North West Regional Integrated Care Working Group

February 8, 2021
2:00 – 4:00 PM EST (1:00 – 3:00 PM CST)
Webex details: CLICK HERE | Meeting # 179 545 7666 or dial: 647-484-1598

Agenda

Meeting objectives:

1. Discuss stakeholder feedback
2. Review sub-group draft recommendations; provide feedback and directions
3. Confirm next steps re: communication and engagement plan – including website

Agenda:

Timing	Item	Detail	Lead
2:00 – 2:05 PM	1. Welcome, objectives and approval of agenda	• Review and consider approval of agenda • Review and consider approval of previous meeting notes (January 11) [Attachment 1] • Reference 'key messages' document (last updated from January 11 Working Group meeting) [Attachment 2]	J. Christy/ J. Logozzo
2:05 – 2:30 PM	2. Stakeholder Feedback	• Roundtable sharing of feedback from stakeholder networks and other engagement activities – hot spots? • Ministry and OHN engagement	J. Logozzo & All
2:30 – 3:00 PM	3. Sub-group 2: OHT/Model Coverage	[Attachment 3 – provides summary of key points] • Present summary of work to date and proposed next steps [Attachment 4] • Discussion – provide feedback and direction for next steps	S. Lebeau
3:00 – 3:30 PM	4. Sub-group 3: Regional Services Model	• Present summary of work to date and draft recommendations [Attachment 5] • Discussion – provide feedback and direction for next steps	J. VanSlyke
3:30 – 3:50 PM	5. Communication and Engagement Plan	• Provide update on Communication and Engagement Plan ○ Key stakeholder groups – Indigenous, Primary Care, FLS, patients/clients/families • Website proposal – for approval [Attachment 6] • ENGAGEMENT ASK: Regional Health Information System Renewal – system representatives	J. Logozzo/ C. Chartrand/ K. Lusignan G. Saarinen

3:55 – 4:00 PM	6. Wrap up and Next Steps	• Next steps
		  ○ Sub-group meetings: week of February 15, 2021
		  ○ Next meeting: March 15, 2021
			J. Christy/ J. Logozzo

Attachments:

1. Previous meeting notes (January 11)
2. Key messages document (last updated from January 11 Working Group meeting)
3. Discussion slides
4. Sub-group 2: OHT/Model Coverage – Working Document
5. Sub-group 3: Regional Services Models – Working Document
6. Website proposal

[Attachment 1]

North West Regional Integrated Care Working Group Meeting
Meeting Notes
January 11, 2021 | 2:00 – 4:00 PM EST (1:00 – 3:00 PM CST)

Co-Chairs: Jack Christy & Jessica Logozzo
Attendees: Adam Vinet, Chantal Chartrand, David Newman, Deb Hardy, George Saarinen, Jorge VanSlyke, Juanita Lawson, Karen Lusignan, Marcia Scarrow, Nancy Chamberlain, Dr. Rhonda Crocker Ellacott, Sue LeBeau, Tracy Buckler, Wayne Gates
Regrets: Alice Bellavance, Bill Bradica, Dr. Bruce Cook, Dan McCormick, Diane Walker, Douglas Semple, Dr. Kit Young Hoon, Henry Wall, Dr. Janet DeMille, Lee Mesic, Michael Hardy, Nathanial Izzo, Rob Kilgour, Shannon Cormier

Meeting objectives:
1. Discuss stakeholder feedback
2. Finalize Terms of Reference and sub-groups' scope of work
3. Approve Communication and Engagement Plan
4. Discuss data and provincial guidance

Lead	Item	Detail	Notes	Action
J. Logozzo/ J. Christy	Welcome, objectives and approval of agenda	• Review and consider approval of agenda • Review and consider approval of previous meeting notes (December 7)	Jessica Logozzo called the meeting to order at 2:02 PM EST and opened with reviewing the meeting objectives, referenced above. The Working Group approved the agenda and previous minutes as presented.	
All	Stakeholder Feedback	• Roundtable sharing of feedback from stakeholder networks and other engagement activities • Hot spots	Jessica facilitated a roundtable asking each member what feedback they've received as part of their stakeholder engagement. Each member provided an updated on what groups/networks they engaged with. A summary of those engaged and relevant feedback is included in the attached spreadsheet ('Stakeholder Matrix – engagement summary').	
J. Logozzo & All	Terms of Reference and Sub-group Scope of Work	• Terms of Reference – including final feedback ○ Scope of Work	Jessica explained she incorporated all the feedback received from this group into the Terms of Reference. She summarized the updated Guiding Principles. The group approved the Terms of Reference as presented. Jessica reviewed the scope of work for each Sub-group, there were no concerns and the Working Group approved as presented.	Approved: Terms of Reference Approved: Scopes of Work
J. Logozzo/ C. Chartrand/ K. Lusignan/ G. Saarinen	Communication and Engagement Plan	• Review and consider approval Communication and Engagement Plan developed by sub-group ○ Indigenous and Primary Care – next steps • Confirm next steps	The Communications & Engagement Sub-group developed a comprehensive Communication & Engagement Plan noting that it will be multiple phases and an associated plan will be developed at each phase. The group approved the Communication & Engagement Plan as presented. Part of the plan is to build a website to support this work, so that all stakeholders are able to quickly access information. The group endorsed the idea of a central website. Next steps will be	Approved: Communications & Engagement Plan Endorsed development of a website.

Lead	Item	Detail	Notes	Action
			for the Communications & Engagement Sub-group to create a proposal and bring back to the next Working Group meeting. There was discussion related to engagement of Indigenous partners. The group noted that it will be important to understand protocols for engaging with Indigenous partners. Jessica will be meeting with Crystal Pirie, Senior Director, Indigenous Collaboration (TBHRSC), Paul Francis, Director, Indigenous Relations (SJCG) and Dr. Chris Mushquash, Associate Vice-President, Research (TBRHSC) on January 12 to get further guidance that will inform our plan, as well as to advise on protocols. Jessica will develop a matrix of Indigenous partners and organizations and look to identify appropriate individuals on this group to reach out to the communities for further engagement. This will be assigned as a deliverable of the Communications & Engagement Sub-group.	Communications and Engagement subgroup to build matrix.

J. Logozzo & All	Briefing and Discussion: Data and provincial guidance to inform our work	• Briefing on attributed population data (provided by Ministry)
		  ○ Discuss guidance and parameters for OHT/Model sub-group
		
		• Briefing on OHA Regional Specialized Services guidance
		  ○ Discuss guidance and parameters for Regional Services sub-group
			Jessica presented an overview of the data that has previously been provided to the North West by the Ministry of Health, which involves referral patterns and utilization data, as well as specialist care. These networks have been designed on existing patterns of patient flow, which is based on health card data.
			
			David Newman noted there may be data available from the LHIN to leverage, some of the data points could be refreshed but would be a good starting point for the working group to look at.
			
			Jessica provided an overview of the OHA guidance for regional specialized services. Marcia Scarrow indicated there is a basket of core services at the mental health planning table that could be leveraged, and Chantal noted she will reach out to her colleagues in the North East for some of their data related to OHT planning. Juanita offered to look at the applications/documents from CHCs that are involved with OHTs across the province. Adam Vinet also confirmed he would share any useful guidance from a Home and Community Care perspective.
			
			The Working Group agreed that while there are limitations of these guidance documents in terms of scope and applicability to the North West, they are a useful starting point from which to build and can be useful in supporting the deliverables of the Working Group. These will be reviewed further by the Sub-groups as they develop recommendations.
			
			The Working Group agreed that it will be important to leverage existing data or work that has been completed to date – there is no need to start from scratch. The Working Group also agreed that when it comes to data to inform the current scope of work, it will be important to focus on only what will be helpful and necessary, and not to get overwhelmed by the large magnitude of data that may be available.
				Marcia, Chantal and Juanita to share information at next meeting.

J. Logozzo/ J. Christy	Wrap up and Next Steps	• Next steps	Next steps:	

Lead	Item	Detail	Notes	Action
		○ Sub-group meetings: week of January 18, 2021 • Next meeting: February 8, 2021	• Develop key messages from this meeting for vetting by the Communications & Engagement Sub-group, which will then be distributed for engagement. • All three subgroups will be meeting next week. • We will start to review the draft work from the Sub-groups at the February 8 meeting. Jessica adjourned the meeting at 3:35 PM EST.	

[Attachment 2]

North West Regional Integrated Care Working Group

Summary of January 11, 2021 Meeting:

1. The 'North West Regional Integrated Care Working Group' (Working Group) met on January 11. The objectives of the meeting were to:

- Discuss stakeholder feedback
- Finalize Terms of Reference and sub-groups' scope of work
- Approve Communication and Engagement Plan
- Discuss data and provincial guidance that will inform the Working Group deliverables/recommendations

2. Members that were in attendance provided an update on the engagement and communication they have completed since the last meeting. All feedback received to date has been positive and supportive of the directions of the Working Group.

3. Members approved the Terms of Reference, as well as the deliverables and work plans of the sub-groups (1. Communications and Engagement; 2. OHT/Model coverage; and, 3. Regional Services Model). The sub-groups will begin to meet the week of January 18 to complete these deliverables.

4. The Communications and Engagement sub-group met on January 4 to develop a draft Communication and Engagement plan (attached for reference). The plan will ensure timely and transparent sharing of information related to the activities of the Working Group (i.e. key messages, meeting materials, working products, etc.) – among Working Group members and with broader system partners. The Working Group will ensure information is shared in a way that those who are not part of the Working Group can keep informed, ask questions and provide feedback on the work/deliverables.

   The draft plan was presented at the Working Group meeting and approved. The sub-group will be responsible to implement and evaluate the plan.

   A key part of the plan is to develop a website where information can be hosted and accessed broadly – the Working Group endorsed this and the sub-group will develop a plan to implement.

   Ongoing discussions are underway to build and implement robust engagement mechanisms with key stakeholder groups, including Indigenous, Francophone and Primary Care partners.

5. The Working Group reviewed and discussed data and guidance documents that have been provided by the Ministry of Health and the Ontario Hospital Association that may support the work of the group (specifically, 'North West Attributed Population Profile' provided by Ministry of Health; and, 'A Principled Approach to Advancing Specialized Health Services Through Ontario's Integrated Care Planning' November 2020 produced by the Ontario Hospital Association).

   The Working Group agreed that while there are limitations of these guidance documents in terms of scope and applicability to the North West, they are a useful starting point from which to build and can be useful in supporting the deliverables of the Working Group. These will be reviewed further by the sub-groups as they develop recommendations.

   The Working Group agreed that it will be important to leverage existing data or work that has been completed to date – there is no need to start from scratch. The Working Group also agreed that when it comes to data to inform the current scope of work, it will be important to focus on only what will be helpful and necessary, and not to get overwhelmed by the large magnitude of data that may be available.

6. All sub-groups will begin to meet the week of January 18 to complete their draft deliverables. The Working Group will meet next on February 8 to review draft deliverables and recommendations, as well as to discuss feedback from broader stakeholder groups.

Key Messages – January 11, 2021:

- During the January 11 meeting, the 'North West Regional Integrated Care Working Group' (Working Group) reviewed and approved the Terms of Reference, as well as the Communication & Engagement Plan to support the Working Group.

- The Communication & Engagement plan ensures timely and transparent sharing of information among Working Group members and with broader system partners. Stakeholders will be able to access information, ask questions and provide feedback on the work/deliverables via a website to be developed.
- The Ministry of Health and the Ontario Hospital Association provided data and guidance documents that may support the Working Group's work. While there are limitations in terms of scope and applicability to the North West, we will build on the documents to support the deliverables of the Working Group
- The Working Group will meet February 8 to review draft deliverables and recommendations (as developed by the sub-groups), as well as to discuss feedback from broader stakeholder groups.

Summary of December 7, 2020 Meeting:

1. The 'North West Regional Integrated Care Working Group' (Working Group) met on December 7. The Working Group consists of approximately 30 cross-sectoral and cross-geography system partners.

