Northwestern Ontario Integrated Care Working Group

February 14, 2022 2:00 – 3:30 PM EST (1:00 – 2:30 PM CST)

Webex details: <u>CLICK HERE</u> | Meeting # 2330 377 5099 or dial: 647-484-1598

Meeting objectives:

- 1. Debrief recent engagement activities; and,
- 2. Review and finalize Expression of Interest document for submission and agree to next steps for Full Application.

Agenda:

Timing	Item	Detail	Lead
2:00 – 2:05 PM	1. Welcome, objectives	Review and consider approval of agenda	J. Logozzo
	and approval of agenda	Review and consider approval of previous meeting notes (January 10) [Attachment 1]	
		Reference 'key messages' document (January 10 meeting) [Attachment 2]	
1. Accountabili	ty to system partners		
2:05 – 2:15 PM	2. Stakeholder Feedback	Roundtable sharing of feedback from stakeholder networks and other engagement	All
		activities – hot spots?	
2a. Advancing o	our strategic directions		·
2:15 – 3:00 PM		Share updates on key engagement sessions	J. Logozzo
		 Minister's Office Briefing (January 11) 	
		o Regional Primary Care Providers (January 12)	
		o Regional service providers (January 17 & February 2)	
		Indigenous engagement	
		 IPHCC engagement sessions upcoming on March 15 & 16 	
	4. Priority 2: Regional	Review and endorse final Expression of Interest document [Attachment 3 & 4]	J. Logozzo
	Maturity	Discuss:	
	-	 Municipality involvement/engagement & other key stakeholders 	
		 Next steps for Full Application process 	
		 Working Group evolution 	
	5. Priority 3: Transitions in	Discuss any emerging topics	All
	Care		
2b. Enablers an	d supports		
3:00 – 3:10 PM	6. Digital Health & Data	Update on regional digital work, including Health Information System renewal	C. Fedell
3. Other			
3:10 – 3:25 PM	7. Other – Funding and	Patient Portal funding - updates	C. Fedell/
	Research	Patient Navigation – update	G. Petterle
		Website development – updates	H. Isleifson
3:25 – 3:30 PM	8. Wrap up and Next	Next meeting:	J. Logozzo
	Steps	o March 14 (2:00 – 3:30 PM EST)	

Meeting Notes: Northwestern Ontario Integrated Care Working Group

January 10, 2022 | 2:00 – 3:30 PM EST (1:00 – 2:30 PM CST)

Chairs: Jessica Logozzo, Dr. Nicole Zavagnin

Attendees: Cindy Fedell, Kelli O'Brien, Kelsey Hoogsteen, Kiirsti Stilla, Marcia Scarrow, Henry Wall, Bill Bradica, Bobby Jo Smith, Nathanial Izzo, Alice Bellavance, Diane Walker, Cori Watson, Lee Mesic, Nancy Chamberlain, Karen Lusignan, Juanita Lawson, Wayne Gates

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	Welcome, objectives and approval of agenda	Jessica called the meeting to order at 2:02 PM EST. The agenda and previous minutes were approved as presented.				
1. Accountabilit	1. Accountability to system partners					
2:05 – 2:30 PM	2. Stakeholder Feedback	Jessica asked Working Group members to provide updates on who they engaged and if there were any hot spots that arose. No concerns noted, Working Group members continue to share within their networks.				
2a. Advancing o	2a. Advancing our strategic directions					
2:30 – 3:10 PM	3. Priority 1: Engagement	Jessica noted since the last meeting there was agreement to move to 4 OHTs and a regional model for the North West, which will create better connection at community or district level.				
		Sioux Lookout/Red Lake/Dryden community-level engagement session was held and was a smaller group due to the pandemic. There was discussion on merging with the Thunder Bay region OHT, however; most participants saw benefit developing a local OHT while maintaining connection with the region as a whole. This will be discussed further at the next engagement session.				
		Jessica explained her and Cori will be attending the upcoming Ministers briefing along with partners in the North East to bring them up to speed on OHT planning in the North West. Jessica included the slide deck on what they are planning to present in the package for review; the intent is to give enough information on where we are at and gain excitement on the progress made, while ensuring there are no surprises when the application is submitted.				
		The Working Group reviewed the presentation and discussed some additional points that should be included:				
		 Respect for our Indigenous partners decisions and respecting issues related to self-governance Ensure the complexity of our region comes through Highlight the population that is not served 				
		ACTION: Jessica and Cori to incorporate suggestions and discuss further.				
		Upcoming engagement sessions include:				
		Ministry of Health and Ontario Health briefing – January 11				

