

## Northwestern Ontario Integrated Care Working Group

November 8, 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. Prepare for upcoming community-level emerging OHT co-design sessions
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"> <li>• Review and consider approval of agenda</li> <li>• Review and consider approval of previous meeting notes (October 18) <a href="#">[Attachment 1]</a></li> <li>• Reference 'key messages' document (October 18 meeting) <a href="#">[Attachment 2]</a></li> </ul>	J. Christy/ J. Logozzo
<b>1. Accountability to system partners</b>			
2:05 – 2:30 PM	2. Stakeholder Feedback	<ul style="list-style-type: none"> <li>• Roundtable sharing of feedback from stakeholder networks and other engagement activities – hot spots? <a href="#">[Attachment 3]</a> <ul style="list-style-type: none"> <li>○ Feedback on Terms of Reference – confirm any changes and seek approval</li> </ul> </li> </ul>	All
<b>2a. Advancing our strategic directions</b>			
2:30 – 3:10 PM	3. Priority 1: Engagement	<ul style="list-style-type: none"> <li>• Primary Care Provider Expression of Interest process – review EOIs and select Co-Chair <a href="#">[Attachment 4]</a></li> </ul>	J. Logozzo
	4. Priority 2: Regional Maturity	<ul style="list-style-type: none"> <li>• OHT co-design sessions                             <ul style="list-style-type: none"> <li>○ Finalize session content and approach</li> <li>○ Clarify any outstanding logistics</li> </ul> </li> </ul>	J. Logozzo
	5. Priority 3: Transitions in Care - MHA	<ul style="list-style-type: none"> <li>• HCNS Patient Navigation Initiative – update</li> </ul>	J. Logozzo/ S. Lebeau/ J. Lawson
<b>2b. Enablers and supports</b>			
3:10 – 3:20 PM	6. Digital Health & Data	<ul style="list-style-type: none"> <li>• Update on regional digital work, including Health Information System renewal as an enabler of system integration</li> </ul>	C. Fedell
<b>3. Other</b>			
3:20 – 3:25 PM	7. Other	<ul style="list-style-type: none"> <li>• CIHR grant opportunity with Trillium Health Partners - Wider Health Impacts of COVID-19 on Patients with Cancer and Multiple Comorbidities: A Parallel Mixed-Methods Study – seeking Working Group endorsement <a href="#">[Attachment 5]</a></li> </ul>	All
3:25 – 3:30 PM	8. Wrap up and Next Steps	<ul style="list-style-type: none"> <li>• Next meetings:                             <ul style="list-style-type: none"> <li>○ December 13, 2021</li> </ul> </li> </ul>	J. Christy/ J. Logozzo

## Meeting Notes: Northwestern Ontario Integrated Care Working Group

October 18, 2021

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

**Chairs:** Jack Christy, Jessica Logozzo

**Attendees:** Cindy Fedell, Deb Hardy, Rhonda Crocker Ellacott, Sue LeBeau, Chantal Chartrand, David Newman, Jennifer Wintermans, Jorge VanSlyke, Diane Walker, Kelli O'Brien, Rob Kilgour, Karen Lusignan, George Saarinen, Alice Bellavance, Dr. Mozzon, Juanita Lawson, Dan McCormick, Nathaniel Izzo, Nancy Chamberlain

