



CKOHT Environmental Scan Strategic Plan 2021-2024

Chatham-Kent Ontario Health Team: Achieving the best health and well-being together

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Introduction

On December 7th 2019, the Chatham-Kent Ontario Health Team (CKOHT) was announced as one of the successful OHTs in Ontario. There are 15 local organizations working together as partners in the CKOHT. Additionally, several more agencies have given their support to the CKOHT and intend to become more involved in future phases. Current partners include:

- Alzheimer Society Chatham-Kent
- Canadian Mental Health Association Lambton Kent
- Chatham-Kent Health Alliance
- Chatham-Kent Community Health Centres
- Chatham-Kent Family Health Team
- Chatham-Kent Hospice
- Erie St. Clair Behavioural Supports Ontario
- Erie St. Clair LHIN Home and Community Care
- March of Dimes Canada
- Municipality of Chatham-Kent
- St. Andrew's Residence
- Thamesview Family Health Team
- Tilbury District Family Health Team
- TransForm Shared Services Organization
- Westover Treatment Centre

Vision and Guiding Principles

As part of CKOHT vision, “Achieving the best health and well-being together” the CKOHT is committed to working through the collaboration steering committee, partners and community members to achieve our goals, while keeping in mind the following principles guide the work of the CKOHT:

- Develop and create a person-centred model that wraps around health and social services with the client.
- Build for the uniqueness of the CK community.
- Be bold and innovative in design. Trust one another to take risks.
- Leverage existing assets intelligently; build for maturity, not Year 1.
- Use an evidence-driven approach and be willing to continuously improve.
- Integrate the full system and spectrum of care, including community and social supports.

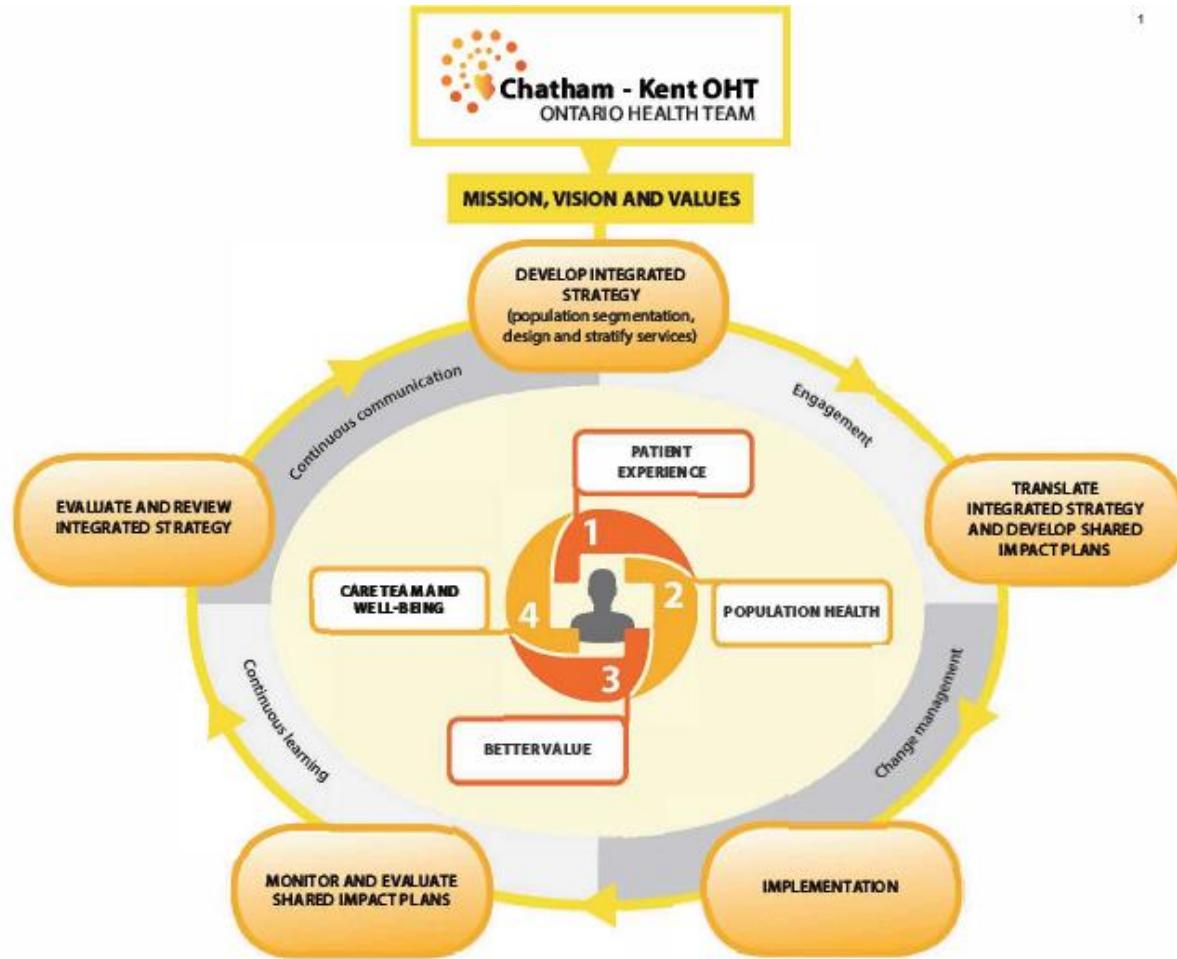
These guiding principles provide the base from which the Strategic Plan and further successes of the CKOHT are achieved.

