

CND OHT Governance Co-Design Group

DESIGNING CND OHT'S YEAR 1 GOVERNANCE STRUCTURE AND
MECHANISMS

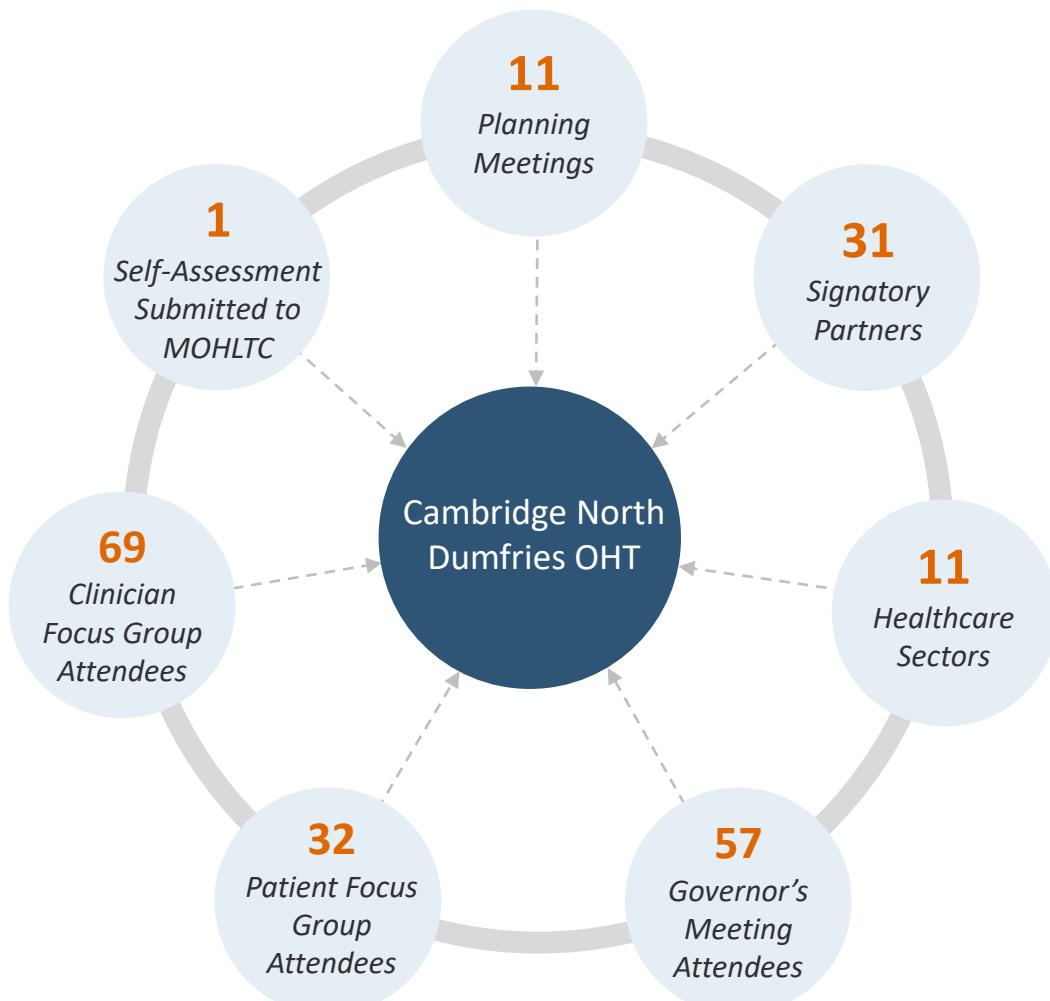
AUGUST 14, 2019

Agenda

Session led by Daniel Doane | MD+A Health Solutions
8:00 am – 12:00 pm

1. CND OHT Planning Review
 - High-level overview
 - Stakeholder engagement
 - OHT Future State Vision
 - CND Patient Population
 - Engagement Approach
2. Role of Governance Co-Design Group
3. Overview of Full Application Requirements
4. Governance Framework & Design

CND OHT Planning To Date



How did we get here?

CND stakeholders formed a **Working Group** when news about the government's health system transformation agenda was reported in the media

Stakeholders have held regular planning meetings to prepare and submit the successful Readiness Assessment, and continue to **redesign CND's healthcare system**

Currently, the planning group is preparing for completion of the Full Assessment



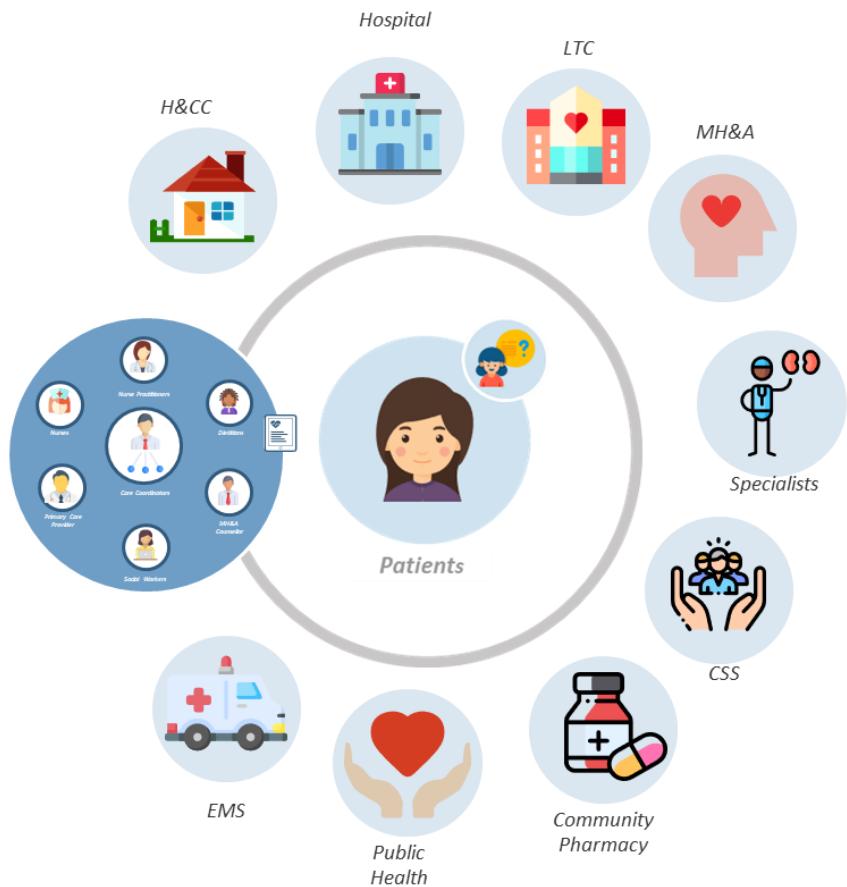
Stakeholders Engaged in Planning



A large sample of the diversity of the continuum of care in CND has been involved in the planning of CND OHT, as well as patients, families, and caregivers

