

Northwestern Ontario Integrated Care Working Group

December 13, 2021

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

Webex details: [CLICK HERE](#) | Meeting # 2344 899 5528 or dial: 647-484-1598

Meeting objectives:

1. Debrief on community-level emerging OHT co-design sessions; confirm next steps
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 Dr. Nicole Zavagnin and Kelsey Hoogsteen • Review and consider approval of agenda • Review and consider approval of previous meeting notes (November 8) [Attachment 1] • Reference 'key messages' document (November 8 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] • Final Terms of Reference [Attachment 4] 	All
2a. Advancing our strategic directions			
2:30 – 3:10 PM	3. Priority 1: Engagement	<ul style="list-style-type: none"> • Share updates on key engagement sessions <ul style="list-style-type: none"> ○ Greenstone (November 24) ○ Long-term care (November 29) ○ Regional service providers (deferred to new year) ○ Regional Primary Care Providers (proposed: January 14) [Attachment 5] ○ Ministry/OHN – <i>NOTE: a meeting has been requested with the Minister of Health's Office on December 21 to brief the Minister's Office on the North West model</i> • Indigenous Charter – update <ul style="list-style-type: none"> ○ Indigenous Primary Health Care Council meetings and updates 	J. Logozzo/ J. Lawson/ L. Mesic/ K. O'Brien/ D. Walker
	4. Priority 2: Regional Maturity	<ul style="list-style-type: none"> • OHT community-level co-design sessions <ul style="list-style-type: none"> ○ Summary from session Leads ○ Update on proposed model ○ Next steps • Self-assessment document – discuss draft submission to Ministry [will be sent under separate cover] 	S. Lebeau/ J. Lawson/ D. Walker
	5. Priority 3: Transitions in Care	<ul style="list-style-type: none"> • HCNS Patient Navigation Initiative – update 	J. Logozzo/ S. Lebeau/ J. Lawson
2b. Enablers and supports			
3:10 – 3:20 PM	6. Digital Health & Data	<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			
3:20 – 3:25 PM	7. Other – Funding and Research	<ul style="list-style-type: none"> • OHT Impact Fellowship application [Attachment 6] • Website funding 	All
3:25 – 3:30 PM	8. Wrap up and Next Steps	<ul style="list-style-type: none"> • Next meetings: <ul style="list-style-type: none"> ○ January 10, 2022 (2:00 – 3:30 PM EST) ○ February 14 (2:00 – 3:30 PM EST) ○ March 14 (2:00 – 3:30 PM EST) 	J. Christy/ J. Logozzo

Meeting Notes: Northwestern Ontario Integrated Care Working Group

November 8, 2021 | 2:00 – 3:30 PM EST (1:00 – 2:30 PM CST)

Chairs: Jack Christy, Jessica Logozzo

Attendees: Karen Lusignan, Diane Walker, Alice Bellavance, Bobby Jo Smith, Marcia Scarrow, Sue LeBeau, Chantal Chartrand, David Newman, Juanita Lawson, Kelli O'Brien, Cori Watson, Nathaniel Izzo, Dan McCormick, Wayne Gates, Jorge VanSlyke, Rob Kilgour, Kiirsti Stilla, Nancy Chamberlain, Rhonda Crocker Ellacott

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
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 minutes were approved as presented.
1. Accountability to system partners		
2:05 – 2:30 PM	2. Stakeholder Feedback	Jessica asked Working Group members to provide updates on who they engaged and if there were any hot spots that arose. Feedback is incorporated into the stakeholder matrix. The Working Group members also shared the Terms of Reference, no concerns from networks. Two pieces of feedback raised by the Working Group on the Terms of Reference include: <ul style="list-style-type: none"> • Incorporate statement on equity • Ensure consideration of FLS – Chantal to provide
2a. Advancing our strategic directions		
2:30 – 3:10 PM	3. Priority 1: Engagement	The Working Group received and reviewed the expressions of interest for a Primary Care co-lead on this Working Group. Two late submissions were received, after thorough discussion the Working Group decided to accept the late applications and include them in the process. It was also decided to vote for an additional Primary Care Provider standing member to be on the Working Group going forward. <p>ACTION: Kaleigh will resend the Expressions of Interest and ask Working Group members to vote on one (1) Primary Care Provider Co-Lead and one (1) Primary Care Provider standing member - one will be a physician and one will be a Nurse Practitioner.</p>
	4. Priority 2: Regional Maturity	Jessica explained community-level sessions are being scheduled to bring partners together with the proposed OHT communities to move to the next step – to confirm willing partners and to identify opportunities to work together that will improve care for the people within your communities. Three virtual sessions are being scheduled for each emerging OHT over the end of November and early December. <p>The focus of these sessions is to:</p> <ul style="list-style-type: none"> • Discuss how partners, Indigenous and non-Indigenous, will commit to working together toward systemic change and reconciliation.