   This was the first meeting of the newly formed Working Group that will meet over the next four months to make recommendations on the following:

   - What a local Ontario Health Team (or other more culturally appropriate model of care) coverage model may look like across the North West;
   - How we can take a coordinated approach to planning for regional specialized services; and,
   - What regional-level resources/supports may be needed to support this work or proposed model going forward.

   The Working Group will also play a role in supporting information and knowledge sharing across the region, as local Ontario Health Teams (or other models of integrated care) emerge. The Working Group will ensure transparency and broad communication and engagement as this work proceeds. The Working Group will prepare written key messages after each meeting summarizing their work to be provided to the respective organizations and/or existing networks, as well as to broader system partners that may not be at the table.

2. The December 7 meeting objectives included:
   - Launch North West Regional Integrated Care Working Group;
   - Finalize Terms of Reference;
   - Confirm approach – including work plan and sub-groups for completion of key deliverables; and,
   - Confirm communication and engagement plan.

3. The Working Group reviewed and discussed the Terms of Reference. Members were asked to provide additional feedback by email. These will be finalized and approved at the next meeting.

4. The Working Group discussed and approved a work plan to achieve their deliverables over the next four months. The approach includes:
   - Monthly Working Group meetings from January to March.
   - Sub-groups meet in between Working Group meetings to do the more detailed work to develop recommendations that can be reviewed by the broader Working Group. Three sub-groups, comprised of volunteers from the Working Group and possibly other stakeholders, will advance work in the following areas: 1. Communications and Engagement; 2. OHT/Model coverage; and, 3. Regional Services Model.
   - Following each Working Group meeting, members will bring key messages and discussions to networks and organizations to ensure transparency and gather feedback. They will bring the feedback gathered back to the Working Group at each meeting to ensure feedback is considered in recommendations.

5. The Working Group will meet next in early January 2021. Prior to the next meeting, sub-groups will be formed and will confirm their individual work plans. The Communication and Engagement sub-group will meet to develop a draft communication and engagement plan, which will include ways to engage Indigenous partners, Primary Care and other key stakeholders.

Key Messages – December 7, 2020:

- The newly formed 'North West Regional Integrated Care Working Group' met on December 7. The Working Group consists of cross-sectoral and cross-geography system partners that will meet over the next four months to make recommendations on the following: what a local Ontario Health Team (or other more culturally appropriate model of care) coverage model may look like across the North West; how to take a coordinated approach to planning for regional specialized services; and, what regional-level resources/supports may be needed to support this work or proposed model going forward.
- The Working Group discussed and approved a work plan to achieve their deliverables over the next four months, which includes monthly Working Group meetings and sub-groups that will meet in between Working Group meetings to do the more detailed work to develop recommendations. Sub-groups will include: 1. Communications and Engagement; 2. OHT/Model coverage; and, 3. Regional Services Model.

- Following each Working Group meeting, members will bring key messages and discussions to their respective networks and organizations to ensure transparency and gather feedback. Members will bring the feedback gathered back to the Working Group at each meeting to ensure feedback is considered in recommendations.
- The Working Group will meet next in early January 2021.

North West Ontario Health Team Self-Assessment Working Group

Summary of November 9, 2020 Meeting:

6. The 'North West OHT Self Assessment Working Group' met on November 9, 2020 for their final meeting.
7. The purpose of the meeting was to: continue information sharing and updates related to confirmed and evolving OHTs (i.e. All Nations Health Partners and Rainy River District OHTs); review feedback on Terms of Reference for the newly developed 'Regional Integrated Care Working Group'; and, finalize next steps to transition the Working Group.
8. Brian Ktytor from Ontario Health North attended the meeting and shared the following updates:
    - Effective November 16, Brian Ktytor will be the Interim Regional Lead, Ontario Health (North) and CEO, North West and North East LHINs. Given this new role, it is to be determined what his specific involvement in the Ontario Health Team planning will be.
    - He confirmed that Ontario Health North will continue to support Ontario Health Team planning and ensure alignment with Ministry directions. David Newman, eHealth Lead, will continue to be a resource to the group and provide expertise. These connections to Ontario Health North will ensure continued alignment and endorsement of the work of the Working Group, and to prevent any potential duplication of effort.
9. In advance of the meeting, members shared the draft Terms of Reference for the 'Regional Integrated Care Working Group' with respective networks for awareness and endorsement, as well as to confirm representatives from each network on the Working Group going forward. Overall there is support and eagerness to move forward with this work. The following is a high-level summary of the feedback that was received and discussed to date:
    - Specialized services considerations – while there is understanding that some specialized services will be in larger centres, need to ensure we do not want to lose sight of those that can be offered in smaller communities.
    - Communication and broader engagement – 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.
    - Key stakeholders to be engaged – Indigenous stakeholders and physicians must be meaningfully involved. A plan will be developed to address these areas specifically.
    - Representation and equity of membership – need to ensure equity of membership, so that some individuals do not have more influence than others; and, need to ensure appropriate membership across large geography and diversity of members. Reminder that the Working Group is not a decision-making body; they will make recommendations.
10. The existing 'North West OHT Self Assessment Working Group' will be officially disbanded after this meeting and the new 'Regional Integrated Care Working Group' will begin monthly meetings (for a period of approximately four months) starting at the beginning of December 2020. **Members are asked to confirm membership from each network on the Working Group going forward – please send to Kaleigh Demeo (demeoka@tbh.net) by November 20. Interested members are also asked to volunteer to develop a specific plan to engage broader Indigenous stakeholders – please provide your name to Kaleigh Demeo by November 20.**

Key Messages – November 9, 2020:

- The 'North West OHT Self Assessment Working Group' met on November 9, 2020 to: continue information sharing and; review feedback on Terms of Reference for the newly developed 'Regional Integrated Care Working Group'; and, finalize next steps to transition the Working Group.
- Based on the feedback received from respective networks in advance of the meeting, there is overall support and eagerness to move forward with this work. The new Working Group will ensure feedback is addressed in their work going forward related to: specialized services, communication and engagement of other key stakeholders (Indigenous and Primary Care) and equity of membership.

- The existing 'North West OHT Self Assessment Working Group' will be officially disbanded after this meeting and the new ‘Regional Integrated Care Working Group’ will begin monthly meetings (for a period of approximately 4 months) starting at the beginning of December 2020.

Summary of September 29, 2020 Meeting:

11. The 'North West OHT Self Assessment Working Group' met on September 29, 2020 after a lengthy pause due to the pandemic. The 'North West OHT Self Assessment Working Group' is the original group of partners that gathered to support a Northwest Ontario Health Team self assessment submission.
12. Prior to this meeting, the Working Group last met on March 9, 2020, at which time the following was discussed:
    - While the Northwest Ontario Health Team submission was not approved by the Ministry of Health, the Working Group agreed that there was benefit to the group continuing to come together to share information and support a regional approach to OHT planning.
    - The Working Group endorsed Jessica Logozzo, the new Executive Vice President, Regional Transformation and Integration to develop a draft Terms of Reference that would outline what the Working Group could/should focus on going forward to support OHT planning across the region. Dependent on the agreed scope, the membership of the Working Group would be revisited.
13. As such, the purpose of the September 29 meeting was to re-start discussions related to OHT planning across the North West, including review of a proposed Terms of Reference for the North West Regional Integrated Care Working Group (proposed name for the next iteration of the regional Working Group). The meeting also included updates related to the All Nations Health Partners OHT and the Rainy River District OHT, as well as from Ontario Health North. The key agreements from the meeting included:
    - Agreement on the draft Terms of Reference (purpose, scope and deliverables) for the North West Regional Integrated Care Working Group, with minor revisions
    - Agreement to share the draft Terms of Reference with respective networks for awareness and endorsement, as well as to confirm representatives from each network on the Working Group going forward.
    - Feedback is requested by October 30, and a follow up meeting will be scheduled for the first week of November to finalize the Terms of Reference and launch the work.
14. The proposed North West Regional Integrated Care Working Group is a time-limited (~4 months) group of system partners (cross geography, cross sectoral and cross lifespan), that will provide thought and recommendations on: how we may take a coordinated approach to planning for regional specialized services (regional highly specialized and district-based services); what regional-level resources/supports may be needed to support this regional and local work (i.e. Project Management, coordinated communication supports, data); and, what potential local OHT/integrated care model coverage may look like across the North West, to inform partners' planning efforts. The recommendations of this group are intended to inform the more concrete next steps for OHT planning across the region.
    - The Working Group will not limit thinking to OHTs as the only model of integrated care; rather, will ensure that all culturally appropriate models of care and system transformation efforts are considered.
    - 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 of geographic networks that may already exist.
    - The Working Group will also play a role in supporting information and knowledge sharing across the region, as local OHTs (or other models of integrated care) emerge. The Working Group will ensure transparency and broad communication and engagement as this work proceeds. The Working Group will prepare written key messages after each meeting summarizing their work to be provided to the respective organizations and/or existing networks, as well as to broader system partners that may not be at the table.
    - The Working Group will comprise members to ensure a regional, cross sectoral, cross geography and cross life span approach. Each existing member of the 'North West OHT Self Assessment Working Group' is asked to bring the draft Terms of Reference to their respective networks for endorsement as well as to confirm representatives from each network on the new Working Group going forward. There are additional members that we will need to recruit to the Working Group that may not have been represented in the original Working Group (two stakeholder groups that have been noted as an example include: Indigenous partners and primary care).
    - Once the North West Regional Integrated Care Working Group is endorsed and membership confirmed, the 'North West OHT Self Assessment Working Group' will cease.

Key Messages – September 29, 2020:

- The 'North West OHT Self Assessment Working Group' met on September 29, 2020 after a lengthy pause due to the pandemic. The main purpose of the meeting was to re-start discussions related to OHT planning across the North West, including review of a proposed Terms of Reference for the North West Regional Integrated Care Working Group (proposed name for the next iteration of the regional Working Group).
- The group endorsed the Terms of Reference for the proposed North West Regional Integrated Care Working Group, which will be a time-limited group of system partners (cross geography, cross sectoral and cross lifespan), that will provide thought and recommendations on: how we may take a coordinated approach to planning for regional specialized services (regional highly specialized and district-based services); what regional-level resources/supports may be needed to support this regional and local work (i.e. Project Management, coordinated communication supports, data); and, what potential local OHT/integrated care model coverage may look like across the North West, to inform partners' planning efforts.
- Members of the Working Group will share the draft Terms of Reference with respective networks for awareness and endorsement, as well as to confirm representatives from each network on the Working Group going forward. Feedback is requested by October 30, and a follow up meeting will be scheduled for the first week of November to finalize the Terms of Reference and launch the work.

