

The OHT Dilemma: A Lens on Prioritizing and Aligning to Manage Organizational Capacity



CMHA/AMHO
Feb 22 & Mar 1, 2022

OHTs: The Vision & the Context



No debate about the need for more integrated service delivery... though approaches to achieving success vary

Connecting Care Act, 2019, S.O. 2019, c. 5, Sched. 1

Versions	Regulations under this Act
current	November 15, 2021 – (e-Laws currency date)
	April 2, 2021 – November 14, 2021
	July 31, 2020 – April 1, 2021
	7 more

Who:

- Which sectors/organizations
- Number involved
- Levels of membership/engagement

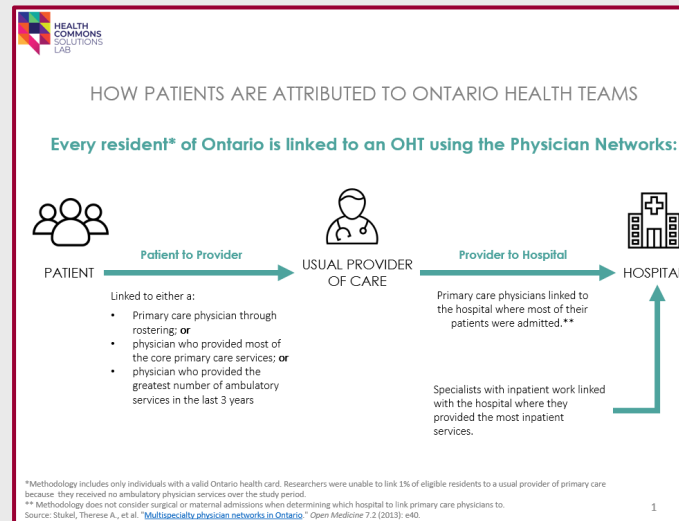
What:

- Focus on enablers for all
- Focus on services for specific populations

How:

- Committee/WG Infrastructure
- Processes for engagement & decision-making
- Size/range in Backbone
- Approach to service delivery redesign
- Degree of distributed leadership
- Involvement of Boards
- Mechanisms for leadership and accountability

OHTs: Attributed Populations based on Primary Care Referral Patterns

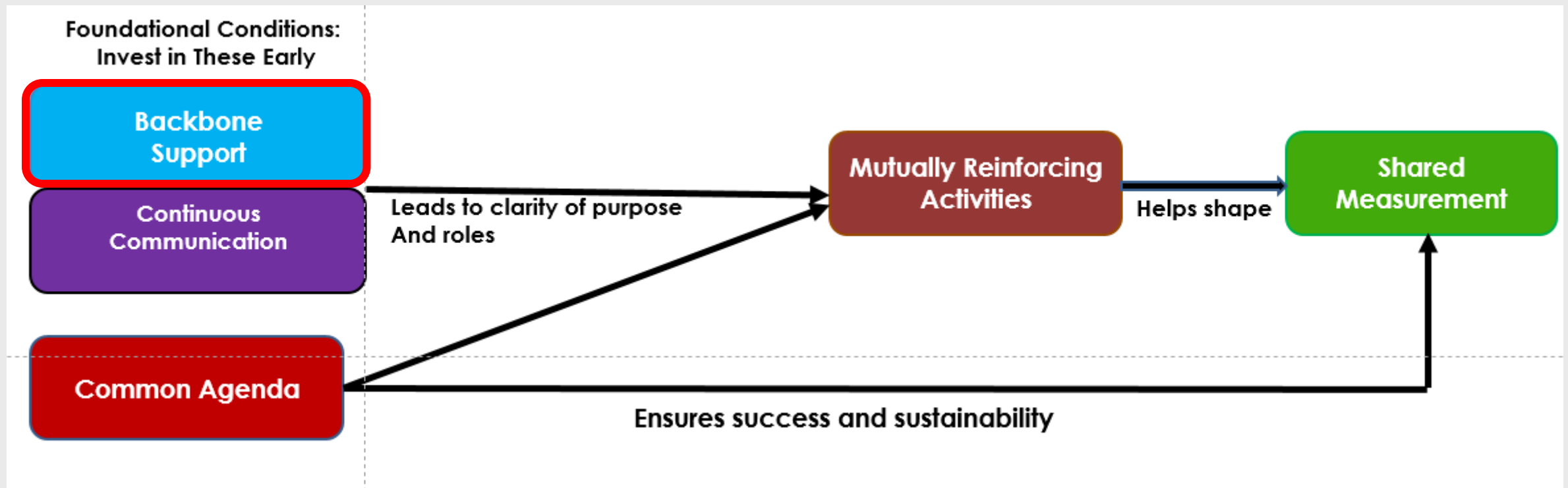


Rationale: Geography does not reflect how individuals in urban centers access care

One Consequence: Some providers across the continuum of care are linked to 1+ OHTs, and thus....