Creating a Strategic Plan

As a new initiative within the Ontario Health System landscape, Ontario Health Teams have an opportunity to transform the health system for patients, families, and healthcare providers. Locally owned decision making and system planning will enable the Chatham-Kent Ontario Health Team to create a “by us, for us” healthcare system, with support from the Ministry and Ontario Health. The creation of our first strategic plan is a crucial component to this end, and represents an opportunity to reflect on the achievements and benefits that coming together as an OHT provided, while looking forward to the opportunities and aims for our local health system in Chatham-Kent.

The development of a Strategic Plan is the first phase of achieving an Integrated Strategy of the CKOHT. This was outlined in the application for submission and represents a major first step towards successfully integrating the care for patients of the CKOHT. Figure 1 below outlines the Strategic Management Framework of the Chatham-Kent Ontario Health Team.

Fig. 1 the CKOHT Strategic Cycle



Overall, the development of a Strategic plan is one of many steps in a continuous cycle to reach maturity as an Ontario Health Team.

Towards Maturity

According to the Ontario Ministry of Health and Long Term Care, at maturity, it is expected that each Ontario Health Team will:

- 1) Provide a full and coordinated continuum of care for a defined population within a geographic region;
- 2) Offer patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journey;

- 3) Improve performance across a range of outcomes linked to the ‘Quadruple Aim’: better patient and population health outcomes; better patient, family and caregiver experience; better provider experience; and better value;
- 4) Be measured and reported against a standardized performance framework aligned to the Quadruple Aim;
- 5) Operate within a single, clear accountability framework;
- 6) Be funded through an integrated funding envelope;
- 7) Reinvest into front line care; and
- 8) Take a digital first approach, in alignment with provincial digital health policies and standards, including the provision of digital choices for patients to access care and health information and the use of digital tools to communicate and share information among providers.

*The Ministry of
Health and
Long Term
care has
detailed*

On the path towards maturity, OHTs are expected to achieve targets in year one, as identified in their funding agreements.

The Quadruple Aim

At maturity, Teams will provide care according to the best available evidence and clinical standards, with an ongoing focus on quality improvement. A standard set of indicators aligned with the Quadruple Aim will measure performance and evaluate the extent to which Teams are providing integrated care, and performance will be reported.

Ontario Health teams are grounded in the performance metrics aligned to the Quadruple Aim. At maturity, a standard set of indicators aligned with the Quadruple Aim will measure performance and evaluate the extent to which Teams are providing integrated care. The Quadruple Aim is a measurement framework that considers population health, patient experience, provider experience and value for investment as four simultaneous “aims” of the health system.

The Quadruple Aim provides a framework for the external and internal environmental scan to identify opportunities for the Chatham-Kent Ontario Health Team going forward. The areas of review include:

Population health

- What is the overall state of population health in Chatham-Kent?
- What is the first target population of the Chatham-Kent Ontario Health Team?
- How has the pandemic impacted on the population’s need for care and service and how might the Chatham-Kent Ontario Health Team respond?
- How should the Ontario Health Team expand to its next target population?

Patient Experience

- How has the patient experience been engrained into the Chatham-Kent Ontario Health Team to date? What opportunities exist to address issues that are important to patients going forward?
- How has the Chatham-Kent Ontario Health Team improved the Patient Experience so far?

Provider Experience

- What have been the benefits to organizations and healthcare workers in participating in the Chatham-Kent Ontario Health Team?

- What will the health human resources workforce need in the near future to achieve a state of health and wellbeing across the health system? How do we meet those needs?
- How do we expand membership?

Value for Investment

- What is the partnership value of the CKOHT, now and into the future?
- What role does Digital Health play in bringing value to the Ontario Health Team?
- What supports will enable our OHT to achieve the aims set out at maturity?

The following document provides an overview of the relevant data and information impacting on each of these areas. Throughout the document, the successes or initiatives of the CKOHT are provided to showcase work thus far, as are opportunities to consider in order to reach maturity. These are not meant to be inclusive lists of successes or opportunities, but an opportunity to prompt thinking about what our future directions could be.

Much of the data found within the environmental scan is garnered from the Chatham-Kent Ontario Health Team application, which involved significant analysis and collaboration. From this environmental scan, Strategic areas of focus will be determined to advance the Chatham-Kent Ontario Health Team in the next three years of its development towards a state of maturity.

