



Policy Options Paper:

***Suggestions for an Ontario Health
Team Governance Structure***

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On February 26th, 2019, the Ontario Government announced a shift in the delivery of its public health care system from the existing Local Health Integrated Networks (LHINs) to the Ontario Health Teams (OHTs). The introduction of OHTs was intended to “strengthen local services, making it easier for patients to navigate the system and transition between providers.”¹ OHTs are self-assembling groups of local practitioners who are tasked with delivering care in their specific region. These teams are comprised of physicians and specialists in every aspect of healthcare, allowing for increased integration of healthcare services and region-specific delivery of care. This change took place in an effort to “build a connected, sustainable public health care system that will improve access to care and centre it on the needs of the patient.”²

A current priority for the Ontario government is reducing strains on the healthcare system, whether it be in ending “hallway medicine” or allowing for patient-centered care in a system that is easier to navigate. The government’s intention in shifting from LHINs to OHTs was to “break down the long-standing barriers that have prevented practitioners from working together to support patients throughout their healthcare journey,”³ by integrating health care services. In a 2018 report by the Office of the Auditor General of Ontario (OAGO), LHIN’s were discovered to “have not achieved their mandate of providing the right care at the right time in the right place consistently throughout the health system.”⁴ The OAGO Report suggested that as a result of poor health outcomes, long wait times, and a lack of evaluation and integration on the part of LHINs, Ontarians faced “inequities in accessing certain health services.”⁵ These factors, as well as the public perception that LHINs were overly bureaucratic, prompted the shift to regionally formed OHTs.

The move to Ontario Health Teams is intended to allow Ontarians to receive the care they need from practitioners in their region who are working together under one umbrella of delivery. However, as it stands, Ontario Health Team’s do not function under any particular governance structure that mandates levels of communication, accountability, and integration. While the goal of more effective service delivery is welcomed, there must be structure for the Ontario Health Teams to function under. This policy options paper will suggest a three-pronged strategy for a potential governance structure in the implementation and oversight of OHTs that addresses the limitations of healthcare delivery in the previous LHIN system. This proposal will suggest actions to encourage strong

¹ Government of Ontario. 2019. “Becoming an Ontario Health Team” *Ministry of Health*.

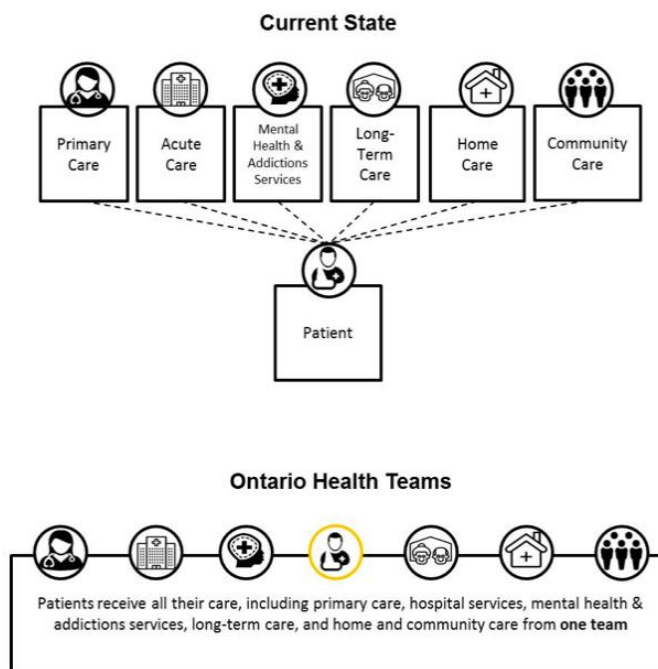
² Government of Ontario. 2019. “Building a Connected Public Health Care System for the Patient” *Backgrounder – Ministry of Health*.

³ Government of Ontario. 2019. “Ontario Introduces 24 Ontario Health Teams Across the Province to Provide Better Connected Care” *Backgrounder – Ministry of Health*.