### Meeting objectives:

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

### Agenda:

Timing	Item	Detail
2:00 – 2:05 PM	1. Welcome, objectives and approval of agenda	Jessica called the meeting to order at 2:02 PM EST. The agenda and previous meeting notes were approved as presented.
<b>1. Accountability to system partners</b>		
2:05 – 2:30 PM	2. Stakeholder Feedback	<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. Further feedback is incorporated into the stakeholder matrix. Diane Walker raised that it might be beneficial to do consultation with the Children's table. <b>ACTION: Jessica will attend a future Children's table meeting to update.</b></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.</p>
<b>2a. Advancing our strategic directions</b>		
2:30 – 3:10 PM	3. Overall NWOIC Strategy	<p>The Working Group reviewed the proposed draft terms of reference; key areas that were changed were under the scope and deliverables; this group would move away from making recommendations to overseeing the advancement of priorities. The Working Group will move toward a triad leadership that will now include a Primary Care Provider as well as Administrative and Patient and Family Advisor lead.</p> <p>The Working Group endorsed the terms of reference and the triad leadership model. The draft call for expression of interest for a Primary Care Provider lead was also endorsed, the call will go out to the region by October 22, hoping to have a Primary Care Provider Co-Lead by December.</p> <p><b>ACTION: All to share the Terms of Reference within their networks and bring back any changes to the November meeting for formal approval.</b></p>
	4. Priority 1: Engagement	<p>A number of engagement sessions were held over the past month:</p> <ul style="list-style-type: none"> <li>• Patients/Clients/Residents/Families – September 29</li> <li>• Indigenous partners – October 13</li> </ul>

		<ul style="list-style-type: none"> <li>Thunder Bay District Mental Health and Addictions Network – October 13</li> <li>Nurse Practitioners – October 14</li> </ul> <p>The sessions were well attended and feedback to date has been positive. Specific actions that have resulted from these engagements include:</p> <ul style="list-style-type: none"> <li>Patient/Resident/Client/Family/Caregivers to be invited to the community-level sessions (for the 3 proposed/emerging OHTs) in November/December. OHTs will be asked to adopt the Provincial Declaration of Values; with consideration of feedback from the North West Patient/Resident/Client/Family/Caregivers session.</li> <li>Indigenous partners will be included in local OHT discussions, from the start. A written statement/MOU that states the relationship and how we will work together will be developed – including common goals, principles for working together, commitments, etc.</li> <li>A call for Expressions of Interest will be sent to Primary Care Providers across the North West to identify a Primary Care Provider (Nurse Practitioner or Physician) to join the NWOIC Working Group in a formal leadership role.</li> </ul>
	5. Priority 2: Regional Maturity	<p>Jessica explained we are proposing to schedule 3 sessions over November and December to include all LHIN-funded health and social services providers, Primary Care and Indigenous providers to be invited as well, any others that Working Group members or partners should be included. The purpose of these sessions is to confirm committed partners wanting to move forward with an OHT Expression of Interest to the Ministry by December. Pending review from the Ministry, the full application process will be completed over January/February 2022, with the aim to have full approval of OHTs across the North West by March 2022.</p> <p><b>ACTION: Working Group to review the invite list for these sessions and identify anyone who is missing as well as volunteers to lead sessions. Once lists are confirmed, we will poll the participants for agreeable session dates.</b></p>
	6. Priority 3: Transitions in Care – MHA a. TBDMHA Network  b. HCNS Patient Navigation	<p>The Thunder Bay District Mental Health and Addictions network met on October 13, Jessica and Jack attended to discuss OHT work to date. Key themes around HHR and MHA needing to be look at as a system level issue. We need to build a system across the region rather than a collection of programs.</p> <p>Jessica noted key takeaways were to ensure HHR is discussed at OHT emerging tables, and that we have a common goal around transitions in care. RRDOHT and All Nations Health Partners have this as a year 1 population and the 3 emerging OHTs need to follow and also have this common goal.</p> <p>Jessica noted we were successful in receiving \$180K for 3 resources to support patient navigation activity to help inform provincial work. Jessica asked the Working Group if they have any resources that could be assigned to do this work, if they do to please let her know as soon as possible.</p>
<b>2b. Enablers and supports</b>		
3:10 – 3:20 PM	7. Digital Health & Data	Cindy Fedell, Regional Chief Information Officer provided an update on digital initiatives. The Digital Health Council (DHC) is still in the process of reviewing Health Information System (HIS) renewal and setting a

		direction. Evidence from industry analysts and experts was reviewed over the summer; as well, feedback and engagement with staff, clinicians, patients and family was collected. Engagement to date has been very good.
<b>3. Other</b>		
3:20 – 3:25 PM	8. Other	None.
3:25 – 3:30 PM	9. Wrap up and Next Steps	Jessica adjourned the meeting at 3:20 PM EST. The Working Group will meet again in November.