- Planning and redesign at multiple tables
- Potential for multiple approaches to service delivery for one organization

Collective Impact: Backbone Support is an integral, EARLY enabler for success



ADVANCE, Module 1

Resources for Backbone have, to date, been very limited, placing considerable strain on organizational resources

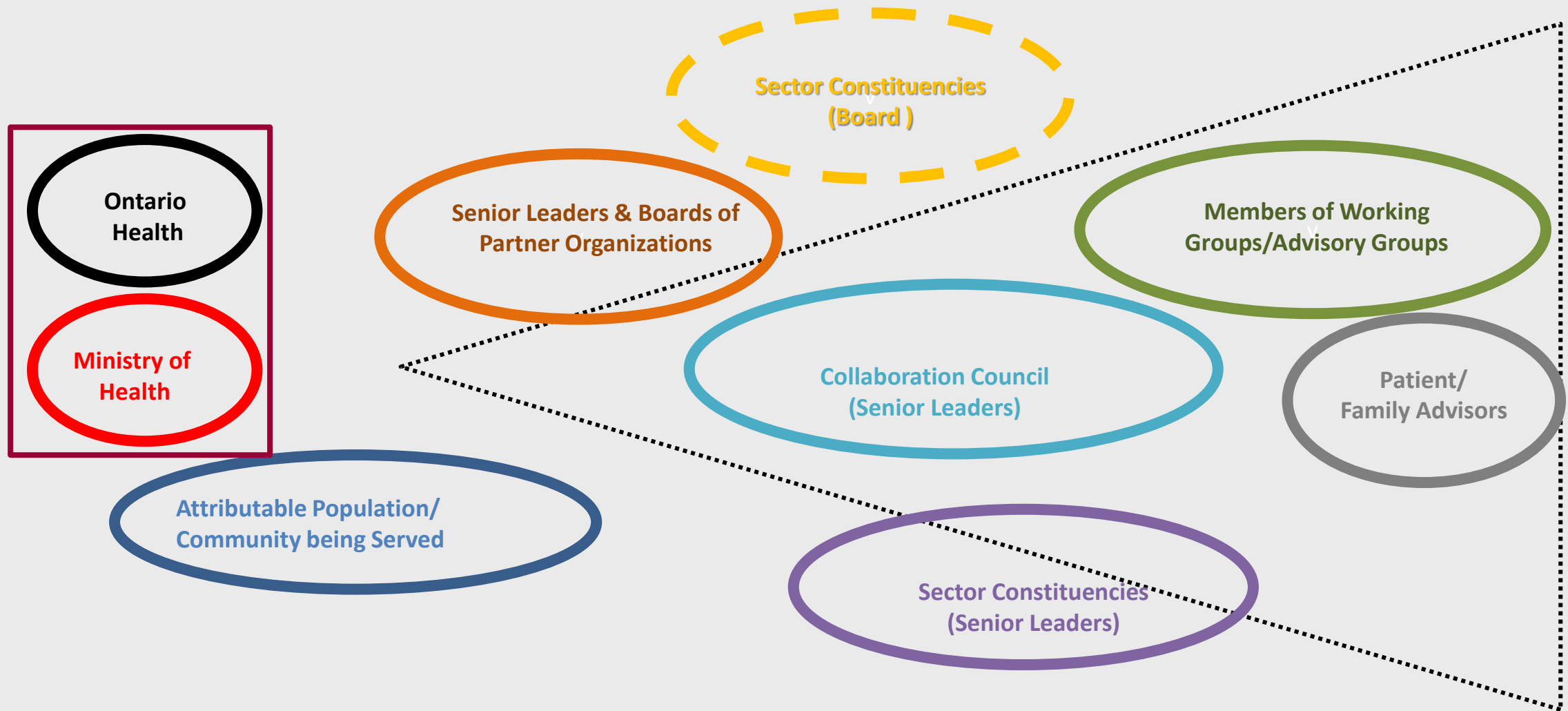
Rounding out our Context for Today (POLL)

- Is your organization a “member” of more than one OHT?
- How many Leadership Council Tables does your organization participate in?
- How many OHT Committees and Working Groups, other than Leadership Council, does your organization participate in?
- Is MHA included as a priority population in at least one OHT where you are a member?