		Priority 2: Regional Maturity Priority 3: Transitions in Care - Deferred	 Regional Primary Care Providers – January 12 (to be rescheduled) Session with regional specialized service providers to discuss how to ensure coordination and Jessica provided an update on Indigenous engagement; had the regional session and action from there was to develop a MOU to work better together. A smaller group was formed to initiate first draft of this. Jessica spoke with the Indigenous Primary Healthcare Council that supports Indigenous lead primary care providers across the region, who have been doing a lot of engagement with the Ministry on what Indigenous OHTs could look like. In order to be respectful of other planning and timelines we will pause on further developing the MOU and reconvene in late January or February. The expression of interest OHT application was included in the package for Working Group members to review, this will be included in the next community-level sessions where the focus will be to get people to sign up on where on the continuum they fall. Jessica asked Working Group members to review in detail over the next week and provide any feedback. ACTION: All Working Group members to review and send
2b. Enablers an	d cu	ınnorts	7essica any recasack.
		Digital Health & Data	Cindy explained the Digital Health Council (DHC) has recommended to the North West region CEOs to move forward with Meditech expanse after the last few months of engagement with staff and clinicians. Next steps are to have further conversations with different groups and determine how Meditech Expanse will work for them, then come to a business case stage.
			Cindy noted there is opportunity for funding around patient portals. Patient portals have evolved to be able to book appointments, interact with providers and provide education. Last year, Ontario Health issued funding for implementation of patient portals but they did not get a big uptake. Over Christmas they issued another document and are giving funding to perform needs assessments on patient portals; proposals for this are due today. Cindy explained it is not necessarily a proposal, rather a sheet that states what OHTs are in development that would like to participate and for each of those we would receive money to do a proper needs assessment. Cindy asked the Working Group for support today and no objections were raised.
			Cindy asked Working Group members to reach out directly if they have any questions.
3. Other			
3:20 – 3:25 PM	7.	Other – Funding and Research	Deferred.
3:25 – 3:30 PM	8.	Wrap up and Next Steps	Jessica adjourned the meeting at 3:30 PM EST

Northwestern Ontario Integrated Care Working Group Key Messages Document

Summary of January 10, 2022 Meeting:

- 1. The 'Northwestern Ontario Integrated Care Working Group' met on January 10. 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. Since the last Working Group meeting, one additional community-level session was held.
 - Sioux Lookout, Red Lake and Dryden partners (met on January 6); discussion included:
 - Acknowledgement that due to pandemic surge, many were unable to attend. As such, no decisions were made other than to reconnect the first week of February to continue to move forward on this very important work. Agreement to flex the timelines and remain committed to doing this work well.
 - On the topic of configuration, discussed benefits and risks of merging with a larger Thunder Bay region OHT. Most participants saw benefit for developing a local OHT (Dryden/Sioux Lookout/Red Lake Area), while maintaining our crucial connection with the region as a whole. Will revisit this at next session.
 - Diverse geographic, demographic, and physician representation were identified as crucial, as was a focus on determinants of health. Highlighted the significant value of having a strong Primary Care and Indigenous presence in OHT work, whether it is in leading these engagement sessions, (co-) chairing the OHT leadership, and actively participating.
 - o Discussed the participation continuum and that we may shift depending on current priorities.
 - Need to determine in the shorter term which organizations are interested in providing an expression of interest to become an OHT together. This does not preclude later participation for some.
- 3. The Working Group reviewed the draft Expression of Interest document which outlines the proposed OHT model and will be used to facilitate confirmation of interested partners for submission to the Ministry of Health. The document outlines answers to the following questions:
 - O How will we ensure that the voice of smaller communities (and Districts) is not lost?
 - What does it mean to be an OHT signatory/partner vs. a broader system partner vs. an observer?
 - What does it mean at this point (expression of interest) to commit/sign off (vs. full application vs. an approved OHT)?
 - o Is participation in an OHT optional?
 - Can providers only belong to one OHT?
 - For partners that are funded by multiple Ministries, are they committing as a whole organization, or only portions of their organizations/services?
 - How will we ensure ongoing and meaningful discussion between Indigenous, Metis and non-Indigenous and Metis?
 - o What are other OHTs doing to address these types of questions?
 - What will Ontario Health Teams do differently for patient care/experience and providers' experience when they start operating?
 - o Is the ministry requiring a specific governance model?
- 4. The Working Group, and system partners, continue to target full approval of the North West OHT model by March 2022. Next steps include:
 - Follow up sessions with community-level stakeholders to confirm partners (across the continuum) and finalize Expression of Interest document
 - City and District of Thunder Bay January 19
 - Sioux Lookout, Red Lake and Dryden TBD
 - Submit Expression of Interest document to Ministry of Health late January to mid-February (will be flexible to current pandemic situation)
 - Complete full application February and March

- 5. Upcoming engagements include:
 - Ministry of Health and Ontario Health briefing January 11
 - Regional Primary Care Providers January 12 (to be rescheduled)
 - Session with regional specialized service providers to discuss how to ensure coordination and alignment of regional programs with local OHTs – January 17
- 6. The Working Group supported an application to pursue Patient Portals across the region.
- 7. The Working Group will meet again in February.

Key Messages – January 10, 2022:

- 1. The 'Northwestern Ontario Integrated Care Working Group' (Working Group) met on January 10, 2022 to debrief on community-level emerging OHT co-design sessions and advance next steps based on stakeholder feedback.
- 2. A North West region Expression of Interest document has been drafted which outlines the proposed OHT model and will be used to facilitate confirmation of interested partners over January and February. Stakeholders may consider involvement across a continuum, including: OHT signatory/partner vs. a partner vs. an observer.
- 3. The Working Group, and system partners, continue to aim for full approval of the North West OHT model by March 2022. The Working Group will meet again in February.