[Attachment 3]

North West Regional Integrated Care Working Group

Discussion Slides

February 8, 2021

Our Work Plan

★ We are here

Working Group Meeting #1
(December 7; 1 hour)

- ✓ Launch WG
- ✓ Confirm TOR
- ✓ Confirm approach and work plan

Sub-group Planning:
- ✓ Confirm sub-group membership (1. Communication and Engagement; 2. OHT/model coverage; 3. regional services)
- ✓ Confirm sub-group scope of work (SOW) *by email
- ✓ Initiate Communication and Engagement sub-group meetings - develop draft plan

Communication and Engagement:
- ✓ Distribute key messages broadly (through networks)
- • WG members bring messaging and discussions to networks and organizations; gather feedback

Working Group Meeting #2
(January 11; 2 hours)

- ✓ Discuss stakeholder feedback
- ✓ Finalize sub-group scope of work
- ✓ Approve Communication and Engagement Plan
- ✓ Review regional data (for sub-group #2)
- ✓ Review OHA regional service guidance (for sub-group #3)

Sub-group Planning:
- ✓ Sub-groups advance work plans (develop draft recommendations)
- ✓ Engage appropriate stakeholders for feedback and validation

Communication and Engagement:
- ✓ Distribute key messages broadly (through networks)
- ✓ WG members bring messaging and discussions to networks and organizations; gather feedback
- ✓ Other activities per CE plan

Working Group Meeting #3
(February 8; 2 hours)

- • Discuss stakeholder feedback
- • Review sub-group **draft recommendations**; provide feedback and direction

Sub-group Planning:
- • Sub-groups incorporate feedback and finalize recommendations; confirm resources required to advance recommendations
- • Engage appropriate stakeholders for feedback and validation

Communication and Engagement:
- • Distribute key messages broadly (through networks)
- • WG members bring messaging and discussions to networks and organizations; gather feedback
- • Other activities per CE plan

Working Group Meeting #4
(March 15; 3 hours)

- • Discuss stakeholder feedback
- • Review sub-group **final recommendations**
- • Confirm **resource plan** to support recommendations
- • Finalize next steps

Item 3:
Sub-group #2: OHT/Model Coverage

Summary of Work to Date

1. Data

Considerations to inform potential models:

1. **Where people currently access care**
    - Attributed population [available: provided by Ministry – see appendix of Working Document]
    - Service utilization and referral data [available (mostly hospital based) - see Appendix of Working Document]
2. **Where providers/organizations currently provide care**
    - List of providers/organizations and which communities they serve [available: being provided by OH North]
    - Factors related to ‘working relationships’ (qualitative; needs to be gathered as part of engagement)
3. **How care should be organized in the future** – local, district or regional ‘basket of service’ – based on assessment of expertise and resources (not readily available)
4. **How care should be organized to support and work with the Health Transformation taking place in Treaty #3, Treaty #5 and Treaty #9 led by Grand Council Treaty #3 and Nishnawbe Aski Nation**

Summary of Work to Date

2. Principles – for discussion

In formulating recommendations, the sub-group discussed **principles for organizing OHTs/Models of Integrated Care**, including**:**

1. Status quo is not an option – we must actively move beyond the current state to improve care for our population
2. Any models we pursue must support the integrated delivery of care that happens at the local community level; models must support what is already working well locally, while also pushing for further improvements by connecting to the broader regional system in ways we may not have before
    - How we coordinate/organize/plan services is distinct from ‘where’ service is accessed
3. Our models need to be supported by a reasonable level of data – however, it’s not only about existing referral or utilization patterns – it’s also about:
    - Safe, timely, effective, efficient, equitable and patient-centred care
    - Economies of scale
    - Readiness and willingness of partners
4. We need to start somewhere – we won’t get it perfect, and we may not even get it right – we need to move forward, so let’s pick a place to start and we can evolve

Summary of Work to Date

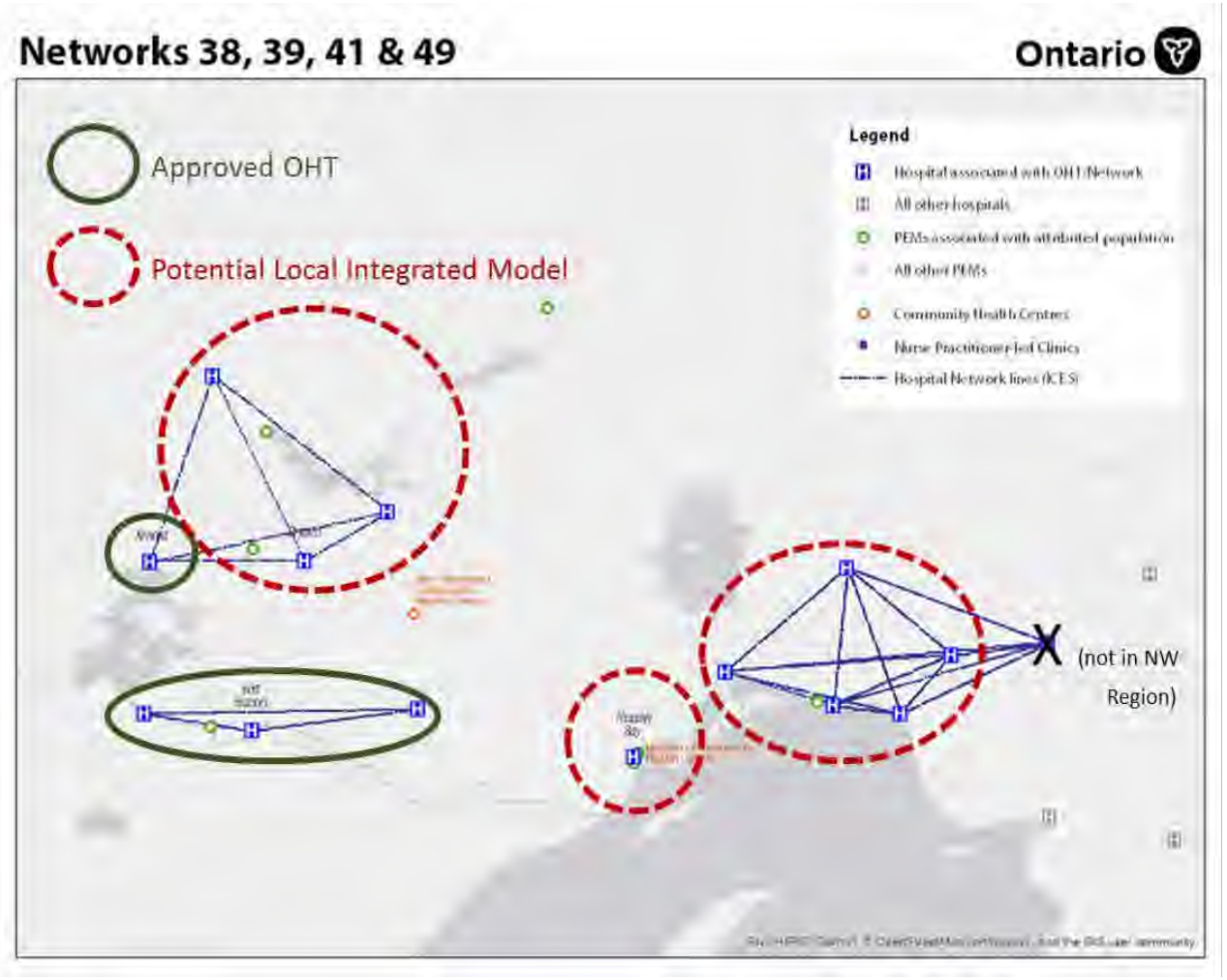
3. Examples

In beginning to formulate recommendations, the sub-group discussed some ‘examples’ of what these deliverables may look like – for illustrative purposes only.

NOTE: the sub-group is not yet putting forth even a draft recommendation, as it is believed that broader engagement on principles and examples are needed to inform this.

Summary of Work to Date

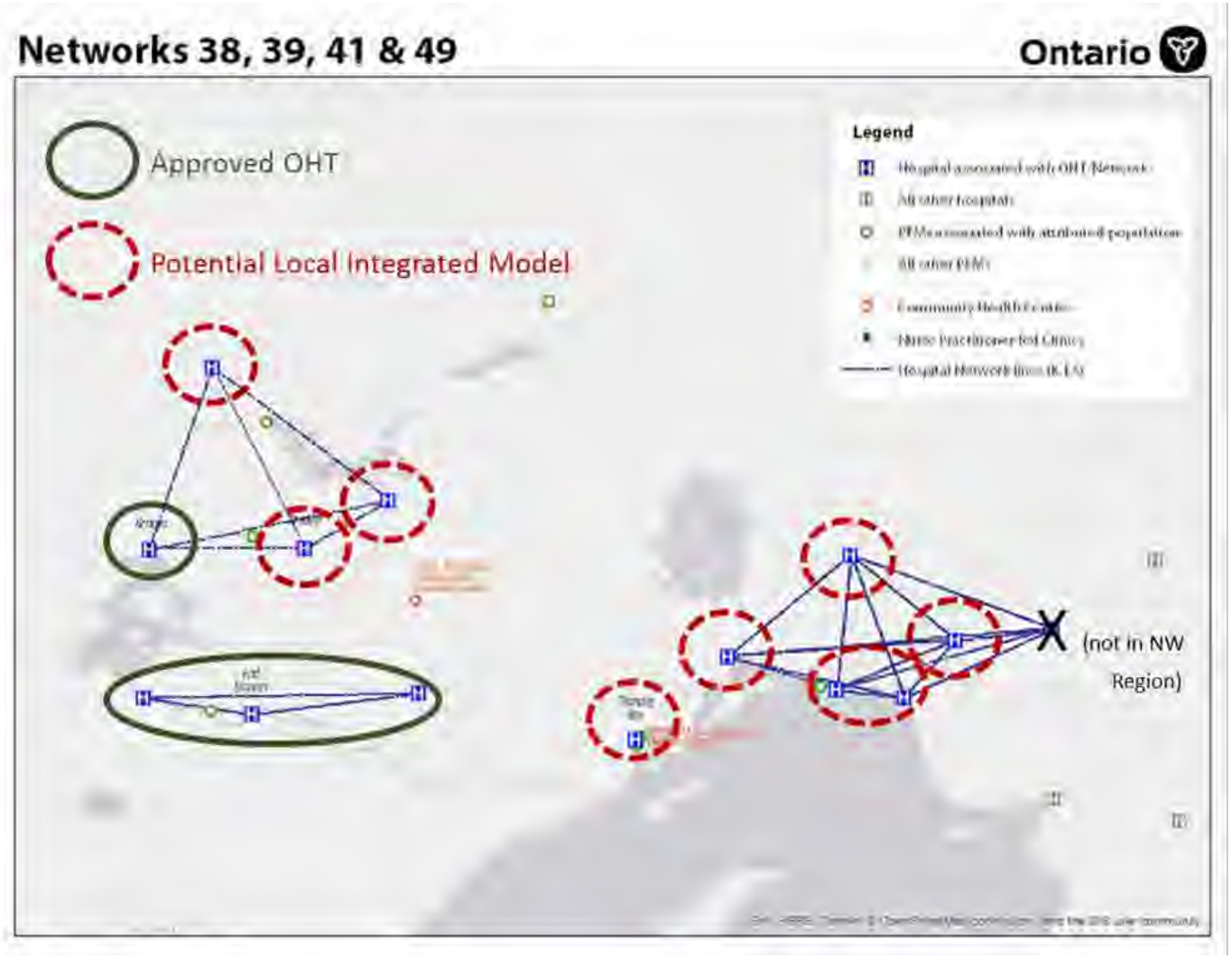
Example 1: Following Networks Based on Ministry Attributed Data (with consideration of the already approved OHTs in Kenora and Rainy River District)



Pros
• Aligns with Ministry directions
Cons
• Does not support existing referral/access patterns (particularly for secondary care and some community services) • Does not align with natural service 'coordination' and 'planning' functions and relationships (for secondary and specialized care)