Now that CND has been selected to complete the full assessment, we must formalize these roles in an OHT governance structure, which will continue to reflect the excitement and commitment of the full spectrum of health care already demonstrated in CND

CND OHT Future State Vision



Goals of CND OHT in Year 1

Through the planning process, the CND OHT vision was developed – this vision involves a strong **primary care foundation** with a focus on services that support patients who are **medically complex, frail and elderly** or with **MH&A** conditions

In Year 1, CND OHT will be responsible to deliver a core set of **coordinated and integrated services** for the Year 1 population

*Realizing this vision will require a **collaborative governance structure**, to enable effective sharing of information and integration of services*

*CND's DRAFT OHT vision involves a **primary-care based model**, where patients will have 24/7 access to a “**care concierge**” (**system navigator**), and **care coordinators** will be embedded throughout the system to enable smooth transitions and well-coordinated patient-centric care*

CND OHT's Patient Population

The Ministry of Health has sent a preliminary Data Package about the attributed population of CND OHT

This population was attributed to CND as they most often access primary care from providers in the region

CND OHT's Attributed Population

Where does our population live?

<i>Cambridge</i>	<i>67.9%</i>
<i>Kitchener</i>	<i>10.3%</i>
<i>North Dumfries</i>	<i>3.2%</i>
<i>Brant</i>	<i>2.4%</i>
<i>Hamilton</i>	<i>2.2%</i>
<i>All other communities</i>	<i>14.0%</i>

How is CND current performing?

*CND OHT's attributed population shows that we perform **consistently above average** in Ontario; however, there are clear areas for improvement*

For a copy of the attributed population data, email CNDOHT@mdahealth.ca

More information about CND OHT's attributed population will be sent to the planning group, and they will have an opportunity to ask a MOH representative questions about this data

Engagement Approach

General Role and Responsibilities

- Responsible for planning the design and implementation of the Ontario Health Team model components
- Set the strategic direction and priorities for OHT

CND OHT
Partners

Small Planning
Group

OHT Planning Groups

General Role and Responsibilities

- Small planning group responsible for process planning (e.g., setting the agenda for meetings, establishing planning priorities, coordinating logistics, etc.)

Governance

Transitions,
Coordination,
Services, & H&CC

Digital Health

OHT Design Groups

Patients,
Families,
Caregivers

Primary Care
Clinicians

Allied Health
Professionals

Specialists

OHT Reference Groups

General Role and Responsibilities

- Responsible for co- designing service delivery targets (e.g., how MH&A will be accessed through primary care)
- Includes range of subject matter experts from partner representatives, potentially other organizations in future

Patients,
Families,
Caregivers

Primary Care
Clinicians

Allied Health
Professionals

Regional Program
Leads

Home Care

Long Term Care

Governors

Vendors

Specialists

OHT Stakeholders

General Role and Responsibilities

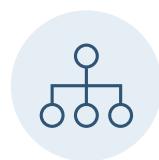
- Standing representatives from the CND community
 - Meet monthly to provide input and advice on specific services and priorities
-
- Includes a broad range of representatives from the CND community who are not necessarily involved in planning
 - Kept informed through various channels on planning and progress of OHT
 - Engaged with on an ad hoc basis to provide input or feedback regarding OHT planning, services, etc.

The CND OHT members have developed the following structure in order to complete the Full Assessment, and continue to redesign health care in Cambridge & North Dumfries

The Role of the Governance Co-Design Group

Co-design group participants are expected to:

- Use a *systems thinking approach to collaboratively design the future state CND OHT*
- Think *beyond the boundaries of your organizations, and instead adopt an OHT perspective*
- Bring and share a variety of *subject matter expertise to design an OHT that will improve patient and provider experiences*



Today:

Development of transitional governance model



Future Sessions:

Development of mature governance model and mechanisms (i.e., identification of single fund holder, information sharing agreements, performance management, etc.)

Role of the Governance Co-Design Group



The Governance Co-Design Group will develop a proposed **transitional governance model** for CND OHT in Year 1

Models will be validated by the members of CND OHT, and included in the Full Assessment when submitted

We anticipate that this Governance Co-design group **could** be involved in the implementation of this transitional model and ongoing design and planning of the Governance model at maturity

The governance models created must reflect the requirements of the MOH:

- Inclusion of patients/families/caregivers participation
- Inclusion of physicians and other clinician leaders
- Model must enable coordinated care delivery, achievement of performance targets, and achievement of accountability objectives
- Must demonstrate strong financial management and controllership
- Must reflect a central brand identity
- Must involve formal agreements and reporting obligations between partners
- Must identify a digital health lead in the governance structure

A duty to an integrated local system that serves the patient



Section 30 of the Connected Care Act, 2019

The Agency (Ontario Health) and each health service provider and OHT shall identify opportunities to **integrate the services** of the health system to provide appropriate, coordinated, effective and efficient services

Each organization's board will need to continue to act in the best interests of the organization and the people it serves – this can now be understood more broadly with the introduction of OHTs

Overview of Full Application Governance Questions

Governance Models Throughout OHT Maturation

<i>Readiness Criteria</i>	<i>Year 1 Expectations</i>	<i>OHT at Maturity</i>
<p>Team members are identified, demonstrate history of working together to provide integrated care</p> <p>Plan for physician and clinical engagement and inclusion in leadership and/or governance structure(s)</p> <p>Commitment to the OHT vision and goals, developing a strategic plan for team, reflecting a central brand, and where applicable, putting in place formal agreements between team members</p>	<p>Agreements with Ministry and between Team members (where applicable) in place</p> <p>Existing accountabilities continue to be met – OHT agreements are distinct</p> <p>Strategic plan for the Team and central brand in place</p> <p>Physician and clinician engagement plan implemented</p> <p>Within Year 1 - single fund holder identified to receive integrated funding envelope from Ministry</p>	<p>Teams will determine their own governance structure(s)</p> <p>Each team will operate through a single clinical and fiscal accountability framework which will include appropriate financial management and controls</p> <p>A single fund holder will receive and distribute an integrated funding envelope from the Ministry</p>