⁴ Auditor General of Ontario. 2019. “Chapter 3: LHINs – Local Health Integrated Networks”

⁵ *Ibid.*

communication among health teams, an **accountability** framework for healthcare spending, and better **integration** of services.

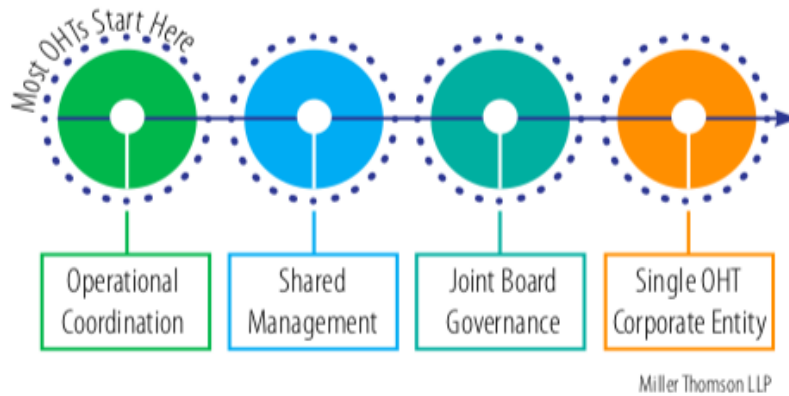


Government of Ontario. 2019. "Becoming an Ontario Health Team"
Ministry of Health.

OHTs in Operation

The first phase of the Ontario Health Teams, developed in November 2019, included the formation of twenty-four "units" across the province. OHTs currently assemble under *readiness criteria* guidelines, the only formal structure required for their establishment. Responsibility for assembling OHTs is placed on the doctors, nurses, chiropractors and other local healthcare providers that comprise the team, with practitioners determining the organizational structure that works for the region. The following graphic displays the current path that OHTs are forming under, "starting out with participants maintaining independent management and boards of directors; this may evolve over time to possible shared management structures."⁶ Moreover, Ontario Health Teams do not have a mandated governance structure with which to carry out the delivery of care, limiting the ability of OHTs to effectively delivery healthcare services.

⁶ Association of Family Health Teams of Ontario. 2020. "Ontario Health Teams: Handbook for Boards."



Association of Family Health Teams of Ontario. 2020. "Ontario Health Teams: Handbook for Boards."

Recommendations for the Ontario Health Team Governance Structure

A governance structure for OHTs is required in order to outline roles and responsibilities, while avoiding the structural bureaucratic pitfalls that plagued LHINs. Under OHTs, health care providers, including hospitals, doctors and home and community care providers, need to work as one coordinated team.⁷ In organizing vast financial, organizational and health efforts, there must be a formalized structure that units are able to look to as a resource in providing the best care to their region. The onus is on the Ontario government to learn from the failed LHIN system and implement a governance structure that focuses on three foundational components: communication, accountability and integration. An OHT governance structure founded on three tenets will allow for better communication between providers, facilitated by a defined accountability structure and greater integration of services.

Communication

The immediate formation of OHT requires a significant coordination effort, spanning over practitioners including those in acute care, mental health, community care and long-term care. Defined criteria must be in place to assess the current state of care in the particular region that will allow for this formation and develop a shared vision for care with other care providers in that region. To do this, teams require a method of communication to allow for the effective delivery of service. There must be time-based requirements for regular check-ins between providers. Using technology to outline open lines of communication will be helpful in determining common vision and in improving alignment. This could take form in identifying a

⁷ Government of Ontario. 2019.

communications point person in each office, and in using videoconferencing for consistent meetings to help set a cohesive vision for the region.

Accountability

The second tenet for a potential governance structure of OHTs would be the increased accountability of healthcare providers. OHTs are clinically and financially responsible for large geographical regions. With so many partners involved across large regions, a structure must exist that holds fiscal decision makers to account, with a compulsion to action. At maturity, OHTs will receive one envelope of funding for all services, reporting to the Ministry of Health on financial performance. To allow for common budgets and funding, accountability structures must properly account for determining how funding is spent between practitioners and between patients.