# Northwestern Ontario Integrated Care Working Group

## Key Messages Document

### Summary of October 18, 2021 Meeting:

1. The 'Northwestern Ontario Integrated Care Working Group' met on October 18. The objectives of the meeting were to:
  - Debrief on recent stakeholder engagement sessions and key takeaways
  - Advance our confirmed directions and next steps
2. A number of engagement sessions were held over the past month. The key take-aways from these sessions are summarized below:
  - Patients/Clients/Residents/Families – September 29
    - Overall, agreement that the provincial Declaration of Values is well done and needs to be implemented locally.
    - Need to emphasize principles of equity, respect, diversity and accountability. Need to focus on marginalized and/or under-represented groups, including Indigenous.
    - Participants recommend that providers and OHTs adopt the Declaration of Values locally – need OHTs to be accountable for embedding in everything they do – OHTs and individual organizations (i.e. post publically and commit to living the values; incorporate into quality metrics). Suggest to engage patients/people locally, ongoing (PFAC want to lead/be involved!)
  - Indigenous partners – October 13
    - Overall, agreement from those engaged in discussion that we need to move forward, together, with acknowledgement that...
      - We need to address systemic change in the system
      - We need to building meaningful relationships first – move from reactive to proactive
      - We need to address change at a policy level, as well as from the ground up (commitment at leadership level and education/involvement of front-line staff)
      - We need direct engagement with Indigenous people (be present, listen, hear the difficult stories)
      - We need to acknowledge Metis
    - Next steps include:
      - Include Indigenous partners in local OHT discussions, from the start
      - Develop a written statement/MOU that states the relationship and how we will work together – common goals, principles for working together, commitments, etc. We need to embrace and incorporate ceremony.
      - Follow up meeting; with time to reflect
      - Engage with NAN and AN and their Chiefs Councils – address resolutions that have been made
      - Invite federal partners to the discussion
  - Thunder Bay District Mental Health and Addictions Network – October 13
    - Health Human Resources (HHR) needs to be looked as a system-level issue; as hospitals do their work, we need to think about MHA as a system impact. Identify HHR as a regional enabler.
    - Agree with 'transitions in care' as a priority. Need community/hospital partnerships and demonstration projects to address.
    - Need a 'collective response' – we have a 'collection of programs' not a system – build the 'system' needs to be the priority.
    - Equity – needs to be more visible and needs to be measured. Need to ensure that we engage vulnerable populations, including those that are experiencing homelessness, in a meaningful way.
  - Nurse Practitioners – October 14
    - Challenges/opportunities that need to be addressed:
      - Integration of EMRs (acute, LTC, Primary Care) and sharing of information (improve consent processes)
      - Access to services
      - Increase of NPs to support increased access to primary care services (attachment)
      - Mentoring/coaching of new practitioners
      - Eliminating barriers to NP practice
    - Next steps:
      - Share summary of discussion – invite further reflections

- Include NPs in Primary Care Provider Co-Chair Expression of Interest process
3. The Working Group endorsed the updated Terms of Reference for their work, which will see the Working Group 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 (focus on MHA)
  4. The Working Group endorsed the Expression of Interest process to identify a Primary Care Provider to join in a formal leadership role. The call out will go out across the entire North West region by October 22. The goal is to have a Primary Care Provider Co-Lead in place by December.
  5. Community-level sessions will be held including partners from each of the emerging/proposed OHTs (1. Sioux Lookout/Red Lake/Dryden; 2. Thunder Bay/Nipigon/Greenstone; and, 3. Marathon/Terrace Bay/Manitouwadge/Greenstone) in November and December with the intention to confirm committed partners wanting to move forward with an OHT Expression of Interest to the Ministry by December. Pending review from the Ministry, the full application process will be completed over January/February 2022, with the aim to have full approval of OHTs across the North West by March 2022.
  6. Cindy Fedell, Regional Chief Information Officer provided an update on digital initiatives. The Digital Health Council (DHC) is still in the process of reviewing Health Information System (HIS) renewal and setting a direction. Evidence from industry analysts and experts was reviewed over the summer; as well, feedback and engagement with staff, clinicians, patients and family was collected. Engagement to date has been very good.
  7. The Working Group will meet again in November.