No corporate or governance structure has been prescribed for OHTs, and all funding agreements with the Ministry are expected to continue throughout Year 1 (the impacts of this change on other funding sources is currently unknown)

Full Application

The application consists of 7 Sections and 2 Appendices

1 About your population

2 About your team

3 How will you transform care?

4 How will your team work together?

5 How will you learn and improve?

6 Implementation planning & risk analysis

7 Membership Approval

Appendix A: H&CC

Appendix B:
Digital Health

These sections cover Governance questions that must be answered in the Full Application

Governance: Application Questions

2.1 Who are the members of your proposed Ontario Health Team

2.2 How did you identify and decide the members of your team?

2.3 Did any of the members of your team also sign on or commit to work other teams that submitted a self-assessment?

2.4 How have the members of your team worked together previously?

2.5 How well does your teams membership align to the patient/provider referral networks?

2.6 Who else will you collaborate with?

2.7 What is your team's integrated care delivery capacity in Year 1?

2.8 What services does your team intend to provide in Year 1?

2.9 How will you expand your membership and services over time?

2.10 How did you develop your full application submission?



Identify proposed physicians, health care organizations and other organizations that are **members** of the OHT (**signed agreement** with MOH) and who will be affiliated (**not be party to an agreement**)

Governance: Application Questions

4.1 Does your team share common goals, values, and practices?

4.2 What are the proposed governance and leadership structures for your team?

4.3 How will you share patient information within your team?



Describe how your team will be **governed** or make **shared decisions**

- Include plans for shared decision making, conflict resolution, performance management, information sharing, and resource allocation



Describe how your team will be **managed**

- Include roles and responsibilities, reporting relationships, and FTEs as applicable



Describe how patients/families/caregivers will be incorporated in the leadership and/or governance structures

- Include roles and responsibilities, reporting relationships, and FTEs as applicable



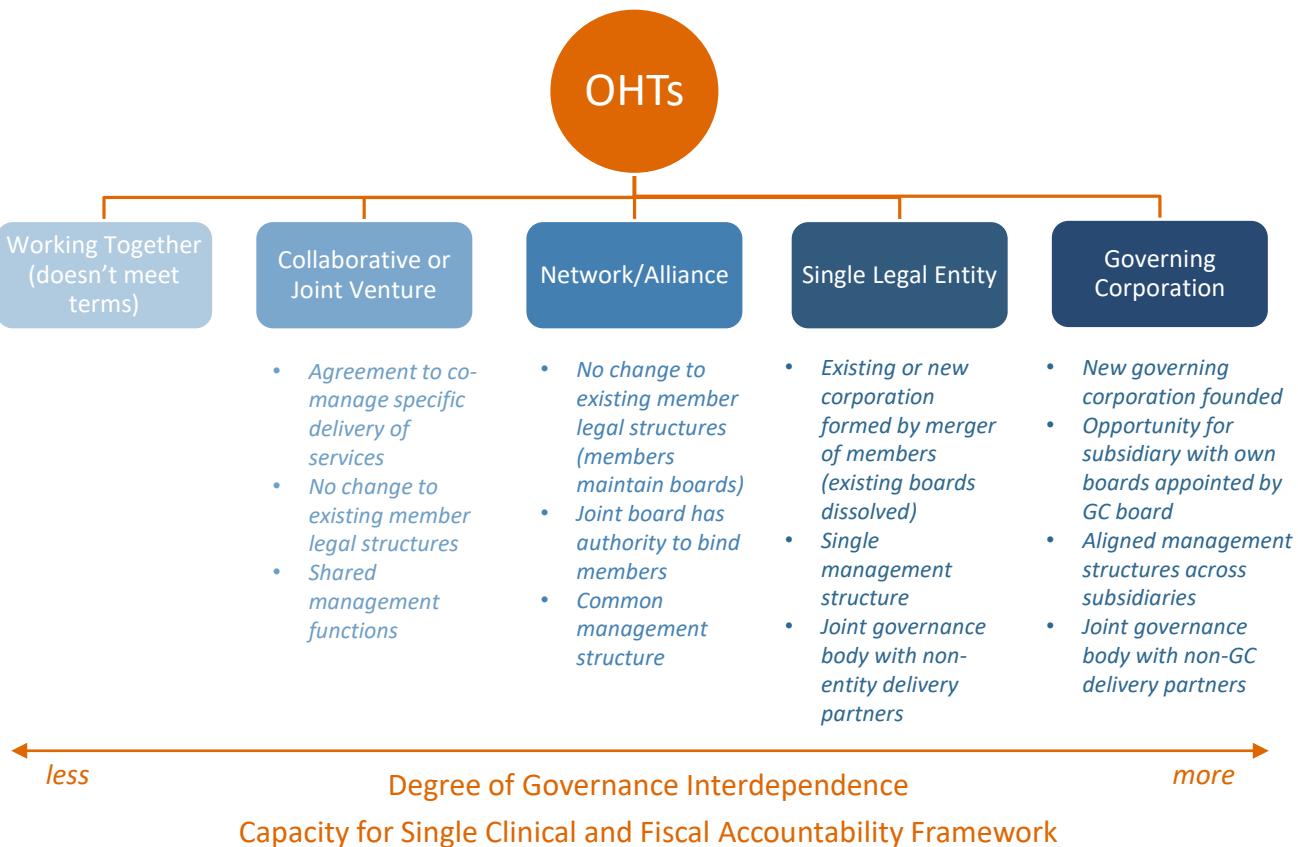
Describe your plan to **engage clinicians and clinical leads** in both membership and leadership and/or governance structure

Governance Structure Framework & Design

Governance Structure Options

- BLG has created a guidance document to inform the development of a governance structure for prospective OHTs. This document presents a **continuum of options** that would be considered suitable for selection by OHTs as their governance models
- **Variations and combinations** are possible