Funds should be prioritized for those patients most in need - how sick people are and the life circumstances that impact their health need to be considered when making funding allocation decisions for patients.⁸ While practitioners are in charge of their own speciality, all providers are responsible for the health of the individual patient. A central information sharing hub would allow for oversight capability, and the ability to decide collectively on prioritized treatment options, amongst other outcomes. Coordination and accountability across practitioners on spending is needed in order to ensure that funding is delivered in the most efficient way for patients that have varied and complex needs.

Integration

If the ultimate goal of Ontario Health Teams is increased efficiency and better delivery of care for the province, then the integration of services must be prioritized in a governance structure model. The Government of Ontario explains that “providers will be supported to work as one coordinated team, focusing on patients and specific local needs, so people can more easily navigate the system and experience easy and coordinated transitions from one health care provider to another.”⁹ What that support looks like will need to be included in a comprehensive governance structure. It is important that OHTs have flexibility to redesign how they deliver health care services to meet the needs of patients.¹⁰ As it stands, “the ministry has left it to the teams to describe how OHTs will plan and

⁸ Ibid.

⁹ Government of Ontario. 2019.

¹⁰ Association of Family Health Teams of Ontario. 2020.

decide on regional service delivery.”¹¹ That flexibility is important, because it allows for different applications given the regional context of each OHT.

The integration of services along the continuum of care will allow for the improvement of quality of life across Ontario. In a report completed by the Canadian Medical Association and the Canadian Association of Nurses, such a system would “require interprofessional collaborative teams to ensure patients receive the right provider, at the right time, in the right place, for the right care.”¹² Moving forward, it is important that practitioners leverage the relations they have with their peers in healthcare so that teams can be created holistically and address patient centred care. In keeping with communication and accountability, providers should liaise constantly with their teams through ongoing meetings or teleconferences, to ensure that health care systems are accessible and effective for patients. Integration allows for the evaluation of complex patient needs by many providers seamlessly. This allows for a stronger assessment of needs and compassionate treatment of high-risk patients that avoids adverse health outcomes. A potential governance structure must have mechanisms that upholds five key pillars: patient access, patient-centres care, informational continuity of care, and relational continuity of care.¹³ Integration requires collaboration on the part of all stakeholders through a whole-system approach to delivery of care that places the patient at the centre.

Conclusion

Under the previous LHIN system, vast bureaucracy led to ineffective delivery of care. The new Ontario Health Teams aim to combat this issue by empowering region-specific practitioners able to self-assemble and address the health needs of individuals in their area. This idea has the capability to redefine what care looks like in Ontario. However, in its efforts to distance itself from the LHIN model, the Government of Ontario allowed newly formed OHTs to assemble without a governance structure under which to operate. The integration of service delivery and funding must be focused on gaps in care if the OHT model is to succeed. This policy options paper has suggested three recommendations to inform this potential structure: adequate communication channels for all partners in a team, increased accountability and oversight in funding and formation, and finally, supporting true integration that allows for effective service delivery.

¹¹ Bell, Bob. 2019. “Are Ontario Health Teams designed for failure?” *Toronto Star*.

¹² Canadian Nurses Association, Canadian Medical Association, and Health Action Lobby. 2013.

¹³ *Ibid*.

These recommendations should not be viewed in isolation, rather, must be combined in order to uphold quality of life across the province. Communication must be ongoing between partners in the delivery process, be it through technological advances in patient records or by check-ins about patients in care. Accountability must be upheld and promoted across teams, allowing for effective delivery and oversight mechanisms such as a central information sharing hub. Lastly, for integration to work in the best interest of individuals, the full spectrum of health providers in an OHT must work together to make sure there is adequate information sharing and patients are not being burdened by inconsistencies in delivery. A governance structure does not have to be synonymous with bureaucracy, rather, it can outline the roles and responsibilities of teams in the province of Ontario as the province looks to effectively deliver healthcare into the future. It is up to the Government of Ontario, in consultation with Ontario Health Teams, to implement measures for an effective governance structure that encapsulates strong communication and accountability measures in a fully integrated health care delivery system.

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