#### **Key Messages – October 18, 2021:**

1. The 'Northwestern Ontario Integrated Care Working Group' (Working Group) met on October 18, 2021 to debrief on recent stakeholder engagement sessions and advance the Working Groups key directions, which include: engagement, regional maturity and supporting transitions in care; as well as, supporting enablers (digital/HIS and data/population health approaches) related to integrated care in the North West.
2. Community-level sessions will be held in November/December, including partners from each of the emerging/proposed OHTs (1. Sioux Lookout/Red Lake/Dryden; 2. Thunder Bay/Nipigon/Greenstone; and, 3. Marathon/Terrace Bay/Manitouwadge/Greenstone). The purpose of these sessions is to confirm committed partners wanting to move forward with an OHT Expression of Interest to the Ministry by December. Pending review from the Ministry, the full application process will be completed over January/February 2022, with the aim to have full approval of OHTs across the North West by March 2022.
3. Key engagement sessions held over the past month include: Patient/Resident/Client/Family/Caregivers (September 29); Indigenous Partners (October 13); and, Nurse Practitioners (October 14). All engagement sessions resulted in a desire from stakeholders to continue to be involved in the work going forward. Specific actions that have resulted from these engagements include:
  - A. Patient/Resident/Client/Family/Caregivers to be invited to the community-level sessions (for the 3 proposed/emerging OHTs) in November/December. OHTs will be asked to adopt the Provincial Declaration of Values; with consideration of feedback from the North West Patient/Resident/Client/Family/Caregivers session.
  - B. Indigenous partners will be included in local OHT discussions, from the start. A written statement/MOU that states the relationship and how we will work together will be developed – including common goals, principles for working together, commitments, etc.
  - C. A call for Expressions of Interest will be sent to Primary Care Providers across the North West to identify a Primary Care Provider (Nurse Practitioner or Physician) to join the NWOIC Working Group in a formal leadership role.

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## Primary Care Provider – Call for Interest

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### Expression of Interest Process

To express interest, please provide 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*?

Expressions of Interest Received:

- Dr. Jon Johnsen, Family Physician – Fort William FHT
- Dr. Madhu Azad, Physician, Lead – Superior FHO
- Susan McConnell, Nurse Practitioner – North Shore FHT

Submitted to:  
Northwestern Ontario Integrated Care Working Group Members

November 4, 2021

**Re: Primary Care Provider Expression of Interest**

Dear Northwestern Ontario Integrated Care Working Group Members:

I am pleased to submit my Expression of Interest for the Primary Care Provider Co-Lead of the Northwestern Ontario Integrated Care Working Group.

***Why am I interested in this leadership position?***

Quite frankly we all know that the health care system lacks integration across many sectors. The unique thing in primary care is that it intersects all parts of the healthcare system, so is especially vulnerable to poorly integrated systems. This is a problem in a system that still largely relies on primary care as the gateway to the system. It is also a problem for a system that purports to make primary care the foundation of the system but has done little to back up that claim.

I believe that engaging primary care in the process of OHT development is essential. I am also aware that the high degree of cynicism and skepticism about the direction of these processes is a challenge. In speaking to colleagues, many are not confident in the system's ability to achieve significant change and would not consider taking a role like this. My history of leadership in practice has allowed me to see that significant changes can occur, but often need to be in incremental steps, building support as you go.