Continuum of Governance Options



There is currently no requirement from MOH to change legal structures

Option 1: Collaborative or Joint Venture

Collaborative or Joint Venture

Network/Alliance

Single Legal Entity

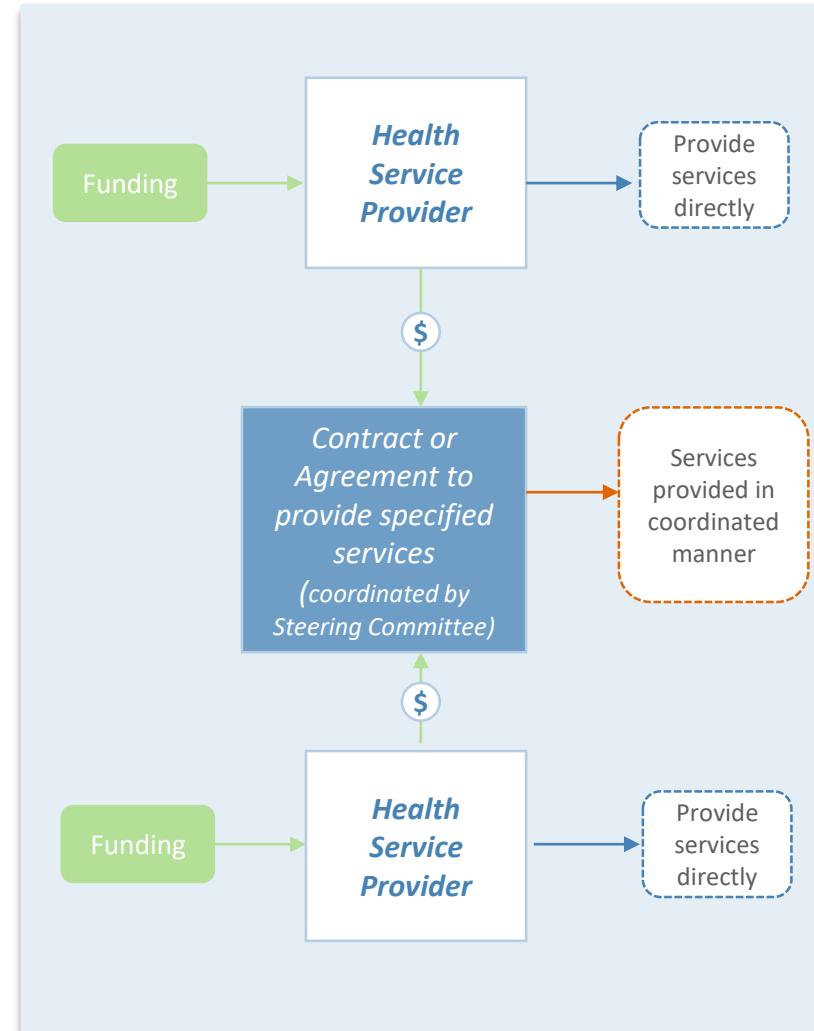
Governing Corporation

Characteristics

- No new entity created: maintain separate legal existence
- Separate employers
- Agreement to co-manage specific delivery of services
- Some 'joint committee' or governance structure to oversee joint services
- Expectation would be that arrangement is ongoing but with termination provisions

Implications

- Strategic planning, funding, and central branding would be achieved mainly through the basket of services which are integrated, but not to the individual organizations
- Relatively easy for providers to join OHT



Option 2: Network / Alliance

Collaborative or Joint Venture

Network/Alliance

Single Legal Entity

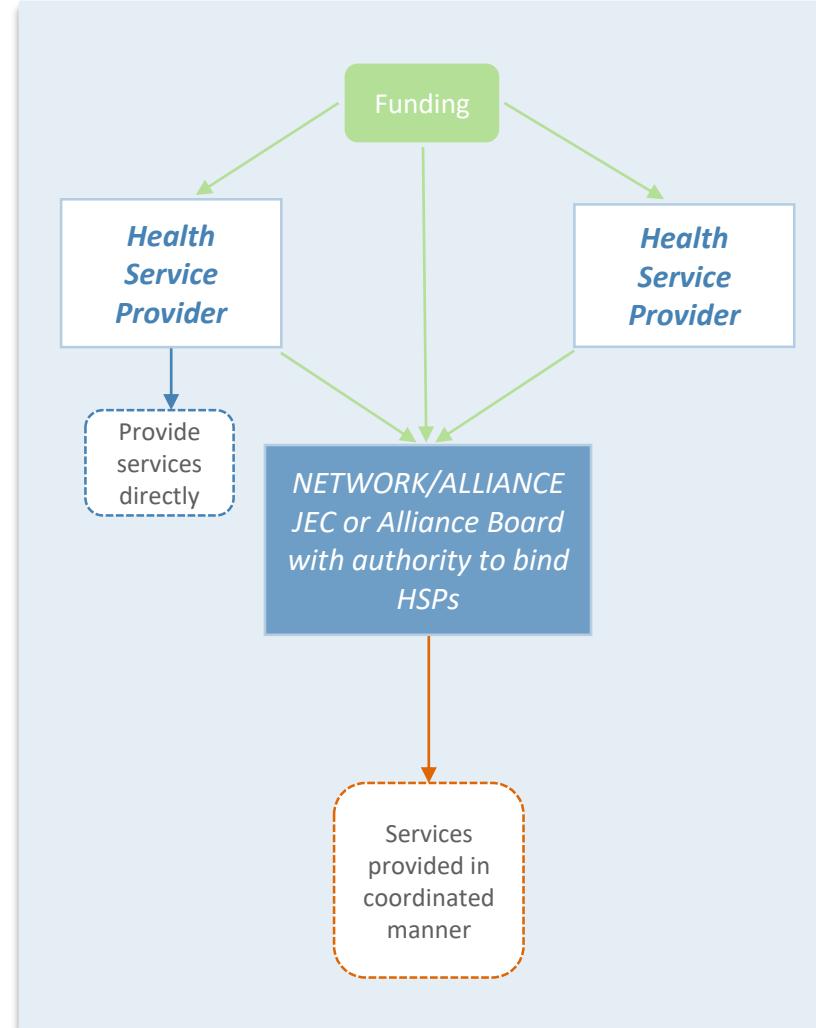
Governing Corporation

Characteristics

- No new entity created: maintain separate legal existence
- *Broader* agreement to co-manage specific delivery of services
- Agreement to formal governance arrangement
- Governance body members has the ability to bind their organizations
- Allows for more significant operational integration
- Provide decision making authority to shared governance entity to manage shared resources

