

Briefing Note

Submitted to: CND OHT Joint Board Committee

Topic: Cambridge North Dumfries OHT Implementation Budget 2020-2022

Date: January 2021

Background

In July 2020, the Ministry of Health announced one-time, multi-year implementation funding for approved Ontario Health Teams, including \$375,000 for Year I (Oct. 2020) and \$750,000 for Year II (April 2021). In early December 2020, we received confirmation of this funding through a Transfer Payment Agreement (TPA). In addition to setting out spending guidelines, the TPA sets out key milestones and deliverables for OHT Implementation 2020-2022.

A Budget Working Group has been supporting the Operations and Steering Committees in establishing a proposed budget and budget principles to guide the spending of the implementation funds. The purpose of this Briefing Note is to present the proposed budget allocations and key principles that will guide spending of these funds.

The budget was designed keeping in mind the Ministry of Health identified spending areas and key deliverables. Spending areas include:

- Patient, family and caregiver engagement and participation
- Physician and other clinician leadership, engagement, and participation
- Project management and leadership, practice facilitation to support change management, and other implementation activities
- Digital Health, information management and virtual care implementation
- Planning and implementing a population-health management approach to integrated and coordinated service delivery
- Performance Measurement and Quality Improvement

The 2020-2022 Implementation Budget applies to the Ministry of Health OHT funding. The funds collected from member organizations (“Member Funds”) will be maintained for special projects that fall outside of the established Ministry spending areas.

Budget Principles

The following budget principles were established by the Budget Working Group and brought forward to the Operations Committee and Steering Committee for feedback and approval:

- CND OHT spending from April 1 (including staff salaries) that were allocated to the OHT member funds will be charged to Ministry Implementation funds.
- OHT implementation funding is one-time funding, meaning that there is no guarantee for ongoing allocation of resources. Therefore, funds will be prioritized for one-time or time-limited spending.
- Capacity will be required to lead various components of the work associated with the deliverables. Given that funding is one-time, where possible staff services will be purchased or

seconded from Member and/or Affiliate Members. It is recommended that at least one full-time engagement lead is posted and hired until 2022 through Langs, aligned with other OHT staff.

Additional Considerations

To support the budget and consistent, equitable allocation of funds, the following tools are in the process of being developed:

- Patient, Family and Caregiver Compensation Framework, based on the Change Foundation Compensation Framework (2017)
- Clinician Compensation Framework, aligned with COVID-19 Response compensation rates and co-designed with local clinician leadership.
- Project Evaluation Criteria

Recommendations

The following spending recommendations are put forward to the CND OHT Member Organizations for approval:

Spending Area Defined by Ministry of Health	2020-2021 Budget	2021-2022 Budget
Patient, family and caregiver engagement and participation	\$5,500	\$15,000
Physician and other clinician leadership, engagement, and participation	\$18,500	\$66,600
Project management and leadership, practice facilitation to support change management, and other implementation activities	\$125,000	\$185,395
Digital Health, information management and virtual care implementation	\$94,000	\$229,335
Planning and implementing a population-health management approach to integrated and coordinated service delivery	\$40,000	\$94,335
Performance Measurement and Quality Improvement	\$92,000	\$159,335

The following staffing support allocations are recommended by the budget working group and were refined and approved by the Operations and Steering Committee (within the budget lines set out above):

- To sustain a 1.0 Transformation Lead and review the current compensation for the role due to added responsibility of managing a team and COVID Response role responsibilities
- To sustain a 0.5 FTE Administrative Assistant*
- To sustain a 0.5 FTE Communications Assistant (*combined with above role)
- To hire or second a 1.0 FTE Patient Engagement & Clinician Liaison
- To hire or second a 1.0 FTE Digital Health Lead staff
- To hire or second a 0.5 FTE Decision Support Lead Staff
- To allocate \$45,000 for operational costs to secure a location that allows additional staffing for the CND OHT.

Next Steps

The Steering Committee Members and Joint Board Committee Members will review the budget with their respective member organization.

