

## Ontario Health Teams: Expression of Interest Template for In-Development Teams in Northeastern and Northwestern Ontario

Advancing provincial coverage of Ontario Health Teams (OHTs) remains a provincial priority so that every Ontarian can benefit from better coordinated, more integrated care. To this end, the Ministry of Health (ministry) is seeking expressions of interest (EOIs) for additional prospective OHTs to expand coverage in Northern Ontario.

### Purpose

To date, the ministry has invited prospective teams to complete the Full Application to become an OHT based on a set of standard parameters, including minimum partnerships, alignment with attributed populations, and considerations related to size.

The ministry has since endorsed modified parameters that better accommodate the Northern context, while ensuring that core OHT principles and implementation requirements remain in place. The purpose of this EOI template is to collect high-level information about prospective teams to perform a preliminary validation that the modified parameters have been met in advance of invitation to Full Application. This EOI stage will also enable a more expedited review and assessment for teams invited to the Full Application stage.

### Parameters

To be invited to Full Application, prospective OHTs in Northern Ontario must meet the following modified parameters:

- Team partnerships are based on evidenced patient access patterns for the full continuum of care;
- Team has a breadth of membership and partnerships including at minimum primary care, home and community care, and hospital care to support a full continuum of care; and
- Team is committed to operating within a regionally coordinated structure and plan that supports specialized care, data and analytics, digital health, and other shared services or programs in consideration of unique population and capacity needs in Northern Ontario.

### Submission Instructions and Next Steps

The ministry will review and assess submitted EOIs according to a standardized rubric based on the above parameters. Teams that are assessed as meeting the parameters will be invited to complete a Full Application to become an approved OHT.

## EOI Information Requirements

- 1) Please describe the composition of the team(s). Maps may be appended as supplementary documentation.
  - a) For each proposed team, please identify all partners/members, their locations, and sector. To be considered for invitation to Full Application, teams must have primary care, acute care and home and community care partners at minimum.

The proposed North West model has been co-designed by health and human service system partners over the past 12 months. The model is summarized below:

- A formalized network of locally integrated systems – **4 Ontario Health Teams which cover the entire North West geography**
  - 2 approved OHTs: All Nations Health Partners (Kenora and Area) and Rainy River District (Rainy River, Emo, Atikokan and Fort Frances)
  - 2 proposed additional OHTs:
    - Sioux Lookout/Red Lake/Dryden (and surrounding communities)
    - City and District of Thunder Bay (inclusive of Thunder Bay, Nipigon, Marathon, Terrace Bay, Manitouwadge, Greenstone and surrounding communities)
- A **regional OHT structure that ensures a coordinated approach for planning ‘Regional Specialized Services’** (i.e. surgical services, complex rehab, acquired brain injury, etc.) as well as regional enablers (i.e. digital health, population health data/management, etc.).

*NOTE: the attributed population and ‘coverage model’ will be respectful of First Nation jurisdiction and sovereignty – ongoing discussions and planning (locally and provincially) is underway.*

The OHTs in the North West have committed to a ‘whole system’ approach - a cross-sectoral, cross-life span and whole person approach, where health and human service providers will come together in full partnership and collaboration to plan for the needs of the population. An initial Vision has been set: *To be a leading integrated care (health and human services) system, where partners work together to achieve the best outcomes and care experience for the people of Northwestern Ontario.*

There is commitment to working together as Indigenous and Metis and non-Indigenous and Metis partners to meet the needs of the population. There are ongoing conversations taking place locally and provincially related to Indigenous-led processes and partnerships that we will be respectful of as these discussions

advance in parallel. The OHT models being proposed will respect First Nation jurisdiction and sovereignty and look to Indigenous peoples on how to move ahead in true partnership. This is an area that requires meaningful and ongoing discussion, and it will take time.

As such, there is a continuum of collaboration for participation in the two new proposed teams, which is inclusive of the following:

- **Informed observer:** Organizations that are invited to attend OHT meetings, participate in OHT and system-level initiatives and actively receive information related to OHT activities. These organizations will be included in all communications related to OHT activities and may choose to participate at any time they feel appropriate; though, are not formally identified as OHT partners or signatories.
- **Partner:** Organizations that choose to actively participate in OHT meetings, planning processes and collaboration opportunities, though do not identify as a formal “OHT signatory”. Partners may choose to actively participate in some or all OHT/collaboration initiatives – these partnerships will be supported by agreements/MOUs outlining expectations on all parties.
- **OHT signatory:** Organizations that formally sign off on the OHT EOI, application and eventual formal partnership agreement which outlines the expectations and accountabilities of the OHT. OHT signatories will work together as agreed through collaborative decision-making agreements which will guide decision-making on shared priorities/initiatives, funding, resource allocation, etc. Ultimately, OHT signatories work together as one team to create a coordinated approach to care that will make it easier for patients to access services, creating seamless transitions between providers, and overall improves patients’ and clients’ experience and health outcomes.