Summary of Work to Date

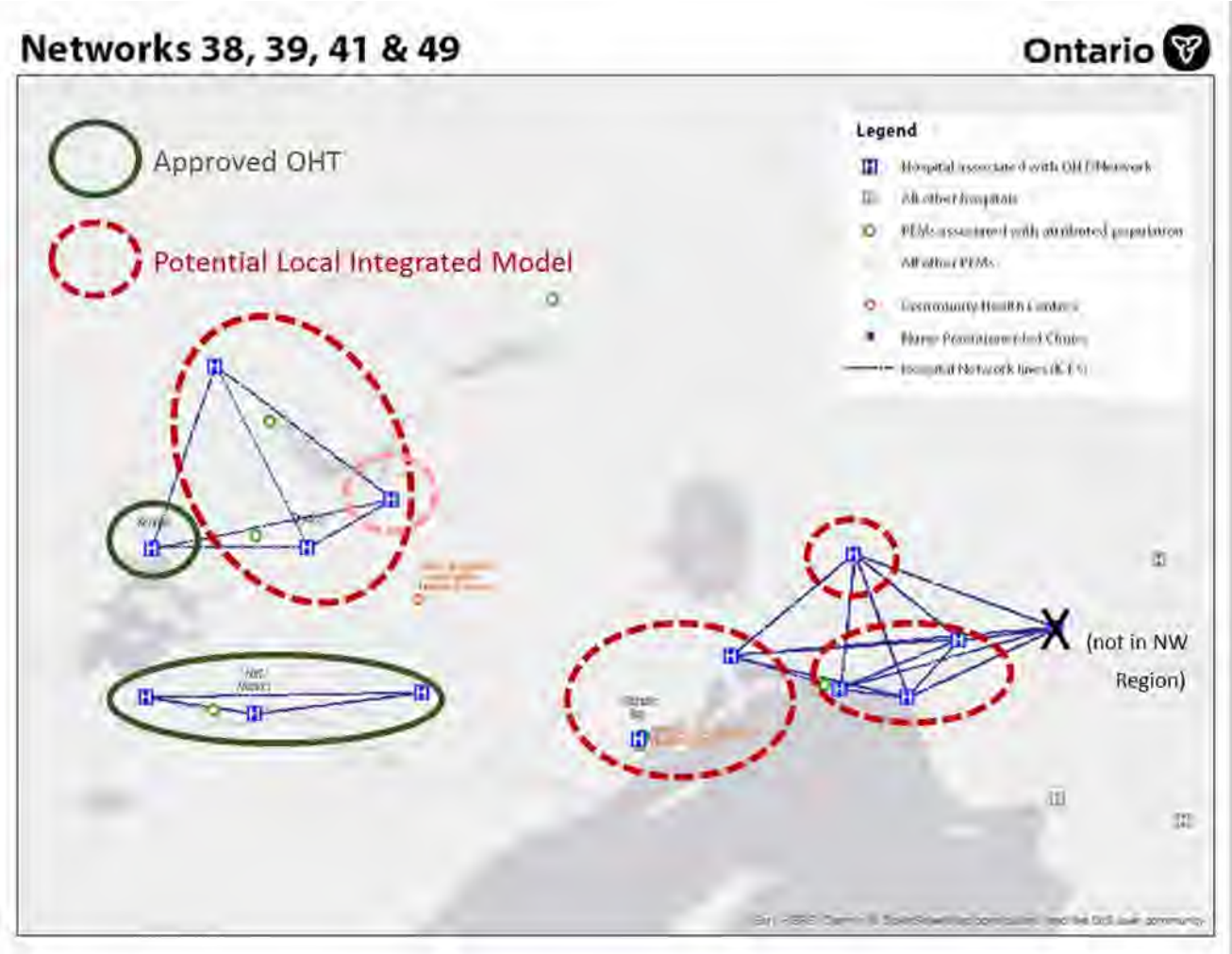
Example 2: Following Referral Patterns for Primary Care (Community Based Hubs)



Pros
• Aligns with existing referral/access patterns (for primary and secondary care)
Cons
• Does not align with Ministry directions • May not optimize service 'coordination' and 'planning' opportunities (does it push us out of the current state and allow us to optimize better care pathways or efficiencies?)

Summary of Work to Date

Example 3: **Hybrid based on various quantitative and qualitative factors (could be many different variations of this)**



Pros

• Aligns to some degree with existing referral/access patterns (based on acute care data pulled to date as well as some existing 'hub' relationships i.e. chemo mixing hub models) *needs further validation
  • Date re: acute care discharges and ED visits show some level of referral activities between: SLO/Dryden/Red Lake and Thunder Bay/Nipigon
  • Some existing partnerships and service pathways (i.e. chemo mixing and cataracts) support connections between Marathon/Terrace Bay/Manitouwadge
• **Needs to be validated with community level data and other factors (including NAN transformation and treaty territories)**
• May optimize service 'coordination' and 'planning' functions – to be validated by data and stakeholder input

Cons
• Does not align with Ministry directions (though may be a reasonable proposal – to be validated by data and engagement)

Discussion:

1. Does the Working Group support the principles as presented? *Anything you can't live with?*
2. Related to the examples presented,
    - Is there agreement with the general direction?
    - Is there any other feedback or directions for the sub-group to inform their final recommendations?
3. Engagement next steps:
    - Working Group members to validate with networks and other stakeholders
    - What do you need to support this engagement?

Item 4:
Sub-group #3: Regional Services Model

Summary of Work to Date

1. Working Definition of ‘Regional Specialized Services’

A specialized service is a service that ensures access to care to a population within a defined geographical area, and which requires specific expertise and resources in order to provide high-quality care promoting positive population health outcomes and care experiences. A specialized service is inextricably linked to other services and requires broader planning at the district, regional or provincial level.

The sub-group agreed that regional specialized services should be defined based on:

- Expertise – interprofessional team, specialized teams, clinical coherence and interdependencies
- Resources – extensive requirements for capital and/or operating, planning at a regional and/or provincial level

This working definition gives us a starting point to identify services/partners.

Summary of Work to Date

2. DRAFT recommendation on how to support 'a coordinated approach' to planning regional highly-specialized services to support local integrated care models (i.e. OHTs)

1. Leverage existing networks to advance the goals of local integrated care systems (i.e. OHTs); and,
2. Continue to utilize the Regional Integrated Care Working Group (or another regional structure) to advance discussions that require regional coordination

Recommendation:	What it means and where can we start	What impact it will have
Leverage existing networks to support planning for local integrated care systems	• OHTs/local integrated models work with existing structures to plan services across the care continuum (organizations, programs, networks, etc.) • Complete a mapping of existing networks/structures (including scope and purpose) to help visualize what local/district/regional structures exist so partners can effectively use them to meet the needs of their populations (i.e. OHTs). FOR DISCUSSION: should this be completed now (by Working Group members) or as a future deliverable (by the Regional structure)?	• Supports a coordinated approach for things that require a 'regional' or 'district' approach across sectors • Builds on existing partnerships and relationships • Provides clarity for partners
Continue to utilize the Regional Integrated Care Working Group to advance discussions that require (or would benefit from) regional and cross sectoral coordination (determine a priority area of focus)	• Leverage existing RIC Working Group; continue to meet on TBD (quarterly, twice a year?) basis • Focus on practical things that will support and enable local integrated models in delivering the full continuum of services to their population and our collective region – pick 1-2 that we can START with – for example: 1. Transitions in care 2. Health Information System – information sharing across the system 3. Mental Health and Addictions 4. Other? • Use a structured process improvement methodology	• Supports a coordinated approach for things that require 'regional' coordination across sectors • Identifies practical improvements that will impact patient care and experience • Supports local integrated care systems (i.e. OHTs) with those things that are required to meet the needs of the population

Discussion:

1. Does the Working Group support the ‘working definition’ as presented? *Anything you can’t live with?*
2. Related to the draft recommendations to support coordination of regional services,
    - Is there agreement with the direction?
    - Should the ‘current state mapping’ be completed now (by Working Group members in the next 2 weeks) or as a future deliverable (by the Regional structure)?
3. Are there any other feedback or directions for the sub-group to inform their final recommendations?
4. Engagement next steps:
    - Working Group members to validate with networks and other stakeholders

Fitting the pieces together…

How we can start fitting the pieces together…

WHY

IMPROVING PATIENT CARE!

We need a **'coordinated' way** for local systems of integrated care (i.e. OHTs, NAN, etc.) to engage in planning with 'regional specialized services' to ensure the needs of the population are met across the continuum of care

We need a **collective focus** of providers across the continuum to achieve real wins in improving patient care!

We need to **formalize and advance models of integrated care** (i.e. OHTs) – to ensure the needs of the population are met and continuously improve.

We need to **coordinate our efforts** – so we know collectively where we are going, and so that we can **leverage opportunities re: OHTs**.

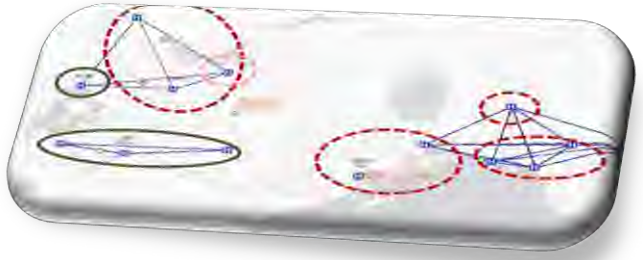
WHAT

Many 'layers'

Coordinated approach for planning 'Regional Specialized Services'

Map of existing networks and structures (with common focus)

A formalized network of locally integrated systems



HOW

1. The Regional Integrated Care Working Group will continue to exist (to advance discussions that require regional and cross sectoral coordination) – determine who leads, who's involved, etc.
2. Develop a 'map' of existing networks/structures (including scope and purpose) so that partners can effectively use them to meet the needs of their populations (i.e. OHTs).
3. Identify a 'starting point' for locally integrated systems (i.e. OHTs) – a network map

….then, develop OHT applications

4. Determine a priority that we can focus on as a region to achieve results (i.e. transition in care, MHA, etc.)

Item 5:
Sub-group #1: Communication and Engagement

Our Next Steps for Engagement

*see summary Communication and Engagement Plan (as approved at last meeting) in Appendix as reference

Immediate:

- Working Group members to share draft recommendations and concepts (as discussed today) with organizational stakeholders and networks
- Working Group members to engage with Indigenous partners (per matrix on next slide)
- Continued engagement with Ministry partners

Upcoming:

- Webinar (and possibly survey) in March/April re: Working Group recommendations with broad audiences to support understanding and engagement
- Website development

Checking In: Key Stakeholder Groups

Stakeholder Group	Leads	Next Steps
Patients/Clients/ Families	George Saarinen, PFA (North West LHIN) Jack Christy, PFA (SJCG)	• George Saarinen and Jack Christy (Working Group PFA members and linkage to PFA networks) to share key messages and engage in discussion with stakeholders re: questions and feedback along the way • Share working documents with networks and stakeholders to gather feedback
Francophone	Chantal Chartrand, Planning and Community Engagement Officer, Réseau du mieux-être francophone du Nord de l'Ontario	• Chantal Chartrand (Working Group member and linkage to FLS stakeholder networks) to share key messages and engage in discussion with stakeholders re: questions and feedback along the way • Share working documents (key final documents to be translated) with networks and stakeholders to gather feedback
Indigenous	Based on matrix – see next slide	• Share key messages and working documents throughout entire planning process • Request meetings with Indigenous partners across the region - January/February • Schedule webinar in March and invite Indigenous partners to discuss stakeholder needs, progress to date and next steps • Website *NOTE: see next slide for stakeholder matrix with appropriate local or regional leads assigned to each group to ensure all stakeholders are engaged appropriately. Community engagement protocols to be shared.*
Primary Care	Karen Lusignan (ED, Atikokan FHT) Nathanial Izzo (ED, Fort William Clinic) Juanita Lawson (CEO, NorWest CHCs) Jessica Logozzo	• Share key messages and working documents throughout entire planning process [PC Working Group members to send through PC networks; EVP, RTI to send through Regional Chiefs of Staff (most are PC physicians), TBRHSC Chief of Family Practice and NOSM networks] • Schedule webinar in March and invite Primary Care partners to discuss stakeholder needs, progress to date and next steps • Website *NOTE: incentive/compensation models will need to be defined to support fulsome engagement of physicians/clinicians*

Indigenous Stakeholder Matrix – DRAFT (not inclusive)

Health Organization/ Tribal Council	Organizational Contact	Working Group Engagement Lead(s)	Notes
Dilico Anishinabek Family Care	Darcia Borg, Executive Director		
Sioux Lookout First Nations Health Authority	James Morris, Executive Director Pauline Mickelson, Community Response Lead	Jessica Logozzo	
Fort Frances Tribal Area Health Services			
Gizhewaadiziwin Health Access Centre			
Kenora Chiefs Advisory Inc.			
Keewaytinook Okimakanak (Northern Chiefs)			
Matawa Health Co-operative	Paul Capon, Executive Director		
Wassegiizhig Nanaandawe'iyewigamig			
Thunder Bay Indigenous Friendship Centre			
Weechi-it-te-win Family Services Inc.			
Windigo First Nations Council			
Mushkiki	Michael Hardy, Executive Director		

Website Proposal – FOR ENDORSEMENT

The Need:

- A website is needed to host public-facing information and documents related to the activities of the North West Regional Integrated Care Working Group. It is the 'backbone' to our shared communications.
    1. Working Group Members – would use the site to find supports and supplemental information for their engagement
    2. Stakeholders – Including Publics, Government Organizations, etc – would use the site to learn more, request more information, share input, learn about and sign up for Webinars/engagement sessions
    3. Landing Point – for our respective organizations to point social media posts related to the activities of the Working Group.
    4. Media – transparent location for information related to planning in our region.
- A domain name will need to be selected and obtained.
- A sub-domain within the tbh.net, sjcg.net, or tbrhsc.net cannot be hosted on the related servers. A third-party vendor must host the domain on their servers.