OHT Accountabilities

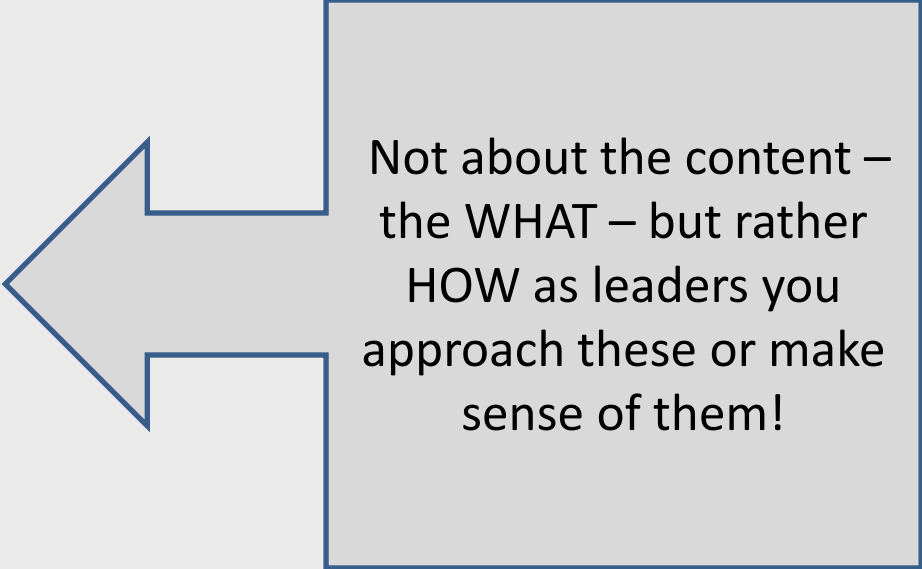


What are the current OHT Accountabilities?



What are some of the deliverables linked to the OH, MOH accountabilities?

- Patient Engagement Strategy/Framework
- Patient Declaration of Values
- Primary Care Engagement Plan
- Health information Management Plan
- OHT Expansion Plan
- Spending Plan
- cQIP
- Quality Reporting on OHT-specific Indicators
- CDMA (Attestation)
- OH Pandemic Recovery Plan



Not about the content –
the WHAT – but rather
HOW as leaders you
approach these or make
sense of them!

It is a leadership role to make sense & prioritize

% ALC Days

ED as First Point of Contact for MHA Care

Preventive Screening in Primary Care (3)

If none are your current focus for improvement & assuming your performance is reasonable:

- Aim to maintain indicators
- Drill down on understand op
- Focus on moving the OHT (but not them)! (*with o*

% ALC Days

ED as First Point of Contact for MHA Care

Preventive Screening in Primary Care (3)