*NOTE: “Team Names” are not final – they are simply placeholders. Appropriate names will be selected by partners as the full application is developed.*

<b>Team Name:</b> Sioux Lookout/Dryden/Red Lake (including <sup>1,2</sup> : Sioux Lookout, Far North communities, Dryden, Ignace, Macchin, Vermillion Bay, Red Lake, Ear Falls)		
<b>Legal Name of Partner/Member Organization/Provider</b>	<b>Location (e.g., City/Town/Municipality)</b>	<b>Sector<sup>1</sup></b>
Kenora District Social Services Administration Board	Dryden, Sioux Lookout, Red Lake	Social Services/Housing/EMS
Home and Community Care Services	Dryden, Sioux Lookout, Red Lake (also regional provider)	Home and Community Care
Sioux Lookout Meno Ya Win Health Centre	Sioux Lookout	Hospital/LTC
Municipality of Sioux Lookout	Sioux Lookout	Municipal Services
Ear Falls Family Health Centre	Ear Falls	Primary Care
Red Lake Family Health Team	Red Lake	Primary Care
Community Counselling and Addiction Services	Red Lake	MHA
Red Lake Margaret Cochenour Memorial Hospital	Red Lake	Hospital
Firefly	Sioux Lookout, Dryden, Red Lake	Children/MHA/Community
Red Lake Family Health Team	Red Lake	Primary Care

In addition to the OHT signatories listed in the table above, the following organizations have committed as partners and/or observers for Sioux Lookout/Dryden/Red Lake:

- Canadian Mental Health – Fort Frances (Partner)
- Northwestern Health Unit (Partner)
- Sioux Lookout First Nations Health Authority (Observer)
- Grand Council Treaty 3 (Observer)
- Dryden District Senior Services Inc. (Observer)

<b>Team Name:</b> City and District of Thunder Bay (including <sup>1,2</sup> : Thunder Bay, Nipigon, Marathon, Terrace Bay, Schreiber, Manitouwadge, Geraldton, Upsala, Long Lac)		
<b>Legal Name of Partner/Member Organization/Provider</b>	<b>Location (e.g., City/Town/Municipality)</b>	<b>Sector<sup>1</sup></b>
Crossroads Centre Inc.	Thunder Bay	MHA
Geraldton District Hospital	Geraldton/Municipality of Greenstone	Hospital

Thunder Bay Regional Health Sciences Centre	Thunder Bay (also regional provider)	Hospital/MHA
Nipigon District Memorial Hospital	Nipigon	Hospital/LTC
Alpha Court Non-Profit Housing Corp.	Thunder Bay and District Communities	MHA/Housing
District of Thunder Bay Social Services	Thunder Bay and District Communities	Social Services/Housing
Marathon Family Health Team	Marathon	Primary Care
Fort William Family Health Team	Thunder Bay	Primary Care
North of Superior Community Mental Health Program Corporation	Thunder Bay and District Communities	MHA
Canadian Mental Health Association	Thunder Bay and District Communities (also regional provider)	MHA
Children's Centre Thunder Bay	Thunder Bay and District Communities	Children/Community/MHA
NorWest Community Health Centres	Thunder Bay and District Communities	Primary Care/MHA/Community
North of Superior Healthcare Group	Marathon and Terrace Bay	Hospital/LTC
St. Joseph's Care Group	Thunder Bay (also regional provider)	Hospital/MHA/LTC
Dilico Anishinabek Family Care	Thunder Bay and District Communities	Indigenous/Primary Care/LTC/Community/Children
City of Thunder Bay	Thunder Bay and District Communities	LTC/Community
Alzheimer's Society Thunder Bay	Thunder Bay and District Communities	Community
People Advocating for Change Through Empowerment	Thunder Bay and District Communities	MHA
Home and Community Care Services	Thunder Bay and District Communities (also regional provider)	Home and Community Care

In addition to the OHT signatories listed in the table above, the following organizations have committed as partners and/or observers for the City and District of Thunder Bay:

- Thunder Bay District Health Unity (Partner)
- George Jeffery Children's Centre (Partner)
- Marathon Family Practice Clinic (Partner)
- Port Arthur Health Centre Inc. (Partner)
- Canadian Red Cross (Partner)

- Harbourview Family Health Team (Partner)
- North Shore Family Health Team (Partner)
- Upsala Volunteer Home Support Association (Observer)
- Aurora Family Health Clinic (Observer)
- Mountdale Clinic (Observer)

<b>Team Name:</b> North West Regional Specialized Services		
<b>Legal Name of Partner/Member Organization/Provider</b>	<b>Location (e.g., City/Town/Municipality)</b>	<b>Sector<sup>1</sup></b>
Brain Injury Services of Northern Ontario (BISNO)	Regional	Community/Assisted Living/ABI
Wesway Inc.	Regional	Respite
Community Services for Independence North West	Regional	Specialized Independent Living
Home and Community Care Support Service	Regional	Home and Community Care
Canadian Mental Health Association - Thunder Bay	Regional	MHA(crisis)/EPI
St. Joseph's Care Group	Regional	Complex Rehab/MHA/Palliative/etc.
Thunder Bay Regional Health Science Centre	Regional	Acute/MHA/etc.
Home and Community Care Services	Dryden, Sioux Lookout, Red Lake (also regional provider)	Home and Community Care

*NOTE 1: the attributed population and 'coverage model' will be respectful of First Nation jurisdiction and sovereignty – ongoing discussions and planning (locally and provincially) is underway.*

*NOTE 2: the communities listed below are not inclusive of all communities in that geographic area – those listed are only primary care based and/or hospital based communities. This was a simple planning principle and not meant to be exclusionary of all important communities.*

*Replicate this table as needed according to the number of teams included in EOI*

- b) Please identify the estimated attributed population size of each proposed team. In the comments section, please provide a high-level description of the teams' alignment with patient access patterns.

<b>Team Name</b>	<b>Population Size</b>	<b>Alignment with Patient Access Patterns</b>
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Sioux Lookout/Dryden/Red Lake	Approx. 38,000	<p>The following was considered to inform the OHT configurations:</p> <ul style="list-style-type: none"> <li>• Where people currently access care [attributed population data provided by Ministry]</li> <li>• Service utilization and referral data [acute care discharges, Emergency Department visits, complex care admissions and discharges, rehabilitation discharges and inpatient mental health admissions – Intellihealth]</li> <li>• Where providers/organizations currently provide care [list of providers/organizations and which communities they serve provided by OH North] <ul style="list-style-type: none"> <li>○ Factors related to ‘working relationships’ (qualitative)</li> </ul> </li> <li>• Consideration of Health Transformation taking place in Treaty #3, Treaty #5 and Treaty #9 led by Grand Council Treaty #3 and Nishnawbe Aski Nation</li> </ul>
City and District of Thunder Bay	Approx. 157,000	

2) The presence of a regionally coordinated structure and plans within Northern Ontario brings the opportunity for greater coordination and integration for Northern Ontarians.

Please provide a brief overview of the proposed regional plan and how it will serve to support the implementation of the OHT model across the region in relation to unique regional considerations. In your description, please identify at a high-level the specific functions that the regional structure would offer and the proposed operational and governing relationships between the regional structure and local OHTs.

An overarching regional OHT structure (spanning/supporting the four locally integrated OHTs) is foundational to the North West model. It ensures a coordinated approach for planning and delivering ‘Regional Specialized Services’ that is required to ensure the full continuum of care is available to the OHT population. The regional structure will also support regional enablers (i.e. digital health, population health data/management, etc.) – this will provide support and scale to the region for functions that are not reasonable and feasible to do at a local level, and will ensure coordination and consistency that better supports patient care and ultimately improved population health.

Regional service providers and programs enable the provision of specialized care within the North West region.

- Examples of existing specialized regional specialized services are (not exhaustive): acquired brain injury, rehab and support services, specialized independent living, respite services, specialized acute/inpatient, specialized mental health and addictions, Rapid Access to Addictions Medicine, etc.
- Include components of education, research, knowledge exchange, adoption of evidence-based practice and system navigation.

Regional service providers include:

- Thunder Bay Regional Health Sciences Centre
- St. Joseph’s Care Group
- Brain Injury Services Northern Ontario
- Wesway
- Community Services for Independence North West
- Home and Community Support Services
- Provincial/national partners with regional services: Vision Loss Rehabilitation Ontario, Canadian Hearing Society

Regional providers are currently working together to plan what the operational and governing relationships may look like between for the regional structure and with the local OHTs; this will be further discussed and developed with OHT partners in the “full application” phase.