The vendor will develop a website with the following component parts and room to expand (draft page headers provided below):

1. Home – What We Do, Latest Updates
2. Who We Are
    - Terms of Reference
    - Membership
    - Networks Represented
3. How to Get Involved (need a way to do two-way engagement online)
4. More Information / Resources – Documents & Minutes
5. News

Estimated cost = $25K (for 2 years)

Discussion:

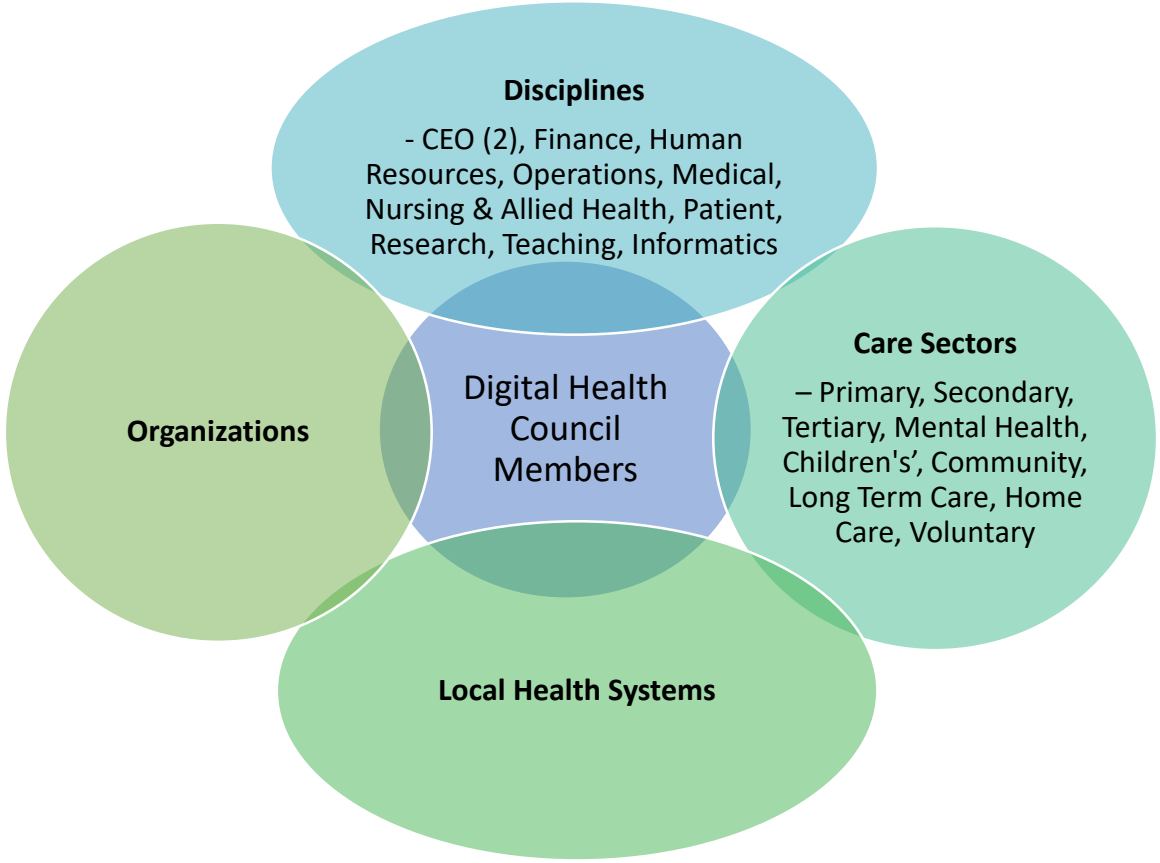
1. Does the Working Group endorse proceeding with website service procurement?
    - Timeline – to be in place to support engagement post-March meeting
    - Funding options:
        - Organizational contributions
        - Request to Ministry or OHN for ‘seed funding’
        - Other?

ENGAGEMENT REQUEST:
Health Information System Renewal (Digital Council)

- As the North West regional hospitals look to Health Information System (HIS) renewal, we need to ensure a true SYSTEM approach
- **Looking for a system/community partner and a Patient/Client/Family Advisor to be part of the Digital Council that will advance this work**
- **If interested, please reach out to Cindy Fedell (Regional Chief Information Office) by February 16 (fedellc@tbh.net)**

Digital Council

- All members have the responsibility of collectively achieving the goals of digital health
- Each member represents an organization, discipline, care sector and local health system, seeking broad and deep input from those they represent
- Membership will change or grow to ensure inclusivity, in addition to strong communication and engagement
- Other stakeholders will also be included over time, e.g., Indigenous communities, French language services



Next Steps

Next Steps:

- **Communication and engagement!**
- Sub-groups to meet the week of February 15 (Communications and Engagement meets tomorrow!)
- **Next Working Group meeting: March 15**

APPENDIX

Summary Plan, by stakeholder group

Direct – continued push of information by Working Group members and regular engagement on feedback throughout the 4-month process of building recommendations
Indirect – transparent sharing/posting of information (on website, or ad hoc engagement meetings) and scheduled engagement on more fully formulated recommendation once more fully drafted (i.e. straw dog to react to)

	Stakeholder Group	Participation Level (based on IAP2 framework – see appendix)	Communication/Engagement Objective	Responsible	Tactics	Comments
Direct Involvement/Engagement	**Working Group Members**	Collaborate/ Empower	• To engage in the development of recommendations (per ToR); to share timely information in support of these deliverables	EVP, RTI Office & CE sub-group	• Working Group meetings and materials • Key messages • Working documents	
	Sub-group Members	Collaborate	• To engage in the development of recommendations (per SoW); to share timely information in support of these deliverables	EVP, RTI Office & CE sub-group	• Sub-group meetings and materials • Key messages • Working documents	
	Members' Organization Stakeholders (leadership, staff, frontline, governance)	Inform/ Consult/ Involve	• To actively keep stakeholders informed of the work underway and actively seek feedback along the way (specifically on draft recommendations as they are being formulated)	Working Group members (assigned by stakeholder matrix)	• Key messages • Working documents • Website • Organizational discussions	Working Group members responsible to ensure that information is shared with their respective organizational stakeholders
	Members' Networks	Inform/ Consult/ Involve	• To actively keep stakeholders informed of the work underway and actively seek feedback along the way (specifically on draft recommendations as they are being formulated)	Working Group members (assigned by stakeholder matrix)	• Key messages • Working documents • Network meetings with discussion • Website	Working Group members responsible to ensure that information is shared with their respective organizational stakeholders
Indirect Involvement/ Engagement	**Broader stakeholders** - Patients/Clients/Families, Primary Care, Indigenous and Francophone *also see next slide	Inform/ Consult	• To keep stakeholders informed of the work underway and create opportunities for meaningful engagement on recommendations that are developed	EVP, RTI Office & CE sub-group	• Key messages • Working documents • Webinars and/or focus groups/engagement sessions • Website	See next slides
	Ontario Health North and Ministry	Inform/ Consult	• To keep stakeholders informed of the work underway; to ensure alignment to provincial directions and identify opportunities for support	EVP, RTI Office	• Regular meetings; also share key messages and relevant working documents	

[Attachment 4]

North West Regional Integrated Care Working Group

OHT/Model Coverage Sub-Group

Working Document

Version date: February 4, 2021
Endorsed by Sub-group: TBD
Endorsed by Working Group: TBD

1.0 Purpose of Document

The purpose of this document is to provide details of the sub-group discussions and work, so that the sub-group can validate information that has been discussed and continue to evolve the content. The document also serves as a tool that can be shared with broader stakeholders, to ensure transparency of the work as it evolves and to engage and validate with broader perspectives.

NOTE: all content is **draft** and will be validated further by the Working Group at their upcoming meeting (February 8) prior to being shared with broader audiences.

2.0 Scope and Purpose of the Regional Services Model Sub-group

The scope of the sub-group is to:

Make a recommendation to the North West Regional Integrated Care Working Group on what a potential Ontario Health Team (or other integrated models) coverage plan can look like across the North West to aid in local planning efforts.

The following describes the purpose (or the "why") for doing this work:

- There has been significant collaboration and integration across the North West region – locally and regionally – we need to continue to advance this important work, and our ensure our efforts are coordinated
- With some Ontario Health Teams approved in the North West region, there is some confusion or question regarding what the rest of the region looks like related to integrated models – there is opportunity for a proactive coordinated approach to set a direction that can help guide partners
- A coordinated approach will ensure equity across the region, ensure patient care and experience is not unduly impacted (rather, will be improved by an expanded circle of care), allow efficiencies to be realized and allow us to leverage lessons learned and common work (it is also just how we work in the North West!)
- Defining locally integrated models across the North West will allow us to align efforts with current Ministry directions, and leverage funding and strategic opportunities that come with this

3.0 Current State

The sub-group discussed some common themes and observations related to the current state of local, district and regional services in the North West region, summarized below:

- Health care partners are already working closely together to coordinate care for the people in their communities – much of this is informal, some formal
- Generally, services are organized and/or coordinated at the following levels:
    - Local – primary, acute, LTC, community, etc.
    - District – secondary and specialized
    - Regional – specialized and tertiary

- However, services are generally accessed (point of care or point of access) at the local or regional levels

NOTE: differentiating between where/how services are coordinated/organized/planned versus accessed, is necessary in defining how integrated models of care should look; to ensure that we maintain integrated care at the individual community level

A. Data to inform model recommendations:

The sub-group discussed potential data considerations for how we can organize OHTs/local integrated models; these include:

1. **Where people currently access care**
    - Attributed population [available: provided by Ministry – see appendix]
    - Service utilization and referral data [available (mostly hospital based) - see next section]
2. **Where providers/organizations currently provide care**
    - List of providers/organizations and which communities they serve [available: being provided by OH North]
    - Factors related to 'working relationships' (qualitative)
3. **How care should be organized in the future** – local, district or regional 'basket of service' – based on assessment of expertise and resources (not readily available)
4. **How care should be organized to support and work with the Health Transformation taking place in Treaty #3, Treaty #5 and Treaty #9 led by Grand Council Treaty #3 and Nishnawbe Aski Nation**

The sub-group requested to review referral/utilization (to and from communities) data related to the following areas:

- Primary care to specialist
- Acute care
- Mental health and addictions (preferably community)
- Social services

Available data was provided by the SJCG and TBRHSC Decision Support teams related to: acute care (discharges), Emergency Department visits, complex care admissions and discharges, rehabilitation discharges and inpatient mental health admissions. **Data will be shared with Working Group once reviewed and validated more fully.**

It was determined that community-level data is not readily available through existing sources.

Ontario Health North will be providing 'order of magnitude' service volume data, by provider, by community, which will include all LHIN-funded services.