+

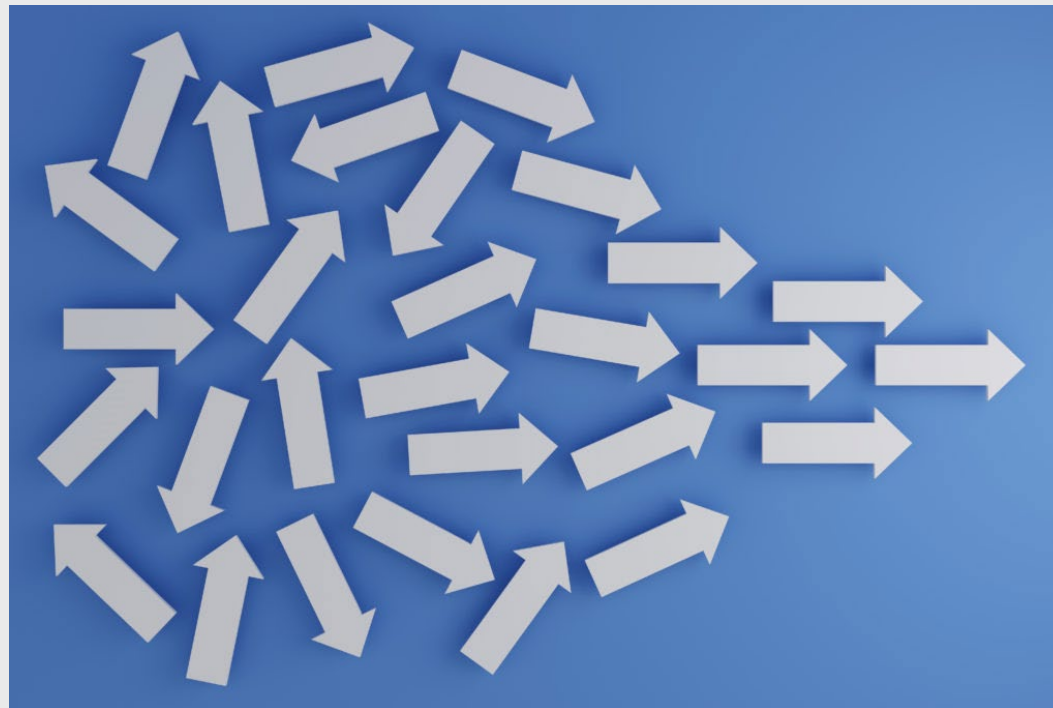
Your Priority Population Indicators

at focus for

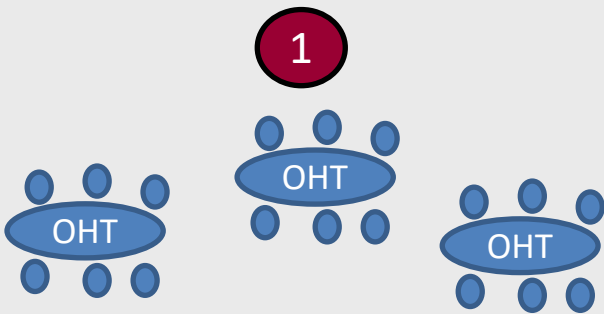
information for your
it your own and

How are your OHTs navigating the cQIP deliverable among other, competing priorities?

Considerations and Strategies for Prioritizing and Aligning



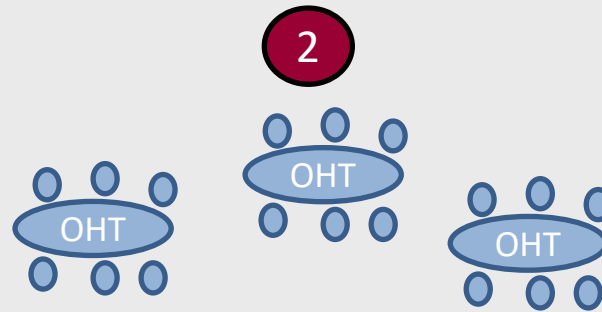
Prioritize and Align: Critical for Leaders and Boards



Do most of your clients fall within the attributed population of one OHT vs others?



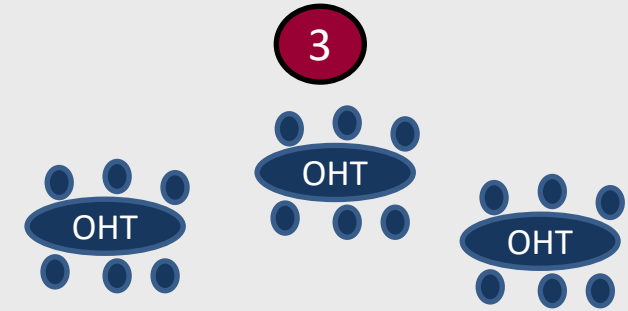
Can you allocate more of your energy to this OHT and play a more passive role in others?



Are all OHTs you are involved in currently focused on MHA as a priority population?



Can you allocate more of your energy to OHTs where MHA is the current focus?



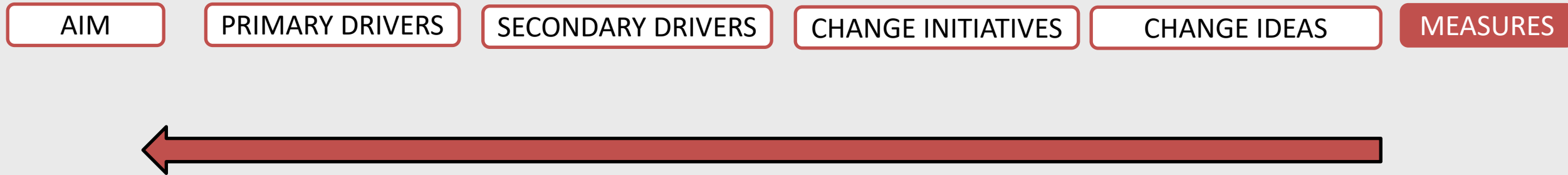
Of those focusing on MHA, which OHTs are working on strategies that align with your organizational Strategic Plan, QIP and/or improvement activity?