The Ontario Health Team Landscape

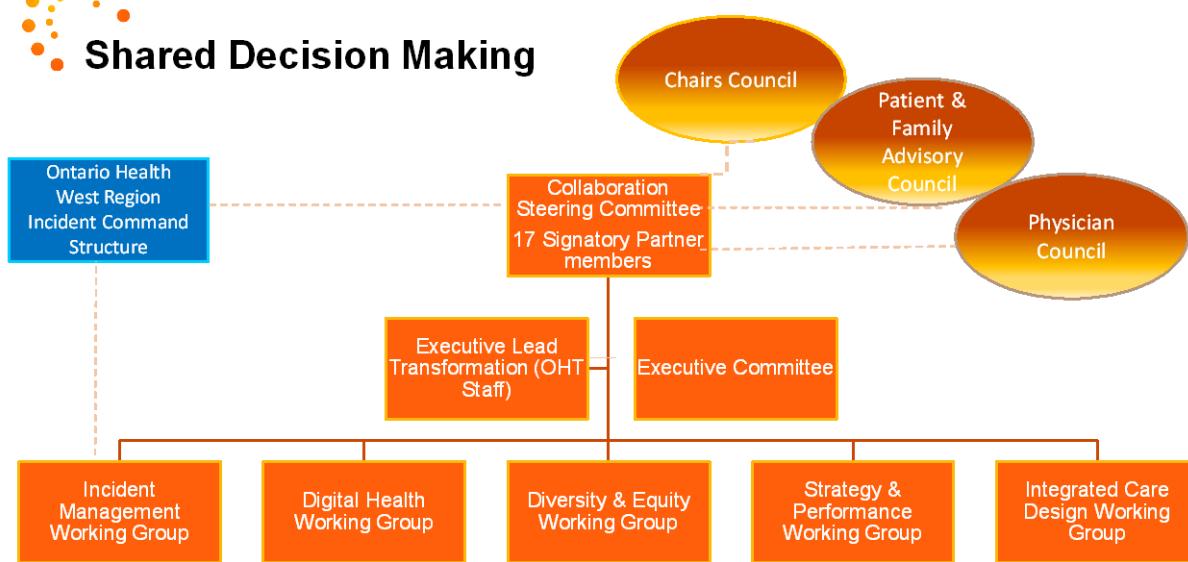
In taking the next steps to end hallway health care while building a modern, sustainable and integrated health care system, the Ontario government passed *The People's Health Care Act* in April of 2019. This health system transformation saw the creation of Ontario Health Teams (OHTs), Ontario Health Teams are a new way of organizing and delivering health care that connects patients to their local communities. Under Ontario Health Teams, health care providers (including hospitals, doctors and home and community care providers) work as one coordinated team – regardless of where they provide care. Simply put, Ontario Health Teams are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population. In Ontario, there are currently 42 Ontario Health Teams, who at maturity, will represent more than 86% of Ontario's population (Ontario 2019).

The Chatham-Kent Ontario Health Team

Locally, the Chatham-Kent Ontario Health Team is governed by a Collaboration Steering Committee. This committee is the decision making body of the CKOHT, and regularly meets to make decisions, discuss objectives, and move forward system transformation within Chatham-Kent. The Collaborative Steering Committee has three advisory councils; Patient and Family Advisory Council, Physician Advisory Council, and the Advisory Council of the Board Chairs. Each of these councils represents an important stakeholder in the health system, and provides guidance to the Collaborative Steering Committee in their decision making. Figure 2 below shows a visualization of the Shared Decision Making of the CKOHT.



Shared Decision Making



Some of the working groups have established sub-working groups, focusing on the following:

- Effective Transitions (Integrated Care Design)
- Partnerships (Integrated Care Design)
- Hospital Avoidance (Unnecessary ED Visits and ambulatory sensitive Conditions) (Integrated Care Design)
- Patient Journey Mapping (Digital Health)
- French Language Services (Diversity and Equity)
- Indigenous Health (Diversity and Equity)
- Anti-racism (Diversity and Equity)
- Anti-Stigma (Diversity and Equity)
- COVID Situation Monitoring (Incident Management)

To better integrate our local health care system, and to reflect the formation of Ontario Health Teams, regional realignment is taking place within the province. The former Erie St. Clair Region is now aligned with four other regions in western Ontario: South West, Waterloo-Wellington, and Hamilton Niagara Haldimand and Norfolk Brant. These regions collectively form Ontario Health West. Home and community care services are also changing. Effective April 1st 2021, Local Health Integration Networks will transition to Home and Community Care Support Services, to reflect a singular mandate to deliver patient care.

The Chatham-Kent Ontario Health Team is supported by a number of external resources provincially. These include McMaster University's RISE (Rapid-Improvement Support and Exchange), the Health System Performance Research Network (HSPN) at the University of Toronto, and the Ministry supports for OHTs across the province. In addition, regional OHT staff collaborate and share best practices, successes, and lessons learned.

For consideration:

How will the CKOHT continue to adapt to continued health system changes across the province, and share best practices and learnings with other OHT's?

Population Health

At maturity:

Teams will be responsible for the health outcomes of a population within a geographic area that is defined based on local factors and how patients typically access care.