***What regional/system level experience will I bring that will support the aim to improve patient care through better integration across Northwestern Ontario?***

I am currently an actively practicing family doctor at Fort William FHT. I have held several positions in the past relating to primary care system issues. In my recent work as Primary Care Lead for the Northwest Local Health Integration Network (LHIN) one of our primary considerations was the integration issues that the working group is currently considering. Prior to that I was involved with the OMA in a number of roles including board representation, negotiations, implementation of negotiated agreements, and primary care representation. These roles gave me insight into the entire breadth of the health care system. It also allowed me to develop a network of relationships throughout Northwestern Ontario which would serve this working group well.

I thank you for your consideration.

Sincerely,  
Dr. Jon Johnsen

Submitted to:  
Northwestern Ontario Integrated Care Working Group Members

November 3, 2021

**Re: Primary Care Provider Expression of Interest**

Dear Jessica,

Thank you for sending out the notification for joining the Health integration working group. Please see my statement of interest.

***Why are you interested in this Leadership position?***

I believe health care integration is vital for a sustainable healthcare model. I also believe that Primary care needs to be an important part of this process. The base of the pyramid. I am a firm believer in primary care, having worked in different healthcare settings including the NHS in England. I have seen the benefits of an integrated health system. Starting with the patient experience is important and no HC system can function in silos. In my day to day practice as a primary care provider I hear patients and their experience of the healthcare system in Ontario. I want to use my experience as a ground level practicing Primary care physician and speak for an improved patient experience. I am interested in human centred design and I believe health care integration needs better designing given the resources we have. I can look at a problem through a systems lens and problem solve by collaborating. Primary care needs to be involved in any healthcare integration process and I can bring in my varied experience to collaborate in this system design.

I am currently going through a Masters programme at McGill (International Masters in Healthcare Leadership) that looks at transforming Leadership in healthcare in different settings. I can use the expertise and knowledge gained from this to understand, collaborate and create collectively a network of services and providers that serve our population better. A key part of this intervention will be to add value to our existing healthcare system in Northwestern Ontario. We are a unique geography and population which needs a tailored and efficient approach to sustainable healthcare. I have the lens to see this having worked in varied demographics in three different nations and healthcare systems.

My biggest motivation in getting involved in this position is to have an opportunity to take the voice of patients from the consulting room to help in the formation of a patient centred efficient healthcare system.

***What regional/system level experience will you bring that will support the aim to improve patient care through better integration across Northwestern Ontario?***

I have an exposure and experience of working across various settings in Primary and secondary care in different international settings including Canada. I have also had the opportunity to be exposed to Healthcare in a resource strapped country such as Cuba.

I have been in Canada for 8 years all of which were spent in Northwestern Ontario. I have had a sense of the priorities, gaps and needs of patients based on my practice and also observing closely my husbands (specialist) practice where patients have to travel in to Thunder Bay from remote rural communities. I hear of the plight of patients who do not have basic primary and ancillary services often having to be transferred even for minor clinical issues.

As Lead of my practice I am currently involved in expanding our Family Health Organisation to better serve our patients. We have 4 new physicians joining our practice and our Physicians will be adding in services like adolescent Mental Health, chronic pain and addictions and wound care to our repertoire. This expansion project is creating the experience I need in implementation. I come with an open mind, a willingness to learn and collaborate to create a community of passionate providers to create a high value integrated model of health care for our patients.

Kind regards,

Dr Madhu Azad

Dr Madhu Azad ,DRCOG, MRCP (UK), CCFP  
Lead, Superior FHO  
Thunder Bay

Submitted to:  
Northwestern Ontario Integrated Care Working Group Members

October 28, 2021

**Re: Primary Care Provider Expression of Interest**

Thank you for the opportunity to apply for the Primary Care Provider Chair position.