Implications

- More easily enables one funding agreement
- Enables common strategic planning and central brand



Option 3: Single Legal Entity OHT

Collaborative or Joint Venture

Network/Alliance

Single Legal Entity

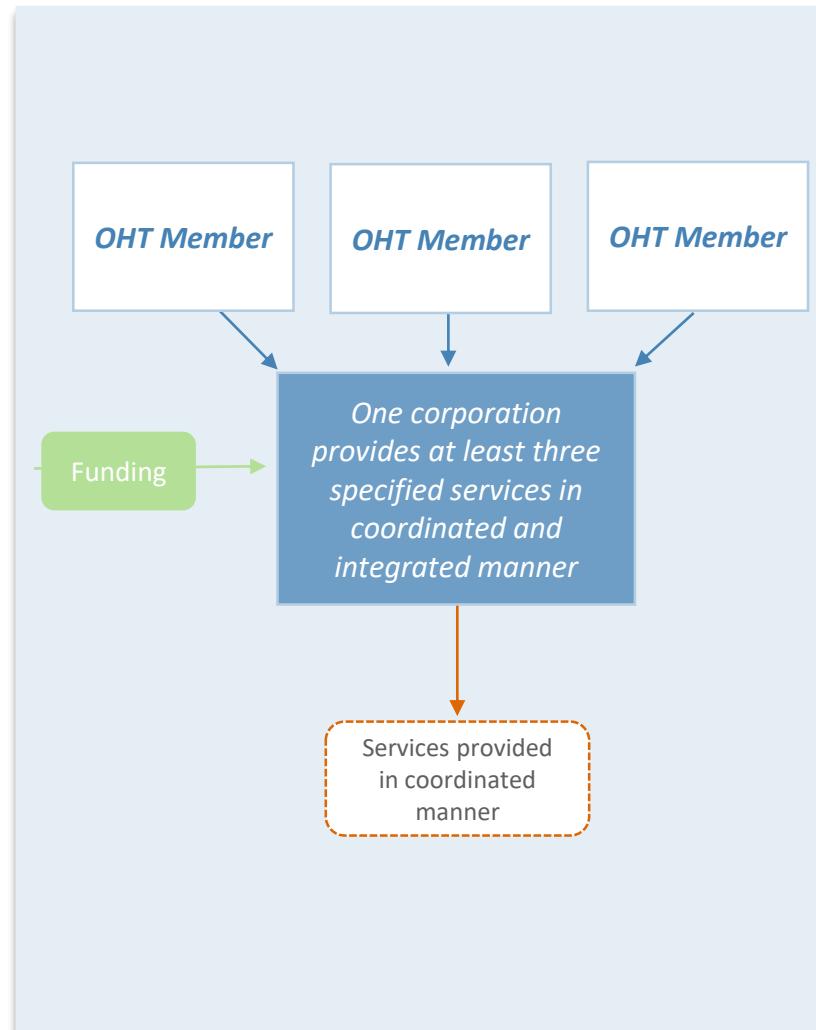
Governing Corporation

Characteristics

- Can be achieved via:
 - Single corporate entity (new or existing) acquiring operations of others
 - Amalgamation of existing entities
- Result is single legal entity, strategic plan, board, employer, funding, brand

Implications

- Accountability is in Board
- Stable without ability to unwind
- One corporation owns all assets and is responsible for all liabilities
- Non-GC partners are able to provide coordinated services with GC subsidiaries while not having to be integrated into one OHT legally