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (Canada). Approaching the health system from a population health lens allows for a shift in how we think about healthcare. A population health approach considers not only the physical well-being of an individual, but also their position, economic outlook, environment and relationships within the community. A classically referenced approach to health in this way describes health as "the capacity of people to adapt to, respond to, or control life's challenges and changes" (Frankish 1996). In Chatham-Kent, data from the Erie St Clair Local Health Integration Network's Integrated Health Service Plan, the Municipality of Chatham-Kent, and Public Health provide significant information that give insight to the population health in Chatham-Kent.

Chatham-Kent is a single-tier municipality in Southwestern Ontario that includes the communities of Chatham, Wallaceburg, Tilbury, Blenheim, Ridgetown, Wheatley, Dresden, Thamesville, and Bothwell. Chatham-Kent is also home to two Indigenous communities: Bkejwanong First Nation (Walpole Island) and Delaware First Nation at Moraviantown. The Chatham-Kent community has one hospital, Chatham-Kent Health Alliance (CKHA), which is a two-site (Chatham and Wallaceburg) community hospital serving the residents across Chatham-Kent.

Chatham-Kent had a total population of 102,042 in 2016. At maturity, the CKOHT will provide services to the 105,241 attributed population, which is inclusive of residents of CK, Walpole Island First Nation and surrounding areas as well as a few communities outside of Chatham-Kent proper. There is significant overlap between the municipality and the CKOHT attributed population.

According to the CKOHT application, which pulled data from numerous sources referenced above, the Chatham-Kent (CK) community has poorer health status when compared to the rest of Ontario with:

- More smokers (>22% of the population)
- Consumes fewer fruits & vegetables at 26%
- Low activity levels with more obese/overweight people at 63% of population
- High rates of chronic disease with a higher percentage of people with arthritis, diabetes, asthma, hypertension, mood disorders and COPD
- Higher use of ED services and rates of hospital admission
- A region (Erie St. Clair LHIN) with highest use of prescription opioids
- High rates of unemployment and lower than average income levels at ≤\$40K/year
- More people accessing social assistance at 10%
- Over 20% of adults with less than a high school education
- Increased burden of responsibility for working-age population who care for seniors and youth

Poverty is a significant challenge in Chatham-Kent. For persons aged 55 to 64 years in CK: 16.3% live in low-income; 17.6% live alone and 43.4% live alone and in low-income. For persons aged 65+: 13.3% live in low-income; 27.7% live alone; and 30.9% live alone and in low-income. 34% of persons aged 65+ who live alone spend 30% or more of household income on shelter.

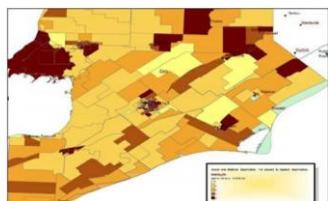


Fig. 3 CK Social Deprivation Index

CK's geography has an urban centre and rural pockets throughout, which creates social and geographic isolation along with transportation barriers and other access issues for a significant proportion of the population. The Erie St Clair LHIN's Integrated Health Service Plan IV: 2016-2019, mapped the social deprivation index across Chatham-Kent (Fig. 3). Within the CKOHT geography, the urban city of Chatham (especially east Chatham), north CK (e.g. Wallaceburg) and Walpole Island are identified as areas with high levels of material deprivation and higher rates of chronic diseases.

Thus far, the CKOHT has found success in the following initiatives in taking a population health based approach:

- Segregating our population to identify our year one population is a major achievement of the CKOHT.
- Working with a Population Health Management Coach with the RISE at McMaster University to map our progress within a population health based framework

Mental Health & Addictions

Mental illness refers to conditions where thinking, mood, and behaviors impact how we function in daily life. Mental illness can include mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders and addictions such as substance dependence and gambling (Mental Health Commission of Canada, 2012). In Chatham-Kent about 1 in 5 people have a mental health condition or illness (Chatham-Kent Public Health Unit, 2017).

Chatham-Kent is known to be in a high prescribing region for opioids. In 2019, the Chatham-Kent Public Health Unit conducted a Situational Assessment Summary on CK's Opioid Use and Related Harms. In the summary, it is recognized that opioid use is often hidden, and it is difficult to get an accurate snapshot of opioid use in CK as a result. That said, in 2017, Chatham-Kent had 55 ED visits, 24 hospitalizations, and 4 deaths attributed to opioid use. In the same year, the rate of opioids prescribed per 100,000 in Ontario was 110.2, while in CK, the rate was 154.9 (CKPHU, 2019). The situational assessment also provides concerning data regarding injectable drug use, and other substance use in Chatham-Kent.

