

## Northwestern Ontario Integrated Care Working Group

January 10, 2022

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

Webex details: [CLICK HERE](#) | Meeting # 2330 377 5099 or dial: 647-484-1598

### Meeting objectives:

1. Debrief on community-level emerging OHT co-design sessions; and,
2. Review draft Expression of Interest document and confirm next steps for submission.

### 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 (December 13) <a href="#">[Attachment 1]</a></li> <li>• Reference 'key messages' document (December 13 meeting) <a href="#">[Attachment 2]</a></li> </ul>	J. Logozzo
<b>1. Accountability to system partners</b>			
2:05 – 2:20 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></li> </ul>	All
<b>2a. Advancing our strategic directions</b>			
2:20 – 3:00 PM	3. Priority 1: Engagement	<ul style="list-style-type: none"> <li>• Share updates on key engagement sessions                             <ul style="list-style-type: none"> <li>○ City and District of Thunder Bay (December 15)</li> <li>○ Sioux Lookout/Dryden/Red Lake (January 6)</li> </ul> </li> <li>• Upcoming engagement sessions:                             <ul style="list-style-type: none"> <li>○ Minister's Office Briefing (January 11)</li> <li>○ Regional Primary Care Providers (January 12)</li> <li>○ Regional service providers (January 17)</li> </ul> </li> <li>• Indigenous</li> </ul>	J. Logozzo/ J. Lawson/ D. Walker/ S. Lebeau/
	4. Priority 2: Regional Maturity	<ul style="list-style-type: none"> <li>• Review draft Expression of Interest document</li> </ul>	J. Logozzo
	5. Priority 3: Transitions in Care	<ul style="list-style-type: none"> <li>• Discuss any emerging topics</li> </ul>	All
<b>2b. Enablers and supports</b>			
3:00 – 3:20 PM	6. Digital Health & Data	<ul style="list-style-type: none"> <li>• Update on regional digital work, including Health Information System renewal</li> <li>• Patient Portal funding – discuss draft regional proposal <a href="#">[draft proposal to be shared at meeting]</a></li> </ul>	C. Fedell
<b>3. Other</b>			
3:20 – 3:25 PM	7. Other – Funding and Research	<ul style="list-style-type: none"> <li>• Patient Navigation – update</li> <li>• Website development – updates</li> </ul>	J. Logozzo S. Lebeau
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>○ February 14 (2:00 – 3:30 PM EST)</li> <li>○ March 14 (2:00 – 3:30 PM EST)</li> </ul> </li> </ul>	J. Logozzo

## Meeting Notes: Northwestern Ontario Integrated Care Working Group

December 13, 2021 | 2:00 – 3:30 PM EST (1:00 – 2:30 PM CST)

**Chairs:** Jack Christy, Jessica Logozzo

**Attendees:** Alice Bellavance, Bill Bradica, Bobby Jo Smith, Chantal Chartrand, Cindy Fedell, Cori Watson, David Newman, Diane Walker, Dr. Jeremy Mozzon, Juanita Lawson, Karen Lusignan, Kelsey Hoogsteen, Lee Mesic, Marcia Scarrow, Nancy Chamberlain, Rhonda Crocker Ellacott, Rob Kilbour, Sue LeBeau