The final budget will be put forward to the Joint Board Committee for approval at the January 25th meeting.

Contact

Kristina Eliashevsky
CND OHT Transformation Lead
Kristinae@langs.org

APPENDIX A: BUDGET SUMMARY 2020-2021 and 2021-2022

MOH Expenditure Line	Ministry Milestones & Deliverables	2020-2021		2021-2022	
		MOH Spending Limit	CND OHT Budget	MOH Spending Limit	CND OHT Budget
Patient, family and caregiver engagement and participation	<p>A patient engagement, consultation, and partnership strategy or framework in place.</p> <p>A Patient Declaration of Values, aligned in principle to the Patient Declaration of Values for Ontario, in place</p>	\$15,000	\$5,500	\$30,000	\$15,000
Physician and other clinician leadership, engagement, and participation	<p>Communication protocols in place to connect all primary care providers in the OHT with other OHT members and partners</p> <p>Most primary care providers to the OHTs priority populations are members of, or partners with, the OHT.</p>	\$150,000	\$18,500	\$300,000	\$66,600
Project management and leadership, practice facilitation to support change management, and other implementation activities	<p>Continue to respond to COVID-19 through OHT programs linking hospitals, primary care, LTC and other congregate care settings, H&CC and other health care services or related non-health services.</p> <p>Maintain health system capacity during the remainder of the pandemic and throughout health system re-opening, including by regularizing new care pathways and practices, including virtual care.</p> <p>An OHT Expansion Plan in place on expanding the range and volume of services provided by OHT members in 2022-23, including by adding additional OHT members and/or partners</p>	\$125,000	\$125,000 <i>Staff: \$125,000</i>	\$250,000	\$185,395 <i>Staff: \$185,395</i>
Digital Health, information management and virtual care implementation	<p>Every patient in the OHTs priority populations experiences coordinated transitions between providers – there are no cold hand-offs.</p> <p>The majority of patients in the OHTs priority populations who receive a self-management plan understand the plan, and the majority who receive access to health literacy supports use those supports.</p> <p>Harmonized Information Management Plan developed.</p>	No limit	\$94,000 <i>Staff: \$14,000</i> <i>Other expenditures: \$80,000</i>	No limit	\$229,335 <i>Staff: \$80,000</i> <i>Other expenditures: 149,335</i>
Planning and implementing a population-health management approach to integrated and coordinated service delivery	<p>Care has been re-designed for patients in the OHTs priority populations.</p> <p>Every patient in the OHTs priority populations has access to 24/7 coordination and system navigation services.</p> <p>Information about the OHT member services offerings is readily available and accessible to the public (e.g. through a</p>	No limit	\$40,000 <i>Staff: \$15,000</i> <i>Other expenditures: \$25,000</i>	No limit	\$94,335 <i>Staff: \$69,335</i> <i>Other expenditures \$25,000</i>

		2020-2021		2021-2022	
MOH Expenditure Line	Ministry Milestones & Deliverables	MOH Spending Limit	CND OHT Budget	MOH Spending Limit	CND OHT Budget
	website).				
Performance Measurement and Quality Improvement	<p>Progress has been made to reduce inappropriate variation in care and implement clinical standards or best available evidence.</p> <p>The OHTs performance has improved on measures of access, transition, coordination of care, and integration.</p> <p>More patients in the OHTs priority populations are accessing care virtually and accessing their digital health records.</p> <p>A Collaborative Quality Improvement Plan (cQIP) in place in accordance with Ministry of Health direction and that includes indicators and targets specific to the Cambridge North Dumfries Ontario Health Team's priority population(s) and broader system integration indicators and targets to be defined by the Ministry of Health</p>	No limit	\$92,000 <i>Staff:</i> \$20, 867 <i>Other expenditures:</i> \$71, 133	No limit	\$159,335 <i>Staff:</i> \$69, 335 <i>Other expenditures:</i> \$90,000
	Total		\$375,000		\$750,000