Data provided by the Ministry of Health was also provided in 2019 to show 'attributed populations'. **See Appendix for overview of data.**

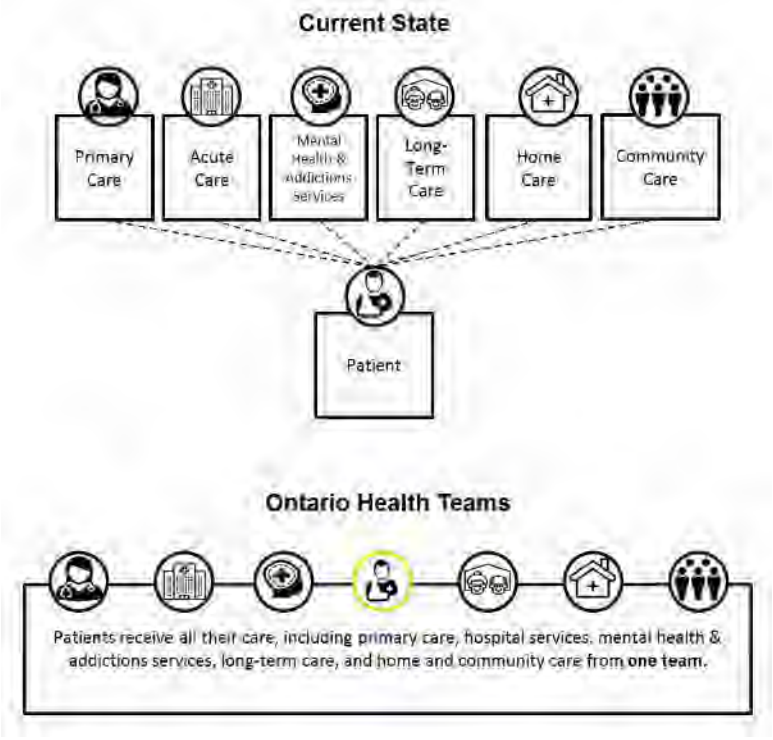
B. Current Ministry direction on integrated care – Ontario Health Teams:

The sub-group also reviewed the current Ministry of Health directions on Ontario Health Teams; summarized below:

- Ontario Health Teams are groups of providers and organizations that, at maturity, will be **clinically and fiscally accountable** for **delivering a full and coordinated continuum of care** to a **defined population**.

[COMMENT: By definition, OHTs in the North West must coordinate care across local, district and regional levels of care]

- Health care providers and organizations eligible to become an Ontario Health Team include, but are not limited to those that provide:
    - primary care (including inter-professional primary care and physicians)
    - secondary care (e.g., in-patient and ambulatory medical and surgical services (includes specialist services)
    - home care
    - community support services
    - mental health and addictions services
    - health promotion and disease prevention services
    - rehabilitation and complex care
    - palliative care (e.g., hospice)
    - residential care and short-term transitional care (e.g., in supportive housing, long-term care homes, retirement homes)
    - long-term care home placement
    - emergency health services
    - laboratory and diagnostic services
    - midwifery services, and
    - other social and community services and other services, as needed by the population.
- At maturity, Ontario Health Teams will work under a **single accountability framework** and an **integrated funding envelope**.



4.0 Future State

The opportunity in front of us is to develop a recommended model for local integrated care models and what that 'coverage model' could look like across the North West. This will support the advancement of an integrated system in the North West, and to leverage opportunities related to the current Ministry of Health directions on Ontario Health Teams.

In formulating recommendations, the sub-group discussed **principles for organizing OHTs/Models of Integrated Care**, including**:**

1. Status quo is not an option – we must actively move beyond the current state to improve care for our population
2. Any models we pursue must support the integrated delivery of care that happens at the local community level; models must support what is already working well locally, while also pushing for further improvements by connecting to the broader regional system in ways we may not have before
    - How we coordinate/organize/plan services is distinct from 'where' service is accessed
3. Our models need to be supported by a reasonable level of data – however, it's not only about existing referral or utilization patterns – it's also about:
    - Safe, timely, effective, efficient, equitable and patient-centred care
    - Economies of scale
    - Readiness and willingness of partners
4. We need to start somewhere – we won't get it perfect, and we may not even get it right – we need to move forward, so let's pick a place to start and we can evolve

The sub-group also discussed some **additional considerations for a very pragmatic approach** to ensure this work is meaningful and the recommendations are concrete**:**

1. Leverage existing data and/or data that is readily available and easily understood
2. Agree on a reasonable starting point; doesn't need to be 'perfect', but rather need to recognize that our starting point is just that, a launching point to challenge the status quo and evolve into models of care that will best suit our communities (that includes rethinking existing referral patterns and learning from the impact that the pandemic has had)
3. Engage broadly and continuously, learn and change as we go
4. Guided by equity and accountability that will drive improvements in the system

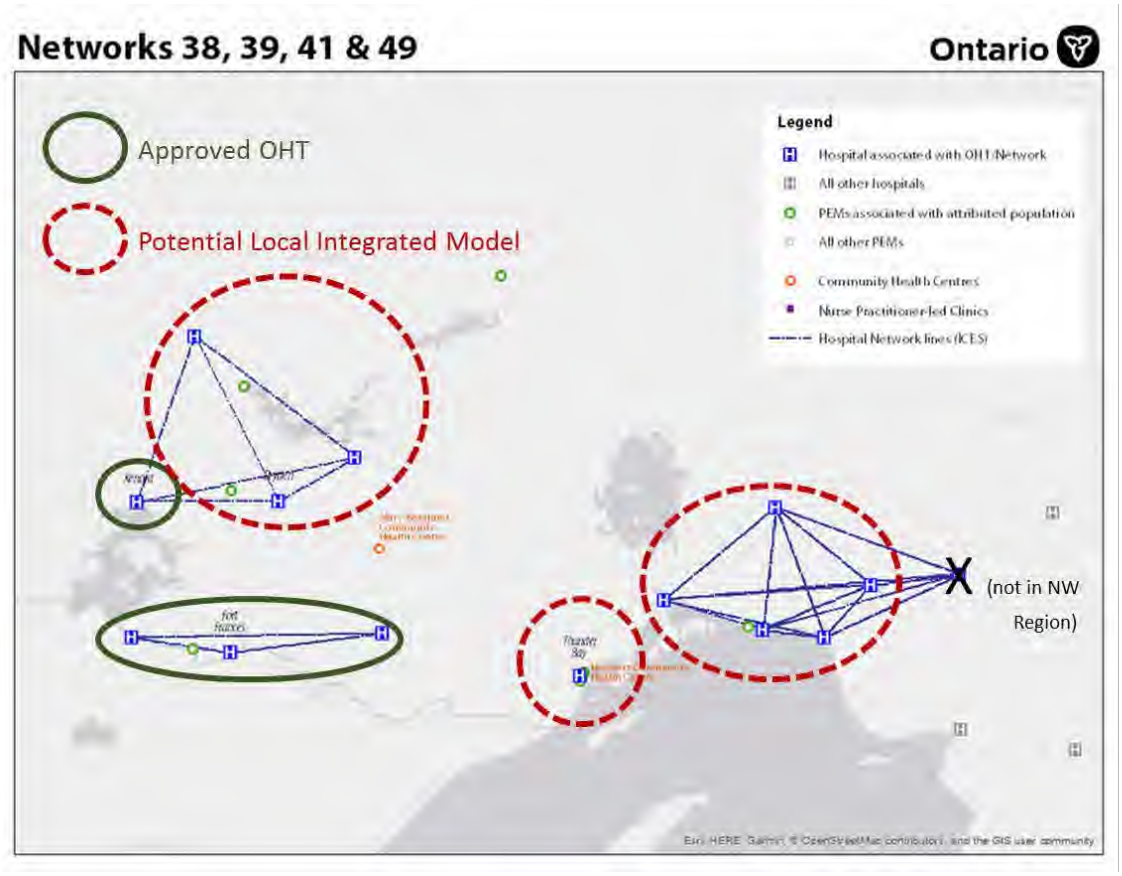
5.0 Options Analysis

In beginning to formulate recommendations on a potential coverage model, the sub-group discussed some 'examples' of what these deliverables may look like – for illustrative purposes only. These examples will be further discussed and validated (including data to support validation) before putting forward a recommendation.

NOTE: the sub-group has not yet put forth even a draft recommendation, as it is believed that broader engagement on principles and examples are needed to inform this.

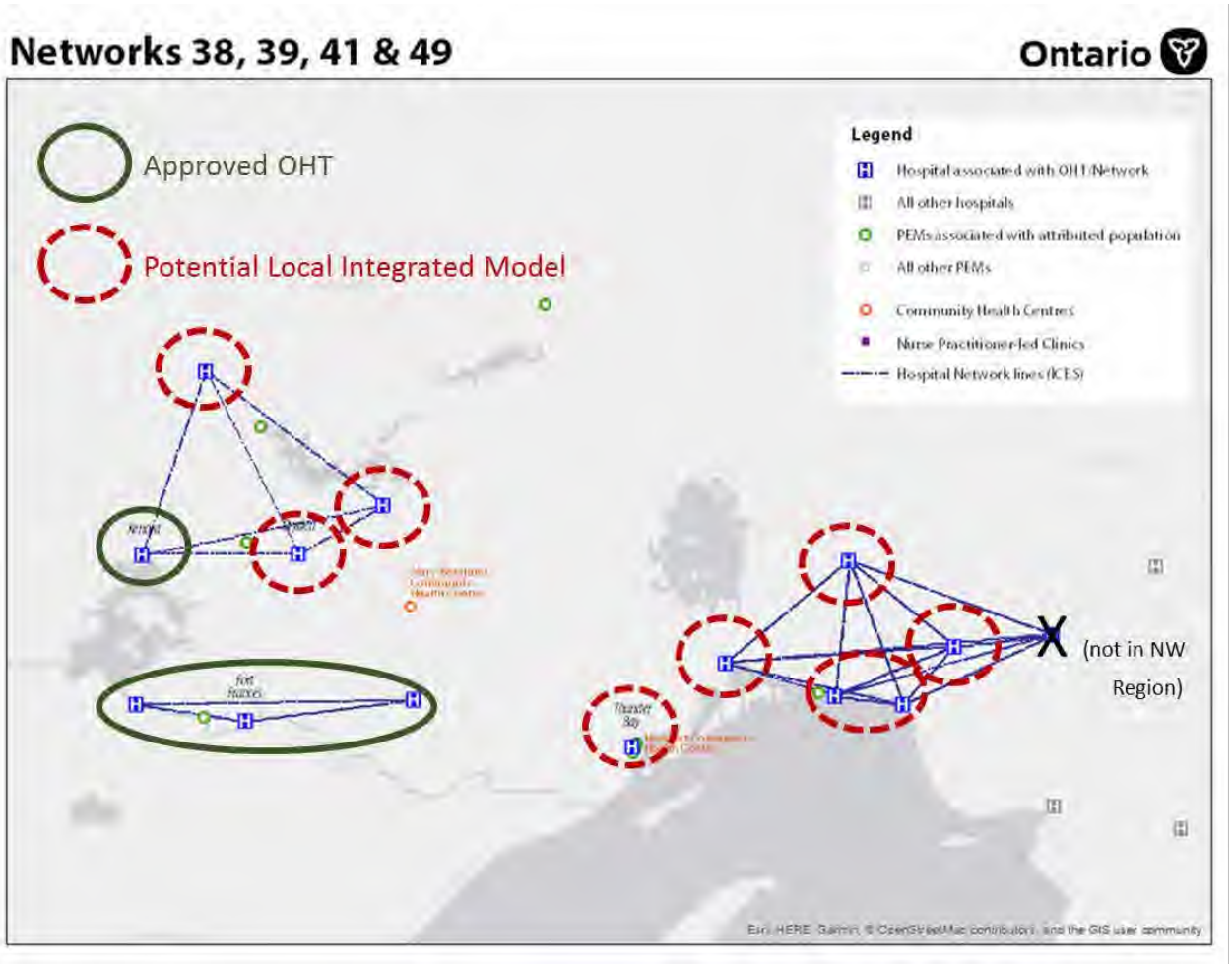
See below three examples that were discussed for illustrative purposes:

Example 1 – Following Networks Based on Ministry Attributed Data (with consideration of the already approved OHTs in Kenora and Rainy River District)