### 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	<p>Jessica called the meeting to order at 2:06 PM EST. The agenda and previous minutes were approved as presented. Two new members were welcomed to the Working Group; Dr. Nicole Zavagnin and Kelsey Hoogsteen.</p> <p>Dr. Nicole Zavagnin will be taking the role of Primary Care Co-Lead on the Working Group, and Kelsey Hoogsteen, Nurse Practitioner with NorWest Community Health Centres, will be the other Primary Care Provider representative.</p>
<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. Feedback is incorporated into the stakeholder matrix.</p> <p>Jessica provided an update on the Terms of Reference noting it has been updated to include Indigenous and Francophone populations, as well as health equity as a shared vision and value. The Working Group discussed if partnership is the best word to use when referencing our Indigenous communities and decided we should reach out to see how they would like that phrased. Francophone and Indigenous should be two separate points; Jessica will update and share at the next Working Group meeting.</p>
<b>2a. Advancing our strategic directions</b>		
2:30 – 3:10 PM	3. Priority 1: Engagement <ul style="list-style-type: none"> <li>• Share updates on key engagement sessions</li> <li>• Greenstone (November 24)</li> </ul>	<p>Community-level sessions were held in November and December to bring partners together within the proposed Ontario Health Team (OHT) communities to discuss how we can advance partnerships - first and foremost toward systemic change, truth and reconciliation and, as appropriate, as an Ontario Health Team.</p> <p>All Ontario Health-funded health and human services providers, Indigenous partners/providers, Primary Care Providers and patient/client/resident/caregivers were invited to these sessions.</p> <p>The key outcomes of the sessions included:</p> <ul style="list-style-type: none"> <li>• Greenstone, Marathon, Terrace Bay, Manitouwadge, Nipigon &amp; Thunder Bay partners (met on December 1, 8 and 15)               <ul style="list-style-type: none"> <li>○ Agreement to begin to work as one OHT – City and District of Thunder Bay – with recognition that the unique voice/needs/strengths of the District communities needs to be understood</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Long-term care (November 29)</li> <li>• Regional service providers (December 6)</li> <li>• Ministry/OHN – ongoing</li> </ul> <p>Indigenous Charter – update</p>	<p>through the work. [NOTE: this represents a shift from the original model, based on stakeholder feedback]</p> <ul style="list-style-type: none"> <li>○ Agreement that the OHT is a reasonable structure to proceed with; while at the same time needing to advance broader partnership including working together as Indigenous and non-Indigenous partners.</li> <li>• Sioux Lookout, Red Lake and Dryden partners (met on December 6) <ul style="list-style-type: none"> <li>○ Agreement that there is value to work together in partnership across the three communities</li> <li>○ The group agreed to reconvene to continue discussion in January</li> </ul> </li> </ul> <p>A number of other engagement sessions have been held since the last meeting, including:</p> <ul style="list-style-type: none"> <li>• Long-term Care Providers (small focus group) – November 29</li> <li>• Children and Youth MHA Planning Table – December 13</li> </ul> <p>Upcoming engagements include:</p> <ul style="list-style-type: none"> <li>• Session with regional specialized service providers to discuss how to ensure coordination and alignment of regional programs with local OHTs – proposed January 17</li> <li>• Regional Primary Care Providers – proposed January 12</li> <li>• Ministry of Health and Ontario Health briefing – proposed mid-January</li> </ul> <p>The Working Group, and system partners, are targeting full approval of the North West OHT model by March 2022. Next steps include:</p> <ul style="list-style-type: none"> <li>• Follow up sessions with community-level stakeholders (City and District of Thunder Bay &amp; Sioux Lookout/Red Lake/Dryden) – mid-January <ul style="list-style-type: none"> <li>○ Objective: confirm partners (across the continuum) and finalize Expression of Interest document</li> </ul> </li> <li>• Submit Expression of Interest document to Ministry of Health – late January</li> <li>• Complete full application – February and March</li> </ul> <p>There are ongoing conversations taking place locally and provincially related to Indigenous-led processes and partnerships that we will be respectful of as these discussions advance in parallel. The OHT models being proposed will respect First Nation jurisdiction and sovereignty and look to Indigenous peoples on how to move ahead in true partnership. This is an area that requires meaningful and ongoing discussion, and it will take time. We genuinely look for ongoing guidance on how best to advance these discussions. In that spirit, we will schedule a follow up session as a continuation of the conversation held with Indigenous partners on October 13th.</p>
<b>2b. Enablers and supports</b>		
3:10 – 3:20 PM	4. Digital Health & Data	Cindy Fedell provided an update on HIS renewal noting the Digital Health Council (DHC) has been working with experts in the field for several months and made the recommendation to the NW Region CEOs to stay with Meditech Expanse and their newer version. This recommendation involved a lot of engagement across the region.

		Next steps will be how the DHC can support moving forward and working together with OHTs from a digital perspective.
<b>3. Other</b>		
3:20 – 3:25 PM	5. Other – Funding and Research	The Working Group supported an application for the provincial OHT Impact Fellowship program. This a collaborative application across the two approved OHTs (All Nations Health Partners & Rainy River District) and two emerging OHTs, where the common focus of the resources will be to build data and population health planning resources that can better inform the decisions and resource allocation for services across Northwestern Ontario.
3:25 – 3:30 PM	6. Wrap up and Next Steps	Jessica adjourned the meeting at 3:34 PM EST

## Northwestern Ontario Integrated Care Working Group Key Messages Document

### Summary of December 13, 2021 Meeting:

1. The 'Northwestern Ontario Integrated Care Working Group' met on December 13. The objectives of the meeting were to:
  - Debrief on community-level emerging OHT co-design sessions; and,
  - Advance next steps based on stakeholder feedback.
2. Two new members were welcomed to the Working Group - Dr. Nicole Zavagnin and Kelsey Hoogsteen.

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

Dr. Nicole Zavagnin has taken 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. Kelsey Hoogsteen, Nurse Practitioner from North West Community Health Centres has also joined the Working Group as a Primary Care Provider representative. Both Nicole and Kelsey will provide leadership in engaging with Primary Care to ensure the voice, thoughts, and insights of Primary Care Providers are brought forward to build a system that will work for both patients and 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.