Initial priorities/opportunities to focus on at the regional level include: pathways and transitions in care, digital and data, and population health management strategies and supports. A large focus will be on implementing a renewed Electronic Medical Record across the region that supports information sharing across the full continuum of care; including common approaches to digital tools such as Patient Portals.

The scope and function of Ontario Health Teams, at the more local level, will focus on:








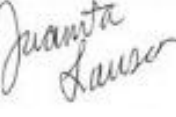

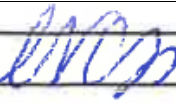
- Cross-sectoral and cross-community partnerships/collaborations that add value to the patient experience; for example:
  - Common work on care pathways and transitions in care
  - Relevant clinical services planning, integration and delivery (i.e. housing, MHA, diagnostics, chemotherapy mixing, shared patient navigation planning resources)
  - Relevant back-office opportunities
  - Shared data and decision-support resources to support population health planning (e.g. better insights on who is in LTC)
  - Funding – collaboration on proposals and associated funding allocations
  - French language and Indigenous care capacity building
  - Coordination and planning with regional specialized services

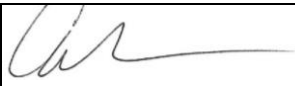
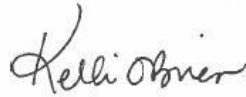






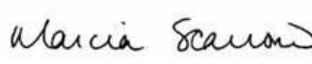



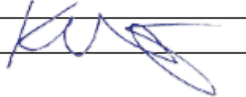
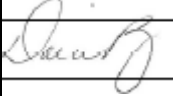
- Related, but somewhat separate is local health hub activities/hyper-local care (local services integration; unless there is value to discuss at multi-community level).

## Signatures

If possible, please include signatures for the partner/member organizations/providers identified above. If this is not possible due to time or capacity constraints, please provide signatures from a subset of members that can confirm broad commitment on behalf of the proposed teams and regional plan.

Team Name:			
Legal Name of Partner/Member	Title & Organization	Signature	Date
Cathy Covino	Nipigon District Memorial Hospital		02/16/2022
Daniel McGoey	Wesway Inc.		02/16/2022
Nicole Latour	Alpha Court Non-Profit Housing Corp.		02/16/2022
William Bradica	District of Thunder Bay Social Services		02/16/2022
Joanne Berube	Marathon Family Health Team		02/16/2022
Nathanial Izzo	Fort William Family Health Team		02/16/2022
Bobby Jo Smith	North of Superior Community Mental Health Program Corporation		02/16/2022
Jennifer Hyslop	Canadian Mental Health Association		02/16/2022
Diane Walker	Children's Centre Thunder Bay		02/16/2022
Juanita Lawson	NorWest Community Health Centres		02/16/2022
Alice Bellavance	Brain Injury Services of Northern Ontario		02/16/2022
Nicole Spivak	Crossroads Centre Inc.		02/16/2022

Adam Brown	North of Superior Healthcare Group		02/16/2022
Kelli O'Brien	St. Joseph's Care Group		02/16/2022
Darryl Galusha	Geraldton District Hospital		02/16/2022
Rhonda Crocker Ellacott	Thunder Bay Regional Health Sciences Centre		02/16/2022
Beverley Kelley	North West Local Health Integration Network (Home and Community Care Support Services North West)		02/16/2022
Norm Gale	City Of Thunder Bay		02/16/2022
Henry Wall	Kenora District Services Board		02/16/2022
Heather Lee/ Kathy Loon	Siou Lookout Meno Ya Win Heath Care		02/16/2022
Doug Lawrence	Municipality of Sioux Lokoout		02/16/2022
April Delmore	Ear Falls Family Health Centre		02/16/2022
Hilary Isleifson	Red Lake Family Health Team		02/16/2022
Marcia Scarrow	Community Counselling and Addiction Services		02/16/2022
Sue LeBeau	Red Lake Margaret Cochenour Memorial Hospital		02/16/2022

Karen Ingebrigtsen	Fire Fly		02/16/2022
Pat Delf	Red Lake Family Health Teams		02/16/2022
Darcia Borg	Dilico Anishinabek Family Care		02/16/2022
Pamela Geerie	Alzheimer's Society Thunder Bay		02/16/2022
George Saarinen	PFA Home and Community Care Support Service		02/16/2022

*Replicate table as require.*