Recommendations for addressing addiction issues in Chatham-Kent encourage further collaboration. The 2016 Erie St. Clair LHIN's Addiction Strategy identifies recommended actions to close the gaps in services including "a coordinated, addiction assessment and referral service system and enhanced community-based treatment options" along with the intent to "advance

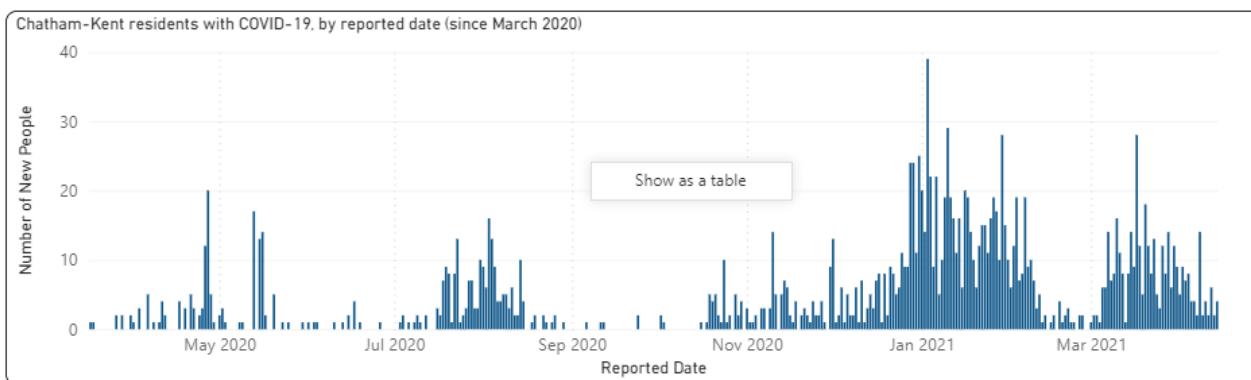
the integration of Mental Health and Addiction services and programs with primary care practices in the region.” The 2019 Public Health Unit report identifies community partners to assume “a more coordinated approach to substance use in Chatham-Kent” (CKPHU 2019).

As an Ontario Health Team, the CKOHT has taken steps to initiate the integration of the supports provided to patients through the establishment of the Vice President of Mental Health and Addictions role, integrating CKHA and CMHA Lambton-Kent.

COVID-19 and the Impact to Population Health

The COVID-19 pandemic has impacted the health and wellness of individuals across the world. Chatham-Kent has seen just over 1700 cases of the virus, and fifty one outbreaks in schools, workplaces, congregate care settings, or Long Term Care/Retirement homes at the time of writing the environmental scan. Figure 4 below, identifies the “waves” of COVID-19 in Chatham-Kent, by reported positivity date.

Fig. 4 CK residents with COVID-19, by reporting date, since March 2020



Public Health Ontario research has indicated that there are negative community impacts to COVID-19 across all ages. Seniors, in particular those who are living in Long Term Care or Retirement Homes, or Congregate Care settings are particularly at risk. As Chatham-Kent Ontario Health Teams work together to combat community outbreaks, the “downstream” impact of the virus is also an important consideration. Research summarized by Public Health Ontario indicates that health service utilization of tertiary care services (emergency department visits and hospitalizations) decreased during the early months of the pandemic. However, across Ontario, illness severity increased, and visits for mental health reasons increased in the later weeks of the pandemic. (Public Health Ontario 2021). As communities navigate the third wave of the pandemic in 2021, a reference to the “fourth wave” of COVI-19 is being made, referring to the mental health impacts of the pandemic. CKHA has reported increases in mental health and substance abuse related visits during the pandemic.

The COVID-19 pandemic has brought the partners of the CKOHT together in ways unimagined when the CKOHT was first announced. Throughout the pandemic, partners have leaned on each other to support:

- COVID Screening and mobile screening
- COVID Assessment Centre / Field Hospital / Mobile Clinics
- COVID-19 outbreak management

- Infection Prevention and Control resources
- COVID-19 vaccine rollout and clinic support across Chatham-Kent

CKOHT Year 1 Population – seniors in Chatham-Kent

A requirement of Ontario Health Teams in their applications was to segregate their population into a “target” or “priority” population. The CKOHT year one target population are adults aged 55 plus that have one or more of the following criteria: Chronic Obstructive Pulmonary Disease (COPD), Heart Failure, Angina, Diabetes, Dementia, and/or are complex, as per current Health Link definition (Provincially this is 4 or more chronic diseases). Palliative patients remain an important subset of the population for partners of the CKOHT. It is estimated that the Year 1 population is approximately 11,000 people.