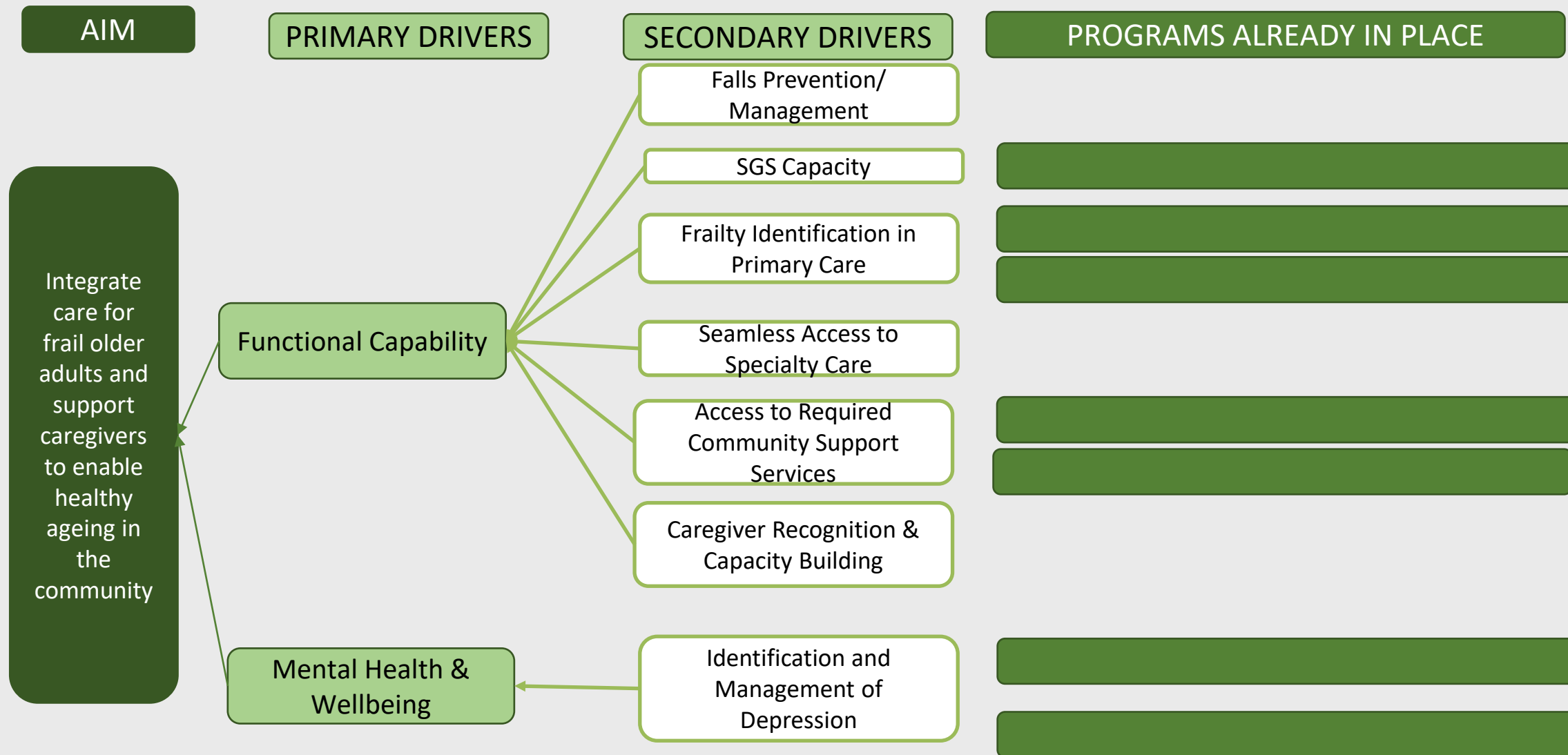
To what extent can you leverage ongoing QI/Implementation work to benefit the OHT?

To what extent can you leverage OHT work (& thus resource) to advance your organization's strategic plan, both short and longer term?

Using Driver Diagrams as a Conceptual Model for Clarifying Alignment and Accountabilities



Mutually Reinforcing Activities: to what extent can your existing services fulfill your contribution to shared aims & outcomes?



AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

CHANGE INITIATIVES

MEASURES

Integrate care for frail older adults and support caregivers to enable healthy ageing in the community.

1 2
Functional Capability

IDENTIFY & MONITOR SOME INTERMEDIATE OUTCOMES

4
Mental Health & Wellbeing

4
Falls Prevention/ Management

SGS Capacity

Frailty Identification in Primary Care

Seamless Access to Specialty Care

Access to Required Community Support Services

Caregiver Recognition & Capacity Building

5
Identification and Management of Depression

5
ED & Primary Care Post Falls Pathway

Community-based Falls Prevention Program Expansion

Geriatric Rehab Capacity & Development

6
Primary Care EMR Frailty Tool Integration

Case-based Integrated Frailty Education

7
Coordinated Access to Geriatric Services

Reduction in Wait Times for Community Support Services

Patient Navigation Program

Caregiver ID

6
Reduction of Social Isolation

MH Information Sessions & Education Series

Identification of Mood Disorders

Outcome Measures

1. Frailty Score
2. ALC Days for Frail Older Adults
3. 2+ Fall-related ED Visits
4. ED as First Point of Contact for Depression
5. % Reduction in Symptoms of Depression, using ____ scale of Depression
6. Client Experience_Social Supports in the Community

High Level Process Measures

7. % Adults with 2+ Falls on Pathway
8. % Older Adults Screened for Frailty
9. %PCPs Who Received Frailty9Education

Adapted from Algoma OHT

CHANGE INITIATIVES

CHANGE IDEAS

ORGANIZATIONS ACCOUNTABLE

MEASURES

7

ED & Primary Care Post Falls Pathway

Community-based Falls Prevention Program Expansion

Geri Rehab Capacity & Development

8

Primary Care EMR Frailty Tool Integration

Case-based Integrated Frailty Education

9

Coordinated Access to Geriatric Services

Reduction in Wait Times for Community Support Services

Patient Navigation Program

Caregiver ID

6

Reduction of Social Isolation

MH Information Sessions & Education Series

Identification of Mood Disorders

10

11

YOUR ORGANIZATION



Outcome Measures

1. Frailty Score
2. ALC Days for Frail Older Adults
3. 2+ Fall-related ED Visits

4. ED as First Point of Contact for Depression
5. % Reduction in Symptoms of Depression, using _____ scale of Depression
6. Client Experience_Social Support in the Community

Process Measures

7. % Adults with 2+ Falls on Pathway
8. % Older Adults Screened for Frailty
9. %PCPs Who Received Frailty Education

10.

11.

Adapted from Algoma OHT



For Change Initiatives you are taking accountability for:

- What resources will be required?
- How will you phase the work to meet OHT deadlines but also to ensure the workload within your organization is reasonable?
- Can you partner to help achieve the goals and your specific accountabilities?
- How can you distribute leadership for the work within your organization?
- How will you know if you've fulfilled your commitment and been successful?