Option 4: Governing Corporation

Collaborative or Joint Venture

Network/Alliance

Single Legal Entity

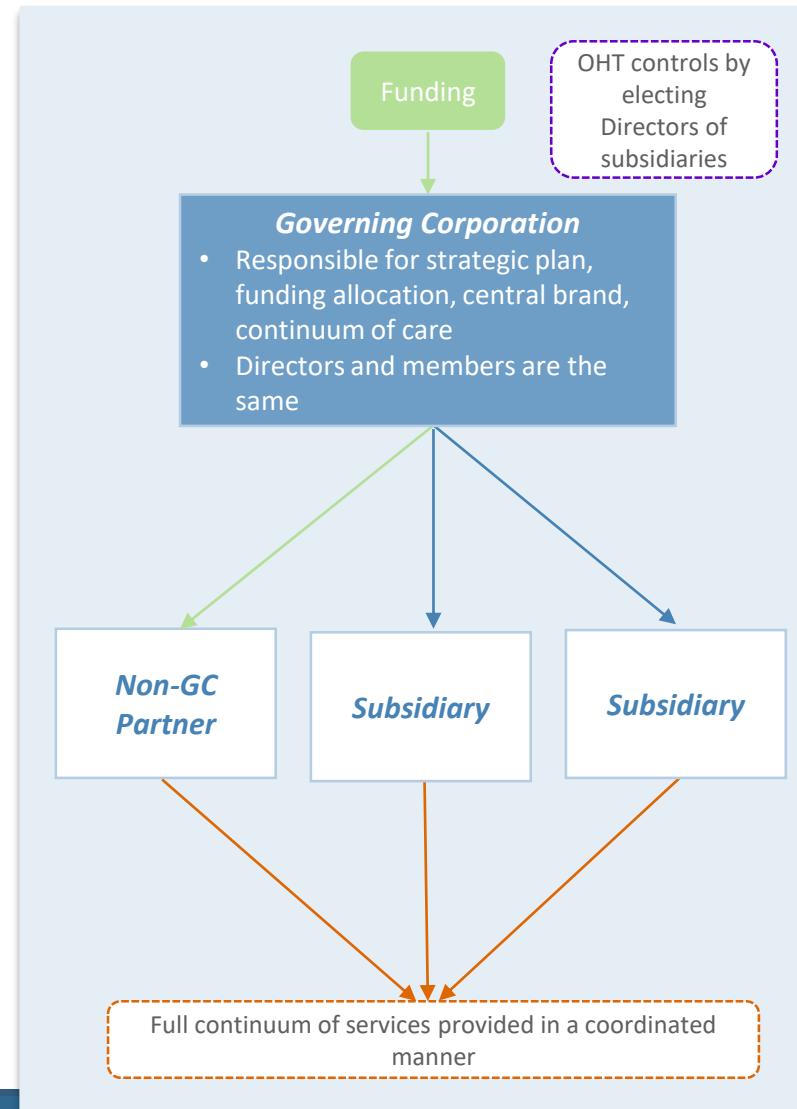
Governing Corporation

Characteristics

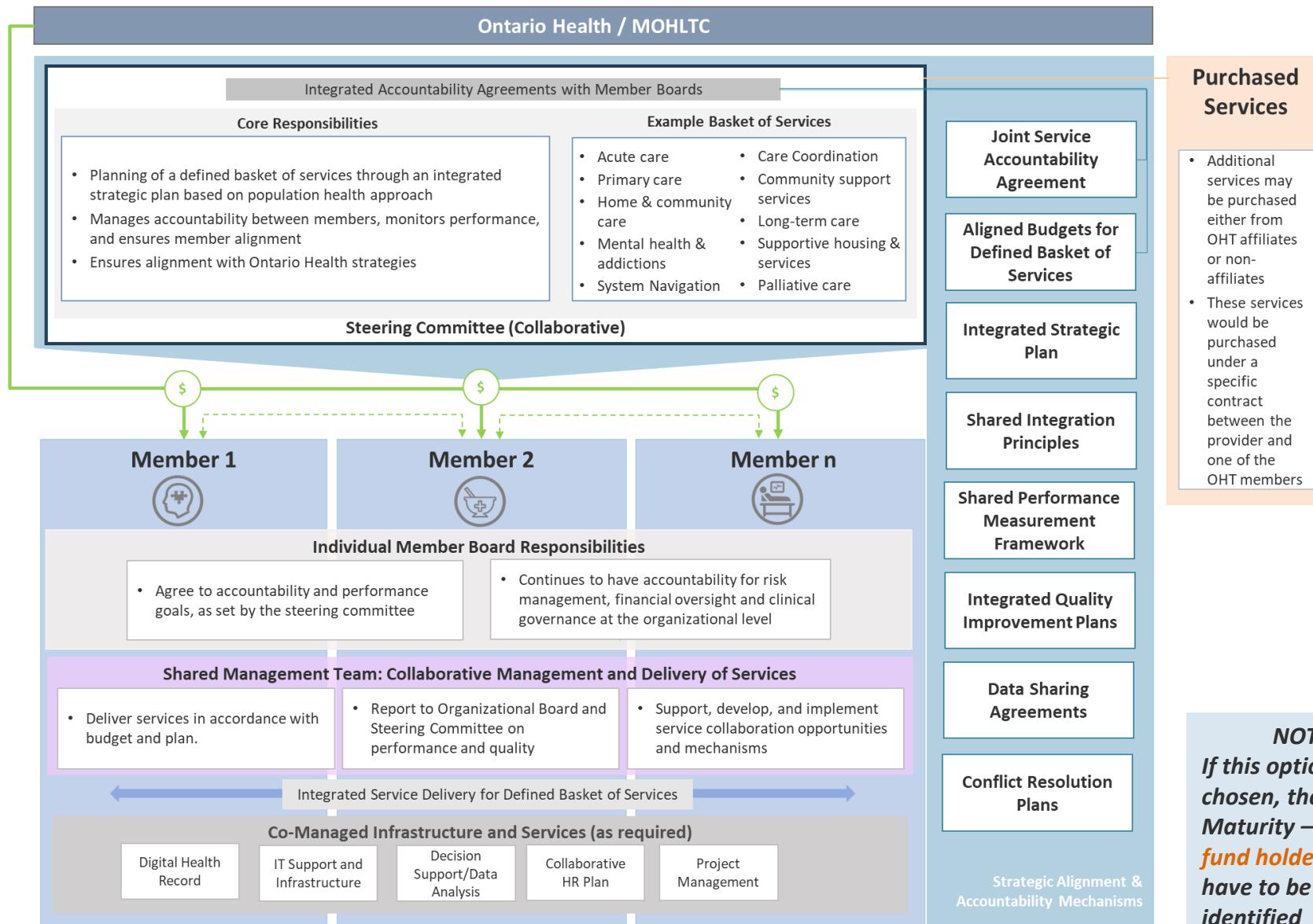
- New governing corporation formed with single board
- May provide services directly, or fund others to provide services
