. Support with reservations
 4. I am not thrilled with it, but I can live with it and will not block it
 5. Need more information or more discussion
 6. Cannot support it and cannot accept it

Further decision-making guidelines and conflict resolution processes may be developed with the Working Group once formed and scope/deliverables are confirmed.

5.0 Quorum

Quorum is a simple majority (50% plus 1) of the Working Group membership. Without quorum decisions (recommendations) cannot be made.

6.0 Length of Commitment

The proposed timeline for completion of the deliverables is 6 months; this will be reviewed and extended if necessary.

7.0 Meeting Frequency and Location

The Working Group will meet monthly, or as determined by the Co-Chairs. Meetings will be held virtually.

8.0 Membership

The Working Group will comprise members to ensure a **regional, cross sectoral** and **across the life span** approach; including:

- Patient/Client/Family/Caregiver(s)
- Community Support Services leadership
- Acute Care leadership
- Long-term Care leadership
- Home and Community Care (including Service Provider Organizations) leadership

- Children's sector leadership
- Primary Care leadership
- Social Services leadership
- Indigenous leadership
- **Primary Care Provider leadership**
- Mental Health and Addictions leadership
- Public Health leadership
- French Language Services leadership
- Emergency Medical Services leadership
- Others to be identified

Leads/representatives from approved OHTs will be invited to ensure linkages for information/knowledge sharing.

Membership will also include the Ontario Health North leadership to ensure alignment with Ontario Health and Ministry directions, and to leverage Ontario Health North expertise.

Delegates will not be allowed.

9.0 Chairs

The Working Group will be Co-Chaired (3 Chairs) by a Patient/Client/Family/Caregiver, a Primary Care Provider and another organizational member to be determined by the membership.

10.0 Resources

The Working Group will be supported by the Executive Vice President, Regional Transformation and Integration.

Other in-kind resources and necessary investments in resources will be identified by the Working Group.

Version date: October 18, 2021

Approval date: TBD

Primary Care Provider – Call for Interest

Release date: October 19, 2021

Expression of interest deadline: November 2, 2021

Work is underway to improve patient care through better integration across Northwestern Ontario.

The Northwestern Ontario Integrated Care Working Group is a group of approximately 30 cross-geography, cross-sectoral and cross-lifespan health and social services providers that are working together to advance integration across the region – including the advancement of Ontario Health Teams.

Primary Care Provider engagement and leadership is critical to this important work. We must have the voice, thoughts, insights and leadership of primary care providers at the table to build a system that will work for both patients and providers.

The Working Group is seeking an interested Primary Care Provider leader to join the Working Group in a Co-Chair position. This is an exciting and important leadership opportunity to be part of shaping the future of health care in Northwestern Ontario.

Further details on the role:

- The Primary Care Provider Chair will work collaboratively with the two (2) existing Chairs – a Patient Family Advisor and an Administrative Chair – to advance the work of the Working Group (see below).
- The time commitment is approximately **4-5 hours per month** – including: one Working Group meeting (1.5 hours), one preparation meeting (1 hour) and engagement/liaison with broader primary care stakeholders (1-2.5 hours), per month.
- The Working Group currently meets on the second Monday of each month.
- Funding for remuneration is being sought and will be provided at the Ontario Medical Association (OMA) recommended rates for attendance at meetings.

Details on the Working Group:

The Working Group exists to support system-level integration across the North West region, with a current focus on the advancement/maturation of Ontario Health Teams. The Working Group is focused on three strategic priorities (below), as well as supporting enablers (digital/HIS and data/population health approaches), related to integrated care in the North West:

- Engagement
- Regional maturity of integrated care models (OHTs)
- Transitions in care

Expression of Interest Process

To express interest, please contact Jessica Logozzo, Co-Chair, Northwestern Ontario Integrated Care Working Group, at (807) 632-3590 or logozzoj@tbh.net by **November 2, 2021** with a brief statement (500 words or less) that addresses the following two questions:

1. Why are you interested in this leadership position?
2. What regional/system level experience will you bring that will support the aim to *improve patient care through better integration across Northwestern Ontario*?