In response to your question why I am interested in this leadership position is that I am very passionate about improving access to health care for the residents of our region and my community. I believe that Ontario Health teams will create a seamless system whereby our patients' will be able to navigate the health care system in a timely manner and hopefully will also have access to navigators should they need them to facilitate their care. Currently there are too many barriers and layers to accessing care. Presently with our current system patients are on wait lists to access specialists and diagnostics tests or they are unable to even access a primary health care provider. Unfortunately, I have seen firsthand the impact of these treatment delays on my patients for it has impacted their critical cancer treatment or access to mental health services to name but a few issues as a result of these delays.

In response to your question what regional/system level experience you will bring to support the aim to improve patient care through better integration across Northwestern Ontario I have more than 30 years' experience in health care in both rural, and community levels. Prior to becoming a nurse practitioner, I worked at a small rural hospital in the capacity of an ER/floor nurse, diabetes educator, and chemotherapy nurse. I also worked in the community as a visiting nurse. Since becoming a nurse practitioner 17 years ago I have been working for a family health team and more recently I am also working casual at the Community Health Center. My role as a nurse practitioner has allowed me to improve patient access to care as they are able to see the right provider for their concerns and alleviate the burden of care on the physicians in our community. I also see the benefit of collaborative practice with other providers such as the health unit or Mental health services collaboration to improve access to treatment and preventive care. I have also been the regional representative for the Nurse Practitioner Association of Ontario and I am currently on the HPV steering committee, and the board of the Lakehead NP led clinic so thus I also have experience in other capacities other than as a nurse.

Thank you for giving me the opportunity for applying for this position. Please feel free to contact me should you require any further information

Susan McConnell, NP-PHC, MPH

November 3, 2021

Dear CIHR Review Committee:

We are pleased to support Drs. Mehdi Ammi, Kerry Kuluski and their team in their application to CIHR to understand the impacts of COVID-19 on cancer patients, including those that are also managing multiple chronic conditions.

The Northwestern Ontario Integrated Care Working Group, with Thunder Bay Regional Health Sciences Centre (TBRHSC) as a member organization, will gain tremendous benefit as a knowledge user to the proposal entitled *“Wider Health Impacts of COVID-19 on Patients with Cancer and Multiple Comorbidities: A Parallel Mixed-Methods Study.”* It is in line with our collective aim to better understand the needs and experiences of the populations we serve, including cancer patients, and the impacts of COVID-19 on their care and outcomes.

The Northwestern Ontario Integrated Care Working Group consists of 30 health system partners across the region. Our goal is to achieve better system integration across our region, including better coverage and coordination of services, and a coordinated approach to specialized services including cancer care. We are also identifying resources and supports that are required in the future; thus their study which will identify optional models of care for oncology and multi-morbidity patients, is timely.

We will support Drs. Mehdi and Kuluski in linking with our local population (including decision makers, care providers, care partners and patients/clients/residents) during the various stages of their project. We (Jessica Logozzo, EVP, Regional Transformation and Integration and, Jack Christy, Co-Chair of the Northwestern Ontario Integrated Care Working Group) will also participate in the project Steering Committee. Jack Christy is a Patient Family Advisor, and will provide a patient voice and lead efforts to ensure robust and meaningful patient, client, resident and family engagement throughout the process – a continued pillar of our work. To date we have engaged over 30 Patient Family Advisors from across the North West region.

We are eager to provide our network of expertise, including patient/client/resident and family advisors, leaders across the North West, and researchers from the Northern Ontario School of Medicine. We are also thrilled to collaborate with Trillium Health Partners to learn about their experiences.

This grant is an exceptional opportunity, and we are honoured and excited to be involved. The project has the potential to impact integrated health systems and optimal cancer care as we move into the COVID recovery period.

We are pleased to partner in this application and look forward to hearing the results of the competition.

Sincerely,



Jack Christy  
Patient Family Advisor  
Co-Chair, Northwestern Ontario Integrated Care Working Group



Jessica Logozzo  
Executive Vice President, Regional Transformation and Integration  
(integrated leadership role, reporting to the 12 hospitals in Northwestern Ontario and supporting broader system partners)  
Co-Chair, Northwestern Ontario Integrated Care Working Group