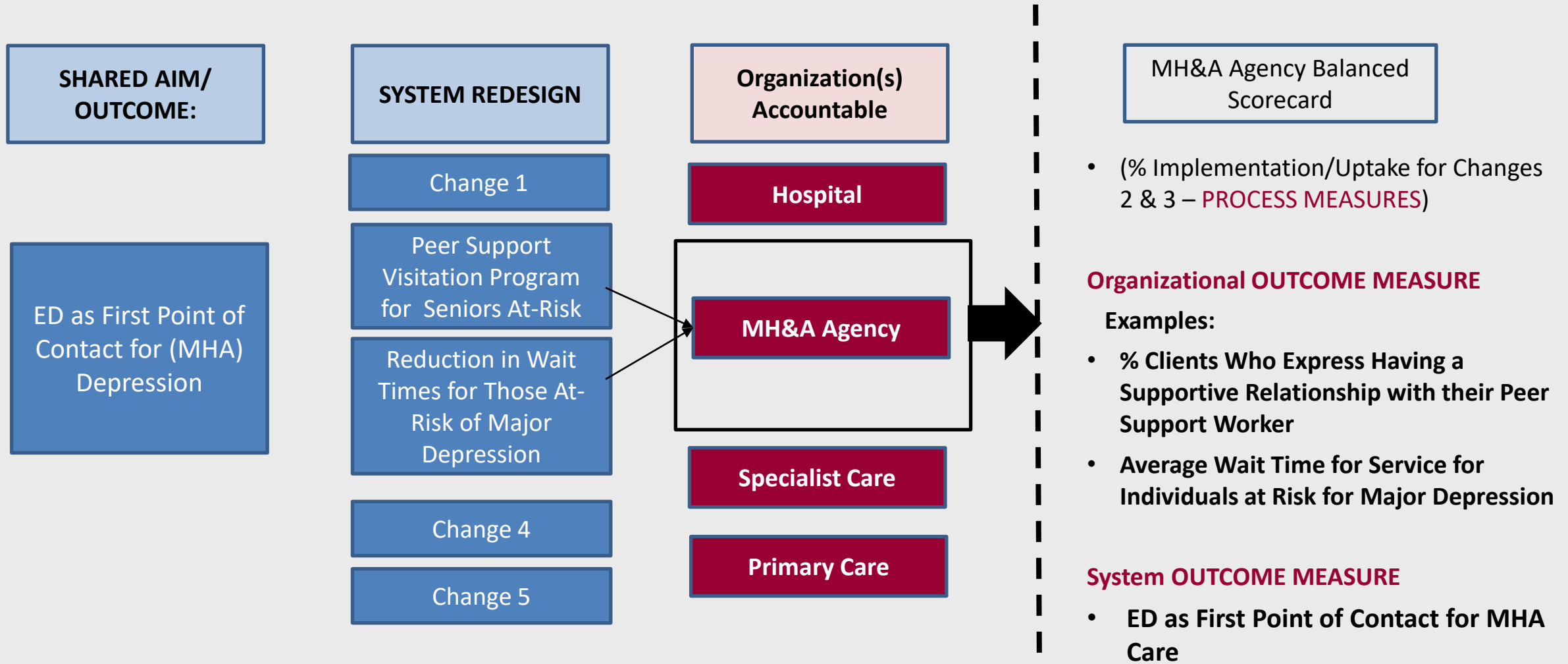
Outcome Measures

3. ED as First Point of Contact for Depression
4. % Reduction in Symptoms of Depression, using ____ scale of Depression
5. Client Experience_Social Support in the Community