3. Community-level sessions were held in November and December to bring partners together within the proposed Ontario Health Team (OHT) communities to discuss how we can advance partnerships - first and foremost toward systemic change, truth and reconciliation and, as appropriate, as an Ontario Health Team.

All Ontario Health-funded health and human services providers, Indigenous partners/providers, Primary Care Providers and patient/client/resident/caregivers were invited to these sessions.

The key outcomes of the sessions included:

- Greenstone, Marathon, Terrace Bay, Manitouwadge, Nipigon & Thunder Bay partners (met on December 1, 8 and 15)
  - Agreement to begin to work as one OHT – City and District of Thunder Bay – with recognition that the unique voice/needs/strengths of the District communities needs to be understood through the work. *[NOTE: this represents a shift from the original model, based on stakeholder feedback]*
  - Agreement that the OHT is a reasonable structure to proceed with; while at the same time needing to advance broader partnership including working together as Indigenous and non-Indigenous partners.
  - Some common initial priority areas were identified, including: systemic racism, truth and reconciliation; standardized transitions in care/pathways; Mental Health and Addictions; and Health Human Resources.
  - Noted gaps in engagement: Indigenous – need to work together not just at the start, but the whole way through; and, Primary Care.
- Sioux Lookout, Red Lake and Dryden partners (met on December 6)
  - Agreement that there is value to work together in partnership across the three communities
  - Discussion included:
    - Collaborating in an atmosphere of trust, respect, reconciliation and recognition of Indigenous communities' needs
    - Options for working together, on a continuum spanning from observation, to partnership, to co-creation of an Ontario Health Team
    - Jurisdictional challenges between federally and provincially-served communities
    - The opportunity to shape our region's healthcare system
  - The top two healthcare issues to work on: Mental Health and Addictions and Access to Care
  - The group agreed to reconvene to continue discussion in January

4. The Working Group, and system partners, are targeting full approval of the North West OHT model by March 2022. Next steps include:
  - Follow up sessions with community-level stakeholders (City and District of Thunder Bay & Sioux Lookout/Red Lake/Dryden) – mid-January
    - Objective: confirm partners (across the continuum) and finalize Expression of Interest document
  - Submit Expression of Interest document to Ministry of Health – late January
  - Complete full application – February and March
5. There are ongoing conversations taking place locally and provincially related to Indigenous-led processes and partnerships that we will be respectful of as these discussions advance in parallel. The OHT models being proposed will respect First Nation jurisdiction and sovereignty and look to Indigenous peoples on how to move ahead in true partnership. This is an area that requires meaningful and ongoing discussion, and it will take time. We genuinely look for ongoing guidance on how best to advance these discussions. In that spirit, we will schedule a follow up session as a continuation of the conversation held with Indigenous partners on October 13th. Please look for more communication on this in the new year and reach out if you are interested in meeting individually.
6. A number of other engagement sessions have been held since the last meeting, including:
  - Long-term Care Providers (small focus group) – November 29
  - Children and Youth MHA Planning Table – December 13

Upcoming engagements include:

- Session with regional specialized service providers to discuss how to ensure coordination and alignment of regional programs with local OHTs – proposed January 17
  - Regional Primary Care Providers – proposed January 12
  - Ministry of Health and Ontario Health briefing – proposed mid-January
7. The Working Group supported an application for the provincial OHT Impact Fellowship program. This a collaborative application across the two approved OHTs (All Nations Health Partners & Rainy River District) and two emerging OHTs, where the common focus of the resources will be to build data and population health planning resources that can better inform the decisions and resource allocation for services across NWO.
  8. The Working Group will meet again in January.

#### **Key Messages – December 13, 2021:**

1. The 'Northwestern Ontario Integrated Care Working Group' (Working Group) met on December 13, 2021 to debrief on community-level emerging OHT co-design sessions and advance next steps based on stakeholder feedback.
2. Community-level sessions were held in November and December to bring partners together within the proposed Ontario Health Team (OHT) communities to discuss how we can advance partnerships - first and foremost toward systemic change, truth and reconciliation and, as appropriate, as an Ontario Health Team. As a result of those sessions, there was agreement among Greenstone, Marathon, Terrace Bay, Manitouwadge, Nipigon & Thunder Bay partners to work towards one OHT (City and District of Thunder Bay) and among Sioux Lookout, Red Lake and Dryden partners to continue discussions towards partnership and OHT development. There was also agreement regarding the need for connection to regional specialized services and a coordinated approach to this. Follow up sessions will take place in January in order to confirm organization's commitment to this work, either as a signatory on the OHT 'expression of interest' or as a partner (across a continuum of partnership, as appropriate).
3. The Working Group, and system partners, are targeting full approval of the North West OHT model by March 2022. The Working Group will meet again in January.