The CKOHT target population is aging more rapidly than other regions in Ontario. The number of people ≥75 years old is expected to double in 20 years with a life expectancy of 79.6. As well, relative to individuals 65 plus living in CK:

- 61.6% are overweight and obese
- 77.1% did not meet the recommended daily intake of fruits and vegetables
- 10.4% reported smoking daily
- 19.5% exceed the low-risk drinking guidelines for chronic disease
- 13.3% were living in low income
- 5,470 live alone
- 1,690 live alone and in low-income
- Individuals aged 65 to 75 in CK, have higher rates of hospitalizations due to cardiovascular disease, ischemic heart disease, cerebrovascular disease, stroke, respiratory disease, lower respiratory disease, and chronic obstructive pulmonary disease when compared to Ontario
- Individuals aged 75+ in CK have higher rates of mortality due to cardiovascular disease, respiratory disease, lower respiratory disease, and COPD when compared to Ontario

Chatham-Kent’s high senior population has direct impacts on our health system. One metric used to capture this is the Alternate Level of Care (ALC) rates in the hospital, which is a designation that identifies patients who no longer require the intensity of resources or services provided in their current settings and who are waiting for ALC. This metric captures the association between seniors and the health system. Over the past 3 years, overall ALC rates for the hospital have increased from 6.3% (2015) to 18.6% (2017). The combination of limited supply of long-term care beds and a largely aging population in Chatham-Kent is likely to result in continued ALC pressures and the desire to get patients in the appropriate bed. (Access to Care - ALC Informatics, CCO, 2017)

An important sector when considering senior populations in Chatham-Kent is the Long-Term Care and Retirement Home sector. In Chatham-Kent, there are seven Long-Term Care homes, with 836 beds. There are fourteen Retirement Homes in Chatham-Kent, with 994 beds. In Chatham-Kent, six Retirement Homes have dementia units.

In addition, there are equity considerations within the target population and throughout Chatham-Kent that highlight that the lived experiences and health outcomes of individuals within the population vary. Below, the experiences of Chatham-Kent’s indigenous population,

francophone population, and other marginalized populations highlights that the experience of the health system is not the same for everyone in Chatham-Kent.

Indigenous populations

The CKOHT catchment includes Walpole Island and Delaware First Nations. Indigenous persons may live on-reserve or off-reserve in rural or urban settings. As per the 2011 National Household census, only 6% of the total Indigenous population were 65 and over, due to significant lower life expectancy related to increasing prevalence of complex chronic conditions as compared to non-Indigenous populations. Based on self-reported 2016 census data for Indigenous persons aged 55-64 years, 26.2% live in low income. This is true for the 65+ Indigenous age cohort. Strikingly, the prevalence of low-income is higher in males (39.5%) than females (15.2%) for those who identify as Indigenous aged 55-64 years. For Indigenous persons aged 65+, the prevalence of low-income is higher in females (33.3%) than males (15.2%). The 2011 Indigenous-led *Our Health Counts* study revealed the following access to care barriers: long waiting lists for health services, lack of transportation, unaffordable direct costs, unavailable doctor, and lack of trust in health care providers.

Thus far, the CKOHT has demonstrated a prioritization of Indigenous health through the following initiatives:

- Recruitment of and Indigenous Patient Navigator/Manager position
- Investing in San'yas Indigenous Cultural Safety Training for frontline care workers across the CKOHT
- Working with the Indigenous Health Planning Committee to support education on the locally created Indigenous Cultural Structural Model and Indigenous Care Guides/resources

Francophone populations

The Francophone population is dispersed with pockets in three designated areas (city of Tilbury, township of Tilbury East and Dover Township) as well as within the city of Chatham. It accounts for 3% of CK's population (2016 Census), with 2,970 individuals (based on the IDF). It has a higher proportion of seniors (65+ years old) than the general population (34% vs. 18%).

Migrant Workers, and Non-English Speaking Residents

Many temporary foreign workers are employed within the agricultural communities across CK, and the Municipality of CK actively recruits and welcomes newcomers and immigrants to the community. In Chatham-Kent, the top three languages spoken after English are Arabic, Spanish, and Punjabi (CK LIP). The Low German population interacts with several program areas and often requires a tailored approach due to linguistic and access barriers as well as unique cultural and religious beliefs/practices.

For Consideration:

- How does the COVID-19 pandemic impact the future expansion of the CKOHT priority population?
- How can the CKOHT continue to prioritize Health Equity in its efforts going forward?

Patient Experience

At maturity, teams will offer patients, families and caregivers the highest quality care and best experience possible. 24/7 coordination and system navigation services will be available to patients who need them. Patients will be able to access care and their own health information when and where they need it, including digitally, and transitions will be seamless.

Teams will provide a full and coordinated continuum of care for all but the most highly-specialized conditions to achieve better patient and population health outcomes.

Integrated Care Design

It has long been recognized that Canada's health system is far from integrated (Leatt et al, 2000). Ultimately, the aim of the Chatham-Kent Ontario Health Team is to integrate care in order for a seamless patient experience. The diagram below outlines the current and future states of the Chatham-Kent Ontario Health Team. The top of the diagram demonstrates the multiple Health Service Providers (HSPs) that a patient or care giver must navigate through in order to receive care within the health system. The bottom identifies the streamlined experience once the CKOHT maturity model is reached. Figure 5, right, showcases how the patient experience will become more streamlined at maturity.