		<ul style="list-style-type: none"> Identify committed partners that are interested in proceeding with a partnership focused on improving care for the people within their communities. Confirm process to proceed with an Ontario Health Team Expression of Interest. <p>All Ontario Health-funded health and human services providers, Indigenous partners/providers, Primary Care Providers and patient/client/resident/caregivers are invited to these sessions. Given that the initial invite will not reach all partners, those that do receive the invite are encouraged to share the invite with anyone that may be missing or flag to Kaleigh Demeo anyone that should be included.</p> <p>The proposed OHT model is not finalized. These sessions also present opportunity to refine the model and partnerships. A session with regional specialized service providers is also being scheduled to discuss how to ensure coordination and alignment of regional programs with local OHTs.</p> <p><u>ACTION:</u> Working Group members to review the list distributed and notify Kaleigh of any contacts missing, as well, advise if interested in helping lead the sessions.</p>
	5. Priority 3: Transitions in Care - MHA	Jessica provided an update on the HCNS Patient Navigation Initiative. As noted at the October meeting; \$180k was received related to patient navigation resources and how we can review the current state to help build something that works even better. Red Lake Hospital and NW Community Health Centres have found resources to help complete this important work.
2b. Enablers and supports		
3:10 – 3:20 PM	6. Digital Health & Data	The Digital Health Council (DHC) met last week and they are in the process of recommending whether or not we should be going to procurement or go with the newest version of Meditech Expanse for Health Information System renewal. The DHC conducted a lot of engagement over the summer and fall to help with their decision, and will be making a recommendation to the NW Region Hospital CEOs in November on how to proceed.
3. Other		
3:20 – 3:25 PM	7. Other	Jessica Logozzo and Jack Christy have been approached by researchers at Trillium Health Partners to be part of a Canadian Institute for Health Research (CIHR) grant opportunity entitled: “Wider Health Impacts of COVID-19 on Patients with Cancer and Multiple Comorbidities: A Parallel Mixed-Methods Study”. The study seeks to identify optimal cancer care models of care as we move into the COVID-19 recovery period. Jessica and Jack were asked to sign a letter of support for this study that was included in the meeting package for review. The Working Group endorsed this opportunity.
3:25 – 3:30 PM	8. Wrap up and Next Steps	Jessica adjourned the meeting at 3:28 PM EST. Next meeting is set for Monday, December 13, 2021.

Northwestern Ontario Integrated Care Working Group Key Messages Document

Summary of November 8, 2021 Meeting:

1. The 'Northwestern Ontario Integrated Care Working Group' met on November 8. The objectives of the meeting were to:
 - Prepare for upcoming community-level emerging Ontario Health Team co-design sessions
 - Advance confirmed directions and next steps
2. The Working Group Terms of Reference for Phase 2 deliverables were discussed. Working Group members had shared the draft Terms of Reference with members of their respective networks. The following feedback was brought forward and will be incorporated in the final Terms of Reference:
 - Acknowledge focus on Indigenous, Metis and Francophone populations
 - Incorporate consideration of social determinants of health
3. A call for Expressions of Interest (EOI) was sent out to Primary Care Providers to seek those interested in being a co-lead on the Northwestern Ontario Integrated Care Working Group. The Working Group received a number of EOIs. The Working Group endorsed having one Primary Care Provider Co-Lead and one Primary Care Provider standing member - one will be a physician and one will be a Nurse Practitioner. The Working Group members will review the full package of EOIs and vote by email. The successful individuals will be invited to the next Working Group meeting.
4. Community-level sessions are being scheduled to bring partners together within the proposed Ontario Health Team communities to move to the next step – to confirm willing partners and to identify opportunities to work together that will improve care for the people within your communities. Three virtual sessions are being scheduled (for each emerging OHT) over the weeks of November 29 to December 17. The focus of these sessions is to:
 - Discuss how partners, Indigenous and non-Indigenous, will commit to working together toward systemic change and reconciliation.
 - Identify committed partners that are interested in proceeding with a partnership focused on improving care for the people within their communities.
 - Confirm process to proceed with an Ontario Health Team Expression of Interest.