- Subsidiary organizations deliver integrated full continuum of services, while maintaining their individual boards

Implications

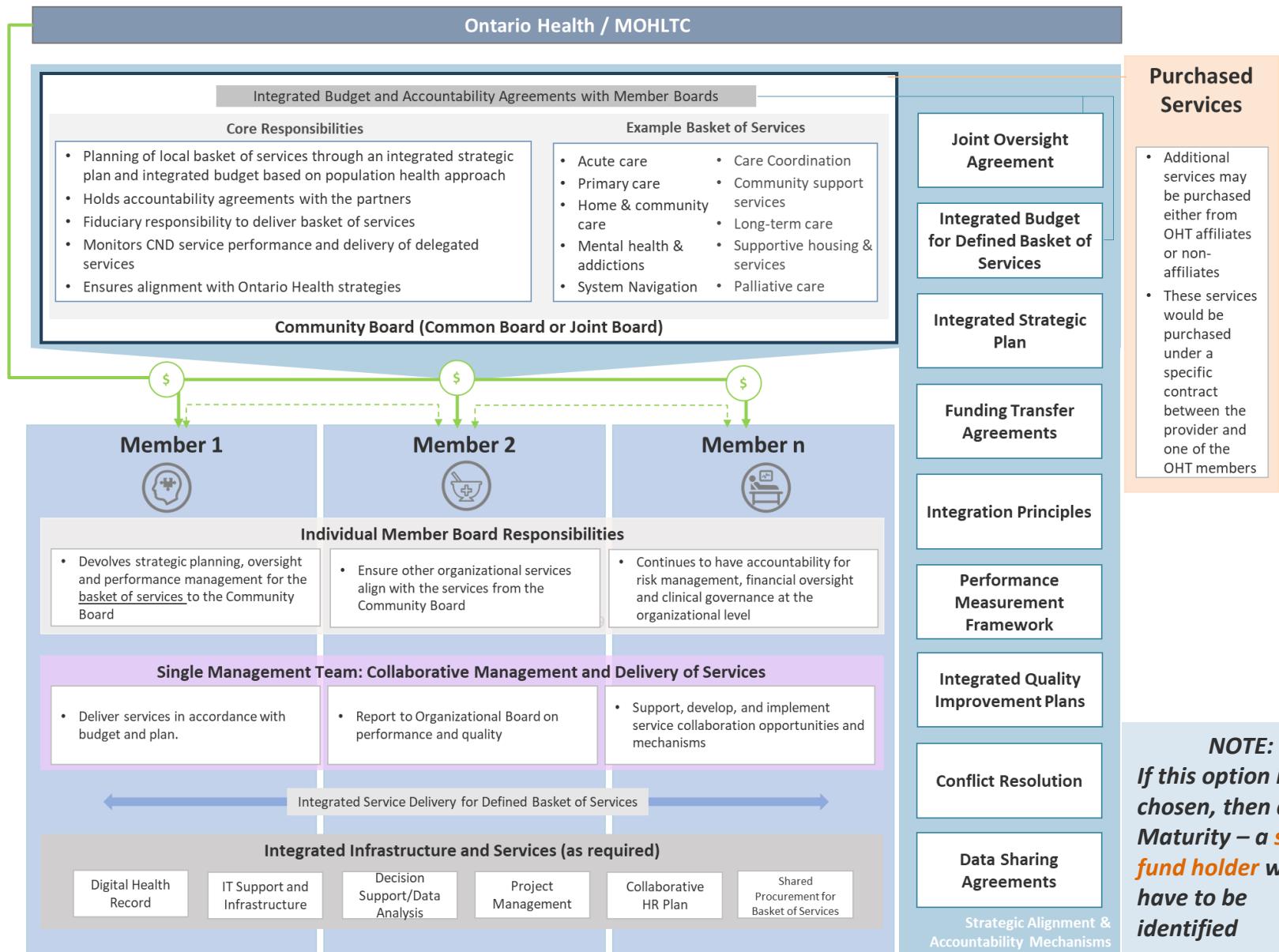
- Stable without risk of structure unwinding
- Non-GC partners are able to provide coordinated services with GC subsidiaries while not having to be integrated into one OHT legally