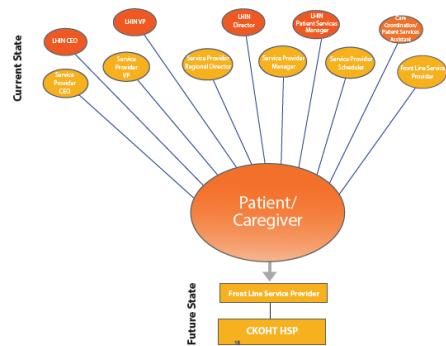


Fig. 5 Current and Future OHT state

To support the aim of a seamless patient experience, the CKOHT has found success through:

- Standardization of practices/approaches in the Primary Care sector
- Hosting dedicated discussions on transitions through its November 2020 Transition summit
- Committing to the Best Practice Spotlight Organization OHT designation program, to support best practices and evidence based decision making in transforming patient experiences

Digital Health

At maturity, teams will use digital health solutions to support effective health care delivery, ongoing quality and performance improvements, and better patient experience.

Digital health is a key component of a more connected and integrated health care system. The successful implementation of the Chatham-Kent Ontario Health Team (OHT) model will require groups to develop and implement effective digital health plans following the *Digital First for Health Strategy*. This strategy is comprised of five pillars;

1. **More virtual care options:** Expanding availability of video visits and enabling other virtual care tools such as secure messaging. Additionally, providers will be able to leverage a variety of virtual care technologies that best meet the needs of their patients.
2. **Expanded access to online appointment booking:** Patients will be able to book appointments that best meet their needs.
3. **Greater data access for patients:** More patients will be able to review their secure health record online and make informed choices about their care.
4. **Better, more connected tools for frontline providers:** More providers will be able to access patient records stored across multiple health service providers to provide better, faster care.
5. **Data integration and predictive analytics:** Providers will face fewer barriers to integrating and using secure health information to manage health resources and improve patient care. This could lead to improvements such as earlier intervention and better management of chronic disease.

Digital Health tools, in particular patient facing tools or tools that offer an opportunity for remote visits or remote care, have accelerated in their priority on account of the COVID-19 pandemic. The Association of Family Health Teams of Ontario (AFHTO), found that 90% of care during the pandemic is being provided virtually.

The increase demand for technology in the COVID-19 pandemic has heightened the Digital Divide, globally, and locally. The Digital Divide is a term that refers to the gap between demographics and regions that have access to modern information and communications technology, and those that don't or have restricted access. At a symposium hosted by Women's Health College in 2019, a key finding was that while technology offers some solution to health system challenges, "not all communities have equal access to connected digital devices" (Shaw et al, 2020).

Thus far, the CKOHT has seen success in Digital Health by:

- Conducting a review of digital health assets across the CKOHT partners
- CKOHT partners collectively shifting to offer virtual services in primary and community care
- CKOHT partners supporting newcomer service organizations to provide digital technology in effort to end the digital divide
- Implementing a remote patient monitoring program to monitor COVID-19 and complex patients, preventing unnecessary ED visits within Chatham-Kent

- Reviewing the patient journeys of our year one population from a digital health lens

Patient and Family Engagement

At maturity, teams will uphold the principles of patient partnership, community engagement, and system co-design. They will meaningfully engage and partner with - and be driven by the needs of - patients, families, caregivers, and the communities they serve.

Patient Engagement means patients, family members and other informal caregivers, and health care professionals actively collaborating to improve health care quality in Ontario. It includes individual health care professionals, health care organizations and the province partnering with patients and their loved ones in different ways to understand their experiences, preferences and needs, and respond to them. A “patient” may refer to patients cared for in hospitals, people being cared for in their homes or through community programs, and residents living in long-term care homes (Health Quality Ontario 2016).

The contribution that caregivers play in the health care system is also invaluable. With an aging, co-morbid population the demand for caregiving is increasing and becoming more complex. This is especially true in Chatham-Kent where the prevalence of seniors and individuals living with multiple chronic conditions is higher than the provincial average. CK also has a predominantly rural population with 60% of residents living in rural communities. This can lead to even greater challenges for caregivers including reduced access to resources, transportation issues and social isolation.

In the development of its application, the CKOHT and a total of 24 Patient and Family Advisors contributed their voices and invaluable wisdom to the Steering Committee and each of the six work streams. In the CKOHT today, a Patient and Family Advisor serves as Co-Chair of the Steering Committee, cementing the leadership of patients within the CKOHT. The Patient and Family Advisory Council includes representatives from across Chatham-Kent.

Telling Our Story

As the CKOHT finds success in its achievements together, telling our story is an important way to ensure that our community understands the transformation happening through the CKOHT. The official website (ckoht.ca) as well as social media channels offer effective and timely communications regarding CKOHT progress. Communication and engagement efforts are really about ensuring the Chatham-Kent Ontario Health Team is successful in improving health care for the 105,000 people in its service region at maturity. A strong partnership between all health care providers, patients, families and community groups is key in developing a health care system that all can be proud of.

Thus far, the CKOHT has found success in telling our story through:

- Creating a website www.ckoht.ca and supportive social media channels
- Establishing a regular cadence of newsletters for information sharing
- Cross-promoting the activities of CKOHT partners to support successful implementation

For Consideration:

How does the CKOHT deepen its patient and family engagement as it further matures?
How can the CKOHT continue to ensure diversity and equity are priorities as an OHT?
What digital health investments should be prioritized in order to meet our goals as an OHT?