All Ontario Health-funded health and human services providers, Indigenous partners/providers, Primary Care Providers and patient/client/resident/caregivers are invited to these sessions. Given that the initial invite will not reach all partners, those that do receive the invite are encouraged to share the invite with anyone that may be missing or flag to Kaleigh Demeo anyone that should be included.

The proposed OHT model is not finalized. These sessions also present opportunity to refine the model and partnerships.

A session with regional specialized service providers is also being scheduled to discuss how to ensure coordination and alignment of regional programs with local OHTs.

5. Discussions are advancing related to the next steps that were identified at the October 13 Indigenous engagement session. It was recommended at the October 13 session to “develop a written statement/MOU that states the relationship and how we will work together – common goals, principles for working together, commitments, etc.” A call out for volunteers to develop the statement/MOU was sent in follow up to the October 13 session. Those that volunteered will meet on November 10 to advance the work. Any others interested in being part of this work are encouraged to reach out to Jessica Logozzo at any time. The work will be shared broadly and transparently.
6. Jessica Logozzo and Jack Christy have been approached by researchers at Trillium Health Partners to be part of a Canadian Institute for Health Research (CIHR) grant opportunity entitled: “*Wider Health Impacts of COVID-19 on Patients with Cancer and Multiple Comorbidities: A Parallel Mixed-Methods Study*”. The study seeks to identify optimal cancer care models of care as we move into the COVID-19 recovery period. The Working Group endorsed a letter of support for this study.

7. The Working Group will meet again in December.

Key Messages – November 8, 2021:

1. The 'Northwestern Ontario Integrated Care Working Group' (Working Group) met on November 8, 2021 to prepare for upcoming community-level co-design sessions and advance the Working Group's key directions.
2. Community-level sessions are being scheduled in November/December, including partners from each of the emerging/proposed OHTs. The purpose of these sessions is to: discuss how Indigenous and non-Indigenous partners will commit to working together toward systemic change and reconciliation; identify committed partners that are interested in proceeding with a partnership focused on improving care for the people within their communities; and, confirm process to proceed with an Ontario Health Team Expression of Interest. The target remains to have the OHT Expressions of Interest submitted 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. *NOTE: these timelines are solely intended to keep the discussions advancing and are not intended to rush any of the important relationship building steps that will need to take place in parallel and will extend well beyond any preliminary timelines/milestones that are set in this initial process.*

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.
- [EDIT PER 11/13 DISCUSSION] **Champion a focus on health equity, as a shared vision and value**
- [EDIT PER 11/13 DISCUSSION] **Ensure that the unique voices of Indigenous, Metis and Francophone partners are heard**
- **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 or 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: December 13, 2021

Approval date: TBD

Proposed distribution date: December 14, 2021

Good Morning Everyone,

We hope you are doing well. We are reaching out to provide an update on the work underway in our region related to integrated care and Ontario Health Teams (OHT), as well as to invite you to an engagement session in the new year (January 14).

1. Primary Care Provider Leadership Announcement - as a result of engagement with Primary Care Providers to date, we heard loud and clear that integrated care and OHT work needs to be led in partnership with Primary Care, and that leadership needs to be appropriately recognized and compensated. As such, we put out a call for interested Primary Care Providers (physicians and Nurse Practitioners) to co-lead the Northwestern Integrated Care Working Group.

We are extremely happy to announce that **Dr. Nicole Zavagnin** will take on the role of the Primary Care Co-Lead of the Working Group, working closely with Jack Christy as the Client Family Co-Lead and Jessica Logozzo as the Administrative Co-Lead. We are also excited to announce that **Kelsey Hoogsteen**, Nurse Practitioner from North West CHCs will also join the Working Group as a Primary Care Provider representative. Both Nicole and Kelsey will provide leadership in engaging with Primary Care to ensure your voice, your thoughts, and your insights are brought forward to build a system that will work for both patients and primary care providers. Please look forward to hearing from Nicole (nicolejz@me.com) and Kelsey (kelseyhoogsteen@gmail.com) - if you have questions or want to engage, please reach out to them at their emails indicated above.

2. Engagement session - January 12 at 12:00 - 1:15 PM EST (11:00 - 12:15 PM CST) - we have been hosting many engagement sessions over the past six months to get the perspectives of broader stakeholders. As discussions related to Ontario Health Teams move along, we want to be sure you are up to date and can contribute to these discussions. While there have been various community-level sessions that have taken place that we hope you have been able to participate in, we will be scheduling a Primary Care Provider-specific session to ensure your thoughts are captured.