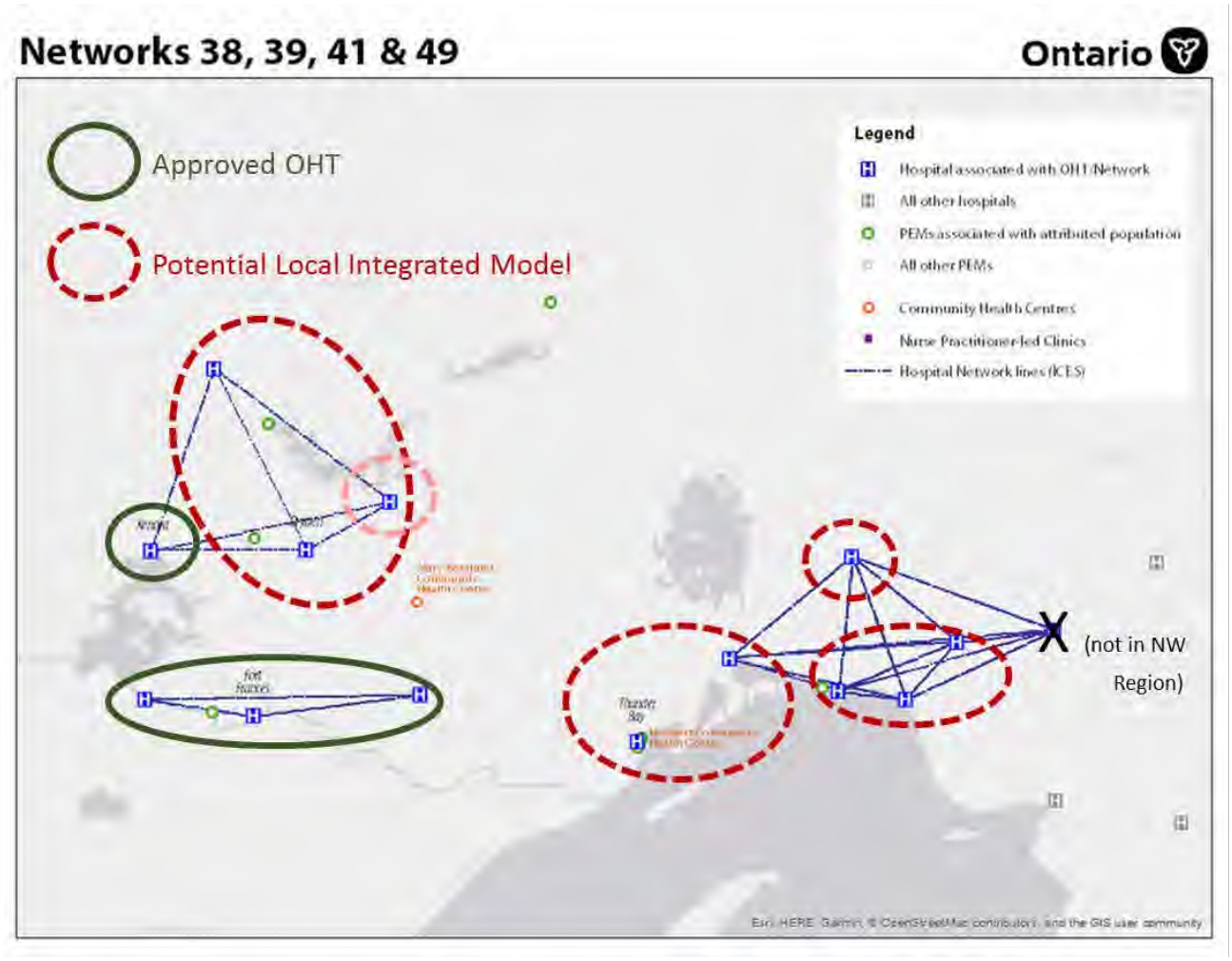
Pros	Cons
• Aligns with Ministry directions	• Does not support existing referral/access patterns (particularly for secondary care and some community services) • Does not align with natural service 'coordination' and 'planning' functions and relationships (for secondary and specialized care)

Example 2 – Following Referral Patterns for Primary Care (Community Based Hubs)



Pros	Cons
• Aligns with existing referral/access patterns (for primary and secondary care)	• Does not align with Ministry directions • May not optimize service 'coordination' and 'planning' opportunities (does it push us out of the current state and allow us to optimize better care pathways or efficiencies?)

Example 3 – Hybrid based on various quantitative and qualitative factors (could be many different variations of this)



Pros	Cons

• Aligns to some degree with existing referral/access patterns (based on acute care data pulled to date as well as some existing 'hub' relationships (i.e. chemo mixing hub models))
  • Date re: acute care discharges and ED visits show some level of referral activities between: SLO/Dryden/Red Lake and Thunder Bay/Nipigon
  • Needs to be validated with community level data and other factors (such as NAN transformation and treaty territories)
• May optimize service 'coordination' and 'planning' functions – to be validated by data and stakeholder input
	• Does not align with Ministry directions (though may be a reasonable proposal – to be validated by data and engagement)

6.0 Recommendation

To be discussed at next sub-group meeting; following engagement with broader stakeholders and partners.

7.0 Resource Requirements

To be discussed at next sub-group meeting.

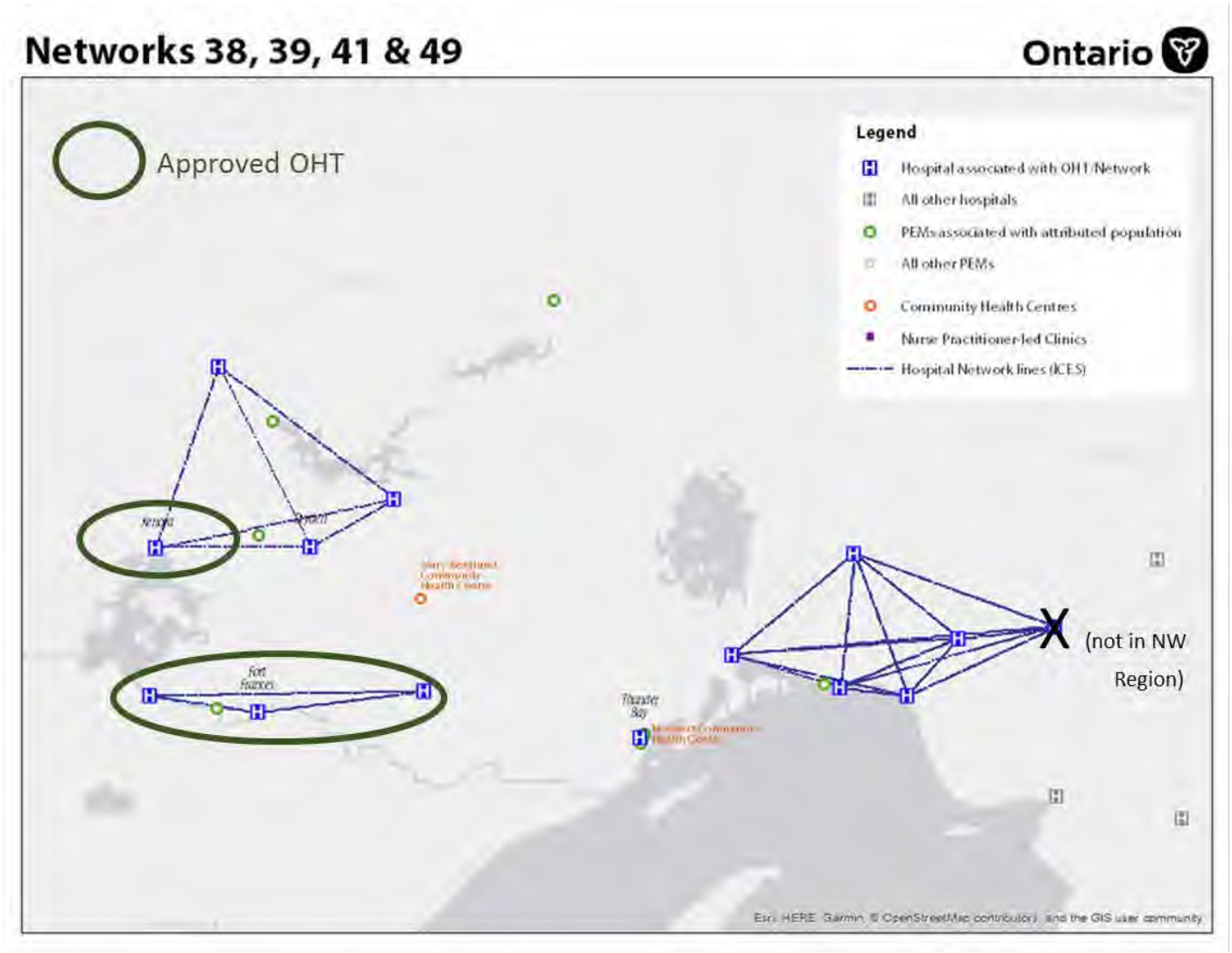
8.0 Next Steps

To be discussed at next sub-group meeting.

9.0 Engagement Questions

To be discussed at next sub-group meeting.

Appendix: Ministry of Health Attributed Population Data



Summary:

- Refers to virtual multispecialty physician networks comprised of **primary care physicians and specialists and the hospital where most of their patients are admitted**.
- Networks are designed around **existing patterns of patient flow** and are not constrained geographically.
- The attributed population is based on a health card to IC/ES Multispecialty network file prepared by HSMB, MOH.
    - x Does not include broader community-based care
    - x Does not include those accessing care without a health card
- '*Generally*' aligns with LHIN "sub-regions" (with exception of DoK and Northern)
- Does not consider referral pathways for highly-specialized or tertiary services
- **Ministry has noted there is an expectation that this data is used to inform OHT models (recognized exceptions have and may be made; e.g. Kenora All Nations Health Partners)**

North West Regional Integrated Care Working Group

Regional Services Model Sub-Group

Working Document

Version date: February 4, 2021
Endorsed by Sub-group: TBD
Endorsed by Working Group: TBD

1.0 Purpose of Document

The purpose of this document is to provide details of the sub-group discussions and work, so that the sub-group can validate information that has been discussed and continue to evolve the content. The document also serves as a tool that can be shared with broader stakeholders, to ensure transparency of the work as it evolves and to engage and validate with broader perspectives.

NOTE: all content is **draft** and will be validated further by the Working Group at their upcoming meeting (February 8) prior to being shared with broader audiences.

2.0 Scope and Purpose of the Regional Services Model Sub-group

The scope of the sub-group is to:

Make recommendations for a coordinated approach to planning regional highly-specialized services to support local OHT planning (and other more culturally appropriate models).

The following describes the purpose (or the "why") for doing this work:

- As our region moves to implement Ontario Health Teams (OHTs) and/or other local integrated care models, it is imperative that peoples' experiences with specialized services are not unduly impacted, for instance through funding disruptions, additional administrative burden or unintended fragmentation that affects access and quality of care
- We have opportunity to improve the coordination of existing regional specialized services – many successful models to learn from and leverage (i.e. regional palliative, rehabilitative care, cancer, etc.) – not just coordinated within, but across services
- We have opportunity for more consistency related to regional programs (many different ways of leading, organizing, funding, measuring accountability, delivering, etc.)
- With OHTs and transformation efforts emerging, it is necessary to agree to a 'coordinated' way for OHTs and other integrated models to engage in planning with 'regional specialized services'

3.0 Current State of Regional Specialized Services

Currently, there is no standard definition of 'regional specialized services' in the North West region. Generally, regional specialized services are identified as providers or services that are offered across the entire North West region and are of such a specialized nature (high complexity, high cost, low volume potentially) that are not appropriate to be delivered by local providers.

Currently, examples of these services/providers (not exhaustive):

- Acquired Brain Injury – rehab and support services
- Specialized Independent Living
- Respite services

- Specialized acute/inpatient
- Specialized MHA
- Rehabilitative care
- Palliative care
- Home and community care
- Other specialized primary care and community services (i.e. eating disorders, Fetal Alcohol Syndrome Disorder services)
- Also 'district' level services: Social Services, MHA, CSS, Public Health, etc.