Provider Experience

Human Capital

The Canadian Institute for Health CIHI's "Supply, Distribution and Migration of Canadian Physicians, 2015" Report, identified that the average age of doctors in Ontario continued to rise, reaching 50.8 in 2015. In the Chatham-Kent catchment area, the physician population is aging. Over 37 percent of the professional staff (physicians, nurse practitioners, and midwives) is over the age of 55. In 2018, Chatham-Kent had approximately 65 primary practice physicians and of these primary practice physicians 25% were between the ages of 55 and 64 and another 17% were 65 and older (Municipality of Chatham-Kent, 2019). As such, it is predicted that there will be a noticeable decrease in health human resources and, in particular, specialists in Chatham-Kent due to impending retirements in the coming years. In order to address this gap, strategies across the continuum will need to be implemented to ensure the healthcare needs of Chatham-Kent's population are met. It is evident that the trend of an aging population with a higher incidence of chronic disease necessitates an increased demand for more medical human resources in the future. Currently, a physician recruitment task force is operating in Chatham-Kent, leveraging provincial resources alongside local primary care and hospital resources focusing on creative strategies for physician recruitment.

COVID-19 Impact

The COVID-19 pandemic has been reported to have significant impact on the health and well-being of our health care workers. In June 2020, a study by the Canadian Federation of Nurses Unions reported that 36% of nurses screened positive for major depressive disorder, 29% screened positive for generalized anxiety disorder and clinical burnout, 33% reported having suicidal thoughts and 20% screened positive for PTSD and panic disorder (Slot). In 2018, 1/3 of physicians reported feeling burned out, or depressed (Joyce). Early in the pandemic, the Canadian Medical Association identified physician suicide rates as being at risk for increase due to the pandemic.

Physician and Practitioner Engagement

Primary Care physicians have been the focus of the engagement within the CKOHT, beginning in September 2019 with a clinician engagement event, the interim Physician Co-Chair of the CKOHT has attended multiple engagement sessions with hospital departments, and physician groups in Chatham-Kent since the outset of the OHT development. Currently, all but 3 family physicians in Chatham-Kent have signed on to support the CKOHT (which includes one solo physician). It is recognized that Nurse Practitioners, Specialists, and Midwives are important stakeholders in the ongoing maturity of the CKOHT.

The CKOHT has found success in sharing its resources across organizations, particularly during the COVID-19 pandemic.

For consideration:

How can the CKOHT partners collectively work towards recruiting the next generation of health care resources?

How do we ensure that our physicians and health care workers are familiar with the work and purpose of the CKOHT going forward?

Value for Investment

While it is clear that the CKOHT will use the Quadruple aim to measure its value and impact in the health system, there is significant value found in the partnership components of the CKOHT model. Thus, the value section of the environmental scan focuses on the value that the OHT brings to partners locally.

Deepening and Expanding Partnerships

At maturity, teams will determine their own governance structure(s). Each team will operate through a single clinical and fiscal accountability framework, which will include appropriate financial management and controls.

At maturity, teams will be prospectively funded through an integrated funding envelope based on the care needs of their attributed patient populations.

Like other OHTs, the CKOHT is not yet a legal entity. That said, in establishing OHTs through the *Connected Care Act, 2019*, the Ministry has authority to “treat an OHT like a health service provider for the purposes of the CCA” (BLG 2020). While there is no prescribed governance model for OHTs, the CKOHT has followed a process to ensure a documented, collaborative governance framework is in place for its partners. On March 31st 2020, the CKOHT partners signed a Collaboration Agreement which outlines the shared vision, guiding principles, governance, integration, privacy and confidentiality, and dispute resolution of the CKOHT. Upon signing its first Transfer Payment agreement, the CKOHT hired the CKOHT Executive Transformation Lead, and established its operational processes to facilitate the ultimate goal of fully integrated care for its population.

The Council of the Chairs is an important body for providing guidance in the deepening of partnerships across the CKOHT. Providing important feedback on the continued integration and governance considerations for the CKOHT, this advisory council will continue to meet at least quarterly in the years to come.

As the CKOHT expands its population, and deepens integration within the health system, expanding partners within the OHT will become a priority. As mentioned earlier, the COVID-19 pandemic has demonstrated to Health Service Providers across Chatham-Kent the value in partnerships to overcome obstacles and achieve goals.

In deepening and expanding partnerships, the CKOHT has found success thus far in the following ways

- Receiving and Signing its first Transfer Payment Agreement
- Establishing of its first round of project funding and evaluation frameworks for the funding of partner initiatives (2020-2021)

For consideration:

- As the OHT partnership expands, how might our decision making framework change?
- How will the OHT mature its governance structure with support and guidance from the ministry?

Conclusion

The CKOHT environmental scan is summarizes the current state of the health system within Chatham-Kent, sharing successes, and offering considerations for the future as local health system transformation continues.

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