The session will be scheduled for **January 12 at 12:00 - 1:15 PM EST (11:00 - 12:15 PM CST)**. The focus of the session will be to:

- Provide an update on integrated care work and OHTs across our region
- Share information on other OHTs (including All Nations Health Partners and other provincial examples) and how they are engaging and integrating primary care
- Provide an update on the regional Health Information System renewal
- Discuss feedback

We will continue to share the Working Group key messages for ongoing communication with this group - see all key messages posted on the website (www.nwoic.ca).

Thank you,

Jack Christy and Jessica Logozzo (on behalf of the Northwestern Ontario Integrated Care Working Group)

DRAFT CONTENT FOR DISCUSSION**1. OHT Name ***

OHT Location: **Northwestern Ontario**

City or geographic location of OHT: **Northwestern Ontario (inclusive of All Nations Health Partners, Rainy River District and two emerging OHTs)**

OHT Website (if applicable): <https://www.anhp.net/>; www.nwoic.ca

2. OHT Primary Contact *

First Name: **Colleen**

Last Name: **Neil**

Primary Contact Email *

TBD

Are you willing to be contacted by prospective Fellows to discuss projects? ***Yes**

3. Host Mentor *

First Name: **TBD**

Last Name: **TBD**

Position / Title: **TBD**

4. OHT Priority Areas *

Identify priority areas (strategic priorities, content areas, programs or projects, methodological areas) of relevance that would benefit from a fellow's expertise.

0/100

Northwestern Ontario is focused on advancing a regionally and locally integrated model of care. The region has two approved OHTs (All Nations Health Partners and Rainy River District, along with two emerging OHTs to provide full regional coverage). OHT partners have agreed to take a collaborative approach to the Impact Fellowship opportunity.

The region is requesting three (3) OHT Impact Fellows, to work as a team across the two approved, and two emerging OHTs, with the focus of: building the data and population health planning systems and frameworks necessary for a regionally and locally integrated system.

5. OHT Goals *

Identify a clear goal that the OHT would like to achieve within the next year that would benefit from an OHT Impact Fellow's leadership and attention.

0/100

The goals for the OHT Impact Fellow, include:

1. **Develop the data framework and supporting platforms** for a regionally and locally integrated system; including:
 - Mapping of current data infrastructure to inform a regionally and locally aligned data strategy (common metrics and collection) that will support population health management
 - Access segmented data for population health planning that is meaningful for local and regional work
2. **Build an evaluation framework and implementation plan**
3. **Support implementation of regional improvement projects** – focused on support of appropriate Collaborative Quality Improvement Plans (cQIP).

6. Proposed Projects *

Describe the nature of the work the fellow can anticipate engaging in and whether it is a discrete project or a program of work (series of interrelated projects). Note: Work should be able to be accomplished within the 1-year fellowship.

0/500

We are seeking an OHT Fellow to support a regional program of work focused on *building the foundations of a regionally and locally integrated system of care*. The projects related to this program of work include:

1. **Regional data inventory and infrastructure**
 - Create a map/inventory of current data/information sources; including where there are data gaps, challenges and opportunities
 - Develop a regional data strategy and infrastructure
 - Evaluate the data needs of data infrastructure and its obstacles
 - Create a process for common data metrics and collection that can be aligned regionally and support ongoing population health management and system planning

Overall the data strategy needs to address the following needs:

- Access to accurate and meaningful administrative, population health, and workforce data, across the continuum of care to support local and system-level decision-making in health organizations in North West Ontario
- Data analytics human resources/expertise to support data mining, analysis, interpretation and presentation (to lay audiences); also to support liaison with MOH and OHTs to ensure OHT data needs are met and issues are resolved at the level of subject expertise.
- Development and implementation of common/synergistic data platforms (locally and regionally); including development of common dashboards, indicator development (e.g. to support collaborative Quality Improvement Plans) and common search methodologies – to support data comparison across the region. We need the ability to bridge data into the systems for analysis.