Currently, there is no standard way of organizing or 'offering' regional specialized services in the North West. The following structures or 'ways of working together' exist in the North West that enable the planning and coordination of regional and district-level specialized services (not an exhaustive list):

- North West LHIN (now Ontario Health North) planning structures
- Networks (e.g. district based MHA and CSS networks)
- Organizational structures/process (e.g. BISNO, Wesway, CSI NW, LHIN HCC)
- Individual Regional Program structures (e.g. Regional Palliative Care, Regional Orthopedics)
- Regional Hospital Steering Committees (CEOs, COS, CNEs); also now Regional Services Committee of the Board
- Regional Integrated Care Working Group (time limited planning structure)
- Regional Program Advisory Committees (Eating Disorders Program, Palliative Care, MHA – RAAM)
- Federal programs
- Existing OHT tables
- Indigenous tables
- North West Centre of Responsibility – connected to Situation Tables
- Geriatric/BSO Advisory Group (North West)
- Children's Networks/Systems (Lead Agency, Coordinating Agencies)

As we move towards more fully and formally integrated models of care at the local level, that will be responsible for ensuring the full continuum of care is available to their population, the gaps in consistency and coordination of regional specialized services makes it difficult and inefficient for planning purposes. This presents opportunity for a coordinated approach to planning for regional highly-specialized services to support locally integrated care planning.

4.0 Future State

The sub-group is tasked to develop a recommendation for a coordinated approach to planning for regional highly-specialized services to support local integrated care planning. As described in the previous section, there are already structures in place that support this type of work that could and should be leveraged.

First, the sub-group discussed a definition for 'regional specialized services'.

Defining 'Regional Specialized Services'

The sub-group reviewed the existing document produced by the Ontario Hospital Association (*A Principled Approach to Advancing Specialized Health Services, November 2020*), which provides a definition and recommendations for specialized services (focused on hospitals). There was general agreement that the definition suited regional specialized services within the North West, including those broader than hospital services, as a working definition. However, there were some language changes that were necessary to ensure it was applicable to the broader continuum of care; namely, the use of 'patient' and 'clinical'.

The sub-group has proposed the following definition as an appropriate starting point:

A specialized service is a service that provides access to care to a population within a defined geographical area, and which requires specific expertise and resources in order to provide high-quality care promoting positive population health outcomes and care experiences. A specialized service is inextricably linked to other services and requires broader planning at the district, regional or provincial level.

The sub-group agreed that regional specialized services should be defined based on:

- Expertise – interprofessional team, specialized teams, clinical coherence and interdependencies
- Resources – extensive requirements for capital and/or operating, planning at a regional and/or provincial level

5.0 Options Analysis

In beginning to formulate recommendations on how to support '*a coordinated approach to planning regional highly-specialized services to support local OHT planning (and other more culturally appropriate models)',* a number of options were discussed. These options, along with high-level pros and cons are outlined below.

Option 1	Option 2	Option 3	Other?
Status Quo OHTs/local integrated models work with existing structures to plan services across the care continuum (organizations, programs, networks, etc.)	**Leverage/Refine Existing 'Network' Structures** Coordinate planning through respective 'sector based' networks (MHA, CSS, Hospital) OHTs/local integrated models work directly with these networks to plan services across the continuum of care *will require refinement of structures to support this type of planning (as currently largely 'sector' based); likely requires 'program structures to continue where 'networks' do not exist (i.e. Palliative, HCC, Rehab, etc.)	**Create/Continue Regional Integrated Structure** Create a regional structure (leverage existing structure and supplement with all specialized services across the continuum) OHTs/local integrated models work directly with this structure to plan services across the continuum of care *should likely focus on prioritized areas to ensure manageable scope **(focus on common Year 1 populations?)**	**Hybrid approach – see further details below**

Pros: leverage existing structures and ways of working together Cons: not highly coordinated/efficient (multiple organizations and programs to coordinate with)	Pros: leverage existing structures and ways of working together Cons: not fully coordinated/ efficient (engagement with multiple networks necessary to ensure 'full continuum of care' is addressed)	Pros: supports a coordinated and integrated approach across the care continuum Cons: new structure; risk of further fragmentation or 'bureaucracy'	

6.0 DRAFT Recommendation

Based on the options discussed above, the sub-group recommends to take a hybrid approach to coordinating the planning of regional highly-specialized services to support local OHT planning, which would include:

- Leveraging existing networks to advance the goals of local integrated care systems (i.e. OHTs); and,
- Continuing to utilize the Regional Integrated Care Working Group (or another regional structure) to advance discussions that require regional coordination.

In terms of recommendations, there is a need to be **pragmatic and concrete** in what our proposed recommendation means and what next steps are. There is a recognized need to move from planning, to concrete actions that will improve care for our population.

As such, the table below tries to articulate concrete recommendations and next steps:

Recommendation:	**What it means and where can we start**	**What impact it will have**
Leverage existing networks to support planning for local integrated care systems	• OHTs/local integrated models work with existing structures to plan services across the care continuum (organizations, programs, networks, etc.) Complete a mapping of existing networks/structures (including scope and purpose) to help visualize what local/district/regional structures exist so partners can effectively use them to meet the needs of their populations (i.e. OHTs). The tool will show all networks and existing planning and coordination structures so that as OHTs/models emerge and evolve, they can clearly see who and how to engage with appropriate parts of the system to deliver the full continuum of services to their population *no formal coordination functions; simply about visualizing and making clear where discussions are (or can) take	• Supports a coordinated approach for things that require a 'regional' or 'district' approach across sectors • Builds on existing partnerships and relationships • Provides clarity for partners

	place to support planning. FOR DISCUSSION: should this be completed now (by Working Group members) or as a future deliverable (by the Regional structure)	
Continue to utilize the Regional Integrated Care Working Group to advance discussions that require (or would benefit from) regional and cross sectoral coordination approach (determine a priority area of focus)	• Leverage existing RIC Working Group; continue to meet on TBD (quarterly, twice a year?) basis • Focus on practical things that will support and enable local integrated models in delivering the full continuum of services to their population and our collective region – pick 1-2 that we can START with: Examples: 1. Health Information System – enabling information sharing 2. Transitions in Care 3. Mental Health and Addictions 4. Other? • Use a structured process improvement methodology (similar to some of the 'Design Events' we have hosted) to come up with practical improvements and action plans • TO CONSIDER: this group may also advise/discuss common expectations/responsibilities for regional programs and services; may include discussing functions such as quality/standards, performance metrics, HHR planning – in consultation and collaboration with existing regional programs to support consistency and coordination across sectors	• Supports a coordinated approach for things that require 'regional' coordination across sectors • Identifies practical improvements that will impact patient care and experience • Supports local integrated care systems (i.e. OHTs) with those things that are required to meet the needs of the population

7.0 Resource Requirements

To be discussed at next sub-group meeting.

8.0 Next Steps

To be discussed at next sub-group meeting.

9.0 Engagement Questions

To be discussed at next sub-group meeting.

North West Regional Integrated Care Working Group
Web Presence Proposal

January 18, 2021

WHAT IS NEEDED

- A website is needed to host public-facing information and documents related to the activities of the North West Regional Integrated Care Working Group. It is the 'backbone' to our shared communications.
    1. **Working Group Members** – would use the site to find supports and supplemental information for their engagement
    2. **Stakeholders – Including Publics, Government Organizations, etc** – would use the site to learn more, request more information, share input, learn about and sign up for Webinars/engagement sessions
    3. **Landing Point** – for our respective organizations to point social media posts related to the activities of the working group.
    4. **Media** – transparent location for information related to planning in our region.
- A domain name will need to be selected and obtained.
- A sub-domain within the tbh.net, sjcg.net, or tbrhsc.net cannot be hosted on the related servers. A third-party vendor must host the domain on their servers.
- Mitigation plan for hosted services – SJCG/TBRHSC to register and hold the rights to the domain, 3rd party vendor will host the site on their server with backups TBD.
- The vendor will develop a website with the following component parts and room to expand (draft page headers provided below):
    1. Home – What We Do, Latest Updates
    2. Who We Are
        - Terms of Reference
        - Membership
        - Networks Represented
    3. How to Get Involved (need a way to do two-way engagement online)
    4. More Information / Resources – Documents & Minutes
    5. News
- The vendor will be responsible for copywriting and creating content. Working Group will provide Key Messages following each meeting for Latest Updates section.
- Working Group members will require access to website to post documents and update just-in-time content.
- Audience profile is General Public; intent is to inform and – at times – consult.

TIMELINE

We need a timeline for basic site creation. Do we want the quote separated into component parts? Eg: domain registration, site hosting, site creation, monthly maintenance fees, content development and curation on say a monthly or bi-weekly basis, etc.

TECHNICAL SPECIFICATIONS

Scope of Services

- **Value** – up to $ per annum – Rough estimate is up to $25, 000 to build, host and provide initial content development/curation.
- **Length of Time** – 24 months

ORGANIZATION requires the vendor to develop and follow a Visual Identity & Style Guide that must be incorporated into the practices and processes used by the Supplier. The Supplier must also comply with all applicable legislation including the *Accessibility for Ontarians with Disabilities Act*, *French Language Services Act*.

Without limiting the generality of the Supplier's responsibilities, the Scope of Services to be provided for by the Supplier may include:

1. Complete Project Coordination. Reporting to the SJCG project lead, provides:
    a. Coordination and supervision of the Supplier's employees and any sub-consultants participating in the performance of the deliverables;
    b. Coordination of all planning activities associated with all assignments relating to the deliverables;
    c. Coordination of all project activities including establishing assignment schedules, meeting and record keeping; and
    d. Provision of printing, copying, binding, distribution and/or courier services.
2. Creative Development/Design and Consultation Services
    a. Provide design and layout services for various types of publications, web and social media.
3. Professional Writing Services
    a. Write/develop draft articles for review by SJCG appointed project lead;
    b. Author/write story articles based on SJCG-provided themes and topics; and
    c. Conduct telephone, web and/or in person interviews with SJCG staff, clients, stakeholders, partners, and the general public.
4. Art/Graphics Production Services
    a. Creation of images for various media
5. Photography Services
    a. Professional photoshoot sessions;
    b. Post-production of photo images and enhancement; and
    c. Ad hoc photography services
6. Video Production Services
    a. Creating concept, storyboarding proposal and approval;
    b. Writing script dialogue;
    c. Sourcing and securing appropriate/proper location(s) for video shoots;
    d. Recruiting crew members and cast;
    e. Shooting of video;
    f. Post-production editing including visual and sound effects; and
    g. Applying for and securing any required licenses or regulatory approvals.

Video must meet the following requirements:

- Resolution: 1920x1080 (Full HD) or higher like 3840x2160 (Ultra HD)
- Encoding: H.264 (AVC)
- Container: MPEG-4 AVC (.mp4)
- Closed Captions Format: Scenarist Closed Caption (.scc)
- Title and Description

7. Advertising (Multiple Media)
    a. Coordination and management of advertising services on a per assignment basis;
    b. Research as it relates to marketing and advertising including examining audience preferences, best practices, and identification of target publications and medium;
    c. Secure/book advertisement space in print publication and other media sources including television, radio and Internet sources; and
    d. Coordinate payment of advertising services.

8. Assignment-related content authoring and development of web-ready materials in compliance with the following:

    - Pages: html or aspx
    - Database: SQL Server 2012 Service Pack 1
    - Framework: Microsoft .NET Framework 4.5
    - Server/host: SJCG Squarespace account or SJCG/TBRHSC internal servers running Windows Server 2012 R2 with IIS 8.5
    - Domains and SSL: Provided by GoDaddy via SJCG/TBRHSC I.T. Department
    - Mapping API: Google
    - Compatible with Internet Explorer 11
    - Comply with WCAG 2.0

9. File Formats

    - Microsoft Office 2016
    - Adobe Creative Cloud

Upon completion of each project, an electronic unprotected version of work produced in its original file format will be provided to a Communications Working Group Designee in a manner mutually agreed to within seven (7) business days of completion of the project. The Communications Working Group will, as reasonable and where practical, provide internal support and resources to the Supplier in the performance of the creative advertising design and communication services.