Option 1: Collaborative Agreements / Joint Venture



Option 2: Organizational Network Alliances



Option 3: Single Legal Entity

Ontario Health / MOHLTC



Single governing board

Core Responsibilities

- Deliver a local basket of services through based on a strategic plan and budget based on population health approach
- Single employer – all partners have merged into separate legal entity
- Fiduciary responsibility to deliver basket of services for all staff
- Monitors CND service performance and delivery of delegated services
- Ensures alignment and accountability with Ontario Health strategies

Comprehensive Integrated Basket of Services

- Acute care
- Primary care
- Home & community care
- Mental health & addictions
- System Navigation
- Care Coordination
- Community support services
- Long-term care
- Supportive housing & services
- Palliative care

Single Legal Entity



Non-GC Delivery Partner

Joint Executive Committee/Board

Service Delivery Locations



Management Team

- Report to Subsidiary Board and Governing Corporation Board on performance and quality

Aligned

Single Management Team

- Deliver services in accordance with budget and plan.
- Report to integrated Board on performance and quality

Infrastructure and Services

Digital Health Record

IT Support and Infrastructure

Finance

Decision Support/Data Analysis

HR

Project Management

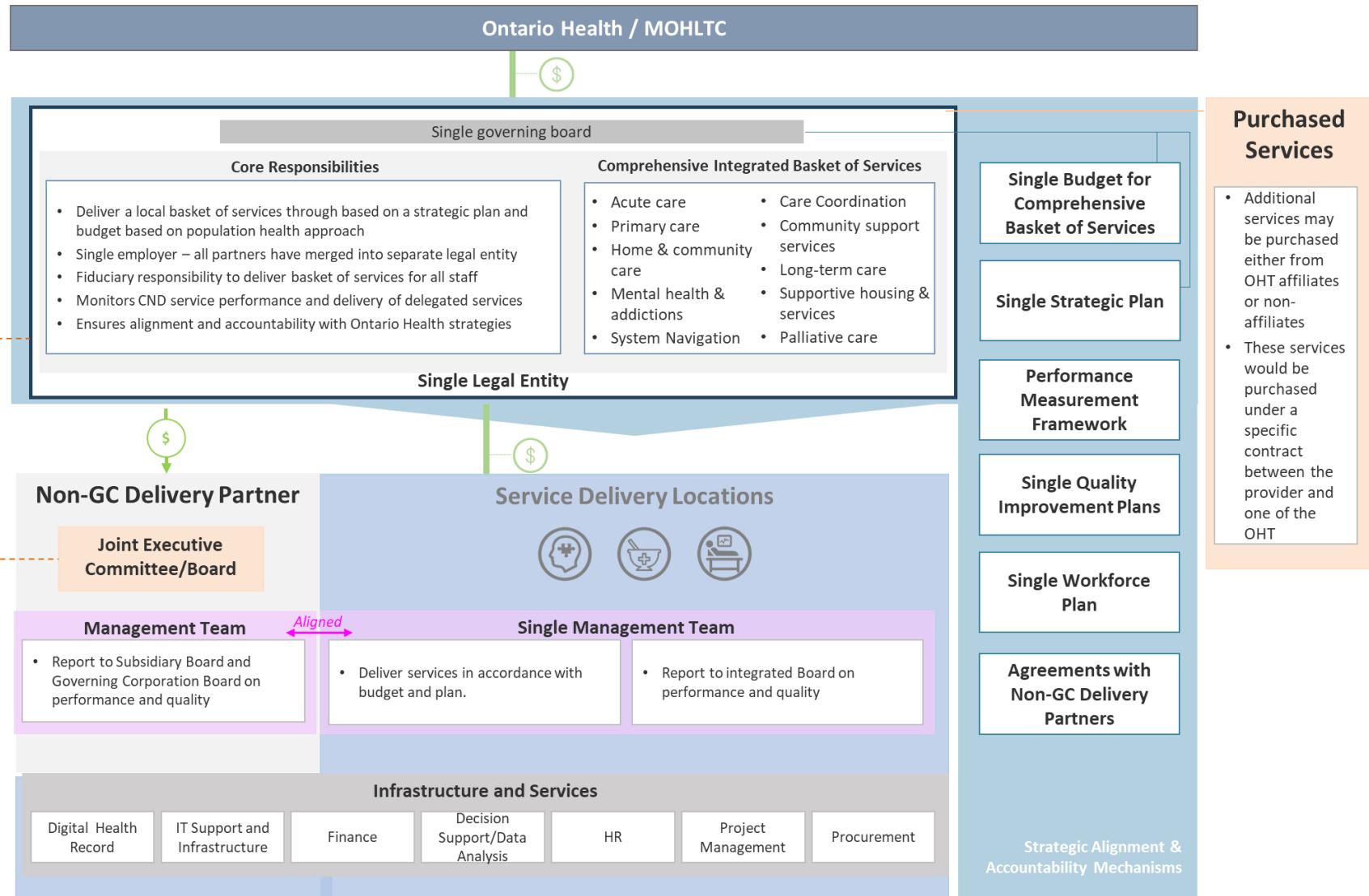
Procurement

Strategic Alignment & Accountability Mechanisms

Purchased Services

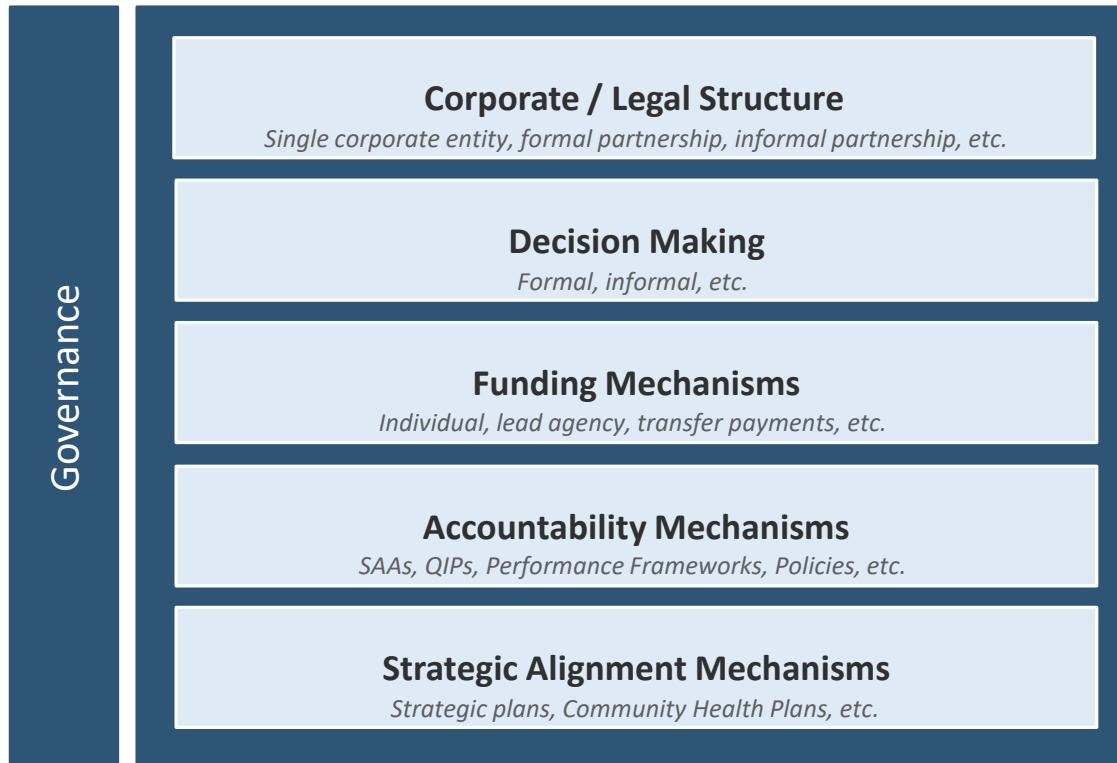
- Additional services may be purchased either from OHT affiliates or non-affiliates
- These services would be purchased under a specific contract between the provider and one of the OHT

Option 4: Governing Corporation



Governance Framework

We will use the following general framework of the governance components of Ontario Health Teams to navigate and answer the questions of the Full Application:



Governance: Corporate/Legal Structure



Questions

- What is the most appropriate structure for Year 1?
 1. Collaborative / Joint Venture Agreements
 2. Network / Alliance
 3. Single Legal Entity
 4. Governing Corporation

Governance: Decision Making



Questions

- How should P/F/C / clinician leaders be represented in this structure?
- How would affiliates be represented?
- What are the type of committees (board and management) and their associated responsibilities?
 - Steering Committee
 - Other sub-committees (governance, digital health, quality)
 - Advisory committees (affiliates, P/F/C, clinicians/physicians, communities, etc.)
- How will decisions be made?
 - Allocation of votes among Members
 - What happens if consensus is not reached?

Members vs. Affiliates

CND OHT Members

What is required of a member?

- Signing of a contract with associated performance standards and requirements with the Ministry
- Member should be prepared to move financial and human resources across the OHT to enable meeting of Ministry requirements, and achieving OHT goals

Who should be a member?

- Organizations that are integral to delivering the services identified as Ministry or OHT Year 1 goals

CND OHT Affiliates

What is the role of an affiliate?

- Affiliates will be involved in achieving the Year 1 goals, but will have no contractual agreement with the Ministry
- Affiliates will be involved in planning and design of the CND OHT, and will be involved in decision making for Year 1

Who should be an affiliate?

- Organizations who are involved in, but not a core component of achieving the Year 1 goals of the OHT

Supporting primary care providers in OHT leadership roles

OHTs will need to identify primary-care providers who are current or emergent leaders and match them up with an appropriate role in an OHT which can include:

1. Governing body;
2. Executive leadership group;
3. Operational management group;
4. Primary care specific working group; or
5. Another type of OHT working group (e.g., priority populations, such as older or medically complex)

Teams can draw on primary care leaders who played leadership roles in LHINS or integrated-care initiatives like Health Links

Governance: Management

Governance



Questions

- What are the management roles required? FTE's required?
- How will those roles be acquired under the model?
 - Secondment
 - Shared cost among members (new hire/secondment)
- How should the management team govern the day-to-day operations?
- How will the Community Steering Committee and/or Board and Partner Boards work together?

Governance: Funding Mechanisms

Governance



Questions

- How should resources be allocated across members?
 - Secondment
 - Transfer payment agreements
 - Other

Governance: Accountability Mechanisms

Governance



Questions

- What accountability mechanisms should be in place in Year 1?
- How should they be managed?

Governance: Strategic Alignment Mechanisms

Governance



Questions

- What mechanisms should be in place to ensure strategic alignment in Year 1?
- How will these plans be managed?