2. ***TBD* Evaluation framework** – develop tools to implement a value-based evaluation framework to measure whether integration activities are achieving intended goals.
 - Select key initiatives to evaluate to support ongoing regional and local OHT work; examples include:
 - i. Regional specialized services/programs
 - ii. Effectiveness of regional planning structures/processes
 - iii. Effectiveness of engagement activities – one example may include evaluation of ongoing clinical (and potentially other end user) involvement in the regional Health Information System renewal
3. **Ad hoc - facilitation and research to support service/process improvements** – regional areas of focus: Mental Health and Addictions and/or transitions in care
4. Build capacity with local OHTs and broader system partners including academic networks to support ongoing research, quality improvement, evaluation and interprofessional education – linkage with All Nations Health Partners OHT, Rainy River District OHT, Centre for Social Accountability at NOSM, data sharing between primary care practice-based research network at NOSM (NORTH) and a general internal medicine database at TBRHSC (GEMINI)

Project Summary *

Please summarize your project in 1-2 sentences. This will be shared with potential Fellows.

0/50

A unique opportunity to develop foundational structures and methodologies to support a regionally and locally integrated system of care (including linkage to multiple OHTs). Areas of research/support include: development of a regional data inventory and supporting infrastructure, value-based evaluation framework to support population health management and research, and quality improvement initiatives.

7. Desired Competencies *

List any specific essential competencies you're seeking in a fellow. E.g., is it essential for a fellow to have advanced statistical training, familiarity with large data sets, experience with stakeholder engagement, etc.?

0/100

- Quantitative and qualitative analysis
- System-level thinking
- Evaluation
- Stakeholder engagement and facilitation, particularly in a Northern Ontario context
- Familiarity with health services research and health professional education in Northern Ontario
- Leadership and initiative

Does Your OHT Require a Fellow with Bilingual Proficiency? *

No; but preferred.

8. Readiness to Host a Fellow *

Describe the OHT's readiness to host a fellow starting in September 2021, and the team or group that the fellow would be working with. Consider whether the timing of priority projects that would benefit from a fellow's evaluation and analytic skills coincide with the September 2021-August 2022 fellowship timeline, whether an executive-level decision maker within the OHT that has interest and capacity to mentor a fellow, whether your OHT is able to meaningfully embed and engage the fellow as a core member of the team, and whether your OHT is at the stage where you would find assistance in evaluation, rapid learning, and improvement

0/250

The All Nations OHT and Rainy River District OHTs , in partnership with the two emerging OHTs in the region, are keen to host a 'cluster' of Fellows to support regional and local work towards integrated care.

The Working Group will warmly welcome a Fellow to be integrally involved in the work. The Fellow will be engaged and embedded in the work in the following ways:

- Connection and collaboration with a team of Fellows supporting the North West, to advance collective goals and provide peer-mentorship
- Linkage to all four OHT tables in the North West
- Member of the Northwestern Ontario Integrated Working Group (regional coordinating structure)
- LIST MENTORSHIP FROM APPROVED OHT LEADERSHIP
- Program Mentorship by Working Group Co-Chair, Jessica Logozzo (EVP, Regional Transformation and Integration) who will work closely with the Fellow to ensure that their professional objectives are met
- Academic Mentorship by Dr. Erin Cameron, PhD Medical Education, Assistant Professor, Northern Ontario School of Medicine & Chair, Medical Education Research Lab in the North (MERLIN) *Brianne Wood?
- Patient/family/client/resident centred care Mentorship by Working Group Co-Chair, Jack Christy (PFA Representative) who will work with the Fellow on program goals and ensuring patient-centred focus and input
- Linkages with other academic collaborators – i.e. Centre for Social Accountability at NOSM, RISE, etc.
- Plus any other ways the Fellow may find value

The North West is uniquely positioned for this opportunity. As you can see by the nature of the projects we are proposing, we are in an exciting and important phase of 'setting the foundations'. An OHT Fellow will be critical setting a solid foundation grounded in sound methodologies and approaches. The Fellow will benefit from being part of shaping a unique approach to integrated care in a rural and Northern context.

Preferred Work Arrangement for Fellow * (in person, virtual, a mix)

Mix (would be okay with virtual)

9. Opportunities for Professional Growth and Development

Describe the opportunities your OHT can offer a fellow to accelerate their professional growth and development. Why is your OHT a valuable learning environment for a fellow?

0/100

System partners in Northwestern Ontario are advancing an innovative approach to regional and locally integrated care, which is setting a precedent in the province. This is an opportunity to be part of a unique approach to integrated care within a Northern environment that aims to advance health equity and improve health outcomes.

Our approach provides opportunity for the OHT Fellow to work as part of a collaborative cluster of OHTs and broader system partners.

Established relationships within and between diverse stakeholders in Northwestern Ontario – multiple OHTs, regional integration structures, Lakehead University, NOSM – ensure clear translational pathways to mobilize project outputs.

10. Additional Information (can upload documents)

Include economic development links