Process Measures

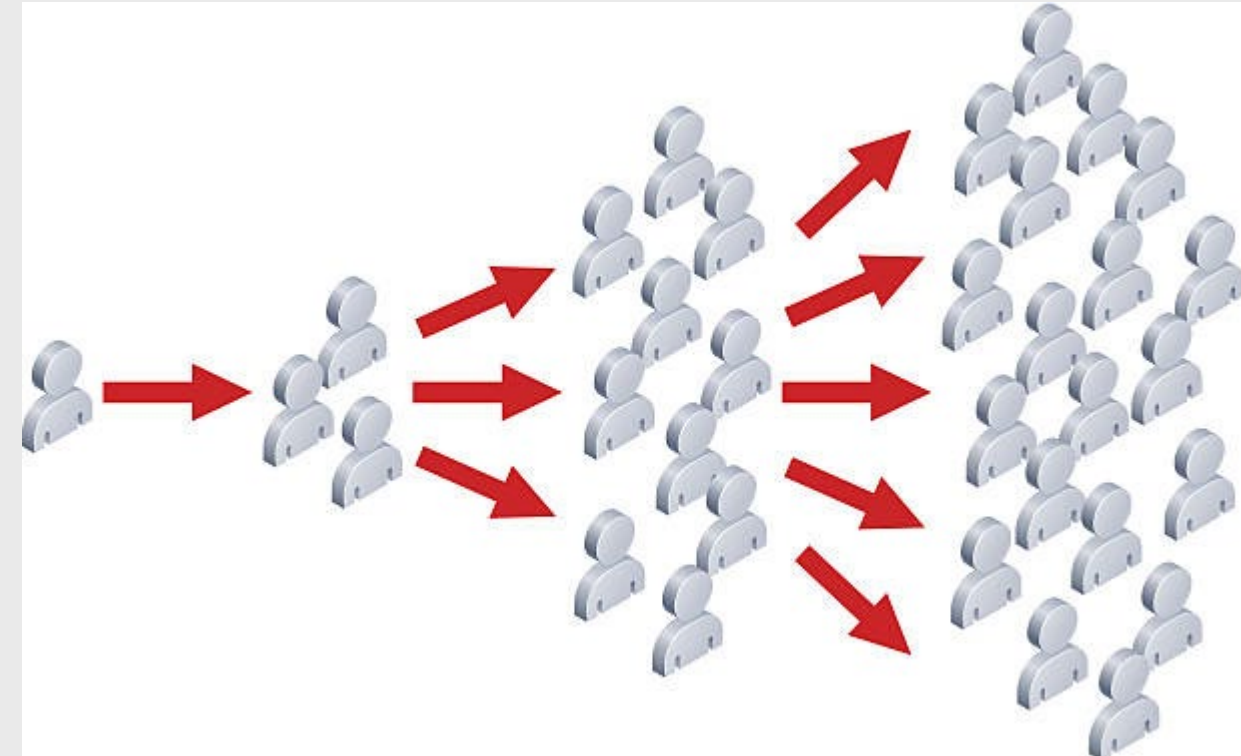
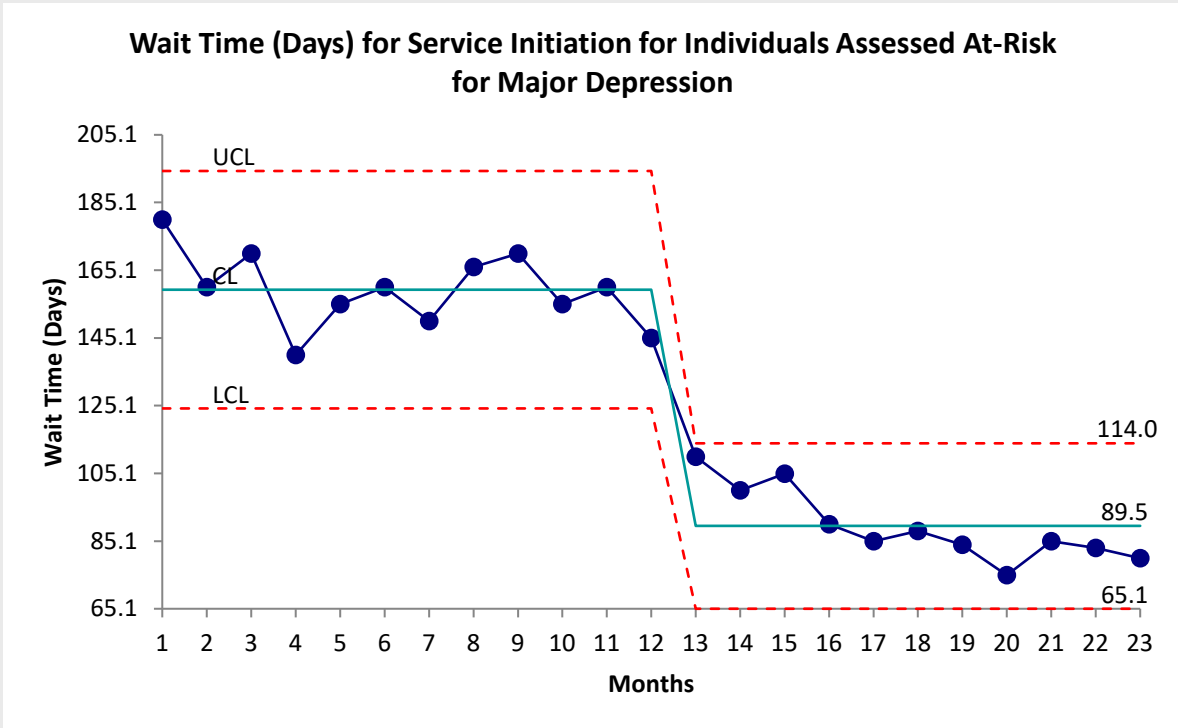
10. % of Seniors At-Risk for Depression Visited Weekly by a Peer Support Worker

Overseeing the work within a Partner Organization



Once you've sustained the target on your outcome.....

How can you spread this work from one OHT to the other OHTs you are involved in?



And, even prior to achieving a desired target, once you are aware of the elements of redesign within 1 OHT, can you advocate for standardization of the same elements across others?

Reflecting on the suggested strategies, are there any you can imagine adopting to address issues you are facing? Why or why not?

**The cQIP:
Making it your own**

*focusing it on what matters to
your OHT and the residents you
serve*

**Advocate for some degree
of standardization across
OHTs**

**Reallocate your energy to
an OHT that:**
*. Includes most of your
client population
. Is currently focusing on
MHA*

Leverage your:
*. Improvement work
. Existing aligned service
delivery*

**Longer term leverage of
OHT deliverables to
benefit/align with your
organizational goals?**

Other Questions/Discussion....

